



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

IN REPLY REFER TO
BUMEDINST 8120.1B
BUMED-N3
28 Mar 2023

BUMED INSTRUCTION 8120.1B

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY NUCLEAR DETERRENCE MISSION PERSONNEL RELIABILITY
PROGRAM RESPONSIBILITIES AND AUTHORITIES

Ref: (a) SECNAVINST 5510.35D
(b) SECNAVINST 8120.2
(c) OPNAVINST 8120.1B
(d) BUMED and DIRSSP MOU of 4 Oct 2019 (NOTAL)
(e) NAVMED P-5055
(f) DIRSSP WASHINGTON DC R091320Z JUN 17
(g) NAVMED P-117
(h) DoD Instruction 5210.42 of 27 April 2016
(i) DoD Manual 5210.42, Nuclear Weapons Personnel Reliability Program, 13 January 2015
(j) CNO N00NW ltr 8120 Ser CNO N00NW/080822011 of 8 Aug 2022 (NOTAL)
(k) 42 U.S.C.
(l) SSPINST 5510.35
(m) DHA-PI 6025.11
(n) DHA-PM 6025.02 Volume 1
(o) DHA-PM 6025.02 Volume 2
(p) 5 U.S.C.
(q) DoD Instruction 5400.11 of 29 January 2019
(r) SECNAVINST 5211.5F
(s) 45 CFR
(t) DoD Instruction 6025.18 of 13 March 2019
(u) DoD Instruction 8580.02 of 12 August 2015
(v) DHA-PI 8140.01

Encl: (1) Personnel Reliability Program Self-Assessment Checklist
(2) Personnel Reliability Program Self-Assessment Report Cover Letter Template
(3) Elements of an Effective Self-Assessment Program

1. Purpose. To establish policies and practices of the Personnel Reliability Program (PRP) and to provide guidance for a formal annual self-assessment program at Navy Medicine (NAVMED) sites supporting the Navy Nuclear Deterrence Mission (NNDM), per references (a) through (v). This instruction includes a self-assessment checklist as enclosure (1), a template for the PRP Self-Assessment Report Cover Letter Template as enclosure (2), and Elements of an Effective

Self-Assessment Program as enclosure (3). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 8120.1A.

3. Scope and Applicability

a. This instruction applies to all medical and dental personnel whose duties include overseeing medical and dental treatment, medical and dental encounter adjudication, medical record screening for PRP suitability, and medical records management at Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) and Navy Medicine Readiness and Training Units (NAVMEDREADTRNUNIT) that support the NNDM.

b. The NNDM PRP Self-Assessment portion of this instruction applies to all NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs that support the NNDM, including but not limited to, NAVMEDREADTRNCMD Jacksonville, Florida; NAVMEDREADTRNUNIT Kings Bay, Georgia; NAVMEDREADTRNCMD Bremerton, Washington; NAVMEDREADTRNUNIT Bangor, Washington; NAVMEDREADTRNUNIT Patuxent River, Maryland; and any additional NAVMED commands and units that may provide support to the NNDM in the future.

4. Background. Chief, Bureau of Medicine and Surgery (BUMED) is the echelon 2 supporting flag officer to the Deputy Under Secretary of the Navy for Policy for Department of the Navy (DON) Nuclear Weapons (NW) PRP policy and to Director, Strategic Systems Programs (DIRSSP) for providing technical guidance and assistance for DON Radiation Health for Nuclear Weapons (RH-NW) matters, per references (a) through (d).

a. Navy nuclear power radiation workers are separate and distinct from RH-NW worker programs; however, reference (e) serves as the guiding instruction to both programs. In addition, specific NW radiologic control policies apply. These can be found in reference (f). Self-assessment of the radiation health program is also covered by reference (f). Reference (f) is available at <https://esportal.med.navy.mil/bumed/rh/m3/m35/Pages/PRPCMA.aspx>.

b. Nuclear power and NWs both require a high degree of reliability in personnel, especially mental alertness and good judgment, to maintain the integrity and accountability of these critical programs. Each program is governed by different policy instructions. Nuclear power reliability is governed by reference (g), Manual of the Medical Department, chapter 15, article 15-103, for nuclear field duty. NW PRP is governed by references (a), (h), and (i). This instruction focuses on NW PRP policy.

c. NWs necessitate special consideration because of their policy implications, military importance, destructive power, and the political consequences of an accident or unauthorized act.

