



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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WASHINGTON DC 20350-2000

IN REPLY REFER TO:
OPNAVINST 1110.1A
NAVMED MPT&E
2 Feb 2007

OPNAV INSTRUCTION 1110.1A

From: Chief of Naval Operations

Subj: ADMINISTRATION OF HEALTH PROFESSIONS ACCESSION PROGRAMS
(HPAP)

Ref: (a) DOD Directive 1310.2 of 28 May 1996
(b) OPNAVINST 1120.4
(c) OPNAVINST 1120.5
(d) OPNAVINST 1120.7
(e) OPNAVINST 1120.8
(f) SECNAVINST 1000.7F
(g) DOD Directive 1205.5 of 22 Apr 2004
(h) Title 10 USC, Sections 2120, 2121, 2122, 2123, 2126,
2127, 2130A, and 2173
(i) OPNAVINST 1520.39
(j) ASD(HA) Policy Memo 03-016 of 26 Jun 2003 (NOTAL)
(k) BUMEDINST 1524.1B
(l) DOD Directive 6000.12 of 29 Apr 1996
(m) SECNAVINST 1520.11A
(n) DOD 7000.14-R, Volume 7A, Chapter 60 of Feb 2006
(Available at: <http://www.dod.mil/Comptroller/fmr/>)
(o) DOD Instruction 6000.13 of 30 Jun 1997

Encl: (1) Definitions
(2) Sample Accessions Process Cycle
(3) BUMED Health Professions Accessions Program (HPAP)
Management Board Charter

1. Purpose. To provide policies, procedures, and information concerning Navy Medical Department commissioned officer accession programs and delineate roles and responsibilities.

2. Cancellation. OPNAVINST 1110.1.

3. Scope. These programs include direct accession, recall to active duty, interservice transfer (IST), and various health care professional education and incentive programs. The health care education and incentive programs currently serve participants enrolled in over 250 institutions and include the Armed

Forces Health Professions Scholarship Program (AFHPSP), the Financial Assistance Program (FAP), the Health Professions Loan Repayment Program (HPLRP), the Nurse Candidate Program (NCP), Inservice Procurement Programs, and the Navy Active Duty Delay for Specialists (NADDS) Program.

4. Definitions. Enclosure (1) identifies terms used.

5. Background. The Bureau of Medicine and Surgery (BUMED) must maintain sufficient numbers of appropriately trained active duty health professionals to ensure Navy Medicine meets mission-essential requirements. BUMED has received authority from the Secretary of the Navy, under regulations prescribed by the Secretary of Defense, to recruit, appoint, and remunerate health professionals in return for a subsequent active duty obligation.

6. Discussion. The following is a brief description of each accession program:

a. Direct Procurement. Recruiting an officer directly from a civilian environment. Active duty and reserve enlisted personnel can also apply for a commission through the Direct Procurement Program. Refer to references (a) through (e).

b. Recall to Active Duty. The voluntary return of a commissioned officer from the reserve to active component. Refer to references (a) through (e).

c. Interservice Transfer (IST). The transfer of a commissioned officer serving on active duty, between uniformed services; or the transfer of commissioned officers not on active duty, between the reserve components of the uniformed services. Refer to references (f) and (g).

d. Health Sciences Collegiate Program (HSCP). Two-year scholarship program in designated health professions to complete degree/certification requirements and obtain reserve officer commission in the active duty component of the Nurse Corps (NC), Medical Service Corps (MSC), or Dental Corps (DC) upon graduation.

e. Naval Reserve Officer Training Corps (NROTC). Four-year undergraduate scholarship program leading to an officer commission upon graduation.

f. AFHPSP System (Refer to references (h) through (o))

(1) Health Professions Scholarship Program (HPSP). HPSP is an Inactive Ready Reserve Program for students accepted to or enrolled in an accredited training program leading to a health profession degree. A sub-element of the HPSP is the NADDS Program. This Inactive Ready Reserve Program permits graduates of the HPSP to obtain graduate professional education in accredited civilian institutions. Reserve officers on the active duty list with remaining obligations are also eligible for the NADDS Program.

