



DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

NAVMEDCOMINST 1520.16
MEDCOM-53
10 Feb 89

NAVMEDCOM INSTRUCTION 1520.16

From: Commander, Naval Medical Command

Subj: POLICIES AND PROCEDURES FOR THE ADMINISTRATION OF ADVANCED
DENTAL EDUCATION PROGRAMS

Ref: (a) American Dental Association Standards for Advanced
Dental Education Programs
(b) SECNAVINST 7220.61F
(c) NAVMEDCOMINST 5420.4A (NOTAL)
(d) NAVMEDCOMINST 5450.1
(e) NAVMEDCOMINST 6320.8 (NOTAL)
(f) NAVMEDCOMINST 1500.7
(g) NAVMEDCOMINST 7050.1
(h) OPNAVINST 5350.4A
(i) MANMED art. 1-22
(j) NAVMEDCOMINST 6000.4
(k) NAVMEDCOMINST 1500.6
(l) SECNAVINST 5370.2H
(m) NAVPERS 15559, art. 16.10
(n) NAVMEDCOMINST 1520.14
(o) NAVMILPERSCOMINST 1611.1
(p) SECNAVINST 5214.2B

Encl: (1) Internal Review Process Guidelines
(2) Guidelines for Advanced Dental Education Performance
Standards

1. Purpose. To issue procedures for the direction of Navy advanced dental education (ADE) programs and to delineate the responsibilities involved in their administration.

2. Objectives. Navy ADE programs are established to provide postgraduate education and training to Navy dentists. Such specialty or subspecialty training is provided to accomplish the two-fold mission of supporting the Operating Forces of the Navy and Marine Corps and providing quality dental health care to all eligible beneficiaries. Each program must satisfy the published criteria of reference (a) approved by the Commission on Dental Accreditation of the American Dental Association (CDAADA) and incorporate a system of internal review which will also evaluate training in wartime specific skills. The internal review will be submitted to the responsible commanding officer for approval. Enclosure (1) is provided as a guideline.

3. Organization and Responsibilities. The following are responsible for administering Navy ADE:



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a. The Commander, Naval Medical Command (COMNAVMECOM) provides guidance for the implementation and administration of Navy ADE programs following policies established by the Deputy Director, Naval Medicine for Dentistry (OP-093D).

b. The Commanding Officer, Naval Health Sciences Education and Training Command (HSETC) advises MEDCOM-53 of the availability of dental residency programs for the publishing of NAVMEDCOMNOTE 1520, coordinates the notification and acceptance processes, and provides liaison for all Federal residency commitments and requirements. HSETC also provides all funding and administrative support for dental officers engaged in full-time outservice residencies in civilian universities.

c. The Commanding Officer, National Naval Dental Center (NATNAVDENCEN), Bethesda, MD, and commanding officers of naval hospitals (NAVHOSP) provide ADE and will assist program directors in carrying out their responsibilities. Each commanding officer must ensure that the dental residency programs in their commands meet the CDAADA requirements by developing institutional policies and providing documentation for CDAADA review, reference (a). Commanding officers must also provide local personnel support detachments with the dental residency starting and completion dates to comply with dental officer additional special pay requirements of reference (b).

d. COMNAVMECOM specialty advisors provide expertise in areas unique to their specialty, reference (c).

e. The Director, Naval Dental School (DNDS) is a dental corps officer, appointed by the Commanding Officer, NATNAVDENCEN, Bethesda, MD. The DNDS is responsible for informing the commanding officer on the performance of all residents in the Naval Dental School on an annual basis or whenever necessary.

f. The Director of Medical Education (DME) is a medical corps officer, appointed by the commanding officer of the NAVHOSP, and is chairman of the graduate medical education (GME) committee. The DME is responsible for informing the commanding officer on the performance of all residents in the NAVHOSP on a regular basis or whenever necessary.

