



Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 5001.02
JUL 01 2013

J-1

SUBJECT: Regional Position Management Board (RPMB) Charter

References: See Enclosure 1

1. PURPOSE. This Directive, in accordance with the authority in References (a) through (d), formally establishes the Joint Task Force National Capital Region Medical (JTF CapMed) RPMB. The RPMB:

a. Is a senior oversight body, which provides a formal, structured process to render manpower and force structure recommendations and to maintain the most effective and efficient utilization of manpower resources toward an Integrated Delivery System (IDS) (Reference (e)).

b. Supports efficient and effective position and manpower management within the command and ensures personnel, manpower, and force structure programs are consistent with the policies, guidance, and procedures set forth by the DoD.

c. Reviews actions that impact the organizational structure of subordinate organizations' manpower documents.

d. Ensures JTF CapMed manpower resources can accomplish the mission and sets the conditions for a collaborative documentation effort between the J-1 Director, Manpower and Personnel, and J-8 Director, Resources Management, for approved personnel and manpower changes.

2. APPLICABILITY. This Directive applies to JTF CapMed Headquarters, Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC), and the Joint Pathology Center. Hereafter, FBCH and WRNMMC are referred to as Joint Medical Treatment Facilities (MTFs).

3. MISSION. The Commander, Joint Task Force (CJTF) oversees, manages, and directs all healthcare delivery by military medical units within the National Capital Region (NCR). In

addition, CJTF oversees, manages, and distributes resources to military healthcare facilities and ensures integration of all personnel and resources in the NCR. The RPMB is a tool used by the CJTF to manage medical health care personnel assets in the NCR.

4. ORGANIZATION AND MANAGEMENT. The RPMB operates by the authority of the CJTF. It is a senior oversight body that provides personnel and manpower management recommendations in concert with the mission, strategic objectives, and the CJTF's intents/priorities. The CJTF is the decision authority. The RPMB is comprised of the following voting members:

a. Co-Chairpersons. The Executive Directors for Healthcare Operations and Administrative Operations are Co-Chairs of the RPMB.

b. Recorder. As appointed by Manpower and Personnel (J-1).

c. Voting Membership. Attendance is limited to voting members and individuals invited by the board co-chairs. Voting members will delegate an alternate if unable to attend with prior approval by the co-chairs and only these recognized members may attend these meetings.

(1) Executive Director for Healthcare Operations

(2) Executive Director for Administrative Operations

(3) Chief of Staff, WRNMMC

(4) Chief of Staff, FBCH

d. Non-voting Membership:

(1) Manpower and Personnel (J-1), Facilitator

(2) Clinical and Business Operations (J-3B) Representative

(3) Education, Training & Research (J-7) Representative

(4) Resources Management (J-8) Representative

(5) Cost Assessment and Program Evaluation (CAPE) Representative

(6) Acquisition Support Services Representative

e. Presenters:

(1) Department Chief representing the request.

(2) Clinical consultant or Subject Matter Expert (SME) as appropriate.

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f. The board will establish its own operating procedures, meeting schedule, and interim work products necessary for the completion of its mission. All members are expected to attend meetings established by the co-chairpersons and be prepared for discussions and contribute accordingly. Members are expected to keep their respective Component Leaders apprised of their progress, workings, and recommendations and will be responsible for any Service-specific issues.

5. RESPONSIBILITIES. See Enclosures 2 and 3

6. RELATIONSHIPS. The RPMB will be accountable to CJTF through the NCR Medical Resource Management Board (RMB) (Reference (e)).

7. AUTHORITIES

a. Tasking. The RPMB will address only agenda topics. Only the co-chairs may defer an issue on the agenda to a subsequent meeting. Agenda topics must be submitted to J-1 2 weeks prior to the meeting. As specified in Enclosure 2, stakeholders identified in the membership section shall ensure membership and shall provide one alternate member. This requires that the voting member identify decision makers who can act on behalf of the functional area they represent.

b. Budgeting. None.

