

**MEDICAL CORPS SPECIALTY LEADER
ORIENTATION MANUAL
FOR ACTIVE DUTY AND RESERVE
SPECIALTY LEADERS**



28 MARCH 2002

**OFFICE OF THE CHIEF
MEDICAL CORPS**

INTRODUCTION

The purpose of this manual is to provide helpful information for Navy Medical Corps Specialty Leaders. I have tried to include official policy guidance and practical, how-to, information, while maintaining a manageable length. In the interests of keeping the content current and accessible, and recognizing the increasing use and utility of the Internet, I have provided e-mail and website references as appropriate: sometimes in lieu of written material.

We have borrowed liberally from the Medical Service Corps Specialty Leaders Orientation Manual: both in structure and in content, and I thank CAPT Marcia W. Krasicky, MSC, USN, for making this available and CAPT Gregory Firman, MC, USNR for his assistance.

This manual is a first effort, and a work in progress, so I welcome any suggestions for making it more useful to you.

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Specialty Leaders Instruction BUMEDINST 5420.12B

<http://navymedicine.med.navy.mil/instructions/external/5420-12b.pdf>

Navy Performance Evaluation and Counseling System BUPERSINST 1610.10

SPECIALTY LEADER SELECTION CRITERIA & PROCESS

GENERAL

One Specialty Leader (SL) should be appointed for each specialty area. Assistant Specialty Leaders may be appointed for specialties having large numbers of personnel, when there is wide geographic dispersion, or when advisable due to particular talent or expertise.

CRITERIA

Specialty Leaders must:

- ◆ Be willing to fulfill assigned functions
- ◆ Be a senior officer in the community with broad Navy experience
- ◆ Hold requisite credentials within the specialty
- ◆ Have the training, background, and variety of assignments in their specialty necessary to perform the Specialty Leader's mission and functions
- ◆ Be practicing in the specialty area (depending on current assignment)
- ◆ Be based in the continental United States (CONUS)

LENGTH OF TERM

Specialty Leaders will be appointed to serve a minimum of three years. Corps Chiefs or Directors may elect to extend a term up to two years at their discretion. After serving as a Specialty Leader for a term, or a term plus extension, a minimum of two years must elapse before reappointment.

SUCCESSOR

At least four months before expiration of term, Specialty Leaders must submit successor nominations to Chief, BUMED via appropriate Corps Chief or Director. Nominations should include up to three individuals qualified to succeed as Specialty Leader. When formulating this list, Specialty Leaders must seek and consider the advice of the specialty constituency. The list must be accompanied by a current curriculum vita for each nominee. Specialty Leaders must provide their prioritization of nominees for relief, with justification.

MC SPECIALTY LEADER SELECTION TOOL

In addition to the general criteria for selection listed above, a nominee's application should include their academic background, certifications held in specialty, experience in the specialty, professional publications, membership in professional organizations, other certification or training obtained, and a personal statement which should include:

- ◆ Why the position is desired, what attributes will be brought to the position.
- ◆ Top five goals for the community.

Specialty Leader Selection Process Flowchart

Step	Initiated by
Requirement for new SL	Current SL, 00MC, SG
Determine Qualifications & Requirements	Current SL
Announce the Position, Criteria, & Deadline	Electronic Posting/SL Meeting
00MC Collects Applications/CVs	00MC Staff
Current SL Review Recommendations to 00MC	Current SL
00MC Review & Recommendations	00MC Staff
Chief MC Review/Approve	00MC
Prepare appointing letter and send to SG for Approval	00MC
Final Selection/Approval of SL	Surgeon General
Notify Selectee & Mail Appointing Letter	00MC
Provide orientation package to new SL	00MC
Schedule BUMED Internship	00MC

DUTIES OF MC SPECIALTY LEADERS

**** Sections applicable only to Active Duty SL's are marked with asterisks ****

Technical and professional knowledge and experience of senior personnel in each of the Medical Department disciplines are frequently required to ensure specialty interests are linked to and aid sound management decisions within Navy Medicine. The Specialty Leaders are critical to the corporate management structure of Navy Medicine. Their role provides essential specialty focus and expertise for definitive problem solving and tactical and strategic planning.

The Specialty Leader is an advisory position. Specialty Leaders receive direction from and report to the Chief, Bureau of Medicine and Surgery via the Chief, Medical Corps (MC). Specialty Leaders must keep their Commanding Officer fully informed of their activities and advise the Chief, MC, regarding requests for advice or information from higher authority. Specialty Leaders are viewed as a part of the Office of the Medical Corps.

GENERAL GUIDANCE

- ◆ Develop and maintain files relating to your specialty; pass these files to your successor.
- ◆ Maintain proficiency in the specialty represented.
- ◆ Provide worldwide representation for the specialty in Navy and professional associations.
- ◆ Communicate as soon as possible with your predecessor and your active/reserve counterpart, especially regarding:
 - ◆ Current issues/goals/billets/quotas, etc., for your specialty.
 - ◆ How to receive and disseminate information: contacting people, development and use of directories, and web sites.
 - ◆ Emphasize joint activities of all types: tri-service; VA; civilian community
 - ◆ Advise on specialty-specific proposals, projects, and programs, including training and research.
 - ◆ ****Advise all concerned on the cost-effective distribution of specialty billets and inventory, including support personnel.**
 - ◆ Appoint in writing, specialty reviewers for case specific medico-legal review, interpretation, and evaluation.
 - ◆ ****Review temporary additional duty coverage requests with BUMED staff and advise on alternative temporary additional duty assignments.**
 - ◆ Assist training directors and facility department heads in resolving specialty-specific issues.
 - ◆ Maintain accurate contact information and demographic data for members of your specialty community. The Reserve Specialty Leaders (RSL) can be instrumental in keeping Reservists current in their credentials, demographics and availability for Navy needs, especially those with short notice.
 - ◆ Act as a bi-directional conduit, between your specialty community and the BUMED/00MC.
 - ◆ Maintain and /or establish List Server for your specialty. Developing and maintaining an email distribution list (List Server) to facilitate electronic communications is the method of choice for this purpose. This is of particular importance to the RSL where communication needs amplification. Use of electronic newsletters with information on availability of duty assignments, AT [reservists], courses for clinical, management or combat skills as well as news of personnel is encouraged. The point of contact for Navy Medicine List Server Information is: Mr. Karthikeyan Ramasubbu
kramasubbu@us.med.navy.mil

RECRUITING & ACCESSIONS

- ◆ Advise Chief, 00MC and the Professional Review Board (PRB) while providing ad hoc recommendations on the specialty qualifications and desirability of candidates for appointment to active or Reserve duty.
- ◆ **In concert with the Assistant Chief for Education, Training and Personnel (MED-05), provide input (when requested) for the specialty-specific accession standards.
- ◆ Review accession packages on candidates within specialty, contact telephone references to determine professional competency and scope of practice, and provide written recommendations to the PRB.
- ◆ Conduct recruiting visits .
- ◆ Support recruiters with quick screening of potential candidates. If asked to contact a candidate, do so promptly.
- ◆ Identify key colleges/university programs for recruiters to target.
- ◆ Develop briefing packages for your community (e.g. power point presentations) and provide recruiting information on your website. Reservists should be able to use their unit website.
- ◆ Recruit for your specialty within the Navy GMO pool.

MENTORING

- ◆ Develop and maintain specialty-specific career matrix. Specialty-specific career matrix, along with the MC officers' career matrix and the Executive Medicine career matrix form the foundation from which each officer can build their career.
- ◆ As the Specialty Leader for your community, you are the advocate for the officers within your community. They will turn to you for career planning, counseling, problem solving and guidance in understanding the "Big Picture". Remember to keep in mind Navy and command needs when advising your officers.
- ◆ Link students, new, and junior officers with mentors to help facilitate career in military medicine.

TECHNICAL RESOURCE

- ◆ Help your community stay up-to-date on Navy and specialty-specific issues through the use of your website, emails, conference meetings and other similar methods.
- ◆ **Identifying Director Training opportunities for your community.

