



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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Canc: May 2025

BUMEDNOTE 6400
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29 May 2024

BUMED NOTICE 6400

From: Chief, Bureau of Medicine and Surgery

Subj: INDEPENDENT DUTY CORPSMAN REPORTING SYSTEM IMPLEMENTATION

Ref: (a) OPNAVINST 6400.1D

1. Purpose. To provide policy and governance for implementation and utilization of the Independent Duty Corpsman (IDC) Reporting System across the Department of the Navy (DON). This is an update from the legacy IDC Reporting System SharePoint platform to a modernized Web-based application with the capability to aggregate IDC certification data and readiness reports across the DON.
2. Scope and Applicability. This message applies to all IDCs, commands with IDCs assigned, IDC program directors, IDC program managers, and IDC physician supervisors serving in the DON, to include the United States Navy and Marine Corps. The IDC Reporting System provides standardized tracking and reporting functions while minimizing the administrative burden associated with quarterly and annual reports.
3. Action. IDC program directors, managers, and physician supervisors, as defined in reference (a), will attain access to the IDC Reporting System, ensure all IDCs under their supervision program are enrolled in IDC Reporting System, and utilize the IDC Reporting System for record-keeping and quarterly and annual reporting to higher echelon, effective the release date of this message.
 - a. Budget submitting office (BSO) activities with IDCs must ensure that all IDCs obtain access to the IDC Reporting System and are enrolled in an IDC supervision program, per reference (a). Under no circumstance will an IDC provide healthcare without being enrolled in an IDC supervision program. If an IDC cannot be enrolled in a supervision program, the IDC's parent command must contact the IDC Program Manager (BUMED-N10F4) for further coordination.
 - b. IDC Reporting System access will be granted consistent with the echelon of their respective program and subordinate commands. Program directors will be able to grant access to personnel within their echelon and subordinate commands.

c. Every IDC will, at minimum, attain an IDC Reporting System account utilizing the IDC role. This will allow IDCs to upload their own documents and continuing education units to be approved by their respective program manager.

d. Visitor role is reserved for personnel requiring view only access to ensure readiness across their organization via the dashboard module. Visitor role examples include commanding officers, executive officers, command master chiefs, command senior enlisted leaders, command inspector generals, or any others with a need-to-know requirement.

e. Program directors and managers supervising IDCs from outside of their BSO must ensure quarterly and annual reports are not only provided to their higher echelon, but also to the IDC's administrative commander to ensure discrepancies in certifications or patient care are clearly communicated to the IDC's organic chain of command.

4. Administration and Logistics

a. Six-part folders should be retained on file but no longer used for IDC certification tracking, per reference (a). All relevant items from six-part folders concerning current certification and any historical adverse remarks should be scanned into the respective IDC's IDC Reporting System profile. Further guidance will be issued by the BSO owner regarding local record-keeping requirements, and official sundown and destruction of six-part folders, when the IDC Reporting System implementation is fully validated and functional within all IDC programs across the DON.

b. End users must be familiar with functions of the system as described in the IDC Reporting System User Guide. The IDC Reporting System User Guide can be accessed via a common access card enabled site at <https://dha.insights.health.mil/idc-reporting-system/>. The home page of IDC Reporting System contains a user guide for reference.

5. Command and Signal. Questions concerning the IDC Reporting System can be e-mailed to the BUMED IDC program manager at usn.ncr.bumedfchva.mbx.bumed-idc-program-manager@health.mil. IDC Reporting System feedback recommendations should be primarily submitted via the feedback button within the IDC Reporting System or via email at usn.ncr.bumedfchva.mbx.idcrs@health.mil.

6. Records Management

a. Records created as a result of this notice, 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 notice 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.

7. Information Collection Management. Reports required in paragraphs 3 and 4 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

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/>