The safety, security, control, and effectiveness of NWs are of paramount importance to the security of the United States. Only those personnel who demonstrate the utmost reliability will be certified to perform specific duties associated with NWs, nuclear command and control systems, material and equipment, and special nuclear material. Those persons will be continuously evaluated for adherence to PRP standards to maintain PRP status. Medical personnel supporting the NNDM must review all pertinent medical and dental encounters that may affect the reliability of a member certified in PRP, per references (a), (h), and (i), as well as any additional command-specific policy.

d. Per reference (b), all NAVMED sites supporting the NNDM will establish formal programs to execute annual self-assessments regarding compliance with applicable guidance and direction associated with execution of assigned duties and missions. All NAVMED sites supporting the NNDM will maintain auditable records of the self-assessment programs for 3 years, per references (b) and (c), and will ensure programs include relevant areas of cybersecurity as it pertains to the NNDM.

5. Responsibilities

a. BUMED PRP Competent Medical Authority (CMA) Community Manager, must:

(1) Review, advise, and provide input for all medical aspects of DON NW policy to include BUMED compliance with reference (d).

(2) Prepare designation letter for the PRP CMA community manager consistent with references (a), (c), and (d), for the signature of Chief, BUMED.

(3) Provide a robust and auditable annual self-assessment program at all NAVMED sites that support the NNDM.

(4) Ensure adequate level of personnel are assigned to support the DON PRP and RH-NW functions, and that the DIRSSP is informed of any issue that may impact adequate staffing, per reference (d).

(5) Ensure the annual regulator report, signed by Chief, BUMED, is submitted to DIRSSP, per reference (j).

(6) Ensure BUMED fulfills the requirements of reference (c) and reference (k), chapter 156, section 17933.

(7) Develop and provide education and training (initial and annual refresher), certification, guidance, and oversight to NNDM CMAs and shore-based PRP medical personnel.

(8) Provide inspection support to DIRSSP during NW technical inspections on facilities for which DIRSSP is the certifying authority and DIRSSP-led PRP inspections of non-custodial commands.

(9) Serve as the program manager for review and evaluation of the NNDM PRP Self-Assessment Report, enclosure (2), received from NAVMED echelon commands or units, identified in subparagraph 3b of this instruction, that support the NNDM. Separate from the NNDM PRP Self-Assessment Report, the RH-NW self-assessment for PRP can be found in references (e) and (f).

(10) Maintain auditable records for 3 years for the PRP Self-Assessment Program of all NAVMED sites that support the NNDM, per reference (b) and (c).

(11) Maintain a current listing of qualified NAVMEDREADTRNCMDs or NAVMEDREADTRNUNITS as well as Fleet CMAs and shore-based PRP medical personnel.

(12) Provide technical guidance and assistance for DON RH-NW matters to DIRSSP, as agreed upon in reference (d).

b. Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific must:

(1) Give priority to support of NNDM through adequate staffing of clinics and ancillary personnel who are in the PRP or RH-NW Program. Ensure compliance with references (a) and (l) in terms of training and certification of supporting staff.

(2) Ensure a robust and auditable self-assessment program is present at all sites that support the NNDM.

(3) Review PRP Self-Assessment Report results annually from subordinate NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITS supporting the NNDM and submit the report with endorsement to the PRP CMA community manager at Fleet Programs (BUMED-N35) by 15 November of each calendar year.

c. Commanders, Commanding Officers, and Officers in Charge of NAVMEDREAD-TRNCMDs and NAVMEDREADTRNUNITS Supporting NNDM must:

(1) Give priority to support of NNDM through adequate staffing of clinics and ancillary personnel who are in the PRP or RH-NW Program. Ensure compliance with references (a) and (l) regarding training and certification of supporting staff.