8. ADMINISTRATION

a. Meeting Frequency. RPMB meetings will be held monthly or at such times as the board chairs deem necessary. The location for each meeting will be determined by the J-1 and provided to the membership. If there are no issues and/or requests for action, the J-1 will notify the board chairs, who will determine if a meeting is necessary. J-1 will notify all board members as appropriate.

b. Decision-Making Methodology. The RPMB will develop courses of action (COAs) that impact healthcare delivery within the NCR. Recommended COAs are discussed in meetings and will be summarized by the co-chairs, to be submitted along with a consensus recommendation. Consensus will be determined by a majority vote of the identified voting members.

(1) The co-chairs are voting members and will share one vote. Members are entitled to one vote each.

(2) A vote from each voting member will be required before recommendations are finalized.

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(3) If decision making is needed on an *ad hoc* basis, e-mail voting will be conducted to assist and facilitate the decision-making process. A minimum of 5 working days will be allowed to allow members to register their vote by e-mail.

c. Status Reporting. Written status reports shall be routed to the Director, J-1, JTF CapMed for presentation to the Executive Directors of Healthcare and/or Administrative Operations, JTF CapMed.

d. Problem/Issue Escalation and Resolution Processes. In the event that the RPMB encounters problems/issues that cannot be resolved, it shall seek the council of the Director, J-1.

e. Closure and Work Group Self-Assessment. The RPMB is a standing board and will continue to meet and deliberate until the internal organizational structure of the JTF CapMed is revised.

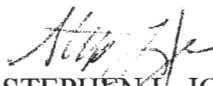
f. Quorum. The RPMB will achieve a quorum when 51% of the voting membership is present. Alternates sent "on behalf of" will be considered the same as the voting member.

9. RELEASABILITY. **Unlimited**. This Directive is approved for public release and is available on the JTF CapMed Website at www.capmed.mil.

10. EFFECTIVE DATE. This Directive:

a. Is effective upon publishing to the JTF CapMed Website; and

b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with JTF CapMed Instruction 5025.01 (Reference (f)). If not, it will expire effective 10 years from the publication date and will be removed from the JTF CapMed Website.


STEPHEN L. JONES
Major General, U.S. Army
Acting Commander

Enclosures

1. References
2. Responsibilities
3. Business Rules

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ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Region Medical (JTF CapMed)," February 7, 2012
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) JTF CapMed Directive 5008.01, "National Capital Region (NCR) Medical Resource Management Board (RMB) Charter," July 3, 2012
- (f) JTF CapMed Instruction 5025.01, "Formats and Procedures for the Development and Publication of Issuances," March 5, 2012

ENCLOSURE 2

RESPONSIBILITIES

1. RPMB. The RPMB will:

a. Review all requests for personnel, manpower and force structure additions, deletions, and/or changes approved at the local Position Management Board at the Joint MTF level for regional impact.

b. Act on personnel and manpower changes directed by the Services or requested by the Joint MTFs as necessary. Actions also include, but are not limited to, growth/reduction in established authorization levels, changes in mission, contract-to-civilian conversions, changes in military or civilian grade levels, and over-hire requirements.

c. Render recommendations based on a comprehensive review of military and civilian manpower execution and contract staff. Recommendations to allocate or reallocate personnel and manpower authorizations, realign civilian pay, or address functional and/or organization realignments and transfers will be based on the CJTF's guidance, priorities, position management criteria, and the professional judgment of board members.

d. Perform functions such as fact finding, research, special studies, audits, reviews, and inspections. The RPMB may investigate and report on specific manpower and personnel problems or associated subject areas of interest or impact.

2. VOTING MEMBERS

a. Executive Directors for Healthcare Operations and Administrative Operations. The Executive Directors for Healthcare Operations and Administrative Operations will:

(1) Enforce the procedures and determine advisability of addressing personnel resource issues.

(2) Keep the CJTF informed and provide RPMB recommendations for decision.

(3) Invite individuals to provide subject matter expertise.

b. Commanders (CDRs) or Chiefs of Staff of the Joint MTFs. The CDRs or Chiefs of Staff of the Joint MTFs will:

(1) Approve or disapprove all personnel requests at the local command level, keeping the total number of civilian personnel and active recruitment actions at or under the full time equivalent (FTE) level established by the CJTF for the Joint MTFs.

