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

IN REPLY REFER TO

BUMEDINST 5420.17
BUMED-83
24 Mar 95

BUMED INSTRUCTION 5420.17

From: Chief, Bureau of Medicine and Surgery
To: All Internal BUMED Codes

Subj: THE CHIEF, BUREAU OF MEDICINE AND SURGERY EXECUTIVE BOARD (CBEB)

Encl: (1) Flow of Issues in the CBEB
(2) CBEB Briefing Outline

1. Purpose. To establish the Chief, Bureau of Medicine and Surgery (BUMED) Executive Board (CBEB) to provide an orderly and coherent flow of information and advice to the Chief, BUMED for decisions on key issues, and a clear record of the Chief, BUMED's decisions and direction. This decision-making process will maintain focus and assure progress on major, complex issues within BUMED.

2. Membership. CBEB members include the Deputy Chief, BUMED; assistant chiefs; Force Master Chief/Director, Hospital Corps; Director, Medical Resources, Plans, and Policy Division (N931); the Medical Officer of the Marine Corps; and the Commander in Chief, U.S. Atlantic Fleet (CINCLANTFLT) Surgeon. The Chief, BUMED will chair the meetings. If a principal member cannot attend, the appropriate deputy chief shall attend as a substitute. On a case-by-case basis, other subject-matter experts may be invited to attend. Attendance is limited to encourage candid discussion.

3. Procedures. Refer to enclosure (1) for the process flow.

a. Process. Most day-to-day issues can be staffed by either a BUMED code, special working group, or action committee. Major issues, which may have a significant effect on Navy Medicine, shall be acted on by the CBEB. CBEB members may suggest issues for deliberation by submitting a memorandum to the Deputy Chief, BUMED. Candidate issues shall be presented to the Deputies' Council for review and approval before presentation to the CBEB.

b. Prebrief to the Deputies' Council. Once the group responsible has evaluated an issue and developed recommendations, a brief shall be presented to the Deputies' Council for a "reality check" and constructive recommendations. Enclosure (2) is the recommended briefing outline. Once the Deputies' Council believes the issue has been properly staffed, MED-08 shall schedule a CBEB. If major rework is necessary, the issue shall

be resubmitted to the Deputies' Council before presenting to the CBEB. Recommendations made by the Deputies' Council must be incorporated in the briefing materials and presentation given to the CBEB.

c. Briefing Materials. Copies of draft briefing materials shall be provided to the Deputies' Council at least 48 hours before the meeting. Final briefing materials must be provided to members at least 72 hours before the CBEB meeting. After this "read-ahead" distribution is made, no changes to the briefing materials will be permitted without the approval of the Deputy Chief, BUMED. Briefing materials should be concise and limited to a few pages so they can be reviewed before the meeting. Additional supporting material should be submitted as enclosures. Briefing materials should be prepared in the following manner:

(1) Use 8 1/2 x 11-inch paper.

(2) Present pages lengthwise (landscape).

(3) Number each page consecutively.

(4) Submit copies to the Deputies' Council or CBEB members, as appropriate, and MED-08 bound by a staple or binder clip in the upper left-hand corner.

d. Presentations. CBEB briefings must strike a balance between brevity and completeness, and be carefully focused to provide a solid basis for required decisions. To allow time for adequate discussion, the brief is limited to 20 minutes.

e. Tracking. MED-08 shall place approved issues in a BUMED issue tracking and decision-making matrix. This matrix describes the issue, the responsible staff, and timeline for presentation to the Deputies' Council and CBEB. This information shall be presented at the Deputies' Council meetings, Surgeon General's Weekly Lineup, and Friday morning flag meetings.

f. Procedures Associated With the CBEB After the Initial Review

(1) MED-08 schedules the CBEB and prepares the agenda.

(2) The CBEB meets as a single-issue meeting.

(3) The meeting lasts approximately 1 hour with times determined for briefing, discussion, and decision-making listed in a formal agenda to be provided to the membership ahead of time.

(4) A decision will be made on the issue by the end of the meeting.

g. Decision Memorandum

(1) After the CBEB meeting, MED-08 prepares a decision memorandum summarizing the discussion, decisions made, and taskings issued during the meeting.

(2) After approval by the Chief, BUMED, MED-08 disseminates the decision memorandum, as appropriate, and maintains archival files of the CBEB proceedings.

h. Implementation and Followup. Decisions lead to either implementation of recommendations or other further action.

(1) The CBEB may direct a plan of action and responsible group.

(2) The issue may be referred to the Deputies' Council to develop a plan for implementation by either BUMED codes or Medical Department activities.

(3) The issue may be referred to the appropriate codes or groups for action and followup.

(4) As part of the implementation process, the responsible group shall prepare and track measures of effectiveness to assure the desired results. The responsible group may be tasked to report action taken or status of implementation to either the Deputies' Council or CBEB.