(2) Financial Assistance Program (FAP). FAP is an Inactive Ready Reserve Program for physicians or dentists currently accepted to or enrolled in an accredited residency or fellowship program progressing toward a specialty which has been designated as critical to the Department of Defense (DOD).

(3) Health Professions Loan Repayment Program (HPLRP). HPLRP is an active duty and reserve program used to recruit qualified health professionals in specific specialties. Under the HPLRP, the Navy repays all or a portion of participant-incurred educational loan obligations.

(4) Nurse Candidate Program (NCP). The NCP is FAP for students enrolled in a baccalaureate nursing program.

7. Organizational Responsibilities. The following organizational responsibilities apply. Specific functions are outlined in enclosure (2).

a. Chief of Naval Operations (CNO) (N093)

(1) Assesses future accession requirements on an annual basis.

(2) Conducts Program Objective Memorandum (POM)/Program Review (PR)/Mid-Year Review (MYR) assessment hearings when notified by the Navy Medicine Manpower, Personnel, Training and Education (NAVMED MPT&E) Command that requirements differ from available resources.

b. Navy Personnel Command (NPC) (PERS-4415) Medical Department Officer Community Managers (OCMs)

(1) Ensure NAVMED MPT&E has current data (end-strength targets, officer programmed authorization, etc.) for each critical planning point.

(2) Ensure a copy of the final Commander, Navy Recruiting Command (COMNAVCRUITCOM) Goaling Letter is delivered to BUMED (M1 and M8), NAVMED MPT&E, and the Officer Indoctrination School (OIS).

(3) Solicit agreement from the HPAP Management Board (when applicable) when developing or before changing (i.e., increasing or decreasing) accession plan.

(4) Final approval authority for accession plans.

c. COMNAVCRUITCOM (Code-N34). Collaborates on anticipated plan of appointments, including expected quarterly execution. Includes "panic-points" signaling required adjustments; for example, at MYR if 40 percent of appointments are not made, the plan may be adjusted.

(1) Provides monthly reports to BUMED-M1, BUMED-M8, and NAVMED MPT&E on all Medical Department accession programs, including gains, losses, and realistic goal attainment expectations.

(2) Serves as program administrator for the HSCP.

d. BUMED

(1) M-8

(a) Reviews and approves changes to accession plan in budget and execution years.

(b) Monitors execution of Reserve Personnel, Navy (RPN) and Defense Health Program (DHP), Operations and Maintenance (OM) accounts.

(2) M-1. Develops policy in conjunction with the HPAP Management Board concerning all accession programs.

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e. NAVMED MPT&E

(1) Ensures timely and accurate communication with other stakeholders through the HPAP Management Board.

(2) Conducts annual assessment of Future Year Defense Plan (FYDP) accessions requirements, which become the baseline accessions plan for the next fiscal year. For example, the assessment for POM-02, completed in early spring 2000, results in a baseline used as FY 01 accessions plan.

(3) Develops the accession plan using POM baseline end-strengths and ensures changes to the plan are reviewed and approved by the HPAP Management Board.

(4) Forwards the Medical Department Officer Accession Plan to PERS-4415-OCMs, for approval by Director, MPT&E Policy Division (CNO (N13)).

(5) Monitors accession and end-strength plans to ensure execution as developed and/or changed. Ensures changes to plans are communicated via future accessions plans.

(6) Convenes a "hearing" if requirements exceed funding, to determine appropriate course of action. Addresses discrepancies between requirements and resources through the HPAP Management Board.

(7) Serves as the program manager for the Navy AFHPSP with responsibility for budget formulation and execution and ensuring policy compliance.

(8) Provides a monthly status report to PERS-4415-OCMs and internally to the Workforce Management Directorate on all students in each program. Emphasis is placed on any deviations from previously approved accessions plans.

