NAVY MEDICINE
WORLD-CLASS CARE... ANYTIME, ANYWHERE

Command Name

Date Command Brief

Assessment completed by

Clinic Name

Program Purpose

Occupational certification examinations (also referred to as specialty examinations), are established to provide baseline medical standards for positions that have minimum functional requirements to maintain personnel health and safety. In accordance with Title 5 of the Code of Federal Regulations, these certification exams are designed and established by the Office of Personnel Management (OPM) and/or a specific agency (Department of Navy) for clearly defined positions and must be justified on the basis that the duties of the position are arduous or hazardous, or require a certain level of health status or fitness because the nature of the positions involve a high degree of responsibility toward the public or sensitive national security concerns. The rationale for establishing the standard must be documented. Standards established by OPM or an agency must be: (a) established by written directive and uniformly applied and (b) directly related to the actual requirements of the position. The Navy's Medical Surveillance Procedures and Medical Matrix Manual serves as the primary source of comprehensive certification examination requirements for Navy OM. Some of the larger certification programs may have their own OMPA sheets to address specific compliance requirements.

Program Goals

To ensure all employees maintain optimal level of physical standards based on job position requirements, applicants and active employees must meet fitness and ability requirements for Federal employment. Conversely Active Duty personnel may also have more stringent fitness and ability requirements for specific job categories. These individuals cannot be disqualified arbitrarily on the basis of medical standards, physical requirements, fitness tests, or other criteria that do not relate specifically to job performance. OPM states , "Agencies are authorized to establish physical requirements for individual positions without OPM approval when such requirements are considered essential for successful job performance. The requirements must be clearly supported by the actual duties of the position and documented in the position description." Additionally agencies must waive a medical standard or physical requirement established under this part when there is sufficient evidence that an applicant or employee, with or without reasonable accommodation, can perform the essential duties of the position without endangering the health and safety. In accordance with references (a) through (j) he components of a successful Navy Certification Examination Program include:

a. Identifying personnel in positions that require medical certification examinations
b. Determining examination/evaluation content and developing protocols.
c. Performing the occupational certification or specialty examination/evaluation
d. Documenting and maintaining proper medical certification records and examination/evaluation results
e. Informing the proper employing office and/or command of examination/evaluation results.

SUPPORTING DATA

Regulations, Instructions, and References *Select which type of access you have for each of the references listed*			
(a) 5 CFR Part 339, (8/21) *"Medical Qualification Determinations"*	Hardcopy	Electronic	None
(b) 29 CFR 1910.1020, (8/21) *"Access to employee exposure and medical records"*	Hardcopy	Electronic	None
(c) 29 CFR 1920.2, (8/21) *"Variances in Procedure for Variations under Longshoremen's Act"*	Hardcopy	Electronic	None
(d) OPNAVINST 5100.23 Series, (6/20) *" Chapter 8 Occupational Health Program"*	Hardcopy	Electronic	None
(e) NMPHC TM-OM 6260, (current) *"Medical Surveillance Procedures and Medical Matrix Manual"*	Hardcopy	Electronic	None
(f) DODINST 6055.05 Series, (8/18) *"Occupational and Environmental Health"*	Hardcopy	Electronic	None
(g) DODINST 6055.05M (8/18) *"Occupational Medicine Surveillance Program"*	Hardcopy	Electronic	None
(h) NAVMED P-117 (10/20) *"Manual of the Medical Department"*	Hardcopy	Electronic	None
(i) NMCPHC TM OEM 6260.9A (04/17) *"Occupational Medicine Field Operations Manual"*	Hardcopy	Electronic	None

Tracking and Program Management Tools
INSTRUCTIONS

This Occupational Medicine Program Assessment (OMPA) tool is an interactive self-assessment of the responsibilities program or "program integration". This tool considers both subjective and objective data. In order to determine the status of your program, select the appropriate level of compliance with each of the questions below using the color-coded range noted at the end of this tool in the Dashboard Report section. Those questions that have no impact on the overall compliance for this program will not have the color-coded response option. For any response selection of amber or red, an explanation must be given in the space provided following the question. All selected scores will be automatically averaged at the end of the OMPA tool to provide you with an "overall" program status icon. *Complete the information for the time frame you are reporting.*

#	Assessment Questions	Response		
43.01	Are certification examinations performed in your clinic based upon the Medical Matrix, or other regulatory guidance?	🟩	🟨	🟥
43.02	Do you have access to all regulatory guidance regarding position qualification requirements necessary to perform certification examinations ? *ie OPM Medical qualification standard, DOT criteria, or NFPA standards*	🟩	🟨	🟥
43.03	How do you communicate results of certification exams to employees, safety officers, supervisors, and/or HRO?			
43.04	Does your clinic perform medical records reviews to evaluate documentation for certification exams? *(Be prepared to prove validation upon request during assist visits or inspections) Briefly describe your process below:*	🟩	🟨	🟥
43.05	Does your clinic perform courtesy examinations for other commands or federal agencies? *If no, please explain*	🟩		🟥
43.06	Do you have a process to ensure workers with pending qualification determinations return for final disposition?	🟩	🟨	🟥

ADDITIONALCOMMENTS:
Provide specific information to support your responses from the questions above in the space provided below

DASHBOARD REPORT

It is important to evaluate your program for successes and challenges. The results of this assessment will be reviewed by your local command OM consultant or regional OM program manager to better support your clinic. If the self-assessment reveals that your program needs improvement (you have a total program status of amber or red) you must complete the Performance Improvement Plan section below.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

YOUR SCORE ➡️

General Color Dashboard Definitions

Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period
   (No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)

Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period.
   (Performance improvement plan (PIP) for this program is required to bring program to green)

Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.
   (Performance improvement plan (PIP) **and** *a support/assist visit from program manager/regional nurse* **and** *CO notification is required for this program)*

SUBMISSION and PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.
REMEMBER!! *If your program has a <3 you* must *complete the PIP portion at the end of this tool* before *submitting your document.*

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 43
CERTIFICATION EXAM (GENERAL) PROGRAM!

PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated: _____

Describe your plan including steps for success in the box below then proceed to submission section:

Date of PIP update #1 _____

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO >3? *(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)*	YES	NO

Date of PIP update #2 _____

HAS YOUR PROGRAM IMPROVED TO >3? *(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)*	YES	NO

Date of PIP update #3 _____

HAS YOUR PROGRAM IMPROVED TO >3? *(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)*	YES

Version 10/2021