



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

IN REPLY REFER TO
BUMEDINST 5450.193
BUMED-M1
5 Aug 2020

BUMED INSTRUCTION 5450.193

From: Chief, Bureau of Medicine and Surgery

Subj: MISSION, FUNCTIONS, AND TASKS OF NAVY MEDICINE READINESS AND
TRAINING COMMAND CAMP LEJEUNE, NORTH CAROLINA

Ref: (a) OPNAVINST 3120.32D
(b) OPNAVINST 6400.1D
(c) OPNAVINST 1000.16L
(d) BUMEDINST 5450.165C
(e) BUMEDINST 5430.8A
(f) BUMEDINST 5450.174

Encl: (1) Functions and Tasks of Navy Medicine Readiness and Training Command Camp
Lejeune, North Carolina

1. Purpose. To publish the functions and tasks of Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) Camp Lejeune, North Carolina (NC) and subordinate units under the mission established by references (a) through (e).
2. Mission. 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 Medicine (NAVMED) Forces.
3. Status and Command Relationships. NAVMEDREADTRNCMD Camp Lejeune is a shore (field) activity in an active operating status under a commander.

a. Command

Commander
Navy Medicine Readiness and Training Command
100 Brewster Blvd
Camp Lejeune, NC 28547-2538

(SNDL: FH12) (UIC: 68093)
(PLA: NAVMEDREADTRNCMD CAMP LEJEUNE NC)
(Activity Code: 4190-650)

Echelon

- 1 Chief of Naval Operations
- 2 Chief, Bureau of Medicine and Surgery (BUMED)
- 3 Commander, Naval Medical Forces Atlantic, Portsmouth, Virginia
- 4 Commander, NAVMEDREADTRNCMD Camp Lejeune, NC

b. Area Coordination. Commander, Naval Medical Forces Atlantic.

4. Action. The Commander, NAVMEDREADTRNCMD Camp Lejeune will ensure performance of the functions and tasks in enclosure (1) and forward recommended changes via the chain of command to Commander, Naval Medical Forces Atlantic per reference (f).

5. 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 (DON) Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at

<https://portal.secnave.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 DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

6. Review and Effective Date. Per OPNAVINST 5215.17A, Assistant Deputy Chief, Manpower and Personnel (BUMED-M1B) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense (DoD), Secretary of the Navy (SECNAV), 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.

7. Information Management Control

a. The reports required in enclosure (1), paragraph 1 of this instruction are exempt from reports control per SECNAV Manual 5214.1 of December 2005, part IV, subparagraph 7j.

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b. The reports required in enclosure (1), subparagraphs 2b(3) and 2c(4) of this instruction are exempt from reports control per SECNAV Manual 5214.1 of December 2005, part IV, subparagraph 7p.

c. The reports required in enclosure (1), subparagraph 2b(15) of this instruction are covered by report control symbol NAVMED 5350-1.

d. The reports required in enclosure (1), subparagraphs 2c and 2d of this instruction are exempt from reports control per SECNAV Manual 5214.1 of December 2005, part IV, subparagraph 7j.



B. L. GILLINGHAM

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/Pages/default.aspx>

FUNCTIONS AND TASKS OF NAVY MEDICINE READINESS AND TRAINING
COMMAND, CAMP LEJEUNE, NORTH CAROLINA

1. Key Functions

- a. Provide medical force assets to optimize health, performance, and resilience of operational forces.
- b. Analyze and adjust medical force structure and productivity to meet the tailored-medical readiness needs of the operational units.
- c. Serve as communication platform between commander, line medical assets, and NAVMED leadership.
- d. Utilize information technology (IT), research, and analytics to optimize decision making and readiness (e.g., virtual medical centers, etc.).
- e. Provide support for installation readiness needs and a critical link for communication and tracking of the health readiness of installation, tenant, and area command needs.
- f. Ensure medical force clinical currency and competency.
- g. Ensure operational platform medical currency and competency.
- h. Coordinate clinical currency and force sustainment support to the operational medical force, including non-clinical skills and specialties.
- i. Track and report medical force readiness status to higher echelon authorities.
- j. Manage requests for forces as directed by Chief, BUMED via chain of command.
- k. Maintain and enhance the character and competency of the medical force.
- l. Provide institutional, financial, and personnel support for graduate professional education programs and medical professional activities.
- m. Negotiate memoranda of understanding (MOU) with partner institutions to facilitate mission needs and commander's intent.
- n. Provide and coordinate information and contingency taskings with associated Defense Health Agency (DHA) medical treatment facilities (MTF).

2. Functions and Tasks

a. Command Suite

(1) Commander. Solely responsible and accountable for all aspects of the command. Ensures the effective and efficient performance of the functions and operations per U.S. Navy Regulations, the Manual of the Medical Department, and other directives issued by competent authority. Serves as primary medical point of contact (POC) for all commands aligned to the installation. Ensures readiness of all medical personnel and provides oversight of medical readiness of the personnel within the AOR. When directed, may also serve as the Director, Naval Medical Center Camp Lejeune under the management and administration of the DHA.

(2) Executive Officer (XO). Responsible to the commander and assumes command in the absence of the commander. In the performance of these duties, the XO will conform to and implement the policies and orders of the commander and will keep the commander informed of all significant matters pertaining to the command. Primarily responsible for the day-to-day operation, good order and discipline, provision of healthcare services, graduate professional education standards, performance of duty, and readiness of the entire command.

(3) Chief Staff Officer. Responsible to the commander and assumes command in the absence of the commander. In the performance of these duties, the chief staff officer will conform to and implement the policies and orders of the commander and will keep the commander informed of all significant matters pertaining to the command. Primarily responsible for the day-to-day operation, good order and discipline, provision of healthcare services, graduate professional education standards, performance of duty, and readiness of the entire command.

(4) Command Master Chief (CMC). Enlisted advisor to the command on the formulation and implementation of policies pertinent to the mission, morale, welfare, job satisfaction, discipline, utilization, and training of all enlisted personnel. Reports directly to the commander and works closely with the XO to ensure Sailors are effectively led and developed. Specific duties and authorities are identified in reference (e).