(9) Develops reports, in coordination with COMNAVCRUITCOM, listing new student program accessions. Provides a monthly report to PERS-4415-OCMs and internally to the Workforce Management Directorate. Reports deviation from the COMNAVCRUITCOM anticipated plan.

(10) Develops internal reporting procedures for notifying the NAVMED MPT&E comptroller of any changes in student status affecting pay accounts, i.e., leave without pay or removal from program.

(11) Coordinates accessions of new graduates into the various officer corps. Notifies the Workforce Management Directorate internally of any deviations from planned appointment and accessions into the officer corps.

8. Oversight. The HPAP process will be managed by the HPAP Management Board, per enclosure (3).

9. Reports and Form

a. The reporting requirements contained in this instruction are exempt from reports control per SECNAV M-5214.1.

b. OPNAV 5216/4 (Rev. 8-98), Outgoing Mail Record, may be requisitioned by CD ROM NAVSUP PUB 600 (NLL) or downloaded from Navy Forms Online at: <https://forms.daps.dla.mil>.



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DEFINITIONS

1. Accession. A gain to the active duty officer force or a change in commission status (see definition #2).
2. Accessions Plan. The accession plan details types of accessions required by specialty and/or specific category (i.e., direct, NROTC, AFHPSP, etc.) to reach authorized end-strength. The accession plan includes the goals that become the Goaling Letter for COMNAVCRUITCOM. The accession plan is completed in response to an official Navy Personnel Command request.
3. Active Duty Obligation. The amount of time that a member is required to spend on active duty which is incurred by acceptance of scholarship/remuneration for participation in one of the programs of the AFHPSP system.
4. Armed Forces Health Professions Scholarship Program (AFHPSP) System. Includes Health Professions Scholarship Program (HPSP), Financial Assistance Program (FAP), Health Professions Loan Repayment Program (HPLRP), Nurse Candidate Program (NCP), and Navy Active Duty Delay for Specialists (NADDS).
5. Appointment. The document which confers commissioned officer status on a student.
6. Assessment. A resource sponsor requesting program managers to submit POM requirements for resources programming.
7. Baseline Plan. The initial response to a POM or PR assessment. Used as a target during the development of the submitted accession plan. For example, the baseline accession plan is developed using the fiscal controls provided in the assessment. It is critical the baseline accession plan for the next FY is developed under the fiscal controls provided, as no new resources are available at this time.
8. Defense Health Program (DHP). Referred to in the context of this instruction, DHP pertains to Armed Forces Health Professional Scholarship Program, Operational and Maintenance Funds, DHP funds used for student tuition, fees, etc.
9. Future Year Defense Program (FYDP). Normally refers to a 5- or 6-year planning cycle.

10. Goaling Letter. The document used by the PERS-4415-OCMs tasking COMNAVCRUITCOM to recruit into various accessioning programs.
11. Officer Program Authorization (OPA). Recurring published document summarizing officer billet authorizations.
12. Operations and Maintenance (OM). A type of appropriation. The "owner" of the appropriation follows the term. For example, OM,N = Operations and Maintenance, Navy.
13. Panic Points. In-house term identifying specific time periods in the recruiting cycle when the COMNAVCRUITCOM determines the production to reach goal is lagging behind.
14. Program Administrator. Responsible for the day-to-day support operations and execution of the program.
15. Program Objective Memorandum (POM). The program developed by the resource sponsor to procure future year resources (2-7 years). Program Objective Memorandum and Program Review may be used synonymously.
16. Program Review (PR). The Program Review makes adjustments to the POM in-between the POM cycle years. PR cannot contain new starts.
17. Reserve Personnel, Navy (RPN). The appropriation that funds students monthly stipend and (up to 45 days) annual training (AT).

