



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

BUMEDNOTE 6000
BUMED-N01C1
16 Jan 2026

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) DoD Instruction 6490.07 of 5 February 2010
(b) OPNAV N13 ltr 1000 N13 of 14 Nov 2025
(c) OPNAVINST 1120.4C
(d) OPNAV N13 Program Authorization 113 of 26 Feb 2025
(e) BUMEDINST 6010.30
(f) BUMEDINST 1520.42B
(g) OPNAVINST 7220.17
(h) DoD Instruction 6000.13 of 30 December 2015

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

1. Purpose. To provide amplifying guidance to the Chief of Naval Operations program authorization (PA) by detailing the administrative and clinical requirements for prospective direct accession (DA) candidates to hold clinical privileges and practice in Navy Medicine; to incorporate references (a) through (h), as appropriate. To identify 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 Navy Medicine's mission.

2. Scope and Applicability. This notice applies to all prospective DA candidates to serve with the full scope of practice as Department of the Navy Medical Department personnel providing healthcare services, medical readiness assessments and while forward deployed on the full scope of Navy Medicine's Expeditionary Platforms. For purposes of this notice, deployment is defined by reference (a) 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.

3. Background

a. Reference (e) defines the basic qualifications in terms of citizenship, entry age, moral character, physical standards, and indoctrination requirements. Reference (e), also tasks the

Chief of the Medical Corps to “appoint a Medical Corps professional review board (PRB) to examine the professional qualifications of all applicants” and lists the required professional qualifications of DAs. DAs must:

(1) 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 Educational Commission on Foreign Medical Graduates.”

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

(3) 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.

(4) Meet privileging requirements and have their “credentials verified by BUMED as a part of the accession package prior to review by the Chief, BUMED.”

4. General Guidance

a. Program Specific Requirements:

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

(2) Board Certification. Be board certified by the American Board of Medical Specialties or the American Osteopathic Association in the medical or surgical specialty for which being considered for appointment. For recently graduated residents, must be board eligible and will be expected to achieve certification within 2 to 3 years of graduating residency (see enclosure (1)).

(3) Clinical Practice History

(a) Be a physician in good standing, privileged, and currently engaged in the clinical practice of the specialty for which being considered. National Practitioner Data Bank reports will be considered on a case-by-case basis and may be disqualifying. Adverse privileging or need for plan of supervision may be disqualifying. Candidates may be required to provide additional evidence of active practice to include case or procedure logs for surgical and procedural based specialties. Enclosure (1) provides general guidance on the professional expectations and

requirements by medical specialty for DA candidates. The required full scope of practice of each medical specialty is listed in enclosure (2). The PRB will consider exceptions to these basic requirements if candidates provide a written plan to refresh the lacking clinical skills in their primary specialty and an attestation of competence by their privileging authority prior to commissioning.

(b) 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 (f), the Office of the Medical Corps Chief may recommend applicants apply to the Graduate Medical Education Selection Board for categorical GME consideration.

(4) Moral Character. Must be of good moral character and of unquestioned loyalty to the United States as determined by interview and investigation. A significant adverse financial history may be disqualifying, as it can impede the ability to obtain a security clearance. As prescribed by reference (c), individuals who are chemically dependent, who abuse drugs or alcohol, whose pre-Service abuse of drugs or alcohol indicates a proclivity for continued abuse, or who have a record of any drug trafficking offenses, will not be permitted to enter the Navy.

(5) Disqualifying Factors. No waivers will be considered for major misconduct, recurrent prior psychological or physical dependence on any drug (including alcohol), or illicit use of controlled substances (other than experimental or casual use of marijuana, lysergic acid diethylamide, or ecstasy). No alcohol-related vehicular offenses in the last 5 years. Must have no record of conviction by courts-martial, nor have been awarded military non-judicial punishment, nor have they been convicted by a civil court for any offense other than minor traffic violations, for the 2-year period immediately preceding 1 October of the fiscal year in which the application is made.

5. Exceptions to Policy

a. The listed fellowship-trained subspecialty physicians are eligible for an exception to the requirement to be privileged and practicing in the primary specialties they support:

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

(2) Neonatology

(3) Pediatric Critical Care

(4) Pediatric Surgery

b. 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.

(2) Candidates must have an active, unrestricted license to practice medicine or surgery in a state, territory, or commonwealth of the United States or the District of Columbia.

(3) The requirements and eligibility to participate in this program are further detailed in reference (f).

(4) Upon commissioning, candidate physicians will be assigned to a military treatment facility in order to complete a plan of supervision for privileging as a general medicine officer, as determined by the PA 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.

(5) Candidates who are unsuccessful in the completion of aviation medicine or undersea medicine training may serve as respective medical examiners or general medical officers, as appropriate, and be eligible for the commensurate special pays as prescribed by the Fiscal Year 2026 Navy Active Component Medical Corps Special Pay Guidance.

