



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 1412.1C
BUMED-M00C
17 Apr 2019

BUMED INSTRUCTION 1412.1C

Subj: COMMAND QUALIFICATION PROGRAM FOR ACTIVE COMPONENT MEDICAL
DEPARTMENT OFFICERS

Ref: (a) OPNAVINST 1412.14
(b) NAVPERS 15560D
(c) SECNAVINST 1412.10
(d) DoD Instruction 1010.16 of 10 October 2012

Encl: (1) Executive Medicine Categories and Commands
(2) Commanding Officer's Letter of Recommendation for Command Screening Template
(3) Navy Medicine Regional Commander or Flag Officer Immediate Superior-in-
Command Endorsement for Command Screening Template

1. Purpose. To issue policy, procedures, and set basic minimum standards for the qualifying and screening of Medical Department officers for command (commanding officer (CO) and executive officer (XO) positions). This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 1412.1B.
3. Scope and Applicability. All commands and activities with active component Medical Department personnel.
4. Background. Per reference (a), Chief, Bureau of Medicine and Surgery (BUMED) is responsible for establishing a written command qualification program to set minimum standards for command and establish a process to formally screen officers to executive medicine command positions (enclosure (1)) via an administrative screening board sponsored by Navy Personnel Command (NAVPERSCOM). Reference (b), Military Personnel Manual (MILPERSMAN), article 1301-804, provides additional guidance on command screening board processes. All Medical Department officers will be command screened prior to assignment to an executive medicine command position.
5. Navy Medicine Professional Qualification Standards. Standards for command qualification for medical treatment facilities (MTF), Naval Medicine Readiness and Training Commands (NAVMED R&T CMD), research commands, operational commands, and support commands are set forth as follows:

a. Experience. Eligible officers desiring to screen for command must have a documented track record of success in leadership and non-leadership positions in and out of Navy Medicine, inclusive of operational and joint tours with increasing scope of accountability and responsibility.

b. Knowledge, Skills, and Attributes

(1) Solid knowledge and understanding of the Navy Medicine enterprise, United States Marine Corps (USMC), and partnered organizations (Defense Health Agency, Military Health System, Department of Veterans Affairs, etc.) in relation to the operational mission.

(2) Joint operations or experience (highly desired, but not required).

(3) Firm foundation and understanding of business principles and practices.

(4) Knowledge and understanding of quality improvement and patient safety principles and practices.

(5) Ability to function in a complex matrix organization.

(6) Ability to communicate effectively in public and private forums. Understanding of strategic and risk communication.

(7) Ability to provide timely and constructive feedback utilizing established civilian and military personnel evaluation systems.

(8) Critical and strategic thinking and problem solving skills.

(9) Achievement of the Joint Medical Executive Skills Program additional qualification designation code (AQD) 67A - Executive Medicine.

(10) Joint Professional Military Education Phase I, Command and Staff College or War College (resident or non-resident) desired, but not required.

c. Leadership

(1) Role model in Navy core values, military bearing, and physical fitness.

(2) Strategic planner and thinker.

(3) Visionary.

(4) Inspires others.

- (5) Sound ethical track record.
- (6) Develops subordinates; values diversity.
- (7) Understands and supports broader organizational goals.

d. Additional Requirements. Expectation is that command screened officers:

(1) Will be universally assignable and able to meet permanent change of station parameters. Rare exceptions may be considered.

(2) Must pass the physical fitness assessment (PFA) and be within body composition assessment standards with no failures within the last six PFA cycles; or cannot have medical waivers for two consecutive PFA cycles.

(3) For CO positions: Must be able to complete a full CO tour before reaching the statutory age of 62 or mandatory (statutory) retirement date.

