



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

IN REPLY REFER TO  
BUMEDINST 1520.45  
BUMED-M00C  
14 Oct 2022

BUMED INSTRUCTION 1520.45

From: Chief, Bureau of Medicine and Surgery

Subj: MASTER CLINICIAN PROGRAM

Encl: (1) Sample Nomination Letter for Master Clinician or Associate Master Clinician  
(2) Master Clinician Selection Criteria for Nominees  
(3) Associate Master Clinician Selection Criteria for Nominees  
(4) Specialty Board Certification Equivalents  
(5) Sample Table of Awards

1. Purpose. In support of the sustained delivery of quality health care, and recognizing the excellent frontline clinicians who lead this effort, this instruction establishes the procedures for creating a Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) or Navy Medicine Readiness and Training Unit (NAVMEDREADTRNUNIT) level Master Clinician Program.

2. Scope and Applicability. This instruction applies to all military and civilian healthcare providers across budget submitting office 18 entities, inside and outside the continental United States, under the authority, direction, and control of the Navy.

3. Background

a. Chief, Bureau of Medicine and Surgery is committed to recognizing privileged providers who excel in their delivery of health care to our beneficiaries. This instruction establishes the procedures for commands to officially recognize clinical staff who consistently demonstrate exemplary patient care, staff education, scholarly activity, research, continuous process improvement, and professionalism. This program is designed as a peer-acknowledgement program; peers recognizing other peers for their outstanding patient care.

b. The Master Clinician Program recognizes providers who best represent the superiorly dedicated professionals at their command. A master clinician is typified by high clinical volume, proven excellent outcomes, sustained superior patient satisfaction, and significant contributions to the profession through clinical research, staff education, and outstanding professionalism. When reviewing candidates for selection as part of the Master Clinician Program, special consideration should be given to those individuals who demonstrate the ideals of a clinician: clinical excellence, educational wisdom, and professionalism.

4. Program

a. The Master Clinician Program is a three-tiered program designed to recognize outstanding clinicians, from the most junior to the most experienced. From junior to senior, those three levels are:

(1) Specialty Board Certified (specialty dependent).

(2) Associate Master Clinician.

(3) Master Clinician.

b. Nominations for master clinician and associate master clinician will be solicited from the medical and dental staff at large, as well as from department level leadership (i.e., department heads, division officers, officers in charge, senior medical officers, senior dental executives, program directors, etc.), each year. Self-nominations will not be accepted. Enclosure (1) is a sample letter for nominations, and enclosures (2) and (3) are examples of criteria that may be used to assist in the nomination process.

c. Nominations for master clinician and associate master clinician may be done at any time during the year, but recommend early in the calendar year ahead of “permanent change of station season.” The medical and dental staff services department will assist the selection committee as needed by providing the year that each nominee completed their initial residency training (or equivalent) and evidence of board certification. The selection committee will ensure nominees have the minimum years of clinical experience for each award - 8 years after completion of final training program (residency or fellowship) for master clinician and 4 years for associate master clinician. The selection committee will ensure there are no concerns about the nominees’ clinical competency with their respective clinical leadership. Also, the clinical leadership will forward totals for time spent away from the command (convalescent leave, temporary additional duty, deployments, etc.) on their nominees for purposes of accurately calculating their productivity, compared to their peers. Time away from the command for command-approved purposes will be subtracted from the total time being evaluated for productivity purposes. For example, if a clinician is deployed for 6 months out of a year, the productivity for that year will only be calculated based on the 6 months the member was at the command. The director for healthcare business, dental director, or equivalent, may be tasked with forwarding productivity data from all Medical Expense Performance Reporting System or American Dental Association codes, or discipline specific equivalent on each nominee for peer comparisons. If a nominee is in a 1-of-1 specialty, comparison across the region or enterprise should be considered. Nominees must have total productivity equal to or greater than 50 percent of their peers in the same specialty. Note that clinicians with clinical offsets of 50 percent or greater are not eligible for this award as it is for clinical recognition, not administrative or leadership positions.

