



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMEDINST 1524.1D
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BUMED INSTRUCTION 1524.1D

From: Chief, Bureau of Medicine and Surgery

Subj: GRADUATE MEDICAL EDUCATION TRAINING

Ref: (a) DHA-PI 1025.04
(b) 10 U.S.C.
(c) BUMEDINST 5420.12G
(d) BUMEDINST 7050.3A
(e) 5 U.S.C.
(f) SECNAV M-5210.1 of Sep 2019
(g) 29 CFR 1602.48
(h) OPNAVINST 1520.39A
(i) SECNAVINST 1520.11C
(j) DoD Instruction 6000.13 of 30 December 2015
(k) BUMEDINST 1520.42B

1. Purpose. To provide policy, procedures, and information to direct Navy Graduate Medical Education (GME) training and define the responsibilities involved in Navy GME management and administration. The policies contained herein apply to Navy GME trainees in GME programs. This instruction was revised in compliance with reference (a). This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 1524.1C and NAVMED 1520/20.
3. Scope and Applicability. The policies delineated in this instruction apply to all Navy Medicine activities and Navy Medicine personnel involved in GME.
4. Background. The Bureau of Medicine and Surgery (BUMED) must maintain sufficient numbers of specialty trained physicians on active duty to ensure Navy Medicine meets mission essential requirements. To fulfill this responsibility, the Defense Health Agency conducts accredited GME programs under the authority of reference (a). BUMED places Navy Medicine GME trainees in military treatment facility (MTF) GME programs that are assigned Navy Medicine in-service training billets, as well as sponsors training in accredited GME programs that do not have assigned in-service training billets under the authority of reference (b) section 2013 for training at those and non-Government facilities. Such specialty or subspecialty training is provided as a means of cost-effective Medical Corps sustainment in direct and indirect support of the wartime and day-to-day operational readiness missions.

5. Policy. The policies set forth within must be adhered to by the leadership of GME programs. Updates or proposed changes to this instruction must not contradict Accreditation Council for Graduate Medical Education (ACGME) policies and procedures nor contradict reference (a).
6. Procedures. Proposed changes to this instruction must be submitted to the Chief of the Medical Corps, via the Deputy Chief of the Medical Corps.
7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N01C1 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. 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.
9. Information Control Management. The reports required in chapter 2, subparagraphs 7a through 7c are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.



D. K. VIA

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/>

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CHAPTER 1
GRADUATE MEDICAL EDUCATION PROGRAM MANAGEMENT

1. Purpose. This chapter provides policies, procedures, information, and defines enterprise-wide responsibilities regarding graduate medical education (GME) training.

2. Responsibilities

a. Chief, BUMED (BUMED-N00). Provides guidance for implementing and administering Navy GME, establishes policies based on recommendations of the Medical Education Policy Council (MEPC), serves as the funding source for out-service trainees, ensures development and sufficient number of uniformed GME teaching faculty, and ensures development, implementation, and execution of the annual Medical Corps training plan.

b. Chief, Medical Corps (BUMED-N01C1). Serves as the Chair of the MEPC, oversees the development of GME policies, and presents major policy and program revisions to the Surgeon General. Advises the Surgeon General on all matters relating to the professional education policy for physicians, serves as President of the Navy Graduate Medical Education Selection Board (GMESB), and is the Navy Medicine representative for the GME Oversight Advisory Council, per reference (a).

c. Director, Maritime Headquarters (BUMED-N03). Serves as the principal advisor to the Navy Surgeon General (OPNAV N093) on all matters relating to military, civilian, and contractor manpower and personnel policies, programs, and practices employed throughout Navy Medicine.

d. Director, Manpower and Personnel (BUMED-N1). Analyzes Medical Corps billet authorizations and projected end-strength, and provides Medical Corps manning and training requirements, including specialty and subspecialty requirements to the Navy GME office each year to develop the precept for the annual GMESB. Reviews the GMESB precept prior to the Surgeon General's signature to ensure that Medical Corps requirements are accurately communicated.

e. Navy Medicine Accessions Department Program Manager. Plans, develops, implements, executes, and directs Navy Medicine's Armed Forces Health Professions Scholarship Program, Financial Assistance Program (FAP), Nurse Candidate Program, and Health Professions Loan Repayment Program. Oversees the program budget, provides student support and tracking activities, maintains program policy and guidance, and coordinates with Navy Recruiting Command.

f. Director, Education and Training (BUMED-N7). Directs Navy Medicine's education and training strategy, policy, resourcing, planning, and oversight.

g. Navy Personnel Command (NAVPERSCOM) (PERS-4415). Serves as advisor to the MEPC and the Joint Graduate Medical Education Selection Board (JGMESB) providing expertise on assignment and distribution policy, procedures affecting GME programs, and distribution of Medical Corps officers.

h. Navy Medical Corps Specialty Leaders. Provides expertise in areas unique to their specialty, per reference (c). Specialty leaders serve as principal advisors to the MEPC on issues regarding current and projected GME training requirements in their specialty.

