BUMED INSTRUCTION 5040.2E

From: Chief, Bureau of Medicine and Surgery

Subj: COMMAND INSPECTION PROGRAM

Ref: (a) SECNAVINST 5040.3B
       (b) SECNAVINST 5430.57H

1. Purpose. To publish objectives, policies, and procedures of the Chief, Bureau of Medicine and Surgery (BUMED) Command Inspection Program. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 5040.2D.

3. Scope and Applicability. This instruction applies to functions and programs applicable to all budget submitting office 18 activities not already transitioned to the Defense Health Agency.

4. Authority. The Medical Inspector General (MEDIG) conducts inspections on behalf of Chief, BUMED. References (a) and (b) set forth echelon 1 and 2 inspection policies and procedures.

5. Background. MEDIG conducts organizational inspections of Navy Medicine (NAVMED) mission, reports results to Chief, BUMED and chain of command; and liaises with the Naval Inspector General, Defense Health Agency Office of the Inspector General, and other entities as warranted in the execution of such inspections.

6. Objectives. To evaluate effectiveness, efficiency, climate, and program compliance through inspection of commands and reporting through their chain of command.

    a. Specifically, inspections are targeted to:

       (1) Provide results to leadership as guidance to achieve program compliance per mission readiness standards established by the organization.

       (2) Identify command and systemic issues that impede readiness and the ability of NAVMED to provide personnel prepared to support operations, as tasked.

(3) Identify barriers to the acquisition and maintenance of knowledge, skills, and abilities of assigned personnel for tasked missions.

(4) Report command or systemic issues to higher headquarters for information purposes or consideration for further action.

(5) Identify and compile information gained from the inspection process to disseminate notable practices, common findings, trends, and lessons learned.

b. Present opportunities to enhance command mission efficiency and effectiveness through integrated support in program management across levels-of-effort aimed at mission readiness by way of teaching, training, mentoring, and other collaborative methods.

c. Collaborate with BUMED program owners on information gathered during the inspection process as feedback on enterprise-wide programmatic execution and to be used in the assistance of continual review and update of program self-assessments.

7. Inspections

a. Command inspections will be conducted on a general cycle of between 1 and 4 years, as directed by Chief, BUMED; pending local, regional, and global factors.

b. The inspection process integrates information from Defense Equal Opportunity Management Institute Defense Organizational Climate Survey reports, MEDIG Command Climate Questionnaire, MEDIG pre-inspection documentation requests, staff discussion panels, individual interviews, data from various BUMED and Navy data systems, on-site program reviews, and meetings with local and regional line leaders.

c. The list of programs inspected by MEDIG is available on the BUMED homepage under the MEDIG heading dropdown menu titled MEDIG external (common access card site). Additional programs may be included as directed by Chief, BUMED, or as determined appropriate by the MEDIG.

d. Programs are inspected by way of self-assessments. Program self-assessment checklists can be accessed from the MEDIG Web site under the heading, program list areas. References listed in the self-assessments are not all inclusive. Commands are responsible for complying with current instruction and policy, and those of their higher echelons, as applicable.

e. Programs are categorized as compliant or non-compliant according to deficiency findings during the inspection process.

(1) Programs without deficiency findings are categorized as fully compliant. MEDIG requires no further actions by commands regarding fully compliant programs.

(2) Programs with deficiency findings are categorized as non-compliant. Findings are further categorized as listed in subparagraphs 7e(2)(a) through 7e(2)(c).

(a) Requirement for improvement (RFI) findings identify a major programmatic deficiency, which does not fulfill the intent of the governing instruction.

(b) Supplemental findings (SF) identify a minor programmatic deficiency, which generally meets the intent of the instruction. Both RFIs and SFs require the submission to MEDIG of an implementation status report (ISR) outlining the command's actions to correct the findings.

(c) Both RFIs and SFs of non-compliant programs require the development and submission of periodic ISRs outlining the command's corrective actions to rectify the deficiency.

f. An enhancement opportunity is offered if MEDIG determines there are optional recommendations, which may enhance a program's effectiveness. An enhancement opportunity is not considered a negative finding, and MEDIG requires no further actions of commands regarding enhancement opportunities.

8. Reports

a. A final inspection report (FIR) will document all programmatic findings of the inspection. Findings will include program name, applicable instructions, MEDIG staff who performed the inspection, brief description of the discrepancy, and brief description of the requirements for full compliance. The FIR will also contain additional information as necessary and directed in the process of inspection.

b. ISRs will be submitted on a periodic basis until the finding is resolved and the program reaches full compliance. ISR follow the OPNAV 5040/2 Implementation Status Report. ISRs and supporting documentation are to be forwarded through the chain of command to MEDIG according to the timeline established in the FIR. Upon receipt of the ISR, MEDIG will determine if the command's corrective actions to address the inspection findings is sufficient to meet the self-assessment requirement in achieving full compliance. MEDIG will issue an ISR response letter to the command documenting this process. All findings are to be closed within one year of the inspection date.

c. The MEDIG is the confidential agent of Chief, BUMED, for obtaining uninhibited self-analysis and self-criticism of the internal management, operation, and administration of Navy Medicine. Therefore, MEDIG reports are internal memorandums and constitute controlled unclassified information that is not releasable outside NAVMED except with specific approval of the MEDIG.

d. All requests from sources outside the original distribution for MEDIG reports, extracts therefrom, or related correspondence, must be referred to the MEDIG for coordination and clearance. Classifications and restrictions on the disclosure or use of MEDIG reports must be strictly observed.

9. Responsibilities

a. MEDIG will:

(1) Publish an executive summary of the preliminary inspection findings to the command's chain of command, and publish the command's FIR to the commanding officer with closed copy to the chain of command, as applicable.

(2) Provide periodic briefs, updates, etc., to Chief, BUMED, as directed.

(3) Liaise with echelon 3 and 4 staff as necessary in support of the inspection process.

b. Echelon 3 Commanders will:

(1) Ensure subordinate commands maintain readiness through programmatic compliance.

(2) Conduct assist visits of echelon 4 commands under their cognizance, and provide MEDIG a copy of the executive summary of assist visits.

(3) Exercise oversight and support of subordinate commands' progress to achieve full programmatic compliance by way of ISR execution, management, and communication with MEDIG.

c. Echelon 4 and 5 Commanders, Commanding Officers, and Officers in Charge will:

(1) Appoint a primary and alternate point of contact to maintain readiness for applicable programs inspected by MEDIG. The point of contact will also coordinate preparation in advance of, provide support during, and corrective action ISR management following a MEDIG inspection. NAVMED 5040/08 Medical Inspector General Command Inspection Planning Worksheet provides specific requirements.

(2) Liaise with upper echelon support in the process of closing inspection findings to expeditiously achieve full programmatic compliance.

10. 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 Department of the Navy Directorate for Administration, Logistics, and Operations, 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.

11. Review and Effective Date. Per OPNAVINST 5215.17A, Office of the Inspector General (BUMED-M00IG) 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 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 guidance in OPNAV Manual 5215.1 of May 2016.

12. Forms and Information Management Control

a. Forms

(1) OPNAV 5040/2 Implementation Status Report is available to order at: www.dso.dla.mil.

(2) NAVMED 5040/08, Medical Inspector General Command Inspection Planning Worksheet is available at https://www.med.navy.mil/Directives/NAVMED-Forms/.

b. Information Management Control. The reports required in subparagraphs 6c(2) and 6c(4) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.

G. D. SHAFFER
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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/