



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

BUMEDINST 3120.1
BUMED-N1
26 May 2026

BUMED INSTRUCTION 3120.1

From: Chief, Bureau of Medicine and Surgery

Subj: STANDARD ORGANIZATION CODE POLICY

Ref: (a) OPNAVINST 5450.215G
(b) BUMEDINST 5450.174B
(c) OPNAVINST 3120.32D
(d) BUMEDINST 5310.11
(e) OPNAVINST 1000.16L
(f) NAVMAC Activity Manpower Management Guide, February 2025
(g) OPNAVINST 5354.1J

Encl: (1) Standard Organization Guidance and Business Rules

1. Purpose. To establish Budget Submitting Office (BSO)-18 policy and guidance for implementation of standard organization codes to ensure that BSO-18 activities are organized in a standardized manner in all manpower, personnel, and financial systems at each location. Standardization will ensure an activity's organization structure and cost centers are aligned, which is essential for evaluating the manpower requirements determination, and ensuring resources are available to meet the mission.
2. Scope and Applicability. Per reference (a), this instruction applies to all Bureau of Medicine and Surgery (BUMED) subordinate commands.
3. Cancellation. NAVMED Policy 07-004 and NAVMED Policy 07-020.
4. Policy. Per reference (b), BSO-18 activities with a commander, commanding officer (CO), or officer in charge (OIC) are responsible for reviewing and updating the command's mission, functions, and tasks (MF&T) instruction every 8 years and submitting changes as necessary via their echelon 3 to BUMED. This MF&T submission should also include a standard organization and regulations manual generated by the activity and an organization chart consistent with reference (c). All BUMED subordinate commands will be in compliance with this guidance for standard organization codes and organization hierarchy codes during their scheduled site visit with Navy Manpower Analysis Center (NAVMAC) for the Shore Manning Requirements Determination (SMRD) study.

a. References (d) through (f) provide information related to BSO-18 SMRD determination, manpower change request process, and policy to assist echelon 3 commands and activities under their administrative control in adhering to and maintaining standardized organizational concepts within BSO-18.

b. Standard organization codes and organization hierarchy codes will be documented on the activity manpower document (AMD) and are instrumental in ensuring accurate documentation of manpower, assignment of personnel, and conformity with the financial organization codes and accounting in the Navy Enterprise Resource Program (NERP), General Fund Enterprise Business System (GFEBs), workforce management, financial management, and financial control modules. Standard organization codes are billet data elements in the Total Force Manpower Management System (TFMMS) that impact the assessment and documentation of manpower, cost, location of associated workload, and the readiness structure of the BSO-18 platforms.

c. The organization hierarchy code is the primary data element for aligning all billets on the AMD by functional department. An organization hierarchy code is a 10-character numeric value containing five levels, two values each, reflecting the activity's organizational structure.

d. All billets within the command's structure, to include subordinate manpower unit identification codes (UIC) will reflect the organizational code structure per enclosure (1) and standard organization table in TFMMS. Expeditionary Medicine (EXMED) billets (whether in their own UIC or individually mapped) will be aligned to their 'in-garrison facilities' organizational code where the requirements are validated in the SMRD process. This typically will be the work center where the EXMED personnel attain and sustain their operational knowledge, skills, and abilities, which includes both medical and non-medical rated/designated specialties. Expeditionary Medical Facility billets will be aligned to the medical treatment facility structure of the immediate superior in command (ISIC) in which they report.

e. Billets that are in EXMED UICs will use the organizational code of the facility they are aligned, while the organizational hierarchy code will denote the structure of the EXMED.

5. Roles and Responsibilities

a. Manpower Plans and Business Policy (BUMED-N12)

(1) Will review the BUMED standard organization tables by 30 June annually and ensure all approved modifications are incorporated prior to financial system implementation at the beginning of the new fiscal year.