(2) Ensure CMAs, PRP medical personnel, and medical screeners are designated in writing and that the letter of designation is forwarded to the BUMED CMA community manager. Reference (l) provides training requirements, qualification cards, and examples of pertinent attestations and letters.

(3) Utilize enclosures (1) and (2) to conduct an annual PRP Self-Assessment and report results to regional commanders no later than 1 November of each calendar year. The checklist provided as enclosure (1) is aligned to the Medical Inspector General's PRP checklist criteria, which are used to evaluate commands during inspections.

(4) Ensure adequate time is available for CMAs to conduct administrative duties associated with proper management of the PRP, which include attendance at periodic meetings with the strategic weapons facility and U.S. Marine Corps Security Force Battalion certifying officials. A deduction in full-time equivalence for PRP duties based on the population supported is recommended. The best practice is, at a minimum, one CMA for every 500 personnel, which aligns within the standards set in reference (m). All programs should ensure adequate and redundant CMA coverage and be familiar with the terms of local memorandums of agreement with supported PRP commands.

(5) Attend in-briefs and out-briefs for biannual nuclear weapons technical inspections or any other external audit of supported PRP commands, and ensure CMAs are available as requested by the inspection team.

6. Action

a. All personnel being considered for PRP duties will have a preliminary medical screening at the transferring command, per references (a) and (i). As part of the required screening process, a member's health records will be reviewed by the transferring command's designated PRP medical personnel or a CMA, per reference (a). NAVMED entities supporting detaching commands will use MILPERSMAN 1300-320 and NAVPERS 1300/27 Personnel Reliability Program (PRP) Suitability Preliminary Screening when conducting PRP preliminary medical screenings and are encouraged to contact gaining commands for assistance as needed. NAVMED entities supporting detaching commands without PRP medical personnel or a CMA can utilize physicians, physician assistants, nurse practitioners, Navy independent duty corpsmen (IDC), or a civilian equivalent, who are specifically trained, per reference (l), to perform preliminary screenings and are authorized to perform independent clinical practice according to Navy regulations and the healthcare facility responsible for the provider's competency. Per reference (a), after receiving training, these providers need not be formally designated in writing as a CMA or PRP medical personnel in order to perform the preliminary medical screening function.

b. Potentially disqualifying information (PDI), or any health information which could compromise a member's thinking, clarity of judgment, safety, security, or reliability, including physical limitations, discovered during the preliminary medical screening, must be communicated to the gaining command's CMA, PRP medical personnel, or certifying official in a timely manner to prevent transfer of members deemed unsuitable for PRP by the gaining command.

c. All personnel being considered for PRP duties will have a medical screening evaluation upon reporting to the gaining command, per references (a) and (i). As part of the medical screening process, a member's health records will be reviewed by the gaining command's designated PRP medical personnel or a CMA, per reference (a). Any concerning information will be documented in the member's service treatment record (STR) on an SF600 Chronological Record of Medical Care or electronic health record (EHR) equivalent, then immediately communicated with recommendations to the certifying official to enable timely suitability determinations.

(1) If the health records review is conducted by any medical personnel other than a CMA, and questionable information about an individual's medical suitability for assignment to a PRP position is identified, the records will be referred to a CMA for further evaluation. The CMA is the sole authority in determining what information qualifies as medical factors that may affect an individual's suitability for PRP and will convey these factors with recommendations to the certifying official. The certifying official will determine the individual's suitability to perform PRP duties.