DETAILING/BILLET MANAGEMENT

- ◆ Assist detailers, when requested with maximizing matching of people to billets to best meet Navy's short and long-term needs.
- ◆ The Specialty Leaders may act as the individual officer's advocate by knowing specific/unique talents of the officer, career development needs of the officer and personal desires of the officer by making recommendations to the Detailers on specific assignments.
- ◆ Keep Detailers/00MC/MED-05 informed of potential billet changes.
- ◆ Consult with Commanding Officers/Executive Officers regarding billet issues, as needed.

ADMINISTRATIVE

- ◆ Input from the Specialty Leaders is an integral part of Corps planning. 00MC tries to minimize the number of written reports required of the Specialty Leaders. The following reports are necessary on an annual basis:
 - A. **Accession Plan**: The Specialty Leader's input is the starting point and is absolutely critical to the development of the annual accession planning done with MED-52. A mid-year review of the Annual Accession Plan is conducted to make corrective adjustments for unplanned gains/losses. The MC Personnel Plans Analyst (MED-523) will provide guidance as to the required elements of the Accession Plan.
 - B. **Training Plan**: The Specialty Leaders begin the development of the annual plan and influence the allocation of the training billets. The MC Training Program Manager will provide guidance as to the required elements of the Training Plan.
 - C. **Chief's Training Opportunities**: The concept for utilization of these billets is to build in flexibility for training opportunities reflecting new or evolving changes within the health care arena. Specialty Leaders identify the new or evolving changes within their specialty and present a justification to the Medical Education Policy Council (MEPC) on the benefit to the Navy this training opportunity offers. The MC Career Plans Officer (00MCB1) will provide guidance as to the required elements for the Chief's Training Opportunities.
 - D. Annual Meeting and Focused Reviews: An in-depth review of each of the 162 specialties and subspecialties within the MC is conducted by the Specialty Leader to the Medical Education Policy Council (MEPC) annually. This usually will be in the context of the annual meeting of all Specialty Leaders, both active and reserve, held at BUMED in April. The Assistant for Manpower, Plans & Analysis (00MCB3) will provide guidance as to the elements for the Focused Review FOR Active Duty and MED 07 for Reserves. (See "Specialty Leaders' Focused Review Guidelines," following.)
 - E. Documentation: RSL's must assure that members of their specialty community remain current in credentialing and privileging, and should confirm currency of each member's NOBC, SSP (subspecialty code), AQD (Additional Qualifications Designator), and OQQ (Officer Qualification Questionnaire). SL's also must communicate any changes in the above and/or in demographic information to 00MC.

REWARDS

- ◆ The opportunity to develop and pursue unique training/operational experiences, for yourself and community members.
- ◆ Networking.
- ◆ Flex drill credit for reservists, protected administrative time for active duty.
- ◆ Enhancement of FitRep and/or CV: both relevant to promotions.
- ◆ Visibility to Navy Medicine leadership.
- ◆ The satisfaction of making a real and important contribution to Navy Medicine.

****ACTIVE DUTY SPECIALTY LEADERS' FOCUSED REVIEW GUIDELINES**

NOTE: These data are necessary to provide background for the Personnel, Plans, and Policy Committee and may be used to make data driven decisions. All members of the committee will have the Focused Review in front of them; therefore, it is not necessary for the Specialty Leader to go through each of these slides with the Personnel, Plans, and Policy Committee.

I. Outline for the Electronic Presentation Agenda

- A. Historical View
- B. Status of Community
 - 1. Summary of billets and bodies
 - 2. Program Authorization
 - 3. Training/Education Requirements
- C. Community Environment
- D. Contributions
- E. Challenges
- F. Goals

II. Specific Guidance for Each Agenda Item

Historical View: Each Active Duty Specialty Leader should obtain from MC Personnel Plans Analyst, MED 521 (202-762-3396) your community information for the following:

- 1. Historical/Projected Endstrength Inventory vs. Billet Authorization
- 2. Current End Strength v. Authorizations
- 3. Detailing Perspective
- 4. Grade Distribution for the Specialty only
- 5. Education Level
- 6. Past 8 years Promotion Results (LCDR, CDR and CAPT level)
- 7. Loss Rates

Status of the Community: The Specialty Leader should address the following areas ONLY when there are proposed changes for the community.

- 1. Summary of Billets & Bodies: Before proposing changes in Billets and/or Bodies, the Specialty Leader should discuss the proposed changes with the appropriate community Detailer and with the Manpower Policy and Plans Officer, 00MCB2 (202-762-3062).
- 2. Program Authorization: Before proposing changes to the Program Authorization for your community, the Specialty Leader should discuss the proposed changes with the Career Plans Officer (00MCB4), 202-762-3069.
- 3. Training/Education Requirements: Before proposing changes to the training/education requirements, the Specialty Leader should discuss the proposed changes with the Graduate Medical Education Policy Council (MEPC), Code OM, at the Naval School of Health Sciences in Bethesda (301-319-8027).

Community Environment: This is the time to address factors that may be influencing retention and recruiting for your community. Identify key factors, provide suggested methods to maximize the positive factors and minimize the negative factors, and then open this topic up to the Personnel, Plans, and Policy Committee for their input.

Contributions: You may desire to highlight specific contributions of your community in the past year and/or identify significant projects currently being developed within your community.

Challenges: This is the time to present issues within your community, which you perceive as the primary obstacles for your community in the next 12-18 months.

Goals: You may desire to identify the goals you have set for your community that you hope to achieve during your tenure as the Specialty Leader.

Additional Issues: This outline is meant to give you guidance as to what the Personnel, Plans, and Policy Committee typically reviews with the Specialty Leaders. It is not meant to be restrictive; it is meant to be a guide. You certainly may address an issue or issues outside of this framework, which are relevant to your community.

RESERVE SPECIALTY LEADERS FOCUSED REVIEW GUIDELINE

NOTE: The RESERVES do not have a formal process for input into billets and manning from the Specialty Leader, but a venue will be developed so that issues can flow from this meeting to the appropriate levels. The meeting will also serve to bring forward issues to the group to establish commonality and brainstorm solutions.

I. Outline for the Agenda

- A. Historical View
- B. Status of Community
 - 1. Summary of billets and bodies
 - 2. Program Authorization
 - 3. Training/Education Requirements
- C. Community Environment
- D. Contributions
- E. Challenges
- F. Goals

II. Specific Guidance for Each Agenda Item

- A. Historical View: Each Reserve Specialty Leader should obtain from MED07 your community information for the following:
 - 1. Historical/Projected Endstrength Inventory vs. Billet Authorizations
 - 2. Current End Strength v. Authorizations
 - 3. Loss Rates
- B. Status of the Community: The Specialty Leader should address the following areas ONLY when there are proposed changes for the community.
 - 1. Summary of Billets & Bodies: Before proposing changes in Billets and/or Bodies, the Specialty Leader should discuss the proposed changes with MED 07 and 00MCR.
 - 2. Program Authorization: Before proposing changes to the Program Authorization for your community, the Specialty Leader MED 07 and 00MCR.
 - 3. Training/Education Requirements: Before proposing changes to the training/education requirements, the Specialty Leader should discuss the proposed changes with MED 07 and 00MCR.
- C. Community Environment: This is the time to address factors that may be influencing retention and recruiting for your community. Identify key factors, provide suggested methods to maximize the positive factors and minimize the negative factors, and then open this topic up to the group for their input.
- D. Contributions: You may desire to highlight specific contributions of your community in the past year and/or identify significant projects currently being developed within your community.
- E. Challenges: This is the time to present issues within your community, which you perceive as the primary obstacles for your community in the next 12-18 months.
- F. Goals: You may desire to identify the goals you have set for your community that you hope to achieve during your tenure as the Specialty Leader.
- G. Additional Issues: This outline is meant to give you guidance. It is not meant to be restrictive; it is meant to be a guide. You certainly may address an issue or issues outside of this framework, which are relevant to your community.