(5) Commanding Officer (CO), Expeditionary Medical Facility (EMF). Solely responsible and accountable for all aspects of the EMF. Ensures the effective and efficient performance of the functions and operations per U.S. Navy Regulations, the Manual of the Medical Department, and other directives issued by competent authority. Subordinate to the commander, NAVMEDREADTRNCMD. The mission of the EMF is to provide standardized, modular, flexible combat service support and medical and dental capabilities to an advanced base environment throughout the full range of military operations. It is able to support the theater unified commander, joint task force commanders, Marine air-ground task forces, the naval expeditionary group, and forward elements of the U.S. Navy, U.S. Army, and U.S. Air Force units deployed ashore.

b. Special Assistants. These functions and tasks are performed with direct access to and supporting the commander. The commander may elect to devote a full-time equivalent in performance of the tasks and responsibilities, or may designate the roles be performed as an additional or collateral duty by NAVMEDREADTRNCMD personnel. These roles will be defined appropriately based on the needs of each command (e.g., size, location, etc.).

(1) Command Legal. Provides guidance, advice, and representation in matters relating to civil, criminal, military, and administrative law, ethics, litigation, claims, and legal matters directly to the commander and for component activities. Provides legal advice to staff members regarding questions arising in the performance of their official duties and other matters of legal readiness (e.g., wills, deployment readiness-related legal issues, etc.). This is accomplished either through onsite expertise or through coordination with base and higher echelon legal services.

(2) Public Affairs Officer. Administers the public affairs program in consultation with the commander's intent. Prepares and distributes news releases. Coordinates with security and antiterrorism elements of the NAVMEDREADTRNCMD and similar resources, especially with regard to intentional and inadvertent information release concerns and operations security. Supervises the preparation, editing, and final review of information for release. Coordinates photographic coverage of newsworthy and community-building events at NAVMEDREADTRNCMD.

(3) Comptroller. Serves as a special assistant to the commander on all matters pertinent to management, disbursement, and allocation of funds. Per SECNAVINST 7000.27C, discusses budget requirements, submits plans, and provides reports of funding management. Ensures resource management processes are fully audit compliant. Provides oversight to the manager's internal control review program.

(a) Resource Management. Oversees financial and business operations of the NAVMEDREADTRNCMD. Advises the commander on issues pertaining to financial management, business operations, and financial data. Maintains accounting systems including appropriation, civilian payroll preparation, and travel processing. Maintains the official appropriation accounting records for the command ensuring general ledger accounting is performed within the guidelines of the DoD financial management regulations. Formulates and executes the command's expense operating budget.

(b) MOU and Support Agreements Office. Central coordinating function to review MOUs and support agreements (internal and external, reimbursable and non-reimbursable) between NAVMEDREADTRNCMD, MTFs, and other agencies. Provides in-depth technical advice and recommends approval or disapproval of renewal agreements. Adheres to requirements of the DoD financial management regulation, Federal appropriation law, and other higher authority guidance to ensure reimbursable support agreements meet all financial criteria. Works with accounting and budget to ensure reimbursement methodology and accounting requirements are correctly articulated within the reimbursable agreements. Adheres to statutory

requirements for non-reimbursable agreements requiring Institutional Review Board, Navy Assurance, and data sharing involving personally identifiable information and prohibited health information. Provides technical assistance and coordination of cross-agency and cross-organization sharing agreements.

(c) Readiness Workload Collection. Coordinates with human resources and other NAVMEDREADTRNCMD elements to ensure usage of G-codes to capture readiness related time resource allocation, readiness-related workloads, and cost pools. Transmits civilian time and attendance data per Defense Finance and Accounting System regulations.

(4) Occupational Safety Officer. 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, reporting, hazard identification and control, proper use of personal protective equipment, safety instruction, and occupational safety and health surveys. Maintains complete oversight of the Naval Occupational Safety and Health Programs and supports the entire Marine Corps Base Camp Lejeune complex by providing hearing conservation services, treatment of occupational injuries and illnesses, medical surveillance, as well as the administrative functions of the command's safety program according to relevant instructions.

(5) Pastoral Service. Direct advisor to the commander on all matters pertaining to religious, moral, and sensitive personal issues regarding command personnel. Responsible for managing and facilitating the command religious program and coordination of affiliated activities as directed.

(6) Chief Medical Officer. Principal advisor to the commander for all aspects of clinical quality and patient safety related to non-MTF, readiness-related healthcare operations.

(7) Command Security Manager. Manages the command's personnel, information, and industrial security program as the commander'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 NAVMED-READTRNCMD will implement the personnel, information, industrial, and operations security programs. Ensure personnel security investigations, clearances, and accesses are properly vetted and recorded by coordinating clearance adjudication with DoD Central Adjudication Facility and related entities. Ensures proper handling of classified materials, safeguarding classified, and controlled unclassified information released to industry, and denying adversaries' access to critical information.

(8) Command Career Counselor. Serves as principal advisor to the commander and CMC on enlisted career development. Plans, develops, and implements career information programs and policies for the immediate superior in command (ISIC), incorporating relevant

guidance from Navy Personnel Command, BUMED, and region elements. Provides on-site analysis and evaluation of subordinate command programs, ensuring rating and staffing requirements. Oversees retention and attrition management programs. Reviews and analyzes local application(s) of regional Career Development and Transition Assistance Management Programs.

(9) Sexual Assault Prevention and Response POC. Serves as principal advisor to the commander on sexual assault prevention and response initiatives. Provides statistical data on sexual assault cases to ISIC and other regional command elements as appropriate.

(10) Diversity and Inclusion. Serves as the principal advisor to the commander, NAVMEDREADTRNCMD, and senior leadership on diversity training, outreach opportunities for recruiting, retention efforts, and professional requirements for future NAVMED leaders.

(11) Equal Opportunity (EO). Serves as the principal advisor to the commander as command climate specialist and command managed EO officer on all matters pertaining to military EO.

(12) Inspector General (IG) Compliance Coordinator. Tracks compliance with Navy and NAVMED's medical IG's office inspection programs. Coordinates related external visits to the NAVMEDREADTRNCMD, handles hotline complaints and other command inquiries as directed.

(13) Senior Corps Representatives. The command may have a primary designee assigned for each medical department corps. Each senior corps representative will be assigned as part of a milestone billet (e.g., senior nursing executive or director for administration) or by the commander in conjunction with the respective Corps Chief's office. Serves as their Corps' subject matter expert and facilitates related issues. Actively engages in regular meetings with their ISIC and BUMED to discuss corps direction and goals. Provides counsel to the commander and works with key stakeholders regarding practice, competency, education, training, and manpower issues, as needed. Provides advice and counsel regarding career development of Corps personnel assigned to the command to ensure readiness and skills sustainment in support of a ready medical force.

