



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH VA 22042

IN REPLY REFER TO  
BUMEDINST 1524.1C  
BUMED-M7/M00C1  
21 Nov 2018

BUMED INSTRUCTION 1524.1C

From: Chief, Bureau of Medicine and Surgery

Subj: GRADUATE MEDICAL EDUCATION PROGRAMS

Ref: (a) 5 U.S.C.  
(b) 10 U.S.C.

1. Purpose. To provide policy, procedures, and information to direct Navy Graduate Medical Education (GME) programs and define the responsibilities involved in GME program management and administration. The policies contained herein also apply to Navy-sponsored GME trainees in Joint GME programs. This instruction was revised in compliance with reference (a), section 4103. It is a complete revision and must be read in its entirety.
2. Cancellation. BUMEDINST 1524.1B.
3. Scope and Applicability. The policies delineated in this instruction apply to all Navy Medicine activities.
4. Background. The Bureau of Medicine and Surgery (BUMED) must maintain sufficient numbers of specialty-trained physicians on active duty to ensure Navy Medicine meets mission essential requirements. To fulfill this responsibility, BUMED conducts accredited GME programs under the authority of reference (a) section 4103 to establish training programs and sponsors training in accredited, non-Navy GME programs under the authority of reference (b) section 2013 for training at non-Government facilities. Such specialty or subspecialty training is provided as a means of cost-effective Medical Corps sustainment in direct and indirect support of the wartime and day-to-day operational readiness missions.
5. Policy. The policies set forth within must be adhered to by the leadership of Navy GME programs. Updates or proposed changes to this instruction must not contradict Accreditation Council for Graduate Medical Education policies and procedures.
6. Procedures. Proposed changes to this instruction must be submitted to the Assistant Deputy Chief, Education and Training (BUMED-M7) and reviewed by the Deputy Chief, Medical Corps (BUMED-M00C1) and Chief, Medical Corps.
7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M7 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy

and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

#### 8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>. For SSIC 3000 series dispositions, please refer to part III, chapter 3, of Secretary of the Navy Manual 5210.1 of January 2012.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

#### 9. Forms and Information Control Management

a. Form. NAVMED 1520/20 Summative End of Training Evaluation/Program Director Recommendation form is available at: <https://navalforms.documentservices.dla.mil/web/public/forms>.

b. Information Control Management. The reports required in chapter 2, paragraphs 7a through 7c are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.



C. FORREST FAISON III

#### Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.

TABLE OF CONTENTS

<u>TITLE</u>	<u>PAGE</u>
TABLE OF CONTENTS.....	i
CHAPTER 1 – GRADUATE MEDICAL EDUCATION PROGRAMS MANAGEMENT	
1 - Purpose .....	1-1
2 - Responsibilities.....	1-1
CHAPTER 2 – MEDICAL EDUCATION POLICY COUNCIL	
1 - Purpose .....	2-1
2 - Background.....	2-1
3 - Functions .....	2-1
4 - Responsibilities.....	2-1
5 - Membership .....	2-3
6 - Advisors.....	2-4
7 - Minutes Approval Process.....	2-4
CHAPTER 3 – FULL-TIME INSERVICE PROGRAMS	
1 - Purpose .....	3-1
2 - Overview .....	3-1
3 - Institutional Requirements.....	3-1
CHAPTER 4 – FULL-TIME OUTSERVICE AND OTHER FEDERAL INSTITUTION PROGRAMS	
1 - Purpose .....	4-1
2 - Overview .....	4-1
3 - Responsibilities.....	4-1
CHAPTER 5 – INTEGRAL PARTS OF TRAINING	
1 - Purpose .....	5-1
2 - Overview .....	5-1
3 - Policy.....	5-1
4 - Responsibilities.....	5-1
CHAPTER 6 – NAVY ACTIVE DUTY DELAY FOR SPECIALISTS AND FINANCIAL ASSISTANCE PROGRAM	
1 - Purpose .....	6-1
2 - Overview of Navy Active Duty Delay for Specialists .....	6-1
3 - Overview of the Financial Assistance Program .....	6-1
4 - Navy Active Duty Delay for Specialists and Financial Assistance Program Reporting Requirements .....	6-2

<u>TITLE</u>	<u>PAGE</u>
CHAPTER 7 – GRADUATE MEDICAL EDUCATION ACTIVE DUTY OBLIGATION	
1 - Purpose .....	7-1
2 - Overview .....	7-1
3 - Programs .....	7-1
CHAPTER 8 – JOINT SERVICE GRADUATE MEDICAL EDUCATION SELECTION PROCEDURES	
1 - Purpose .....	8-1
2 - Applying for a Graduate Medical Education Internship, Residency, or Fellowship.....	8-1
3 - Joint Service Graduate Medical Education Selection Board Process.....	8-2
4 - Post Selection Board Process .....	8-3
APPENDIX A – Graduate Medical Education Program Web Sites.....	A-1

CHAPTER 1

GRADUATE MEDICAL EDUCATION PROGRAMS MANAGEMENT

- Ref: (a) BUMEDINST 5420.12F  
(b) BUMEDINST 7050.3A  
(c) BUMEDINST 6010.17C  
(d) 5 U.S.C.  
(e) SECNAV M-5210.1 of Jan 2012  
(f) 29 CFR 1602.48

1. Purpose. This chapter provides policies, procedures, information, and defines enterprise-wide responsibilities to Navy institutions that sponsor graduate medical education (GME) programs.

