BUMED INSTRUCTION 5040.2D CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery

Subj: COMMAND INSPECTION PROGRAM

Encl: (1) Revised page 2 and new page 2a

1. **Purpose.** To transmit new pages 2 and 2a, which adds the requirement to submit implementation status reports for supplemental findings.

2. **Action.** Remove page 2 of the basic instruction and replace with enclosure (1) of this change transmittal.

3. **Records Management**
   a. Records created as a result of this change transmittal, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) 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 change transmittal or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

4. **Information Collection Management.** Reports required in paragraph 4 of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

Releasability and distribution: This change transmittal is cleared for public release and is available electronically only via the Navy Medicine Web site, [http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx](http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx).
b. Identify systemic issues that impede delivery of health care or readiness and the ability of Navy Medicine to provide Combatant Commands with medical personnel fully prepared to support operations in a combat environment. Also to identify shortages in critical wartime specialties, barriers to staying current in knowledge, skills, and abilities germane to combat support, the absence of training and sustainment opportunities to prepare personnel to support combat operations, and the absence of the necessary material to train and field expeditionary medical units. Finally, to report issues to Chief, BUMED for consideration for further action or resolution.

7. Command Inspection Program. Inspected programs are listed on the MEDIG Web site available at https://es.med.navy.mil/bumed/MEDIG2/Pages/Program-Areas.aspx. Additional program reviews may be included as directed by Chief, BUMED or determined appropriate by the MEDIG.

a. Inspected programs without significant deficiencies are categorized as fully compliant in the inspection report. A recommendation of an Opportunity for Improvement is made if the MEDIG determines there are other options that may enhance a program’s effectiveness. An Opportunity for Improvement is not considered a negative finding.

b. Programs with deficiencies may receive a Requirement for Improvement (RFI) or a Supplemental Finding. An RFI identifies a nonexistent program; or a program deficient in major elements, not fulfilling the intent of policy. A Supplemental Finding identifies a deficiency with a program that generally meets the intent of the policy. Both RFIs and Supplemental Findings require the command to respond with an Implementation Status Report (ISR) outlining the command’s actions to correct the deficiencies. The ISR will be submitted using OPNAV Form 5040/2, Implementation Status Report. The ISR and any supporting documentation is to be forwarded through the chain of command and due to the MEDIG 90 days from the last day of the inspection.

c. The MEDIG will determine if a finding can be closed or remain open, depending on the command’s progress in correcting the deficiencies. Follow-up ISRs are due to the MEDIG every 90 days thereafter until deemed closed by the MEDIG. All ISRs must be closed within 1-year.

8. Command Inspection and Civilian Accreditation Survey. The command inspection and the contracted civilian accreditation body are generally concurrent medical treatment facility assessments. Partnership with the civilian accreditation body allows the MEDIG to capture their concerns while simultaneously providing a source of information and clarification to the surveyors regarding military-unique factors.
9. **Report Distribution**

   a. Approximately 30 days from the end of the inspection, the MEDIG will electronically forward the final inspection report to the command and a copy to the echelon 3 commander. Findings and systemic issues from the report are shared with Chief, BUMED, and other BUMED leadership as appropriate.

   b. The MEDIG is the confidential agent of Chief, BUMED, for obtaining uninhibited self-analysis and self-criticism of the internal management, operation, and administration of Navy medicine. Therefore, MEDIG reports are internal memorandums and constitute privileged.