(2) Will maintain the BUMED standard organization tables which are available on the BUMED-N12 SharePoint located at:

<https://esportal.med.navy.mil/bumed/m1/N12/Pages/default.aspx?RootFolder=%2Fbumed%2Fm1%2FN12%2FShared%20Documents%2FBSO18%20Standard%20Organizational%20Structure%20Policy&FolderCTID=0x012000A889798340E414498C236CD79AE03B3A&View={A95BE6A8-352C-457A-89BA-A6E2402A7556}>. Under the Programming Branch Shared Documents Folder, click the BSO-18 Standard Organizational Structure Policy link.

b. Civilian Human Resources (BUMED-N11). Will update organizational codes in the Defense Civilian Personnel Data System (DCPDS) in conformance with this instruction or any approved exceptions when notified by BUMED-N12 and Director, Resource Management (BUMED-N8).

c. Human Resource System Support (BUMED-N14). Will coordinate updates and sustainment review of the standard organizational tables in conjunction with BUMED-N12.

d. Reserve Policy and Integration (BUMED-N1R). Will ensure organizational codes for reserve billets directly align with the designated operational units as if on active duty.

e. Logistics, Supply, and Support (BUMED-N4). Will monitor this instruction to ensure any changes to the standard organization tables are implemented in Defense Medical Logistics Standard Support system.

f. BUMED-N8 will monitor this instruction to ensure any changes to the standard organization tables are aligned in the BSO-18 financial organization structure by updating the data elements in systems, such as NERP accounting structure, and Defense Civilian Pay System that capture labor costs.

g. Medical Inspector General (BUMED-N01IG). Will review activity organization manuals, financial and personnel accounting systems for compliance with this instruction. To determine compliance, the MEDIG will utilize this instruction and local implementation of the standard organization tables when conducting site visits.

h. Echelon 3. Will ensure subordinate activities are organized, per enclosure (1), or the published standard organization tables. Echelon 3 commands must review all requests to deviate from this instruction submitted by subordinate commands and forward all endorsements to Director, Manpower and Personnel (BUMED-N1) for review and approval.

i. Echelons 4 and 5 Commanders, COs, and OICs will ensure their organizational structure is aligned and compliant with the standard organization and enclosure (1) by reviewing the respective AMD annually at a minimum.

6. Records Management

a. Records created as a result of this instruction regardless of format or media, must be maintained and dispositioned per the records disposition schedules found on Directives and

Records Management Division portal page at

<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N1 will review this notice annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of War, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the notice 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.


R. FREEDMAN
Acting

Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>

STANDARD ORGANIZATION GUIDANCE AND BUSINESS RULES

1. Introduction

a. Standard Organization Structure for BSO-18 Activities. The varying size, mission, and functions of BSO-18 activities make it impractical to apply a single organizational structure for every BSO-18 activity. However, if a function is performed at multiple commands, that function will be named and positioned on the organizational chart the same as other like activities and commands.

b. Basic Organization Principles and Organization Manual Content. Subparagraphs 1b(1) through 1b(5) will be considered when developing and implementing organizational structures.

(1) Organize to carry out organization goals and objectives in the most effective and efficient manner ensuring appropriate command authority and accountability.

(2) Essential functions of the organization must be delineated as to specific authority and aligned within the appropriate segment of the organization.

(3) Provide clear definition of individual duties, responsibilities, authority, and organizational relationships.

(4) Provide standard naming functions within a command based on higher authority naming functions to provide better resource allocation, management decisions, consistent data comparisons, and clarity of purpose.

(5) Enterprise-wide manpower, financial, and personnel information systems must use a common lexicon for the structure and naming of command organization elements for data to be meaningful and useful.

c. Medical Readiness Facility Categories. Activities providing readiness and operational support to the Navy; Marine Corps and other external entities medical capabilities that maximize warfighter performance through optimized medical readiness tailored to operational requirements; enhance the readiness of the medical force to sustain expeditionary medical capability; train and develop the Navy medical force. These activities can be divided into four categories based on scope, size, and function:

(1) Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) and detachments.

(2) Navy Medicine Readiness and Training Unit (NAVMEDREADTRNUNIT).

(3) BSO-18 operational platforms (i.e., EXMED platforms) and other BSO's operational platforms that BSO-18 personnel support (e.g., casualty receiving and treatment ships and hospital ships).

(4) BSO-18 garrison support (i.e. USMC Training support, Industrial Hygiene, and Environmental) and other external readiness support (i.e. Tripler, Madigan, etc.).

d. Mission-Specific Activity Categories. Echelon 4 commands performing BSO-18 mission specific functions (research and development, public health, training, operational logistics, facility management of operational assets, environmental health and compliance, anti-terrorism, force protection and operational security in support of the base, and accounting at echelon 2 and 3 commands) that provide overall support to BUMED missions. Due to the unique missions of these commands, standard organizational codes are tailored to assist in meeting those unique missions (at the discretion of BUMED).

(1) Naval Medical Forces Pacific and Naval Medical Forces Atlantic are echelon 3 commands that are responsible for command and control of subordinate activities, as defined in reference (a).