2. Responsibilities

a. Chief, BUMED. Provides guidance for implementing and administering Navy GME programs, establishes policies based on recommendations of the Medical Education Policy Council (MEPC), serves as the funding source, and assures development, implementation, and execution of the annual Medical Corps training plan.

b. Chief, Medical Corps (BUMED-M00C1). Serves as the Chair of the MEPC, oversees the development of GME policies, and presents major policy and program revisions to Chief, BUMED. Advises Chief, BUMED on all matters relating to the professional education policy for physicians and serves as President of the Navy Graduate Medical Education Selection Board (GMESB).

c. BUMED Deputy Chief, Total Force (BUMED-DCTF). Serves as the principal advisor to the Navy Surgeon General (OPNAV N093) and Chief, BUMED on all matters relating to military, civilian, and contractor manpower and personnel policies, programs and practices employed throughout Navy Medicine. BUMED-DCTF also directs Navy Medicine's education and training strategy, policy, resourcing, and oversight; and advises and manages the Navy's Medical Department Staff Corps as the Chair of the Council of the Corps Chiefs.

d. Assistant Deputy Chief, Manpower and Personnel (BUMED-M1). Must analyze Medical Corps billet authorizations and projected end-strength and provides Medical Corps manning and training requirements, including specialty and subspecialty requirements, to the Navy GME office each year in order to develop the precept for the annual GMESB. Review the GMESB precept prior to the Surgeon General's signature to ensure that Medical Corps requirements are accurately communicated.

e. BUMED-M1, Navy Medicine Accessions Department Program Manager. Must plan, develop, implement, execute, and direct Navy Medicine's Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Nurse Candidate Program and Health Professions Loan Repayment Program. Oversees the program budget, provides student support and tracking activities, maintains program policy and guidance, and coordinates with Navy Recruiting Command.

f. Assistant Deputy Chief, Education and Training (BUMED-M7). Oversees education and training policy and planning.

g. Navy Personnel Command (NAVPERSCOM) (PERS-4415). Serves as advisor to the MEPC and the Joint Service Graduate Medical Education Selection Board (JSGMESB) providing expertise on assignment and distribution policy and procedures affecting GME programs and distribution of Medical Corps officers.

h. Navy Medical Corps Specialty Leaders. Provide expertise in areas unique to their specialty per reference (a). Specialty leaders serve as principal advisors to the MEPC on issues regarding current and projected GME training requirements in their specialty.

i. Commander, Navy Medicine Education, Training and Logistics Command. Oversees the administration of Navy GME, and serves as the principal advisor to the Chief, BUMED on all matters relating to the professional education of physicians. Serves as Navy representative for medical education to the Assistant Secretary of Defense for Health Affairs (ASD (HA)) and ensure coordination for all joint service medical education initiatives.

j. Commanding Officer (CO), Navy Medicine Professional Development Center. Provides funding for tuition, reimbursements, fees, and integral parts of training for out-service GME programs, Navy GMESB, and the day-to-day operation and training of personnel in the Navy GME office.

k. MEPC. Evaluates, develops, and proposes Medical Corps professional education policy for review and approval by Chief, BUMED via BUMED-M00C1 and Commander, Navy Medicine Education, Training and Logistics Command. BUMED-DCTF must be provided an informational copy for review of issues for the Council of the Corps Chiefs.

l. Director, Navy GME Program must:

(1) Coordinate, draft, route, and execute the annual Medical Corps training plan.

(2) Represent Chief, BUMED to the National Board of Medical Examiners, Accreditation Council for Graduate Medical Education (ACGME), National Resident Matching Program, and Association for Hospital Medical Education.

(3) Report to BUMED-M00C1 via the CO, Navy Medicine Professional Development Center; Commander, Navy Medicine Education, Training and Logistics Command; and Deputy Chief, Medical Corps on all GME related matters.

(4) Develop suggested GME policy revisions for submission to the MEPC.

(5) Develop and coordinate the application guidance for the current year GMESB issued in a BUMED notice prior to 1 July each year.

(6) Develop the annual Navy GMESB precept based on current and future projected funded training requirements analysis from BUMED-M1.

(7) Monitor accreditation status sponsoring institutions that conduct GME programs.

(8) Coordinate training affiliation agreement (TAA) development and processing for full-time outservice trainees per reference (b).

(9) Coordinate placements and changes in trainee status with BUMED-M00C1, specialty leaders, designated institutional officials (DIO), program directors (PD), BUMED-M1, and PERS-4415.

(10) Plan and manage MEPC meetings three times per year, and at the call of the MEPC Chair.

(11) Coordinate with academic institutions, professional organizations, and civilian agencies to maintain accredited GME programs within the Navy.

(12) Review and approve changes, as indicated, in GME trainee specialty, site, or category of training for all Navy GME trainees, in conjunction with PERS-4415 and BUMED-M1. Changes occurring outside the JSGMESB must be routed per Chapter 8, paragraph 4(e).

(13) Serve as the principle advisor to the Commander, Navy Medicine Education, Training and Logistics Command; BUMED-DCTF; and BUMED-M00C1 on all matters related to graduate and continuing medical professional education programs and policy.

(14) Develop a local GME standard operating procedure outlining specific medical treatment facility (MTF) GME Director and trainee roles and responsibilities.

m. COs of Navy GME Training Institutions must:

(1) Ensure all GME programs conducted within their command comply with current BUMED and ACGME policies and requirements, per this instruction as well as Accreditation

Council for Graduate Medical Education Institutional Requirements, current edition available at <https://www.acgme.org/Designated-Institutional-Officials/Institutional-Review-Committee/Institutional-Application-and-Requirements>.

(2) Provide full support for GME programs within their commands including attendance at Clinical Learning Environment Review visits for members of the groups that are required to attend.

(3) Appoint a physician as ACGME DIO and a Graduate Medical Education Committee (GMEC) chair.

