



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

IN REPLY REFER TO
BUMEDINST 5420.12G
BUMED-M00C
8 Apr 2022

BUMED INSTRUCTION 5420.12G

From: Chief, Bureau of Medicine and Surgery

Subj: ROLES AND RESPONSIBILITIES RELATED TO MEDICAL DEPARTMENT
SPECIALTY LEADERS

Ref: (a) BUMEDINST 5312.3B
(b) BUMEDINST 5216.17A
(c) DHA-Procedural Instruction 6025.11, "Processes and Standards for Primary Care
Empanelment and Capacity in Medical Treatment Facilities," October 9, 2018
(d) SECNAV WASHINGTON DC 271745Z Jun 16 (ALNAV 046/16)

Encl: (1) Sample Specialty Leader Orientation Checklist

1. Purpose. To provide roles and responsibilities and the selection criteria for the Navy Medical Department specialty leaders. References (a) and (b) are provided as additional guidance. This is a complete revision and should be reviewed in its entirety. The changes in subparagraphs 1a and 1b have been implemented.

a. Familiarization with the Corps' career development board processes.

b. Established term lengths are at the discretion of the respective Corps Chief, but appointments may not exceed 3 years.

2. Cancellation. BUMEDINST 5420.12F.

3. Scope and Applicability. This instruction applies to all Navy Medicine (NAVMED) commands and activities with Navy Medical Department personnel.

4. Policy. Specialty leaders are critical to the community management and leadership of NAVMED. Technical and professional knowledge and experience of senior personnel in each of the Navy Medical Department disciplines is required to ensure specialty interests are linked to, and aid sound management decisions. Specialty leaders must embrace the listed qualifications, skills, knowledge, and professional requirements in subparagraphs 4a through 4d:

a. Knowledge and Qualifications

(1) Expert consultant with broad-based knowledge and subject expertise in patient care delivery and administrative or scientific operations as it relates to their specialty.

(2) Familiarity with current specialty-specific outpatient and inpatient civilian and military healthcare standards, as appropriate, per specialty area. Affiliation with professional organizations related to respective specialty is recommended.

(3) Current practice in their specialty; maintain professional licensure and board certification, if available, for current specialty.

(4) Knowledge of the missions, organizations, programs, and requirements of healthcare delivery systems within Department of Defense (DoD) and NAVMED.

(5) Understanding of the Navy conference approval process.

(6) Ability to gather, analyze, and make recommendations based on complex and diverse data.

(7) Working knowledge of Navy provider specialties and the relevant NAVMED P-117, Manual of the Medical Department chapters as they relate to the specialty.

(8) Perform all duties and responsibilities, and be familiar with established hospital instructions regarding medical staff policies and procedures, quality assurance and management programs, The Joint Commission, and other regulatory organizations.

(9) Familiarity with the SECNAV M-5216.5, Department of the Navy (DON) Correspondence Manual.

(10) Familiarity with current Bureau of Medicine and Surgery (BUMED) tasker system and business rules outlined in reference (b). If available, create and maintain an account in the BUMED tasker management system per reference (b). Reserve component specialty leader will contact respective Reserve affairs officer or active component specialty leader will facilitate any action needed in the BUMED tasker management system per reference (b).

(11) Familiarity with the principles of high reliability organizations, which can be achieved through formal coursework or other relevant experience.

(12) Familiarity with the Corps' career development board process.

b. Professional and Regulatory Requirements

(1) Current appointment as a privileged provider or staff member, if available.

(2) Demonstrate a superior record of performance and be in good standing in their specialty community.

(3) Have the training, background, and assignment variety in the specialty necessary to perform the roles and responsibilities, and to provide appropriate guidance.

(4) Hold an appropriate degree or clinical specialty certification.

(5) Clinical providers should be aware of recommended administrative discounts outlined in reference (c) for specialty leaders.

(a) Specialty leaders with less than 100 billets are eligible for a 0.2 offset deduction.

(b) Specialty leaders with 100 to 299 billets are eligible for a 0.4 offset deduction.

(c) Specialty leaders with 300 or greater billets are eligible for a 0.6 offset deduction.

(d) Assistant specialty leaders are not eligible for administrative discounts.

c. Military Bearing and Readiness

(1) Demonstrate behavior exemplifying the Navy Core Values: Honor, Courage, and Commitment.

(2) Maintain full military and medical readiness status (physical fitness assessment, immunizations, training, etc.). Must be worldwide assignable and deployable.

d. Competency Maintenance

(1) Recognizing variation within the specialty leader community, orientation may be customized by the respective Corps to ensure appropriate familiarization with essential stakeholders. Use enclosure (1) as a guideline and ensure topics are completed within 3 months of appointment as a NAVMED specialty leader.

(2) Maintain proficiency in the specialty represented.

(3) Annual attendance, whenever possible, at one specialty related conference.