i. Commander, Naval Medical Forces Development Command. Oversees the administration of Navy GME and serves as the principal advisor to BUMED-N00 on all matters relating to the professional education of physicians. Serves as Navy representative for medical education to the Assistant Secretary of Defense for Health Affairs (ASD(HA)) and ensures coordination for all joint Service medical education initiatives.

j. Commanding Officer (CO), Naval Medical Leader and Professional Development Command (NAVMEDLEADPRODEVCMO). Provides funding for tuition, reimbursements, fees, integral parts of training for out-service GME programs, Navy GMESB, and the day-to-day operation and training of personnel in the Navy GME office.

k. MEPC. Evaluates, develops, and proposes Medical Corps professional education policy for review and approval by the Surgeon General via BUMED-N01C1 and Commander, Naval Medical Forces Development Command. BUMED-MHQ must be provided an informational copy for review of issues for the Council of the Corps Chiefs.

l. Director, Navy GME Program must:

- (1) Coordinate, draft, route, and execute the annual Medical Corps training plan.
- (2) Represent the Surgeon General to the ACGME, National Resident Matching Program, and Association for Hospital Medical Education.
- (3) Report to BUMED-N01C1 via the CO, NAVMEDLEADPRODEVCMO; Commander, Naval Medical Forces Development Command; and Deputy Chief, Medical Corps on all GME related matters.
- (4) Develop suggested GME policy revisions for submission to the MEPC.
- (5) Develop and coordinate the application guidance for the current year GMESB issued in a BUMED notice prior to 1 July each year.
- (6) Develop the annual Navy GMESB precept based on current and future projected funded training requirements analysis from BUMED-N1.

- (7) Monitor accreditation status of sponsoring institutions that conduct GME programs.
- (8) Coordinate training affiliation agreement development and processing for full-time out-service trainees, per reference (d).
- (9) Coordinate placements and changes in trainee status with BUMED-N01C1, specialty leaders, designated institutional officials (DIO), program directors (PD), BUMED-N1, and PERS-4415.
- (10) Plan and manage MEPC meetings three times per year, and at the call of the MEPC Chair.
- (11) Coordinate with academic institutions, professional organizations, and civilian agencies to maintain accredited GME programs within the Navy.
- (12) Review and approve changes, as indicated in GME trainee specialty, site, or category of training for all Navy GME trainees, in conjunction with PERS-4415 and BUMED-N1. Changes occurring outside the JGMESB must be routed, per chapter 8, subparagraph 4(e) of this instruction.
- (13) Serve as the principal advisor to the Commander, Naval Medical Forces Development Command; BUMED-N03; and BUMED-N01C1 on all matters related to graduate and continuing medical professional education programs and policy.
- (14) Serve as the Navy Medicine representative on the GME Integration Advisory Board, per reference (a).
- (15) Fulfill the Service GME Director responsibilities as indicated in reference (a).

m. COs of Navy Medicine Readiness and Training Commands (NAVMEDREADTRMGCMD) with Navy GME Trainees:

- (1) Ensure all GME programs comply with current Defense Health Agency, BUMED, and ACGME policies and requirements, per this instruction, as well as ACGME Institutional Requirements, current edition available at <https://www.acgme.org/programs-and-institutions/institutions/institutional-application-and-requirements/>.
- (2) Provide full support for GME trainees assigned to their commands, including attendance and participation in accreditation and Clinical Learning Environment Review visits for members of the groups that are required to attend.
- (3) Endorse and forward proposals to Navy GME for review by the MEPC. COs must ensure no program policy changes are implemented before approval by the Surgeon General.

(4) Ensure training records are maintained, per references (d) and (e), section 552a.

(5) Notify Navy GME of any physician who has not passed the Step 3 licensing exam requirement by 1 May of the Postgraduate Year-1 graduation year.

(6) Confirm only those officers selected via the GME selection process participate in GME training.

n. ACGME DIO. Per reference (a), maintains the authority and responsibility, in collaboration with the GMEC, for oversight and administration of the sponsoring institutions' ACGME accredited programs, ensuring compliance with ACGME institutional, common, and specialty or subspecialty program requirements, and compliance with ACGME policies and procedures at their institution. The DIO is the principal advisor to the commander or CO on GME related matters.

o. PDs. Execute their duties, per reference (a), Navy, command instructions, ACGME, and residency review committee specialty or subspecialty requirements. The roles and responsibilities of GME PDs are delineated in the ACGME common program requirements and residency review committee specialty or subspecialty program requirements.

(1) The institution and PD must ensure a training record is established, maintained, and archived on each trainee, either in the institution's central GME office or in the departmental office, per reference (e), section 552a. After the local record maintenance period, GME records must be forwarded to the Federal Records Center, per reference (f). Documents needed for credentialing or training verification must be kept permanently and be accessible, per reference (g).

(2) In the event of closure of a teaching hospital or GME program, arrangements will be made to transfer all records to the Naval Medical Forces Development Command for permanent storage. The Navy Medicine Registrar will become the primary source verification signatory authority for these records.