(2) If available medical records are inadequate, the CMA will conduct an examination or evaluation of the member to determine his or her medical qualification under PRP standards. The medical evaluation may include mental health or other specialty consultation as indicated.

d. Per reference (a), along with any command-specific policy, personnel enrolled in PRP will report medical, mental health, and dental treatment or evaluation (including TRICARE and non-network referrals) to the certifying official. Personnel must provide appropriate medical documentation from the medical encounter to the CMA or PRP medical personnel for review. Personnel performing PRP duties must be continuously evaluated through periodic review of medical and dental encounters by the CMA. Continuous evaluation requires:

(1) The CMA or PRP medical personnel who is specifically trained to recognize the impact of conditions, medications, and limitations on PRP duties, must include an assessment and provide a recommendation on the suitability to perform PRP duties for the reviewed encounter. CMA or PRP medical personnel should sign and date the encounter and document their credentials as a CMA or PRP medical personnel. Information of concern must be communicated to the certifying official as defined in reference (a), in a timely manner (promptly or immediately as the situation warrants) to ensure weapons are always safe, secure, and reliable. An auditable record of all notifications made to certifying officials must be maintained. Effective communication of PDI includes documenting in the medical record that the certifying official was notified, with the date and time included, sending an encrypted e-mail to the certifying official, and preserving the e-mail in a location where it will be retrievable for audit or hard copy notification, which can be audited in the STR.

(2) Documentation of care by non-CMA or non-PRP medical personnel requires notification to the PRP member's certifying official, CMA, or PRP medical personnel to assess

any impact on reliability. The treating provider will notify the CMA or PRP medical personnel by either forwarding the medical encounter for adjudication through a PRP message pool in the EHR via the Military Health System (MHS) GENESIS, by telephone, SF600, or via encrypted e-mail. Notification sent directly to the certifying official must be via encrypted e-mail. Documentation of the notification must be retained for audit.

(3) Regarding medical records for all PRP members:

(a) A special duty 'flag' must be identified in the status bar ribbon of the EHR (MHS GENESIS).

(b) The International Classification of Diseases 10 Code "DOD0224" (Occupational Health Exam – PRP) must be recorded as a chronic problem in the EHR.

(c) All medical encounters documented in the EHR must include this code in the 'assessment and plan' section of the note.

(d) The special duty status section of the PRP member's hard copy medical record must include a 'pink sheet' (OPNAV 5510/415 Record Identifier for PRP Program [or successor]).

(4) Per enclosure (4) of reference (n), all NAVMED sites will print each patient encounter form following each episode of care for Service members enrolled in PRP so that all administrative notifications regarding the patient's operational capability and reliability may be recorded by hand on the same document. Additionally, NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT personnel will file any forms printed from the EHR into the Service member's paper outpatient medical or dental record as needed.

(5) Per enclosure (4) of reference (o), transferring members, either currently enrolled in PRP or reporting to a PRP billet, are authorized to hand-carry their STRs from the detaching activity to the reporting activity. All NAVMED sites will comply with this guidance as well.

e. All NAVMED sites supporting NNDM will have a robust and auditable PRP self-assessment program, per references (b) and (c) and will report results of the self-assessment to regional commanders annually, no later than 1 November of the calendar year.

(1) Regional commanders will review the report(s), then endorse and submit the report(s) to the PRP CMA community manager no later than 15 November of each calendar year.

(2) Utilize the checklist in enclosure (1). Each line item is an area of assessment based on the echelon. This checklist aligns with the same criteria in the Medical Inspector General's PRP checklist which is used to evaluate commands during their inspections.

(3) Utilize the reporting format for the annual self-assessment of the NNDM PRP in enclosure (2). This report will be forwarded to the region for endorsement. Submit completed checklist (see enclosure (1)) as an enclosure to the regional commander.

(4) Should a deficiency be identified during the self-assessment, document the finding on the NAVMED 8120/1 NNDM Issue Resolution. Provide as much information as possible and include the completed form as an enclosure on the annual self-assessment report.

(5) Enclosure (3) provides attributes of a healthy appraisal and can be referred to for further guidance on how to properly conduct a self-assessment, supplementing enclosure (1).

