



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

IN REPLY REFER TO  
BUMEDINST 5050.6A  
BUMED M7  
1 Feb 2016

BUMED INSTRUCTION 5050.6A

From: Chief, Bureau of Medicine and Surgery

Subj: CONTINUING EDUCATION, PROFESSIONAL UPDATE TRAINING, AND  
ALTERNATIVE INSTRUCTIONAL SYSTEMS FOR MEDICAL DEPARTMENT  
PERSONNEL

Ref: (a) BUMED M82 Financial Policy Directive 15-04 of 17 Oct 2015  
(b) Joint Travel Regulations (JTR)  
(c) OPNAVINST 7220.13  
(d) NAVSUPINST 4650.7  
(e) BUMED memo Ser M82/14UM80746 of 24 Jun 2014  
(f) DoD 7000.14-R

1. Purpose

a. To provide policy and guidance for authorized attendance by Navy Medical Department personnel at health-related continuing education (CE) and professional update training (PUT) activities, conferences, and professional meetings.

b. To promote and encourage the use of alternative instructional systems (AIS) as a preferred source for CE credits and skills maintenance.

c. This instruction is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 5050.6.

3. Scope. Applies to all ships and stations having Navy Medical Department personnel.

4. Definitions

a. CE (Nonconference Travel). Planned learning experiences based on specific educational objectives designed to increase knowledge, develop and update skills, and maintain competence. CE includes professional seminars and short courses offered by military or civilian institutions or associations and are related specifically to military and professional duties.

b. PUT (Conference Travel). Attendance at periodic health-related meetings, conferences, and conventions of a scientific, technical, or professional nature with emphasis on general knowledge and information interchange vice specific skills and knowledge improvement. Specific CE experiences are often incorporated into PUT programs.

c. AIS. Professional staff educational activities conducted by other institutions within the local geographic area or within the medical or dental treatment facility that provide CE credits in a cost-effective manner, reduce time spent in travel, and provide knowledge and skills enhancement related specifically to military and professional duties.

## 5. Background

a. Innovations in health technology, program administration and management, and health care delivery necessitate CE and PUT. Proof of competence, progressing from individual responsibility to an increasingly mandated requirement for State licensure, specialty recertification, and Medical Department credentialing and privileging reinforces the importance of CE and PUT.

b. AIS reduces the need for funded temporary additional duty (TAD) course attendance and is a cost-effective means to fulfill CE requirements. AIS should be explored and capitalized to the greatest extent possible. Local resources such as tri-service programs, specialty societies, universities, and hospitals provide local CE opportunities near most medical treatment facilities. Additionally, distance learning via internet applications, video teletraining, video conferencing, and other means are available through military and commercial sources.

c. CE credits for Medical Corps, Nurse Corps, and Medical Service Corps officers can be awarded by the Navy Medicine Professional Development Center (NMPDC) for educational activities within medical treatment facilities that meet criteria of the Accreditation Council for Continuing Medical Education, the American Nurse Credentialing Center, and the American College of Healthcare Executives. CE credits for Dental Corps officers can be awarded at dental treatment facilities, providing activities conform to criteria published by the American Dental Association Continuing Education Recognition Program (ADA CERP) and the Dental Corps Chief, and are approved by the Navy Dental Corps' ADA CERP Administrative Authority at the Naval Postgraduate Dental School prior to being conducted.

## 6. Policy

a. Individuals. Each health care professional shall maintain or improve the knowledge and skills for which they are credentialed and privileged and comply with appropriate certification and licensing requirements. While individuals have the ultimate responsibility for obtaining CE credits required for licensure and certification, the immediate responsible command will make every effort to ensure opportunities and funding are available.

(1) Officers. All Medical Department officers are encouraged to attend appropriate professional health-related meetings and courses that provide knowledge and skills-enhancement critical to their military assignment or the specialty in which they are credentialed.

(2) Enlisted. Enlisted personnel, who require certification, licensure, or CE credits by virtue of their primary Navy Enlisted Classification (NEC) will be afforded appropriate opportunity to fulfill these requirements.

b. Command AIS. Commands will encourage and assist Medical Department personnel to develop, accredit, and implement quality, cost effective, in-house CE programs that provide CE credits and maintain professional competence.

c. Optimal Use of Funds. Appropriated funds are limited and priority will be given to meeting or conference sites in the nearest geographical proximity, particularly if a significant travel savings is anticipated. Attendance at Outside the Continental United States (OCONUS) meetings should not normally be funded unless the member is serving OCONUS. Funding may not be approved if release from active duty or expiration of active obligated service date is less than 12 months after requested TAD.

d. Priority Use of Funds. Commands with TAD approval authority for CE or PUT should prioritize use of funds by all Corps within the command. Priorities will include the following:

(1) CE directly related to wartime readiness requirements, such as courses or meetings emphasizing military health care or emergency, trauma, or critical care clinical topics.

(2) CE to correct performance deficiencies identified during quality assurance reviews.