CHAPTER 2
MEDICAL EDUCATION POLICY COUNCIL

1. Purpose. The MEPC coordinates medical education policy proposals involving all levels of the organizational hierarchy. The MEPC provides an open forum to address issues affecting programs governed by ACGME and the American Osteopathic Association requirements and develops GME policy recommendations for consideration by the Surgeon General.

2. Background. Medical education policy issues include proposals to establish, close, or modify GME programs, such as extending program length or increasing or decreasing the number of residents; trainee selection methods or parameters; GME training billet distribution; proposals for program affiliation, sponsorship, or integration; accreditation and compliance issues; licensing issues; board certification issues; continuing medical education; and joint service GME initiative activities.

3. Functions

a. Meets three times a year in March, July, and September, and at the call of the MEPC Chair.

b. Reviews, evaluates, and advises the Surgeon General regarding all Navy-specific and joint service GME initiatives.

c. Initiates, reviews, and evaluates Medical Corps professional education policy proposals, including all proposals to establish, discontinue, or modify GME programs. Proposed program modifications must include an assessment of the capability to implement the modification within current or projected structure and resources, and alternative methodologies to achieve the proposed change.

d. Monitors actions taken to implement approved policy changes or modifications.

e. Reviews the accreditation status of all GME programs and institutions and addresses associated issues.

f. Reviews the annual GMESB plans and procedures to validate consistency with program policies and to identify potential issues for consideration by the MEPC.

4. Responsibilities

a. Surgeon General. Reviews the minutes and approves, disapproves, and provides amplifying guidance for MEPC issues and recommendations.

b. BUMED-N01C1. Chairs the MEPC, submits minutes and presents MEPC issues and recommendations to the Surgeon General.

- c. BUMED-N03. Reviews the minutes in collaboration with BUMED-N1 and makes recommendations regarding MEPC minutes to the Council of the Corps Chiefs.
- d. BUMED-N1. Provides manpower, training, and obligated service requirements for the Navy GMESB, and guidance for manpower and personnel issues.
- e. BUMED-N7. Provides education and training policy guidance.
- f. Commander, Naval Medical Forces Development Command (NMFDC). Provides education and training strategy and execution guidance.
- g. CO, NAVMEDLEADPRODEVCOMD. Provides GME planning, administration, and execution guidance.
- h. Director, Navy GME. Provides and coordinates required support to implement BUMED GME policy decisions, exercise oversight, and review all Medical Corps professional education programs.
 - (1) Participates in development of education and training policies for the Medical Corps.
 - (2) Manages all MEPC preparation and follow up activities, including:
 - (a) Coordinating all aspects of each meeting, including presentation scheduling and format, funding for travel, space requirements, and necessary clerical and administrative support.
 - (b) Assuring review of proposals by stakeholders to include MTF COs, Navy Medicine specialty leaders, appropriate staff medical officers assigned to major operational commanders, as required, and with staff officers assigned to NAVPERSCOM or other external agencies, as appropriate.
 - (c) Preparing draft agendas for pre-MEPC and MEPC and submits to MEPC Chair for approval. Policy issues for consideration by the MEPC must be received a minimum of 4 weeks prior to the pre-MEPC meeting.
 - (d) Coordinating further staffing, if indicated.
 - (e) Summarizing actions taken to implement approved policy changes or modifications at each MEPC meeting.
 - (f) Preparing minutes of proceedings. MEPC recommendations and supporting documents are included in the minutes.
 - (g) Upon approval of the minutes, ensuring proposed policy statements, decision briefs, and changes are routed appropriately and in a timely manner.

(h) Disseminating approved minutes.

i. Commanders and COs of NAVMEDREATRNCMDs with Navy GME Trainees. Ensure proposed changes to or emerging issues with GME programs in their facilities are fully staffed, reviewed by their GMEC and the appropriate Navy Medicine specialty leader(s) before endorsement and submission to the MEPC, and that recommended changes are not implemented before official policy approval by the Surgeon General.

j. DIO at each teaching institution. Per reference (g), exercises oversight and review of accreditation status of all institution GME programs. Ensures GME issues are fully staffed, thoroughly reviewed, and appropriately submitted to the MEPC. In many cases, the Director of Professional Education or Director of Medical Education serves as the DIO and the Chair of the GMEC. The DIO disseminates MEPC minutes to the GMEC and faculty of each institution once approved.

k. PD at each teaching institution. Drafts proposals and obtains endorsements from the MTF GMEC, the MTF Director, and the Navy Medicine specialty leaders prior to submitting to the MEPC for consideration.

l. Navy Medicine specialty leaders. Review, endorse, and provide comments and recommendations for all proposals regarding training in their specialties and subspecialties that are to be submitted to the MEPC for consideration.