7. Health Information Privacy and Security. STRs (medical and dental) and EHRs accessed, reviewed, or shared pursuant to this instruction are subject to privacy and security statutes, regulations, and NAVMED policy. All personnel must adhere to the privacy and security requirements listed in subparagraphs 7a through 7f of this instruction:

a. Personally identifiable information (PII) pursuant to the Privacy Act of 1974, as amended, reference (p), chapter 5, section 552a, and as implemented by references (q) and (r), and BUMED policy.

b. Protected health information (PHI) pursuant to the Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rule in reference (s) Part 160 (general requirements) and Part 164 (privacy and security requirements), as implemented by reference (t) and BUMED policy.

c. PII and PHI safeguards as implemented by references (u) and (v).

d. PHI Breach Reporting. Any unauthorized, wrongful disclosure of PHI must be promptly reported within 1 hour of discovery as required by Department of Defense and Navy Chief Information Officer policy pursuant to reference (m) and reference (s), Part 164. It is BUMED's policy to report breaches of disclosure to the BUMED Privacy office for proper handling and guidance at: Telephone (904) 542-3559, DSN (312) 942-3559, or usn.ncr.bumedfchva.list.bumed-pii-rpt@health.mil.

e. Disclosure of PII and PHI to non-healthcare personnel must be documented on OPNAV 5211/9 Disclosure Accounting Form.

f. Disclosure Under PRP. All personnel enrolled in the PRP must complete OPNAV 5510/419 (or successor) NWPRP Authorization for Disclosure of Medical and Dental Information. Completion of OPNAV 5510/419 (or successor) and consent to release PHI will be documented in the EHR.

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, Operations (BUMED-N3) 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.

10. Forms and Information Management Control

a. Forms

(1) NAVMED 8120/1 Navy Nuclear Deterrence Mission (NNDM) Issue Resolution is available at: <https://www.med.navy.mil/Directives/NAVMED-Forms/>.

(2) NAVPERS 1300/27 Personnel Reliability Program (PRP) Suitability Preliminary Screening is available at: https://www.mynavyhr.navy.mil/Portals/55/Reference/Forms/NAVPERS/NAVPERS_1300-27_Rev.02-18.pdf?ver=smeUjEzc-NysHI2jYxYKzQ%3d%3d.

(3) OPNAV 5510/419 Nuclear Weapons Personnel Reliability Program Authorization is available at: <https://forms.documentservices.dla.mil/order/view.cfm?reqNsn=NONSN00005632>.

(4) OPNAV 5211/9 Disclosure Accounting Form is available at: <https://forms.documentservices.dla.mil/order/view.cfm?reqNsn=NONSN00003056>.

(5) SF600 Chronological Record of Medical Care is available at: <https://www.gsa.gov/forms-library/chronological-record-medical-care>.

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b. Information Management Control. Reports required in paragraphs 1, 5, 6, and 7 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.



D. K. VIA
Acting

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/>

PERSONNEL RELIABILITY PROGRAM SELF-ASSESSMENT CHECKLIST

<p>References: A. SECNAVINST 8120.2 B. SECNAVINST 5510.35D C. OPNAVINST 8120.1B D. CNO N00NW ltr 8120 Ser CNO N00NW/080822011 of 08 Aug 2022</p> <p>BUMED PRP CMA community manager Web site: https://esportal.med.navy.mil/bumed/rh/m3/m35/Pages/PRPCMA.aspx</p> <p>DISCLAIMER: This list of references is not all-inclusive and the most recent updates may not be reflected. Commands are responsible for ensuring the use of all current instructions and guidance.</p>					<p>Command or Detachment:</p> <p>Date:</p> <p>Command Point of Contact (POC):</p>			
Reference	Standard	Yes	No	Echelon Applicability				Comments and Notes
				2	3	4	5	
SECNAVINST 8120.2	All DON organizations with NNDM related responsibilities and authorities will establish formal programs to execute self-assessments regarding compliance with applicable guidance and direction associated with execution of assigned duties and missions.	<input type="checkbox"/>	<input type="checkbox"/>	X				Organizations will maintain auditable records of the self-assessment programs for 3 years and will ensure programs include relevant areas of cybersecurity as it pertains to the NNDM.
SECNAVINST 5510.35D enclosure (5)	Chief, BUMED will be responsible for providing sufficient medical personnel resources to support the DON PRP.	<input type="checkbox"/>	<input type="checkbox"/>	X				Assess for medical personnel and resource shortfalls impacting the enterprise or local PRP.

