DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMED NOTICE 6000

From: Chief, Bureau of Medicine and Surgery

Subj: FISCAL YEAR 2026 MEDICAL CORPS REQUIREMENTS AND EXCEPTION TO POLICY GUIDANCE FOR DIRECT ACCESSION CANDIDATES

Ref: (a) OPNAV N13 ltr of 1000 N13 of 14 Nov 2025 (NOTAL)
(b) DoD Instruction 6490.07 of 5 February 2010
(c) DoD Instruction 6000.13 of 30 December 2015
(d BUMEDINST 6010.30
(e) OPNAVINST 1120.4C
(f) Program Authorization 113 of 26 February 2025
(g) OPNAVINST 7220.17
(h) BUMEDINST 1520.42B
(i) CNO WASHINGTON DC 181529Z Nov 25 (NAVADMIN 229/25)

Encl: (1) Professional Experience Expectations of Medical Corps Direct Accessions
(2) Scope of Practice Expectations by Medical Specialty

1. Purpose. To provide amplifying the administrative and clinical requirements for prospective direct accession (DA) Medical Corps (MC) candidates to hold clinical privileges and practice in Navy Medicine (NAVMED). Per reference (a), this notice identifies specialties approved for exceptions to policy to support the accession of operational medical officers (OMO), critically short wartime specialties, and other targeted specialties vital to NAVMED's mission.

2. Scope and Applicability. This notice applies to all prospective DA MC candidates for service in the Navy Medical Department and the provision of healthcare services, to include direct patient care, medical readiness assessments and the potential to gain via retraining, required military specific privileging requirements to support NAVMED's Expeditionary Platforms. For purposes of this notice, deployment is defined by reference (b) as "the relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas." This notice also applies to shipboard operations, training and other pre-deployment requirements, and temporary assigned duty.

a. Be graduates of a medical school in the United States or Puerto Rico, approved by the Liaison Committee on Medical Education of the American Medical Association, or a college of osteopathy approved by the American Osteopathic Association (AOA). Physician graduates of foreign medical schools must pass either the Foreign Medical Graduate Examination of the Medical Sciences or the previous certifying examination of the Education Commission on Foreign Medical Graduates.

b. Be licensed to practice medicine or surgery in a state, territory, or commonwealth of the United States or the District of Columbia.

c. Have completed at least 12 months of the first year or internship at a Graduate Medical Education (GME) accredited by the United States Accreditation Council for Graduate Medical Education (ACGME) unless selected for the first year of GME in the Navy.

d. Meet minimum privileging requirements and have credentials verified by the Bureau of Medicine and Surgery (BUMED) as a part of the accession package prior to review by the Surgeon General of the Navy, who also performs the duties of Chief, BUMED, as defined by reference (d), using processes and documentation consistent with references (c) and (e).

3. General Guidance

a. Per reference (f), program specific requirements:

(1) Must hold an active, unrestricted license to practice medicine or surgery in a state, territory, commonwealth or possession of the U.S. or the District of Columbia as required by reference (g).

(2) Board Certification. Board certification is highly recommended. DA candidates should be board eligible in the medical or surgical specialty for which they are being considered for appointment. DAs may be required to achieve board certification by the American Board of Medical Specialties or the American Osteopathic Association, particularly if detailed to assignments in GME training centers. Exceptions to policy will be considered for senior clinicians who demonstrate the ability to meet mission needs.

b. Clinical Practice History

(1) Be a physician in good standing. DAs should be privileged and currently engaged in the clinical practice of the specialty for which they are being considered. National Practitioner Data Bank reports will be considered on a case-by-case basis and may be disqualifying.

(2) Candidates may be required to provide additional evidence of active practice, including case or procedure logs for surgical and procedural based specialties. Enclosure (1) provides additional guidance on professional expectations and requirements for DA candidates. The expected full scope of practice of each medical specialty is listed in enclosure (2).

(3) Trainees in good academic standing who have completed the first year of GME and hold an unrestricted license are also eligible to compete for available Navy GME programs including Aviation Medicine and Undersea Medicine that did not fill during the normal GME Selection Board cycle. Per reference (h), the Office of the Medical Corps Chief may recommend applicants apply to the GME Selection Board for categorical GME consideration.

