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BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 3500.7
BUMED-N7
9 May 2025

BUMED INSTRUCTION 3500.7

From: Chief, Bureau of Medicine and Surgery

Subj: NAVAL KNOWLEDGE, SKILLS, AND ABILITIES FOR READINESS REPORTING AND ASSESSMENT

Ref: (a) DoD Instruction 1322.24 of 16 March 2018
(b) DoD Instruction 1322.31 of 20 February 2020
(c) DoD Instruction 6000.19 of 7 February 2020
(d) BUMEDINST 6440.5D
(e) COMUSFLTFORCOM/COMPACFLTINST 3000.15B of 20 October 2020

Encl: (1) Specialties Aligned to Budget Submitting Office 18 Expeditionary Medical Platforms
(2) Recommendations for Naval Knowledge Skills and Abilities and Clinical Activity Data Capture Alignment to Optimized Fleet Response Plan
(3) Naval Knowledge, Skills, And Abilities Resources

1. Purpose. To delineate roles, responsibilities, and a repeatable process by which Navy Medicine leaders can assess the readiness of all Budget Submitting Office (BSO) 18 expeditionary medicine (EXMED) personnel to perform their expeditionary scopes of practice (ESP). Current specialty alignment to BSO-18 EXMED platforms can be found in enclosure (1).

2. Scope and Applicability. BSO-18 EXMED-billeted personnel in applicable specialties and Navy enlisted classification codes.

3. Background. Longitudinal skill development and sustainment planning are vital to ensuring warfighter proficiency. Navy Medicine must implement a medical readiness assessment process for wartime medical skills attainment and maintenance. References (a) through (d) detail Navy Medicine's responsibility and processes for providing medical proficiency in support of Naval superiority. Maintaining a ready medical force requires skill development, exercises, training, and the development of sustainable partnerships to support the attainment and sustainment of established criteria. Navy Medicine has established processes to monitor and oversee the attainment and sustainment of clinical currency, readiness currency, and readiness proficiency of its medical personnel. Available readiness solutions will be used in conjunction with other data sources to support commander decision-making regarding deployments and the creation and execution of training and exercises. Enclosure (2) provides recommended use of the tools listed in subparagraphs 4a through 4d of this instruction to support readiness decisions, particularly during the Optimized Fleet Response Plan (OFRP) cycle, per reference (e).

a. Naval Medical Readiness Criteria (NMRC). NMRC are specialty-specific requirements "checklists" reflective of existing Department of Defense (DoD), Department of Navy (DON), and Bureau of Medicine and Surgery (BUMED) policies for expeditionary specialties to meet their ESP. The NMRC consist of three categories of requirements: Category 1 - Core Practice and Clinical Currency, Category 2 - Readiness Currency and Combat Specialty Knowledge, and Category 3 - Operational Platform Readiness Proficiency. NMRC development began in 2018 in conjunction with specialty leaders, enlisted technical leaders, and the Office of the Corps Chiefs (BUMED-N01C), who continue to update and revise the three categories of requirements. NMRC will continue to evolve and should be reviewed annually as indicated in this guidance.

b. Clinical Activity Data Capture (CADC) Initiative. Limited clinical proficiency data exists to quantify performance before deployment, particularly for non-providers (e.g., Corpsmen). The CADC initiative began in March 2023 to collect specific self-reported clinical activities (i.e., "reps and sets") from individuals aligned to existing and future BSO-18 EXMED platforms (see enclosure (1) for specialty alignment). The initiative provides data-driven insights into where and when personnel are getting the "reps and sets" required to perform one's ESP, as identified by applicable and available OFRP, required operational capability and projected operational environment documents and Navy training systems plans.

c. Naval Knowledge Skills and Abilities (NKSA) Proficiency Dashboard. Readiness criteria are tracked across a portfolio of authoritative Navy and DoD data sources. The automated tracking, reporting, and visualization of NMRC, including CADC data, supports enterprise-wide decision-making for resourcing, training, manpower and force allocation optimization, operational requirements and mission sourcing, and strategic operational planning. The NKSA proficiency dashboard can be used to gather data and information to support readiness decision-making at all echelons, including the commander's assessment in the Defense Readiness Reporting System – Service (DRRS-S).

d. Enclosure (3) provides guidance to access the latest NMRC, CADC information, NKSA proficiency dashboard, and other resources.