(a) Naval Expeditionary Medicine Warfighter Development Center is an echelon 4 command under Naval Medical Forces Pacific that provides multi-faceted training to include combat skills and provide mentoring, training and evaluation support to medical personnel of the operational forces and real-time evaluation leading to the certification of all current and future expeditionary medical platforms and their assigned personnel.

(b) Navy and Marine Corps Force Health Protection Command is an echelon 4 command under Naval Medical Forces Atlantic that ensures Navy and Marine Corps readiness through leadership in prevention of disease and promotion of health.

(c) Naval Medical Readiness Logistics Command is an echelon 4 command under Naval Medical Forces Atlantic that provides medical and dental materiel management and logistical support to Navy Medicine activities and coordinates the expeditionary medical facilities deployment and condition readiness AMD and table of allowance planning and programming.

(2) Navy Medicine Research and Development Command is an echelon 4 command that conducts health and medical research, development, testing, evaluation and surveillance to enhance the health, safety, and deployment readiness of Navy and U.S. Marine Corps personnel in the effective performance of peacetime, wartime, and contingency mission.

(a) Naval Health Research Center is an echelon 4 command under Navy Medicine Research and Development Command that supports fleet operational readiness through research, development, test, and evaluation on the biomedical and psychological aspect of Navy and Marine Corps personnel health and performance.

(b) Naval Submarine Medical Research Laboratory is an echelon 4 command under Navy Medicine Research and Development Command that maximizes warfighter performance through optimized medical readiness tailored to operational requirements; enhances the readiness of the medical force to sustain expeditionary medical capability; and trains and develops the Navy Medicine force.

(c) Naval Medical Research Units with a commanding officer are echelon 4 commands under Navy Medicine Research and Development Command with operations based on their specific mission in support of the health, readiness, and performance of the warfighter and environment.

(3) Naval Medical Forces Development Command is an echelon 3 command responsible for the overall functions of education and training, planning, and execution in support of Navy medical personnel and non-medical personnel assigned to BSO-18 EXMED billets.

(a) Navy Medicine Operational Training Command is an echelon 4 command under Naval Medical Forces Development Command that develops, educates, trains, and qualifies healthcare professionals and warfighters to optimize human performance, survivability, and trauma response enabling operational readiness and maritime dominance.

(b) Naval Medical Leader and Professional Development Command is an echelon 4 command under Naval Medical Forces Development Command that preserves the force by generating and developing Navy Medicine Enterprise leaders and their professional careers.

(c) Navy Medicine Training Support Command is an echelon 4 command under Naval Medical Forces Development Command that provides centralized student management, leadership, information technology, infrastructure oversight, and training support of the following locations for units and learning sites as assigned: various locations onboard Fort Sam Houston, TX; Portsmouth, Virginia; San Diego, California; and Camp Lejeune, North Carolina. Provide Title 10 support for Navy Medicine personnel in the Joint Base San Antonio (JBSA) area as assigned by Navy Medicine.

2. Specific Requirements. All activities will use this guidance and the standard organizational tables that provide the standard naming conventions and standard organization codes approved for use. Deviation from these documents must be approved by the Director, BUMED-N1 prior to implementation. Not all activities will use or need the conventions listed in subparagraphs 2a through 2m of this enclosure. The naming conventions and definitions in subparagraphs 2a through 2f of this enclosure only apply to echelons 2 and 3. Naming conventions and definitions in subparagraphs 2g through 2m of this enclosure are to be used to support all BSO-18 commands.

a. Surgeon General of the Navy (OPNAV N093)\Chief, BUMED (BUMED-N00). An appointed authority and responsibility position of the Surgeon General of the Navy.