(4) For XO positions: Must have at least 5 years remaining on active duty before the statutory age of 62 or mandatory (statutory) retirement date to facilitate potential assignment to full XO and CO tours.

e. Criteria for Selection to MTF, NAVMED R&T CMD, and Hospital Ship (T-AH) Executive Medicine Positions

(1) CO MTF, NAVMED R&T CMD, and T-AH Positions

(a) Officer must be in or selected for the grade of captain (O-6).

(b) Successful completion of at least 1 year of an XO or deputy commander tour. Fleet experience is required for CO of T-AH positions.

(c) At most commands, the CO of a NAVMED R&T CMD will be dual-hatted as director, Defense Health Agency MTF. Therefore, the officer must be capable of balancing NAVMED R&T CMD and MTF director roles and responsibilities.

(2) XO or Deputy Commander MTF, NAVMED R&T CMD, and T-AH Positions

(a) With rare exception, officers will be in or selected for the grade of captain (O-6).

(b) Successful demonstration of MTF, NAVMED R&T CMD director, officer in charge, or senior operational or staff tour. Operational experience is desired, but not required.

f. Criteria for Selection to Research Executive Medicine Positions

(1) Commander or CO Research Activities

- (a) Officer must be in or selected for the grade of captain (O-6).
- (b) Successful completion of at least 1 year of an XO tour.
- (c) Experience in the business aspects of research with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc. Prior assignment at a research command is highly desired, but not required.

(2) Deputy Commander or XO Research Activities

- (a) Officer should be in or selected for the grade of captain (O-6). In the event that a commander (O-5) best meets the required skill set, the officer cannot be failure of selection to captain (O-6).
- (b) Experience in the business aspects of research with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc.

g. Criteria for Selection to Operational Executive Medicine Positions (Medical Battalions, Dental Battalions, or Field Medical Training Battalions)

(1) CO Operational Activities

- (a) Officer should be in or selected for the grade of captain (O-6). In the event that a commander (O-5) best meets the required skill set, the officer cannot be failure of selection to captain (O-6).
- (b) Dental battalion CO billets are coded 2200 designator and require successful USMC experience; per reference (c), qualified Fleet Marine Force Warfare Officer (FMFWO) preferred.
- (c) Medical battalion and field medical training battalion CO billets are coded 2300 designator and require successful USMC experience; FMFWO preferred. Any Medical Department officer with requisite skills and experience may be considered on a case-by-case basis. The best qualified officer will be selected, regardless of designator.

(2) XO Operational Activities

(a) Officer should be, at minimum, the grade of commander (O-5). Officers cannot be failure of selection to captain (O-6). In the event that a lieutenant commander (O-4) best meets the required skill set, the officer cannot be failure of selection to commander.

(b) Dental battalion XO billets are coded 2200 designator and require successful USMC experience; qualified FMFWO preferred.

(c) Medical battalion and field medical training battalion XO billets are coded 2300 designator and require successful USMC experience; qualified FMFWO preferred. Any Medical Department officer with requisite skills and experience may be considered on a case-by-case basis. The best qualified officer will be selected, regardless of designator.

h. Criteria for Selection to Training Executive Medicine Positions

(1) CO Training Activities

(a) Officer must be in or selected for the grade of captain (O-6).

(b) Successful completion of at least 1 year of an XO tour. Operational experience is desired, but not required.

(c) Experience in the business aspects of academia with knowledge or experience in requirements generation, curriculum development, life-cycle management, program management, personnel management, etc.

(2) XO Training Activities

(a) Officer should be in or selected for the grade of captain (O-6). In the event that a commander (O-5) best meets the required skill set, the officer cannot be failure of selection to captain (O-6).

(b) Experience in the business aspects of academia with knowledge or experience in requirements generation, curriculum development, life-cycle management, program management, personnel management, etc.

i. Criteria for Selection to Logistics Executive Medicine Positions

(1) CO Logistics Activities

(a) Officer must be in or selected for the grade of captain (O-6).

(b) Successful completion of at least 1 year of an XO tour. Operational experience is desired, but not required.