(6) Navy Medicine does not guarantee that direct accession physicians will be able to practice a specialty other than Aviation Medicine or Undersea Medicine during their initial tour. In certain cases, direct accession officers may be given assignments that allow practice of a medical specialty, but this will depend on several factors including location, deployment schedule, commanding officer approval, and ability to obtain privileges or plan of supervision at a military treatment facility. An aviation or undersea medical officer may qualify for a special pay bonus for another medical specialty if they obtain and use privileges to practice and meet all the requirements in the Annual Special Pay Guidance.

6. 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 Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-InformationManagement/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

BUMEDNOTE 6000
16 Jan 2026

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).



D. K. VIA

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 BY MEDICAL SPECIALTY

Medical Specialty	Clinical Activity Requirement of a Direct Accession by Specialty			Clinical Activity Experience which does not meet Navy Medicine practice requirements.
	Active clinical privileges in good standing	Board Certification	Regular practice of the “full scope” of inpatient and outpatient practice in the primary specialty within the past 2 years	
Anesthesiology	Active clinical privileges in General Anesthesiology	Current board certification in Anesthesiology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of anesthesiology within the past 2 years. Procedural logs as evidence of procedural competence are required.	100 percent telemedicine for the past 2 years is NOT compatible.
Dermatology	Active clinical privileges in General Dermatology	Current board certification in Dermatology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of dermatology within the past 2 years. Procedural logs as evidence of procedural competence are required.	100 percent telemedicine or for the previous 2 years is NOT compatible.
Emergency Medicine	Active clinical privileges in General Emergency Medicine	Current board certification in Emergency Medicine (if greater than 2 years after residency)	Privileged and practicing in the “full scope” of emergency medicine within the past 2 years	100 percent telemedicine or Urgent Care practice for the previous 2 years is NOT compatible.
Family Medicine	Active clinical privileges in Family Medicine, including inpatient privileges	Current board certification in Family Medicine	Privileged and practicing outpatient and inpatient family medicine within the past 2 years	100 percent telemedicine or other non-direct patient care for the previous 2 years is NOT compatible.

Gynecologic Surgery and Obstetrics	Active clinical privileges in General Gynecologic Surgery and Obstetrics (GSO)	Current board certification in GSO (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of gynecology, gynecologic surgery, and obstetrics within the past 2 years. Case logs as evidence of procedural competence are required.	100 percent telemedicine or non-direct patient care for the previous 2 years is NOT compatible.
Internal Medicine	Active clinical privileges in outpatient and inpatient General Internal Medicine (IM)	Current board certification in IM (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of internal medicine (out-patient and in-patient) within the past 3 years. 100 percent in-patient experience will be considered.	100 percent telemedicine for the previous 2 years is NOT compatible.
Internal Medicine – Pulmonology and Critical Care	Active clinical privileges in Pulmonary and Critical Care	Current board certification pulmonary disease and Critical Care Medicine (if greater than 3 years after fellowship)	Privileged and practicing in the “full scope” of Pulmonary and Critical Care within the past 3 years. Procedural logs as evidence of procedural competence are required.	100 percent telemedicine for critical care for the previous 2 years is NOT compatible. Lack of active pulmonary practice and lack in pulmonary procedural competence is not compatible.
Internal Medicine - Critical Care	Active clinical privileges in Critical Care Medicine (CCM)	Current board certification Internal Medicine Critical Care Medicine (if greater than 3 years after fellowship)	Privileged and practicing in the “full scope” of Critical Care within the past 3 years. Procedural logs as evidence of procedural competence are required.	100 percent telemedicine for critical care for the previous 2 years is NOT compatible. Lack of Intensive Care Unit (ICU) practice - for example, Emergency Medicine (EM) or CCM physician who has only practiced EM in past 2 years is not compatible.

Neurology	Active clinical privileges in General Neurology	Current board certification in Neurology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of both outpatient and inpatient Neurology within the past 2 years. Must provide procedure logs. Able to perform diagnostic lumbar puncture, chemodeneration with Botox or Xeomin for chronic migraine headache prophylaxis. Able to read routine 30 min electroencephalogram. Able to interpret neuromuscular conduction studies. Able to perform coma and brain death exams.	100 percent telemedicine or virtual neurohospitalist experience for the previous 2 years is NOT compatible.
Neurosurgery	Active clinical privileges in General Neurosurgery	Current board certification in Neurosurgery (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of Neurosurgery within the past 2 years. Case logs as evidence of procedural competence are required.	100 percent telemedicine or non-direct care in the previous 2 years is NOT compatible.
Occupational and Environmental Medicine	Active clinical privileges in General Occupational Medicine	Current board certification in Occupational and Environmental Medicine (OEM) (if greater than 3 years after residency)	Applicants should have relevant clinical Occupational Medicine experience within the previous 2 years.	Occupational Medicine offers a wide range of practice experience from record review work to administration, to full scope clinical OEM practice. For the purposes of Navy OEM, relevant clinical OEM experience within 2 years should be required.