(4) Provide institutional, financial, and personnel support for GME programs and Medical Corps professional activities, including attendance at national PD meetings and the MEPC for key stakeholders.

(5) Negotiate and maintain a spreadsheet and copy of TAAs with non-Federal institutions for integral parts of training for in-service programs per reference (b).

(6) Endorse and forward proposals to Navy GME for review by the MEPC. Commanding officers must ensure no program policy changes are implemented before approval by Chief, BUMED.

(7) Ensure guidelines for supervision of trainees are addressed in medical staff bylaws, developed in compliance with reference (c) and departmental operating procedures.

(8) Ensure that residents are integral components of the command patient safety and clinical quality improvement initiatives.

(9) Ensure training records are maintained per references (b) and (d), section 552a.

(10) Ensure there are no changes made to Navy GME policy verbally, or in writing, to civilian oversight bodies without approval of Chief, BUMED.

(11) Notify Navy GME of any physician who has not passed the Step III licensing exam requirement by 1 May of the Postgraduate Year-1 graduation year.

(12) Confirm only those officers selected via the GME selection process participate in GME training.

(13) Ensure program leadership continuity, per ACGME institutional and program requirements.

(14) Be the final decision authority when GMEC decisions regarding trainee status are appealed.



(15) Ensure all communication with significant program or institutional impact from ACGME or Residency Review Committees (RRC) is routed to the Director, Navy GME Program.

n. ACGME DIO. Maintains the authority and responsibility, in collaboration with the GMEC, for oversight and administration of the sponsoring institutions' ACGME accredited programs, ensuring compliance with ACGME institutional, common, and specialty or subspecialty program requirements, and compliance with ACGME policies and procedures at their institution. The DIO is the principal advisor to the commander or CO on GME related matters.

o. PDs. Execute their duties per Navy, command instructions and ACGME and RRC specialty or subspecialty requirements. The roles and responsibilities of GME PDs are delineated in the ACGME common program requirements and RRC specialty or subspecialty program requirements.

(1) The institution and PD must ensure a training record is established, maintained, and archived on each trainee, either in the institution's central GME office or in the departmental office per reference (d), section 552a. After the local record maintenance period, GME records must be forwarded to the Federal Records Center per reference (e). Documents needed for credentialing or training verification must be kept permanently and be accessible, per reference (f).

(2) In the event of closure of a Navy teaching hospital or GME program, arrangements for permanent storage of training records must be made following the program closure plan established by the command and approved by Chief, BUMED.

CHAPTER 2  
MEDICAL EDUCATION POLICY COUNCIL

1. Purpose. The MEPC coordinates medical education policy proposals involving all levels of the organizational hierarchy. The MEPC provides an open forum to address issues affecting programs governed by ACGME and the American Osteopathic Association (AOA) requirements and develops GME policy recommendations for consideration by Chief, BUMED.

2. Background. Medical education policy issues include proposals to establish, close, or modify GME programs, such as extending program length or increasing or decreasing the number of residents; trainee selection methods or parameters; GME training billet distribution; proposals for program affiliation, sponsorship, or integration; accreditation and compliance issues; licensing issues; board certification issues; continuing medical education; and joint service GME initiative activities.

3. Functions

a. Meets three times a year in March, July, and September, and at the call of the MEPC Chair.

b. Reviews, evaluates, and advises Chief, BUMED regarding all Navy-specific and joint service GME initiatives.

c. Initiates, reviews, and evaluates Medical Corps professional education policy proposals, including all proposals to establish, discontinue, or modify GME programs. Proposed program modifications must include an assessment of the capability to implement the modification within current or projected structure and resources, and alternative methodologies to achieve the proposed change.

d. Monitors actions taken to implement approved policy changes or modifications.

e. Reviews the accreditation status of all GME programs and institutions and addresses associated issues.

f. Reviews the annual GMESB plans and procedures to validate consistency with program policies and to identify potential issues for consideration by the MEPC.

4. Responsibilities

a. Chief, BUMED. Reviews the minutes and approves, disapproves, and provides amplifying guidance for MEPC issues and recommendations.

b. BUMED-M00C1. Chairs the MEPC, submits minutes and presents MEPC issues and recommendations to Chief, BUMED.

- c. BUMED-DCTF. Reviews the minutes in collaboration with BUMED-M1 and BUMED-M7, and makes recommendations regarding MEPC minutes to the Council of the Corps Chiefs.
- d. BUMED-M1. Provides manpower training and obligated service requirements for the Navy GMESB, and guidance for manpower and personnel issues.
- e. BUMED-M7. Provides education and training policy guidance.
- f. Commander, Navy Medicine Education, Training and Logistics Command. Provides education and training strategy and execution guidance.
- g. CO, Navy Medicine Professional Development Center. Provides GME planning, administration, and execution guidance.
- h. Director, Navy GME. Provides and coordinates required support to implement BUMED GME policy decisions, exercise oversight, and review all Medical Corps professional education programs.
  - (1) Participates in development of education and training policies for the Medical Corps.
  - (2) Manages all MEPC preparation and follow up activities, including:
    - (a) Coordinating all aspects of each meeting, including presentation scheduling and format, funding for travel, space requirements, and necessary clerical and administrative support.
    - (b) Assuring review of proposals by stakeholders to include MTF COs, Navy Medicine specialty leaders, appropriate staff medical officers assigned to major operational commanders, as required, and with staff officers assigned to the NAVPERSCOM or other external agencies, as appropriate.
    - (c) Preparing draft agendas for pre-MEPC and MEPC and submits to MEPC Chair for approval. Policy issues for consideration by the MEPC must be received a minimum of 4 weeks prior to the pre-MEPC meeting.
    - (d) Coordinating further staffing, if indicated.
    - (e) Summarizing actions taken to implement approved policy changes or modifications at each MEPC meeting.
    - (f) Preparing minutes of proceedings. MEPC recommendations and supporting documents are included in the minutes.

