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

IN REPLY REFER TO
BUMEDINST 5420.12C
BUMED-M09BMC
25 Sep 2003

BUMED INSTRUCTION 5420.12C

From: Chief, Bureau of Medicine and Surgery

Subj: ROLE AND RESPONSIBILITIES RELATED TO SPECIALTY LEADERS

Ref: (a) DOD 6010.13-M of 21 Nov 2000
(b) COMNAVRESFORINST 1001.5D

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 5420.12B.

3. Background. Technical and professional knowledge and experience of senior personnel in each of the Medical Department disciplines is required to ensure specialty interests are linked to and aid sound management decisions within Navy Medicine. Specialty leaders are critical to the community management and leadership 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 that does not dilute primary legal or regulatory responsibilities of the military command structure. The position of specialty leader should be recognized as an additional duty and treated accordingly. Specialty leaders receive direction from and report to the Chief, Bureau of Medicine and Surgery (BUMED) via the respective corps chief or director. Specialty leaders must keep their commanding officers fully informed of their activities, and advise the respective corps chief or director regarding requests for advice or information from higher authority.

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; other services; and Federal agencies. See reference (a) for additional guidance.

6. Responsibilities

a. Specialty Leaders

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

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

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

(4) Notify appropriate corps chief or director and recommend an officer who is qualified and available to temporarily assume specialty leader duties when leave, temporary additional duty (TAD), deployment, or other non-availability will cause inaccessibility for greater than 2 weeks.

(5) Report man-hours spent on specialty leader duties via the Medical Expense and Performance Report System (MEPRS) using account functional category EBDF (Clinical Management Special Programs).

(6) Assist in the Recruiting and Accessioning Process

(a) Provide ad hoc recommendations to Naval Medical Education and Training Command (NMETC) via the Medical Department professional review boards on the specialty qualifications and desirability of candidates for appointment to active or Reserve duty.

(b) Review accession packages on candidates within the specialty.

1. Contact telephone references to determine professional competency and scope of practice; and provide written recommendations to the professional review boards when requested.

2. In concert with BUMED Personnel Management (BUMED-M1-3), provide input for the specialty-specific accessions standards for the appropriate corps chief or director and the Professional Review Board as applicable.

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

(d) Interview candidates when appropriate.

(e) Conduct recruiting visits when requested and subsequently approved by the appropriate corps chief or director.

b. Active Duty Commanding Officers

(1) Budget for and provide required funded travel for specialty leader functions as able.

(2) Budget for and provide standard office supplies, electronic or telephonic communication capabilities, and administrative support to facilitate specialty leader communication as able.

(3) Identify and record specialty leader function costs, so a budget base transfer may be done whenever the function transfers to another command because of a change in incumbency.

c. Reserve Commanding Officers

(1) Provide reasonable drill credit by following reference (b).

(2) Provide appropriate administrative support.

d. Respective Corps Chiefs or Directors

(1) Determine which specialties require specialty leaders.

(2) Nominate individuals to serve as specialty leaders.

(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) Maintain a formal indoctrination program and specialty leader handbook.

e. Deputy Chief BUMED, Reserve Affairs (BUMED-M10), via the Corps-Specific Reserve Affairs Officer

(1) Determine which specialties require specialty leaders.

(2) Nominate individuals to serve as specialty leaders.

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

(4) Provide direction and monitor specialty leader functions.

(5) Develop, maintain, and periodically publish a specialty leader directory.

(6) Maintain a formal indoctrination program and specialty leader handbook.

(7) The Deputy Chief BUMED, Reserve Affairs (BUMED-M10), via the respective corps offices Reserve affairs officers, will develop and maintain a supplemental list of Reserve specialty leaders to consult on issues affecting Navy Medical Reserve programs and resources.

K. L. Martin

K. L. MARTIN
Vice Chief

Distribution:
(See next page.)

Distribution: (Continued)
All Internal BUMED Codes

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Available at: http://nmo.med.navy.mil/default.cfm?seltab=directives

MISSION AND FUNCTIONS OF MEDICAL DEPARTMENT SPECIALTY LEADERS

1. Mission. Provide expert specialty advice to the Chief, Bureau of Medicine and Surgery (BUMED), respective corps chiefs or directors, the medical officer and the dental officer of the Marine Corps, and to commanders, commanding officers, officers in charge, and others, as required.

