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IN REPLY REFER TO

COMNAVSURFPAC 6400.1
COMNAVSURFLANTINST 6400.1
N01H
8 OCT 10

COMNAVSURFPAC/COMNAVSURFLANT INSTRUCTION 6400.1

Subj: TRAINING, CERTIFICATION, SUPERVISION PROGRAM, AND
EMPLOYMENT OF INDEPENDENT DUTY CORPSMEN (IDC) IN
COMMANDER NAVAL SURFACE FORCES PACIFIC (CNSP) AND
ATLANTIC (CNSL)

Ref: (a) OPNAVINST 6400.1C
(b) MILPERSMAN 1616-010
(c) NAVADMIN 251239Z JUN 10
(d) MILPERSMAN 1306-604

Encl: (1) Quarterly Independent Duty Corpsman Quality
Assurance/Clinical Performance Program Report
(2) Annual Independent Duty Corpsman Program Report

1. Purpose. To define the surface force policy for training, certifying, supervising, and employment of IDC's.

2. Background. This instruction is developed to establish uniform and consistent IDC program management processes across the TYCOM per reference (a).

3. Applicability. This instruction applies to all active duty and full time support (FTS) service members assigned to the surface forces. This instruction is limited to the delivery of health care approved by DON and clarifies the provisions of reference (a) as it pertains to surface force IDC's. References (b) and (c) must be used to initiate the Detachment for Cause (DFC) process and reference (d) must be used to request removal of NEC for cause.

4. Policy.

a. Surface IDC Program

(1) The TYCOM Surgeon as appointed by USFFC will be the Surface IDC Program Director. If a medical officer is not assigned to CNSP/CNSL, the Medical Service Corps (MSC) officer will function as the Surface IDC Program Deputy Director.

(2) The CNSP/CNSL Force Medical Master Chiefs are the Program Managers for their respective TYCOM.

(3) The Senior Medical Officer in the Regional Medical Representative position will serve as the senior physician supervisor for oversight of the Surface IDC Program in their respective areas. The senior physician in the San Diego medical group will maintain oversight of the DESRON 1 and PACNORWEST IDC Programs.

(4) Designated senior enlisted IDCs of the Regional Medical Representatives will serve as the Assistant Program Managers.

5. Responsibilities. All CNSP/CNSL commands and personnel shall comply with the requirements set forth in this instruction.

a. The TYCOM IDC Program Director and Deputy Director, if assigned, shall:

(1) Accomplish all duties required and ensure that all IDC's maintain qualifications, training, and clinical certifications appropriate to assigned duties per reference (a).

(2) Designate each operational CNSP/CNSL IDC by letter to a physician supervisor and assistant manager within their geographical location when possible.

(3) Designate a physician supervisor and assistant manager by letter to the IDC including those who do not have a medical officer in their immediate chain of command. An agreement for provision of a qualified supervisor may be made with a nearby Naval Medical Treatment Facility when a CNSP/CNSL medical officer is not available.

b. The IDC Program Managers shall:

(1) Serve as the advisors to the TYCOM IDC Director and Deputy Director for all IDC related issues.

(2) Ensure all requirements of the TYCOM IDC Program are maintained and in compliance with reference (a).

(3) Initiate semi-annual TYCOM IDC Program reviews with all Assistant Program Managers to identify areas for process improvement and to monitor compliance and report findings to the Director and Deputy Director.

c. Senior Physician Supervisors shall:

(1) Notify CNSP/CNSL of newly reporting IDC's and the recommended physician supervisors and assistant managers for designation letters.

(2) Monitor requirements and ensure compliance for IDC's as specifically addressed in reference (a).

(a) Ensure assigned physician supervisors conduct monthly training per reference (a), complete monthly Quality Assurance visits with their assigned IDC's utilizing the IDC Record of Medical Evaluation, Counseling, Case Study and Training Form in appendix B to enclosure (5) of OPNAVINST 6400.1C, and report findings on a quarterly basis to the Senior Physician Supervisor.

(3) Summarize quarterly reports and forward to the IDC Program Director/Deputy Director, using enclosure (1), not later than 15 days following end of second and fourth quarters.

(4) Conduct, at a minimum, a quarterly meeting with all IDC's within their geographical area to provide Continuing Medical Education (CME) training, discuss clinical/program management issues, provide updates, and conduct maintenance of IDC training records. Minutes of each meeting shall be maintained and consolidated into the Annual IDC Program Report and submitted to the CNSP/CNSL IDC Program Director using enclosure (2).

d. Assistant Program Managers shall:

(1) Serve as the advisor to their respective Senior Physician Supervisor for all IDC related issues.

(2) Ensure all audits, Training Record entries, and other requirements of the TYCOM IDC Program are maintained and in compliance with reference (a).