(g) Upon approval of the minutes, ensuring proposed policy statements, decision briefs, and changes are routed appropriately and in a timely manner.

(h) Disseminating approved minutes.

i. COs of MTFs sponsoring GME programs. Ensure proposed changes to or emerging issues with GME programs in their facilities are fully staffed, reviewed by their GMEC and the appropriate Navy Medicine specialty leader(s) before endorsement and submission to the MEPC, and that recommended changes are not implemented before official policy approval by Chief, BUMED.

j. DIO at each teaching institution. Exercises oversight and review of accreditation status of all institution GME programs and ensures GME issues are fully staffed, thoroughly reviewed, and appropriately submitted to the MEPC. In many cases, the Director of Professional Education or Director of Medical Education serves as the DIO and the Chair of the GMEC. The DIO disseminates MEPC minutes to the GMEC and faculty of each institution once approved.

k. PD at each teaching institution. Drafts proposals and obtains endorsements from the MTF GMEC, the MTF CO, and the Navy Medicine specialty leaders prior to submitting to the MEPC for consideration.

l. Navy Medicine specialty leaders. Review, endorse, and provide comments and recommendations for all proposals regarding training in their specialties and subspecialties that are to be submitted to the MEPC for consideration.

## 5. Membership

- a. BUMED-M00C1 – Chair
- b. Commander, Navy Medicine Education, Training and Logistics Command (or designee)
- c. Assistant Deputy Chief, BUMED-M7 (or designee)
- d. Assistant Deputy Chief, BUMED-M1
- e. Deputy Chief, Medical Corps
- f. U.S. Fleet Forces Command, Surgeon (or designee)
- g. The Medical Officer of the Marine Corps (or designee)
- h. CO, Navy Medicine Professional Development Center

- i. Director, Navy GME
  - j. DIO from each teaching institution
  - k. Navy Medicine specialty leaders, as requested
6. Advisors. Provide counsel based on research, current data and forecasting, including but not limited to:
- a. Medical Corps Personnel Planner
  - b. Deputy Director, Navy GME
  - c. PERS-4415
  - d. Navy Medicine Accessions Program Manager
  - e. Navy GME Head, Student Programs
7. Minutes Approval Process
- a. MEPC minutes are:
    - (1) Prepared by the Director, Navy GME and routed to BUMED-M00C1 via CO, Navy Medicine Professional Development Center and Commander, Navy Medicine Education, Training and Logistics Command, with informational copy to BUMED-DCTF. MEPC recommendations are included in the minutes with supporting documents. BUMED-M00C1 approves and signs minutes, and routes to Chief, BUMED.
    - (2) Signed minutes are reviewed by members of the MEPC at the following meeting and are archived on the Medical Corps Chief's SharePoint site.
  - b. Chief, BUMED approves, disapproves, or comments on each recommendation and provides additional guidance or comments.
  - c. Signed minutes do not constitute BUMED policy. BUMED policy implementation or revisions must be sent to BUMED-M7 for development.

CHAPTER 3  
FULL-TIME INSERVICE PROGRAMS

Ref: (a) OPNAVINST 1520.39  
(b) SECNAVINST 1520.11A  
(c) CNO WASHINGTON DC 251858Z Feb 16 (NAVADMIN 046/16)

1. Purpose. This chapter provides policies, procedures, and information regarding full-time inservice programs.

2. Overview. Full-time inservice programs include preliminary year internships, residencies, and fellowships where the training is conducted at naval medical institutions.

a. Preliminary Year (PGY-1) GME Training. The Navy sponsors in-service preliminary year residency programs in internal medicine, general surgery, pediatrics, obstetrics and gynecology, psychiatry, orthopedics, otolaryngology, emergency medicine, and family medicine, as well as transitional internships. A BUMED notice announces the Navy GMESB application procedures for preliminary year GME programs and is sent by the PGY-1 Liaison, Navy GME Office, to medical and osteopathic school graduates participating in the Health Professions Scholarship Program (HPSP), Uniformed Services University of the Health Sciences (USUHS), and Health Services Collegiate Program (HSCP). The notice lists in-service preliminary year programs, locations, and application procedures. Navy HPSP, HSCP, and USUHS preliminary year applicants who are not selected for an in-service military internship or a full deferment for residency in the Navy Active Duty Delay for Specialists (NADDS) Program, are placed in the 1-Year Delay Program and deferred from active duty for 1 year to complete their preliminary year of GME training in an accredited civilian residency program, per references (a) and (b).

b. PGY-2+ In-Service Training. The Navy sponsors residency and fellowship training at multi-disciplinary and family medicine teaching institutions. Each program must comply with the institutional and program requirements published by the ACGME and must provide training in pertinent specialty-specific military unique curricula. The GME academic year generally commences 1 July and ends 30 June of the following year.

c. National Emergency. In the event of national emergency and mobilization, the Chief, BUMED must plan efforts to provide support for and maintain the commitment to GME. However, training programs may be suspended or terminated and personnel reassigned to meet the requirements of the Navy and national defense.