4. Action. All stakeholders in this guidance are responsible for supporting readiness reporting.

a. BUMED-N01C:

(1) Provide subject matter expertise and specialty-specific representation (e.g., specialty leaders, EXMED program managers, enlisted technical leaders) to review and refine NMRC and CADC activities annually.

(2) Promote implementation and sustainment of specialty-specific readiness criteria at the lowest levels of the enterprise to enhance innovation and learning.

b. Director, Manpower and Personnel (BUMED-N1): Provide and validate rosters, billet assignments, and locations of personnel assigned to EXMED platforms. This includes

establishing and maintaining all relevant standard operating procedures and methodologies. Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS) roster data will be provided to the NKSA team on the last Thursday of every month to support reporting and analysis.

c. Director, Operations, Plans, and Policies (BUMED-N3N5), Director, Education and Training (BUMED-N7), and Director, Requirements and Capabilities (BUMED-N9): Guides and assists decision-making processes to establish and define readiness resources and training requirements. This includes providing input in annual and ad hoc reviews of ESPs, NMRCs, clinical activities, and other readiness documents in alignment with applicable mission essential tasks.

d. Director, Assessments and Analytics (Consolidated Information Center) (BUMED-N58):

(1) Establish and maintain reliable data linkages for the tracking of NMRC requirements, whether self-reported or in an authoritative data source (e.g., Joint Medical Workstation, Fleet Training Management and Planning System (FLTMPS).

(2) Maintain the NKSA proficiency dashboard, including CADC visualizations and the dashboard user guide to provide additional explanations and context for dashboard views.

(3) Develop and maintain the digital clinical activity logbook for long-term sustainment of CADC, or future clinical activity "reps and sets" reporting.

e. Clinical Proficiency (BUMED-N73):

(1) Define and communicate stakeholder equities for supporting NKSA processes.

(2) Manage the implementation and improvement of NMRC, CADC initiative, and NKSA proficiency dashboard and disseminate timely information for decision-making.

(3) Establish future clinical activity benchmarks and limits for integration into NMRC, including EXMED-specific requirements where necessary.

(4) Facilitate the inclusion of new or in-development platforms into NKSA initiatives including CADC and NMRC.

(5) Establish governance processes for NKSA development by defining stakeholder involvement, accountability, and reporting.

(6) Review the operational alignment of NMRC and CADC requirements, then focus on the most operationally relevant specialties for measurement and improvement.

(7) Monitor NMRC and ensure coordination to align NMRC with new, updated, and upcoming DoD, DON, and BUMED policies and guidance regarding platform-specific training.

(8) Collaborate with Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces Development Command to support timely and accurate NMRC completion and CADC data submission.

(9) Coordinate with BUMED-N58 on the development, design, and sustainability of decision tools and dashboards to monitor all medical readiness programs.

(10) Coordinate with BUMED-N58 to develop and maintain the NKSA proficiency dashboard, including visualizations for CADC data.

f. Commanders, Naval Medical Forces Atlantic, Naval Medical Forces Pacific, Naval Medical Forces Development Command:

(1) Use the NKSA proficiency dashboard to assess clinical volume and complexity levels monthly and track trends over time.

(2) Identify and prioritize training and clinical experience gaps and lessons learned.

(3) Establish processes and accountability to enforce compliance with NMRC completion and CADC data submission.

(4) Identify to echelons 4 and 5 the personnel required to submit monthly CADC data.

(5) Participate in regular touchpoints with BUMED-N73 and other key stakeholders to provide status updates, identify and address existing or potential risks, share lessons learned, and leverage best practices for continuous process improvement.

g. Commanding Officers, Naval Medical Readiness Training Commands: Ensure EXMED staff are provided opportunities to attain needed knowledge, skills, and abilities primarily in medical treatment facilities (MTF).

h. EXMED Platform Representatives:

(1) Use NMRC and CADC data to inform the commander's assessment in DRRS-S and escalate readiness gaps to Naval Medical Forces Atlantic, Naval Medical Forces Pacific, and Naval Medical Forces.

(2) Implement processes for accountability among unit members and foster an understanding of the importance of "reps and sets" data collection in relation to unit readiness.

i. Navy Medicine personnel aligned with applicable BSO-18 EXMED specialties:

(1) Monitor and comply with NMRC, CADC, ESP, and other readiness requirements.

(2) Submit a monthly report of CADC data and include whether members are clinically or occupationally active.

(3) Improve clinical proficiency to support readiness and platform-specific mission essential tasks.

(4) Inform supervisor of barriers to attaining or sustaining clinical activities.

