DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 5420.12B
BUMED-00MC
27 Aug 97

BUMED INSTRUCTION 5420.12B

From: Chief, Bureau of Medicine and Surgery

Subj: SPECIALTY LEADERS

Ref: (a) BUMEDINST 3030.2

Encl: (1) Mission and Functions of Medical Department Specialty Leaders
(2) Specialty Leader Selection Criteria and Process
(3) Sample Appointment Letter

1. Purpose. To provide mission, functions, selection criteria, and responsibilities of Medical Department specialty leaders.

2. Cancellation. BUMEDINST 5420.12A.

3. Background. 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.

4. Status and Command Relationships. The specialty leader is an advisory position which does not dilute primary legal or regulatory responsibilities of the military command structure. Specialty leaders receive direction from and report to the Chief, Bureau of Medicine and Surgery (BUMED) via respective corps chiefs or directors. Specialty leaders must keep their commanding officers fully informed of their activities, and advise respective corps chiefs or directors regarding requests for advice or information from higher authority. The Assistant Chief for Reserve Force Integration (MED-07) will develop and maintain a supplemental list of Reserve specialty leaders to consult on issues affecting Navy medical Reserve programs and resources.

5. Scope of Authority. Through the Chief, BUMED, specialty leaders are delegated the authority appropriate to accomplish their missions within statutory, regulatory, or policy constraints. Specialty leaders are authorized to establish direct liaison with professional organizations, societies, and associations; other naval organizations; and other services and Federal agencies.

6. Responsibilities

a. Specialty Leaders - General

(1) Develop and maintain files relating to their specific specialty. Pass these files to their successors.

(2) Accomplish the mission and functions listed in enclosure (1), and meet the criteria in enclosure (2).

(3) Assist the BUMED Strategic Technology Planning Committee per reference (a).

(4) Coordinate activities with the appropriate enlisted technical leaders (ETL) on matters affecting the functional role of enlisted technicians in the specialty.

(5) When leave, temporary additional duty (TAD), deployment, or other nonavailability is contemplated, specialty leaders must notify the appropriate corps chief or director and recommend an officer who is qualified and available to assume specialty leader duties temporarily.

b. The Role of Specialty Leaders in the Recruiting and Accessioning Process

(1) Advise respective corps chief or director and the Medical Department professional review boards while providing ad hoc recommendations on the specialty qualifications and desirability of candidates for appointment to active or Reserve duty.

(2) In concert with the Assistant Chief for Education, Training, and Personnel (MED-05), provide input (when requested) for the specialty-specific accessions standards for the appropriate corps chief or director, and the professional review board.

(3) Review accession packages on candidates within specialty; telephone references to determine professional competency and scope of practice; and provide written recommendations to the professional review boards.

(4) Provide recommendations regarding applications for the ETL positions directly related to the specialty.

(5) Interview candidates when appropriate.

(6) Coordinate the evaluations of applicants accessed through one-stop shopping, as appropriate (medical corps and dental corps), with representative at the National Naval Medical and Dental Centers, Bethesda, MD.

(7) Conduct recruiting visits when approved by the appropriate corps chief or director.

c. Commanding Officers. Commanding officers having one or more specialty leaders on staff should provide required funded travel for specialty leader functions, including opportunity for a minimum of one annual conference, within specialty, as the Chief, BUMED specialty leader. The command should support the following: long-distance telephone capability with Defense Switched Network (DSN); electronic mail (email); telefax machine; answering machine or voice mail; computer support to include hardware, software, capability to access the Naval Medical Information Management Center (NAVMEDINFOMGMTCEN) and other official telecommunications networks; budget to include printing and postage; and full- or part-time secretarial and administrative support, as required. Commanding officers are encouraged to identify any unprogrammed expenses for the specialty leader function that may occur beyond their base. Commanding officers should identify and record specialty leader functions costs, so a budget base transfer may be done whenever the function transfers to another command because of a change in incumbency.

d. Respective Corps Chiefs or Directors and the Assistant Chief for Reserve Force Integration (MED-07)

(1) Determine which specialties require specialty leaders.

(2) Nominate individuals to serve as specialty leaders for Chief, BUMED approval.

(3) Prepare an appointment letter for signature by Chief, BUMED (enclosure 3).

(4) Provide direction and monitor specialty leader functions.

(5) Maintain and periodically publish a specialty leader directory.

(6) Provide specialty leaders with a list of current corporate issues and points of contact for all issues affecting their specialties.

(7) Actively conduct communications with specialty leaders.

(8) Develop and implement a formal indoctrination program and a specialty leader handbook.

(9) Provide timely narrative input to commanding officers so the performance of specialty leaders may be recognized in their fitness report.

S. T. FISHER
Deputy

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Available from:
http://support1.med.navy.mil/bumed/instruct/external/external.htm

MISSION AND FUNCTIONS OF MEDICAL DEPARTMENT SPECIALTY LEADERS

1. Mission. Provide expert specialty advice to the Chief, Bureau of Medicine and Surgery (BUMED), to respective corps chiefs or directors, The Medical Officer and the Dental Officer of the Marine Corps, and to commanders, commanding officers, officers in charge of naval activities, and others, as required.