(3) Conduct internal semi-annual TYCOM IDC Program reviews in conjunction with Senior Physician Supervisor and report findings to the TYCOM IDC Program Managers.

6. Training.

a. Continuing Medical Education (CME). All IDC's must participate in a CME program. At a minimum, IDC's must complete 15 CME units annually targeted at clinical competencies. IDC Program Directors may grant waivers to those IDC's assigned to an operational unit where compliance would adversely affect the unit's mission.

b. Training Record. Create and/or maintain an IDC training record for each IDC assigned per reference (a).

7. Certification. The process of certification renewal must be performed every two years. This will be conducted and maintained by the physician supervisor per reference (a).

8. Supervision Program. Physician Supervisors shall:

a. Meet with newly assigned IDC and document in a page 13 entry per reference (a).

b. Issue an authorization letter to prescribe medications.

c. Conduct monthly Quality Assurance visits with their assigned IDC's utilizing the IDC Record of Medical Evaluation, Counseling, Case Study and Training FORM in Appendix B to Enclosure (5) of OPNAVINST 6400.1C and report findings on a quarterly basis to the Senior Physician Supervisor using enclosure (1).

d. When deployed, the monthly review will be conducted via randomly selected scanned documents (10% or four records per month, whichever is greater) as practical. Review results will be shared with any battle group SMOs as assigned.

e. Conduct a quarterly review of a section of the "Clinical Competencies Check List" per reference (a).

f. Discuss clinical issues, and opportunities to improve care with the IDC.

g. When assigned to IDC's on rotational crews (ie. LCS, MCM, PC) shall maintain oversight while the IDC is forward deployed and maintain quality assurance reviews via electronic means as practical.

h. Provide quarterly evaluations for each IDC and a written report to the Program Director semiannually via the Senior Physician Supervisor. The results of this review must be discussed with the IDC and filed in the IDC training record.

i. Waive quarterly review for IDC deployed if compliance would jeopardize the operational mission. In such instances, required reviews must be completed within two months of return to homeport.

j. Ensure IDC completes 15 CME units annually.

9. IDC Detachment For Cause (DFC) or NEC removal.

a. All recommendations for an IDC DFC or NEC removal shall be routed, by quickest means necessary, to the CNSP/CNSL IDC Program Director and Program Manager for review and concurrence prior to making a formal recommendation to the IDC's Commanding Officer.

b. Removal of the IDC from the assigned activity is a command action recommended by the Program Director and Program Manager. The commanding officer must initiate the DFC process following references (b) and (c).

c. Removal of Navy Enlisted Classification (NEC). NEC removal for cause is initiated by the member's command via recommendations from the Program Director and Program Manager following reference (d). NEC removal is a serious administrative measure. It must be used when all other efforts (training, counseling, guidance) are exhausted. Once the IDC NEC is removed, it cannot be awarded again.


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COMNAVSURFPAC 6400.1
COMNAVSURFLANTINST 6400.1
8 OCT 10

6400
Ser
Date:

From: [Regional Medical Representative]
To: Commander, Naval Surface Force Pacific/Atlantic

Subj: **QUARTERLY INDEPENDENT DUTY CORPSMAN QUALITY
ASSURANCE/CLINICAL PERFORMANCE PROGRAM REPORT**

Ref: (a) COMNAVSURFPAC/LANTINST 6400.1 series

1. Per reference (a), the following independent duty corpsmen were evaluated for the months of _____ through _____:

Provider	Unit	Deficiencies

2. Comments:

Senior Physician Supervisor

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Enclosure (1)

COMNAVSURFPAC 6400.1
COMNAVSURFLANTINST 6400.1
8 OCT 10

6400
Ser
Date:

From: [Regional Medical Representative]
To: Commander, Naval Surface Pacific/Atlantic

Subj: **ANNUAL INDEPENDENT DUTY CORPSMAN PROGRAM REPORT**

Ref: (a) COMNAVSURFPAC/LANTINST 6320.1 series

Encl: (1) [As needed.]

1. Per reference (a), the Medical Officers and Senior Medical Department Representatives from _____ have met on at least a quarterly basis during calendar year _____. Minutes were taken and are maintained locally for two years.

2. Administrative status of IDC Program.

[Noted deficiencies, identified problems and corrective action]

3. The following significant comments regarding Corpsman Supervision, Practice Indicators, Physician Peer Review, Skills/Knowledge Assessment, Resource Utilization and Medical Readiness, CME attainment status and Special Occurrences are provided:

[Noted deficiencies, identified problems and corrective action]

4. Future Plan of Action:

[If significant discrepancies or occurrences have been reported.]

Senior Physician Supervisor

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Enclosure (2)