CODE RESPONSIBILITIES

OFFICE OF THE CHIEF, MEDICAL CORPS (MED-00MC)

The Medical Corps (MC) is one of the five pillars of the Navy Medical Department. The MC is lead by the Chief, MC, who reports to the Surgeon General of the Navy. Personnel, Policy and Plans issues are coordinated through the Chief's staff at the Bureau of Medicine and Surgery (BUMED), Office of the Medical Corps (00MC). All Specialty Leaders are viewed as part of the 00MC office and advise the Chief, MC on the technical and professional matters within their specialty and provide essential specialty focus and expertise for definitive problem solving and tactical and strategic planning.

The Office of the Medical Corps (00MC) supports Navy Medicine in general and the Medical Corps specifically. 00MC may supply guidance, support, information, and solutions for changing needs and issues among the 162 specialties in the MC. The goal is to maximize the benefit to the Navy, the MC, the specialty and the individual MC officer by collaborating with the Specialty Leaders in problem solving and strategic planning.

General

- ◆ Provide direction and monitor Specialty Leader functions.
- ◆ Maintain and periodically electronically publish a Specialty Leader Directory.
- ◆ Provide Specialty Leaders with a list of current corporate issues and points of contact for all issues affecting their specialties.
- ◆ Actively conduct communications with Specialty Leaders.
- ◆ Develop and implement a formal indoctrination program and a Specialty Leader Handbook.
- ◆ Nominate individuals to serve as Specialty Leaders for Chief, BUMED approval.
- ◆ Provide timely narrative input to Commanding Officers so the performance of Specialty Leaders may be recognized in their fitness reports.

Chief, MC (BUMED-00MC) Deputy Chief, MC (BUMED-00MCB)

- ◆ Oversight of the 00MC Specialty Leader Program

****Medical Corps Career Plans Officer (BUMED-00MCB4)****

- ◆ Review the specialty's historical report (received from BUMED-523 and provide career advice.
- ◆ Explain Chief's Fellowship Program: intent, purpose and requirements
- ◆ Review the Community Management Brief
- ◆ Explain the Professional Review Board, Specialty Criteria Form (if required), and performing a Kit Review
- ◆ Review/Assess current training billets and community needs
- ◆ Explain OIS interface with students and requirement of the Specialty Leader to contact each new officer within 30-60 days of reporting to their first command.

****Medical Corps Manpower Policy and Plans Officer (BUMED-00MCB2)****

- ◆ Review billet structure and method to change billets.
- ◆ Status report on THCSSR
- ◆ Explain billet rank and coding
- ◆ Provide a copy of the current Occupational Requirements for the specialty
- ◆ Discuss the application of NOBC, AQD and sub-specialty codes and how to document changes in one's record.

MC Reserve Affairs Officer (BUMED-00MCR)

- ◆ Explain the various forms of reserve "active" service and how to obtain
- ◆ Discuss various methods of identifying requirements
- ◆ Maintain roster of Reserves in each specialty for dissemination to SL and RSL
- ◆ Maintain electronic database of Reserve Specialty Leaders
- ◆ Facilitate communication and coordination between Active and Reserve SL
- ◆ Explain the relationships with MED-31, PERS 931 and MED-07
- ◆ Explain how to assist an active duty officer transition into the reserves
- ◆ Manage NOBC, SSP, AQU assignments for reserves

****MC Community Manager (N131M4)****

- ◆ Explain Program Authorization for community
- ◆ Outline the current guidelines for TERA
- ◆ Explain the procedures for twice fail to select officers
- ◆ Explain the procedures for continuation/separation
- ◆ Discuss Special Pays (if applicable)

****MC Recruiting Program Manager (CNRC-MC)/ (CNRRRC-MC)****

- ◆ Explain the "Kits Status" report
- ◆ Provide listing of all MC recruiters
- ◆ Discuss specialty meetings that may be supported by CNRC/CNRRRC
- ◆ Explain how recruiting goals are established
- ◆ Discuss web site and brochures for community (if applicable)
- ◆ Discuss role in scholarship programs (if applicable) HPSP, HSCP, HPLRP
- ◆ Annual review with SL

****MC Training Program Manager (NSHS-OS)****

- ◆ Identify current training billets/needs of community
- ◆ Explain the requirements for MOUs and the requirements of the SL
- ◆ Explain how Fellowships different from the FTOS/FTIS training
- ◆ Explain the Length of Programs, Training and Education Requirements

****MC Detailers (PERS-4415)****

- ◆ Explain how a record review is conducted
- ◆ Outline current billets/fills for the community
- ◆ Explain the role of the placement officers
- ◆ Explain tour lengths
- ◆ Discuss the roles/interface/expectations of the SL/Detailer
- ◆ Explain how an officer submit their name to record a board or sit on a selection board
- ◆ Identify BUPERS website
- ◆ Discuss continuation, retention, augmentation
- ◆ Review the suggested timelines for RAD, Resignations, Retirements, PCS orders
- ◆ Discuss the Leadership Continuum Courses

****Military Personnel Analyst (BUMED-52)****

- ◆ Review accession packets
- ◆ Explain the contributions of the Specialty Leader in the PRB process
- ◆ Establish primary method of "record review" for the SL (i.e. in person, by fax)

MC Military Personnel Analyst (BUMED-523)

- ◆ Summary of Billets & Bodies for specific community
- ◆ Historic Report (End Strength, Losses, Etc.)
- ◆ BUMIS briefing
- ◆ Accession Planning
- ◆ Subject matter expert for accounting of billets and bodies

Reserve Force Integration (MED-07)

- ◆ Summary of Billets & Bodies for specific community
- ◆ Historic Report (End Strength, Losses, Etc.)
- ◆ Accession Planning
- ◆ Subject matter expert for accounting of billets and bodies
- ◆ Oversees Medical Reserve Utilization Plan (see appendix)
- ◆ Coordinates input of requirements for reserve support into database (MEDRUPMIS)
- ◆ Facilitates efficient integration of reserve resources to support active duty requirements
- ◆ Resource for APPLY program
- ◆ Recruit members and records for O4-O6 Medical Selection Board

MEDRUP ORIENTATION

The Medical Reserve Utilization Plan is a new initiative, which will help efficiently utilize reserve personnel and maximize their integration with their active duty counterparts. The executive summary in the appendix goes into the details of the program and the information system that supports it (MEDRUPMIS).

GETTING YOUR STORY IN NAVY AND MARINE CORPS MEDIA

Determining what is news—what is fit to print or broadcast—is an exceptionally subjective determination, even for internal publications such as Navy and Marine Corps Medical News. There are, however, many things you can do to improve the odds that your story will make it into MEDNEWS. If the answer is “yes” to any of the questions below, please send in your story!

1. Is your story about a program that highlights one of the Surgeon General's initiatives?
2. Is it about a unique activity or event that happens only once or very rarely?
3. Does it tell a story of an exceptional Navy health care professional?
4. Does it tell the story of a problem that was overcome in an original way?
5. Is it about a new, a unique, or a continuing program that has undergone change?
6. Is it of special interest to the navy health care community?

What Information Should a Story Contain?

Each story should answer the following questions: who, what, where, when, when, and sometimes, how. Put all this information in the beginning of the story. In answering the “who”, include the first and last name, rank or rate, and corps. And please—NO ACRONYMS! Don't forget to include a point of contact, telephone number and e-mail address with the story.

How Long Should a Story Be?

Short. MEDNEWS is normally only 2,400 words long. There are eight to 15 stories each week. Five hundred words is a very long story for MEDNEWS; most are 250-300 words.

Tell the Story in Their Own Words

Don't forget to include quotes in your story, especially from junior officers and enlisted staff. Quotes should be in conversational English rather than Navy jargon; should not sound as if the story is derived from a letter of commendation.

Where Do I Send the Story?

