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BUMEDNOTE 1320
BUMED-N1
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BUMED NOTICE 1320

From: Chief, Bureau of Medicine and Surgery

Subj: EXPEDITIONARY MEDICINE PLATFORM AUGMENTATION, READINESS AND TRACKING SYSTEM AND ALTERNATE PLATFORM ASSIGNMENT POLICY

Ref: (a) OPNAVINST 3501.360B
(b) OPNAVINST 3000.13E
(c) MILPERSMAN 1306-101
(d) BUMEDINST 3000.1
(e) BUMEDINST 5312.3B
(f) BUMEDINST 6440.5D

1. <u>Purpose</u>. To issue Alternate Platform Assignment (APA) policies, assign responsibilities, and prescribe general procedures for all Navy Medicine activities to effectively generate Expeditionary Medicine Systems (EXMED) and augmentation platforms managed in the Expeditionary Medicine Platform Augmentation, Readiness and Training System (EMPARTS). APA is a process of re-assigning appropriate individuals (separate from the official assignment from the Navy Standard Integrated Personnel System (NSIPS)) entered in the Defense Medical Human Resources System – internet (DMHRSi) to increase the manning of EXMEDs and augmentation platforms and appropriately meet Force generation (Fg) requirements in support of operations and exercises.

    a. The goal of the APA process is to maximize and accurately fill EXMED and augmentation platforms Fg to meet BUMED's Fleet Readiness Training Plan (FRTP) and operational mission requirements.

    b. The FRTP will be utilized to align personnel sourcing via the APA tool in EMPARTS. The directing Required Operational Capabilities (ROC) and Projected Operational Environment (POE) instructions will be utilized to ensure staffing capabilities meet the intended desired baseline for each EXMED and augmentation platform.

    c. There will be circumstances when it is required to meet unique mission requirements. Commander, Naval Medical Forces Atlantic and Commander, Naval Medical Forces Pacific will tailor task organized units or detachments, fill urgent assigned personnel shortfalls, and manage manpower risks when units or unit detachments are insufficient per references (a) through (f).

2. Scope and Applicability. This applies to all Budget Submitting Office (BSO) 18 activities, as the sourcing commands for Active Component EXMED and augmentation platforms, individual augmentees, temporary additional duty (TAD), and all stakeholders involved in or impacted by the execution of this guidance.

3. Background. EMPARTS enables ongoing personnel readiness management activities, metrics for readiness reporting purposes, and supports mission sourcing decisions and management. EMPARTS data will be leveraged to maximize operational personnel readiness. The APA process identifies existing gaps (e.g., vacant billets, non-deployable personnel, not fit-to-fill personnel, etc.) on BSO-18 platforms and subsequently identifies available personnel in inventory who meet the requirements of the identified gap for consideration.

   a. The APA process was initially developed for activities to fill gaps in manning of EXMED and augmentation platforms, including (but not limited to):

      (1) Vacant billets.

      (2) Personnel ordered into billets where occupation codes (subspecialty Code (SSC) and Additional Qualification Designation (AQD)) or Enlisted Rate or Navy Enlisted Classification (NEC) do not match the billet requirement.

      (3) Multiple personnel ordered into the same billet, where one (or more) individual can be used elsewhere.

      (4) An activity may use an individual not ordered into an EXMED or Augmentation platform unit identification code (UIC) or billet but ordered into another UIC within the parent command. These personnel can be used to fill the gaps. The command should work with Bureau of Naval Personnel (BUPERS) to exercise internal billet moves (IBM) and the detailing process to maximize official orders to man EXMEDs and augmentation platforms to the maximum extent possible.

   b. The APA tool leverages an automated algorithm developed and implemented in the EMPARTS application to identify available personnel to fill the gap. This process first determines the EXMED and Augmentation billets that are gapped, defines the priority in which the billets should be filled (based on a prioritization table maintained within the EMPARTS application), and reviews the available inventory of personnel who are fit and available to fill the gap.

      (1) The output provided by EMPARTS APA will meet the defined billet requirement occupation codes (including use of the substitution policy identified in reference (f)) and is available to deploy based on the information in the application.

      (2) The APA algorithm prioritizes suggested fills based on multi-encumbered personnel within the UIC; within the same parent command; within the same Region and across BSO-18.

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(3) Only personnel assigned to continental United States medical treatment facilities (and not UICs identified as "Core", i.e. accession and training sites, etc) are included in the available population to use as suggestions.

c. Commands will evaluate, assess, and validate the EMPARTS APA tool output to ensure accurate placement of personnel, including validating all readiness data and ensuring the member meets billet requirements.

