



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 5040.2D
BUMED-M00IG
12 Sep 2017

BUMED INSTRUCTION 5040.2D

From: Chief, Bureau of Medicine and Surgery

Subj: COMMAND INSPECTION PROGRAM

Ref: (a) SECNAVINST 5040.3A
(b) SECNAVINST 5430.57G

1. Purpose. To publish objectives, policies, and procedures of Chief, Bureau of Medicine and Surgery (BUMED) Command Inspection Program. This instruction is a complete revision and should be read in its entirety.
2. Cancellation. BUMEDINST 5040.2C, NAVMED 5040/3, NAVMED 5040/4, NAVMED 5040/5, NAVMED 5040/6, and NAVMED 5040/7.
3. Scope. This instruction applies to all Navy Medicine commands.
4. Authority. The Medical Inspector General (MEDIG) conducts command inspections on behalf of Chief, BUMED. References (a) and (b) set forth echelon 1 and 2 inspection policies and procedures.
5. Background. The MEDIG conducts professional and technical organizational inspections of Navy Medicine commands to assess effectiveness and efficiency of Navy Medicine's mission; reports organizational issues to Chief, BUMED, echelon 3 commanders, Navy Medicine commanding officers, and officers in charge; and maintains liaison with the Naval Inspector General, Deputy Naval Inspector General for Marine Corps Matters/Inspector General Marine Corps, echelon 2 and Responsible Line Command Inspectors General, and civilian and government agency inspector offices.
6. Program Objectives. To evaluate command effectiveness, efficiency, climate, and program compliance through inspection and reporting. The MEDIG will take every opportunity to enhance mission effectiveness through teaching and training. The command inspection process integrates information from Defense Equal Opportunity Management Institute Organizational Climate Survey reports, MEDIG pre-inspection surveys, staff focus groups, individual interviews, objective data from various BUMED and Navy data systems, on-site program reviews, and meetings with local and regional line leaders. Specifically, the command inspection program will:
 - a. Provide inspection results to leadership to achieve program compliance and mission readiness within the organization.

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.

information that is not releasable outside Navy Medicine except with specific approval of the MEDIG. All requests from sources outside the original distribution for MEDIG reports, extracts therefrom, or related correspondence shall be referred to the MEDIG for coordination and clearance. Classifications and restrictions on the disclosure or use of Inspector General reports shall be strictly observed.

10. Responsibilities

a. The MEDIG will:

- (1) Conduct command inspections on a 1 to 4 year cycle.
- (2) Electronically forward the final inspection report to the command, with a copy to the echelon 3 commander.
- (3) Collaborate with the contracted civilian accreditation body for information sharing and inspection/survey coordination.
- (4) Brief inspection reports to Chief, BUMED and echelon 3 commanders.
- (5) Deliver periodic updates of trends, evolving issues, and ongoing systemic challenges to Chief, BUMED.

b. Navy Medicine Echelon 3 Commanders will:

- (1) Ensure subordinate commands maintain readiness through program compliance.
- (2) Conduct assist visits of echelon 4 commands under their cognizance.
- (3) Provide oversight regarding completion and submission of subordinate commands' ISRs to the MEDIG following a formal MEDIG inspection.
- (4) Provide the MEDIG a copy of the executive summary of all assist visits conducted and identified systemic issues.

c. Navy Medicine Commanding Officers will:

- (1) Appoint a primary and alternate point of contact to coordinate inspection preparatory requirements and provide support during the inspection period. The NAVMED 5040/8 Medical Inspector General Command Inspection Planning Worksheet delineates specific command requirements.

(2) Ensure NAVMED 5040/9 Medical Inspector General Command Inspection Information Sheet is completed and returned to the MEDIG following inspection notification.

(3) Refer to the MEDIG Web site for information related to inspections available at <https://es.med.navy.mil/bumed/MEDIG2/Pages/Self-Assessment-Tools.aspx>. This information includes a list of inspected programs and corresponding program self-assessments. References listed in the self-assessments are not all inclusive. Commands are responsible for complying with current instructions and policies related to a particular program or inspectable area.

11. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

12. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, and Secretary of the Navy, and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 5 years after the effective date unless reissued or canceled prior to the 5-year anniversary date, or an extension has been granted.

13. Information Management Control. The reports required in paragraphs 6b, 7, 9, and 10b(2) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7j.

14. Forms. The following forms are available electronically from Naval Forms Online at <https://navalforms.documentservices.dla.mil/web/public/home>.

- a. OPNAV 5040/2 Implementation Status Report.
- b. NAVMED 5040/8 MEDIG Command Inspection Planning Worksheet.
- c. NAVMED 5040/9 MEDIG Command Inspection Information Sheet.


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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/default.aspx>.