MEDNEWS' editor is Jan Davis. She can be reached in the following ways:

1. By e-mail: JaKDavis@us.med.navy.mil
2. By phone: (202) 762-3223 or DSN: 762-3223
3. By FAX: (202) 762-3224
4. By mail: Public Affairs Office (OOP)
Bureau of Medicine and Surgery
2300 E Street N.W.
Washington, DC 20372-5300

OTHER NAVY WIDE INTERNAL PRODUCTS

While MEDNEWS is disseminated throughout the Navy worldwide, you can improve the chances of getting your story used by distributing it to some of the other Navy publications.

They include:

1. All Hands. Look for longer stories of a non-scholarly, non-scientific nature. Color and black and white photographs a plus. Target audience is general Navy. Monthly, published by the Naval Media Center.
2. Navy News Services. A wire service similar to MEDNEWS. Good for short stories of non-medical and medical nature. Does not use photographs. Target audience—general Navy. Weekly published by Naval Media Center.

3. Navy Medicine. Look for longer stories of a medical nature or involving health care professionals. Photographs a plus. Target audience is health care professionals and some general Navy. Bimonthly, published by the historian at the Bureau of Medicine and Surgery.
4. Navy and Marine Corps News This Week. A TV news broadcast. NMCNTW needs to know of a story BEFORE it happens so it can be videotaped by their journalists; it rarely uses after-the-fact stories. Weekly. Packaged and edited by Naval Media Center.
5. Navy Family Lifetime. A newsletter targeting the family members of Navy people. Stories are generally 300-800 words on issues of interest to family members. Occasionally uses photographs printed in black and white. Quarterly, published by Naval Media Center.

SELECTION BOARDS

I PREPARATION

Fitness Report Observations

Fitness reports are the most important documents in one's service records. These career management tools can determine who is promoted, who is selected for training programs, and who may be favorably screened for executive medicine positions. From a detailer's perspective, it is truly eye opening to read the hundreds of fitness reports that we review in our positions as career counselors. From our cumulative experiences as detailers and members of promotion boards, we would like to share some of our observations about fitness reports.

These comments are relevant vis-à-vis your own fitness reports and for those of you who write them for subordinates.

1. Write for your audience. In our highly diverse corps, it is of utmost importance to write fitness report narratives so that all members of the selection board easily understand the member's contributions to the command, Navy Medicine, etc. Accomplishments need to be described so that any MC officer or line officer can easily discern that an officer stands out from the rest of the group. Do not use jargon or get caught up in the technical language of your profession—this can't be over-emphasized as many officers get caught up in this communication problem.

2. Do not provide a job description for your narrative. A promotion board is interested in seeing how well an officer does the job—in other words, "performance, performance, and performance." The fitness report narrative must describe an officer's superior performance when compared to others (always going above and beyond what is expected, doing more with less), the positive impact of the officer's performance on the command/Navy/DoD and demonstrated leadership and mentorship by the officer.

3. Remember that your performance is based not only on how you do your job as a member of your profession or subspecialty, but also on how you do your other jobs as an MC officer and Naval Officer. Your overall service reputation is based on your performance in all of these areas and your fitness report should reflect this balance of performance.

4. During our many counseling sessions with officers (many of whom failed for selection to promotion), we have observed a striking lack of familiarity with the BUPERSINST 1610.10 (see Appendix) by some officers as we review fitness reports. Among the problems that we have observed:

- a. Prohibited comments: BUPERSINST 1610.10 Annex A, page A-11.
- b. Omission of required comments: Annex A, page A-11.
- c. Errors in completing Block 29 including placing the specialty in the 14 character/space block (vice the most significant primary duty), as well as omission of the job scope: Annex A, page A-7.
- d. Requesting a special fitness report when there is no basis: Annex D, page D-3.

So, if you have not reviewed this important instruction lately, please take a look at the BUPERSINST 1610.10. Your continued progression up the career ladder, as well as those of your subordinates, depends on your knowledge of this document. It is not a positive reflection on your leadership abilities as a Naval Officer when your own fitness report does not properly adhere to the instruction.

II RECORD REVIEW

Just as one might discover significant errors of omission or commission in reviewing his/her credit report, your service record might not be complete or accurate. Therefore, at least one year prior to your coming before a promotions board, you should make sure that your promotion file is complete (update your photograph to your current rank).

The Naval Reserve Association (NRA) offers several services in this area:

- ◆ Record Audit to assure completion of required documents
- ◆ Detailed Record Review with career guidance
- ◆ Advice on completing the Naval Reserve Qualifications Questionnaire (NRQQ)

- ◆ Advice on getting service record corrected
- ◆ Earliest notification of Selection Board results to members selected

These services are available only to NRA members, but regular (USN) officers are eligible for membership. The NRA website is: <http://www.navy-reserve.org/> Records may be accessed by active duty and reserve personnel via the BUPERS web site. <http://www.bupers.navy.mil>. A very useful presentation on the BUPERS website for preparation for Selection Board preparation is: <http://www.bupers.navy.mil/selectbd/sbprep.html>

There appears to be some confusion on how an officer can get a personal award entered into the Officer Summary Record (OSR)/Performance Summary Record (PSR) and the Electronic Military Personnel Record System (EMPRS). NPC no longer has a direct link to the awards database and can't enter awards into your OSR/PSR—please do not send missing awards to your detailer for OSR/PSR entry.

All personal awards should be sent directly from the originating command to the Navy Board of Decorations and Medals for entry into the OSR/PSR and EMPRS. Please direct your correspondence to the following address:

Navy Board of Decorations and Medals
2000 Navy Pentagon (N09B33)
Washington DC 20003

If you are sending awards information via Express Mail or via overnight delivery, please use the following address:

Navy Board of Decorations and Medals
901 M Street, SE
Building 36, Room 135
Washington Navy Yard
Washington, DC 20003

If you are missing a personal award or awards from your OSR/PSR, send or fax a copy of the appropriate citation to the Navy Board of Decorations and Medals and request that the appropriate OSR/PSR addition be made to your record (remember to place your SSN on the citation).

If your award is missing from your EMPRS record only, mail a copy of the citation to NPC 313 for scanning into your record or mail it to your detailer, who will hand-carry it to NPC 313.

If you are missing a personal award from your OSR/PSR and your EMPRS record, send or fax a copy of the appropriate citation to the Navy Board of Decorations and Medals and request that the appropriate OSR/PSR addition be made to your record, as well as to your EMPRS record (again remember to place your SSN on the citation).

This information, along with detailed information on how to prepare your record for selection boards, board convening dates and information on BUPERS Access, is available at the NPC and 00MC Web Sites.

Please note that if you have recently received an award and are coming in front of a Selection Board in the near future, you may want to include your award citation as an enclosure in a letter to the President of the Selection Board. This ensures that the Selection Board has the opportunity to see your award.

LETTERS TO THE PRESIDENT OF THE SELECTION BOARD

The purpose in writing to the Board is to provide additional information or clarify information or clarify part of your promotion record. It is crucial that planning and thought goes into creating this product to maximize the effectiveness of your record. A letter to the Board should not be a duplication of your record, rather a snapshot or focus on specific issues. Below are some general concepts that are critical in preparing your letter.

SEEK ADVICE

The detailee is your OFFICIAL career counselor. Additionally, other senior officers may assist you. Ask someone with whom you can be candid about your record, preferably someone with board experience. Jointly determine the strengths and weaknesses of your record and the best manner to address the shortfalls. These shortfalls may include significant personal issues or an extended training period in a Not-observed status and may not be performance related. Have several people review your draft letter. You will receive a variety of suggestions and it is up to you to weigh them and decide what will best represent you.

BE TECHNICALLY CORRECT

Follow the procedures outlined in on the BUPERS web site at <http://www.bupers.navy.mil/pers8/pers-80/pers-801/pers-801B/pers-801B.htm>, for submission of the letters to the board. Spelling, sentence structure, and overall clarity are key. Items such as the FY for the promotion board are small but significant details.