(14) Trauma Program Medical Director. Responsible for the ongoing development, growth and oversight and authority of the trauma program. Responsible for promoting high standards of practice through development of trauma policies, protocols and practice guidelines; participating in rigorous performance improvement monitoring; promoting resident and staff education and trauma research. The trauma program medical director has authority to act on all trauma performance improvement and administrative issues and critically review trauma deaths and complications that occur within the facility. Decisions affecting the care of trauma patients will not be made without the knowledge, input, and approval of the trauma program medical director.

(15) Urinalysis and Alcohol Detection Device Program. Maintains cognizance and oversight of the command's Urinalysis and Alcohol Detection Testing Programs.

(16) Emergency Management and Defense Support to Civil Authorities. Coordinates disaster preparedness exercises (e.g., for natural and medical disasters; chemical, biological, radiological, nuclear, and high explosives response; hostile or terrorist actions) and command participation in support of local area exercises. Represents the commander in the planning, development, training, implementation, and executions of tools for defense support to civil authorities.

(17) Drug and Alcohol Program Advisor. Responsible to the commander for implementing the Navy Alcohol and Drug Program. Conducts onboard administrative screening directed by the commander, coordinates or assists in conducting command awareness education, assists in monitoring aftercare, prepares required reports, and correspondence and serves as the command's self-referral agent.

(18) Detachment Director. Principal advisor to the commander for matters related to detachments. Promotes and executes the policies of the commander pertaining to readiness and installation support services at the outlying detachments. Advises the XO on the day-to-day operations and executes guidance from the commander with respect to the detachments distributed operations. The detachment director provides oversight, support, and management with respective detachment OIC. Coordinates with other NAVMEDREADTRNCMD directors and assures special programs and support are aligned among core facility program managers and installation stakeholders.

c. Platform Support Directorate. Responsible to the commander for administrative matters related to human capital and total force management in support of NAVMEDREADTRNCMD platforms and supported command stakeholders. Administers relevant Navy command programs included within command inspection areas of review by the Navy IG. Executes the commander's intent via oversight and technical assistance for the effective and efficient management of military and administrative operations of the NAVMEDREADTRNCMD. Coordinates and directs policies and procedures related to NAVMEDREADTRNCMD administration. Manages the preparation, tasking, and response process from higher authority to subordinate units. Responsible for liaison with medical services in management of the operational forces. The platform support directorate consists of:

(1) Human Resources. Analyzes work processes and identifies the right number and mix of staff to provide directorate operations and services. Provides manpower (billets and positions) and personnel (people) support to NAVMEDREADTRNCMD and its subordinate units.

(a) Manpower. Assists in planning, analyzing, and monitoring of manpower assets for directorates within NAVMEDREADTRNCMD and subordinate commands. Interprets and analyzes manpower directives to ensure compliance and consistency.

1. Provides consultation and professional guidance to subordinate commands on various manpower reports and systems, such as the activity manpower document and the Total Force Manpower Management System.

2. Coordinates with ISIC for execution of manpower requests and human resource system resolution. Per reference (a), and with assistance and additional guidance from Naval Medical Forces Atlantic and Total Force (BUMED-M1) as needed, the NAVMEDREAD-TRNCMD should ensure total force manpower management is a comprehensive methodical process of determining, validating, documenting, and using manpower requirements to inform budget decisions.

3. Prioritizes manpower requirements based on readiness and mission requirements, and personnel executability; and translates authorizations into a demand signal for personnel, training, and education processes. This includes continual activity manpower document review and consistent processing of manpower change requests to BUMED-M1 via Naval Medical Forces Atlantic for review, as well as focused reviews contained in Navy IG and Chief of Naval Operations checklists.

4. Under the direction of higher authority, manages organizational design efforts for the command. Serves as the single point for organizational reporting.

(b) Personnel. Provides administrative and program support essential to the direction and operational readiness of military and civilian personnel programs.

1. Fulfills duties of command pay and personnel administrator. Administers the command's special pays program for NAVMEDREADTRNCMD personnel and serves as unit pay and personnel administrator. Ensures all aspects of pay and personnel support are accomplished through coordination with command personnel and personnel support detachment and familiarity with relevant directives and manuals. Monitors policy changes impacting pay, personnel, and transportation entitlements of command personnel.

2. Provides consultation and guidance on military and civilian personnel issues to include retention, advancement, retirement, staffing and assignments, compensation management (civilian), career management, and performance management.

3. Tracks and manages personnel data within information systems including the Defense Medical Human Resources System – internet (DMHRSi), the Expeditionary Medicine Platform, Augmentation, Readiness, and Training System (EMPARTS), Individual Augment Portal, Defense Civilian Personnel Data System, Personnel Security Program, and other human resource systems as required by Navy and NAVMED.

4. Coordinates with regional readiness command for execution of manpower requests and human resource system resolution and ensures "Fit-to-Fill" policies are executed and reports metrics to higher authority, as required.

5. Liaises with ISIC, DHA, and other higher authorities on civilian and military personnel requests and human resource system issue resolution, as directed.

6. Administers the Navy military and civilian command awards programs, in conjunction with the commander and necessary delegates, including the awards board, equal employment opportunity and command managed EO representative(s), public affairs, etc., as directed.

7. Ensures oversight and execution of decedent affairs and personnel casualty reporting responsibilities are carried out per applicable Service instructions.

(c) Operations Support Office (OSO) and Reserve Platform Support

1. OSO and Reserve Platform Support. Full-time support personnel serve as the principal advisor and liaison to the commander of the supported command regarding Navy Reserve matters to include command and directorate's policy review process. Serves as the primary POC for all matters involving the administration, equipping, funding, and training of supporting Reserve units dedicated to providing fleet medical support and medical readiness support to the active component and Reserve component (RC) Naval forces. Facilitates supported command and Reserve interaction for planning mission support and assists with the command plans operations medical intelligence responsibilities, as required. Coordinates the credentialing of reserve augmentation personnel. Coordinates command submissions of the annual Reserve Operational Support Plan via the Navy Reserve Order Writing System Planning Module to include active duty training, inactive duty training travel, active duty training-continuing medical education, annual training, active duty for special work, and additional drill funding requirements. Conducts liquidated, non-liquidated, and cancelled orders review. Verifies subordinate commands and units conduct monthly participation analysis. Uses Navy Reserve readiness module to track readiness of supporting Reserve units.