(c) Experience in the business aspects of medical logistics with knowledge or experience in materiel, fiscal, life-cycle, program, personnel management and contracting, etc.

(2) XO Logistics Activities

(a) Officer must be, at minimum, the grade of commander (O-5).

(b) Experience in the business aspects of medical logistics with knowledge or experience in materiel, fiscal, life-cycle, program, personnel management and contracting, etc.

j. Criteria for Selection to Navy and Marine Corps Public Health Center (NAVMCPUBHLTHCEN) Executive Medicine Positions

(1) Commander, NAVMCPUBHLTHCEN

(a) Officer must be in or selected for the grade of captain (O-6).

(b) Successful completion of at least 1 year of an XO tour. Operational experience is desired, but not required.

(c) Experience in the business aspects of public health with knowledge or experience in fiscal management, program management, personnel management, contracting, etc.

(2) Deputy Commander, NAVMCPUBHLTHCEN

(a) Officer must be in or selected for the grade of captain (O-6).

(b) Operational experience is desired, but not required.

(c) Experience in the business aspects of public health with knowledge or experience in fiscal management, program management, personnel management, contracting, etc.

k. Criteria for Selection to CO of Navy Drug Screening Laboratories (NAVDRUGLAB) Executive Medicine Positions

(1) CO NAVDRUGLAB

(a) Officer should be, at minimum, the grade of commander (O-5). Officers cannot be failure of selection to captain (O-6). In the event that a lieutenant commander (O-4) best meets the required skill set, the officer cannot be failure of selection to commander (O-5).

(b) Per reference (d), officer must have, at a minimum, a doctor of philosophy degree in toxicology, biochemistry, or the physical or biological sciences from an accredited university, and at least 3 years of experience in one of the Department of Defense Drug Screening Laboratories.

(2) XO NAVDRUGLAB

(a) Officer must be, at minimum, the grade of lieutenant commander (O-4). Officers cannot be failure of selection to commander (O-5).

(b) Prior assignment at a NAVDRUGLAB is highly desired, but not required.

l. Criteria for Naval Ophthalmic Support and Training Activity Executive Medicine Positions

(1) Officer must be, at minimum, the grade of commander (O-5). Officers cannot be failure of selection to captain (O-6).

(2) Officer must be a Medical Service Corps officer with the optometry primary subspecialty code (1880).

m. Criteria for Selection as CO of Naval Safety and Environmental Training Center

(1) Officer must be, at minimum, the grade of commander (O-5). Officers cannot be failure of selection to captain (O-6).

(2) Officer should have diverse assignment history that includes MTF, fleet, staff, overseas assignments, and a minimum of one operational tour. Certified industrial hygienist or certified safety professional certification desired, but not required.

(3) Officer must be a Medical Service Corps officer with the industrial hygiene primary subspecialty code (1861).

6. Command Screening Board Application Process

a. BUMED will release guidance in the second quarter of each fiscal year announcing the command screening board dates, the application processes, and the deadline for application submission. The announcement will be distributed throughout the Navy Medicine communities and published on Navy Medicine's Executive Medicine web page on the BUMED SharePoint site <https://esportal.med.navy.mil/bumed/m00/m00c/pages/executive-medicine.aspx>.

b. Officers desiring to be screened must submit an application to NAVPERSCOM, Medical Officer Assignments (PERS-4415) containing the following documents before the advertised deadline in the BUMED announcement:

(1) NAVMED 1412/1 Command Screening Application, fully completed.

(2) CO's letter of recommendation. Template provided in enclosure (2).

(3) An endorsement from the echelon 3 commander or immediate superior-in-charge (flag grade officer). Template provided in enclosure (3).