3. Institutional Requirements. Each Commander or MTF CO with a Navy-sponsored accredited GME program must:

- a. Comply with ACGME requirements and ensure its ACGME accredited programs are in full compliance with the ACGME Institutional, common program, and Residency Review Committee specialty or subspecialty requirements, policies, and procedures, available at: <https://www.acgme.org/>.
- b. Demonstrate continuous oversight of processes and outcomes of education.
- c. Establish a GMEC that oversees the ACGME accreditation status of the institution and its ACGME accredited programs. The GMEC must govern itself and all GMEC activities per the ACGME requirements.
- d. Ensure the DIO, with GMEC, implements and maintains institutional policies and procedures.
- e. Provide professional development related to requirements of the continuous accreditation model for GMEC, GME administrators, office staff, PDs, and program coordinators.
- f. Provide a resident handbook.
- g. Conduct an annual review of GME policies and update as necessary.
- h. Conduct orientation annually for new interns and residents as appropriate.
- i. Conduct an introductory and continuing faculty development program.
- j. Ensure 12 weeks of maternity leave are available to use during the first year post pregnancy, per reference (c).
- k. Provide residents with readily available written policies and procedures for grievance and due process per ACGME institutional requirements.

CHAPTER 4  
FULL-TIME OUT-SERVICE AND  
OTHER FEDERAL INSTITUTION PROGRAMS

Ref: (a) BUMEDINST 7050.3A

1. Purpose. To provide general guidance regarding specialty and subspecialty training opportunities in full-time outservice and other federal institution programs, as listed in reference (a) and a BUMED notice released annually.
2. Overview. The Navy sponsors full-time outservice training based on Medical Corps training requirements developed by BUMED. BUMED sponsors full-time outservice training in specialties and subspecialties for which there is a projected personnel shortfall and no available inservice training capability, or inservice training output is insufficient to overcome the projected shortfall.
3. Responsibilities
  - a. Navy Medicine Professional Development Center's Director, Navy GME Office must:
    - (1) Require receipt of an academic degree plan, if tuition is required, and a grade report for each academic term to continue funding a trainee's tuition.
    - (2) Negotiate, approve, and maintain a copy of the training affiliation agreement per reference (a).
    - (3) Manage and fund integral parts of training requirements.
    - (4) Reimburse expenses as indicated in the local full-time outservice and other federal institution policy manual.
  - b. Trainees. Because trainees participating in full-time outservice and other federal institution programs are removed from the Navy service environment, the Navy GME full-time outservice and other federal institution program managers must provide military and professional administrative guidance to trainees participating in these programs. Local full-time outservice and other federal institution policy manuals contain the complete list of professional and military responsibilities.
    - (1) The trainee's reporting senior is the CO of the unit assigned by PERS-4415. While in training, the CO must write the trainee's fitness report (FITREP), arrange the physical fitness assessment and urinalysis, review leave requests, and endorse integral parts of training funding requests.
    - (2) Detailed information regarding the program can be found in the local full-time outservice and other federal institution policy manual.



CHAPTER 5  
INTEGRAL PARTS OF TRAINING

Ref: (a) 10 U.S.C.  
(b) BUMEDINST 7050.3A

1. Purpose. To establish management responsibilities and procedures for administering Navy Medical Corps integral parts of training for full-time inservice, full-time outservice, and other federal institution GME program trainees.
2. Overview. Integral parts of training refers to a course or affiliated period of training required to supplement experiences in a fellowship, residency, or other GME training program to meet the requirements for program completion or ACGME or AOA accreditation. Attendance at periodic or annual meetings or scientific, technical, or professional conferences, for the purpose of continuing medical education, is within the purview of the ACGME Institutional Requirements, found at: [https://acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs\\_2017-07-01.pdf](https://acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf).
3. Policy. Temporary additional duty or authorization orders to participate in integral parts of training are issued by the trainee's administrative command. To ensure liability protection, a training affiliation agreement is necessary for officers performing patient care during integral parts of training in a non-Federal institution. Reference (a), section 1089 requires active duty trainees to act within the scope of their official duties to be entitled to its protections. Full-time inservice and full-time outservice GME integral parts of training are managed separately and implementation procedures depend upon the location and duration of the integral parts of training. Generally, a written travel order is not necessary when travel is performed within the limits of a trainee's permanent duty station.
4. Responsibilities
  - a. CO, Navy Medicine Professional Development Center must:
    - (1) Coordinate policies, procedures, and funding for integral parts of training involving Medical Corps full-time outservice trainees.
    - (2) Fund full-time outservice GME integral parts of training.
    - (3) Determine integral parts of training funding for Navy-sponsored other federal institution trainees prior to selection for training. Navy other federal institution trainees requiring integral parts of training, not funded by the host Service, must follow Navy Medicine Professional Development Center guidance and must submit individual requests for integral parts of training funding to Navy Medicine Professional Development Center at least 6 weeks before

the start date of the integral parts of training. Approved requests are forwarded to the Navy Medicine Professional Development Center Finance Department for further processing and issuance of Navy Medicine Professional Development Center funding data. Disapproved requests are returned to the trainee with an appropriate explanation.

(4) Negotiate, approve, and maintain a copy of the training affiliation agreement for integral parts of training per reference (b).

b. MTF COs Conducting Full-Time Inservice GME Programs for Medical Corps Officers must:

(1) Establish command procedures to ensure funding support and proper administration of the integral parts of training program at the local command level.

(2) Fund approved integral parts of training for assigned full-time inservice GME trainees and ensure all programs conducted in their commands maintain requisite standards of training to ensure successful accreditation by appropriate civilian agencies.

(3) Ensure integral parts of training academic year planning for assigned full-time inservice trainees is conducted.

c. Full-time Inservice PDs. Must inform the MTF CO of integral parts of training requirements for their training programs and ensure appropriate training orders are obtained for trainees participating in integral parts of training.

d. Other Federal Institution and Full-Time Out Service Trainees. Must adhere to integral parts of training policies and procedures issued by Navy Medicine Professional Development Center and higher authority.