5. Authority. Specialty leaders are delegated the authority appropriate to accomplish their roles and responsibilities within statutory, regulatory, and policy constraints identified as prescribed in references (a) through (c). Specialty leaders are authorized to establish and maintain direct liaison with other Services, Federal agencies, professional and naval organizations, societies, and associations. Specialty leaders serve in an advisory position that does not dilute primary legal or regulatory responsibilities of the military command structure. The position of specialty leader must be recognized as an additional duty and treated accordingly. Specialty leaders receive

direction from, and report to, Chief, BUMED via their respective Corps Chief and Reserve component (RC) Flag Deputy Corps Chiefs. Specialty leaders must keep their commanding officers (CO) and respective Corps Chiefs and RC Flag Deputy Chief fully informed of their activities.

6. Length of Terms

a. Specialty Leaders. Will be appointed to serve a term of 3 years, after which they may be extended at the discretion of their respective Corps Chief.

b. Successors. At least 4 months before expiration of term, the Corps Chiefs office, in conjunction with the specialty leader, must solicit for nominations of a successor. Utilizing Corps specific criteria for selection, nominations will be reviewed and a recommendation will be made to Chief, BUMED via the respective Corps Chief or director. For each nominee, the recommendation must include:

- (1) Current curriculum vitae.
- (2) Letter of intent.
- (3) Biography.
- (4) Endorsement letter from CO.
- (5) Memorandum outlining the prioritization for relief selection, with justification.
- (6) Any other Corps-specific requirements, if applicable.

c. Assistant Specialty Leader. If applicable, specialty leaders should identify the need for an assistant specialty leader, make recommendations for appointment, and participate in selection process thereof. Communities may work with their respective Corps Chiefs office to determine an appropriate number of assistant specialty leaders based on size and complexity of each specialty. Term length is at the discretion of the respective Corps Chief, but appointments may not exceed 3 years.

7. Responsibilities

a. NAVMED Corps Chiefs, Deputy Corps Chiefs, and Reserve Affairs Officers must:

- (1) Determine which specialties require specialty leaders and assistant specialty leaders.
- (2) Recommend individuals to serve as specialty leaders.
- (3) Provide direction and monitor specialty leader functions.

(4) Serve as the primary liaison between Chief, BUMED and the Navy Medical Department specialty leader.

(5) Maintain an active roster of the Navy Medical Department specialty leaders.

(6) Prepare a specialty leader appointment letter, for signature by Deputy Chief, BUMED.

(7) Prepare specialty leader extension letters, as needed. Letters may be signed “By direction” by the Deputy Director or the Deputy Corps Chief.

(8) Prepare an assistant specialty leader appointment letter for signature by respective Corps Chief.

(9) Notify the specialty leader of requirements for replacement no later than 4 months prior to end of tenure.

(10) Develop and provide an orientation checklist and Corps-specific guidance to newly appointed specialty leaders.

b. Budget Submitting Office (BSO) 18 Commanders, COs, and Officers in Charge must:

(1) Budget for, and provide funded travel for, specialty leader functions as mission allows. Functions may include, but are not limited to, specialty leader business meetings, technical assist visits, Joint Duty Task Analysis reviews, and other duties as assigned.

(2) Budget for, and provide standard office supplies, electronic or telephonic communication capabilities, and administrative support to facilitate specialty leader communication.

(3) Maintain a spreadsheet of budget expenditures for specialty leader functions to facilitate a transfer of functions to another command when there is a change in specialty leader.

(4) Provide adequate time to conduct specialty leader responsibilities as mission allows, per Defense Health Agency authorized provider administrative discounts in reference (c).

c. Reserve Readiness Commanders, COs, and Officers in Charge. Must provide reasonable drill credit per reference (c).

d. Specialty Leaders must:

(1) Serve as specialty or sub-specialty subject matter expert and provide expert advice to Chief, BUMED and respective Corps Chief or director and staff.

(2) Support NAVMED high reliability focus by providing expert advice and participating, as needed, with the BUMED Clinical Community Advisory Board in coordination with respective Corps Chief's office.

(3) Work in close partnership with the specialty leaders in like specialties in other NAVMED Corps', other military Services, Federal agencies, and civilian enterprises, as necessary. Work in partnership with enlisted technical leader of designated specialty to ensure comprehensive management of community issues.

(4) Make recommendations to the Office of the Corps Chief (BUMED-M00C) in coordination with the Assistant Deputy Chief, Manpower and Personnel (BUMED-M1) for specialty-specific accession and performance standards for the appropriate Corps Chief and professional review boards, as needed.

(5) Give advice and make recommendations to BUMED-M1 via BUMED-M00C for specialty-specific programs, billets, and personnel. This would include recommendations on the design, development, and implementation of enterprise-wide functional staffing solutions, distributions, and benchmarks.

(6) Assign specialty reviewers for case specific medico-legal review, interpretation, evaluation, and advice, as requested by Defense Health Agency. Coordination of this request will be initiated by the Corps Chiefs office for appropriate liaison and communication between BUMED and Defense Health Agency. The specialty leader must recuse themselves from medical cases in which they are involved.

(7) Make recommendations for the revision of existing NAVMED policies and procedures related to their specialty to meet NAVMED and specialty-specific mission requirements.

(8) Disseminate Navy and NAVMED policy and guidance to community members and encourage community members to actively participate in NAVMED future planning.