5. Membership

- a. BUMED-N01C1 – Chair
- b. Commander, NMFDC (or designee)
- c. Director, BUMED-N7 (or designee)
- d. Director, BUMED-N1
- e. Deputy Chief, Medical Corps
- f. U.S. Fleet Forces Command, Surgeon (or designee)
- g. The Medical Officer of the Marine Corps (or designee)
- h. CO, NAVMEDLEADPRODEVCMDCMD
- i. Director, Navy GME
- j. DIO from each teaching institution

k. Navy Medicine specialty leaders, as requested

6. Advisors. Provide counsel based on research, current data, and forecasting, including but not limited to:

- a. Medical Corps Personnel Planner
- b. Deputy Director, Navy GME
- c. PERS-4415
- d. Navy Medicine Accessions Program Manager
- e. Navy GME Head, Student Programs

7. Minutes Approval Process

a. MEPC minutes are:

(1) Prepared by the Director, Navy GME and routed to BUMED-N01C1 with informational copy to CO, NAVMEDLEADPRODEVCOM, Commander, NMFDC, and BUMED-N03. MEPC recommendations are included in the minutes with supporting documents. BUMED-N01C1 approves and signs minutes, and routes to the Surgeon General.

(2) Signed minutes are reviewed by members of the MEPC at the next scheduled MEPC meeting, and are archived on the Medical Corps Chief's SharePoint site.

b. The Surgeon General approves, disapproves, or comments on each recommendation and provides additional guidance or comments.

c. Signed minutes do not constitute BUMED policy. BUMED policy implementation or revisions must be sent to BUMED-N01C1 for development and coordination with the appropriate BUMED N Code.

CHAPTER 3
FULL-TIME IN-SERVICE PROGRAMS

1. Purpose. This chapter provides policies, procedures, and information regarding full-time in-service programs.
2. Overview. Full-time in-service program training includes preliminary year internships, residencies, and fellowships where the training is conducted at Military Health System medical institutions that have assigned Navy Medicine training billets.
 - a. Preliminary Year (Postgraduate Year (PGY)-1) GME Training. The Navy sponsors trainees in in-service preliminary year residency programs in emergency medicine, family medicine, general surgery, gynecologic surgery and obstetrics, internal medicine, neurology, orthopedics, otolaryngology, pediatrics, psychiatry, transitional internships, and urology. The GME academic year generally commences 1 July and ends 30 June of the following year. A BUMED notice announces the Navy GMESB application procedures for preliminary year GME programs and is sent by the PGY-1 Liaison, Navy GME Office, to medical and osteopathic school graduates participating in the Health Professions Scholarship Program (HPSP), Uniformed Services University of the Health Sciences, and Health Services Collegiate Program. The notice lists in-service preliminary year programs, locations, and application procedures. Navy HPSP, Health Services Collegiate Program, and Uniformed Services University of the Health Sciences preliminary year applicants who are not selected for an in-service military internship or a full deferment for residency in the Navy Active Duty Delay for Specialists (NADDS) Program, are placed in the 1-Year Delay Program and deferred from active duty for 1 year to complete their preliminary year of GME training in an ACGME accredited civilian residency program, per references (h) and (i).
 - b. PGY-2+ In-Service Training. The Navy sponsors trainees in residency and fellowship training at Military Health System multi-disciplinary and family medicine teaching institutions. Each program must comply with reference (a), as well as the institutional and program requirements published by the ACGME and must provide training in pertinent specialty-specific military unique curricula. The GME academic year generally commences 1 July and ends 30 June of the following year.
 - c. National Emergency. In the event of national emergency and mobilization, the Surgeon General must plan efforts to provide support for and maintain the commitment to GME. However, training may be suspended or terminated, and personnel reassigned to meet the requirements of the Navy and national defense.
3. NAVMEDREADTRNCMD Requirements. Each NAVMEDREADTRNCMD Commander and CO with Navy-sponsored trainees training in ACGME accredited GME programs must:

- a. Ensure training is provided, per reference (a), and adherence to applicable military department-specific policies.
- b. Require all PGY-1 trainees to complete all three parts of the United States Medical Licensing Examination or Comprehensive Osteopathic Medical Licensing Examination in advance of completion of PGY-1 regardless of future assignment. Trainees are required to apply for step 3 by 31 December of the intern year and to have completed the examination by 31 March of the internship year unless otherwise directed by the Navy GME office. Directors of Medical Education, DIO, and PDs should inform trainees of this requirement at the start of the PGY-1 training. Any officer having failed any of the United States Medical Licensing Examination or Comprehensive Osteopathic Medical Licensing Examination step 3 three times should be processed for administrative separation by the parent command unless compelling reasons to the contrary exist.
- c. Require all PGY-1 trainees to apply for a full unrestricted state medical license by 1 April of the intern year.
- d. Notify Director, Navy GME of any trainee subject to a health or administrative related absence from training. Notification should include when placed on and complete a training absence as well as any change in graduation date, per reference (a).
- e. Request waivers to the maximum duration of health or administrative related absence from training (365 days) described in reference (a). The waiver must include a justification and an analysis of the risk associated with not granting the waiver. Submit waiver requests to the Director, Navy GME when recommended by the GMEC and approved by the DIO. The Director, Navy GME, will determine if the waiver may be granted after consulting with BUMED-N1, PERS-4415, and BUMED-N01C1.
- f. Notify Director, Navy GME of any trainee subject to adverse academic action or change in academic standing or resignation, per reference (a).