- b. Deputy Surgeon General of the Navy\Deputy Chief, BUMED (BUMED-N01). The statutory required and funded senior billeted position within BSO-18. Acts as Acting Surgeon General of the Navy\Chief, BUMED in the absence of the Surgeon General of the Navy\Chief, BUMED for all matters not restricted by law.
- c. Vice Chief, Reserve Policy and Integration for BUMED (BUMED-N1R). A required and funded senior billet position within BSO-18. BUMED-N1R serves as primary advisor on all matters related to reserve equities across the reserve force and works directly for the Chief, BUMED.
- d. Executive Director (BUMED-N02). Senior civilian leader managing command and other enterprise administration for BSO-18 and directly responsible to Surgeon General of the Navy\Chief, BUMED.
- e. Director, Headquarters Operations and Commander of Troops. Senior military leader managing command administration for the organization and who works directly for the BUMED Executive Director or an echelon 3 commander.
- f. BUMED and Naval Medical Force Directors of Maritime Headquarters and Maritime Operations. A military officer in the O-6 pay grade or civilian equivalent as appointed, who manages multiple codes as a directorate within BUMED Headquarters and directly answers to the Surgeon General of the Navy\Chief, BUMED via the Deputy Surgeon General of the Navy\Deputy Chief, BUMED.
- g. N-Code Director, Echelons 2 and 3. A senior leader who manages a single code within BUMED or Naval Medical Force Headquarters and answers directly to their respective Director, Maritime Headquarters or Director, Maritime Operations responsible for their respective code.
- h. N-Code Director, Mission Specific Commands. A senior leader who manages a single code within a mission specific command that answers directly to their executive officer (XO) for their BUMED or Naval Medical Force Headquarters.
- i. Commander. Flag officers or captains who head an activity and have subordinate COs in a direct reporting relationship. Commanders exercise command authorities over multiple subordinate activities outlined and delineated in references (a), (b), and the U.S. Navy Regulations. BSO-18 currently has three echelon 3 commanders: Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Development Command and six echelon 4 commanders.
- j. Commanding Officer (CO). NAVMEDREADTRNCMD or mission-specific commands with authorities and responsibilities outlined in reference (b) and the U.S. Navy Regulations.

k. Executive Officer (XO). NAVMEDREADTRNCMD and mission-specific commands will have an XO who assumes command in the absence of CO as outlined in the U.S. Navy Regulations.

l. Chief of Staff (COS). The Chief of Staff (echelon 3) is the executor for, and principal assistant to the commander and deputy commander at BSO-18 commands. The chief of staff is responsible to the commander for ensuring the administration, organization, training, and readiness of the staff are carried out in compliance with the policies, plans, and intentions of the echelon 3 command.

m. Deputy Chief of Staff (DCOS) and Echelon 4 Director. A DCOS (echelon 3 only) and directors (echelon 4) are senior leaders at BSO-18 commands. An echelon 3 DCOS works directly for the COS or deputy commander. Directors at echelon 4 commands work directly for the XO. The number of deputies or directors varies depending on organization, mission, size, and complexity. The standard naming conventions and standard organization codes are outlined within the standard organization templates located at the link listed in subparagraph 5c of this instruction.

n. Officer in Charge (OIC). The OIC of an organization, facility, or function is subordinate to a CO. The OIC ensures that all persons within their purview know applicable procedures, assignments, daily tasks, and overall mission.

o. Department and Division Heads. Consistent with standard Navy organizational structure, major functions will be established as departments and, if too broad in scope, may be further subdivided into divisions. Commands will assign and name departments and divisions utilizing the standardized naming conventions and standard organization codes found within the standard organization templates. Departments and divisions must not be created for the purpose of personnel titles. Organizational establishments (e.g., directorates, departments, divisions) will be reviewed and approved by their respective Naval Medical Force and BUMED-N1 prior to implementation to ensure proper justification for creation.

p. Special Assistant (SA). The listed positions are appropriate for assignment as SA at BSO-18 activities reporting to either the Surgeon General of the Navy\Chief, BUMED, commander, or CO. Others may be appointed as indicated by regulations, guidance from higher authority, or at the commander's and CO's discretion. The SAs are required by higher authority to report to the activity head:

SA	Authority
Chaplain	SECNAVINST 1730.7E OPNAVINST 3120.32D
Command Evaluation Officer	SECNAVINST 5200.35G
Command Master Chief	OPNAVINST 1306.2K
Occupational Safety and Health Manager	OPNAVINST 5100.23H OPNAVINST 5100.19F
Staff Judge Advocate (SJA) Office of General Counsel (OGC)	10 U.S.C. § 806 UCMJ, article 6(b) 10 U.S.C. § 5148 JAG M-5800.7G SECNAVINST 5430.27E SECNAVINST 5430.25F
Public Affairs Officer (PAO)	OPNAVINST 3120.32D SECNAVINST 5720.44C
Security Manager	SECNAVINST 5510.30C
Security Officer	OPNAVINST 5530.14E
Antiterrorism Officer	OPNAVINST F3300.53D BUMEDINST 3300.1B
Comptroller and Financial Manager	SECNAVINST 7000.27D
Sexual Assault Prevention and Response (SAPR) Officer	DoDI 6495.02, Vol. 1 through 3 OPNAVINST 1752.1C ALNAV 084/22 NAVADMIN 329/20
Drug and Alcohol Program Advisor (DAPA)	OPNAVINST 5350.4E
Equal Opportunity Advisor	OPNAVINST 5354.1J SECNAVINST 12713.14
Institutional Review Board (IRB) Chairs and Vice Chairs	32 CFR 219 DoDI 3216.02 SECNAVINST 3900.39E DON HRPP Management Plan
Command Information Officer (CIO)	SECNAV M-5239.3
MEDIG	SECNAVINST 5430.57H SECNAVINST 5370.5C BUMEDINST 5040.2E BUMEDINST 5041.6B