Reference	Standard	Yes	No	Echelon Applicability				Comments and Notes
				2	3	4	5	
SECNAVINST 5510.35D enclosure (5)	Designate in writing a CMA Community Manager at BUMED.	<input type="checkbox"/>	<input type="checkbox"/>	X				Review designation letter.
SECNAVINST 5510.35D enclosure (5)	The CMA community manager at BUMED will oversee and maintain a current listing of CMAs and shore-based PRP medical personnel.	<input type="checkbox"/>	<input type="checkbox"/>	X				Review CMA and PRP medical personnel listing and accuracy of listing compared to designation letters and qualification certificates. Confirm each is current in their qualifications.
SECNAVINST 5510.35D enclosure (5)	The CMA community manager at BUMED will ensure there is close cooperation and coordination between the PRP command or activity, the NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT activity heads, and BUMED to assure continuing application of PRP standards, and assess that operational forces have sufficient trained and designated CMAs and PRP medical personnel to fulfill their mission.	<input type="checkbox"/>	<input type="checkbox"/>	X		X	X	Discuss process regarding travel and site visits for CMA community manager. Review records of annual PRP training of CMAs and PRP medical personnel provided by the local PRP certifying official whom they support or other documentation of engagement.
SECNAVINST 5510.35D enclosure (5)	The CMA Community Manager at BUMED will develop and, as necessary, modify standardized training material to be used for initial and annual refresher training of CMAs and PRP medical personnel.	<input type="checkbox"/>	<input type="checkbox"/>	X		X	X	Echelon 2: Review training documents and records on PRP Web site. Review instruction revision dates to confirm currency. Echelons 4 and 5: Confirm that CMAs and PRP Personnel have access to Web site.

Reference	Standard	Yes	No	Echelon Applicability				Comments and Notes
				2	3	4	5	
SECNAVINST 5510.35D enclosure (5)	NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT activity heads will confirm that all CMAs and PRP medical personnel under their command have successfully completed the most current BUMED initial and annual refresher training and have received local PRP training from the supported PRP command program managers.	<input type="checkbox"/>	<input type="checkbox"/>			X	X	Review: 1. Current BUMED certificates 2. Current designation letter on file 3. IDCs should have documentation of PRP training from IDC school 4. Review training and attendance from supported certifying official(s)
SECNAVINST 5510.35D enclosure (5)	NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT activity heads will designate CMAs in writing to be responsible for reviewing or providing healthcare services or medical evaluations for PRP. PRP medical personnel will also be designated in writing to review health records by the senior medical officer, commanding officer, or activity head under whom they serve. Designation letters will state that CMAs and PRP medical personnel have received initial training as required by this instruction.	<input type="checkbox"/>	<input type="checkbox"/>			X	X	Confirm designation letters have been issued properly. Note: Designation letters must state CMA and PRP medical personnel received initial training as required by instruction.