4. <u>Action</u>. All Navy Medical Forces will comply with this notice. Commands will utilize the APA process to maximize EXMED fill rates for initial force generation and platform sustainment based on the FRTP cycle. Commander, Naval Medical Forces Atlantic and Commander, Naval Medical Forces Pacific will oversee the process and ensure commands comply.

5. <u>Roles and Responsibilities</u>

a. <u>Bureau of Medicine and Surgery</u>

(1) Director, Manpower and Personnel (BUMED-N1)

(a) Serve as the principal advisor for all manpower (billet) and personnel matters.

(b) Oversee and maintain BUMED's designated official personnel readiness system (EMPARTS) by ensuring that personnel and unit readiness elements are accurately documented and data remains current. Program Management is performed by Human Resources System Support (HRSS) BUMED-N14.

(c) Provide training to end-users on a recurring and as-needed basis.

(d) Manage and determine proper "fit and fill" of Navy Medicine manpower and personnel in conjunction with reference (f) and applicable substitution policies.

(e) Coordinate with other BUMED N-Codes for system changes as needed in the EMPARTS application.

(2) Director, Operations, Plans, and Policy (BUMED-N3N5)

(a) Direct, coordinate, and monitor the readiness and execution of EXMED and augmentation platform forces, deployments, and emergent mission support programs.

(b) Monitor the ability of sourcing commands to meet required EXMED and augmentation platform personnel fit-to-fill requirements using available reporting systems.

(c) Focus on the maintenance phase of EXMED and augmentation platforms ensuring adequate manning and validation of qualified personnel for successful Fg required by reference (d) throughout the unit's FRTP.

(d) Monitor units in sustainment phase to ensure maximum readiness and deployability of personnel assigned.

(e) Establish EXMED and augmentation platform unit prioritization against operational requirements and direct Naval Medical Forces Atlantic and Naval Medical Forces Pacific to man the number of EXMED and augmentation platform requirements needed per current and future fiscal years.

(f) Direct use of APA to fill gaps on prioritized EXMEDS and augmentation platforms to facilitate force generation and sustainment utilizing personnel aligned to Navy Medicine Readiness and Training Commands and Navy Medicine Readiness and Training Units billet requirements as the primary sourcing solution, followed by units in maintenance, and then those units that are not listed in the priority to be force-generated.

(g) Approve any APAs that require cross medical echelon 3 sourcing solutions.

(h) Utilize the commander's decision cycle to coordinate approved alternative sourcing solutions with echelon 3 commands through the transition of response conditions under the Global Maritime Response Plan through required waivers or authorities.

(i) Ensure a Corps Chief Office approved billet substitution is utilized to maximize manning for force generation and sustainment per reference (f). Any update to reference (f) will require the revalidation of utilized substitutions. Use of substitutions via APA and associated risk will be communicated to the supported commander via BUMED-N3N5 and Medical Resources, Plans, and Policy Division (OPNAV N0931). The supported commander has the authority to accept or deny recommended substitutions.

(j) Coordinate with other BUMED N-Codes for system changes as needed in the EMPARTS application.

(3) Director, Education and Training (BUMED-N7)

(a) Provide updated individual level and baseline training requirement changes.

(b) Periodically review and provide updated training requirements for EXMED and augmentation platform billets.

b. <u>Commander, Naval Medical Forces Atlantic and Commander, Naval Medical Forces Pacific</u>

(1) Provide guidance and administrative support to sourcing commands within the area of operations (AO).

(2) Monitor the ability of sourcing commands to meet required EXMED and augmentation platform unit personnel fit-to-fill requirements using available reporting systems within the AO.

(3) Maximize EXMED and augmentation platform manning through active and ongoing platform management. Review and evaluate each platform within the AO on monthly basis.

(4) When tasked by the BUMED-N3N5, provide EXMED and Augmentation platform unit or qualified personnel and utilize APA as a mitigating strategy to source shortfalls or substitutions when IBMs are unable to be used.

(5) Monitor the ability of sourcing commands to meet required EXMED and augmentation platform unit training and readiness status using available readiness reporting systems. Provide analysis on EXMED and augmentation platform unit readiness status to command and BUMED leadership, as needed.