5. Privacy Act. Any misuse or unauthorized disclosure of personally identifiable information (PII) may result in both criminal and civil penalties. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII must be per the Privacy Act as amended by section 552a of Title 5, U.S. Code and implemented per SECNAVINST 5211.5F.

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 located on the DON Assistant for Administration, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-InformationManagement/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 OPNAV Records Management Program (DNS-16).

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N7 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, 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 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. Information Management Control. Reports required in subparagraphs 5f(4) and 5i(2) of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

M. B. McGINNIS
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Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, https://www.med.navy.mil/directives/

# SPECIALTIES ALIGNED TO BUDGET SUBMITTING OFFICE 18
# EXPEDITIONARY MEDICAL PLATFORMS

| Specialty | Expeditionary Medical Unit (EMU) | Expeditionary Resuscitative Surgical System (ERSS) | En-Route Care System (ERCS) | Casualty Receiving Treatment Ship (CRTS) | Expeditionary Medical Facility (EMF) | Forward Deployed Preventive Medicine Unit (FDPMU) | Hospital Ship (T-AH) | Expeditionary Medical Ship (EMS) | Special Psychiatric Rapid Intervention Team (SPRINT) | Expeditionary Medical Logistic Unit (EMLU) |
|---|---|---|---|---|---|---|---|---|---|---|
| Anesthesia, General (15B0) | X | | | X | X | | X | | | |
| Behavioral Health Technician (L24A) (PSYCH TECH) | X | | | X | X | | X | | | |
| Biochemistry (1810) | | | | | | X | | | | |
| Bio-Medical Equipment Technician (L08A) | X | | | X | X | | X | | | |
| Orthopedic Technician (L26A) | X | | | X | X | | X | | | |
| Certified Registered Nurse Anesthetist (1972) | X | X | | X | X | | X | | | |
| Dietetics (1876) | | | | | X | | X | | | |
| Clinical Psychology (1840) | X | | | | X | | X | | | |
| Comprehensive Dentistry (1725) | | | | | X | | X | | | |
| Corpsman (0000) | X | | | X | X | | | | | |
| Critical Care Nursing (1960) | X | X | X | X | X | | X | | | |
| Cardiovascular Technician (L06A) | | | | | X | | X | | | |
| Dental Assistant (L33A) | X | | | | X | | X | | | |
| Dermatology, General (16N0) | | | | | X | | X | | | |
| Diagnostic Radiology (16Y0) | X | | | | X | | X | | | |
| Electro-neurodiagnostic Technologist (L18A) | | | | | X | | | | | |
| Emergency Medicine, General (16P0) | X | X | | X | X | | | | | |
| Emergency Trauma Nursing (1945) | X | X | X | X | X | | X | | | |
| Entomology (1850) | | | | | | X | | | | |
| Environmental Health (1860) | X | | | | X | X | X | | | |
| Family Nurse Practitioner (1976) | | | | | X | | X | | | |
| Family Medicine, General (16Q0) | X | | | | X | | X | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| Field Medical Service Technician (L03A) | | | | | | x | | | | |
| Dentistry, General (1700) | x | | | | x | | x | | | |
| Surgery, General (15C0) | x | x | | x | x | | x | | | |
| Industrial Hygiene (1861) | | | | | | x | | | | |
| Internal Medicine (16R0/16R1) | x | | | | | | x | | | |
| Internal Medicine, Critical Care (16R1/162C) | x | | | x | x | | x | | | |
| Maternal and Infant Health Nursing (1920) | | | | | x | | | | | |
| Medical Laboratory Technician (L31A) | x | | | x | x | x | x | | | |
| Otolaryngology, General (15I0) | | | | | x | | x | | | |
| Pediatric Nurse Practitioner (1974) | | | | | x | | | | | |
| Pediatric Nursing (1922) | | | | | x | | | | | |
| Pediatrics, General (16V0) | | | | | x | | x | | | |
| Perioperative Nursing (1950) | x | | | x | x | | x | | | |
| Pharmacy Technician (L22A) | x | | | x | x | | x | | | |
| Pharmacy, General (1887) | x | | | | x | | x | | | |
| Physical Therapy (1873) | | | | | x | | x | | | |
| Physical Therapy Tech (L20A) | | | | | x | | x | | | |
| Physician Assistant (1893) | x | x | | | x | | | | | |
| Podiatry (1892) | | | | | x | | | | | |
| Preventive Medicine, General (15K0) | | | | | | x | | | | |
| Preventive Medicine Technician (L12A) | x | | | | x | x | x | | | |
| Psychiatric Mental Health Nurse Practitioner (1973) | | | | | x | | | | | |
| Psychiatric Nursing (1930) | | | | | x | | x | | | |
| Psychiatry, General (16X0) | x | | | x | x | | x | | | |
| Radiation Health (1825) | | | | | | x | | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Radiation Health Technician (L05A) | | | | | | x | | | | |
| Respiratory Therapist (L32A) | x | x | | x | x | | x | | | |
| SAR Medical Technician (L00A) | | | x | | | | | | | |
| Surface Independent Duty Corpsman (L10A) | | | | | x | | x | | | |
| Surgical Technologist (L23A) | x | x | | x | x | | x | | | |
| Trauma Surgery (15C1J) | x | | | x | x | | x | | | |
| Urology Technician (L25A) | | | | | x | | x | | | |
| Urology, General (15J0) | | | | | x | | x | | | |
| Advanced X-ray Technician (L17A) | x | | | | x | | x | | | |
| Medical Surgical Nursing (1910) | x | | | x | x | | x | | | |
| Obstetrics/Gynecology(15E0) | | | | | x | | x | | | |
| Medical Technologist (1865) | x | | | x | x | | x | | | |
| Microbiologist (1815) | | | | | | x | | | | |
| Neurological Surgery, General (15D0) | | | | | x | | x | | | |
| Neurology, General (16T0) | | | | | x | | x | | | |
| Certified Nurse Midwife (1981) | | | | | x | | | | | |
| Occupational Therapy (1874) | | | | | x | | | | | |
| Ophthalmology, General (15G0) | | | | | x | | x | | | |
| Optometry (1880) | | | | | x | | x | | | |
| Optometry Tech (L19A) | | | | | x | | x | | | |
| Oral Surgery (1750) | | | | x | x | | x | | | |
| Orthopedic Surgery, General (15H0) | x | | | x | x | | x | | | |