CHAPTER 4
FULL-TIME OUT-SERVICE AND
OTHER FEDERAL INSTITUTION PROGRAMS

1. Purpose. To provide general guidance regarding specialty and subspecialty training opportunities in full-time out-service and other Federal institution programs, as listed in reference (d), and a BUMED notice released annually.

2. Overview. The Navy sponsors full-time out-service training based on Medical Corps training requirements developed by BUMED. BUMED sponsors full-time out-service training in specialties and subspecialties for which there is a projected personnel shortfall and no available in-service training capability, or in-service training output is insufficient to overcome the projected shortfall.

3. Responsibilities

a. CO, NAVMEDLEADPRODEVCOMD Navy GME Office:

(1) Require receipt of an academic degree plan, if tuition is required, and a grade report for each academic term to continue funding a trainee's tuition.

(2) Negotiate, approve, and maintain a copy of the training affiliation agreement, per reference (d).

(3) Manage and fund integral parts of training requirements.

(4) Reimburse expenses as indicated in the local full-time out-service and other Federal institution policy manual.

b. Trainees. Because trainees participating in full-time out-service and other Federal institution programs are removed from the Navy service environment, the Navy GME full-time out-service and other Federal institution program managers must provide military and professional administrative guidance to trainees participating in these programs. Local full-time out-service and other Federal institution policy manuals contain the complete list of professional and military responsibilities.

(1) The trainee's reporting senior is the CO of the unit assigned by PERS-4415. While in training, the CO must write the trainee's fitness report, arrange the physical fitness assessment and urinalysis, review leave requests, and endorse specialty pay requests.

(2) Detailed information regarding the program can be found in the local full-time out-service and other Federal institution policy manual.

CHAPTER 5
INTEGRAL PARTS OF TRAINING

1. Purpose. To establish management responsibilities and procedures for administering Navy Medical Corps integral parts of training for full-time in-service, full-time out-service, and other Federal institution GME program trainees.

2. Overview. Integral parts of training refer to a course or affiliated period of training required to supplement experiences in a fellowship, residency, or other GME training program to meet the requirements for program completion, ACGME, or American Osteopathic Association accreditation. Attendance at periodic or annual meetings, or scientific, technical, or professional conferences, for the purpose of continuing medical education, is within the purview of the ACGME Common Program Requirements, found at: <https://www.acgme.org/what-we-do/accreditation/common-program-requirements/>.

3. Policy. Temporary additional duty or authorization orders to participate in integral parts of training are issued by the trainee's administrative command. To ensure liability protection, a training affiliation agreement is necessary for officers performing patient care during integral parts of training in a non-Federal institution. Reference (b), section 1089 requires active duty trainees to act within the scope of their official duties to be entitled to its protections. Full-time in-service and full-time out-service GME integral parts of training are managed separately, and implementation procedures depend upon the location and duration of the integral parts of training. Generally, a written travel order is not necessary when travel is performed within the limits of a trainee's permanent duty station.

4. Responsibilities
 - a. CO, NAVMEDLEADPRODEVCMDCMD must:
 - (1) Coordinate policies, procedures, and funding for integral parts of training involving Medical Corps full-time out-service trainees.

 - (2) Fund full-time out-service GME integral parts of training.

 - (3) Determine integral parts of training funding for Navy-sponsored other Federal institution trainees prior to selection for training. Navy and other Federal institution trainees requiring integral parts of training, not funded by the host Service, must follow NAVMEDLEADPRODEVCMDCMD guidance, and must submit individual requests for integral parts of training funding to NAVMEDLEADPRODEVCMDCMD at least 6 weeks before the start date of the integral parts of training. Approved requests are forwarded to the NAVMEDLEAD-PRODEVCMDCMD Finance Department for further processing and issuance of NAVMEDLEAD-PRODEVCMDCMD funding data. Disapproved requests are returned to the trainee with an appropriate explanation.

(4) Negotiate, approve, and maintain a copy of the training affiliation agreement for integral parts of training, per reference (d).

b. Full-Time In-Service PDs. Must inform the MTF Director of integral parts of training requirements for their training programs and ensure appropriate training orders are obtained for trainees participating in integral parts of training.

c. Other Federal Institution and Full-Time Out-Service Trainees. Must adhere to integral parts of training policies and procedures issued by NAVMEDLEADPRODEVCMO and higher authority.

CHAPTER 6
NAVY ACTIVE DUTY DELAY FOR SPECIALISTS
AND FINANCIAL ASSISTANCE PROGRAM

1. Purpose. To describe the policy and procedures for personnel graduating from a civilian residency program and entering active duty service.