Reference	Standard	Yes	No	Echelon Applicability				Comments and Notes
				2	3	4	5	
SECNAVINST 5510.35D enclosure (5)	NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT activity heads will forward copies of designation letters to the BUMED CMA community manager.	<input type="checkbox"/>	<input type="checkbox"/>	X		X	X	Review letters. Confirm transmittal to BUMED.
SECNAVINST 5510.35D enclosure (5)	Certifying officials, on behalf of commanding officers, reviewing officials, and activity heads, will coordinate with NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT activity heads to ensure CMAs and PRP medical personnel supporting their command or activity are briefed in regards to their specific PRP responsibilities. Command or activity briefings of CMAs and PRP medical personnel will include an initial and thereafter annual orientation in NWs operations, emphasizing safety and security aspects and the responsibility of advising the commanding officer, activity head, or certifying official of medical conditions that adversely affect the certification of PRP personnel.	<input type="checkbox"/>	<input type="checkbox"/>			X	X	Confirm that certifying officials conduct training for CMAs. Interview certifying officials and, if possible, reviewing officials to determine quality of local medical support to the PRP.

Reference	Standard	Yes	No	Echelon Applicability				Comments and Notes
				2	3	4	5	
SECNAVINST 5510.35D enclosure (6) BUMEDINST 8120.1B, subparagraph 6d(4)	NAVMEDREADTRNCMDs or NAVMEDREADTRNUNITs ensure OPNAV 5510/415, Record Identifier for PRP, will be maintained in local hard copy service records, health records, security folders, and other personal folders as a PRP identifier. Military electronic service records and EHRs will contain a method of identifying individuals who are in the PRP and should include the International Classification of Diseases 10 Code “DOD0224” (Occupational Health Exam – PRP) as a ‘chronic medical problem.’ This code should also be used for all encounters for PRP members in MHS GENESIS.	<input type="checkbox"/>	<input type="checkbox"/>			X	X	Spot check records and the EHR.
SECNAVINST 5510.35D enclosure (7)	CMAs will review medical, mental health, and dental histories and records and, as necessary, perform further evaluations or medical examinations. PRP medical personnel will review health records and encounters for medical histories, conditions, and treatments which could adversely impact a PRP member’s suitability for entry into or continuation in the PRP.	<input type="checkbox"/>	<input type="checkbox"/>			X	X	Confirm process of PDI discovered by PRP medical personnel is referred to a CMA by the IDC for further evaluation or medical examination. Medical recommendations made by the CMA or PRP medical personnel is communicated to the certifying official in a timely manner and documented.

Reference	Standard	Yes	No	Echelon Applicability				Comments and Notes
OPNAVINST 8120.1B, subparagraph 6k	<p>Chief, BUMED is the echelon 2 supporting flag officer to the Deputy Under Secretary of the Navy for Policy for DON NW PRP policy and to DIRSSP for providing technical guidance and assistance for DON RH-NW matters.</p> <p>BUMED must provide oversight, training and qualification of DON PRP CMAs and PRP medical personnel in shore-based facilities.</p> <p>BUMED must assist NAVMEDREADTRNCMDs or NAVMEDREADTRNUNITs in providing medical support and training of CMAs for U.S. Marine Corps Security Force Battalions and Strategic Weapons Facilities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	X				Provide evidence of how Chief, BUMED supports Deputy Under Secretary of the Navy for Policy and DIRSSP per instruction.
DIRSSP NNDM Reporting Guidance subparagraph 3a, enclosure (2)	Chief, BUMED will assure regular reports are submitted annually and provide a comprehensive assessment of BUMED support to the NNDM.	<input type="checkbox"/>	<input type="checkbox"/>	X				Assure reports to the Regulator are timely and comprehensive to include manning, BUMED level projects, and resolution forms if indicated.