(4) Curriculum vitae and biography.

c. The preferred method for submitting an application is via encrypted e-mail with scanned copies of signed documents attached. Signed applications will also be accepted via mail or facsimile. Applications must be sent to PERS-4415 and be received by the application deadline.

d. Only applicants who submit an application package prior to the submission deadline and who have completed an oral board will be eligible for screening.

e. Per reference (a), an oral board is required prior to being considered by the command screening board. The oral board is a one-time requirement. However, an officer who is not recommended by an oral board for command screening may reapply for command screening in a subsequent year. The oral board is conducted to determine understanding of and readiness for the responsibilities of command.

(1) Membership. Oral boards will be composed of at least three Medical Department captains (O-6) or above, senior to the officers being considered and who are currently serving in command, or who have completed a command assignment, in a billet designated with the Navy Officer Billet Classification code for command. Officers who are serving, or have previously been assigned, as "acting" COs are not eligible to serve as board members.

(2) Scheduling. BUMED will notify eligible officers of the timing, location, and procedure for requesting an oral board.

(3) Board Content. The senior member will guide the questions of the board and should focus on questions designed to evaluate the candidate's maturity, character, temperament, judgment, motivation for command, and familiarity with the Medical Department programs and policies. The oral board should not dwell on the technical aspects of healthcare delivery. The findings of the oral board will be determined by majority vote. Specific guidance will be provided in an oral board precept.

(4) Report. Within 15 days of completing its deliberations, the oral board must report its findings to PERS-4415 and the officers considered in writing. Officers not recommended by the oral board will not be considered by the command screening board.

7. Command Screening Board. The function of the command screening board is to review the records of eligible Medical Department officers that request to screen for command and to select the best and fully qualified officers as command eligible. NAVPERSCOM will conduct the formal Medical Department Command Screening Board; PERS-4415 serves as the board sponsor.

a. Banked Officers. Previously command screened officers designated as command eligible (previously awarded the 2D1 AQD) will be considered banked officers. Banked officer records will be reviewed at each command screening board to ensure these officers continue to meet Navy Medicine's executive medicine professional qualification standards as outlined in this instruction. Banked officer review will not include officers serving as COs or XOs at the time the board convenes.

b. Membership. The board membership must consist of the following:

- (1) Medical Department flag officer who serves as the president.
- (2) Corps Chiefs flag officers.
- (3) Other Medical Department flag officers as appointed by the Surgeon General of the Navy.
- (4) PERS-4415 will assign the head recorder and assistant recorders as required.

c. Release of Results

(1) The results of the screening board are approved by Commander, NAVPERSCOM. Approved board results are forwarded by PERS-4415 to Chief, BUMED.

(2) The Chief or Deputy Chief, BUMED releases the results of the screening board via the Corps Chiefs to make personal notifications before posting results publicly on the Navy Medicine Executive Medicine Web page on the BUMED Corps Chiefs SharePoint site.

(3) Applicants who successfully screen are considered eligible for assignment to any executive medicine position within Navy Medicine (MTF or NAVMED R&T CMD), research activity, support activity, or major operational command), and if slated, will be assigned based on the "Needs of the Navy." Officers who apply for command screening should do so with this in mind, and be willing to accept an executive medicine position for which they are slated.

(4) Following release of the results, PERS-4415 will enter the AQD code 2D1 into each officer's record that successfully screened; the AQD code identifies officers as command eligible. If any officer is de-screened, PERS-4415 will remove the command eligible (2D1) or command qualified (2D2) AQDs from the officer's record.

8. Command Slating

a. Following approval of the board screening results, all command eligible officers desiring an executive medicine position must provide a letter of intent, current curriculum vitae, biography, and desired positions to their respective Deputy Corps Chief. Banked officers must also provide an endorsement from their CO.

b. Deputy Corps Chiefs and PERS-4415 will prepare command leadership slates, proposing screened officers to respective billets. Skill sets, projected rotation dates, proposed fill dates, subspecialty experience, preferences, and the "Needs of the Navy" will be considerations in determining the best officer for the position.

c. The proposed slate will be vetted through the Corps Chiefs and submitted to the Deputy Chief, BUMED and the Council of Corps Chiefs for approval and submission to Chief, BUMED. Upon approval, officers slated for CO or XO assignment will be notified of their next assignment. Any officer who refuses assignment after approval of the command slate will be required to submit a declination letter per MILSPERMAN, article 1301-818.

