

31 August 2022

MEMORANDUM

From: Head, Medical Corps Detailing (PERS-4415)  
To: Medical Corps Chiefs Office, Bureau of Medicine and Surgery  
Via: Branch Head, PERS-4415

Subj: OPERATIONAL MEDICAL OFFICER (OMO) DETAILING PROCESS

Ref: (a) BUMED NOTICE 1524 dtd 24 June 2022  
(b) BUMED INSTRUCTION 1520.42B dtd 11 June 2021

Encl: (1) OMO Community Descriptions  
(2) Draft OMO Opportunities List

1. Purpose. To announce application/detailing procedures, provide guidance and an initial opportunities list for potential OMO applicants.

2. Background. Screening and slating as an OMO represents an opportunity for residency trained physicians without prior operational experience to garner knowledge of the operational forces early in their Naval careers. This experience will provide for future opportunities and consideration for senior operational positions within the Fleet Marine Force, Surface Navy, Naval Aviation and Undersea Medicine communities, see enclosure (1).

3. Scope, Applicability and Eligibility. All specialties are authorized to apply for OMO positions. Members should only apply to be screened if interested in taking an OMO tour. Residency trained physicians who have completed a previous operational tour do not need to apply for OMO opportunities within the same community. Additionally, residency trained physicians do not apply for billets specifically coded for their clinical specialty. In these cases, officers can engage directly with their respective specialty leaders (SL's) and detailers to negotiate for those billets. Officers must coordinate with their respective Specialty Leader (SL) prior to a discussion with the Detailer on the potential of an OMO assignment. Members should have met minimum time of station at their current location at the time of transfer to an OMO billet. Members are required to apply via the procedures outlined in reference (b) and adhere to the dates listed below. Enclosure (2) provides an initial assessment of what billets will be potentially available for OMO's during CY2023. Please note that slates are fluid documents and opportunities will change throughout the year. If applying for OMO, residency trained physicians must also submit a ranking list for their respective clinical specialty with their detailer. As operational billets, the OMO positions will be a priority to fill. If applying

applicants do not screen or there are not enough OMO applications, a residency trained physician may be slated to an OMO position even if they did not submit an OMO application or initially screen.

4. Key Dates.

Item of Interest	Deadline
Applications due	15 October, 2022
Notification to Members	15 December, 2022
Accept/Decline Position	6 January, 2023

5. Selection Process/Notification. Operational SL's will review the applications and make selection recommendations to PERS-4415 (Medical Corps Detailers). PERS-4415 will work with the OMO screened applicants and SL's to make final OMO assignments. Detailers will notify members of final OMO assignment. Note: the Detailer is the final authority on all OMO billet assignments.

6. Points of Contact. Utilize the below SL's for any questions or concerns.

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## Operational Medical Officer Information Sheet



### Introduction

The Navy is unique among the military services in that there are physicians practicing in all of the domains of warfare – land, sea, air, space, and cyberspace. You will have the opportunity to work with people in all of these settings throughout your career. Some of the environments in which you will practice medicine in the Navy include:

- At traditional hospitals and clinics (also called Military Treatment Facilities or MTFs)
- At field hospitals and units (for example, an Expeditionary Medical Facility)
- On ships (Surface Force Medicine)
- Underwater (Undersea Medicine)
- In the Air (Aviation Medicine)
- With the United States Marine Corps (Fleet Marine Force Medicine)

Traditionally, the operational medical care was provided by General Medical Officers or GMOs, physicians who have completed internship and delayed their residency training in order to serve the fleet. For many reasons, Navy Medicine is transitioning from this interrupted system of training to one of continuous training where most medical students will obtain their residency training in a straight-through/uninterrupted manner, consistent with the civilian system. As a result, Navy Medicine will likely have less GMOs and will be placing more residency-trained physicians into the operational setting. We refer to these residency-trained physicians as Operational Medical Officers or OMOs. It will be a gradual transition, and even after the transition is complete, there will continue to be a need for some GMOs. This will appeal to anyone who does not want to complete their residency in a straight-through manner.

Please see the descriptions below of each of the operational communities available to you in Navy Medicine.