(9) Serve as an advocate for education and training for their specialty to include acting as point of contact for medical department education programs and conference approval process. Provide endorsement and submit for approval all community specific conference requests as required by reference (d) and current NAVMED conference guidance.

(10) Assist community members in identifying and applying for a variety of continuing education opportunities to the extent that available appropriated funds will permit.

(11) Make recommendations on specialty-specific training opportunities, assist program directors in resolving problems within individual programs, and assist in training accreditation reviews, where applicable.

(12) Notify respective Corps Chief and assistant specialty leader, and make recommendations for acting specialty leader when on authorized leave, temporary additional duty, deployment, or when other non-availability will cause inaccessibility for greater than 2 weeks.

(13) Maintain a database of current inventory and contact information for members within the specialty, as applicable.

(14) Maintain expert knowledge of operational requirements and platform readiness standards for the specialty in order to make recommendations on deployments, temporary additional coverage requests, and assignments of personnel, as needed. Coordinate with BUMED-M1, NAVMED commands and activities or Director, Capabilities Integration (BUMED-M93), as requested, via BUMED-M00C.

(a) Specialty leaders across all Corps' play a vital role in the proper alignment, assignment, and utilization of medical and dental specialties in support of the warfighter. NAVMED relies upon specialty leaders for recommendations regarding the sourcing and deployment of personnel to augment various DoD activities in support of military operations.

(b) Advise detailers to ensure proper placement of qualified personnel within platform billets. Maintain frequent communication with detailer to ensure effective review and ongoing competence of members placed in a platform billet.

(c) Make recommendations on personal augmentation assignments to echelon 3 activities, as requested.

(d) Make recommendations to BUMED regarding qualified candidates for operational leadership positions, as requested.

e. In support of Navy Recruiting Command, specialty leaders must:

(1) Provide critical analysis of recruiting documents associated with the specialty for the purpose of evaluating suitability.

(2) Make recommendations via BUMED-M00C on the specialty qualifications and desirability of candidates forwarded via Commander, Navy Recruiting Command for appointment to active or reserve duty, as needed.

(3) Interview recruiting candidates, when appropriate, as requested, or required.

(4) In conjunction with Navy Recruiting Command, conduct recruiting visits when requested and subsequently approved by the appropriate Corps Chief.


f. Reserve Component specialty leaders will make recommendations, when requested, to fill active duty requirements for active duty for training, additional active duty for training, active duty for special work, and mobilization. Assist in assuring credentialing, naval officer billet classification, sub specialty code, and additional qualification description documentation for specialty members are up to date. Assist in career planning by knowing a member's desires for mobilization, types of training, and retirement. Reserve component specialty leaders will contact respective Reserve affairs officer or active component specialty leader who will facilitate any action needed in the BUMED tasker management system per reference (b).

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 DON 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 DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

9. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M00C will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, 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.


G. D. SHAFFER
Acting

Releasabilty 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/>

SAMPLE SPECIALTY LEADER ORIENTATION CHECKLIST

Title, Phone, and Email	Purpose	Date Completed
Chief or Director of the Corps, Executive Assistant, and Action Officer for Corps Chief Office	No need to contact, this is for situational awareness only.	Not applicable
Deputy Chief or Deputy Director	Schedule courtesy call with Deputy Chief or Deputy Director. Review role and responsibilities of specialty leader.	Last Stop
Career Planner	President, Professional Review Board Career Planning Professional Development Leadership Course Quotas	
Policy and Practice	Clinical and Policy Practice Issues Staff Actions Strategic Planning High Reliability Organizations	
Reserve Affairs Officer	Reserve Matters (Recalls, Navy Officer Billet Classification, and Sub-Specialty Code Assignments)	
Corps Liaison Officer	BUMED Initiatives on Recruiting Conference Travel milSuite Web site (www.milSuite.mil) Newsletter Input	
Enlisted Technical Leader	Enlisted Issues Within the Specialty Joint Duty Task Analysis	

Additional Key Contacts	Purpose	Date Completed
Officer Community Manager Navy Personnel Command Millington, Tennessee (TN)	Community Management Promotions Career Intermission Program	
Recruiting Program Manager Navy Recruiting Command, Millington, TN	Recruiting and Policy Guidance Liaison with Specialty Leader Liaison with Professional Review Board and Entry Grade Credit Coordinators	
Detailers, Navy Personnel Command (PERS-4415) Millington, TN	Officer Assignment and Placement Navy Military Personnel Manual Role of the Specialty Leader and Expectations	
Medical Education, Naval Medical Leader and Professional Development Center, Bethesda, Maryland	Medical Training and Education Full-Time In Service or Full-Time Out Service Navy Active Duty Delay for Specialists and Financial Assistance Program as applicable Director's Training	
Manpower Analyst Manpower and Personnel (BUMED-M1)	Manpower Model Medical Manpower All Corps Requirements Estimator Model	
Education and Training (BUMED-M7)	Navy Medicine Education and Training Policy Review Requirements Oversight Office Programs	
Operational Medicine and Capabilities Development (BUMED-M9)	Personnel Augmentation Assignments Operational Plans and Requirements Platform Sourcing, Assignment, and Readiness	