(1) Comptroller and Financial Manager. Reports directly to the CO or head of activity on all matters pertinent to planning, programming, budgeting, and execution. Discusses planning, programming, budgeting, and execution requirements, submits plans, and provides applicable reports of funds management. Ensures resource management processes are fully compliant with Department of War and Department of the Navy financial management and audit policies and procedures. Provides oversight of the Integrated Risk Management Program.

(2) SJA and OGC Attorneys. Placement of attorneys and functions must not be subordinate to any other business manager or process. Attorneys must have direct, unfettered access to the head of the activity; however, may report via the deputy commander or XO for administrative purposes. The SJA is an SA and independent legal advisor and will report directly to the Naval Medical Force or CO for proper execution of military justice under the provisions of the Uniform Code of Military Justice. The OGC attorney is an SA and independent advisor for business law (contracts, patents, labor, and fiscal), ethics and civilian personnel matters, and must report to the Department of the Navy General Counsel via the OGC chain of command.

(3) Safety and Occupational Health Manager. Coordinates the accomplishment of the objectives of the Naval Occupational Safety and Health Program. Provides technical support including promotion of safety training and education in support of the operational and readiness mission. Maintains required data on accident investigation, analysis, and reporting, hazard identification and control, proper use of personal protective equipment, safety instruction, and occupational safety and health surveys. The Defense Health Agency has control and responsibility for the special assistant Safety and Occupational Health Manager positions for all Navy Medicine activities below echelon 3.

(4) Security Manager. Manages the commands personnel, information, and industrial security program as the CO's direct representative and has cognizance of all command information, personnel, and industrial security functions and ensures that the security program is coordinated and inclusive of all requirements per DON policy. The NAVMEDREADTRNCMD will implement the Personnel, Information, and Industrial Security Programs. Ensures that personnel security investigations, clearances, and accesses are properly vetted and recorded by coordinating clearance adjudication with Defense Counterintelligence and Security Agency and related entities. Ensures proper marking, handling, and safeguarding of classified and controlled unclassified information.

(5) PAO. Responsible for implementing and maintaining internal information, community outreach, and public information programs that are consistent with guidelines per SECNAVINST 5720.44C and the objectives established by the commander. The PAO advises the commander on all public affairs and visual information matters.

(6) SAPR Officer. At a minimum, lieutenant (O-3) and above personnel assigned to designated echelon 2 commands and Naval Medical Force commands to oversee SAPR program execution and initiatives within the respective area of responsibility.

(7) DAPA. The primary DAPA should be E-7 or above and assistant DAPAs should be E-5 or above. Commanders, COs, and OICs must maintain close liaison with their DAPAs. The DAPA is the command's primary advisor for alcohol and drug matters and reports directly to the CO or XO. The DAPA is responsible to the CO for the management of the command's

substance misuse program. Commands with 300 or more members must assign a full-time DAPA. In any case, COs may appoint as many DAPAs and assistants as they deem necessary, but a ratio of at least one for every 100 personnel assigned is recommended.

(8) Equal Employment Opportunity (EEO) Program. A combined major command level and unit level office within the BUMED chain of command and located throughout the BSO-18 footprint. The Director, EEO exercises EEO program responsibility throughout BSO-18 activities and ensures that DON EEO policies and procedures are implemented command-wide. The EEO office works directly with leadership and subordinate commands in both program execution and program evaluation. The Director, EEO ensures that EEO offices implement and execute effective programs to ensure equal opportunity within BSO-18 commands, including barrier analysis, the processing of discrimination complaints and requests for reasonable accommodation, and providing EEO services and support to activities that do not have organic EEO offices.