CHAPTER 6  
NAVY ACTIVE DUTY DELAY FOR SPECIALISTS  
AND FINANCIAL ASSISTANCE PROGRAM

Ref: (a) SECNAVINST 1520.11A

1. Purpose. To describe the policy and procedures for personnel graduating from a civilian residency program and entering active duty service.
  
2. Overview of Navy Active Duty Delay for Specialists (NADDS). The NADDS Program is available for medical officers on active or inactive duty who have at least 2 years of obligated active duty service to the Navy remaining or agree to return to active duty for a minimum of 2 years following completion of their training. Training in the NADDS Program is dependent upon projected requirements and is normally reserved for GME training in undermanned medical specialties where the number of full-time inservice, full-time outservice, and other federal institution training graduates is insufficient to meet the needs of the Navy. NADDS trainees are selected through the JSGMESB. Active duty is deferred while the officer trains in an accredited civilian GME program for which there is a projected Navy manning requirement. The number of NADDS participants varies considerably from year to year, based upon available graduates, projected requirements for general medical officers, undersea medical officers, and flight surgeons, and requirements for designated, undermanned medical specialties.
  - a. Delay of Active Duty Obligations (ADO). Requirements to complete ADOs will be temporarily deferred to permit GME. If less than a 2-year obligation exists, the officer must agree to serve on active duty for 2 years following completion of civilian training. Per reference (a), officers of the regular Navy may apply to the JSGMESB for deferred status and request a release from active duty contingent upon acceptance into medical training programs as Navy Reserve officers in the Individual Ready Reserve (IRR). Reappointment as an active duty Navy Medical Department staff corps officer occurs upon completion of required medical training. The officer's ADO (for training or other incentives) will be served upon completion or termination of the authorized period in NADDS.
  
  - b. One-Year Delay Program. Trainees designated for this program delay beginning their initial tour of active duty for 1 year, pending completion of their preliminary year of residency training in an approved civilian program. One-Year Delay Program participants are a part of the NADDS Program and subject to all requirements of that program.
  
3. Overview of the Financial Assistance Program (FAP). The FAP is an IRR program for physicians currently accepted to or enrolled in an accredited residency or fellowship program progressing toward a specialty which has been designated as critical by the Department of Defense (DoD). The FAP is available for U.S. citizens in an accredited civilian GME program in the United States or Puerto Rico in designated specialties. Participants must be free of any

contractual obligation that would prevent their appointment as a Medical Corps Officer and availability to serve on active duty immediately upon graduation from GME training. Participants in the NADDS Program may apply for the FAP.

a. Benefits of the FAP

(1) An annual grant, the amount of which is established by ASD(HA), which will be prorated for any projected partial year of participation and is in addition to any pay and benefits provided by the civilian program.

(2) A monthly stipend at a rate equal to that established annually by the ASD(HA) for members of the Armed Forces HPSP.

(3) Fourteen days of active duty for training for each year of scholarship.

(4) Reimbursement for all required fees, books, and laboratory expenses related to the program of study. Payments are limited to those that are required of all trainees in residency program.

b. The effective date of all payments associated with the FAP is the latest occurring date of the execution of the oath of office, the execution of the FAP contract, or the commencement of the specialized training.

c. FAP participants have 2-years minimum ADO for the first year in the program, then generate one-half year ADO for every half year or portion thereafter in the program. Appointees with less than 3-years ADO must serve 3-years minimum term of service.

4. NADDS and FAP Reporting Requirements. NADDS and FAP participants are assigned to BUMED-M1, Navy Medicine Accessions Department. The department's manager for the NADDS Program and FAP provides administrative support. The GME Head, Student Programs provides military and professional guidance to trainees of the NADDS Program and FAP.

a. Acceptance Letter and Contract. A copy of the acceptance letter and a copy of the signed contract must be submitted to the department's manager of the NADDS Program and FAP. The letter must include the exact training dates, PD contact information, and program accreditation status.

b. Academic Standing and Performance. An annual performance assessment report from the PD must be submitted to the department's manager of the NADDS Program and FAP by 30 November each year. Additionally, while in training the participant must receive a non-observed FITREP documenting progress in the civilian residency and account for the participant's reserve time. The reporting senior is BUMED-M1, Navy Medicine Accessions Department.

c. Annual Verification Package. Participants must submit an annual verification package to the BUMED-M1, Navy Medicine Accessions Department.

d. NADDS Program and FAP Trainees' Status. The trainees' status will be briefed to Director, Navy GME and BUMED-M00C1 by the NADDS/FAP Program Managers at the MEPC meeting in a written report to include number, location, academic status of each trainee and any changes since the last report.

CHAPTER 7  
GME ACTIVE DUTY OBLIGATION

Ref: (a) DoD Instruction 6000.13 of 30 December 2015  
(b) BUMEDINST 1520.42

1. Purpose. Provides policy for obligated service calculation for Medical Corps officers associated with GME. Guidance for the interpretation and execution of policy for the calculation of obligated service calculations are the responsibility of the BUMED-M1. Final adjudication of obligation questions and discrepancies is the responsibility of BUMED-M1 in coordination with the BUMED Legal Affairs (BUMED-M00J).

2. Overview. ADO for all trainees selected to Navy sponsored GME training must be calculated by BUMED-M1, per reference (a), prior to entering training. Training extensions, withdrawals, and start or end date changes require ADO recalculation and update.