SAMPLE ACCESSIONS PROCESS CYCLE

1. APR: CNO (N093) approved FY XX baseline accession plan (for CNO (N093)-resource sponsored programs) exists from PR XX+1 assessment. NAVMED MPT&E develops accession plan based on this funded plan (e.g., PR-01 assessment completed in JAN 99 provides basis for FY 00 accession plan). CNO (N931) and BUMED-M8 must approve any changes to baseline plan when requirements differ from available funding. (Note: Changes to the baseline plan may occur due to personnel volatility (retention success, etc.) given the approved plan was completed and approved in February.)
2. MAY: NAVMED MPT&E forwards consolidated Navy Medical Department Officer Accession Plan to PERS-4415-OCMs. Plan requests any changes made to the accession plan by the PERS-4415-OCMs are approved by NAVMED MPT&E and BUMED-M8 (if funding involved) before completing COMNAVCRUITCOM Goaling Letter.
3. JUL: PERS-4415-OCMs sends copy of signed COMNAVCRUITCOM Goaling Letter to BUMED-M8, NAVMED MPT&E, and OIS. Note: Any OCM changes to original COMNAVCRUITCOM Goaling (e.g., MYR), must be coordinated with PERS-4415-OCMs, BUMED-M8 (if funding related), and NAVMED MPT&E. Note: CNO (N13) is sole authority for recruiting goals forwarded to COMNAVCRUITCOM.
4. OCT: COMNAVCRUITCOM develops a 12-month plan of expected appointments with identified "panic points." These "panic points" are determined by COMNAVCRUITCOM and PERS-4415-OCMs, for changes to accession and strength plans, and NAVMED MPT&E based on execution of current year funds. For example, a "panic point" may exist if 80 percent of the appointments are not made by July. Adjustment will be necessary if the goal appears unattainable. Note: Serious under/over-execution implications require early notice.
5. NOV/DEC
 - a. CNO (N931) assesses accessions as part of the POM XX+2 (e.g., in Nov 99, CNO (N931) will begin POM-02 assessment process). Note: At this point funding for FY XX+1 has been established and the accession plan is developed for FY XX+1 based on these fiscal controls. Requirements for FY XX+2 through FY XX+7 have a funding target (constraint) used as the goal to reach. Any increase in requirements must come from existing programs.

b. NAVMED MPT&E is responsible for:

(1) Coordinating with PERS-4415-OCMs, developing the plan by specific category (e.g., direct, NROTC, AFHPSP, etc.).

(2) Determining the plan's financial requirements (reviews financial controls, determines program delta, and provides summary analysis and input to PR/POM).

(3) Submitting consolidated accessions requirements to CNO (N931). If requirements exceed funding, NAVMED MPT&E convenes a "hearing" (membership - CNO (N931), BUMED-M8, NAVMED MPT&E, Corps Chief/Director, i.e., Medical Service Corps, Nurse Corps, Dental Corps, etc., or representative, and PERS-4415-OCMs) to determine appropriate course of action resulting in approved assessment. Note: This does not differ from any other assessed program.

6. JAN/FEB: President's Budget call for FY XX+1. Submission should reflect FY XX+1 accessions plan and requires exhibits for the Assistant Secretary of the Navy (Financial Management and Comptroller), Financial Management Branch (FMB) on RPN and OM, DHP funds. FMB will issue controls based on execution of FY XX-1 projected on FY XX and FY XX+1. BUMED-M8 coordinates with NAVMED MPT&E and obtains final chop from CNO (N931).

7. FEB: Approved POM XX+2 assessment becomes FY XX+1 baseline accession plan.

8. MAR: NAVMED MPT&E conducts MYR assessing current year status and progress (gains and losses) coordinating with PERS-4415-OCMs, and Corps Chiefs/Directors, modifies current year accessions plans as required. NAVMED MPT&E /BUMED-M8 assesses financial impact. NAVMED MPT&E convenes reassessment hearing if necessary (determined from NAVMED MPT&E /BUMED-M8 review). Revised accession plans (for current year) forwarded to PERS-4415-OCMs. PERS-4415-OCMs forwards copy of signed revised Goaling Letter to BUMED-M8, NAVMED MPT&E, and OIS. This is a "panic-point" for the current year.

