NAVMEDEDETRNGLOGCOM INSTRUCTION 1510.2

From: Commander, Navy Medicine Education Training and Logistics Command

Subj: HOSPITAL CORPSMAN PERSONNEL QUALIFICATION STANDARDS PROGRAM

Ref: (a) BUMEDINST 1510.27

Encl: (1) Program Management Guide, Hospital Corpsman Personnel Qualification Standards

1. Purpose. Guidance and execution of the Hospital Corpsman (HM) and Basic Dental Assistant (BDA) Personnel Qualification Standards (PQS) program.

2. Background. The objective of the PQS is to provide the candidate a vehicle for professional development within military medicine, building upon the foundational skills of all Hospital Corpsmen, regardless of any additional technical expertise or advanced specialty training completed.

3. Policy. Reference (a) establishes the PQS program within all BSO-18 activities. The program is intended to provide a measurable standard for individual qualifications and provide for documentation of qualification. Commander, Navy Medicine Education, Training and Logistics Command is assigned enterprise level program management oversight.

4. Responsibilities

a. Commander, Navy Medicine Education, Training and Logistics Command (NMETLC) shall:

   (1) Develop, issue, and maintain currency of each PQS.

   (2) Appoint, in writing, an E-7 or above HM and BDA PQS Enterprise Program Manager.

   (3) Provide annual assessment of PQS program to Navy Medicine Strategy Council in the first quarter of each fiscal year.

b. NMETLC Enterprise Program Manager will:

   (1) Provide oversight and guidance for the PQS program.
(2) Provide standardized formats to document and track PQS completion, failure, and extension waivers via Navy Medicine Learning Management System (LMS).

(3) Communicate responsibilities and program execution guidance to Navy Medicine Regional Program Managers.

(4) Report enterprise program compliance to Commander, NMETLC at four month intervals (May, September and January).

(5) Obtain Navy Medicine LMS site coordinator access via NMETLC Staff Education and Training (SEAT) Program Management Office.

(6) Annually or as needed, evaluate currency and update as necessary the Program Management Guide for distribution to the Regional Program Managers and Command Program Coordinators.

c. Reference (a) directs the Commanders, Navy Medicine East and West to designate a Regional Program Manager, and Commanding Officers to appoint a Command Program Coordinator. The reference outlines the requirements and responsibilities of these positions for appropriate program management, to include reporting requirements. The Program Management Guide will be utilized by NMETLC to provide recommended action steps and checklist procedures to help Regional Commanders and Commanding Officers facilitate programmatic compliance in their respective areas of responsibility.

5. Records Management. Records created as a result of this instruction, regardless of media or format, must be managed per SECNAV Manual 5210.1 of January 2012.

6. Review and Effective Date. Per OPNAVINST 5215.17A, NMETLC Enterprise Program Manager will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory using OPNAV V 5125/40, Review of Instruction. This instruction will automatically expire five years after its issuance date unless reissued or canceled prior to the five year anniversary date, or an extension has been granted.


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Distribution:
Command SharePoint
Program Management Guide

Hospital Corpsman Personnel Qualifications Standards

February 2018
GOAL

- The primary goal of Navy Medicine Education, Training and Logistics Command's Program Management Guide is to assist Commanders and Program Managers in the execution and sustainment of the Hospital Corpsman (HM) and Basic Dental Assistant's (BDA) Hospital Corpsman Personnel Qualification Standards Program.

OBJECTIVES

- To provide the candidate with a trusted vehicle for professional development within military medicine.

- To ensure foundational skills are obtained and sustained regardless of any additional technical expertise or advanced specialty training that has been completed.

POLICY

- The following references are recommended for consultation and review: (a) BUMEDINST 1510.27 (b) NAVEDTRA 4366-1 (c) NAVEDTRA 43699-2 (d) OPNAVINST 3500.3 (e) NAVEDTRA 43100-1L.

- The program is intended to provide a measurable standard for individual qualifications and provide for documentation of this qualification.

