



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
6000
Ser M5/20UM50014
14 JUL 20

From: Chief, Bureau of Medicine and Surgery

Subj: NAVAL MEDICAL READINESS CRITERIA

Ref: (a) BUMED Memorandum 6000 Ser M9/19UM90902 of 17 Dec 19

Encl: (1) Combat Casualty Care Team Critical Wartime Specialty List
(2) Non-Combat Casualty Care Team Critical Wartime Specialty List

1. Naval Medical Readiness Criteria reflect the expeditionary scope of practice required by a given specialty to develop and sustain clinical and operational currency and competency. Effective immediately, all Navy Medicine personnel aligned to applicable specialties will implement the execution of readiness criteria noted in enclosures (1) and (2) to ensure consistency, continuity, compatibility, and completeness. Processes described in reference (a) provide for specific actions and accountability in an interim guidance focused on aligning force readiness enhancements.

2. Sustainment of readiness through routine medical practice and support functions in military treatment facilities is essential to mission continuity. The key to the military mission is identifying which aspects of care are relevant to "readiness outcomes" and ensuring military providers are proficient in those areas. While there are many components that comprise "readiness," the basis of Department of Defense expeditionary medical systems rests on individual clinical proficiency. Naval Medical Force Development Center (NMFDC) provides an innovative approach to measuring, evaluating, and sustaining individual clinical proficiency. The focus on integrating clinical and non-clinical teams will enhance rapid forces deployment, sustainment of perishable skills and development of a learning culture that will provide world-class health services in the Distributed Maritime Operational environments.

3. Readiness criteria, established in enclosures (1) and (2), highlight training and skills currently collected in authoritative Navy readiness information technology systems and databases. Automated tracking, reporting, and visualization of readiness criteria must support enterprise-wide decision-making using established authoritative sources. Data not collected in authoritative repositories for a given specialty requires development and ratification prior to entry into databases. The NMFDC will lead efforts to continually update information through clinical and non-clinical community collaboration.

4. Readiness criteria will evolve over time as individuals and commands evaluate effectiveness. The NMFDC must spearhead building cooperative forums that will facilitate progressive updates and changes. Building on knowledge gained by communities and individuals, the readiness

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criteria must become embedded in the culture of change “within our organization, analyzing why it is working well, and then doing more of it.”

5. Enclosures (1) and (2) are listed on max.gov at:
<https://community.max.gov/pages/viewpage.action?pageId=1346078477>.

6. My points of contact for readiness criteria are Mr. John Zarkowsky, Naval Medical Force Development Center, Office of Primary Responsibility Lead, Deputy Assistant Deputy Chief, (BUMED-M5), who may be reached at (703) 681-8893 or john.d.zarkowsky.civ@mail.mil and CDR Maria Fuentebella, NC, USN, Naval Medical Force Development Center, Office of Coordinating Responsibility Lead, Education & Training, (BUMED-M7), who may be reached at (703) 681-7290 or maria.p.fuentebella.mil@mail.mil.



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