

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



NGB-ART (350)

29 April 1999

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

SUBJECT: All States (Log Number P99-0010) Flexible Training Policy for Army National Guard Health Professions Officer

1. References:

a. Department of Defense (DOD) Directive Number 6000.12, 29 Apr 96, subject: Health Operations and Readiness.

b. NGB(AR) 350-1, 3 Jun 91, 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) Professional Officers. The program facilitates the attainment and sustainment of the knowledge and skills needed for mission accomplishment.

3. The DoD recognizes that because of their professional or educational requirements, 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 ARNG policy is structured to accomplish the following DOD goals:

a. Ensure RC 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 AMEDD and civilian health care professionals, at health care educational offerings is maximized.

NGB-ART

SUBJECT: All States (Log Number P99-0010) Flexible Training Policy for Army National Guard Health Profession Officers

d. Ensure that AMEDD Health Care Providers (HCP) are given flexible training opportunities.

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 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 State Chief Nurse in providing HCPs for all medical requirements.

c. Provide AMEDD officers an opportunity for maximum 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, State Chief Nurse, Plans, Operations and Training Officer (POTO), and Military Personnel Officer (MILPO) will plan, coordinate and monitor available training opportunities which consist of the following:

a. Attendance at 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 4 hours duration and approved in advance by the unit commander. UTAs may be performed by the following:

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

NGB-ART

SUBJECT: All States (Log Number P99-0010) Flexible Training Policy for Army National Guard Health Profession Officers

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

(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.

(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 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) Physicians 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 physician's 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.

NGB-ART

SUBJECT: All States (Log Number P99-0010) Flexible Training Policy for Army National Guard Health Profession Officers

(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. AT 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.

(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 MEPS Commander, State Surgeon or State Chief Nurse and unit commander are required.

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

(6) Joint Training Exercises (JTX). 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.

NGB-ART

SUBJECT: All States (Log Number P99-0010) Flexible Training Policy for Army National Guard Health Profession Officers

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. It is imperative each soldier understands what is expected and the method used to accomplish the requirements. The soldier needs to be knowledgeable of the retirement point system and that 50 points are required for a valid retirement year.

8. This policy will remain in effect until 30 September 2000.

9. The points of contact are LTC Furse, Office of the Chief Surgeon at 703-607-7149 or DSN 327-7149, and COL Lloyd at 703-607-7143 or DSN 327-7143.

FOR THE CHIEF, NATIONAL GUARD BUREAU:



ROGER C. SCHULTZ
Major General, GS
Director, Army National Guard

CF:

Each State MILPO

Each State POTO

Each State Surgeon

Each Chief Nurse

Each MED Unit Commanders

Each State IG

NGB-IG

NGB-PL

NGB-ARZ-G