2. RC Support. Assigned RC support will provide medical and dental surge support to Navy and Marine Corps training and accession sites. Provides the commander with adaptive medical capability, to include medical and dental readiness support for active component and RC personnel as directed, without additional lead-time where appropriate Reserve personnel, Navy funding is available.

(2) Logistics. Provides logistical management support, coordination, oversight, and direction to NAVMEDREADTRNCMD supported activities in collaboration with DHA. Provides functional guidance and assessment of military and other logistical materiel systems used. These systems include, but are not limited to, the Defense Property Accounting System; Defense Medical Logistics Standards Support; and the Standard Procurement System. Provides oversight and direction to NAVMEDREADTRNCMD-supported activities on medical logistics support systems, contractual agreements, information architecture, and technologies necessary to perform their mission. Reviews and validates user requirements to include training system

availability to reflect changing fleet requirements. Ensures any major change requirements are reflected in the appropriate contracting vehicles and are included in budget models for out-year planning purposes. Manages the Regional Equipment Program Review Committee. Coordinates operations and maintenance and other procurements equipment budget submissions. Plans, administers, directs, and controls all aspects of supply, contracting, and equipment management within NAVMEDREADTRNCMD scope of mission and function.

(a) Procurement. Manages the procurement, storage, and shipping of collateral equipment required as part of facilities construction or renovation in coordination with assigned health facility planning projects officer. Tracks budget of collateral equipment required as part of facilities construction or renovation in coordination with Naval Medical Forces Atlantic region health facility planning projects officers and resource management. Manages and supervises the appropriate use of government purchase card accounts for assigned personnel.

(b) Equipment Management. Coordinates the collateral equipment requirements, budget estimates, and procurement strategies for all new construction and existing facility major modernization projects within the NAVMEDREADTRNCMD AOR. Reviews and coordinates the BUMED triennial equipment inventory.

(c) Building Management. Manages NAVMEDREADTRNCMD facility lifecycle management and modernization, sustainment, and restoration program. Conducts, analyzes, and produces documentation to support military construction planning, design, programming, and funding. Provides guidance and consultation for facilities management proposals and recommends funding for special projects, including flexible space requirements and installation in coordination with DHA.

(d) Materiel Management. Plans, administers, directs, and controls all aspects of supply, contracting, and equipment management within NAVMEDREADTRNCMD scope of mission and function.

(3) Mission Assurance

(a) Operations Management. Provides administrative management support services for effective, efficient command operations including mail distribution, transportation, and quarterdeck operations within NAVMEDREADTRNCMD scope of mission and function.

(b) Security. Implements the command's physical security program. Provides technical support and oversight of NAVMEDREADTRNCMD and subordinate units' physical security, anti-terrorism and force protection, insider threat program, and other policy, guidance, information, procedures, and responsibilities for the protection of personnel, facilities, and equipment within the NAVMEDREADTRNCMD against terrorist and active attacker acts. Coordinates installation access and safety with related offices, to include command pass coordinator, command personnel security manager, command safety office, installation emergency response, and watchstanders (as applicable).

(4) Operational Analytics. Provides organized collection, processing, display, and rapid dissemination of pertinent NAVMEDREADTRNCMD readiness information to aid in both strategic and tactical decision making in support of the readiness and training mission. Oversees the NAVMEDREADTRNCMD's coordination of the delivery of information technology, readiness analytics, readiness informatics, and operational integration of virtual health, in coordination with relevant oversight organizations and commands, as required. Ensures the NAVMEDREADTRNCMD IT service requirements are identified and maintained according to the DoD technology and information standards and needs, in support of Navy Service requirements. Readiness Analytics leverages data analytics to enhance medical readiness and to inform decision making at the unit and platform level. Monitors and interprets performance of enterprise-established NAVMEDREADTRNCMD metrics that reflect the NAVMEDREADTRNCMD's ability to enhance expeditionary medicine readiness and optimize the warfighter. Collaborates with BUMED and expeditionary commands to identify initiatives aimed at optimizing the readiness of the warfighter. Reviews data quality and provides recommendations to ensure capture of high quality and relevant data. Serves as the primary source of NAVMEDREADTRNCMD input to the readiness performance plan (RPP). Develops a cross-functional RPP team with NAVMEDREADTRNCMD, NAVMEDREADTRNUNIT, MTF, and tenant command representation to develop NAVMEDREADTRNCMD RPP input. Serves as lead team in developing estimate of personnel time devoted to readiness activities and RPP critical readiness-based initiatives. Monitors progress of RPP critical initiatives and report on impact to warfighter, platform, and expeditionary readiness. Liaises with regional clinicians and BUMED for support to meet local informatics needs. Collaborate with research and training commands to support the development of new solutions which support warfighter optimization. Serves as the primary point of contact to the NAVMEDREADTRNCMD commander or CO for all RPP issues related to readiness. Communicates the innovations and lessons learned at the NAVMEDREADTRNCMD level to Chief, BUMED to highlight best practices and share information across the enterprise.

(5) Information Management (IM). Acts as liaison between subordinate commands, operational medical forces within AOR, Reserve forces, IM, and IT regional representatives. Oversees the identification, development, and governance submission of NAVMED readiness IM and IT requirements within AOR. Ensures cyberspace IT and cybersecurity workforce core training, certification, education, and management requirements are identified and tracked within AOR per DON direction.

d. Warfighter Optimization Directorate. Organizes directorate operations and maintains focus on proactively monitoring and executing measures to optimize the readiness of the warfighting and operational forces. Serves as single POC for all medical activities to supported commands throughout the AOR. Provides installation support and responsible to optimize health, performance, and resilience of operational forces via channels to include health assessment processes: periodic health assessment, mental health assessment, post deployment health assessment, and post deployment health reassessment, embedded mental health, individual medical readiness, Disability Evaluation System (DES), wellness and health promotion, human

performance, human systems integration, industrial hygiene, occupational health, environmental health, food protection, Family Advocacy Program, Substance Abuse Program, emergency management and continuity of operations and planning, public health laboratories, medical examiner and forensics, indicated naval air training and operating procedures standardization investigations, and others. Also focused on meeting the tailored-medical readiness needs of the operational units (e.g., Personnel Reliability Program, aviation medicine, dive medicine, undersea medicine, special duty training, operational training, overseas screening and training, radiation health, hearing, dental, safety, and occupational health).