4. Exceptions to Policy

a. The listed fellowship-trained subspecialty physicians in subparagraphs 5a(1) through 5a(4) are eligible for an exception to the requirement to be privileged in the primary specialties they support:

(1) Medical Critical Care (residency-trained in Internal Medicine with or without Pulmonology Fellowship; residency-trained in Emergency Medicine; residency-trained in Anesthesia)

(2) Neonatology

(3) Pediatric Critical Care

(4) Pediatric Surgery

b. Physicians who cannot be privileged immediately upon reporting to their duty station due to lack of direct patient care for two years, or have a limited scope of practice, may be accepted contingent upon agreement to refresher training with a clinical plan of supervision, meeting the requirements set by the Defense Health Agency and subordinate privileging authorities.

c. Undersea Medicine and Aviation Medicine Pilot Program:

(1) Eligibility. Specialty Physicians who are privileged and practicing are eligible to apply for training in Aviation Medicine or Undersea Medicine. Candidates must have an active, unrestricted license as required in subparagraph 4a(1) of this instruction. Requirements and eligibility are further detailed in reference (h).

(2) Assignment. Upon commissioning, candidate physicians will be assigned to a medical treatment facility (MTF) to complete a plan of supervision for privileging as a general medicine officer (GMO), as determined by the Privileging Authority and focused on primary care and military medicine. This plan of supervision will be completed in conjunction with training for Aviation Medicine or Undersea Medicine, consistent with reference (d).

(3) Failure to complete training. Candidates who are unsuccessful in the completion of Aviation Medicine or Undersea Medicine training may serve as respective medical examiners or GMOs, as appropriate, and be eligible for the commensurate special pays as prescribed by reference (i).

(4) Limitations. NAVMED does not guarantee that direct DA physicians will be able to practice a specialty other than Aviation Medicine or Undersea Medicine during their initial tour. Assignments allowing practice of a medical specialty depend on location, deployment schedules, commanding officer approval, and the ability to obtain privileges at an MTF. Prioritization of initial tour assignments is the purview of Navy Personnel Command; consideration of the DA's specialty may be considered, but assignments are ultimately driven by the needs of the Navy.

5. 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 found on 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 Office of the Chief of Naval Operations (OPNAV) Records Management Program (DNS-16).

M. CASE
Acting

Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, https://www.med.navy.mil/Directives/

PROFESSIONAL EXPERIENCE EXPECTATIONS OF MEDICAL CORPS DIRECT ACCESSIONS

	Case and Procedure Logs Required for the Listed Specialties	Specialty specific privileging requirements
Procedural-based specialty requires documentation of current privileges and case logs, if available.	• Anesthesiology • Critical Care specialties • Dermatology • Emergency Medicine • General Surgery and all subspecialties • Gynecologic Surgery and Obstetrics (formerly Obstetrics and Gynecology) • Neonatology • Neurosurgery • Ophthalmology • Orthopedic Surgery • Otolaryngology • Urology	• Neurology - Procedure logs should show diagnostic lumbar puncture, chemodenervation with onabotulinumtoxinA or incobotulinumtoxinA, and evidence supporting competence in reading routine 30-min electroencephalogram, interpreting neuromuscular conduction studies, and performing coma and brain death exams. • Orthopedics - Case logs should document at least 100 cases per year over past 3 years. Should be comfortable with and have shown competence in shoulder and knee arthroscopy to include arthroscopic rotator cuff repair, labral repair, ACL reconstruction and meniscal repair. Should be comfortable performing orthopedics in remote environments with limited support and solo orthopedic practice. • Internal Medicine and Pediatrics physicians are required to have inpatient privileges.