BE BRIEF

It is recommended that you keep the letter to one page with usual margins and font. Supplement your key points with enclosures, usually not more than six. The enclosures and letters of reference do not need to have focus other than that you are a “superb officer”. Examples include in training, a letter from your academic advisor identifying your academic achievements; a letter from a former reporting senior discussing the command structure if you were billeted at Place X, but assigned to work at Place Y. Be cautious about using acronyms and abbreviations that are unique to your specialty. Board members should not have to search for information in reading your letter.

BE PROACTIVE

Sell yourself and your contributions to Navy and Military Health Care. Address self-improvement initiatives. This is not the forum to put a former reporting senior on report, to discuss unresolved philosophical differences or “unjust fitness reports”. Highlight your contributions to the systems and your impact on business practices, resources, or health care delivery systems. Make sure your evaluations identify the true scope of your responsibilities.

AMPLIFY NECESSARY INFORMATION

As discussed above, it is important that you review your record and ensure accuracy and completeness. Do you need to identify that you have been an independent provider in key operational arenas? Your current position has you involved in situations with international significance – is that apparent in your evaluation? Did you complete a demanding academic program in the prescribed time allotted with an outstanding GPA and have recognized published records? Remember it is YOUR responsibility to obtain the recent OSR and review it prior to the Board. If time is such that a recent fitness report or award will not have adequate time to work through the BUPERS channels, use a letter to forward the information to the Board. Remember, only you can communicate with the President of the Board. If other officers are interested in supplying amplifying information, they cannot communicate directly with the Board, even if it is positive information. However, you can enclose relevant letters of reference, as noted below.

TOE OF THE LETTER

While confidence and pride are important, be careful about too much “me, me”. Build your letter on substance, performance, preparation and potential. If necessary, enclose letters of reference to “wave the flag” for you, such as “This is the only officer in the community with X credentials”.

COMPETITIVE LETTER

General items that the Board reviews in a competitive record include: performance, education, certification/licensure, increasing scope of your responsibility, proven leadership skills, diverse experiences, satisfactory physical readiness, and highlighting Navy and command contributions (research, publications, etc.). Are there items that need to be highlighted in a letter?

REWRITES

Take time to draft, and re-draft your letter. Review it with several advisors. The first time you attempt a draft, there may be feelings of frustration and disappointment. Best to get it out on paper, discard, and start with the above recommendations in mind. It will take time for the right product.

III PARTICIPATE

Serving on a selection board is desirable for several reasons:

- ◆ It gives you a first-hand overview of the selection process.
- ◆ Understanding the Selection Board process is helpful for your career development and: that of your subordinates.
- ◆ Such service also is a positive item in your own fitness report and CV.

If you are interested in serving the BUPERS Deputy for the Medical Assignment Branch (BUPERS 4415A) or check with your detailer.

FAILURE TO SELECT COUNSELING

During your tenure as a Specialty Leader, you may be faced with the responsibility of notifying officers within your community of their failure to be selected for the next rank. This is not an easy task or one that you must face alone. The officer's chain of command, his/her Detailer and you should work in concert to guide the member through this difficult period. The Detailers play a key role in advising the officers as they have access to the officer's record and they have the current policies regarding the rules for retention, continuation and involuntary separation. The following guidelines highlight some key elements you may want to cover in your discussions with officers who have failed to select:

- ◆ Don't give up. Believe in yourself. Remind yourself of how much you have accomplished in your life. Do not consider this a fatal blow to your career. Instead look at it as a temporary setback and possibly a redirection.
- ◆ Give yourself some time to absorb this and to deal with your emotions. Do this first, and you will be better able to move on to planning for the future and preparing for the next board.
- ◆ Try not to take it too personally. The board is a competitive process and some wonderful people will not get selected. This may provide little comfort but it is true and does explain why above zone selections are so common in the Medical Service Corps.
- ◆ Take a hard, objective look at your record. If you believe your Navy career is worth fighting for and you have taken some time to absorb the board results, you will have to get a good objective assessment of your record before you can move on. Consider your record a picture that may have some missing pieces. You need to figure out what you can add to your record to show the board "the whole you". Review the board precept. Read your fitness reports as though you know nothing about your specialty. Get the Detailers and a few senior officers you trust to go over your record with you and ask them to be completely candid.
- ◆ Get busy. Fill whatever holes (if any) you find in your record. Submit copies of medals, diplomas, etc. which you find missing. Make a list of what information you want the board to hear about you. Ask senior officers who know you well for letters and share with them your assessment of what you think may be missing in your record (this is no time to be shy and modest). Make sure your next fitness report is the best it possibly can be; both by doing your best possible work and by making sure your fitness report input optimally reflects what you do and why it is important.
- ◆ When you have done all you can, sit back and try to let go.

APPROACHES TO MANAGEMENT FOR SPECIALTY LEADERS

The foremost obligation of the Medical Corps is to provide healthcare services in support of Navy readiness and health benefits. Leadership is the essential element for successful accomplishment of our mission. Your selection as an MC Specialty Leader reflects the Navy's confidence in your ability to fulfill this obligation.

Management Approach

- ◆ In the decision-making process, invite and encourage open communications, honest differences of opinions and competitive adversarial contests. Once a decision has been reached, arguments should cease and all members should "turn to" to make that decision an unqualified success.
- ◆ Make every effort not to assign responsibility without also giving the authority and providing the resources to do the job.
- ◆ Although crises are inherent in both the military and medical systems, whenever possible, apply long-term, reasoned actions. This approach will provide more permanent solutions and protect the working part of the organization from the disruptive effects of uncertainty and crisis.
- ◆ Looking ahead to what is coming up next is a habit that distinguishes outstanding performers from the average. Anticipating and controlling events, rather than reacting to them, guarantees a smooth operation.
- ◆ Our successes or failures will be due in large measure to how well each individual knows what their responsibilities are and how deeply they feel a personal commitment to discharge those responsibilities to the limit of their ability.

Accountability

- ◆ With responsibility goes authority and with them both goes accountability. Every individual is held accountable for his/her actions.
- ◆ Accountability should manifest itself in concentrated thought and action where crucial matters are concerned. It should develop in each of us a mature sense of awareness.

Discipline

- ◆ High standards of military behavior, courtesy, demeanor, and appearance are key to the proper functioning of any military organization. Avoid any tendency to tolerate double standards.
- ◆ Praise should be given in public and admonition in private.

Leadership

- ◆ "Leadership is an art and technique of influencing individuals or groups of individuals to work together with enthusiasm, dedication and skill toward the achievement of a common goal."
- ◆ Key characteristics of leadership are professional knowledge, self-confidence, enthusiasm, integrity, ability to communicate, persistence and determination—all driven by a dedication to hard work and a desire to excel.
- ◆ Leadership must be by example. People cannot have confidence in, and will not follow, leaders who place themselves above rule and regulation or beyond accountability for their actions.
- ◆ Leadership must be based on goodwill. There must be wholehearted commitment to the goals of the organization and helping others meet those goals.
- ◆ Status alone will not carry you as a leader. In the exercise of leadership, every person must be treated as an individual and given a realistic goal to achieve professional satisfaction.

- ◆ An integral part of leadership is the timely recognition of superior performance through awards, commendations, and other demonstrations of appreciation and approval. Public praise for a job well done goes a long way towards improved morale, commitment, and performance.

Trust

- ◆ Trust is an attitude of confidence growing out of mutual understanding and respect.
- ◆ It is a quality of personal relationships one must develop and nurture daily.

Communication

- ◆ Communication is everyone's responsibility.
- ◆ Every individual needs to know, insofar as possible, what is happening, what is going to happen and what is expected.
- ◆ Ideas, suggestions, and reasoned complaints must pass freely and immediately to the individual responsible for taking the action.
- ◆ A very important facet of our effectiveness as an organization is the harmonious relationships and cooperation we develop internally. These relationships require a high degree of mutual support and a genuine interest in the success of others. Keep your superiors fully informed on the general status of these relationships and alert them at an early date to any circumstances or problems, which might impact negatively on the Corps.