g. The Resident Performance Review Committee (RPRC) is an ad hoc committee appointed by the commanding officer and composed of the DNDS and the directors of each dental specialty program. The DNDS will serve as the chairman of the RPRC unless otherwise designated by the Commanding Officer, NATNAVDENCEN, Bethesda, MD. The RPRC will review at least annually, the progress of all dental residents for satisfactory performance levels established by reference (a) and enclosure (2). If satisfactory progress and

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skill levels have not been demonstrated, specific deficiencies and corrective actions planned must be reported to the commanding officer following enclosure (2).

h. The Residency Achievement Board (RAB) is an advisory board for the commanding officer when a review of recommendations by the RPRC becomes necessary (e.g., when a resident appeals the recommendations of the RPRC). The RAB will consist of the executive officer (chairman) and director of dental clinic administration as standing members. Additionally, the commanding officer will appoint in writing, three officers from the command to serve as members of the board. These officers should not have served on the RPRC in the case involved. The RAB will convene when directed by the commanding officer.

i. The Graduate Medical Education Committee (GME committee) is composed of the DME as chairman, and other members required by reference (d). The GME committee assists commanding officers in matters concerning GME for the NAVHOSP.

(1) At the discretion of the commanding officer, an executive council of the GME committee may be appointed. This council will assist the GME committee in carrying out its functions. Unless otherwise designated, the DME will be the chairman. A nonvoting legal advisor may also be appointed. In the absence of an executive council, the GME committee will be responsible for all the performance standards outlined in enclosure (2).

(2) Reference (e) specifically excludes residents at the ADE-1 level and above from being granted unsupervised clinical privileges while in training. The GME committee of each NAVHOSP will review, at least annually, the progress of all dental residents for satisfactory performance levels established by reference (a) and enclosure (2). If satisfactory progress and skill levels have not been demonstrated, specific deficiencies and corrective actions planned must be reported to the commanding officer following enclosure (2).

j. The Program Director implements the ADE program and evaluates the progress of enrolled residents in the residency program.

(1) The program director will develop a curriculum including integral parts (reference (f)) and memoranda of understanding (reference (g)), as necessary, to meet the accreditation requirements of the CDAADA. The program director will also develop specific performance standards for each year level of the residency. Per reference (a), program directors will ensure that adequately trained staff, in the required specialty

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areas, are available to supervise and educate residents.

(2) The program director will ensure that each resident is aware of the following Navy policies and procedures:

- (a) "Zero tolerance" to drug or alcohol abuse, reference (h).
- (b) Prohibition against extramural practice for remuneration during training (moonlighting), reference (i).
- (c) Encouragement of research through the Clinical Investigation Program, reference (j).
- (d) Funding for board certification, reference (k).
- (e) Standards of conduct, reference (l).
- (f) Specific command and department regulations.
- (g) Participation in command quality assurance programs, reference (e).
- (h) Failure of due course selection for promotion, reference (m).
- (i) Active duty obligation, reference (n).

(3) The program director will establish a residency record on each resident. Individual records will include at least all evaluations and performance standards achieved during the residency. Copies of all academic and administrative actions and their resolutions recommended by the RPRC or GME committee will be included. The residency records will be maintained either in the DNDS office, the central GME office, or in the departmental office and must comply with the Privacy Act. Official transcripts and final resident evaluations will be maintained by the institution for at least 30 years.

(4) The program director will formally counsel and evaluate the residents, at least quarterly, to ensure that they are making satisfactory academic and clinical progress appropriate to their stage of residency. The evaluations should include, but not be limited to, quality of care provided, fund of dental and medical knowledge, soundness of judgment, ability to establish doctor-patient relationships, and technical proficiency in the skills required for the specialty. Substandard professional, moral, and ethical conduct should be documented in the evaluations. The program director will report resident progress to the RPRC or GME committee as appropriate or at least annually.

(5) Lack of satisfactory progress and failure to achieve the appropriate skill levels must be identified early and reported to the RPRC or GME committee. Appropriate actions will be taken per enclosure (2).