SCOPE OF PRACTICE EXPECTATIONS BY MEDICAL SPECIALTY

Medical Specialty	Scope of Privileges
Aerospace Medicine	The evaluation, diagnosis, treatment and consultation on an outpatient basis of pilots, aircrew and patients who are transported by rotary or fixed-wing aircraft. Aerospace Medicine physicians are responsible to discover and prevent various adverse physiological responses to hostile biologic and physical stresses encountered in the aerospace environment, perform aeromedical evacuation and patient transport evaluations as well as special operational evaluations, perform evaluation and initial management of decompression illness, investigate disaster and mishap response, perform deployment and travel requirements evaluations, and apply operational medicine education to individuals and groups under their care. Aerospace Medicine Physicians may assess, stabilize, and prepare for aeromedical transport of patients with stable or emergent conditions, consistent with medical staff policy. Additionally, Aerospace Medicine physicians apply preventive medicine and occupational medicine principles as they apply to the aerospace and flight communities which they serve.
Anesthesiology	The administration of anesthesia and administration of all levels of sedation for pediatric and adult patients. This includes pre-, intra-, and postoperative evaluation, treatment and the support of life functions and vital organs under the stress of anesthetic, surgical, and other procedures. Anesthesiologists provide acute and chronic pain management and consultation. Anesthesiologists may provide care to patients in an intensive care setting per MTF policies. Additionally, they may assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.
Dermatology	The evaluation, diagnosis, and treatment of patients with diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue with provision of consultation. Dermatologists may admit and may provide care to patients in the intensive care setting or the operating room per MTF policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.
Emergency Medicine	The assessment, evaluation, diagnosis, and initial treatment of patients of all ages with any symptom, illness, injury, or condition. In addition, physicians resuscitate and stabilize patients with major and life-threatening illnesses or injuries of all body systems and assess all patients to determine whether additional care is necessary, including the initial interpretation of radiographs. Physicians may admit for inpatient care in consultation with a treating physician per MTF policies. Physicians may admit to an observation unit, per MTF policies.

Family Medicine	The evaluation, diagnosis, treatment, and consultation for patients of all ages with any symptom, illness, injury, or condition. Family Medicine physicians may admit and may provide care to patients in an intensive care setting in conformance with MTF policies. They may assess, stabilize, and determine disposition of patients with emergent conditions.
Gynecologic Surgery and Obstetrics (formerly Obstetrics and Gynecology)	The evaluation, diagnosis, treatment and provision of consultation to adolescent and adult female patients and/or provision of medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. It also includes prenatal, perinatal and postnatal care of routine and complicated pregnancies and routine care of the normal neonate. Physicians may admit or provide care to patients in the intensive care setting per MTF policies. The evaluation, diagnosis, treatment and provision of consultation and the pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system. Gynecologists manage disorders and injuries of the mammary glands. Physicians may admit or provide care to patients in the intensive care setting per MTF policies. Physicians may assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.
Internal Medicine	The evaluation, diagnosis, treatment, and provision of consultation to patients with common and complex illnesses, diseases, and functional disorders in the areas of Allergy and Immunology, Cardiology, Dermatology, Endocrinology, Gastroenterology, Hematology and Oncology, Infectious Disease, Nephrology, Neurology, Pulmonary Disease and Rheumatology. The physician may admit and may provide care to patients in the intensive care setting per MTF policies. Internal Medicine physicians assess, stabilize, and determine disposition of patients with emergent conditions per medical staff policy.
Internal Medicine - Pulmonology	The evaluation, diagnosis, treatment, and provision of consultation to patients of all ages presenting with conditions, disorders, and diseases of the lungs and airways to include acute and chronic respiratory failure. Physicians may provide care to patients in the intensive care setting per MTF policies. Physicians may also assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.
Critical Care	The evaluation, diagnosis, and provision of treatment or consultative services to critically ill patients with neurological or post neurosurgical, postsurgical, postcardiac or thoracic surgical organ dysfunction or who need critical care for life-threatening disorders. The provider may admit per MTF policies. Critical care medicine specialists assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.

Neurology	The evaluation, diagnosis, treatment, and provision of consultation to patients with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. Neurologists may provide care to patients in the intensive care setting per MTF policies. Neurologists may assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.
Neurosurgery	The evaluation, diagnosis, treatment and consultation for patients of all ages presenting with injuries or disorders of the central, peripheral, and autonomic nervous system, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis; and the operative and non-operative management of pain. Neurosurgeons may admit to the facility including the Intensive Care Unit Admitting Privileges, Adult and Pediatric to include neurological critical care and management and may provide care to patients in the intensive care setting per MTF policies. Neurosurgeons may also assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.
Occupational Medicine	The evaluation, diagnosis, management and consultation of patients with acute, minor and chronic occupational or environmental illnesses and injuries of all organ systems. These providers perform pre-employment, periodic, return to work, pre-deployment, fitness to continue in current position, disability, retirement, safety, security clearance, and termination physical examinations. Providers design and perform medical surveillance or certification exams for patients with exposure risk and provide prevention planning for individuals and population groups at risk for occupational and environmental illness and injury. Providers perform, interpret and analyze epidemiological investigations, as well as request and review industrial hygiene exposure information, biological monitoring, and toxicological tests in order to develop recommendations for countermeasures to reduce occupational or environmental hazards and prevent adverse health outcomes. They perform determinations of causality in cases of possible occupational illness and injury; advise supervisors regarding reasonable accommodation of medical work restrictions and limitations; and provide consultative services in support of disaster response, acquisition, purchase, and risk communication. Occupational Medicine Physicians may assess, stabilize, and determine disposition of patients with emergent conditions.