Please Note: EMS, SPRINT, and EMLU platforms are in development and specialty alignment is not yet codified.

# RECOMMENDATIONS FOR NAVAL KNOWLEDGE SKILLS AND ABILITIES AND CLINICAL ACTIVITY DATA CAPTURE ALIGNMENT TO OPTIMIZED FLEET RESPONSE PLAN

1. CADC data should inform Navy Medicine, in alignment with, and in support of, the Fleet, Marine, and Joint Forces, in making decisions to integrate commands, activities, demands, resources, and schedules for force generation based on the four tenets laid out in the OFRP:

a. Rotate the Force. CADC data can help inform force distribution decisions to optimize limited resources, ensuring individuals and units preparing for deployment are clinically sufficient and proficient. Navy Medicine personnel gain essential skills through clinical experience, which involves working and capturing "reps and sets" in various medical settings, such as MTFs, clinics, and during deployments. Navy Medicine personnel can evaluate their proficiency against their ESP through an effective force rotation as part of the CADC initiative.

b. Surge the Force. Individuals on deck for deployment should be billeted at high work volume MTFs (or civilian partners) to maximize their clinical proficiency or be given an opportunity to enhance their clinical proficiency through a temporary additional duty station prior to deployment. This clinical sustainment period should be considered significant as Navy Medicine personnel are expected to stay clinically current and competent to remain prepared for the "fight tonight."

c. Modernize and Maintain the Force. During the maintenance phase, individuals should continue practicing at high-capacity MTFs to mitigate a deterioration in clinical skillsets. Forces in a dedicated sustainment phase will sustain their deployment readiness levels to maintain combat proficiency and be prepared to deploy at any time. Capturing data through the CADC initiative can further inform leadership that personnel are maintaining their medical knowledge and clinical skills to ensure operational relevance.

d. Reset in Stride. Post-deployment, after-action reports and lessons learned should emphasize the completion of NMRC and CADC to support determinations of whether pre-deployment clinical activities were sufficient for the mission. Capturing CADC data can guide adjustments to the clinical cycle of medical force readiness generation.