(2) Ensure reports to the RPMB are submitted utilizing the appropriate formats and providing the required information.

(3) Together with requesting officials, use the position management tools to make informed position management decisions in accordance with RPMB guidance.

(4) Provide additional personnel, manpower and force structure read-ahead, including information on personnel contracts as required.

(5) Keep information in the Defense Medical Human Resource System internet (DMHRSi) current for review and use by RPMB.

3. NON-VOTING MEMBERS

a. Command Senior Enlisted Leader (CSEL) JTF CapMed. The CSEL, JTF CapMed, will serve as the enlisted advisor to the RPMB.

b. J-1 Representative. The J-1 Representative will:

(1) Serve as the manpower and personnel advisor to the RPMB.

(2) Provide the RPMB with reliable and timely manpower and position management data for all categories of positions.

(3) Document RPMB approved decisions.

(4) Notify RPMB members of meeting times and locations.

(5) Provide members with the agenda.

(6) Invite specific SMEs in manpower, personnel (i.e., military, civilian, contractor) and Civilian Human Resource Council to RPMB as required.

(7) Act as the RPMB Chair in the absence of the Executive Directors for Healthcare and Administrative Operations.

c. J-3B Representative. The J-3B Representative will:

(1) Serve as the Clinical Operations advisor to the RPMB with responsibility for healthcare planning, patient safety, network capabilities, and beneficiary projections.

(2) Provide the RPMB with reliable and timely healthcare planning data.

d. CAPE Representative. The CAPE Representative will serve as Business Analysis SME to the RPMB with the responsibility for business case analysis and performance plan impacts.

e. J-7 Representative. The J-7 Representative will serve as a graduate medical education and overall education SME to the RPMB.

f. J-8 Representative. The J-8 Representative will:

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(1) Serve as the financial advisor to the RPMB with responsibility for long-range planning, programming, receipt, distribution, and execution of all manpower resources to JTF CapMed and its assigned organizations.

(2) Provide the RPMB with reliable and timely financial data.

(3) When available, provide information on status of DMHRSi financial and workload data relevant to the request.

(4) Coordinate with Joint MTF Comptrollers to ensure consistent, transparent financial data is available for the region.

(5) Provide specific SMEs related to resource management.

(6) Conduct the Regional Alternative Funding Board (RAFB) on a regular basis.

g. Acquisition Support Services Representative. The Acquisition Support Services Representative will serve as SME to the RPMB.

ENCLOSURE 3

BUSINESS RULES

1. The JTF CapMed will apply a Regional Human Capital Management Strategy by using a system wide approach in the staffing and operation of the integrated delivery system.

2. Joint MTF Commanders are delegated authority to approve internal personnel requests within the limits of a defined FTE target. The FTE target will be established and modified by the CJTF only.

3. The RAFB will approve all alternative funding.

4. RPMB will provide regional oversight by reviewing Joint MTF reports on approved requests and personnel management strategies during an RPMB meeting once a month. Meetings can be held more often if the RPMB Co-Chairs consider it necessary.

5. Any significant changes to Joint MTF missions require concurrence by the RPMB and approval by the CJTF. The RPMB Co-Chairs will determine if the changes are significant enough to require CJTF approval.

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GLOSSARYABBREVIATIONS AND ACRONYMS

CAPE	Cost Assessment Program Evaluation
COA	Course of Action
CJTF	Commander, Joint Task Force National Capital Region Medical
DHMRSi	Defense Medical Human Resource System internet
FBCH	Fort Belvoir Community Hospital
FTE	full time equivalent
IDS	Integrated Delivery System
JTF CAPMED	Joint Task Force National Capital Region Medical
MTFs	Medical Treatment Facilities
NCR	National Capital Region
RAFB	Regional Alternative Funding Board
RMB	Resource Management Board
RPMB	Regional Position Management Board
SMEs	subject matter experts
WRNMMC	Walter Reed National Military Medical Center