

DEPARTMENTS OF THE ARMY AND THE AIR FORCE  
NATIONAL GUARD BUREAU  
1411 JEFFERSON DAVIS HIGHWAY  
ARLINGTON, VA 22202-3231



NGB-ART (350)

5 April 2001

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES, PUERTO RICO, THE VIRGIN ISLANDS, GUAM, AND THE COMMANDING GENERAL OF THE DISTRICT OF COLUMBIA

SUBJECT: (All States Log Number P01-0026) Flexible Training for Army National Guard (ARNG Health Care Professional (HCP) Officers

1. References:

a. Department of Defense Directive (DoDD) 6000.12, 29 April 1996, subject: Health Operations and Readiness.

b. The ARNG Regulation 350-1, 3 June 1991, Army National Guard Training.

2. This policy letter outlines the flexible training program which is designed to enhance recruitment and retention of Army Medical Department (AMEDD) HCPs (MC, DC, AN, PA, medical students, dental students and clinical MS officers, 67F and 73s). The program facilitates the attainment and sustainment of the knowledge and skills needed for mission accomplishment. Authorization for flexible training remains with the unit commander and is coordinated with the State Surgeon.

3. The DoD recognizes that because of their professional or educational requirements, AMEDD HCPs sometimes have difficulty participating regularly at Inactive Duty for Training (IDT) or Annual Training (AT). The referenced DoD directive provides guidance for each military department to establish individual policies for their Reserve Component (RC). The ARNG policy is structured to accomplish the following DoD goals:

a. Ensure RC medical training achieves peacetime medical readiness, which will ensure the maximum effectiveness of combat forces during wartime.

b. Ensure that medical units and soldiers who work together in wartime train together in peacetime.

c. Ensure that interaction between AMEDD and civilian health care professionals, at health care educational offerings is maximized.

d. Ensure that AMEDD HCPs are given flexible training opportunities.

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- e. Ensure HCPs are authorized to attend continuing health education courses.
- f. Ensure medical students can affiliate actively with and participate in reserve medical training.

#### 4. Flexible Training Objectives:

a. Provide flexibility to the States and commanders for the training and development of ARNG AMEDD health care professionals. It authorizes unit commanders to approve Equivalent Training (ET) for soldiers scheduled for IDT, Unit Training Assemblies (UTA), and Active Duty for Training to enable their participation in other health education activities.

b. Assist the State surgeon and deputy State surgeon in providing HCPs for all medical requirements.

c. Provide AMEDD officers an opportunity for maximum unit participation by avoiding conflicts with professional obligations.

5. Training will be designed to meet mobilization requirements of the professional's specialty. The unit commander, State surgeon, deputy State surgeon, plans, operations and training officer, and military personnel officer will plan, coordinate and monitor available training opportunities which consist of the following:

a. Attendance at a minimum of one IDT weekend with the officer's assigned unit will be required each quarter to ensure the officer's availability for required tasks or training as determined by the unit commander. Each period of Equivalent Training (ET) must be a minimum of four hours duration and approved in advance by the unit commander. The following may perform UTAs:

(1) Attendance at regularly scheduled IDT training with the individual's unit of assignment.

(2) The ET at local Military Medical Treatment Facilities.

(3) Medical conferences, seminars, or continuing health/medical education courses.

(a) Attendance at local or national health care meetings, which grant continuing health/medical educational credits or which enhance the soldier's military assignment.

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(b) The IDT credit for this type of training would be one unit training assembly for each 4 hours in attendance, (i.e., a 2 day, 16 hr course), is the equivalent of a Multiple Unit Training Assemblies (MUTA) or MUTA 4.

(c) Documentation of attendance must be forwarded to the unit of assignment for pay and retirement point purposes.

(4) Local ARNG unit, other than unit of assignment support.

(a) Prior approval from both unit commanders involved will be obtained.

(b) A split unit training assembly certificate must be completed and forwarded to the unit of assignment.

(5) The HCPs in civilian academic institutional residency training programs or internships.

(a) Prior approval from both unit commander and the residency program manager.

(b) Training must not be considered part of the HCPs routine residency training program or internship requirement for which he or she receives personal compensation.

(c) Training will be related to the soldier's wartime medical duties and specialty.

(d) Appropriate military uniform will be worn while performing duties credited as training.

(e) Documentation of training must be forwarded to the unit of assignment for pay and retirement point purposes.

(6) Participation in medical recruiting activities. Appropriate military uniform will be worn while performing duties.

b. Annual Training may be performed in separate increments and satisfied by one or a combination of the following:

(1) Unit of Assignment. Each soldier will attend AT with unit of assignment/attachment at least once every two years in support of unit mission and training objectives.

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(2) Site Medical Support. The AMEDD officers may be utilized in providing medical support during AT. The time may be fragmented into whole (eight hours) days to accommodate the officer's professional or educational schedule. Adequate medical support and mission essential training must be the ultimate goals.