(9) Command Climate Specialist (CCS). Member who has completed the Defense Equal Opportunity Management Institute Equal Opportunity Advisor and Command Climate Specialist Course and assigned Navy Enlisted Classification 809A. CCSs serve as primary advisors and subject matter experts to commanders and command managed equal opportunity managers and provide assistance to other members in the chain of command on military equal opportunity (EO) and sexual harassment issues. In this capacity, CCSs provide EO and sexual harassment briefings, training, and assist visits to subordinate commands. CCSs are highly encouraged to address graduating resident and mobile training team command managed equal opportunity manager classes. CCSs typically do not conduct command investigations into EO and sexual harassment issues but instead serve as EO and sexual harassment process advisors and subject matter experts. Reference (g) provides a detailed list of CCS responsibilities.

(10) IRB Chairs and Vice Chairs. If delegated authority from the research approval authority, may review and make recommendations for research that meets criteria for expedited review procedures. The primary role of the IRB is to ensure the safety and welfare of human research subjects. IRBs approve the research protocols, and the command's institutional official reviews the proposed project to determine whether to permit the research. The command's institutional official's review may be conducted before or after IRB approval, and it is not part of the IRB review process.

(11) CIO. The principal advisor to the commander for issues regarding information management and alignment of information technology (IT) investments to business priorities and assigned missions. Specifically, CIOs oversee the effective use of information resources across their organization to successfully meet the goals and objectives required for delivery of required capabilities. CIOs support the alignment of business processes through implementation of enterprise architecture and IT planning procedures, and for the protection of mission critical and mission essential systems through strengthened cybersecurity management and technical controls per policy and guidance. The CIO serves as, or teams with, command competency leaders to

ensure core IT workforce training, certification, education, and management requirements are identified and supported, consistent with DON direction. Other key functions of the CIO are listed in the BUMED or receptivity activity Standard Organization and Regulations Manual (SORM) or MF&T statement.

(12) MEDIG. An SA provides continuous support for BSO-18 inspectable programs. Evaluates the effectiveness, efficiency, climate, program compliance through inspection and reporting. Coordinates program deficiencies and corrective actions in reports based on MEDIG findings. CO appointed MEDIG SA coordinates inspection preparatory requirements, provides support during the inspection period, and conducts mock program inspections.

3. Business Rules

a. Alignment of Assets. The accountability and authority for all command assets lie with the commander or CO. Billets within an activity will be allocated to the location where the work is actually being performed.

b. Organizational Naming Conventions. The standard organizational naming and application of business rules allow all BSO-18 activities to be viewed and assessed in a fair and consistent manner with regard to peacetime and readiness resources and their utilization across the enterprise.

c. Standardized Organizational Codes. Standardized organization codes will be reconciled with the financial organization structure annually during the fiscal year shift in the BUMED accounting systems. BUMED-N8 and BUMED-N1 must coordinate the reconciliation. Reconciliation must ensure organization codes and cost centers are completely aligned at the department level ensuring the AMD financial information aligns with the budget controls.

(1) Commands using NERP will ensure the complete alignment in the financial systems by utilizing the first six digits of AMD billet's required standard organization code in block 43 of the Standard Form (SF) 52 Request for Personnel Action and SF 50 Notification of Personnel Action to ensure complete alignment of civilian personnel to the NERP cost centers. Organization codes will be aligned to NERP cost centers which are only built at the department level. Cost centers will only be separated when the organization code is funded via a separate line of accounting. NERP cost centers are centrally managed by Accounting (BUMED-N84).

(2) Commands using GFEBS will ensure the complete alignment in the financial system by ensuring that DCPDS is accurately updated per the standard organization table. DCPDS is linked to GFEBS so any updates will be adjusted in GFEBS.

d. Organizational Hierarchy Codes. Organizational hierarchy codes are the primary element for aligning all billets on the AMD. The code consists of a 10-character numeric value containing five sets of two digits to reflect the command's organizational structure. All 10 spaces must be populated. Zeros are used to populate blank spaces, for example 0102010200.

When a billet is moved to another functional area, the organizational hierarchy code needs to be changed accordingly along with the standard organization code. BUMED-N12 is responsible for keeping these Navy mandated code tables up to date. Refer to the link located in subparagraph 5c of this instruction.

e. Organizational Directorate Codes. Organizational directorates and codes are based on activity types as defined in subparagraphs 1c(1) through 1c(3) of this enclosure. Directorates, if established, must have at least two departments with a minimum of five positions in each department. Departments may be subdivided into divisions providing the division meets the five-position rule. Departments or divisions with less than five positions, those positions must be combined and included with a level in the organization hierarchy that has a related function. The only exception is where a skill type 1 or 2 provider billet is authorized with a specific program element code or if an exception is approved by BUMED-N1.

f. Maintaining an AMD

(1) Once standard organization codes are implemented, it is important to continuously maintain the AMD(s) so that the document accurately reflects the current organization in existence at each activity.