(1) Mission Optimization. Primary liaison in providing operational medical support to the fleet surgeons and to the force medical officers of the Navy and Marine Corps commands aligned to the installation. Coordinates participation in contingency response and doctrine implementation; monitors medical readiness, and directs budget submitting office 18 actions in the health service support of operational forces. Provides medical capabilities to meet the tailored needs of operational units aligned to the installation such as aviation medicine, undersea medicine, and surface medicine. Develops, analyzes, and coordinates all non-MTF provided healthcare services and operations for Marine Corps Base Camp Lejeune and outlying associated sites. Assists BUMED, operational forces, and medical units in clarifying and supporting compliance with professional standards, guidelines, and program requirements for the delivery of healthcare to support warfighters and planning for future operational requirements.

(a) Non-MTF Engagement. Liaison with units aligned to installation. Through data-informed decision making, identifies requirements of operational forces to attain and maintain full medical readiness status. Reduces barriers to access, time away from training and operations, occurrence and recurrence, and time-in temporary limited duty status. Tracks dashboards of unit medical readiness to facilitate a more proactive approach in meeting needs of the units aligned. Facilitates programs providing care within MTFs, at work centers, in gym facilities, near barracks, etc., to increase access to care. Supports virtual health capabilities to provide means for medical asset engagement for Service members. Identifies requirements to meet unique needs of operational units aligned to the installation.

(b) Training for Non-Medical Personnel. Assists installation units in the facilitation and provision of tactical combat casualty care capability for all combatants training to enhance the ability of all active duty Service members to contribute to their unit's ability to maintain lethality. Supports development and execution of this training by reviewing and revising, as required, based on changes in operating environments and adversary capabilities.

(c) Marine Centered Medical Home. Liaison with Marine Centered Medical Home aligned to installation. Assist in the effort to effectively deliver high quality medical care to operational Marines in appropriate garrison medical facilities.

(2) Warfighter Resilience and Wellness. Develops, analyzes, and coordinates all resilience and wellness programs for Marine Corps Base Camp Lejeune, and outlying associated

sites. Assists in clarifying and supporting compliance with professional standards, guidelines, and program requirements for the delivery of programs designed to improve resilience and overall wellness to support warfighters. Aligns medical resources to optimize health and resilience for every individual to prepare the total force to meet the health challenges of the full range of military operations. Provides and implements a centralized plan for caregiver occupational stress control.

(a) Mental and Psychological Health of the Warfighter. Implements policy and executes program development related to a variety of functions associated with warfighter resilience, deployment-related illness, and injuries, etc. Provides specialized care management for wounded, ill, and injured Service members from point of injury through return to duty or reintegration, transition, and disability evaluation. Facilitates Post Deployment Health Reassessment Program in concert with other NAVMEDREADTRNCMD elements. Additional liaison and oversight functions and tasks include but are not limited to: onsite support to supported mental health and operational support assets, Wounded, Ill, and Injured Program, psychological health, and traumatic brain injury (TBI) liaison, as assigned.

(b) Intrepid Spirit Concussion Recovery Center. Coordinates the Marine and Sailor concussion recovery center which uses a holistic, integrated, interdisciplinary treatment model to assess, treat, and then return patients with mild to moderate TBI to the highest level of function possible after their injury. The goal is to maximize recovery for patients who have sustained a TBI such that they can return to duty or function successfully in life as a civilian. Service members undergo a standardized evaluation that assesses their physical, psychological, emotional, and spiritual wellbeing. This information is used to develop in partnership with the Service member and their family to develop an individualized treatment plan tailored to meet their needs and goals on their road to recovery.

(c) Substance Abuse Rehabilitation Program. Provides inter-disciplinary screenings, assessments, rehabilitative treatment, and educational services for active duty personnel. Provides treatment services for alcohol and other substance misuse. Substance Abuse Rehabilitation Program provides BUMED-approved continuing medical education training to healthcare providers and staff.

(d) Wellness Center and Health Promotion. Develops, manages, and supervises wellness, health promotion, command fitness, and patient education services. Designed to educate, encourage, and improve healthy lifestyle management through counseling and classes such as stress management, ship-shape, tobacco cessation, healthy eating, weight loss management, exercise, etc., with an ultimate goal of increased deployability among Service members.

(3) Operational Force Readiness. Primary consultant with oversight of administrative separation recommendations; blood banks; chemical, biological, radiological, nuclear, and high yield explosives; clinical practice guidelines; credentials oversight for the commander; disease

management, Medical Executive Committee, Nursing Executive Committee; emergency medical service; influenza (avian, H1N1, pandemic); DES; military vaccinations and operational medicine; women's health clinics to improve access and ultimately deployability for female Service members; physical readiness test waivers; Public Health Advisory Board; and referral management. Oversees and executes the DES, temporary limited duty, and periodic health assessment programs. Also, includes other readiness and fleet-centric specialty functions with operational medical force assets to optimize health, performance, and resilience of operational forces such as aviation medicine, undersea medicine, optometry, etc. Administratively ensures deployment readiness. Aligns medical resources to meet the health challenges of military operations, and ensure every Service member is confident that medical care is available anytime, anywhere. Assists and augments medical capabilities when requested (non-request for forces).

(a) Medical Readiness Center. Provides and coordinates outpatient care related to active duty staff preparing for or returning from deployment. This function includes the tracking and reporting of individual medical readiness, pre and post-deployment health assessments, and worldwide suitability and overseas duty screening for all Service members.

(b) Warrior Optimization Coordinator. Ensures proper and appropriate case management and facilitates tracking of patient referrals throughout the care continuum. Ensures the appropriate level of care (e.g., care coordination, discharge planning, and other coordination services) for active duty Service members requiring special assistance to restore or maintain medical readiness status. Coordinates transfer of information when Service members require care outside the direct care system. Enhances continuity of care and decreases fragmentation by providing education, developing strategies, and intervening when required to restore or maintain readiness. Assesses, analyzes, and communicates location of medical personnel, location of Service members, patient medical status, overall unit medical readiness, and trends in medical incidents to COs, designated representatives, and organic medical assets. Provides real-time data of readiness requirements to COs to proactively address potential issues. Manages medical information and health records to support Service members as outlined in The Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. Facilitates care to support disassociated Navy personnel, remote personnel, and executive medicine coordination.