d. Once the appropriate screening process is completed, strongest consideration should be given to each nominee by undergoing evaluations to ensure the clinician is held in widespread high regard. This input should be solicited from peers within their department, peers outside their department, trainees, supervisors, subordinates, and support staff (including inpatient, outpatient, and procedural nursing). There is no minimum number of evaluations that should be submitted, but consider up to 10 different evaluators spanning a range of the listed groups. NAVMED 1520/31 Master Clinical Evaluation Tool should be used for submission or an online evaluation tool that collects equivalent information.

e. The selection committee will choose the recipients of the master clinician and associate master clinician awards and should forward their recommendations to the full Medical Executive Committee (MEC). The MEC will forward the final recommendations to the commander for approval. It is recommended that these selections take place in the April or May timeframe.

f. Given their position in the leadership of the hospital's clinical services, the MEC Chair should serve as the Chair of the selection committee. Consideration may be given to another chair who is a senior member of the medical or dental staff in good standing, and preferably a master clinician themselves. Other selection board members should be culled from the medical and dental staff, including other select master clinicians or prior MEC chairs.

g. Specialty board certified recognition will be solicited from the medical and dental staff at large, including self-nominations, each year. Presentation of specialty board certified recognition can be presented on an ongoing basis throughout the year by the chairman of MEC, or their designee, or may be presented at the time of the master clinician awards.

h. Eligibility. Nominees must be a member of the medical or dental staff in good standing: military, civilian, or volunteer. Additionally, nominees:

(1) Must have no record of adverse privileging actions.

(2) Must not currently be under a plan of supervision (unless it is for the acquisition of new privileges), performance improvement plan, or focused professional practice evaluation.

(3) Must be specialty board certified for all levels of awards. For physicians, this is board certification by one of the American Board of Medical Specialties or Bureau of Osteopathic Specialists. For dentists, this is board certification as recognized by the American Board of General Dentistry, American Board of Operative Dentistry, or National Commission on Recognition of Dental Specialties and Certifying Boards. For all other providers, a sample list is in enclosure (4).

(4) Must have served on board the command for a minimum of 1 year for the master clinician and associate master clinician awards. No minimum time on board is required for the specialty board certified award.

i. Selection Criteria. Comprehensive guidance for selecting master clinicians and associate master clinicians should be developed at the command using the criteria in enclosures (2) and (3).

j. Awards. The NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT commander, commanding officer, officer in charge, or their designee will announce the winners at a formal awards ceremony. At a minimum, winners will receive a printed certificate as recognition. Consideration may be given for coins, patches, pins, or other regalia as shown in enclosure (5).

## 5. Action

a. The director for healthcare business (or equivalent) will assist the selection committee in accessing clinical productivity data on the nominees.

b. Departmental leadership will be the primary source of nominations, and assist the selection committee in forwarding any concerns about nominee's clinical competency, dates nominees have been away from the command (convalescent leave, temporary additional duty, or deployments), and in the distribution of the 360° evaluations.

c. The MEC Chair has overall cognizance for the implementation of the Master Clinician Program.

## 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 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.

7. Review and Effective Date. Per OPNAVINST 5215.17A, Office of the Corps Chiefs (BUMED-N00C) 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 the guidance in OPNAV Manual 5215.1 of May 2016.

8. Forms. NAVMED 1520/31 Master Clinical Evaluation Tool is available at <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.



B. L. GILLINGHAM

Releasability and distribution:

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

SAMPLE NOMINATION LETTER FOR  
MASTER CLINICIAN OR ASSOCIATE MASTER CLINICIAN

From: Department Head, Clinical Department, Navy Medicine Readiness and Training  
Command \_\_\_\_\_ or Navy Medicine Readiness and Training Unit  
\_\_\_\_\_

To: Chair, Medical Executive Committee, Navy Medicine Readiness and Training  
Command \_\_\_\_\_ or Navy Medicine Readiness and Training Unit  
\_\_\_\_\_

Subj: MASTER CLINICIAN NOMINATION FOR (TITLE DR., MR., MS.), RANK, FIRST  
NAME, AND LAST NAME

I respectfully nominate (Title, First Name, Last Name) for consideration to be named a Master  
Clinician for his or her services as a premier \_\_\_\_\_.