(2) All billets should be aligned with the work centers or organizations where work is performed.

(3) Requests for new requirements must be forwarded to BUMED-N1 via the activity chain of command and echelon 3 command utilizing a Manpower Change Request in TFMMS as stated in reference (d). If approved, new requirements or changes in requirements and authorizations must be properly annotated and documented on each activity's AMD prior to any hiring, contracting, and detailing actions.

(4) Personnel (military, Federal civilian, or contract) must not be detailed or onboarded until after the Manpower Change Request has been submitted by the command, endorsed by the appropriate echelon, reviewed and released by BUMED-N1 or BUMED N1R for reserve billets, and ultimately approved by Navy stakeholders. This will ensure BSO-18 manpower, personnel, and accounting systems reflect the most accurate information as well as assist in overall manpower and personnel reconciliation.

(5) Organizational codes for Reserve billets should directly align with the designated operational units as if on active duty.

g. NERP, GFEBS, Defense Civilian Pay System, and Defense Civilian Personnel Data System (DCPDS). Require organizational codes for assigned personnel. To ensure the billets and bodies are assigned and properly resourced, each organizational code (block 42 and 43 of the SF 52 and SF 50) must emulate the first six characters of the TFMMS organization code (directorate, department, and division). The TFMMS organization code must comply with the

current published Navy Medicine Standard Organization Table code structure must be used. Therefore, local coding conventions are not permitted. Requests for exceptions must be submitted to BUMED N12 and Accounting (BUMED-N84) for approval. BUMED-N12 and BUMED-N84 will only apply exceptions when business rules are required to accommodate a separate line of accounting.

h. Defense Medical Human Resources System-internet (DMHRSi) Assignments. Maintain positions on the AMD(s) in the area that the personnel are working to assist with identification of required resources, personnel assignments, and workload processing in DMHRSi. Intra-office and departmental transfer requests (or equivalent) must be completed as individuals transfer from one area to another. This ensures accurate accountability within the corporate systems. Care should be taken when locally reassigning an individual from one billet to another as to maintain continuity between the individual's existing readiness training platform and training requirements and those associated with the new billet. DMHRSi assignments for personnel ordered into the NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT should reflect the billet the person is ordered into in the position field, which will automatically align the DMHRSi Organization. The DMHRSi People Group should be updated to reflect the department the person is normally working in day-to-day (to include if they are assigned to work in the Defense Health Agency (DHA) medical treatment facility (MTF)).

4. TFMMS Standard Organizational Codes. The following information provides specific guidance on the application of the 10-character standard organization code required on every billet requirement authorized or not.

a. NAVMEDREADTRNCMD. Billets will have a ten-character standard organization code in TFMMS. The first two characters for billets aligned under the NAVMEDREADTRNCMD will have a two-letter directorate, department, and division code. For example, a billet located within a NAVMEDREADTRNCMD Director of Administration, Logistics Department, Material Management Division the first two characters of the directorate are "DF", the second two characters will be the department code "LG", and the third two characters of the division code "MM". Thus, the standard organization code for the billet will be DFLGMMZZZZ. BSO-18 functions that support healthcare delivery in the DHA MTF will have a two number directorate code with a two-digit character code assigned to the department and division. For example, a billet supporting a DHA MTF Directorate Health Services, Internal Medicine Department, Neurology Division the first two numbers of the directorate are "13", two-character department code "IN", and two character division code "NU". The standard organization code for the billet is 13INNUZZZZ. Characters seven through 10 for billets at a NAVMEDREADTRNCMD, NAVMEDREADTRNUNIT, supporting the DHA MTF are defaulted to ZZZZ.

b. NAVMEDREADTRNUNIT and NAVMEDREADTRNCMD Detachment. The first digit will be number 5 denoting a Branch Health Clinic and the second digit (*) will be the 4th level MEPRS code derived from the Financial Guidance for that activity or the activity unique

unit identifier code. For example, NAVMEDREADTRNUNIT Oceana Virginia 4TH level MEPRS code is “O”. Coding for Primary Care at the NAVMEDREADTRNUNIT would be 5OPCZZZZZZ. Characters five through 10 are defaulted to ZZZZZZ.

c. Mission Specific Commands, including Naval Medical Forces Echelon 3 Activities. The first two characters of the 10-character standard organizational code will identify the directorate, characters three and four will identify the department, characters five and six will identify the division, and characters seven through 10 are defaulted to ZZZZ (except for BUMED Headquarters unit identification codes, which use the seventh and eighth characters for branch and the ninth and tenth characters are ZZ).