3. Programs

a. Full-Time Inservice and Other Federal Institution. A member must incur ADO of one-half year for each one-half year, or portion thereof, of GME. The minimum ADO at the completion, termination, or withdrawal from the GME must not be less than 2 years. This does not apply to involuntary separation from the Navy. The ADO for GME may be served concurrently with obligations previously incurred for DoD sponsored pre-professional (undergraduate) education and medical school. No ADO for GME can be served concurrently with ADO for a second period of GME.

b. Full-Time Outservice. A member subsidized by the DoD during training in a civilian facility must incur ADO of one-half year for each one-half year, or portion thereof, but the minimum ADO at the completion, termination, withdrawal of the GME period must not be less than 2 years. ADOs for full-time outservice training are added to obligation existing at the time training begins.

c. NADDS. Officers with greater than 2 years ADO incur no additional obligation. Officers with less than 2 years of ADO upon entering the NADDS program must incur a minimum 2-year ADO.

d. FAP. FAP participants have a 2-year minimum ADO for the first year in the program, then generate one-half year ADO for every half year or portion thereafter in the program. Appointees with less than 3-year ADO must serve 3-years minimum term of service.

e. Long-Term Health or Health-Related Education and Training. A member funded for non-degree education and training must incur ADO of 1 year for the first year or portion thereof. For a period in excess of 2 years, the member must receive an additional ADO of one-half year for each one-half year, or portion thereof, served consecutive to prior incurred ADO. A member participating in long-term graduate education and training leading to a master's or doctoral degree must receive ADO of 3 years for the first year or portion thereof, unless such a degree is incidental for completion of an accredited residency program, e.g., aerospace medicine. Additional ADO for participation in excess of one year is one-half year for each one-half year, or portion thereof, served consecutive to prior incurred ADO.

CHAPTER 8  
JOINT SERVICE GME SELECTION PROCEDURES

Ref: (a) BUMEDINST 1520.42

1. Purpose. To provide policy guidance on the GME selection procedures.
2. Applying for a GME Internship, Residency, or Fellowship. A BUMED notice is issued annually by 1 July and contains Navy-specific information for applying to the current year JSGMESB.
  - a. Annual Procedures. The following information, although not all inclusive, is provided in the annual notice:
    - (1) Selection board convening date.
    - (2) Projected selection goals for all training pathways.
    - (3) Electronic application information – opening and closing dates.
    - (4) Projected release date of selection board results.
    - (5) Special instructions and procedures.
    - (6) Acceptance or declining of training selection deadline.
  - b. JSGME Application Procedures. Applications must be submitted for consideration by the JSGMESB for internship, residency, or fellowship in all pathways. General information about Navy GME programs is included online at the address specified in the annual notice. Detailed information regarding specific GME programs can be obtained from the individual PDs or specialty leaders. Their contact information can be found on the Medical Operational Data System (MODS), Web site at:  
<https://education.mods.army.mil/navymeded/UserLogon/userlogon.htm>.
  - c. Application
    - (1) Information regarding GME application and guidance (except flight surgeon and undersea medical officer program applicants) may be found at the Navy GME Application Web site: <https://education.mods.army.mil/NavyMedEd/UserLogon/UserLogon.htm>. All applicants must complete and submit an electronic application on the GME application via the Navy GME application Web site to be considered by the selection board for GME training.



(2) Reference (a) provides flight surgeon application guidance. Additional information regarding the Navy Aeromedical community is available via the Naval Aerospace Medicine Institute (NAMI) Web site at:

<http://www.med.navy.mil/sites/nmotc/nami/academics/FSApply/Pages/default.aspx>.

(3) Reference (a) provides undersea medical officer application guidance. Additional information regarding the Navy Undersea Medical community is available via the Naval Undersea Medical Institute Web site at:

<http://www.med.navy.mil/sites/nmotc/numi/UMOApply/Pages/default.aspx>.

d. Requests for Continued Deferment. Applicants for continued deferment are required to apply to the JSGMESB for consideration by the specialty panel and approval by the JSGMESB. Applicants for deferment training must upload required documents into the Navy GME Application Web site.

e. Supporting Documents. All supporting documents are uploaded into the Navy GME Application Web site. The Navy GME Office will not accept e-mail, fax or mailed documents.

f. Application Processing

(1) The Navy GME Application and Placement Manager is the primary point of contact for application issues (except flight surgeon and undersea medical officer applicants):

[usn.bethesda.navmedprodevctrmd.list.nmpdc-gme-sb@mail.mil](mailto:usn.bethesda.navmedprodevctrmd.list.nmpdc-gme-sb@mail.mil).

(2) Flight surgeon questions should be addressed with the Director of Academics, Naval Aerospace Medicine Institute application coordinator at [NAMI-FSAPPCOORD@mail.mil](mailto:NAMI-FSAPPCOORD@mail.mil).

(3) Undersea medical officer questions should be addressed with the Undersea Medicine Specialty Leader, contacted at [usn.ncr.bumedfchva.mbx.umoc@mail.mil](mailto:usn.ncr.bumedfchva.mbx.umoc@mail.mil).

g. NAVPERSCOM Screening. PERS-4415 administratively reviews the official military personnel file of residency and fellowship applicants to determine if each applicant meets current eligibility and physical fitness assessment standards to transfer to GME in the academic year requested.