(3) Meetings at which the traveler will present a scientific paper or seminar that will enhance the status of a military program.

(4) CE or PUT to maintain state-of-the-art health care practice by faculty or Navy education and training programs.

(5) CE for certification, licensure, or credentialing and privileging.

(6) CE or PUT to maintain state-of-the-art health care practice by health care providers.

e. Source of Funds

(1) Budget Submitting Office (BSO) 18 Funded Activities. Travel funds used in support of CE and PUT are identified in the expense operating budget of each activity funded by the Bureau of Medicine and Surgery (BUMED).

(2) Non-BSO 18 Funded Activities. Funds are provided to the Commanding Officer, NMPDC to fund, as appropriate and when available, the CE and PUT travel of Navy Medical Department personnel attached to non-BSO 18 funded activities, such as the Operating Forces. It is desirable that local funding is pursued initially and NMPDC funding be considered as an alternative.

f. Attendance at Personal Expense. Reference (a) specifies conditions that may warrant consideration of Navy Medicine employee requests to attend a conference at personal expense and identifies variables the approval authority should consider in the decision process.

Reference (a) is available for review at:

<http://www.med.navy.mil/Pages/Conference-Info-2.aspx>.

g. Military Courses and Exercises Exclusion. Military, leadership, and operational courses are not included within the scope of this instruction.

h. Guidance for Fiscal Officers

(1) All or None Funding. Per references (b) and (c), funding of TAD orders will be on an “all or none” basis. Funding may be provided from more than one source to equal the total travel costs; however, the individual may not agree to fund part of the travel without reimbursement. If directive TAD orders are issued, the individual will be entitled to all travel allowances, per diem, miscellaneous costs, and fees, per reference (b). Authorization orders (no cost TAD) will not entitle the individual to reimbursement.

(2) Reductions in Per Diem. Reference (c) clarifies policy and procedures under which reduced per diem may be authorized.

(3) Registration Fees. Conference registration fees should be paid via the government purchase card. Conference registration fees may be paid via the government travel charge card only in the exceptional circumstances indicated in reference (d). Registration fees to be paid via government travel charge card should be authorized in the member’s TAD orders. Early registration, when available and financially advantageous, should be encouraged.

7. Responsibility

a. Commanding officers are responsible for funding CE and PUT for personnel attached to their commands. Per reference (b), commanding officers must maintain records of conference approvals, ensure travel claims are filed within five calendar days following completion of travel, and (as applicable) ensure travelers forward a liquidated copy of their travel claim to the funding command.

b. Medical Department personnel assigned to non-BSO 18 activities unable to fund CE or PUT TAD may request funding support from NMPDC via the chain of command. Forwarding endorsements shall verify non-availability of funds. NMPDC will consider such requests based on funds availability.

c. Commanding officers and members requesting funded TAD for CE or PUT shall comply with guidance in reference (e) regarding travel approval. Navy Medicine Conference Information and Policy Guidance are available at:

<http://www.med.navy.mil/Pages/Conference-Info-2.aspx> in the “Conference Information” tab.

d. NMPDC will:

(1) Establish and maintain procedures:

(a) For submission, review, and approval of programs for CE credit.

(b) To assist Medical Department personnel, assigned to non-BSO 18 funded activities, to apply for funding consideration for CE and PUT.

(2) Assist Medical Department activities in the planning and implementation of quality education opportunities designed to increase competence, promote standards of professional practice, and maintain accreditation.

8. Action

a. Medical Department Activities

(1) Commanding officers and officers in charge will administer CE and PUT following the policies and responsibilities cited in this instruction. Resources in local operating budgets that support this program will be included in annual financial plans.

(2) Individuals will forward requests for CE and PUT to his or her commanding officer following local command policies and procedures.

(3) Commanding officers and officers in charge must, as appropriate, develop, use, and fund cost effective CE programs at the local level via AIS cited in paragraph 4.c. Additionally, the command will ensure the education and training departments are appropriately staffed, trained, and equipped to support command CE programs.

(4) For policy and guidance on sponsoring conferences, refer to Navy Medicine's Conference Information and Policy Web site at:

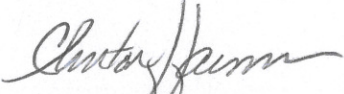
<http://www.med.navy.mil/pages/Conference-Info-2.aspx>.

(5) Payment of Fees for Guest Speakers, Lecturers, and Panelists. Reference (f) authorizes payment of fees for guest speakers, lecturers, and panelists not to exceed \$2,000 per event. Fees over \$2,000 require prior approval from the next higher command echelon.

b. Commanding Officer, NMPDC. As funding allows, Commanding Officer, NMPDC will fund non-BSO 18 requests. For guidance, procedures, and points of contact, refer to:

<http://www.med.navy.mil/sites/nmpdc/professional-development/SitePages/Medical%20Corps%20Funding.aspx>.

9. Records. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.



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Distribution is electronic only via the Navy Medicine Web site at:  
<http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>