(6) Upon completion or termination of a Navy residency program, the program director will provide the resident with a complete list of the skill levels achieved which will become a part of the resident's permanent credentials package.

k. Responsibility of the Residents. The resident who is enrolled in ADE must:

(1) Participate fully in educational activities of the program and assume responsibility for teaching and supervising other dental residents.

(2) Develop a personal program of study and professional growth under the guidance of the teaching staff.

(3) Provide at least annually, a written critique of the training program for review by the program director.

1. Commanding officers or commanders to whom dental residents are ordered to report for administrative purposes are responsible for submitting officer fitness reports (NAVPERS 1611/1) to the Naval Military Personnel Command (NAVMILPERSCOM) for inclusion in the resident's official service record per paragraph 4-10, reference (o).

4. Report Requirements. The commanding officer will submit to COMNAVMEDCOM via the chain of command the following:

a. The situational report of any failure to make satisfactory progress or adverse action regarding a resident, enclosure (2).

b. Report of the review by the RPRC or GME committee and all communications with the CDAADA regarding program accreditation. Deficiencies in a resident's performance that are addressed by the RPRC or GME committee and required corrective actions will be reported. Progress will be reported every 90 days until the corrective action is completed.

c. Any items identified by internal review that cannot be solved by the command must be reported.

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5. Dissemination. The Commanding Officer, NATNAVDENCEN, Bethesda, MD, and commanding officers of NAVHOSPs providing ADE will ensure that the members of the residency teaching staff are aware of the content of this instruction. A copy of this instruction will be provided to each resident upon entering ADE. A copy will also be maintained in each ADE and GME office and in the offices of the program directors.

6. Form. NAVPERS 1611/1 (Rev 7-84), Officer Fitness Report, S/N 0106-LF-016-1101 is available from cog II stock points of the Navy Supply System and can be ordered per NAVSUP P-2002.

7. Report Exemptions. Reporting requirements contained in this instruction are exempt from reports control by reference (p), part IV, paragraphs G8, 11, and 12.



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INTERNAL REVIEW PROCESS GUIDELINES

1. The process of internal review of ADE programs is a periodic analysis which should be accomplished by an ad hoc committee midway between the reviews of the site visit consultants of the CDAADA.
2. Each residency program must regularly evaluate the degree to which its goals are being met through a formal assessment of outcomes. The CDAADA expects each program to define its goals and objectives for preparing their residents and that they are reached at the completion of the residency.
3. All accredited residency programs must design and implement their own outcome measures to determine the degree to which their stated goals and objectives are being met. Results of the assessment process must be used to evaluate the program's effectiveness in meeting its goals.
4. The CDAADA expects that written documentation of all program activities will be maintained by the program director and available for review during the on-site evaluation. Program records should clearly indicate which activities are required of residents and which are optional.
5. The following records must be obtained to document compliance with the standards established in reference (a) where applicable:
 - a. Written agreements with cosponsoring or affiliated institutions.
 - b. Program goals and objectives.
 - c. Objectives for rotations on other services of the NAVHOSP or assignments to affiliated institutions.
 - d. Objectives and content outlines for formal coursework.
 - e. Topic outlines and schedules for all lectures, seminars, conferences, and demonstrations included in the dental residency program.
 - f. Records of each resident's clinical and didactic accomplishments.

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g. Documentation of the evaluation of residents, teaching staff, and the residency program.

h. Schedules of the attending staff's clinical assignments.

i. Documentation of attending staff supervision.

j. Patient records.

k. Physical facilities and equipment.

6. The RPRC and the GME committee are responsible for internal review. These committees will perform assessments and develop recommendations for improvements of the programs when necessary. Guidelines provided in reference (a) and from the last residency review process should be considered. The committee members should use the following guidelines for reporting:

a. Goals and Objectives of the Program

(1) Expected level of performance that meets the requirements, reference (a). Compliance with all RPRC reports.