## Undersea Medical Officer



Undersea Medical Officers (UMOs) are physicians trained in the unique physiological stresses of hyperbaric and hypobaric environments, exposure to low-level ionizing radiation, atmospheric control issues, and long periods in isolated environments. In the past, most physicians became UMOs after internship. With the transition to OMOs, more are expected to begin training after their residency utilization tour.

The UMO community is small, with 108 billets (a military word for positions or jobs), and plays a vital role within the Submarine Force, Naval Special Warfare, Marines, Diving Units, and Research communities. UMOs provide healthcare to those who work in the undersea environment, becoming experts in Dive Medicine, Submarine Medicine, and Radiation Health. They maintain special duty standards and train and supervise Independent Duty Corpsmen. They also advise senior officers on medical issues and are a crucial part of these unique communities.

UMOs work in a variety of locations, to include submarine squadrons and groups, Naval Special Warfare, Explosive Ordnance Disposal, Marine Special Operations (MARSOC), Navy Diving Commands, Naval Reactor Prototypes, Research Labs, MTFs, clinics, training institutions, and many more. With the diving expertise needed in this field, UMOs have unique physical requirements and must meet the Diver Physical Standards Test minimum standards.

Training for UMOs begins with 6 weeks of physical conditioning, radiation health, and submarine medicine in Groton, CT. Following this, UMO trainees travel to Panama City, FL, for 9 weeks of dive/hyperbaric medicine, open circuit SCUBA training, surface supplied diving, closed circuit SCUBA, and hyperbaric chamber operations. Upon graduation from this course, UMOs are qualified as Navy Divers. UMO trainees then travel back to Groton, CT, to complete their training with 8 weeks of damage control/submarine escape, clinical hyperbaric oxygen therapy, operational medicine, and a comprehensive oral board exam.

Hear from the [Undersea Medicine Specialty Leader](#).

[Learn more about being a UMO.](#)

## Aviation Medicine



Aviation Medicine is a specialty that takes the unique and challenging environment in which the aviator operates into consideration in your medical decision-making and treatment. It's an opportunity to work in direct support of the Sailors and Marines that are defending our nation and to do so in a very individualized manner. When serving as a Flight Surgeon, you will typically be assigned directly to an aviation squadron or to a command which supervises several squadrons. They will see you as their personal physician, fellow aviator, and frequently friend, a relationship that is very special and will be cherished.

These tours provide opportunities for new and unique experiences, travel opportunities, and autonomy in managing your practice of medicine. These experiences provide you with leadership, initiative, self-assurance, planning ability, foresight, teaching ability, and organizational skills that are required of physicians working with the operational forces.

Responsibilities of a Flight Surgeon include practicing preventive medicine by ensuring safety in the air and workplace, promoting aviation safety by decreasing the potential for aviation mishaps by interfacing between the practice of medicine, the science of safety, and the profession of aviation. Flight surgeons assess the squadron and aircraft environments by flying with the squadron as aircrew to observe in-flight stressors and crew coordination.

The Flight Surgeon curriculum is a 26-week long training course that covers the physiology of flight, industrial hygiene/occupational medicine, environmental hazards, and aviation mishap investigations. Training courses convene three times per year and graduates are expected to practice in an operational setting to ensure combat readiness of an aviation unit.

Phase I: First 7 weeks of academics and water survival prep, environmental physiology, naval aviation medicine, operational medicine, aerospace ENT/Ophthalmology/Psychiatry/Internal Medicine/Neurology.

Phase II: 6-week Aviation Preflight Indoctrination (API) and Ground School immersing yourself in the aviation population. Topics that are covered include aerodynamics, engines and systems, navigation, weather, basic water survival, and aviation physiology.

Phase III: 11-week flight indoctrination syllabus exposing students to the hazards and stressors of flight from the perspective of aviators. The last two weeks is the introduction to the Naval Aviation Safety Program and how you are part of it. A portion of this training will focus on aircraft mishap investigation as you will often be the only and best resource for the human factor evaluation.

In addition to the physical requirements, flight surgeons need to meet the anthropometric parameters that Aviation Schools require. There is some flexibility on these standards and waivers can be considered. There are more than 240 flight surgeon billets in the Navy and Marine Corps, including Italy, Bahrain, Japan, Diego Garcia, and all over Hawaii and the United States.

