



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

6000
Ser M00C/11UM00C3188
7 Nov 2011

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND
COMMANDER, NAVY MEDICINE WEST

Subj: STANDARD ORGANIZATIONAL POLICY FOR NURSING CLINICAL ABILITIES
SUSTAINMENT

Ref: (a) BUMED memo of 6 Sep 2006 (NAVMED Policy 06-013)

1. Reference (a) is hereby cancelled.
2. This policy provides guidance to Navy Medicine Commanders, Commanding Officers, and Officers in Charge in support of Directors of Nursing (DNSs)/Senior Nurse Executives (SNEs) to ensure clinical sustainment of Nurse Corps officers who carry the following operational and humanitarian based primary sub-specialty codes:
 - a. Critical Care
 - b. Medical/Surgical
 - c. Pediatrics
 - d. Emergency/Trauma
 - e. Perioperative
 - f. Psychiatric/Mental Health
 - g. Maternal Child/Neonatal
3. As Navy Medicine continues to evolve and change in response to the unique challenges stemming from the ongoing and future Overseas Contingency Operations (OCO), the Navy Nurse Corps remains focused on the primary mission of Force Health Protection. Thus, it is imperative that Nurse Corps officers must maintain current clinical ability and readiness to meet operational/deployment requirements.
4. This policy applies to all non-privileged Nurse Corps officers assigned in a non-clinical role except those assigned as a commander, commanding officer, executive officer, or Echelon 2/3 positions. Non-clinical Nurse Corps officers who carry the above stated operational and humanitarian primary sub-specialty codes shall perform a minimum of 144 hours annually in


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support of clinical sustainment. Clinical experiences obtained through patient simulation modalities and working in an ambulatory care environment are also acceptable methods for sustaining clinical ability. Licensed Independent Practitioners (LIPs), regardless of assignment, will complete and maintain current privileges in accordance with the licensure and certification requirements of their specialty.

5. In collaboration with the MTF's executive leadership team, DNSs/SNEs will implement this policy, educate nurses and all levels of leadership regarding this policy and execute local staffing assignments to meet the intent of this policy. DNSs/SNEs will review nurses' individual compliance with this policy annually to ensure non-privileged Nurse Corps officers sustain clinical ability and optimal readiness for operational assignments.

6. This policy guidance does not apply to nurses assigned to commands outside the Budget Submitting Office 18; however, Nurse Corps officers should make every effort to remain clinically proficient and deployment ready. Ideally, Nurse Corps officers should not be detailed outside a clinical environment for more than one tour. To ensure consistent policy execution, the Senior Nurse Detailer must approve consecutive assignments outside the clinical training platforms or outside the designated clinical subspecialty codes.

7. My point of contact is the Assistant Director, Nurse Corps Policy and Practice who can be reached at ncpolicyandpractice@med.navy.mil.


A. M. ROBINSON, JR.