2. To inform decision-making and ensure clinical proficiency of the medical force, specifically for small teams (e.g., the Expeditionary Resuscitative Surgical System (ERSS)), the listed actions are recommended:

a. Use CADC data to inform quarterly BUMED training, exercise, and employment plan synchronization meetings, specifically to inform small teams. Recommend reaching out to platform leadership to assess current clinical assessment efforts and how capturing CADC data could benefit regular training and continuing clinical education.

b. Medical type commands should budget and plan for trainings, exercises, or other unit-specific activities intended to fill or mitigate clinical readiness gaps as outlined in the BUMED training, exercise, and employment plan.

c. Consider providing clinicians with opportunities for temporary additional duty to help enhance or sustain clinical competency when stationed at lower volume MTFs. The CADC initiative can assist lower-capacity MTFs express the need to increase opportunities for capturing relevant clinical "reps and sets".

d. Continue to evolve the CADC initiative as a clinical competency framework that will clearly define the knowledge, skills, and abilities required by our Navy Medicine personnel within various expeditionary scopes of practice.

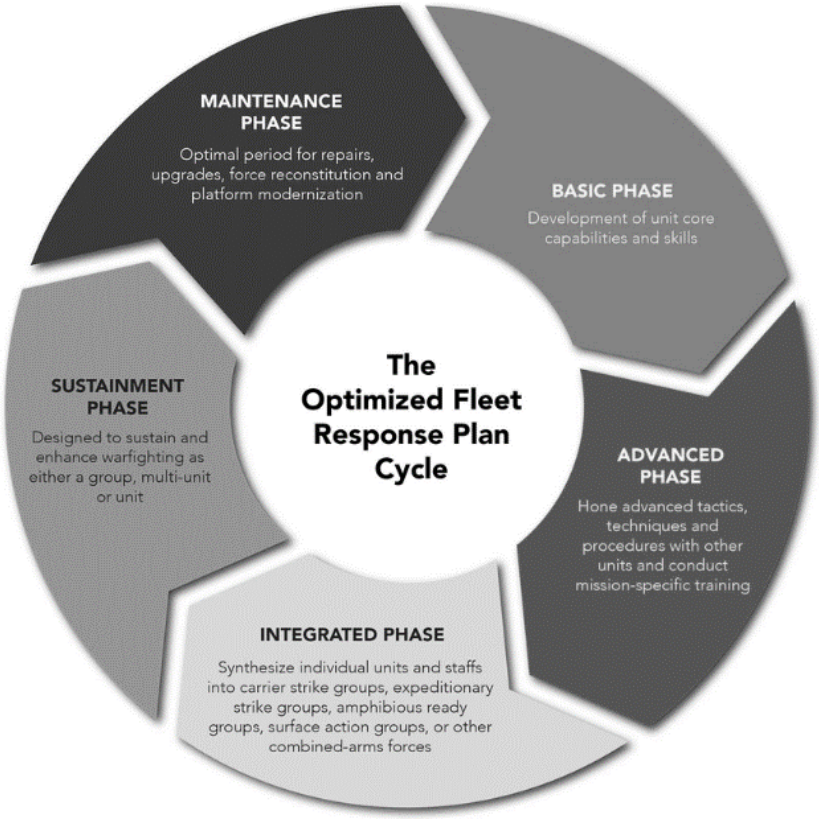


Figure 1: The Optimized Fleet Response Plan Cycle

# NAVAL KNOWLEDGE, SKILLS, AND ABILITIES RESOURCES

1. The NKSA program is continually evolving and improving based on mission needs, stakeholder feedback, and leadership priorities. The resources listed in this enclosure provide the most up-to-date information on NKSA-related efforts.

a. The Plans and Policy (BUMED-N5) SharePoint. The primary repository for NKSA information including, but not limited to, NMRC, CADC initiative, NKSA-related policies, NKSA 101 information, contact information, and more. The SharePoint site is located at: https://esportal.med.navy.mil/bumed/rh/m5/Pages/N54.aspx

b. The NKSA Proficiency Dashboard. A CAC-enabled, CarePoint-hosted dynamic dashboard that provides monthly updated visualizations of individual, specialty, Corps, and site readiness data based on NMRC completion and CADC data. The dashboard can be found at: https://carepoint.health.mil/sites/BUMEDANLYT/SitePages/Proficiency_Dashboard.aspx

c. The Navy Medicine Medical Readiness Mobile Application. Provides relevant informational products on key capabilities to enhance naval force readiness proficiency and sufficiency. The application can be found on the Navy Application Locker at: https://www.applocker.navy.mil/#!/apps/D1F9BE24-B8FB-421E-80CA-48CADFC96C7E

2. For additional questions, please reach out to the NKSA Team via e-mail at usn.ncr.bumedfchva.mbx.nmfdc---navy-ksa@health.mil.