

Change 173
Manual of the Medical Department
U.S. Navy
NAVMED P-117

28 Jan 2026

To: Holders of the Manual of the Medical Department

1. **This Change.** Updates Chapter 7, Medical Service Corps.
2. **Summary of Changes.** This change represents the first update of Chapter 7 of the Manual of the Medical Department in 8 years. Several articles have been revised to clarify language or retain consistency with other governing instructions; but the overall intent remained unchanged. This is a complete revision and should be read in its entirety. The listed significant changes have been implemented:
 - a. Section I, article 7-2 added additional information about Medical Service Corps officers.
 - b. Section II, article 7-3 changed title to Chief per 10 U.S.C. section 8090.
 - c. Section II, article 7-4 updated Bureau of Medicine and Surgery (BUMED) N-Codes and official titles.
 - d. Section IV, article 7-9 updated general duty assignments to align with current BUMED activity names.
 - e. Section IV, article 7-10 updated to reflect the Navy Medicine Readiness and Training Command structure.
 - f. Section IV, article 7-9 updated Navy to Department of the Navy to incorporate U.S. Marine Corps activities.
 - g. Section IV, article 7-10 revised title to “Executive Medicine” and updated corresponding section.
 - h. Section IV, article 7-10 updated role of current commanding officer responsibilities and, where required, dual-hatted nature of serving as director, Defense Health Agency (DHA) activity.
 - i. Section IV, article 7-10 updated role of current executive officer responsibilities and, where required, dual-hatted nature of serving as deputy director, DHA activity.

3. **Action**

- a. Remove Chapter 7 and replace with the revised Chapter 7.
- b. Record Change 173 in the Record of Page Changes.

A handwritten signature in black ink, appearing to read "R. Freedman", with a long horizontal stroke extending to the right.

R. FREEDMAN
Chief, Bureau of Medicine and Surgery
Acting

Chapter 7

Medical Service Corps

Responsible Office	BUMED - Office of the Corps Chiefs (N01C); Medical Service Corps (BUMED-N01C4)	Phone:	COM DSN	(703) 681-8896 761-8896
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See list of references used in this chapter in article 7-13, page 7-11.

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Chapter 7

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Section I

Establishment

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7-1

Establishing Legislation

(1) In July 1941, legislation authorized temporary appointment of commissioned officers in the Hospital Corps and appointment of health scientists in the Naval Reserve. During World War II, hundreds of industrial hygienists, optometrists, entomologists, microbiologists, physiologists, chemists, psychologists, podiatrists, and pharmacists served as hospital-volunteer specialists (H-V[S]). The Hospital Corps Officers School was established in 1942 at the National Naval Medical Center, Bethesda, Maryland, to provide instruction in hospital supply and administration.

(2) The Navy Medical Service Corps was established as a staff corps of the United States Navy on 4 August 1947 by the Army-Navy Medical Service Corps Act of 1947 (section 30 a-j of Title 34, U.S. Code 34 U.S.C. section 30 a-j). This staff corps was created as a component of the Medical Department of the Navy to complement the functions of the Medical and Dental Corps (as revised and reenacted by section 6027 of Title 10, U.S. Code and updated by section 8090 of Title 10, U.S. Code).

(3) The legislation provides for the Corps to consist of such specialties as the Secretary of the Navy considers necessary. The Corps currently consist of officers in health care administration, health care clinical services, and health care sciences. All Navy Medical Service Corps specialties are enumerated in the Navy Officer Manpower and Personnel Classifications Manual (NAVPERS 15839I).

7-2

Mission

(1) The Medical Service Corps delivers world-class operational medical services and support to U.S. Navy and U.S. Marine Corps commands, squadrons, battalions, and units through 31 specialized uniformed disciplines positioned across three distinct professional communities composed of health care administrators, health care scientists, and health care clinicians.

(2) Medical Service Corps officers deploy in support of national defense, joint combat operations, disaster relief, power projection, and humanitarian assistance missions providing the best warfighter health care our nation can deliver both ashore and afloat.

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Section II

Organization

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7-3

Chief of the Navy Medical Service Corps

(1) The Chief, Navy Medical Service Corps is appointed by the Secretary of the Navy upon the recommendation of the Navy Surgeon General.

(2) The Chief, Navy Medical Service Corps is responsible to the Surgeon General of the Navy, who also performs the duties of Chief, BUMED, for the administration, direction, and coordination of the Medical Service Corps.

7-4

Office of the Medical Service Corps of BUMED

(1) The Chief, Medical Service Corps is also the Chief of the Office of the Medical Service Corps. The Chief is responsible for the performance of all functions of the office. The office plans, advises, and makes recommendations regarding changes in administrative policy; develops, coordinates, evaluates, and advises on matters pertaining to personnel policy, military requirements, and professional qualifications of Medical Service Corps officers; makes recommendations to Navy Personnel Command (NAVPERSCOM) regarding procurement, distribution, separation, training, career development, and accounting of Medical Service Corps personnel; and implements policies of the Surgeon General of the Navy\Chief, BUMED, as they relate to service, education, and research.