2. Functions. Under the direction of the Chief, BUMED and respective corps chiefs or directors, the specialty leaders must:

a. Maintain proficiency in the specialty represented.

b. Act as focal point and advocate for specialty-specific concerns and provide world wide representation for the specialty in Navy and professional associations.

c. Publish timely information on national issues affecting their specialties.

d. Advise on specialty-specific proposals, projects, and programs.

e. Advise all concerned on the cost-effective distribution of specialty billets and inventory, including support personnel.

f. Specialty leader will appoint in writing, specialty reviewers for case specific medico-legal review, interpretation, evaluation, and advice, as required.

g. Advise on the appropriate technical equipment required to support specialty practice at varying levels of sophistication. Such advice should be timely to assist hospital, clinic, and operational equipment review committees in prioritizing budgets.

h. Advise on specialty-specific training issues, assist program directors in resolving problems within individual programs, and assist in Resident Review Committee visits where applicable.

i. Review temporary additional duty coverage requests with BUMED staff and advise on alternative temporary additional duty assignments.

j. In coordination with BUMED, develop and review annually the specialty-specific performance and accession standards for professional review boards.

k. Act as principal advisors to the Medical Department professional review boards providing input on the specialty qualifications and desirability of candidates for appointment to active or Reserve duty.

l. Assist facility department heads and chiefs of Service to resolve specialty issues, when authorized by BUMED.

m. Foster and support specialty-specific research efforts.

n. Advocate professional and career development for members of the specialty.

o. Establish and maintain liaison with subspecialty professional organizations.

p. Maintain files of all issues relating to their specialty; for continuity, these files should be passed to the succeeding appointees.

SPECIALTY LEADER SELECTION CRITERIA AND PROCESS

1. General. One specialty leader should be appointed for each specialty area. Assistant 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.

2. Criteria. Specialty leaders must:

a. Be willing to fulfill assigned functions.

b. Be a senior officer in the community with broad Navy experience.

c. Hold requisite credentials within the specialty. (Board certification for medical corps.)

d. Have the training, background, and variety of assignments in their specialty necessary to perform the specialty leader's mission and functions.

e. Be practicing in the specialty area.

f. Have had Navy graduate medical education experience (medical corps).

g. Be based in the continental United States (CONUS).

h. Be prepared at the master's level or hold clinical specialty certification.

3. Length of Term. Specialty leaders will be appointed to serve a minimum of 3 years. Corps chiefs or directors may elect to extend a term for up to 2 years at their discretion. After serving as a specialty leader for a term, or a term plus extension, a minimum of 2 years must elapse before reappointment.

4. Successors

a. At least 4 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 vitae for each nominee. Specialty leaders must provide their prioritization of nominees for relief, with justification.

SAMPLE APPOINTMENT LETTER

6401
Ser
Date

From: Chief, Bureau of Medicine and Surgery
To: (NAME OF APPOINTEE)
Via: Commanding Officer,

Subj: APPOINTMENT AS SPECIALTY LEADER FOR THE CHIEF, BUREAU OF MEDICINE AND SURGERY

Ref: (a) BUMEDINST 5420.12B

1. Per reference (a), I am appointing you Specialty Leader for (INSERT SPECIALTY) to the Chief, Bureau of Medicine and Surgery for a period of (INSERT LENGTH OF TERM) years beginning (INSERT DATE TERM IS TO BEGIN). This appointment is in addition to your primary assigned duty. In carrying out your responsibilities as specialty leader, you must ensure performance of the functions described in enclosure (1) of reference (a).

2. For record purposes, please submit an updated copy of your curriculum vitae to your respective corps chief or director.

3. You are to notify your corps chief or director upon receipt of orders for permanent change of station, release from active duty, discharge, resignation, retirement, or when it becomes known that you will not be available for an extended period of time (such as temporary additional duty, hospitalization, etc.). You are also to provide your recommendations for an appropriate interim replacement or successor.

4. Reference (a) outlines resources for support in your role as specialty leader. By copy, the Assistant Chief, Resource Management/Comptroller is advised of this assignment, and requested to assure appropriate funding is available in its support.

5. Congratulations. This appointment reflects your significant professional accomplishment and the esteem of your community. Your support and dedication to the Navy Medical Department are sincerely appreciated.

(OTHER INFORMATION MAY BE ADDED THAT IS CORPS SPECIFIC)

HAROLD M. KOENIG

Copy to:
BUPERS (PERS-211M and 4415), COMNAVCRUITCOM (Code 32), NSHS (Code-A02), NAVMEDINFOMGMTCEN, MED-01 (If applicable) BUMED (MED-00L, MED-08, MED-03, MED-312D, MED-35, MED-38, MED-521) or any other codes or organizations that pertain to the individual corps.