(Title and Last Name) graduated from \_\_\_\_\_ school in 2000, and completed  
training in \_\_\_\_\_ in 2010. He or she is board certified in  
\_\_\_\_\_ by the American Board of \_\_\_\_\_ since 2012. (Title and  
Last Name) has been onboard Navy Medicine Readiness and Training Command  
\_\_\_\_\_ or Navy Medicine Readiness and Training Unit \_\_\_\_\_  
since 2019 and is in good standing as a fully privileged provider.

(Title and Last Name) is an outstanding clinician, educator, and researcher. (Title and Last  
Name) saw (number) patients over the last year, the top producing \_\_\_\_\_ within the  
department. (Title and Last Name) completed (number) procedures with zero sentinel events or  
major complications. (Title and Last Name) was recognized in the JOES report with 100 percent  
patient satisfaction out of (number) patient responses. Additionally, (Title and Last Name),  
provided (number) lectures to nursing staff, residents and other physicians over the last year with  
(number) total contact hours. (Title and Last Name) published (number) articles in peer  
reviewed journals, textbook chapters, professional society presentations and other authored  
works. (Title and Last Name) completed (number) process improvement and quality assurance  
projects with excellent results. 360° reviews were returned from (number) colleagues at the  
Navy Medicine Readiness and Training Command \_\_\_\_\_ or Navy Medicine Readiness  
and Training Unit \_\_\_\_\_ with stellar reports and no negative feedback.

(Title and Last Name) is exactly the clinician that merits recognition as a master clinician, and I  
am proud to support his or her candidacy. Please contact me with questions or concerns.

Respectfully Submitted,

I. M. SAILOR

Enclosure (1)

MASTER CLINICIAN SELECTION CRITERIA FOR NOMINEES

1. Civilian or military with typically greater than 8 years of experience as a staff provider
  - a. After initial residency or specialty training.
  - b. Does not typically include time spent in fellowship or subspecialty training.
  - c. Includes time from all duty stations or previous active clinical practice.
2. High volume patient care
  - a. Time spent in patient care and teaching are significantly greater than time spent on collateral duties. Time away from the command for command-approved purposes will be removed from productivity calculations.
  - b. Patient care volume and clinical activity equal to or greater than 50 percent of peers.
    - (1) Outpatient encounters.
    - (2) Outpatient relative value units.
    - (3) Inpatient encounters.
    - (4) Inpatient relative weighted products.
    - (5) Surgical cases and procedures.
    - (6) Supervision of learners. Clinically focused.
3. Significant contributions to healthcare education that includes any from this list:
  - a. Medical and dental education (e.g., lectures, presentations, educator awards).
  - b. Publications (e.g., peer reviewed journals, books).
  - c. Research (e.g., research awards, research protocols).
4. Well respected because of their competency and compassion – sought out consultant – admired by peers, trainees, and patients alike. 360° survey:
  - a. Peers in specialty.
  - b. Peers in other specialties.

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- c. Supervisors.
- d. Subordinates.
- e. Trainees.
- f. Patients (if possible).