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

a. Maintain proficiency in the specialty represented.

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

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

d. Advise BUMED Manpower and Personnel (BUMED-M1), 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. Act as subject matter experts providing assistance to BUMED resolving specialty issues including matters involving review of logistics, planning, credentialing, and operational requirements of Navy Medicine in support of operational platforms and claimancy 18 based facilities.

g. Appoint, in writing, specialty reviewers for case specific medico-legal review, interpretation, evaluation, and advice, as required.

h. Advise, when requested, 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.

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

j. In concert with BUMED Manpower and Personnel (BUMED-M1) and other codes, provide input for the specialty-specific accession and performance standards for the appropriate corps chief or director and the Professional Review Board, when applicable.

k. Review accession packages on candidates within the specialty, contact telephone references to determine professional competency and scope of practice, and provide written recommendations on the specialty qualifications and desirability of candidates for appointment to active or Reserve duty to the professional review boards, when requested.

l. In conjunction with BUMED-M1 and BUMED Fleet Operations Support, (BUMED-M3F), review and advise on TAD coverage requests and assignment of personnel.

m. Provide specialty specific demographics, when requested.

n. Foster and support specialty-specific research efforts.

o. Establish and maintain liaison with subspecialty professional organizations.

p. Maintain files of all issues relating to their specialty; pass these files to the succeeding appointees.

q. Maintain a directory of e-mail and point of contact addresses for members of the specialty.

r. Be familiar with specialty career needs and retirement issues to assist members of the specialty in career development.

s. Assign mentoring for personnel in their specialty, with special emphasis on those in training (full-time inservice/full-time outservice (FTIS/FTOS)).

t. Advise and assist Commander, Naval Recruiting Command (COMNAVCRUITCOM), corps chief, and director offices on issues relating to recruitment and retention.

u. Additionally, Reserve Specialty Leaders will:

(1) Assist, when requested, in filling active duty requirements for active duty for training (AT), additional active duty for training (ADT), active duty for special work (ADSW), and mobilization.

(2) Assist in assuring credentialing, naval officer billet classification (NOBC), subspecialty code (SSP) and additional qualifications description (AQD) documentation for specialty members are up to date.

(3) Assist in career planning by knowing a member's desires for mobilization, types of training, and retirement.

(4) Interface with active duty counterpart.

(5) Not delegate authority either formally or implied for policy or decision-making.

(6) Not operate independently of their chain of command or within other commands unless assigned by BUMED.

SPECIALTY LEADER SELECTION CRITERIA AND PROCESS

1. General. One specialty leader 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, when advisable due to particular talent or expertise or when the primary specialty leader may be unavailable for greater than 2 weeks.

2. Criteria. Specialty leaders must:

a. Be willing to fulfill assigned functions.

b. Be an officer in good standing in their specialty community with comprehensive Navy experience.

c. Hold requisite credentials within the specialty. (Board certification for Medical Corps.)

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

e. Practice in the specialty.

f. Hold a master's degree or clinical specialty certification.

3. Length of Term. Specialty leaders will be appointed to serve a minimum of 3 years after which they may be extended at the discretion of their respective corps chief or director.

4. Successors. 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 and letter of intent for each nominee. Specialty leaders must provide their prioritization of nominees for relief, with justification.

SAMPLE APPOINTMENT LETTER

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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 5420.12C

1. Per reference (a), you are hereby appointed as the (Reserve) specialty leader for (*Insert Specialty*) to the Chief, Bureau of Medicine and Surgery. This appointment becomes effective upon the signature of this letter and will last for a period of 3 years. This 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 Deputy Chief BUMED, Resource Management/Comptroller is advised of this assignment and requested to assure appropriate funding is available in its support.

5. Congratulations. Your appointment as (Reserve) specialty leader 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)

M. L. COWAN

Copy to:
NAVPERSCOM (PERS-211 and 4415)
COMNAVCRUITCOM (Code 32 and Code A02)
BUMED (M00J, M09B4, M3M, M7, and M8)
NMETC
or any other codes or organizations that pertain to the individual corps.