Ophthalmology	Active clinical privileges in General Ophthalmology	Current board certification in Ophthalmology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of Ophthalmology within the past 2 years. Case logs as evidence of procedural competence are required.	100 percent telemedicine or non-direct for the previous 2 years is NOT compatible. Not having performed surgery in the past 2 years, is NOT compatible.
Orthopedic Surgery	Active clinical privileges in General Orthopedics	Current board certification in Orthopedic Surgery (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of Orthopedics within the past 2 years. Case logs must be provided documenting at least 100 cases per year over past 3 years. Must 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. Must be comfortable performing orthopedics in remote environments (ie, Guam, Sicily) with limited support and potentially solo orthopedic practice.	100 percent telemedicine or independent medical examination (IME) experience for the previous 2 years is NOT compatible.
Otolaryngology	Active clinical privileges in General Otolaryngology	Current board certification in Otolaryngology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of Otolaryngology within the past 2 years. Case logs as evidence of procedural competence are required.	100 percent telemedicine or non-direct patient for the previous 2 years is NOT compatible. Clinic-only experience without operative cases is NOT compatible.
Pathology	Active clinical privileges in General Pathology	Current board certification in Pathology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of Pathology within the past 2 years	

Pediatrics	Active clinical privileges in General Pediatrics	Current board certification in Pediatrics (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of Pediatrics (out-patient and in-patient) within the past 2 years. 100 percent in-patient experience will be considered.	100 percent telemedicine for the previous 2 years is NOT compatible.
Pediatrics - Critical Care	Active privileges in Pediatric Critical Care	Current board certification in Critical Care (if greater than 3 years after fellowship)	Privileged and practicing in the “full scope” of Pediatric Critical Care within the past 3 years. Procedural logs as evidence of procedural competence are required.	100 percent telemedicine for the previous 2 years is NOT compatible.
Physical Medicine and Rehabilitation	Active clinical privileges in General Physical Medicine and Rehabilitation (PMR)	Current board certification in PMR (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of PMR within the past 2 years.	100 percent telemedicine or non-direct care for the previous 2 years is NOT compatible.
Preventive Medicine	[Active clinical privileges not needed]	Current board certification in Preventive Medicine (if greater than 3 years after residency)	Relevant preventive medicine experience within the previous 2 years	Can be performed virtually or do not have restrictions similar to other specialties.
Psychiatry	Active clinical privileges in General Psychiatry	Current board certification in Psychiatry (if greater than years after residency)	Privileged and practicing in the “full scope” of Psychiatry within the past 2 years	100 percent telemedicine for the previous 2 years is NOT compatible.
Radiation Oncology	Active clinical privileges in General Radiation Oncology	Current board certification in Radiation Oncology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of Radiation Oncology within the past 2 years	Can be performed virtually or do not have restrictions similar to other specialties.

Radiology, Diagnostic	Active clinical privileges in Diagnostic Radiology	Current board certification in Diagnostic Radiology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of general Diagnostic Radiology or Radiology subspecialty within the past 2 years. Teleradiology-only clinical activity may be acceptable	Can be performed virtually or do not have restrictions similar to other specialties.
Surgery, General	Active clinical privileges in General Surgery	Current board certification in General Surgery (if greater than >2 years after residency)	Privileged and practicing in the “full scope” of the General Surgery specialty within the past 2 years. Case logs as evidence of procedural competence are required.	100 percent telemedicine experience for the previous 2 years is NOT compatible.
Urology	Active clinical privileges in General Urology	Current board certification in Urology (if greater than 3 years after residency)	Privileged and practicing in the “full scope” of Urology within the past 2 years. Case logs as evidence of procedural competence are required.	100 percent telemedicine or non-direct care for the previous 2 years is NOT compatible.

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 or 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 military treatment facility (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	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 non-surgically 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 organ dysfunction and or those 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 ICU 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 or chronic occupational and 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, surety, security clearance, and termination physical examinations. Providers design and perform medical surveillance or certification exams or both for patients with exposure risk and provide prevention planning for individuals and population groups with or are 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 with 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	The evaluation, diagnosis, treatment, and consultation for patients from birth to young adulthood concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. 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.
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, or cardiothoracic surgical care for organ dysfunction, patients with issues due to prematurity, and those in need of 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 Department of War or Service-specific 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, Diagnostic	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.
Surgery, General	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 or 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.