ASSOCIATE MASTER CLINICIAN SELECTION CRITERIA FOR NOMINEES

1. Civilian or military with typically greater than 4 years of experience as a staff provider
  - a. After initial residency or specialty training.
  - b. Does not typically include time spent in fellowship or subspecialty training.
  - c. Includes time from all duty stations or previous active clinical practice.
2. High volume patient care
  - a. Time spent in patient care and teaching are significantly greater than time spent on collateral duties. Time away from the command for command-approved purposes will be removed from productivity calculations.
  - b. Patient care volume and clinical activity equal to or greater than 50 percent of peers.
    - (1) Outpatient encounters.
    - (2) Outpatient relative value units.
    - (3) Inpatient encounters.
    - (4) Inpatient relative weighted products.
    - (5) Surgical cases and procedures.
    - (6) Supervision of learners. Clinically focused.
3. Significant contributions to healthcare education that includes any from this list:
  - a. Medical and dental education (e.g., lectures, presentations, educator awards).
  - b. Publications (e.g., peer reviewed journals, books).
  - c. Research (e.g., research awards, research protocols).
4. Well respected because of their competency and compassion – sought out consultant – admired by peers, trainees, and patients alike. 360° survey:
  - a. Peers in specialty.
  - b. Peers in other specialties.

- c. Supervisors.
- d. Subordinates.
- e. Trainees.
- f. Patients (if possible).

SPECIALTY BOARD CERTIFICATION EQUIVALENTS

1. Advance Practice Nurse (recognized licensed independent practitioners privileged by the medical staff)
  - a. Family Nurse Practitioner Board Certification by the American Nurses Credentialing Center (ANCC).
  - b. Family Nurse Practitioner by the American Academy of Nurse Practitioners.
  - c. Certified Registered Nurse Anesthetist – Certification by the American Association of Nurse Anesthetists; National Board of Certification and Recertification for Nurse Anesthetists.
  - d. Pediatric Nurse Practitioner – Certification by the Pediatric Nursing Certification Board; Pediatric Primary Care Nurse Practitioner Board Certification by the ANCC.
  - e. Certified Nurse Midwife – Certification as Certified Nurse Midwife by the American Midwifery Certification Board.
  - f. Psychiatric Mental Health Nurse Practitioner by the ANCC.
2. Audiologist
  - a. Certificate of Clinical Competence through the American Speech-Language-Hearing Association or
  - b. Board Certified through the American Board of Audiology.
3. Dietitian. Board certification from the Commission on Dietetic Registration.
4. Marriage Counselor. State licensure.
5. Occupational Therapist. Board for Advanced and Specialty Board Certification (American Occupational Therapy Association).
6. Optometrist
  - a. Fellow of the American Academy of Optometry.
  - b. Board certification from the American Board of Certification in Medical Optometry or
  - c. Diplomate of the American Board of Optometry.

7. Pharmacist
  - a. Certified by the Board of Pharmacy Specialties or
  - b. Completion of post graduate residency or post graduate Masters of Science with emphasis in medical therapy management.
8. Physical Therapist. Board certification from the American Physical Therapy Association.
9. Physician Assistant. Board certification from the National Commission on Certification for Physician Assistants.
10. Psychologist. State licensure.
11. Podiatrist. Board certification from the American Board of Podiatric Medicine, American Board of Multiple Specialties in Podiatry, or American Board of Foot and Ankle Surgeons.
12. Registered Dental Hygienist. State licensure.
13. Social Worker
  - a. Board Certified Diplomate with the American Board Clinical Social Work or
  - b. Diplomate in Clinical Social Work with the National Association of Social Workers.
14. Speech Pathologist
  - a. Certificate of Clinical Competence from the American Speech-Language-Hearing Association.
  - b. Board certification from the Neurological Communication Disorders through the Academy of Neurologic Communication Disorders and Sciences.
  - c. State licensure.

SAMPLE TABLE OF AWARDS

Award	Civilian Equivalent	Suggested Experience (at any facility)
Master Clinician <ul style="list-style-type: none"> <li>• Pin</li> <li>• Certificate</li> <li>• Patch</li> <li>• Coin</li> <li>• Name on Command Plaque</li> </ul>	Clinical Professor	8 years
Associate Master Clinician <ul style="list-style-type: none"> <li>• Pin</li> <li>• Certificate</li> <li>• Patch</li> </ul>	Associate Clinical Professor	4 years
Specialty Board Certified Clinician <ul style="list-style-type: none"> <li>• Pin</li> </ul>	Assistant Clinical Professor	Completed all training and board certified (or equivalent)

Sample Pins:



Gold



Silver



Bronze