(2) The Office of the Medical Service Corps includes the Chief, Deputy Chief, Career Planner, Policy and Practice Officer, Reserve Affairs Officer, and Liaison Officer.

(a) The Deputy Chief, Medical Service Corps is responsible for the performance of all functions of the office. The office plans, advises, and makes recommendations regarding changes in administrative policy; develops, coordinates, evaluates, and advises on matters pertaining to personnel policy, military requirements, and professional qualifications of Medical

Service Corps officers; makes recommendations to NAVPERSCOM regarding procurement, distribution, separation, training, career development, and accounting of Medical Service Corps personnel; and implements policies for the Surgeon General of the Navy\Chief, BUMED as they relate to service, education, and research.

(b) The Career Planner maintains an effective liaison role with the Navy Recruiting Command (NAVCRUITCOM), administers selected accessions programs, serves as primary president of the professional review boards, works with Medical Service Corps specialty leaders to develop career progression and career counseling, and liaises with Naval Medical Leader and Professional Development Command (NAVMEDLEADPRODEVCMMDMLPDC) and Director, Education and Training (BUMED-N7) for development of educational programs and other programs and projects as directed.

(c) The Policy and Practice Officer administers development of system-wide policies for the Medical Service Corps involving manpower and reserve issues, works to coordinate and monitor appropriate legislative initiatives related to Medical Service Corps issues, and evaluates Navy Medical Service Corps programs to ensure consistency with Navy Medicine policy and compliance with professional standards of practice and provider credentialing as well as recruiting and retention efforts.

(d) The Reserve Affairs Officer advises the Corps Chief and Deputy Chief, Corps Reserve Affairs on all matters pertaining to Medical Service Corps officers in the reserve component and monitors active and reserve issues, anticipating impact on Reserve Corps personnel.

(e) The Liaison Officer is responsible for administrative support to the Chief and Deputy Chief, Medical Service Corps; manages communication initiatives within the Medical Service Corps and collaborates with Medical Service Corps specialty leaders, Navy detailers, Navy Medicine command leadership and regional commanders to disseminate Medical Service Corps related direction and guidance.

(3) Other Medical Service Corps officers may supplement the office with their subject matter expertise related to their roles and responsibilities within their cognizant BUMED N-Codes, such as:

(a) Chief, BUMED's specialty leaders of Active and Reserve Components (see BUMEDINST 5420.12G) provide expert advice to the Surgeon General of the Navy\Chief, BUMED and Chief, Medical Service Corps regarding their specialty and maintain pertinent specialty information to assist with recruiting and accession activities.

(b) Chief, BUMED's Medical Service Corps personnel plans analyst, Medical Service Corps manpower analyst, and others, as applicable.

7-5**Other Medical Service Corps Positions**

(1) Medical Service Corps officers who serve as liaison to Chief, Medical Service Corps may be assigned, but not limited, to the listed positions:

(a) Medical Service Corps officers assigned to NAVPERCOM are responsible to the Chief, NAVPERSCOM. They act as liaison officers to the Office of the Medical Service Corps, BUMED for coordinating personnel actions related to assignment, distribution, retirement, recall, and release from active duty.

(b) Medical Service Corps officers assigned to the NAVCRUITCOM are responsible to the Commander, NAVCRUITCOM. They act as liaison officers to the Office of the Medical Service Corps, BUMED for coordinating personnel actions related to recruitment.

(c) Director, Navy Medical Service Corps Programs, NAVMEDLEADPRODEVCMDCMD, responsible to the Commanding Officer, NAVMEDLEADPRODEVCMDCMD. The officer coordinates, administers, and evaluates education and training programs for Medical Service Corps officers.

Section III

Medical Service Corps Officers

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Grades and Strength

(1) The Secretary of the Navy prescribes the authorized strength and grade levels of active duty Medical Service Corps officers based upon the overall needs of the Navy pursuant to section 523 of Title 10, U.S. Code.

(2) The Navy Medical Service Corps consists of officers in the grade of ensign through rear admiral.

7-7

Appointments

(1) Initial appointments in the Medical Service Corps or the Medical Service Corps Reserve, are made in the grades of ensign, lieutenant junior grade, and lieutenant depending upon the professional and personal qualifications of the applicant as outlined in OPNAVINST 1120.8A. Pursuant to sections 531, 533, and 12207 of Title 10, U.S. Code, and DoD Instruction 6000.13 of 30 December 2015 Service credit may be granted upon original appointment as a commissioned officer.

(2) Appointments in the Medical Service Corps of the U.S. Navy and the Navy Reserve are made as vacancies occur or as otherwise determined by the Chief of Naval Personnel in accordance with section 523 of Title 10, U.S. Code. Candidates must submit their application to the Commander, NAVCRUITCOM, via the nearest recruiting district office.

7-8

Promotions

(1) Officers of the Medical Service Corps become eligible for consideration by a selection board for promotion to the next higher grade when they complete the prescribed period of active duty in their current grade per section 619 of Title 10, U.S. Code. Also see DoD Instruction 6000.13 of 15 December 2015.