(2) Expected level of functional skills performance (specialty specific).

(3) Identification of and compliance with Navy regulations.

b. Institutional Plans Formulated to Achieve These Goals

(1) Program outline.

(2) Conference schedule (breadth, depth, consistency).

(3) Interinstitutional agreements for library and other educational resources.

(4) Training examinations, as applicable.

(5) Counseling of residents.

(6) Watch requirements for nights, weekends, and holidays.

(7) Research capabilities.

(8) Criteria for selection and adequacy of teaching staff.

(9) Documentation of standards for attending staff supervision.

(10) Maintenance of training files on current and past residents.

c. Effectiveness of Program in Meeting These Goals

(1) Performance on training examinations and American Board examinations.

(2) Procedure experience and statistics.

(3) System for resident evaluation of program and rotations.

(4) Review of program dropouts, holdovers, nonpromotions, and probationary or disciplinary actions.

(5) The success of the program in consulting with and supporting activities of other clinical departments.

d. Effectiveness of the Use of Resources

(1) Use of expertise or assets of related departments in providing educational experiences.

(2) Use of consultants.

(3) Use of integral parts and memoranda of understanding. (Educational experiences that cannot be provided in-house and are key to the requirements of the residency.)

e. Other Training Concerns

7. Upon completion of this review, the DNDS or DME will forward a copy of the report to the commanding officer.

GUIDELINES FOR ADVANCED DENTAL EDUCATION PERFORMANCE STANDARDS

1. General

a. Naval dental officers enrolled in Navy-sponsored advanced dental education programs may be suspended, placed on probation, or dismissed from the residency for any of the following reasons:

- (1) Individual request.
- (2) Less than satisfactory academic or professional performance.
- (3) Violations of the Uniform Code of Military Justice (UCMJ) or cognizant civilian statutes.
- (4) Prolonged absence from the program.
- (5) Conduct which violates the ethical standards of the dental profession.
- (6) Failure of due course selection for promotion to the next higher officer grade.
- (7) National emergencies.

b. Final approval authority for the change in, or the termination of, residency status will be retained by the responsible commanding officer. Final action will be based upon the circumstances of each case. Upon final approval of termination, the commanding officer will notify NAVMILPERSCOM, via HSETC and COMNAVMEDCOM, that the resident is available for reassignment.

2. Individual Request for Voluntary Withdrawals. Residents may submit a written request to voluntarily withdraw from their training status to the commanding officer via the program director and the DNDS or the DME. The program director will recommend approval or disapproval and will state the circumstances of the resignation. This recommendation must include an evaluation of the resident's progress up to the time of the request for resignation. The DNDS or DME will review each case and make appropriate recommendations to the commanding officer.

3. Less than Satisfactory Performance

a. Discretionary Action. Program directors must, through the use of frequent evaluations of the resident's performance, identify those residents whose academic or professional

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performance is not meeting the requirements of the program. Remedial actions will be taken and documented by the program director. Normally, discretionary actions will be taken before more serious actions involving a delay or change in training status is considered. These discretionary actions will be discussed with the resident and documented in his or her training record. The program director may choose to submit a special progress report to the DNDS or DME that will become a permanent part of the resident's record.

b. Emergency Action to Restrict or Suspend Training Status.

If a resident's conduct or performance requires that immediate action be taken to protect the health or safety of any patient or other person in the command, the program director, DNDS, DME, or higher authority may summarily restrict or suspend the resident's patient care activity. The terms of the emergency action must be expressed in writing to the DNDS or DME, as soon as practical, who will then take action according to paragraph 3c below.

c. Routine Action Affecting Training Status. Information indicating unsatisfactory progress, disciplinary problems, or other circumstances warranting review should be made known to the program director, DNDS or DME, and the commanding officer. If the problem cannot be resolved through discretionary action, or if the program director, DNDS, DME, or commanding officer believes the situation warrants further study, the commanding officer may direct that the matter be brought before the RPRC or the GME committee.

