



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
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NGB-ARO

10 February 1994

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

SUBJECT: (All States Log Number P94-0009), Flexible Training
Policy for ARNG Army Medical Department (AMEDD), Medical Corps
(MC), Nurse Corps (NC), and Medical Students (MS 00E67)

1. Reference: Department of Defense (DOD) Directive Number 1215.4, dtd 27 Nov 90, subject: Medical Training in the Reserve Components.
2. This policy letter outlines the flexible training program which is designed to enhance recruitment and retention of Army Medical Department (AMEDD) Professional officers. The program facilitates the attainment and sustainment of the knowledge and skills needed for mission accomplishment.
3. The Department of Defense recognizes that for various reasons associated with their professional or educational requirements, Army Medical Department (AMEDD) Professional officers sometimes have difficulty participating 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 Army National Guard policy is structured to accomplish the following DOD goals:
 - a. ensure reserve component medical training achieves peacetime medical readiness, that will ensure the maximum effectiveness of combat forces during wartime
 - b. ensure that medical units and soldiers which work together in wartime train together in peacetime
 - c. ensure that interaction between military medical and nursing officers with civilian health care professionals at health care educational instructions be maximized
 - d. ensure that military medical and nursing personnel are given flexible training opportunities
 - e. ensure that health care professionals are authorized to attend continuing health education courses

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f. ensure that 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 medical and nursing professionals. It authorizes unit commanders to approve substitute equivalent training for soldiers scheduled for inactive duty for training (IDT) assemblies and active duty (AD) training to enable their participation in other health education activities.

b. Assist ARNG units in upgrading their personnel readiness status by allowing AMEDD officers to perform duty at the State area command headquarters (STARC), a local hospital (with a contract approved by the State JAG prior to training, medical center, military entrance processing station (MEPS), veteran's administration (VA) hospital, military hospitals, or any other State agency.

c. Assist the State Surgeon and State Chief Nurse in providing physicians and nurses for Annual Training (AT) site support.

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

5. Training will be designed to meet mobilization requirements and the professional's specialty. The Unit Commander, State Surgeon, State Chief Nurse, Training, and Personnel Officer will plan, coordinate and monitor available training opportunities which consist of the following:

a. IDT: Regular training assemblies may be used for IDT purposes. One unit training assembly (UTA) with the soldier's assigned unit will be required each quarter to ensure the soldier's availability for certain required tasks or functions as determined by the unit commander. IDT may be performed by the following:

(1) Local Federal medical facilities support.

(a) Each period of training must be a minimum of 4 hours duration and approved in advance.

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(b) If the medical professional is employed by the facility, the training must be in addition to their compensated working hours.

(c) All training must be performed in appropriate military uniform.

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

(2) Medical conference, seminar, course attendance.

(a) Attendance at local health care meetings which grant continuing health/medical educational credits or which enhance the soldiers military assignment.

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

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

(3) Local ARNG unit (other than unit of assignment).

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

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

(c) Training will be included in the regular training plan to preclude confusion with equivalent training.

(4) Physicians in civilian academic institution residency program manager.

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

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

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

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(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.

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

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

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

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

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

(4) MEPS. Soldiers may participate with a local MEPS in support of ARNG recruiting efforts. Advance approval by the MEPS Commander, State Surgeon or State Chief Nurse, and unit commander is required.

(5) Army Medical Activities/Centers (MEDDAC/MEDCEN). Soldiers may provide support to the Active Component (AC) with a written request from the MEDDAC/MEDCEN commander.

(6) Joint Training Exercises (JTX). Soldiers 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 (MEDRETES) and the Key Personnel Upgrade Program (KPUP) are excellent methods for health care professionals to enhance

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their wartime/specialty skills and/or work with their AC counterpart to absorb elements of active duty training and to increase their understanding of the complexity of the AC system. Also, continuing health/medical education (CHE/CME) courses are viable means of providing excellent military and clinical information, e.g., Association of Military Surgeons of the U.S. (AMSUS), etc.

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 States Adjutant General and unit commander. The goal is maximum participation by each medical and nursing professional. It is imperative each soldier understands what is expected and the method by which to accomplish it. Also, the soldier needs to be knowledgeable of the requirement point system and that as minimum, 50 points are required for a valid retirement year.

8. This policy will expire 15 January 1995.

9. NGB-ARO-T POC is CPT Crocker at CML 703-607-7148 or DSN 327-7148 and COL Wright at CML 703-607-7140 or DSN 327-7140.

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