



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
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NGB-ARO (350)

2 August 1996

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

SUBJECT: (All States Log Number P96-0090) Flexible Training
Policy for ARNG Army Medical Department (AMEDD), Medical Corps
(MC), Nurse Corps (NC), Medical Students (MS 00E67), Army Medical
Specialist Corp (AMSC), and Dental Corp (DC)

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

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

e. ensure that HCP 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 AMEDD professionals. It authorizes unit commanders to approve Equivalent Training (ET) for soldiers scheduled for Inactive Duty Training (IDT); Unit Training Assemblies (UTA); and Active Duty for Training (ADT); to enable their participation in other health education activities.

b. Assist the State Surgeon and State Chief Nurse in providing HCP 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. IDT: 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 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 individuals unit of assignment.

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

(3) Medical conferences, seminars, or Continuing Health/Medical Education (CHE/CME) courses.

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

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(b) IDT credit for this type of training would be one unit training assembly for each four (4) hours in attendance, (ie. a 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 support.

(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.

(4) 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.

(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 or a combination of the following:

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(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. AMEDD officers may be utilized in providing medical support during AT. The time may be fragmented into whole (8 hours) days 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.

(4) MEPS. 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.

c. Other Opportunities: Medical Readiness Training Exercises (MEDRETES) and Medical Innovative Readiness (MIRT) 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

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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 expire 30 September 1997.

9. The Health Services Division (NGB-ARP-H) POC is MAJ Furse at CML 703-607-7149 or DSN 327-7149 and COL Lloyd at CML 703-607-7143 or DSN 327-7143.

FOR THE CHIEF, NATIONAL GUARD BUREAU:



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