Working Relations

- ◆ Avoid hostile or thoughtless criticism of authority. Conversely, well reasoned, thoughtful, and constructive criticism or suggestions are welcomed by superiors. Even here, be sure that such feedback is offered respectfully, in an appropriate format, and through the chain of command.
- ◆ It is vital that we operate in an atmosphere of mutual respect and goodwill. It is well to remember that often it is not so much what you do as how you do it that counts.

MEDICAL CORPS SPECIALTY LEADERS ANNUAL PLANNING CALENDAR 2002

JANUARY

FEBRUARY

05/06 Reserve Promotion Boards
MEPC

MARCH

05/06 Active Promotion Boards
MEDICAL CORPS BIRTHDAY

APRIL

03/04 Active Promotion Boards
SPECIALTY LEADER MEETING
MEPC

MAY

AMSUS (Award Nominations due (NLT 31 May))

JUNE

03/04 Reserve Promotion Boards
MEPC

JULY

AUGUST

SG Conference

SEPTEMBER

Medical Department CO/XO Screening Board Convenes

OCTOBER

07/08 Reserve Boards
MEPC

NOVEMBER

08 Active Boards
GMESB
AMSUS

DECEMBER

07 Active Boards

Navy Medicine's Reserve Utilization Program (MEDRUP) Executive Summary

Background: The Navy Total Force Policy (SECNAV Instruction 1001.73 dated 08 April 1997) expanded the traditional mobilization role of the Naval Reserve into the full spectrum of the Navy's operational requirements. The policy states that the National Military Strategy calls for a seamless integration of the active and reserve components into a Total Force. The Medical Reserve Utilization Program (MEDRUP) is Navy Medicine's plan for achieving full integration of Medical Reserve into the Navy Medical Department. Prior to the Total Force Policy the Medical Reserve was considered a "Force in Reserve" to be called upon during national emergency. Today under the Total Force concept the Medical Reserve must be a "Part Time Staff" supporting the mission of Navy Medicine.

The Navy Medical Department is Resource Sponsor for the Naval Reserve Naval Hospitals (Program 32), the Naval Reserve Fleet Hospitals (Program 46) and Naval Reserve Dental Commands (Dental Augmentation). This comprises almost 9,000 billets. As stated in the SECNAV Total Force policy, "it is essential that the investment in our Reserve Forces be used efficiently to augment the Navy fleet operation". The MEDRUP provides a plan that will allow Navy Medicine to achieve that goal.

The MEDRUP is modeled after the Submarine Reserve Utilization Program, which has successfully integrated the reserve and active members of the Submarine Forces into "One Submarine Force". Since implementation, this organizational model has resulted in enhanced readiness and increased peacetime contributory support. The submarine model changed the traditional reporting relationship of the reserve by transferring operational authority from the Reserve Force to the Submarine Force. This allows Reserve COs to report directly to and receive regular fitness reports from their parent Commander. Integration has resulted in increased ability of the active commanders to employ reservists as an integral part of their commands.

The Commander, Naval Reserve-Force has recently published the Vision Statement for the Naval Reserve. It states that the goal is "Support to the Fleet... Ready and Fully Integrated". The MEDRUP supports the goal of the Commander, Naval Reserve Force.

Purpose: The purpose of the MEDRUP is to implement the SECNAV Total Force Policy resulting in an integrated Navy Medical Department. This integration will provide more efficient utilization of reserve medical and dental professionals in support of the mission of Navy Medicine. The MEDRUP allows BUMED to directly manage the effectiveness and efficiency of personnel assigned to eight Naval Reserve Naval Hospitals, four Naval Reserve Fleet Hospitals, and eleven Naval Reserve Dental Commands comprising approximately 9,000 billets. This represents the programs and the reserve manpower for which Navy Medicine is the Resource Sponsor. The intent of the MEDRUP is to increase validated contributory support for operational and peacetime requirements, improve medical readiness of the Force, ensure proper skills match with billet requirements, enhance planning for reserve support, and improve retention of medical and dental reservists.

Action Plan: The MEDRUP is based on the agreement between the Navy Surgeon General and the Commander Naval Reserve Force transferring operational management authority for Naval Reserve Naval Hospitals, Naval Reserve Fleet Hospitals and Naval Reserve Dental Commands from the Reserve Force to Navy Medicine. On 05 November 2000 a Memorandum of Understanding was signed between the Chief, BUMED, the Commander, Naval Reserve Force and the Commander, Naval Surface Reserve Force. Policies and instructions will be written by both Reserve and Medical commands to reflect this change. The Submarine Community has pioneered some of this work, however program areas unique to the medical community such as support for medical/dental readiness and command of the commissioned Reserve Fleet Hospitals require special development.

One of the most significant results of implementation of the Submarine Force (SUBRUP) program was improved monitoring and performance assessment. The Submarine Community's information management system has been modified and beta tested at the National Naval Medical Center, Bethesda and Naval Medical Center, San Diego. The MEDRUP management information system will be used to collect Medical Department requirements, identify available reserve manpower, match requirements with manpower, and document contributory support. All requirements will be validated by MED-3 I for hospital

support, N93 I for operational support, and MED—06 for dental. MED-07 will have overall responsibility for brokering global matches of available reserve manpower resources with unmet validated requirements.

A second phase Medical Reserve Utilization Program Management Information System (MEDRUPMIS) will be developed in partnership with the Naval Medical Information Management Command (NMIMC). This will be a web enabled relational database with global access. The MEDRUPMIS will be integrated within a planned upgrade of the Standard Personnel Management System (SPMS). This would provide MTF COs with one system (SPMS) to view active and reserve manpower assets, their mobilization assignments, the commands projected contributory support requirements, and the planned reserve support allocated to meet these requirements. This second phase information system should be ready for deployment by FY' 2002.

Benefits: The "One Medical Force" will provide Navy Medicine with part time medical staff to assist with implementation of the Military Health System Optimization Plan. The Optimization Plan establishes the guidelines for enhancing access to care, improving the provision of care, implementing and practicing population health for all Active Component and Reserve Component personnel, creating health business management systems, and ensuring medical readiness.

BUMED is currently establishing an integrated Fleet Hospital Program Office in MED-27 to coordinate all aspects of the Fleet Hospital Program. Implementation of the MEDRUP would bring all ten Fleet Hospitals, six active and four reserve under BUMED program management. This would allow Navy Medicine to establish consistent Fleet Hospital manpower management, training requirements, operating policies, and readiness reporting. It would also facilitate compliance with OPNAVINST 5430.48D, which states the Surgeon General of the Navy "sponsors and coordinates the Navy's deployable medical systems (DEPMEDS), i.e., Fleet Hospital Program and Hospital Ships (T.AH)".

[END OF EXECUTIVE SUMMARY]

More detailed information about the MEDRUP system, including whom to contact for more information, can be found at: <http://navymedicine.med.navy.mil/medrup/>

What does this mean to reservists?

In its present form, MEDRUP is a "top-down" method of matching reservists with the Navy's medical needs, and designed to avoid reservists "shopping" for AT opportunities. That is, the CO of each reserve unit will be tasked with tapping reservists to fill a validated billet need at an MTF or Fleet Hospital. Only after these needs are filled will any still-unassigned reservist be able to "shop" for other AT assignments. Further, these other AT opportunities will no longer be freely accessible, either by an individual reservist or by his/her unit CO. The CO can request a list of other available AT opportunities, but only through BUMED (MED-07) and on a need to know basis.

An important corollary is that the unit CO and/or reserve Specialty Leader must advocate for the individual reservist if a given AT assignment through MEDRUP appears to be unduly burdensome (e.g., if the reservist has been to the gaining command for the past 3 AT assignments, is feeling burned out, and legitimately requests something different). Again, this type of problem will be reviewed by MED 07 on a case-by-case basis.