Other related positions include Aviation Medical Examiner which requires 7 weeks of aviation medicine academic training but does not include the flight phase of training. These positions focus on clinical aviation medicine support with no flight time requirements and no extended physical requirements. Navy Residency in Aerospace Medicine is a 2 year residency program that prepares medical officers for board certification in Aerospace Medicine by focusing on preventive and occupational medicine. Aerospace Medicine specialists are expected to be leaders in aerospace and preventive medicine, practicing in operational and MTF settings.

## Surface Force Medical Officer



Surface Force Medical billets are key operational leadership opportunities for any Medical Officer who wishes to serve on board or in support of ships that comprise the Surface Force. These positions require expertise in leadership as Medical Officers are expected to be the medical subject matter experts, department heads, and special assistants to the Commanding Officers. There are opportunities on a wide variety of ships and locations around the world. There is the expectation to provide knowledge in an

assortment of topics, including Occupational Medicine, Industrial Hygiene, Emergency Medicine, Preventive Medicine, medical intelligence, and medical evacuation. As Department Head on the ship you will be responsible for ALL medical matters for the crew, departmental organization and training, medical correspondence, staff assignments and watches, personnel performance evaluations, and ensuring advancement preparation for your staff.

Watch more information from the Specialty Leader [here](#).

## Fleet Marine Medical Officer



Fleet Marine Medical Officers (FMMOs) are medical experts for Marine Corps Commanding Officers. They are in charge of medical readiness and the supervision of Independent Duty Corpsmen (IDCs), physician assistants, and Hospital Corpsmen. They provide patient care, patient tracking, and field trauma care and resuscitation. They act as the Medical Department Head and are expected to act like a Marine, understanding Marine Corps history and traditions, shoot, run, hike, and look the part of a Marine. They are expected to meet Fleet Marine Force (FMF) Qualification requirements and serve as role models to their peers and enlisted personnel.

Training for the Marine Corps includes topics such as “Officership 101,” Field Medical Training Battalion-Field Medical Service Officer, Tactical Combat Casualty Care (TCCC), Fresh Whole Blood Transfusion, Basic Rifle Marksmanship, and Customs and Courtesies of the USMC.

## Where You Could Work

The Navy has four levels of care that injured warfighters can pass through before arriving to the highest echelon of care. These levels are called Role 1-4 and can provide varying amounts of care in diverse settings.

**Role 1 (First Responders):** Provided by the individual service member, combat lifesaver, or unit-level medical personnel at the point of injury. Role 1 providers are usually Independent Duty Corpsmen and rarely have physicians on these platforms. Role 1 care provides immediate lifesaving measures and treatment for disease and non-battle injury, implements combat and operational stress preventive measures, and provides patient location and collection.

Role 2 (Forward Resuscitative Care): Care is usually provided by GMOs or residency-trained OMOs. Role 2 provides medical treatment, advanced trauma management, and emergency medical treatment to include damage control surgery, emergency surgery, and continuation of resuscitative care started in Role 1.

Role 3 (Theater Hospitalization): Staffed by residency and fellowship trained physicians. Provides emergency and specialty surgery, intensive care, medical specialty care, and extended holding capacity and capability augmented by robust ancillary support to all categories of patients.

Role 4 (Definitive Care): Found in U.S. hospitals and robust overseas facilities; represents the most definitive medical care available within the medical care system.

Some other interesting medical support capabilities where physicians work:

Forward Deployable Preventive Medical Unit (FDPMU) – The FDPMU is a cohesive, multidisciplinary unit that provides rapidly deployable, portable, flexible, and sustainable adaptive force packaging of force health protection (FHP) services to forward-deployed elements of the Navy and FMF and joint.

Special Psychiatric Rapid Intervention Teams (SPRINT) – A temporary, short-term mental health asset that responds to behavioral health needs following a traumatic event.

Expeditionary Resuscitative Surgical System (ERSS) – Provides advanced, modular, mission-specific medical capability close to the point of injury to support the range of military operations afloat and ashore.

Damage Control Resuscitation (DCR) – Provides initial emergency life- and limb-saving actions and capable of functioning from a small platform or shore-based position.

Damage Control Surgery (DCS) – Provides forward initial emergency resuscitative surgery capable of functioning from a small platform or from a shore-based position.

For any questions or comments and for more information on any of these operational specialties, please email the [Medical Corps Chief's Office](#).