(1) RPRC or GME Committee Recommendations. The following recommendations may be made:

(a) No action be taken.

(b) Discretionary action as described in paragraph 3a above.

(c) Action be taken involving a probationary period, a change in training status, or dismissal from the program. The recommendation by the RPRC or GME committee will be provided, in writing, to the resident, the program director, the DNDS or DME, and the commanding officer.

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(2) Academic Probation. The resident may be placed on academic probation, not to exceed 90 days, by the DNDS or DME on the recommendation of the RPRC or GME committee. The purpose of academic probation is to emphasize to the resident the seriousness of his or her deficiencies and to give the resident the opportunity to correct those deficiencies. Probation will be documented by written notice informing the resident of deficiencies, acts, or circumstances for which the probationary status is imposed; the duration of the probation; and specific recommendations to assist the resident in overcoming the problem or problems. The placement of a resident on probation will be reported to the commanding officer. At the termination of the probationary period, progress will be documented and reviewed by the program director and the DNDS or DME. If satisfactory progress has been demonstrated, the probationary status may be removed by the DNDS or DME with the concurrence of the RPRC or GME committee. If adequate progress has not been demonstrated and serious deficiencies continue, the RPRC or GME committee may recommend: one additional period of probation not to exceed an additional 90 days; a change in the resident status; or dismissal from training. The progress of the resident will be reported to the commanding officer.

(3) Change in Training Status. If the resident has progressed far enough in his or her training, usually at least 1 year, and displays only nominal expertise in the specialty area, his or her designation may be changed from a full certification to an advanced clinical status based on the advice and recommendations of the program director with the concurrence of the specialty advisor and approval of the Chief, Navy Dental Corps (OP-093D). This redesignation recognizes that the resident either has not attained, or is not expected to attain the level of training normally expected of a fully trained specialist. It does indicate, however, that the resident has progressed beyond the expertise of a general dentist and should be recognized as having significant training in the particular field.

(4) Dismissal From Residency Status. Dismissal or termination is the most serious action that may be recommended by the program director and the RPRC or GME committee. When persistent deficiencies in the resident's progress are not corrected through documented discretionary or probationary procedures, the program director may recommend dismissal from the residency program. The program director's recommendation will be reviewed by the RPRC or GME committee and forwarded with its concurrence or nonconcurrence to the commanding officer.

4. Violations of the UCMJ or Cognizant Civilian Statutes. If there is administrative or judicial action against a resident

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under the UCMJ or civilian statutes, the DNDS or DME will evaluate all information available to determine if, based upon the facts of the particular case, restriction, probation, or termination action is also warranted. If further action is deemed necessary, the procedure described in paragraph 3c must be initiated. COMNAVMEDCOM must be notified when administrative or judicial action is initiated and completed that would lead to dismissal from the residency.

5. Prolonged Absence From the Program. Under ordinary circumstances, brief periods of absence due to illness, temporary additional duty, or leave can be accommodated provided residency requirements and milestones are met or made up in a satisfactory manner. In those instances of excessive absence, the DNDS or DME must investigate the circumstances and recommend appropriate action. The recommended action of the DNDS or DME will be forwarded to the commanding officer via the RPRC or GME committee for its concurrence or nonconcurrence. If a recommendation would result in delay in completion or termination of the residency, the resident may request review by the RAB or executive council of the GME committee as described in paragraph 9.

6. Conduct Which Violates the Ethical Standards of the Dental Profession. The DNDS or DME must investigate allegations that a resident's conduct adversely affects the operating efficiency of the residency program or violates the ethical standards of the dental profession. The DNDS or DME must evaluate all available information to determine if, on the basis of the facts of the case, suspension or dismissal from the residency is justified. The RPRC or GME committee will review the findings of the DNDS or DME and make appropriate recommendations to the commanding officer.