OVERSEAS DUTY TOUR LENGTHS 2002

MEDICAL SPECIALTY OFFICER ASSIGNMENT POLICY/PRACTICE CHANGES

1. The following specific assignment policies and practices are changed because limited patient load and case mix will likely result in the loss or erosion of clinical and technical skills of the specialist involved. Maximum tour lengths for all surgical specialists (including oral surgeons) gynecologists, anesthesiologists/nurse anesthetists, radiologists and pathologists:

- a. DOD overseas shore tour lengths:
 - (1) One year at Adak, Guantanamo Bay, and Keflavik.
 - (2) Two years at Guam, Naples, Okinawa, Rota, and Yokosuka.
- b. CONUS time on station tour length of one year at Twenty-nine Palms, CA.
- c. SECNAV tour length of one year aboard aircraft carriers.

2. For specialties such as general internal medicine, pediatrics and family practice, no limitations on current DOD or SECNAV tour lengths are required. Physicians in these fields will be returned to a major medical facility following an "isolated" tour. It is believed that the technical skills for the procedures performed by these specialists can be refined easily upon return to a major medical facility.

LIST SERVERS

One of the ongoing goals of the MC is to continue to improve communications within the Medical Corps. To help foster this goal, a monitored List Server was established for each Active Duty sub-specialty as well as a Reserve MC site. This technology allows people to subscribe and unsubscribe from information being “pushed” by an organization. NMIMC is hosting our list servers.

As with all list servers, the responsibility to subscribe is the responsibility of the people who want the information. Likewise, our fellow MC officers will be responsible for the initial subscription, and un-subscribing and re-subscribing when their email address changes. There is a link from the MC homepage to the List Server Home Page. The Active Duty Specialty Leader will be the monitor for your community. That means no one can join or send a message to the group without your approval. Reservists are encouraged to subscribe to their appropriate specialty list to keep them informed on issues/events within their specialty. The Reserve server will also have updated information and can be used by the Reserve Specialty Leader to communicate to the specialty members.

How It Works

The Active Duty Specialty Leader and the Reserve Affairs Officer will receive e-mail each time someone subscribes, un-subscribes, or sends an e-mail to be forwarded to your list. You will go to the bumed30 web site (bumed30.med.navy.mil) and enter your user name and password. This web site will allow you to approve or reject requests to subscribe/un-subscribe, monitor who is subscribed, and approve/reject and comment on messages that are forwarded to your list server for distribution.

If you have **technical** difficulties, the new person handling the issues of the List Server is:

Mr. Karthikeyan Ramasubbu. Karthik's contact information is:

Email: KRamasubbu@us.med.navy.mil

Phone: (301) 319-1220

BUMED INTERNET CONNECTION

There is a wealth of information on the 00MC homepage and we encourage you to access this site. The 00MC homepage is accessible world wide at:

<http://navymedicine.med.navy.mil/med00mc/>

SOURCE	WEB ADDRESS
BUMED Intranet (secure site)	https://bumed.med.navy.mil
BUMED Internet	http://navymedicine.med.navy.mil
00MC Homepage	http://navymedicine.med.navy.mil/med00mc/
00MCR Homepage	http://navymedicine.med.navy.mil/med00mc/reserves/Reserve_main%20page.htm
MED-07	http://navymedicine.med.navy.mil/med07/
Navy Logistics	http://www.nmlc.med.navy.mil
APPLY Board	http://www.navres.navy.mil/navresfor/navsurf/staff_codes/N1/fy03board/index.htm
Army	http://books.army.mil/cgi-bin/bookmgr/shelves
Army Tech Manuals	http://www.adtdl.army.mil/atdls.htm
Air Force	http://afpubs.hq.af.mil
Navy Directives	http://neds.nebt.daps.mil
Defense Logistics Agency	http://www.dlaps.hq.dla.mil/
WHS/DoD Directives	http://web7.whs.osd.mil/
DoD Installations	http://www.afcrossroads.com/dodinstall/usaf.htm
Tricare	http://www.tricare.osd.mil/
Executive Medicine Education	http://nshs.med.navy.mil/eme2/home.asp
Operational Training	http://www.nomi.med.navy.mil
Professional and Leadership	http://nshs.med.navy.mil/MSTD/Courses.htm
NSHS Portsmouth (Correspondence Courses)	http://www-nshspts.med.navy.mil/
Joint Readiness Clinical Advisory Board	http://www.medicine.army.mil/jrcab/
Defense Technical Info Center	http://www.dtic.mil/
Bureau of Personnel	http://www.bupers.navy.mil
US Code Title 37	http://www4.law.cornell.edu/uscode/37/
DFAS	http://www.dfas.mil/
NSHS	http://nshs.med.navy.mil/
Recruiting	http://www.navy.jobs.com/
Ribbons & Awards	http://kepler.egr.duke.edu/USNRibbons.html
Office of Naval Research	http://www.onr.navy.mil/sci_tech/personnel/#med

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[NOBC SSP AQD LISTING FOR SPECIALTIES and SUBSPECIALTIES](#)
[You can find your personal codes at BUPERS On-Line.](#)

NOBC	TITLE	TITLE	SSP	TITLE	AQD
	Flight Surgeon	Aviation Medicine	15A0	Aviation Medicine Aviation Medicine Examiner	6AA
				Aviation Medicine General Flight Officer	6AB
				Aviation Medicine Naval Aviator (NFO) Flight Surgeon	6AC
				Aviation Medicine Naval Aviator (PILOT) Flight Surgeon	6AE
0163	Preventive Medicine Officer Aerospace	Aerospace Medicine	15A1	Aviation Medicine Aerospace Medicine (PREVENTIVE MEDI	6AG
0118	Anesthesiologist	Anesthesia, General Anesthesia, Subspecialty	1 5B0 1581	Anesthesia Cardiothoracic Anesthesia Neurosurgical Anesthesia Obstetrical Anesthesia Pain Management Anesthesia Pediatric	6BG 6BH 6BI 6BJ 6BK
0214	General Surgeon	Surgery, General	15C0		
0259		Surgery, Subspecialty C/Rectal Surgeon	1 5C1	Surgical Cardiothoracic Surgery Surgical Colon & Rectal Surgery Surgical Laparoscopic Surgery Surgical Pediatric Surgery Surgical Peripheral Vascular Surgery Surgical Plastic Surgery Surgical Oncology Surgical Trauma Surgeon	6CD 6CE 6CG 6CH 6CI 6CJ 6CL 6CM
0254		Plastic Surgeon			
0224	Neurosurgeon	Neurological Surgery, General Neurological Surgery, Subspecialty	15D0 15D1	Neurological Surgery Complex Spinal Neuro Surg Neurological Surgery Skull Base Neuro Surg Neurological Surgery Neurovascular Neuro Surg	6DD 6DE 6DG

NOBC	TITLE	TITLE	SSP	TITLE	AQD
0229	Obstetrician/Gynecologist	Obstetrics/Gynecology	15ED		
		Obstetrics/Gynecology Subspecialty	15E1	08/ GYN Obstetrics Critical Care Medicine	6EF
				OB/GYN Gynecologic Oncology	6EG
				OB/GYN Maternal Fetal Medicine	6EH
				OB/GYN Reproductive Endocrinology	6EI
				OB/GYN Urogynecology & Pelvic Surgery	6EJ
				OB/GYN Gynecologic Pathology	6EK
0102	General Medical Officer	General Medicine	15F0		
				Field Medicine Marine Corps Medical Officer	6FA
				Field Medicine Fleet Marine Force Medical Logistics	6FC
				Field Medicine Surface Experienced Medical Officer	6FD
				Field Medicine Sr Marine Corps Staff Officer	6FE
0234	Ophthalmologist	Ophthalmology, General	15G0		
		Ophthalmology, Subspecialty	15G1	Avia Optome	6GA
				Ophthalmology Comprehensive	6GD
				Ophthalmology Cornea & External Disease	6GE
				Ophthalmology Glaucoma	6GF
		AQD NC		Ophthalmology Neuro-Ophthalmology/Surgical	6GG
				Ophthalmology Ocuoplastics	
				Ophthalmology Ophthalmic Pathology Surgery	6GI
				Ophthalmology Retina Vitreous Surgery	6GJ
				Ophthalmology Strabismus	6GK
0244	Orthopedic Surgeon	Orthopedic Surgery, General	15H0		
		Orthopedic Surgery, Subspecialty	15H1	Orthopedic Surgery Foot & Ankle Surgery	6HD
				Orthopedic Surgery Orthopedic Oncology	6HF
				Orthopedic Surgery Pediatric Orthopedic Surgery	6HG
				Orthopedic Surgery Spine Surgery	6HH
				Orthopedic Surgery Sports Surgery	6HI
				Orthopedic Surgery Strabismus	6HJ
				Orthopedic Surgery Trauma Surgery	6HK