DESIGNATED PROGRAM MANAGERS

- Per references (b) and (c), designated HM and BDA PQS Program Managers will serve as subject matter experts on all of the associated sections of the PQS competencies.

- Along with licensed military or civilian health care providers, Hospital Corpsmen Second Class or above Petty Officers who are recognized as experts within their field may be designated as command qualifiers to validate competency in PQS skill proficiencies. These Petty Officers designated as qualifiers are required to first complete the PQS requirements prior to assuming their duties as prescribed in references (b) and (c).

TIMEKEEPING

- Appropriate timekeeping in the Defense Medical Human Resource System Internet (DMHRSi) is critical to accurately record time devoted to training, clinical demonstration, and qualification oversight. For specific timekeeping guidance, refer to the local Medical Expense & Performance Reporting System (MEPRS) Manager for details regarding Navy Medicine MEPRS Policy, labor reporting business rules 9 and 10. Training conducted in clinical areas is typically reported as benefitting the clinical work center where the care is provided; administrative oversight of the training program should most appropriately be reported to Education and Training Program Support and use the “EBFA” MEPRS code.
RESPONSIBILITIES

- Reference (a) directs the Commanders, Navy Medicine East and West to designate a Regional Program Manager, and Commanding Officers to appoint a Command Program Coordinator. The reference outlines the requirements and responsibilities of these positions for appropriate program management, to include reporting requirements.

- It is recommended that the Regional Program Manager(s):
  
  (1) Be an E-7 or above.
  
  (2) Serve as the central point of contact for all Regional PQS matters.
  
  (3) Obtain Navy Medicine LMS site coordinator access via Regional SEAT Program Management Office.
  
  (4) Maintain a current contact list of all Command Program Coordinators within the Region.

- It is recommended that Commanding Officers (COs) and Officers in Charge (OICs) maintain an internal review program that is conducted at random intervals and will allow commands to continually track, assess and monitor all management aspects and ensure Medical Inspector General (MEDIG) compliance of the HM and BDA PQS program.

- COs/OICs hold the final authority for requests to tailor PQS standards to better accommodate the clinical service capabilities of the command. The intent of the PQS programs is to standardize and facilitate all identified tasks in the PQS. Before invalidating any PQS task as not applicable to the command, it is recommended that every effort be made to offer an avenue for 0000/8404/8701 personnel to complete all tasks, to include the considerations of alternate locations or modeling and simulation venues.

- It is recommended that the Command Program Coordinator(s):
  
  (1) Be an E-7 or above. For any subordinate sites with limited E-7 availability, it is recommended that an E-6 with extensive clinical experience and expertise be appointed.
  
  (2) Obtain Navy Medicine LMS site delegate access via the Command SEAT Program Manager to ensure appropriate documentation and recordkeeping within the framework of governing instructions.
  
  (3) Assign via the LMS all PQS-applicable Hospital Corpsmen as identified in reference (a) upon their reporting to the command, and conduct a PQS orientation brief during the command check-in process. Ensure the PQS is assigned within two weeks of the member being officially gained to the command.
  
  (4) Ensure that command qualifiers are in compliance with responsibilities outlined in references (b) and (c).
(5) Review and recommend PQS changes or tailoring to the CO or OIC, and that every effort
to complete all qualifications is exhausted before invalidating any PQS task due to lack of
classroom resources or capability.

(6) Perform quality assurance reviews of all PQS documents uploaded into the LMS for
completion and authentication.

(7) Submit monthly PQS program status reports to the CO.

- It is recommended that PQS Qualifier(s):

  (1) Protect PQS Program integrity by ensuring members accomplish the minimum level of
      competency required to demonstrate appropriate working level knowledge of the subject.

  (2) Identify and recommend PQS changes or tailoring to the Command Program
      Coordinator as outlined in reference (d).

  (3) Correctly document each completed task in qualification books correctly with a full
      signature and date.