3. JSGMESB Process

a. Purpose. The goal, mission, and purpose of the JSGMESB is to carefully consider, without prejudice or partiality, the application of each officer seeking Navy sponsored GME training.

b. Training Plan. The Medical Corps training plan is established annually through the coordinated effort of BUMED-M00C1, supported by Director, Navy GME and BUMED-M1, and approved by Chief, BUMED. The annual plan is developed to meet current and projected specialty manning requirements, which support the Navy's operational and shore missions.

c. Precept. The precept governing the annual Navy selection for the JSGMESB is issued by Chief, BUMED. It provides specific guidance for selecting candidates for Navy-sponsored GME programs and specifies the number of selections allowed for each Navy-sponsored program. The precept also formally appoints the Navy President and voting members of the JSGMESB. Board members are usually a diverse cross section of the Medical Corps community with representatives from the operational, shore, overseas, osteopathic, and GME communities. Non-voting members are appointed by Chief, BUMED to perform duties as board recorders. In addition, technical advisors from PERS-4415 and BUMED-M1 are appointed to advise the board president on manpower and personnel matters.

d. Scoring. Joint Service Panels comprised of PDs, specialty leaders, and consultants in designated specialties from all three military Service medical departments meet to review records and score resident and fellow applications. Navy Medicine specialty leaders and PDs of specialties that offer categorical and transitional internships must score medical student records. Each resident and fellow application is scored by one individual from each Service and an Order of Merit List is generated for validation by the Joint Panel Chair. The Navy Medicine specialty leader reports the panel's recommendations for selection and placement to the Navy GMESB President.

e. Navy GMESB Selection Procedures. The Navy GMESB President retains final authority for designating each Navy applicant as either a primary select, alternate, or non-select. Navy sponsored GME training can only be obtained through selection by the JSGMESB or BUMED-M00C1. Final board results of the Navy GMESB are released after review and approval by the Chief, BUMED.

#### 4. Post Selection Board Process

a. Selection Notifications. Announced via e-mail by Navy GME and available on the MODS Web site 10-15 days after the JSGMESB adjourns. The results for flight surgeon and undersea medical officer selections are posted on the Naval Aerospace Medicine Institute and Naval Undersea Medicine Institute Web sites respectively.

b. Applicant Response. Selected applicants must notify the GME Application and Placement Manager at Navy GME of their decision to accept or decline training by the published deadline. Specific procedures for selectee responses will be included with the results of the JSGMESB. Individuals selected for more than one training program (GME, flight surgeon, or undersea medical officer) may accept only one program. Acceptance of flight surgeon or undersea medical officer training forfeits designation as a select or alternate in any other

program. Failure to notify Navy GME by the published deadline will result in cancellation of the selection and an offer will be made to a qualified alternate. Waivers will be considered on a case-by-case basis. PGY-1 selectees must accept the program and specialty to which selected.

c. Alternate Selection Process. Applicants designated as alternates by the JSGMESB are placed on a ranked alternate list that is maintained by Navy GME and used on a case-by-case basis to fill vacancies caused by primary selectee declinations in a manner consistent with both the training plan and the training selection goals listed in the precept. Refer to the Chief of the Corps Selection, chapter 8, paragraph 4e, for any other applicant selection.

d. Additional Duty Agreement (ADA). Prior to the start date of GME training, the Navy GME office must send each JSGMESB selectee an ADA to review, sign, have witnessed, and send back. The purpose of the ADA is for the trainee and the Navy to mutually agree to the obligated service that is detailed within the agreement. Orders to GME training must not be issued by PERS-4415 until Navy GME has received a signed ADA. Failure to sign an ADA by 15 February of the year of selection may result in cancellation of the selection to GME training and the training opportunity offered to the next alternate candidate. This is a non-waiverable requirement.

(1) Refusal to sign the ADA will result in forfeiture of select status and does not relieve the trainee of their obligation.

(2) If an error to the ADA occurs, the obligated service must be recalculated per the BUMED notice and approved by BUMED-M1.

e. Chief of the Corps Selection. BUMED-M00C1 may approve selection of GME trainees outside the JSGMESB when necessary to meet the needs of the Navy as dictated by changing requirements, unanticipated program vacancies, trainee losses or extraordinary trainee situations. Selection of officers outside the JSGMESB will be considered only after exhausting the existing alternate list for the specialty concerned and is implemented consistent with the training plan in most cases. If an unplanned training need arises that requires a quick fill, one that is recognized as an extraordinary need by GME Office, BUMED-M00C1, and BUMED-M1, then a Chief of the Corps selection may be made in a manner inconsistent with the training plan. All applicants for selection must have been initially submitted to the JSGMESB for consideration, and requests must be coordinated with PERS-4415, the Navy GME Office, and BUMED-M1, and specific specialty leader, before presentation to BUMED-M00C1 for final decision.

APPENDIX

GRADUATE MEDICAL EDUCATION PROGRAM WEB SITES AND APPLICATION  
E-MAIL ADDRESS

Navy GME Homepage:

<https://www.med.navy.mil/sites/nmpdc/professional-development/SitePages/Graduate%20Medical%20Education%20Overview.aspx>

The ACGME Homepage: <https://www.acgme.org>

ACGME Institutional Policies and Requirements: <https://www.acgme.org/Designated-Institutional-Officials/Institutional-Review-Committee/Institutional-Application-and-Requirements>

ACGME Common Program Requirements:

[https://acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs\\_2017-07-01.pdf](https://acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf)

The Navy Application Web site (except flight surgeon and undersea medical officer applications): <https://education.mods.army.mil/navymeded/UserLogon/userlogon.htm>

The Navy GME Application and Placement Manager (the primary point of contact for all application issues):

[usn.bethesda.navmedprodevctrmd.list.nmpdc-gme-sb@mail.mil](mailto:usn.bethesda.navmedprodevctrmd.list.nmpdc-gme-sb@mail.mil)

Flight Surgeon Application Guidance:

<https://www.med.navy.mil/sites/nmotc/nami/Pages/default.aspx>

Undersea Medical Officer Application Guidance:

<https://www.med.navy.mil/sites/nmotc/numi/Pages/default.aspx>