(6) Each EXMED and Augmentation platform should be at the manning target 90 days prior to an Operational Readiness Exercises (ORE). A mitigation strategy should be defined for any remaining gaps at that time and communicated to BUMED-N3N5.

(a) Expeditionary Medical Unit (EMU), En-Route Care System (ERCS), Expeditionary Resuscitative Surgical System (ERSS), Forward Deployed Preventive Medicine Unit (FDPMU), and Special Psychiatric Rapid Intervention Teams (SPRINT) should be manned at 100 percent with personnel that are measured as P(a) equals "Yes" in EMPARTS (person is deployable and person is qualified [fit-to-fill] for billet).

(b) Expeditionary medical facility, transport-auxiliary hospital ship (250 bed), and casualty receiving treatment ship, should be manned at a minimum of 90 percent.

(c) Marine Force, construction battalion units, and outside the continental United States augments should be manned at a minimum of 80 percent.

(d) Units in sustainment will be maintained at 100 percent manned.

(7) Coordinate with BUMED-N14 if additional training is identified for DMHRSi or EMPARTS.

c. Commanding officers and officers in charge of NAVMEDREADTRNCMDs, NAVMEDREADTRNUNITs, and other sourcing activities.

(1) Provide EXMED and augmentation platforms and ready medical personnel to support the full competition continuum.

(2) Are responsible for the overall readiness of their activities. Ensure Service members maintain a high state of personal, physical, and professional readiness, capable of rapid worldwide deployment.

(3) Conduct routine (monthly at a minimum) data analysis for personnel deficiencies, deployment trends, readiness of deployable forces, and impacts on sourcing command health care operations, as required.

(4) Appoint, in writing, a plans, operations, and medical intelligence (POMI) officer (1805) or enlisted (L60A) to execute the day-to-day responsibilities outlined in this instruction. Ensure personnel have appropriate system access to complete data entries (DMHRSi, EMPARTS, etc).

(5) Appoint, in writing, a reserve program director who will support the command POMI and advise the commanding officer or officer in charge on Reserve Component matters, as required.

d. Expeditionary medicine directorates and assigned POMI officers

(1) Focus on the maintenance and sustainment phases of EXMED and augmentation platform units, ensuring targeted manning and validation of qualified personnel for successful Fg required by reference (d) throughout the unit's FRTP.

(2) Ensure sourcing command personnel and EXMED and augmentation platform units complete readiness training and relevant scope of practice requirements to support skills sustainment.

(3) Provide qualified personnel for EXMED and augmentation platform units per validated missions, mobilization, and augmentation requirements.

(4) Maintain and report individual command personnel readiness utilizing EMPARTS. Ensure individuals are accurately reported providing a depiction of an individual's current state of readiness, including currently deployed and recently returned personnel in dwell, by updating the individual's information within 3 business days of notification.

(5) If a member in an EXMED and augmentation platform billet is not qualified to fill the billet (including long-term TAD orders or is in a temporary "non-deployable" status), and the

respective EXMED or augmentation platform unit has a unit training event, operational exercise, or employment that will be impacted by the temporary vacancy, the deployable billet must be filled utilizing the APA process.

(a) For TAD personnel (greater than 30 days) update the members' deployable code in EMPARTS as non-mission temporary duty. Identify a qualified substitute to assign to the EXMED or augmentation platform billet. Once the TAD has been completed, return the member to their EXMED or augmentation platform unit billet, and remove the DMHRSi APA entry from the substitute.

(b) When using the APA process for "non deployable" personnel assigned to an EXMED or augmentation platform unit, consider the expected length of the deployment limiting condition and the FRTP phase of the affected unit. For example, the maintenance phase is designed to complete individual training, and the deployment limiting condition may not impact the Fg process, therefore, the APA process is appropriate. However, some limited duty (LIMDU) situations will have significant impact on the unit's Fg and overall readiness.

(6) Perform continuous data analysis for personnel deficiencies, deployment trends, and readiness of deployable platforms, and impacts on sourcing command health care operations, as required.

e. All command assigned personnel

(1) Maintain individual deployment readiness. Report to the sourcing command POMI immediately upon identification of changes or events that affect deployment readiness status within 48 hours of knowledge of change in condition.

(2) Execute assigned individual, EXMED and augmentation platform unit, and mission specific training requirements, as directed by the sourcing command POMI to ensure fill during maintenance and sustainment phases.

6. <u>Records Management</u>

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 Assistant for Administration, 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 OPNAV Records Management Program (DNS-16).

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

R. FREEDMAN
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