9. APR: Start back at step #1 - cycle continues.

10. Monthly: NAVMED MPT&E evaluates the status of all students. COMNAVCUITCOM reports status of HSCP students and recruiting goal status to NAVMED MPT&E. Emphasis placed on any deviation from previously approved accession plans.

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11. Quarterly: COMNAVCRUITCOM provides report to listing new accessions (current FY) into each program. Report includes deltas from the COMNAVCRUITCOM anticipated plan of appointments.

BUMED HEALTH PROFESSIONS ACCESSIONS PROGRAM (HPAP)
MANAGEMENT BOARD CHARTER

1. PURPOSE. The BUMED HPAP Management Board provides centralized management oversight, improves communication and information flow, enhances stakeholder business and working relationships, optimizes HPAP resources, and makes recommendations to the Commanding Officer, Navy Medicine Manpower, Personnel, Training and Education Command (NAVMED MPT&E). The Management Board addresses issues pertaining to HPAP from accession planning through recruiting, management of the various scholarship and financial incentive programs, and commissioning of participants as full Active Duty Medical Department officers. The Management Board will use this instruction, outlining the policies and procedures for the administration of the HPAP as the reference document in making recommendations to NAVMED MPT&E.

2. OPPORTUNITY STATEMENT. The BUMED HPAP Management Board brings together the stakeholders and expertise for effective reengineering of business practices supporting the Medical Department accessioning process. The HPAP Management Board identifies process improvement opportunities, develops appropriate plans of actions, and designs and coordinates the implementation strategies for HPAP management.

3. MEMBERSHIP. The Management Board will be comprised of the following:

a. Commanding Officer, Navy Medicine Manpower, Personnel, Training and Education Command Co-Chair.

b. Deputy Chief of Staff, Human Resources (BUMED-M1)
Co-Chair.

c. Commander, Navy Recruiting Command (Medical Programs).

d. CNO (N931B).

e. NPC (PERS-4415-OCM).

f. BUMED-M8B.

g. BUMED-M1C2.

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- h. BUMED-M1C3.
- i. BUMED-M1C4.
- j. BUMED-M1C5.
- k. BUMED-M1224.

4. MEETINGS. Meetings are conducted biannually to develop a process for HPAP oversight and coordination or when called by the Chair to address issues of immediate importance within the process. If a member is unable to attend, an alternate representative identified by the principal member shall attend in their place. Members located outside of this area will be afforded teleconference services when necessary. Advance notice of meetings along with the agenda is provided as soon as they are known. An off-line staffing process is authorized to fully staff and approve time-sensitive issues, independent of the formal meetings. Actions accomplished and issues being worked will be reported during the next scheduled meeting. NAVMED MPT&E is responsible for recording minutes, coordinating off-line staffing, and tracking action items. Minutes, including an action item tracking log, will be distributed to all members via e-mail within 3 weeks of the meeting. The action item tracking log identifies the action item, responsible work group member, due dates, status, and planned follow-up actions. Responsible parties will provide requested updates on assigned outstanding action items. Off-line staffing will be accomplished using the standard Outgoing Mail Record (OMR), OPNAV 5216/4 (Rev. 8-98), or the most current version to document concurrence of issues.

5. DELIVERABLES. A defined but flexible HPAP management oversight structure linking Medical Department accessioning components with resource planning and allocation components. A process to improve planning, management, monitoring, and reporting of program execution for the overall HPAP system. Other deliverables are provided as tasked to the HPAP Management Board.

6. DURATION OF COMMITTEE/WORK GROUP. The HPAP Management Board scope and purpose is reviewed and validated in October of each year. The HPAP Management Board will remain in effect until terminated by the Surgeon General of the Navy/Chief, Bureau of Medicine and Surgery.