(3) The AMEDD Short Courses. Soldiers may attend a regularly scheduled AMEDD short course in lieu of AT with the approval of the Unit Commander.

(4) Military Entrance and Processing Station (MEPS). The AMEDD Officers may participate with a local MEPS in support of ARNG recruiting efforts. Advance approval by the unit commander, State Surgeon and MEPS Commander are required.

(5) Army Medical Activities/Centers (MEDDAC/MEDCEN). The AMEDD Health Care Professionals may provide support to the Active Component (AC) with a written request from the MEDDAC/MEDCEN commander. Current credentialing packets must be on file in the Centralized Credentials Quality Assurance System and privileging must be approved at the supported MTF.

(6) Joint Training Exercises (JTX). The AMEDD Officers may participate in a JTX conducted by the ARNG or AC.

(7) Professional development training such as: Officer Basic/Advance Course, and Command and General Staff College, Combat Casualty Care Course, or other military training appropriate for the officer's branch and area of concentration.

c. Other Opportunities: Medical Readiness Training Exercises and Medical Innovative Readiness may be used for ET.

6. All training requires the same supervision and verification consistent with the expenditure of any government funds IAW current regulations.

7. This program is designed to give maximum flexibility for training and duty assignment to each Adjutant General and unit commander. However, it is imperative each AMEDD Health Care Professionals understands that overall military readiness objectives are expected and the use of flexible training schedules should not detract from accomplishing those requirements. The soldier needs to be knowledgeable of the retirement point system as well as 50 points are required for a valid retirement year.