9. Command Screening Exceptions. General policy is that only command screened officers will be assigned to executive medicine positions. Every effort will be made to assign screened officers prior to any alternate being assigned.

a. On rare occasions, exceptions to this policy may arise when there are no command screened officers or alternates available, thus necessitating assignment of a non-boarded screened officer with the proper skill sets to a command leadership billet.

b. Any non-boarded screened officer slated to fill a command leadership billet will be administratively screened by BUMED Council of Corps Chiefs and Deputy Chief, BUMED who will forward a recommendation for approval to Chief, BUMED.

10. Required Orientation

a. Slated officers are required to attend the prospective CO or prospective XO course at the Navy Leadership and Ethics Center (NLEC), Newport, Rhode Island. Per reference (a), prospective COs must complete the prospective CO course prior to reporting to their CO assignment. PERS-4415 will schedule course dates for all prospective CO and prospective XO courses.

b. All new prospective COs and prospective XOs are required to attend a week long BUMED orientation prior to or immediately after reporting to their CO or XO assignment. Requests for an attendance waiver for the orientation will be reviewed on a case-by-case basis. Waiver requests must be submitted to the orientation coordinator for final approval by the respective Corps Chief. A waiver does not alleviate the prospective CO or prospective XO from attending BUMED orientation. Those with approved waivers will be scheduled for an individual orientation by the orientation coordinator.

c. Second tour COs should discuss the prospective CO NLEC course and BUMED orientation attendance with their respective Deputy Corps Chief or Detailer. Per MILPERSMAN article 1301-906, second tour COs are not required to attend the NLEC prospective CO course if it has been fewer than 4 years since last attendance when reporting to their subsequent CO tour.

11. Additional Information. Medical Department officers who desire to request command screening or assignment to executive medicine positions can find additional information on the Office of the Corps Chiefs Executive Medicine SharePoint site at <https://esportal.med.navy.mil/bumed/m00/m00c/pages/home.aspx>.

12. Responsibilities and Actions. Community flag officers and COs will ensure qualified officers are mentored for executive medicine positions and encouraged to apply for command screening.

13. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnv.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.


b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

14. Review and Effective Date. Per OPNAVINST 5215.17A, Office of the Corps Chiefs (BUMED-M00C) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets

meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

15. Forms and Information Management Control

- a. Form. NAVMED 1412/1 Command Screening Application is available at the <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.
- b. Information Management Control. Reports required in paragraph 6 of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.