(2) Medical Service Corps ensigns and lieutenants junior grade are promoted accordingly upon the promulgation of the promotion authority by the Secretary of the Navy and upon the commanding officer's recommendation that the officer is mentally, physically, morally, and professionally qualified.

(3) Promotions to lieutenant commander and above are made upon the recommendations of a selection board convened for each grade. Each Medical Service Corps officer is selected for promotion in competition with Medical Service Corps officers of the same grade based on performance stated in officer fitness reports.

Section IV

Duties of the Medical Service Corps Officers

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General Duty Assignments

(1) Medical Service Corps officers may be assigned to the following Navy activities: Navy Medicine Readiness Training Commands (NAVREDTRNCMD) or Navy Medicine Readiness Training Units (NAVREDTRNUNIT) affiliated with medical treatment facilities (MTF) in the continental United States and outside the continental United States; duty afloat on a large combatant or auxiliary ship of the Fleet, duty with the U.S. Marine Corps Fleet Marine Force, or other duties as assigned. Tour length follows NAVPERSCOM policy and will be in conformity with the overall needs of the Naval Service.

(2) Medical Service Corps officers render support to the Navy Medical Department by performing primary duties in administration, clinical, and scientific specialties related to health care, safety, health engagement, and human performance optimization of Navy Department personnel. In addition to the primary duties prescribed for the billet to which a Medical Service Corps officer is detailed, additional duties which contribute to the proper functioning of the command, and for which the officer is qualified, may also be assigned.

7-10

Executive Medicine

(1) Per BUMEDINST 1412.1D, the Medical Service Corps officer, serves as commanding officer when assigned as such by NAVPERSCOM. General duties include serving as commanding officer of the NAVREDTRNCMD; and where required at the direction of the DHA Director, serve dual-hatted as director of the associated DHA MTF. The commanding officer accomplishes an economic, effective, and efficient performance of mission, functions, and tasks of the assigned NAVREDTRNCMD and any supporting

NAV MEDREADTRNUNIT, and does so per U.S. Navy Regulations, the Manual of the Medical Department (MANMED), and other directives issued by competent authority. The commanding officer is responsible for the safe and effective care and services provided to patients and for the safety and well-being of the entire command. Subject to the orders of higher authority, the commanding officer is vested with military jurisdiction for those under their purview.

(2) Per BUMEDINST 1412.1D, the Medical Service Corps officer serves as executive officer when assigned as such by NAVPERSCOM. General duties include serving as executive officer of the NAVMEDREADTRNCMD and where required at the direction of the Director of the DHA, serve dual-hatted as deputy director, associated DHA MTF. General duties include serving as executive officer and assuming command in the absence of the commanding officer. In the performance of these duties, the executive officer must conform to and effectuate the policies and orders of the commanding officer and must keep the commanding officer informed of all significant matters pertaining to the command. The executive officer will be primarily responsible, subject to the directives of the commanding officer, for the organization, performance of duty, operational readiness, provision of services, training plans, and good order and discipline of the entire command.

7-11

Career Milestone Opportunities

(1) The Surgeon General of the Navy has designated certain Navy Medicine billets as career milestone billets. Career milestone billets will be assigned by NAVPERSCOM and include all officer in charge, Director for Administration, and Expeditionary Medical Director opportunities that require specialized health care leadership expertise, experience, and a documented career progression that prepares an officer for the duties and responsibilities associated with these positions

(2) Other leadership positions may include non-milestone leadership roles and opportunities that the commanding officer appoints at the local level.

7-12

Off-Duty Employment

(1) Officers of the Medical Service Corps must comply with MANMED Chapter 1, article 1-22 with regard to off-duty remunerative employment.

Section V

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References

REFERENCES USED IN THIS CHAPTER

All BUMED Instructions listed are available at <http://www.med.navy.mil/Directives/>

BUMEDINST 1412.1D,: Command Qualification Program for Active Component Command Medical Department officers

BUMEDINST 5420.12H, Roles and Responsibilities Related to Medical Department Specialty Leaders

BUMEDINST 5721.3E, Approval Process for Public Release of Information

BUMEDINST 6010.30, Credentialing and Privileging Program

DoD Instruction 6000.13, Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers, 15 December 2015 – available at <https://www.esd.whs.mil/directives/issuances/dodi/>

NAVMED P-117, MANMED, Chapter 1, Article 1-22, Off-Duty Remunerative Professional Employment – available at <http://www.med.navy.mil/directives/Pages/NAVMEDP-MANMED.aspx>

Program Authorizations 115, 115B, 130, and 132: Medical Service (MSC) - available at <https://www.mynavyhr.navy.mil/Career-Management/Community-Management/Officer/Program-Authorizations/>

All United States Codes are available at

<https://uscode.house.gov/browse/prelim@title10/subtitleC/part1/chapter809&edition=prelim>

10 USC §6027 Medical Department: Composition

10 USC §523 Authorized strengths

10 USC §8090 Staff Corps of the Navy