8. This memorandum expires 31 March 2002, unless sooner rescinded or superseded.

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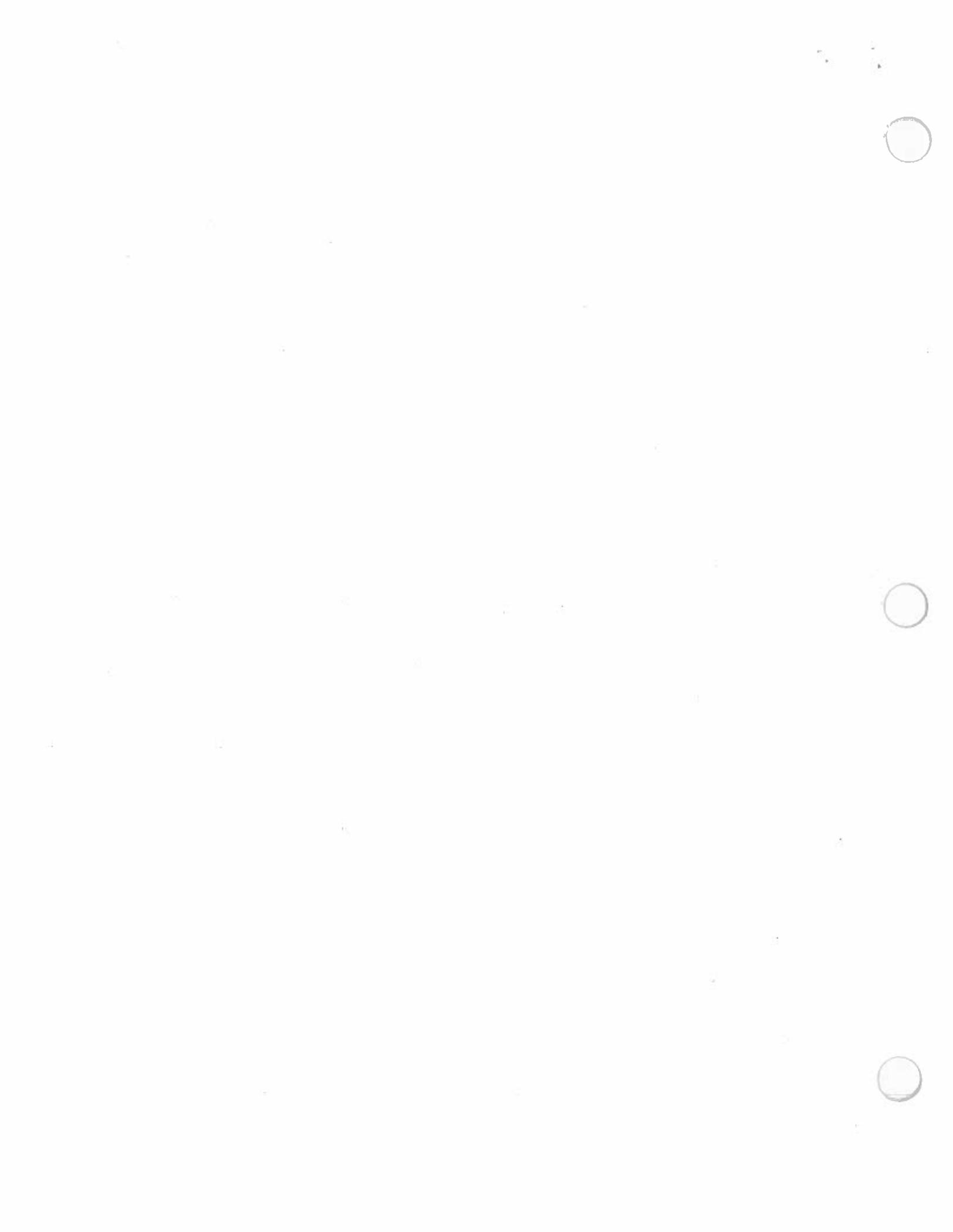
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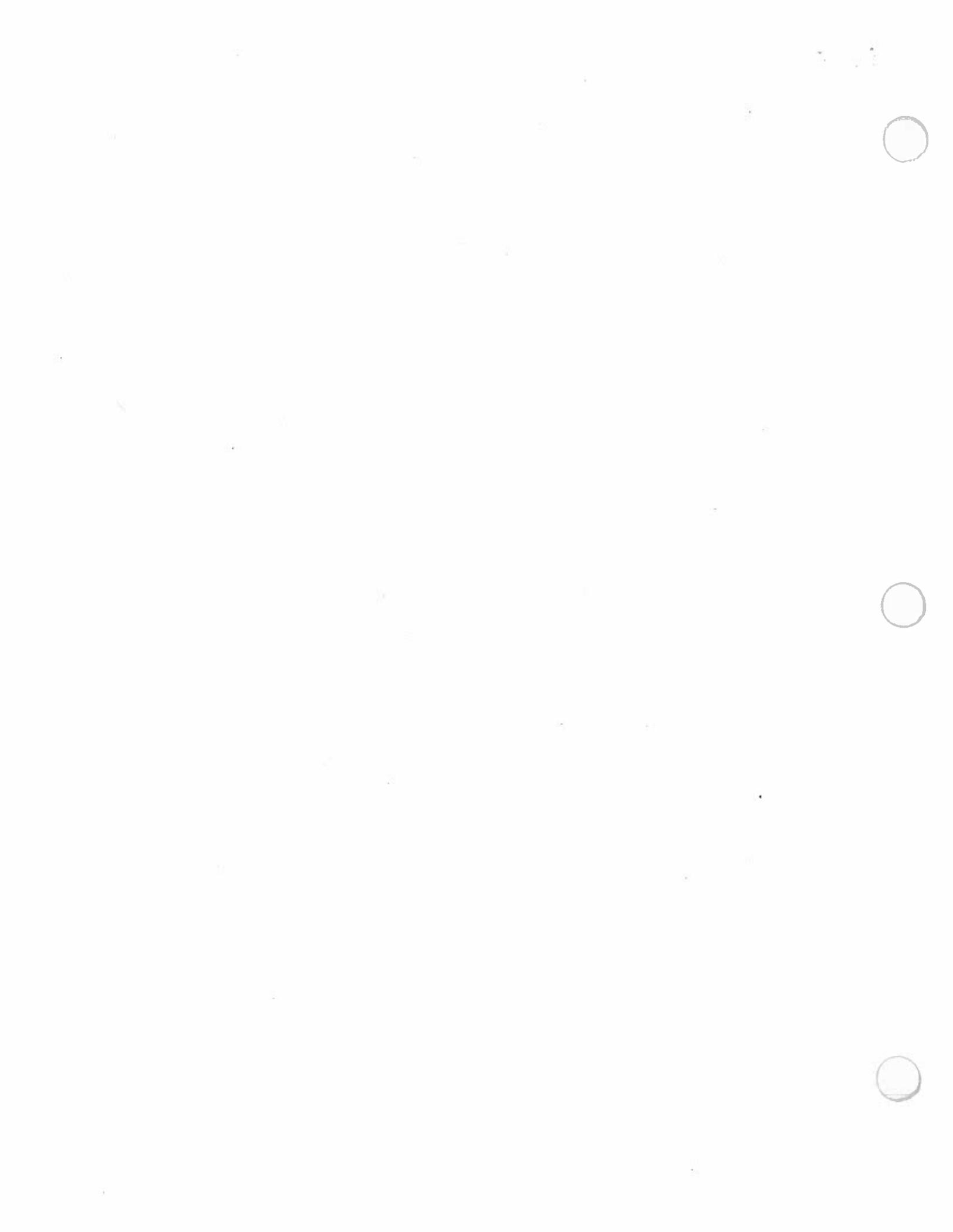
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9. The points of contact are Colonel David Germain, Chief, Training Division, at 703-607-7311 or DSN 327-7311 and Colonel Michael McCaffery, Chief Surgeon, at 703-607-7140 or DSN 327-7140.

FOR THE CHIEF, NATIONAL GUARD BUREAU:



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Each State MILPO

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