(4) Force Health Protection. Coordinates requirements pertaining to prevention services and related functions. Maintains operational readiness by preventing disease and injury to active duty and Federal employees.

(a) Industrial Hygiene (IH). Provides comprehensive industrial hygiene support for Marine Corps Base Camp Lejeune, and supported area units as assigned. Responsible for anticipating, recognizing, evaluating, and making recommendations to control and, or eliminate potential workplace exposures to chemical, biological, and physical hazards. Accomplishes this mission by respectively developing workplace baseline and annual exposure monitoring plans for each industrial operation based on the initial and subsequent periodic surveys. In addition,

the IH division evaluates new processes or chemicals, investigates occupational illness cases, develops hazard control recommendations, and conducts other special studies requested by activities. Analyzes IH samples, determines sampling and analytical methodologies, and calibrates field survey equipment. Provides training and certification of command-served personnel.

(b) Occupational Medicine. Provides comprehensive occupational medicine services during the pre-deployment and deployment periods, to include health surveillance, task certification, and injury prevention and management. Provides support for screening, tracking, and reporting occupational exposure to ionizing radiation.

(c) Occupational Safety. Implements safety rules, regulations, standard operating procedures, and programs per: BUMED guidance, Navy safety standards, Federal safety standards, Naval Occupational Health and Safety, Occupational Safety and Health Administration, life safety and fire safety management programs, the Naval Safety Center, and other oversight agency policy. Maintains complete oversight of the occupational health program and supports the entire Marine Corps Base Camp Lejeune complex by providing treatment of occupational injuries and illnesses, medical surveillance, etc., as well as risk factor assessments and population health initiatives and health promotion program activities. Assists in promoting the health of the Camp Lejeune population by early detection, risk factor assessment, counseling, and prompt referral and treatment of all occupational illnesses and injuries.

(d) Occupational Audiology and Hearing Conservation. Provides annual audiometric tests for the Occupational Audiology and Hearing Conservation Program including audiometric tests for physicals and platform specific surveillance.

(e) Preventive Medicine. Manages comprehensive environmental health, preventive medicine, and epidemiological programs onboard Marine Corps Base Camp Lejeune and supported area units as assigned. Provides technical guidance and oversight of the command's healthcare-associated infection prevention and control program in an operational environment; ensures command adherence to BUMED and Centers for Disease Control and Prevention instructions and regulations.

(f) Dental Services. Oversees and tracks readiness of general and specialty dental care, including routine and emergency examinations, dental prophylaxis, comprehensive dentistry, endodontics, periodontics, and prosthodontics associated with deployability, assignability or employability. General dentistry provides annual dental examinations, treatment planning, radiographic review, routine and emergency consultations, and referral services.

(g) Immunizations Status (Individual Medical Readiness - Specific). Administers and documents immunizations for active duty Service members. Consults on matters and plans interventions required to maintain readiness and support deployment requirements, including force health protection pre-deployment consultation and administering pre-travel medicine and personal countermeasures.

(h) Installation-Specific Needs Support. Coordinates medical support to installation-specific medical and Corpsmen needs such as firing-range coverage, auxiliary security force implementation, special events, mass casualty training and response, and other requests for medical support.

(i) Veterinary Care. Provides veterinary clinic support per established MOU.

e. Expeditionary Medicine Directorate. Maintains focus on monitoring and maximizing the readiness of the medical force, to include proactive management of platform and individual readiness, continual oversight and coordination by the plans, operations, and medical intelligence office, and proactive integration with force development, unit leadership, and MTF placements.

(1) Currency and Readiness. Manages oversight of force knowledge, skills, and abilities (KSA) sustainment pertaining to: level of clinical competency related to workload, NAVMED-READTRNCMD requirements and Service-specific functions (e.g., medical boards), military-required and specified training (e.g., firefighting and rifle training), and platform training for clinical and non-clinical skills to meet the requirements of operational medical platforms and expeditionary medicine demand signals. Includes individual readiness, including medical and physical fitness, training, administrative, personal, and family readiness. Communicates requirements and deficiencies to the personnel department in platform support to address staffing assignments. Communicates the overall individual readiness of personnel to operational platform commanders.

(a) Transfer Center. Coordinates all inbound and outbound inter-facility and medical evacuation (MEDEVAC) patients; including clinic requests for direct admits, to tertiary or other facilities via ground, rotary-wing, and fixed-wing transport. Provides continuous monitoring of the health experts online at Portsmouth portal (also known as health experts online portal and the U.S. Transportation Command Regulating and Command & Control Evacuation System (also known as TRAC2ES) for incoming MEDEVACs. Maintains communication for MEDEVAC coordination with providers while working closely with case managers, discharge planners, and referral management to coordinate patient care.

(b) Inter-Facility Transport Team. Coordinates the transportation of critically ill or injured patients and those requiring specialty care to a facility where specialized healthcare services are available. Inter-facility transfers are completed by teams with the requisite training to manage patients in out of hospital environments. These teams necessitate additional or advanced education to assist or cover for other providers during a transport. In some instances, inter-facility transfer of patients necessitates that a critical care nurse serve as a transport nurse and accompany an emergency medical services team to provide patient care.

(2) Platform Readiness. In coordination with BUMED; and the human resources or personnel office, facilitates the operational currency and competency requirements of operational medical platforms aligned to NAVMEDREADTRNCMD. Communicates the overall operational readiness of medical personnel to operational platform commanders.

(a) NAVMED's Augmentation Program (NMAP). Serves as the critical linkage between the NAVMEDREADTRNCMD's deployable forces and BUMED, associated MTFs, U.S. Fleet Forces Command, and supported combatant commanders across the globe via Naval Medical Forces Atlantic chain of command. This program function provides liaison function to supported commands through for the execution of the NMAP training, preparation, deployment, and support cycle. Coordinates training dates, MTF participation, message traffic, and logistical issues associated with NMAP. Conducts readiness reviews of sourcing commands to verify NMAP readiness and overall program conformity. Reviews, validates, and determines the sourcing and tasks as appropriate all for military temporary support requests within the NAVMEDREADTRNCMD.