2. Overview of NADDS. The NADDS Program is available for medical officers on active or inactive duty who have at least 2 years of obligated active duty service to the Navy remaining or agree to return to active duty for a minimum of 2 years following completion of their training. Training in the NADDS Program is dependent upon projected requirements and is normally reserved for GME training in undermanned medical specialties where the number of full-time in-service, full-time out-service, and other Federal institution training graduates is insufficient to meet the needs of the Navy. NADDS trainees are selected through the JGMESB. Active duty is deferred while the officer trains in an accredited civilian GME program for which there is a projected Navy manning requirement. The number of NADDS participants varies considerably from year to year, based upon available graduates, projected requirements for operational medical officers including surface medical officers, Fleet Marine Force medical officers, undersea medical officers, and flight surgeons, and requirements for designated, undermanned medical specialties.
 - a. Delay of Active Duty Obligations (ADO). Requirements to complete ADOs will be temporarily deferred to permit GME. If less than a 2-year obligation exists, the officer must agree to serve on active duty for 2 years following completion of civilian training. Per reference (i), officers of the regular Navy may apply to the JGMESB for deferred status and request a release from active duty contingent upon acceptance into medical training programs as Navy Reserve officers in the Individual Ready Reserve. Reappointment as an active duty Navy Medical Department staff corps officer occurs upon completion of required medical training. The officer's ADO (for training or other incentives) will be served upon completion or termination of the authorized period in NADDS.

 - b. One-Year Delay Program. Trainees designated for this program delay beginning their initial tour of active duty for 1 year, pending completion of their preliminary year of residency training in an approved civilian program. One-Year Delay Program participants are a part of the NADDS Program and subject to all requirements of that program.

3. Overview of the FAP. The FAP is an Individual Ready Reserve program for physicians currently accepted to or enrolled in an accredited residency or fellowship program progressing toward a specialty which has been designated as critical by the Department of Defense (DoD). The FAP is available for U.S. citizens in an accredited civilian GME program in the United States or Puerto Rico in designated specialties. Participants must be free of any contractual obligation that would prevent their appointment as a Medical Corps officer and availability to serve on active duty immediately upon graduation from GME training. Participants in the NADDS Program may apply for the FAP.

a. Benefits of the FAP

(1) An annual grant, the amount of which is established by ASD(HA), which will be prorated for any projected partial year of participation and is in addition to any pay and benefits provided by the civilian program.

(2) A monthly stipend at a rate equal to that established annually by the ASD(HA) for members of the Armed Forces HPSP.

(3) Fourteen days of active duty for training for each year of scholarship.

(4) Reimbursement for all required fees, books, and laboratory expenses related to the program of study. Payments are limited to those that are required of all trainees in residency program.

b. The effective date of all payments associated with the FAP is the latest occurring date of the execution of the oath of office, the execution of the FAP contract, or the commencement of the specialized training.

c. Each FAP participant incurs a minimum ADO of 2 years or one-half year for each half year or portion thereof of FAP sponsorship, whichever is greater

4. NADDS and FAP Reporting Requirements. NADDS and FAP participants are assigned to BUMED-N1, Navy Medicine Accessions Department. The department's manager for the NADDS Program and FAP provides administrative support. The GME Head, Student Programs provides military and professional guidance to trainees of the NADDS Program and FAP.

a. Acceptance Letter and Contract. A copy of the acceptance letter and a copy of the signed contract must be submitted to the department's manager of the NADDS Program and FAP. The letter must include the exact training dates, PD contact information, and program accreditation status.

b. Academic Standing and Performance. An annual performance assessment report from the PD must be submitted to the department's manager of the NADDS Program and FAP by 30 November each year. Additionally, while in training the participant must receive a non-observed fitness report documenting progress in the civilian residency and account for the participant's reserve time. The reporting senior is BUMED-N1, Navy Medicine Accessions Department.

c. Annual Verification Package. Participants must submit an annual verification package to the BUMED-N1, Navy Medicine Accessions Department.

d. NADDS Program and FAP Trainees' Status. The trainees' status will be briefed to Director, Navy GME, and BUMED-N01C1 by the Program Manager for NADDS and FAP at the MEPC meeting in a written report to include number, location, and academic status of each trainee, and any changes since the last report.

CHAPTER 7
GRADUATE MEDICAL EDUCATION ACTIVE DUTY OBLIGATION

1. Purpose. Provides policy for obligated service calculation for Medical Corps officers associated with GME. Guidance for the interpretation and execution of policy for the calculation of obligated service calculations are the responsibility of BUMED-N1. Final adjudication of obligation questions and discrepancies is the responsibility of BUMED-N1 in coordination with the BUMED's Office of General Counsel (BUMED-N01L).

2. Overview. ADO for all trainees selected to Navy sponsored GME training must be calculated by BUMED-N1, per reference (j), prior to entering training. Training extensions, withdrawals, and start or end date changes require ADO recalculation and update.