7. Failure of Due Course Selection for Promotion to the Next Higher Officer Grade. If an officer in a residency program fails to be selected in due course for promotion to the next higher officer grade, his or her residency status may be terminated per reference (m).

8. National Emergency. In the event of national emergency and mobilization, residency programs may be terminated and personnel reassigned to meet the needs of the Navy and our national defense.

9. Hearing Right. The resident who has been notified by the program director of the recommendation for redesignation, dismissal from the residency, or who has had patient care activities summarily suspended may request review of the action by the RAB or the executive council of the GME committee. The resident will have 10 days from the date the recommendations are

delivered to submit a written request to the DNDS or DME for a review by the RAB or executive council. Failure of the resident to make the written request constitutes a waiver by the resident of his or her right to review. The proceedings of the review hearing are not bound by formal rules of evidence or a strict procedural format. The RAB or executive council may question witnesses and examine documents as necessary. The resident is entitled to adequate notice of the hearing and a meaningful opportunity to respond. This will include the right to be present at the hearing. If the resident cannot be present and a reasonable delay would not make it possible for the resident to attend, then the commanding officer may authorize the hearing to be held in the resident's absence.

a. When the resident is to be present at the hearing, the following rights apply:

- (1) The right to waive the hearing.
- (2) The right to obtain notice of the grounds for the action.
- (3) The right to obtain copies of documents to be considered by the board or council.
- (4) The right to know who will testify at the hearing.
- (5) The right to military counsel or to secure civilian counsel at his or her own expense. (Presence of counsel at the hearing is not an absolute right. Counsel may be excluded from the hearing if counsel's presence unduly impedes the board or council.)
- (6) The right to present evidence at the hearing.
- (7) The right to cross-examine adverse witnesses.
- (8) The right to make a statement in his or her own behalf.

b. When authorization has been given for the hearing to be held in the absence of the resident, the following rights apply:

- (1) The right to obtain notice of the grounds for the action.
- (2) The right to obtain copies of documents to be considered by the board or council.

(3) The right to know who will testify at the hearing.

(4) The right to waive the hearing.

(5) The right to secure civilian counsel or other hearing representative at his or her own expense. Counsel or representative may present evidence at the hearing and cross-examine adverse witnesses on behalf of the resident. (Presence of counsel or representative is not an absolute right. Counsel or representative may be excluded from the hearing if counsel or representative unduly impedes the board or council in the performance of its duties.)

(6) The right to submit a statement of evidence in his or her own behalf.

c. The resident will be given notice of these rights by having the information personally delivered to the resident or sent by registered or certified mail, return receipt requested.

d. A record of the proceedings should be preserved.

e. The RAB or executive council should expeditiously review all evidence received at the hearing. After the evidence has been reviewed, the voting members of the RAB or executive council should deliberate in secret and determine, by majority vote, the action to be recommended to the commanding officer and prepare a summary of the information considered. The commanding officer will review the RAB's or executive council's proceedings and recommendations and either approve, modify, or disapprove them and order appropriate action.

10. Full-time Outservice Training. Dental officers in full-time outservice residencies in civilian institutions will be subject to the provisions of due process for that institution. All actions which would delay completion or result in termination of the residency will be reported to HSETC by the program director or other appropriate authority at the civilian institution.

11. Reinstatement to ADE Programs. Dental officers who have withdrawn from a residency because of hardship, illness, or needs of the Navy, may apply for reinstatement. Applications for reinstatement must be forwarded via the chain of command, including HSETC, to the Chief, Navy Dental Corps. If approved, the reinstated dental officer will resume the residency at a level determined by the program director with the concurrence of the specialty advisor.

12. Assignments and Extensions. The Chief, Navy Dental Corps approves assignments and extensions for all ADE programs with the advice of the specialty advisor and subject to the concurrence of NAVMILPERSCOM.

13. Active Duty Obligation. Any officer whose residency program is terminated before completion must have their active duty obligation completed following the provisions of their program service agreement and reference (n).