(b) Readiness Reporting. Executes readiness reporting for all operational units assigned to the NAVMEDREADTRNCMD. All NAVMEDREADTRNCMDs will report the medical operational readiness of their units per applicable guidelines. Ensures staff are adequately trained in EMPARTS and the Medical Readiness Reporting System. Ensures all members are assigned to platforms and receive notification of readiness and training requirements. Monitors platform readiness scores and collaborates with BUMED via Naval Medical Forces Atlantic for EMPARTS and DMHRSi needs and platform management to resolve any discrepancies. Tracks commander's assessments for each operational unit within the NAVMEDREADTRNCMD to ensure they are updated and approved by the unit's commander monthly. Continually monitors EMPARTS to ensure data accuracy and platform assignments. Reports discrepancies to Chief, BUMED via regional command as needed.

(c) Partnership Integration. Liaison function, in coordination with the DHA, in the establishment of joint partnerships between NAVMEDREADTRNCMD, DHA, and other organizations and facilities (e.g., other MTFs, Department of Veterans Affairs, civilian hospitals, community facilities) to maximize readiness of medical personnel and maintain experience required for clinical and non-clinical KSAs. NAVMEDREADTRNCMDs will evaluate the training readiness needs of their assets and review cooperative agreements to provide sharing and understanding in support of readiness.

f. Force Development Directorate. Tracks compliance via Learning Management System coordinator, for all professional, operational, and other required training programs for NAVMEDREADTRNCMD personnel, including requirements for officer, enlisted, and civil service members of NAVMEDREADTRNCMD. Provides direction that facilitates ongoing growth of personnel in the delivery of competency-based patient care and is responsible for accurate documentation of all educational activities including individual training record program. Manages education services including needs analysis, development, implementation, and evaluation. Designs and develops teaching and learning aids for NAVMEDREADTRNCMD leadership. Provides solutions to optimize learning environments. Assists and tracks competence assessment and validation process within NAVMEDREADTRNCMD. Provides in-Service education, continuing education, and command orientation of all newly reporting personnel.

(1) Intern and Resident Graduate Medical Education (GME). In order to ensure continued accreditation and smooth operation of the GME Program and alignment with the Military Health System's concept of operations for the transfer of administration and management of military MTFs to DHA authority, direction, and control, all elements of the GME program are included in the NAVMEDREADTRNCMD MFTs. Given the collaborative nature of GME, the GME Program will be administered in conjunction with the MTF.

(a) Responsibility for execution of the following GME functions and tasks will be maintained by the NAVMEDREADTRNCMD, in alignment with oversight and governance from the DHA. The NAVMEDREADTRNCMD supervises and directs the GME Programs and assures compliance with the requirements of both the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Family Medicine. Maintain full accreditation of the program by the ACGME Residency Review Committee(s) for the respective specialties and program(s) by ensuring all requirements for ACGME accreditation are within compliance. Ensures all programs conducted within their commands comply with current DoD, BUMED, and ACGME policies and requirements. Provides the designated institutional official (DIO), the program director (PD), the faculty, GME program coordinator and other support personnel and resources as required by the ACGME. Fully participates in the clinical learning environment review. Maximizes graduation and national medical board pass rate so they meet the ACGME program requirements. Promotes an environment of scholarly activity as required by the ACGME. These functions and tasks are augmented by those listed:

(b) The DIO. A billeted position aligned within the NAVMEDREADTRNCMD is responsible for the oversight of the residency training program(s). The DIO serves in the senior leadership organization structure (such as the Board of Directors) of both the NAVMEDREADTRNCMD and MTF. The DIO is responsible for GME oversight as well as maintenance of institutional accreditation per ACGME institutional requirements.

(c) PD. A billeted position responsible for the operation of the program as well as governing and carrying out the activities required for graduate medical education. The PD must meet the qualifications as specified in the ACGME program-specific requirements. Seventy percent of the PD's time must be protected for administration, evaluation, teaching, resident precept, and scholarship.

(d) GME Support Staff. Program coordinator and assistant program coordinator, who are direct reports to the PD and provide support necessary for the operation of the program.

(e) Research Director and Research Integrity Officer. Collateral duties of active duty officers assigned to hospital-MTFs affiliated with NAVMEDREADTRNCMD, which are required for oversight in the conduct of research and scholarly activity.

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(f) Senior Research Assistant. Assists with conducting research projects and scholarly activity.

(g) Medical Librarian. Facilitates ready access to specialty-specific and other appropriate reference material in print or electronic format for the residents as well as other command staff. Ensures medical databases with search capabilities are available to residents and command staff.

(h) GME Faculty. There must be a ratio of core faculty to current resident complement that cannot fall below one to four (no more than four residents per one faculty preceptor) or as otherwise required by the ACGME specialty-specific program requirements. The core faculty ratio cannot include the PD nor deployed faculty members. For family medicine programs, this will be assisted by maintaining four general schedule family medicine positions to support maintaining this ratio during times of platform deployment and heavy summer staff turnover. Core family medicine faculty must dedicate at least 60 percent of their time to the program, exclusive of patient care without residents. Assignment of GME faculty and the amount of time required for program-specific activities will abide by all applicable ACGME program requirements.

(i) Behavioral Health. Behavioral health faculty is a requirement of family medicine training and will be supported through an assigned active duty psychologist billet or a civil service position.

(j) Medical Students. Medical student training serves as a significant recruiting source of high quality candidates for the program and will be supported. All training requests should be reviewed and approved through the program coordinator or assistant program coordinator where the students will be rotating to ensure proper MOUs are in place to support training, base access, security requirement coordination (in coordination with other NAVMEDREADTRNCMD elements), and electronic medical record access required for training.

(k) Space, Funding, and MOU Management. The identified functions and tasks are additional, important areas to be managed within the GME Program. Space requirements include continuity clinic space with appropriate office space for faculty, residents, rotating medical students and direct residency support staff as well as faculty offices for required advising, resident counseling and clinic precept and any necessary call rooms. Space is required for keeping the training records of program graduates for 50 years after graduation from the program. Funding and budget requirements necessary to provide required program elements are supported must be tracked and managed appropriately. MOUs must be maintained and supported to ensure training rotations which occur outside of the command are conducted with the appropriate legal authorization and protections. MOUs will also be maintained and supported for trainees from outside facilities rotating and performing training at Naval Medical Center Camp Lejeune.