Ophthalmology	The evaluation, diagnosis, treatment, consultation and performance of surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, including the eye and its component structures, the eyelids, the orbit, and the visual pathways. Physicians may admit and may provide care to patients in the intensive care setting per MTF policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.
Orthopedic Surgery	The evaluation, diagnosis, treatment and consultation for patients of all ages to correct or treat various conditions, illnesses, and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means. Such conditions include, but are not limited to, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system; deformities, injuries, fractures, and degenerative diseases of the musculoskeletal system; primary and secondary muscular problems; and the effects of central or peripheral nervous system lesions on the musculoskeletal system. Orthopedic surgeons may admit to the facility and provide care to patients in an intensive care setting per MTF policies. They may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy.
Otolaryngology	The evaluation, diagnosis, treatment and consultation for patients of all ages presenting with diseases, deformities, or disorders of the head and neck, including the ears, nose, or throat, the respiratory and upper alimentary systems, and related structures of the head and neck. This includes comprehensive medical and surgical care, head and neck oncology, facial plastic reconstructive surgery, and the treatment of disorders of hearing and voice. Physicians may admit and may provide care to patients in the intensive care setting per MTF policies. They may assess, stabilize, and determine disposition of patients with emergent conditions per medical staff policy.
Pathology	The diagnosis, exclusion, monitoring and reporting of disease by examination of gross and microscopic tissue specimens, cells, body fluids, and clinical laboratory tests on body fluids and secretions. Anatomic pathologists also perform non-forensic autopsies, diagnosis, exclusion, monitoring and reporting of disease through microbiology, hematology, immunohematology, blood banking and serology, clinical chemistry, and immunology tests. The interpretation and evaluation of special laboratory tests. Clinical Pathologists administer, manage and direct all laboratory services.

Pediatrics - Critical Care	The evaluation, diagnosis, treatment and consultation to critically ill patients from birth to young adulthood with life-threatening illness or injury including neurological failure, respiratory failure, cardiovascular failure, renal failure, hepatic failure, gastrointestinal failure, and multi-organ system failure due to illness or injury. Physicians also provide post-operative care to critically ill patients after general, neurological, cardiac, thoracic, abdominal, orthopedic, head and neck, and spine surgery. Physicians may admit to the facility and may provide care to patients in the intensive care setting per medical staff policies. Critical care medicine specialists assess, stabilize, treat and perform invasive procedures and determine the disposition of patients with emergent or critical conditions per medical staff policies.
Pediatrics – Neonatology	The evaluation, diagnosis, treatment and consultation for term, preterm, and critically ill newborns and infants. Neonatologists manage pre-, peri-, and post-operative patients requiring ventilatory care, neurological, neurosurgical, surgical, cardiac or thoracic surgical care for organ dysfunction, patients with issues due to prematurity, or who need critical care for life-threatening disorders. Physicians may admit to the facility and may provide care to patients in the intensive care setting per medical staff policies. In addition, privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.
Physical Medicine and Rehabilitation	The evaluation, diagnosis, treatment and provision of consultation and nonsurgical therapeutic treatments to inpatients and outpatients with physical impairments or disabilities involving neuromuscular, neurologic, cardiovascular, or musculoskeletal disorders. Privileges also include the physical examination of pain, weakness, and numbness (neuromuscular and musculoskeletal) using a diagnostic plan or prescription for treatment that may include the use of physical agents or other interventions and evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans. Physiatrists may provide care to patients in an intensive care setting per MTF policies. Physiatrists may also assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy. Physiatrists may write prescriptions of prosthetics, orthotics, assistive devices, adaptive equipment, and functional home or vehicular modifications.