TERRY J. MOULTON
Acting

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

EXECUTIVE MEDICINE CATEGORIES AND COMMANDS

MTF or NAVMED R&T CMD	
HOSPITALS	
NAVMED R&T CMD Jacksonville	U. S. NAVHOSP Naples
Naval Hospital (NAVHOSP) Pensacola	U. S. NAVHOSP Rota
NAVHOSP Camp Pendleton	U. S. NAVHOSP Sigonella
NAVHOSP Bremerton	U. S. NAVHOSP Guantanamo Bay
NAVHOSP Twentynine Palms	U. S. NAVHOSP Guam
NAVHOSP Beaufort	Naval Medical Center (NAVMEDCEN) Portsmouth
U. S. NAVHOSP Okinawa	NAVMEDCEN San Diego
U. S. NAVHOSP Yokosuka	NAVMEDCEN Camp Lejeune
NAVAL HEALTH CLINICS or NAVMED R&T CMD	
Naval Health Clinic (NAVHEALTHCLINIC) Annapolis	NAVHEALTHCLINIC Lemoore
NAVHEALTHCLINIC Hawaii	NAVHEALTHCLINIC New England
NAVHEALTHCLINIC Patuxent River	NAVHEALTHCLINIC Oak Harbor
NAVHEALTHCLINIC Corpus Christi	NAVHEALTHCLINIC Quantico
NAVHEALTHCLINIC Cherry Point	Federal Health Care Center Lovell (Great Lakes)
NAVHEALTHCLINIC Charleston	
JOINTLY STAFFED MTF AND NAVMED R&T CMD	
Walter Reed National Military Medical Center	Fort Belvoir Community Hospital
Tripler Army Medical Center	
HOSPITAL SHIPS	
USNS Mercy (T-AH 19)	USNS Comfort (T-AH 20)
RESEARCH ACTIVITIES	
Naval Medical Research Center	Naval Submarine Medical Research Laboratory
Naval Health Research Center	Naval Medical Research Unit 6-Lima
Naval Medical Research Center-Asia	Naval Medical Research Unit-San Antonio
Naval Medical Research Unit 3-Cairo	Naval Medical Research Unit-Dayton
TRAINING ACTIVITIES	
Navy Medicine Professional Development Center	Navy Medicine Operational Training Center
Navy Medicine Training Support Center	
LOGISTICS ACTIVITIES	
Navy Medical Logistics Command	Navy Expeditionary Medical Support Command
Naval Ophthalmic Support and Training Activity	
OTHER SUPPORT ACTIVITIES	
Navy and Marine Corps Public Health Center	Naval Safety and Environmental Training Center
Navy Drug Screening Laboratories	
OPERATIONAL COMMANDS	
1ST Medical Battalion Camp Pendleton	1ST Dental Battalion Naval Dental Center (NAVDENCEN) Camp Pendleton
2ND Medical Battalion Camp Lejeune	2ND Dental Battalion NAVDENCEN Camp Lejeune
3RD Medical Battalion Okinawa	3RD Dental Battalion NAVDENCEN Okinawa
Field Medical Training Battalion West	Field Medical Training Battalion East

BUMEDINST 1412.1C
17 Apr 2019

COMMANDING OFFICER'S LETTER OF RECOMMENDATION FOR
COMMAND SCREENING TEMPLATE
(Command Letterhead)

1412
Ser 00/
Date

From: Commanding Officer, (insert command name)
To: President, Fiscal Year 20XX Medical Department Command Screening Board
Via: Commander, Navy Medicine (East or West)

Subj: LETTER OF RECOMMENDATION FOR COMMAND SCREENING IN CASE OF
CAPT JOHN DOE, MSC, USN

1. Commanding officer's certification. This officer served as _____. I personally observed his or her performance in this capacity.
2. Commanding officer's justification. Briefly describe the officer's performance while in your command and potential for leadership in command positions.
3. Commanding officer's endorsement. I give my _____ recommendation that CAPT _____ be selected for assignment as a commanding officer or executive officer in Navy Medicine.

Commanding Officer's signature

Copy to:
CAPT Doe

Enclosure (2)

BUMEDINST 1412.1C
17 Apr 2019

NAVY MEDICINE REGIONAL COMMANDER OR FLAG OFFICER IMMEDIATE
SUPERIOR-IN-COMMAND ENDORSEMENT FOR COMMAND SCREENING TEMPLATE
(Command Letterhead)

1412
Ser 00/
Date

FIRST ENDORSEMENT on (insert command name) ltr 1412 Ser (00/XXXXXX) of (Date)

From: Commander, Navy Medicine (East or West)

To: President, Fiscal Year 20XX Medical Department Command Screening Board

Subj: LETTER OF RECOMMENDATION FOR COMMAND SCREENING IN CASE OF
CAPT JOHN DOE, MSC, USN

1. Forwarded, recommending _____.
2. Regional commander's justification. Briefly describe the officer's performance and potential for success in command positions.

Regional Commander or
Immediate Supervisor in Command
signature

Copy to:
(Insert originating command)
CAPT Doe

Enclosure (3)