3. Programs

a. Full-Time In-Service and Other Federal Institution. A member must incur ADO of one-half year for each one-half year, or portion thereof, of GME. The minimum ADO at the completion, termination, or withdrawal from the GME must not be less than 2 years. This does not apply to involuntary separation from the Navy. The ADO for GME may be served concurrently with obligations previously incurred for DoD sponsored pre-professional (undergraduate) education and medical school. No ADO for GME can be served concurrently with ADO for a second period of GME.

b. Full-Time Out-Service. A member subsidized by the DoD during training in a civilian facility must incur ADO of one-half year for each one-half year, or portion thereof, but the minimum ADO at the completion, termination, withdrawal of the GME period must not be less than 2 years. ADOs for full-time out-service training are added to any and all government sponsored training obligations existing at the time training begins.

c. NADDS. Officers with greater than 2 years ADO incur no additional obligation. Officers with less than 2 years of ADO upon entering the NADDS program must incur a minimum 2-year ADO.

d. FAP. Each FAP participant incurs a minimum ADO of 2 years or one-half year for each half year or portion thereof of FAP sponsorship, which ever is greater. A participant may not serve any part of the military obligation incurred by participation in the Armed Forces HPSP or FAP concurrently with any other military obligation, unless specified otherwise."

e. Long-Term Health or Health-Related Education and Training. A member funded for non-degree education and training must incur ADO of 2 years for the first year or portion thereof. For a period in excess of 1 year, the member must receive an additional ADO of one-half year for each one-half year, or portion thereof, served consecutive to most prior incurred ADOs. It may be served concurrently with an ADO incurred for HPSP. A member participating in long-term graduate education and training leading to a master's or doctoral degree must receive an

ADO of 3 years for the first year or portion thereof, unless such a degree is incidental for completion of an accredited residency program, e.g., aerospace medicine. Additional ADO for participation in excess of one year is one-half year for each one-half year, or portion thereof, served consecutive to prior incurred ADO.

CHAPTER 8
JOINT GRADUATE MEDICAL EDUCATION SELECTION PROCEDURES

1. Purpose. To provide policy guidance on the GME selection procedures.
2. Applying for a GME Internship, Residency, or Fellowship. A BUMED notice is issued annually by 1 July and contains Navy-specific information for applying to the current year JGMESB.
 - a. Annual Procedures. The information in subparagraphs 2a(1) through 2a(6), although not all inclusive, is provided in the annual notice:
 - (1) Selection board convening date.
 - (2) Projected selection goals for all training pathways.
 - (3) Electronic application information – opening and closing dates.
 - (4) Projected release date of selection board results.
 - (5) Special instructions and procedures.
 - (6) Acceptance or declining of training selection deadline.
 - b. JGMESB Application Procedures. Applications must be submitted for consideration by the JGMESB for internship, residency, or fellowship in all pathways. General information about Navy GME programs is included online at the address specified in the annual notice. Detailed information regarding specific GME programs can be obtained from the individual PDs or specialty leaders. Their contact information can be found on the Medical Operational Data System Web site at: <https://education.mods.army.mil/navymeded/UserLogon/userlogon.htm>.
 - c. Application
 - (1) Information regarding GME application and guidance may be found at the Navy GME Application Web site at: <https://education.mods.army.mil/NavyMedEd/UserLogon/UserLogon.htm>. All applicants must complete and submit an electronic application on the GME application via the Navy GME Application Web site to be considered by the selection board for GME training.

(2) Reference (k) provides application guidance for operational medical officers including surface medical officers, Fleet Marine Force medical officers, undersea medical officers, and flight surgeons.

d. Requests for Continued Deferment. Applicants for continued deferment are required to apply to the JGMESB for consideration by the specialty panel and approval by the JGMESB. Applicants for deferment training must upload required documents into the Navy GME Application Web site.

e. Supporting Documents. All supporting documents are uploaded into the Navy GME Application Web site. The Navy GME Office will accept e-mail, fax, or mailed documents from trainees without access to the application website.

f. Application Processing

(1) The Navy GME Application and Placement Manager is the primary point of contact for application issues (except operational medical officer applicants):
usn.bethesda.navmedleadprodevcmd.mbx.gme-sb@health.mil.

(2) Operational medical officer questions should be addressed with the respective operational medicine specialty leader, per reference (k).

g. NAVPERSCOM Screening. PERS-4415 administratively reviews the official military personnel file of residency and fellowship applicants to determine if each applicant meets current eligibility and physical fitness assessment standards to transfer to GME in the academic year requested.

3. JGMESB Process

a. Purpose. The goal, mission, and purpose of the JGMESB is to carefully consider, without prejudice or partiality, the application of each officer seeking Navy sponsored GME training.

b. Training Plan. The Medical Corps training plan is established annually through the coordinated effort of BUMED-N01C1, supported by Director, Navy GME and BUMED-N1, and approved by the Surgeon General. The annual plan is developed to meet current and projected specialty manning requirements, which support the Navy's operational and shore missions.

c. Precept. The precept governing the annual Navy selection for the JGMESB is issued by the Surgeon General. It provides specific guidance for selecting candidates for Navy-sponsored GME programs and specifies the number of selections allowed for each Navy-sponsored program. The precept also formally appoints the Navy President and voting members of the JGMESB. Board members are usually a diverse cross section of the Medical Corps community with representatives from the operational, shore, overseas, osteopathic, and GME communities.