Preventive Medicine	The evaluation, diagnosis, treatment and provision of consultation to patients and populations of all ages with communicable or preventable diseases and injuries. Preventive medicine physicians provide comprehensive epidemiologic and clinical investigation, assessment of disease and injury risk for individuals and population groups, direct health education, control measures for preventable diseases and injuries, determine adequacy of living and work environments, control communicable and preventable diseases and provide advice on nutrition, food service sanitation, water supply safety, sewage and waste disposal, immunizations, and health education. Physicians may admit and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy.
Psychiatry	The evaluation, diagnosis, treatment and consultation to patients presenting with mental, behavioral, addictive, or emotional disorders. Psychiatrists treat patients of all ages through a variety of pharmacologic and nonpharmacologic therapies and may provide consultation to the courts and perform special military evaluations per DOW and Service policy. They may admit to the facility and may provide care to patients in an intensive care setting per MTF policies. They may also assess, stabilize, and determine disposition of patients with emergent conditions per medical staff policy.
Radiation Oncology	The evaluation, diagnosis, consultation, and management for patients of all ages with tumors (malignant and non-malignant) and radiological treatments of abnormal tissue using x-rays or radionuclides. This includes simulation, treatment planning, and management of complications of radiologic treatments. Radiation Oncologists may admit and may provide care to patients in an intensive care setting, per MTF policies. They may assess, stabilize, and determine disposition of patients with emergent conditions, per MTF policy.
Radiology	The diagnosis and treatment of diseases in patients of all ages through the performance and interpretation of a broad range of diagnostic imaging examinations. Diagnostic imaging modalities include, but not limited to, radiography, bone densitometry, computed tomography, diagnostic nuclear radiology, magnetic resonance imaging, positron emission tomography, mammography, fluoroscopy, and ultrasound.
General Surgery	The evaluation, diagnosis, treatment, and consultation for patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the head and neck, chest, abdomen and its contents, extremities, breast, skin and soft tissues, and endocrine system. General surgeons provide non-surgical care for conditions that may eventually require surgical procedures as well as pre-, intra-, and post-operative surgical care. Surgeons may admit to the facility and may provide care to patients in an intensive care setting per MTF policies. General surgeons also assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.

Urology	The evaluation, diagnosis, treatment and consultation for patients of all ages presenting with congenital or acquired conditions of the genitourinary system, contiguous structures, and the adrenal gland. Urologists provide medical and pre-, intra-, and post-operative management of these conditions. Physicians may admit to the facility and may provide care to patients in an intensive care setting per MTF policies. Urologists may also assess, stabilize, and determine the disposition of patients with emergent conditions per medical staff policy.

Navy-Specific Medical Communities	
General Medical Officer (GMO)	The assessment, evaluation, diagnosis, and treatment of outpatients with uncomplicated and minor illnesses, diseases, injuries, and functional disorders. Physicians assess, stabilize, and determine disposition of patients in environments ranging from austere to fixed facilities per Service and MTF medical staff policies. The GMO will manage conditions consistent with training and will refer complex patients beyond the level of training to specialty medical care.
Flight Surgeon	The evaluation, diagnosis, treatment and consultation on an outpatient basis of aircrew and special operators. Flight Surgeons are responsible for the care of patients they accompany on transport by rotary or fixed-wing aircraft. These physicians are responsible for identification and prevention of various adverse physiological responses to hostile biologic and physical stresses encountered in the aerospace environment, performance of special operational evaluations and dispositions, evaluation and initial management of decompression illness, and application of operational medicine education to individuals and groups under their care. Flight Surgeons may assess, stabilize, and prepare patients with stable or emergent conditions for aeromedical transport, consistent with medical staff policy.
Undersea and Hyperbaric Medicine	The evaluation, diagnosis, treatment, education and prevention of adverse effects for personnel entering the undersea environment. Undersea Medicine physicians are responsible to discover, prevent and ameliorate various adverse physiological responses to hostile biologic and physical stresses encountered in the undersea environment to include, but not limited to: Hyperbaric- and hypobaric-related casualties or injuries, acute ionizing radiation injuries with or without associated trauma, conditions caused by marine hazards, conditions of extreme body temperature, blast injuries, injury or toxic state caused by dangerous marine life, extraordinary parasitic and tropical diseases and determination of effects of a diver's fitness on safety.