NOBC	TITLE	TITLE	SSP	TITLE	AQD
0249	Otolaryngologist	Otolaryngology, General	15I0		
		Otolaryngology, Subspecialty	15I1	Otolaryngology Facial Plastics & Reconstructive	6ID
				Otolaryngology Head & Neck Surgery	6IE
				Otolaryngology Neuro-Otology	6IF
				Otolaryngology Pediatric Otolaryngology	6IG
0269	Urologist	Urology, General	15J0		
		Urology, Subspecialty	15J1	Urologic Endocrinologic Urologist	6JD
				Urologic Female Urology	6JE
				Urologic Infertility Urology	6JF
				Urologic Pediatric Urology	6JG
				Urologic Urinary Stone Disease	6JH
				Urologic Oncology	6JI
0160	Preventive Medicine Officer	Preventive Medicine, General	15K0		
				Preventive/Occupational Medicine Medical Toxicology	6KE
				Preventive/Occupational Medicine Radiation Safety Officer	6KL
0166	Preventive Medicine Officer Occupation	Occupational Medicine, General	15K2		
		Physical Medicine and Rehabilitation	15L0		
		Physical Medicine and Rehabilitation	15L1	Physical Medicine & Rehabilitation ENG Specialist	6LC
				Physical Medicine & Rehabilitation Musculoskeletal	6LD
				Physical Medicine & Rehabilitation Spinal Cord	6LN
0150	Pathologist	Pathology, General	15M0		
		Pathology, Subspecialty	15M1	Pathology Anatomic & Clinical	6MA
				Pathology Anatomic Pathologist	6MB
				Pathology Clinical Pathologist	6MC
				Pathology Blood Bank Pathologist	6MD
				Pathology Chemical Pathologist	6ME
				Pathology Cytopathologist	6MF
				Pathology Dermatopathologist	6M

NOBC	TITLE	TITLE	SSP	TITLE	AQD
				Pathology Forensic Pathologist	6MH
				Pathology Hematopathologist	6MI
				Pathology Immunopathologist	6MJ
				Pathology Neuropathologist	6MK
				Pathology Surgical Pathologist	6ML
0111	Dermatologist	Dermatology, General	16N0		
		Dermatology, Subspecialty	16N1	Dermatology Dermatological Immunology	6ND
				Dermatology Dermatologic Surgery	6NE
				Dermatology Dermatopathology	6NF
				Dermatology Pediatric Dermatologist	6NG
				Dermatology Photo-Biologist	6NH
0109	Emergency Medicine	Emergency Medicine, General	16P0		
		Emergency Medicine, Subspecialty	16P1	Medicine Emergency Med Services	6PD
				Emergency Medicine Medical Toxicology	6PE
				Emergency Medicine Pediatric Emergency Medicine	6PF
0108	Family Practitioner	Family Practice, General	1600		
		Family Practice, Subspecialty	1601	Family Practice Obstetrics (Additional Training)	6QF
0101	Internist	Internal Medicine, General	16R0		
		Internal Medicine, Subspecialty	16R1	Internal Medicine Allergy Immunologist Dli	6RF
				Internal Medicine Cardiology General	6RG
				Internal Medicine Cardiac Electrophysiologist	6RH
				Internal Medicine Interventional Cardiologist	6RI
				Internal Medicine Endocrinologist	6RK
				Internal Medicine Gastroenterologist	6RL
				Internal Medicine Hematologist	6RN
				Internal Medicine Oncologist	6RO
				Internal Medicine Infectious Disease Specialist	6RP
				Internal Medicine Nephrology	6R0
				Internal Medicine Pulmonologist	6RR
				Internal Medicine Rheumatologist	6RS

NOBC	TITLE	TITLE	SSP	TITLE	AQD
0121	Neurologist	Neurology, General	16T0		
		Neurology, Subspecialty	16T1	Neurology Child Neurologist	6TD
				Neurology Medicine Neuro-ophthalmologist	6TF
				Neurology Neurophysiologist	6TG
0107	Undersea Medical Officer	Undersea Medicine, General	16U0		
		Undersea Medicine, Subspecialty	16U1	Undersea Medicine Diver	6UD
				Undersea Medicine Undersea Occupation Medicine	6UE
				Undersea Medicine Hyperbaric Medicine Researcher	6UF
				Undersea Medicine Hyperbaric Medicine Clinician	6UG
				Undersea Medicine Submarine	6UM
0105	Pediatrician	Pediatrics, General	16V0		
		Pediatrics, Subspecialty	16V1	Pediatric Allergy Immunologist	62B
				Pediatric Cardiologist	6VG
				Pediatric Child/Sexual Abuse Specialist	6VH
				Pediatric Intensivist/Critical Care	6VI
				Pediatric Developmental Pediatrician	6VJ
				Pediatric Endocrinologist	6VK
				Pediatric Gastroenterologist	6VL
				Pediatric Hematologist Oncologist	6VN
				Pediatric Genetics Dysmorphology	6VO
				Pediatric Infectious Disease Specialist	6VP
				Pediatric Nephrology	6V0
				Pediatric Pulmonologist	6VR
				Pediatric Rheumatologist	6VS
				Pediatric Child Neurologist	6VU
				Pediatric Neonatologist	6VV
				Pediatric Toxicologist	6VW
0140	Nuclear Medicine Specialist	Nuclear Medicine	16W		
0115	Psychiatrist	Psychiatry, General	16X0		

NOBC	TITLE	TITLE	SSP	TITLE	AQD
		Psychiatry, Subspecialty	16X1	Psychiatry Addiction Psychiatry	6XD
				Psychiatry Administrative Psychiatry	6XE
				Psychiatry Adolescent Psychiatry	6XF
				Psychiatry Aviation Psychiatry	6XG
				Psychiatry Child/Adolescent Psychiatry	6XH
				Psychiatry Clinical Neurophysiology	6XI
				Psychiatry Community/Preventive Psychiatry	6XJ
				Psychiatry Consultation/Liaison Psychiatry	6XK
				Psychiatry Forensic Psychiatry	6XL
				Psychiatry Geriatric Psychiatry	6XM
				Psychiatry Research Psychiatry	6XN
0131	Radiologist (Diagnostic)	Diagnostic Radiology	16Y0	Diagnostic Radiology Imaging	6YD
		Radiology, Subspecialty	16Y1	Diagnostic Radiology Interventional/Vascular Rad	6YE
				Diagnostic Radiology Neuroradiology	6YF
				Diagnostic Radiology Nuclear Radiology	6YG
				Diagnostic Radiology Pediatric Radiologist	6YI
0135	Radiologist (Therapeutic)	Radiation Oncology	16Y2		
0002	Medical Department Staff Officer				
0055	Commanding Officer FMF	Company			
0104	Intern				
0106	Health Services Resident				
0254	Plastic Surgeon				
0259	Colon Rectal Surgery				
0264	Thoracic and Cardiovascular Surgeon				

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