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PERSONNEL RELIABILITY PROGRAM
SELF-ASSESSMENT REPORT COVER LETTER TEMPLATE
(command letterhead)

8120
Ser 00/ xxx
[Date]

From: Title of Activity Head, Activity Name
To: Chief, Bureau of Medicine and Surgery

Subj: PERSONNEL RELIABILITY PROGRAM SELF-ASSESSMENT REPORT
CALENDAR YEAR 20XX

Ref: (a) BUMEDINST 8120.1B
(b) SECNAVINST 8120.2
(c) OPNAVINST 8120.1B
(d) CNO N00NW ltr 8120 Ser CNO N00NW/080822011 of 8 Aug 2022

Encl: (1) Personnel Reliability Program Self-Assessment Checklist
(2) NAVMED 8120/1 Navy Nuclear Deterrence Mission Issue Resolution Form

1. Per references (a) through (d), the annual Personnel Reliability Program Self-Assessment for calendar year 20XX is submitted as enclosure (1) in support of the Personnel Reliability Program. It represents this command's compliance, readiness, and ability to execute duties and responsibilities associated with the Navy Nuclear Deterrence Mission (NNDM). Issues undergoing resolution are contained in enclosure (2).

2. Current Status: The command's ability to execute the NNDM is assessed as (MET, PARTIALLY MET, AT RISK or NOT MET). (Mention unresolved issues identified in enclosures (1) and (2)).

3. Previous Performance: Improvements are noted since the first self-assessment, including (name actions taken since the recent self-assessment). Notable practices identified in the previous report have been continued, including (provide information related to best practices).

4. Projected performance: I (do or do not) anticipate meeting all future NNDM support requirements (cite hindrance to completing these actions).

Enclosure (2)

BUMEDINST 8120.1B
28 Mar 2023

Subj: PERSONNEL RELIABILITY PROGRAM SELF-ASSESSMENT REPORT CALENDAR
YEAR 20XX

5. My point of contact is lead competent medical authority XXXX, MC, USN, who can be reached at (XXX) XXX-XXXX or e-mail address.

[Signature Block]

Copy to:
NAVMEDFORLANT
NAVMEDFORPAC
BUMED CMA Community Manager

ELEMENTS OF AN EFFECTIVE SELF-ASSESSMENT PROGRAM

1. The self-assessment process should be designed to evaluate the organization's ability to comply with applicable guidance and direction, to identify issues and to implement effective corrective actions. The attributes of a healthy assessment program are outlined in subparagraphs 1a through 1i of this enclosure:

a. Clear identification and understanding throughout the organization of the core functions central to mission success and identification of key indicators of core function performance.

b. Guidance on acceptable methods to assess key indicators (program reviews, funding status, schedules, infrastructure condition, monitored evolutions, examination, etc.) and clearly defined metrics to measure performance.

c. Commitment to recurring reviews at varying levels commensurate with responsibilities. For example, a division officer or shop foreman may review their activities daily or weekly, a department head or general supervisor weekly or monthly, and higher-level supervisors as needed to validate program effectiveness and accountability of corrective actions.

d. Ability of an organization to identify and adjudicate via critique or other formal process, day-to-day issues that arise outside of the formal assessment programs or external reviews, and then absorb these issues into the formal programs for accountability of corrective actions.

e. Healthy flow of leading, manageable indicators of deficient performance, and good ideas that, when acted on, improve performance and prevent more serious deficiencies.

f. Grouping of related minor deficiencies to develop a theme, followed by an evaluation of the associated root cause for the group. Correction of the root cause or implementation of preventive actions should also result in correction or avoidance of the more numerous minor deficiencies (i.e., the assessment must avoid simply attempting to remediate each symptom).

g. Bounding a significant deficiency or group of minor deficiencies. Bounding deficiencies is frequently addressed during the critique process; it demonstrates that an organization aggressively determined the extent of a particular issue. For example, if a procedural compliance issue is discovered during an evolution, the organization should determine whether it is an isolated case or pervasive problem throughout the unit.

h. Assignment of responsibility and accountability for correcting deficiencies, objective quality evidence that the corrective and preventive actions have been completed, and the verification at a later time that the preventive or corrective actions have been effective and enduring.

i. Integration of deficiencies identified across multiple assessments to ascertain if any adverse trends exist or if there is recurrence in particular types of deficiencies which could indicate that preventive or corrective actions have not been sufficient or effective. Insufficient communication across the organization may be indicated if such trends or recurrence exist.