5. Organizational Structure

a. Unique Naming Conventions. There will be some unique services provided in like-sized activities and accepted deviations from the standard organization as listed below in subparagraphs:

b. NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT. In addition to the command suite, there will be two directorates in the NAVMEDREADTRNCMD and Expeditionary Medicine Directorate (EMD) and director for administration (DFA) and the NAVMEDREADTRNUNIT will have an OIC aligned to the administrative department. The Public Health Directorate or Branch Health Clinic Public Health Department will account for BSO-18 public health functions to include industrial hygiene, environmental health, occupational audiology, operational preventative medicine. Refer to the official standard organizational tables on BUMED-N12’s SharePoint as stated in subparagraph 5c of this instruction.

c. Mission-Specific Commands

(1) The organizational structure demonstrated in the standard organization tables will apply to all organizations within the purview of the appropriate echelon or mission-specific activity. For example, Navy Drug Laboratories are echelon 5 mission-specific commands under the echelon 4 Navy and Marine Corps Force Health Protection Command (NAVMCFOR-HLTHPRTCMD). Navy Drug Laboratories with a CO will use the same structure as NAVMCFORHLTHPRTCMD, the parent command.

(2) Mission-specific commands without a CO will use “5*” in the first digit and a locally defined character in the second digit to distinguish one echelon 5 activity or detachment from another. For example, the Navy Entomology Center of Excellence (NAVENTOCTR) has an OIC and is a child facility of NAVMCFORHLTHPRTCMD. NAVMCFORHLTHPRTCMD would assign a locally defined second character to the organization code. For example, NAVMCFORHLTHPRTCMD could establish a “V” to identify NAVENTOCTR. Thus, the standard organizational code for administration “AS” at NAVENTOCTR is “5VASZZZZZZ,” which denotes an administration department at NAVENTOCTR. This alphanumeric code is

unique to the parent command's child activities, not BSO-18. In other words, a clinic under NAVMEDREADTRNCMD San Diego and NAVMEDREADTRNCMD Jacksonville could both begin with "5C".

6. Current Manpower Structure. This policy reflects current organizational structure, tables, and requirements; however, due to the frequent nature of changes that occur in the manpower setting combined with ongoing Tri-Service organizational efforts, these tables are subject to change or modification while not entirely altering the intent of this policy. As indicated previously, standard organization tables for BSO-18 activities will be maintained by the Director, BUMED-N12 and published on the BUMED-N12 SharePoint site.

7. Organizational Structure Changes

a. When an activity or echelon 3 believes that an organizational structure different than displayed within the standard organization tables is warranted, a formal request can be submitted detailing the business case analysis on how the modification to the structure will benefit BSO-18 and why the current organizational structure does not work. This may result in a change to the organizational structure that affects all like organizations, or a waiver that is specific to one individual activity and may be temporary or permanently provided. The formal organizational structure change request can be found on the BUMED-N1 SharePoint site and must be forwarded through the BSO-18 echelon 3 commander to BUMED-N1.

b. BUMED-N1 will review each organizational structure change request and convene a standard organization workgroup chaired by BUMED-N12 and with appropriate stakeholder representatives (i.e., DMHRSi, timekeeping, subject matter expert, activity chain of command representatives) who will evaluate the proposed change for impact to the enterprise.

c. If organizational structure change requests are approved, change notification or waivers from BUMED-N1 will be forwarded to the BSO-18 echelon 3 commander or mission-specific commander, as well as the MEDIG.

d. Modifications will be updated on the appropriate table and published as official policy on the BUMED-N12 SharePoint site.

8. Review of BUMED Standard Organization Tables and Guidance. BUMED-N12 will review the BUMED standard organization tables and guidance by 30 June annually and ensure all approved modifications to the standard organization tables are incorporated prior to financial system implementation at the beginning of the new fiscal year.

9. Further assistance in identifying and maintaining organization codes can be obtained from the BUMED-N12 SharePoint site located at:

<https://esportal.med.navy.mil/bumed/m1/N12/Pages/default.aspx>.