D. F. HAGEN

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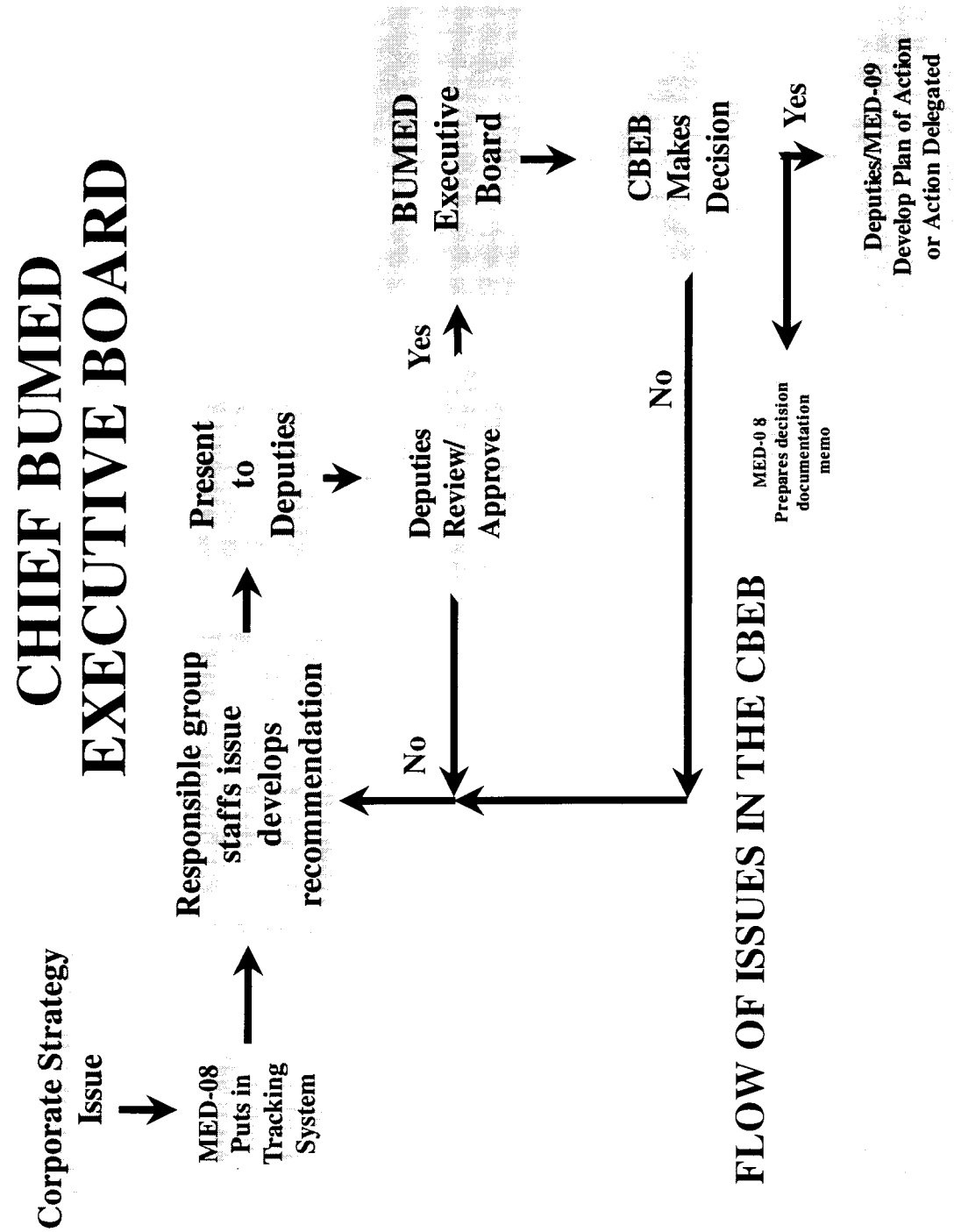

FLOW OF ISSUES IN THE CBEB

CBEB BRIEFING OUTLINE

1. Briefing content may vary widely depending on the subject. All CBEB meetings shall end in decision, even if only implicit; therefore, all briefs shall state their purpose and fiscal impact.

2. Each CBEB briefing shall include the following elements:

a. Citing of the tasking which resulted in the CBEB.

b. Purpose of the briefing.

c. Briefing outline.

d. Decisions required.

e. Identification of key issues.

f. Background (only as absolutely necessary).

g. Status of existing policy or program (where are we now?).

h. Policy or program alternatives (where do we need to go and how will we get there?).

i. Implications to the program objective memorandum (POM) budget:

(1) Required deltas.

(2) Proposed offsets (must be identified if adequate funding is not in place).

(3) Full annual funding streams.

(4) Program costs beyond Future Years' Defense Plan (FYDP).

j. Summary.

k. Recommendations.

3. Briefing slides should, as far as possible, stand on their own without need for lengthy explanatory text.