Non-voting members are appointed by the Surgeon General to perform duties as board recorders. In addition, technical advisors from PERS-4415 and BUMED-N1 are appointed to advise the board president on manpower and personnel matters.

d. Scoring. Joint Service Panels comprised of PDs, specialty leaders, and consultants in designated specialties from all three military Service medical departments review records and score resident and fellow applications. Navy Medicine specialty leaders and PDs of specialties that offer categorical and transitional internships must score medical student records. Each resident and fellow application is scored by one individual from each Service and an Order of Merit List is generated for validation by the Joint Panel Chair. The Navy Medicine specialty leader reports the panel's recommendations for selection and placement to the Navy GMESB President.

e. Navy GMESB Selection Procedures. The Navy GMESB President retains final authority for designating each Navy applicant as either a primary select, alternate, or non-select. Navy sponsored GME training can only be obtained through selection by the JGMESB or BUMED-N01C1. Final board results of the Navy GMESB are released after review and approval by the Surgeon General.

4. Post Selection Board Process

a. Selection Notifications. Announced via e-mail by Navy GME and available on the Medical Operational Data System Web site 10 to 15 days after the JGMESB adjourns. The results for operational medical officer selections are available, per reference (k).

b. Applicant Response. Selected PGY-2+ applicants must notify the GME Application and Placement Manager at Navy GME of their decision to accept or decline training by the published deadline. Specific procedures for selectee responses will be included with the results of the JGMESB. Individuals selected for more than one training program (GME and operational medical officer training) may accept only one program. Failure to notify Navy GME by the published deadline will result in cancellation of the selection and an offer will be made to a qualified alternate. Waivers will be considered on a case-by-case basis. Selections for medical student applicants are final for all applicants.

c. Alternate Selection Process. Applicants designated as alternates by the JGMESB are placed on a ranked alternate list that is maintained by Navy GME and used on a case-by-case basis to fill vacancies caused by primary selectee declinations in a manner consistent with both the training plan and the training selection goals listed in the precept. Refer to the Chief of the Corps Selection, chapter 8, subparagraph 4e of this instruction, for any other applicant selection.

d. Active Duty Service Obligation (ADSO) Memorandum. Prior to the start date of GME training, the Navy GME office must send each JGMESB selectee an ADSO memorandum to review, sign, have witnessed, and send back. The purpose of the ADSO memorandum is for the trainee and the Navy to acknowledge the obligated service that is incurred for GME. Orders to GME training may not be issued by PERS-4415 until Navy GME has received a signed ADSO memorandum. Failure to sign an ADSO memorandum by 15 February of the year of selection may result in cancellation of the selection to GME training and the training opportunity offered to the next alternate candidate. This is a non-waiverable requirement.

(1) Refusal to sign the ADSO memorandum will result in forfeiture of select status and does not relieve the trainee of their obligation.

(2) If an error to the ADSO memorandum occurs, the obligated service must be recalculated per the BUMED notice and approved by BUMED-N1.

e. Chief of the Corps Selection. BUMED-N01C1 may approve selection of GME trainees outside the JGMESB when necessary to meet the needs of the Navy as dictated by changing requirements, unanticipated program vacancies, trainee losses, or extraordinary trainee situations. Selection of officers outside the JGMESB will be considered only after exhausting the existing alternate list for the specialty concerned and is implemented consistent with the training plan in most cases. If an unplanned training need arises that requires a quick fill, one that is recognized as an extraordinary need by the GME Office, BUMED-N01C1, and BUMED-N1, then a Chief of the Corps selection may be made in a manner consistent with the training plan. All applicants for selection must have been initially submitted to the JGMESB for consideration, and requests must be coordinated with PERS-4415, the Navy GME Office, and BUMED-N1, and specific specialty leader, before presentation to BUMED-N01C1 for final decision.

APPENDIX A
GRADUATE MEDICAL EDUCATION PROGRAM WEB SITES AND APPLICATION
E-MAIL ADDRESS

Navy GME Homepage: <https://www.med.navy.mil/Naval-Medical-Leader-and-Professional-Development-Command/Professional-Development/Graduate-Medical-Education/>

The ACGME Homepage: <https://www.acgme.org>

ACGME Institutional Policies and Requirements: <https://www.acgme.org/Designated-Institutional-Officials/Institutional-Review-Committee/Institutional-Application-and-Requirements/>

ACGME Common Program Requirements: <https://www.acgme.org/what-we-do/accreditation/common-program-requirements/>

The Navy Application Web site (except operational medical officers applications):
<https://education.mods.army.mil/navymed/UserLogon/userlogon.htm>

The Navy GME Application and Placement Manager (the primary point of contact for all application issues): usn.bethesda.navmedleadprodevcmd.mbx.gme-sb@health.mil