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(2) Staff Education and Training

- (a) Monitors and tracks staff development.
- (b) Coordinates continuing health education.
- (c) Facilitates requirement and resource sharing across MTFs (e.g., training, equipment, simulation, instructor support).
- (d) Collaborates with Federal government agencies, universities, and other institutions, consistent with Service education and training missions.
- (e) Oversees completion of operational readiness training requirements for assigned personnel consistent with current Naval Training Systems Plans (e.g., advance trauma life support, tactical combat casualty care, trauma nurse core course; enroute care; weapons qualifications; chemical, biological, radiological, nuclear, explosives; etc.) in coordination with other NAVMEDREADTRNCMD office elements (e.g., expeditionary medicine departments, etc.). Where training opportunities exist but are controlled to outside entities (e.g., enroute care, medical regulation course, etc.), serves as ongoing POC and disseminates information to NAVMEDREADTRNCMD members on how to register for courses held at distributed training sites.
- (f) Coordinates delivery of a full array of resuscitative medicine courses. May serve in a supporting relationship with MTF for such training requirements (e.g., basic life support, advance cardiac life support, pediatric advance life support, etc.). Must define specific resources that will support MTF training requirements and NAVMEDREADTRNCMD operational training requirements.
- (g) Coordinates scheduling, monitors completion, and reports status of required military training for medical personnel (e.g., general military training). The NAVMED-READTRNCMD will be responsible for Service-specific training requirements.
- (h) Oversees, documents, and reports status of individual medical specialty KSA completion.
- (i) Leads, coordinates, and tracks NAVMEDREADTRNCMD-specific staff requirements to support partnership engagements to achieve readiness training requirements (that cannot be fulfilled by the supporting MTF) to include training affiliation agreements, etc.
- (j) Procures, maintains, and manages medical training supplies and equipment allocated to supporting NAVMEDREADTRNCMD readiness, education, and training requirements.

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(k) Maintains and sustains a training cadre to support NAVMEDREADTRNCMD operational readiness requirements in conjunction with other elements of the NAVMEDREADTRNCMD structure for tracking, coordination, etc.

(l) Manages operational readiness training libraries and portfolios.

(m) Tracks staff compliance with professional medical requirements and credentials specific to Navy Service-specified requirements.

(n) Coordinates with other elements of the NAVMEDREADTRNCMD (e.g., expeditionary medicine, etc.) to support the command's training exercise and employment plan.

(o) Monitors and supports medical readiness training utilizing available personnel, equipment, and supplies.

(p) Manages NAVMED Learning Management System, assigns mandatory training for staff, and tracks and reports completion for NAVMEDREADTRNCMD personnel.

(q) Coordinates mobile training teams to execute exportable training courses.

(r) Performs operational readiness evaluations of platforms in coordination with Naval Medical Forces Atlantic readiness and training elements.

(s) Supports requests for subject matter experts to support BUMED sponsored training requirements reviews.

(t) Collects, processes, and maintains actionable library of lessons learned to support improved corporate knowledge, in partnership with other NAVMEDREADTRNCMD elements.

(3) Professional Military Education. Provides and implements a centralized training plan with DoD requirements for continuous professional military education. Ensures personnel develop and maintain an understanding of the expeditionary medical capability (e.g., platforms, concepts of operations and planning, etc.). Promotes specific Service courses such as senior enlisted academy, the advanced medical department officer course, duty under instruction, etc. Coordinates and tracks POCs, registration procedures, etc. for professional development of assigned personnel, based on Service-specific requirements, in partnership with other NAVMEDREADTRNCMD elements and consultation to distributed training site POCs. Organizes and supports medical readiness training and interventions in support of other NAVMEDREADTRNCMD elements. Establishes very close, integrated relationship with other directorate elements, especially expeditionary medical directorates.

(a) Operational Psychology Residency. Consists of a one-year, post-doctoral educational program designed to afford residents the opportunity to treat patients and their families with an emphasis on the special needs of the operational forces and their families.

(b) Vidant Medical Center and NAVMEDREADTRNCMD Clinical Sustainment Program. Designed to sustain clinical skills necessary for both deployed and in garrison patient care. This clinical sustainment program allows NAVMEDREADTRNCMD clinicians to obtain specialty specific, just in time training to better prepare them to sustain their skills and appropriately treat our expanding population while also enhancing community relations.

(c) Corpsman Clinical Practicum Program. Exists to provide Corpsman enrolled in “C” school, clinical experiences to augment their didactic programs. The practicums include clinical rotations for advanced pharmacy technologist, advanced laboratory technologist, and advanced radiologic technologist.

(d) Clinical Pastoral Education program. An interfaith professional education for ministry. It brings ministers of all faiths (pastors, priests, rabbis, imams and others) into supervised encounter with persons in crisis. This program, in collaboration with Durham Veterans Affairs Medical Center, is accredited by the Association for Clinical Pastoral Education. It provides training programs per the Association for Clinical Pastoral Education’s standards for education.

(4) Independent Duty Corpsman (IDC) Program Management. Identifies and capitalizes on all competencies of IDCs in the deployed environment based on Service policies while addressing The Joint Commission constraints when these same personnel provide care within garrison MTFs and clinics. Subject to applicable NAVMEDREADTRNCMD Service and DHA MTF policy, IDCs are authorized Navy enlisted personnel on clinical rotations who serve within the competencies of their particular Navy enlisted classification identifier. IDCs are designated non-privileged providers, working alongside primary care managers, medical doctors, nurse practitioners, and physician assistants in the care of primary or specialty care settings at the MTF. Additionally, IDCs will deliver patient care for Service members under indirect supervision, allowing for evaluation, diagnosis, and treatment of military patients without being approved by a medical officer. Consistent with Service-specific policy and requirements, IDCs will work within established IDC-specific formularies to ensure non-privileged providers can adequately deliver patient care within their respective competencies. Whether at the NAVMED-READTRNCMD or day-to-day assignments at the MTF, IDCs will only serve Service members within their scope of practice without direct supervision, and may provide care to other beneficiaries under direct supervision of the physician supervisor only with the beneficiary’s consent (or in the case of a minor with the sponsor’s consent). The NAVMEDREADTRNCMD PD will manage and document IDC clinical readiness per reference (b), as applicable.