DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, D.C. 20350-2000

AND

HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, D.C. 20350-3000

IN REPLY REFER TO
OPNAVINST 6400.1C
MCO 6400.1
BUMED-M3B4/CMC-MED
15 Aug 2007

OPNAV INSTRUCTION 6400.1C
MARINE CORPS ORDER 6400.1

From: Chief of Naval Operations
Commandant of the Marine Corps

Subj: TRAINING, CERTIFICATION, SUPERVISION PROGRAM, AND EMPLOYMENT OF INDEPENDENT DUTY HOSPITAL CORPSMEN (IDCs)

Ref: (a) OPNAVINST 6320.7
(b) MILPERSMAN 1616-010, Detachment for Cause (DFC) of Enlisted Personnel
(c) MILPERSMAN 1306-604, Active Obligated Service (OBLISERV) for Service Schools

Encl: (1) Acronyms and Definitions
(2) IDC Supervision Program Organization Chart
(3) Guidelines for the Clinical Use of IDCs
(4) IDC Training, Certification, and Supervision Guidelines
(5) Appendices A thru I

1. Purpose. To update Department of the Navy (DON) policy for training, certifying, employing, and supervising of Independent Duty Hospital Corpsmen (IDC) Navy Enlisted Classification (NEC) codes: HM-8402 Submarine Force IDC, HM-8403 Special Operations IDC, HM—8425 Surface Force IDC, and HM-8494 Deep Sea Diving IDC. This instruction has been administratively revised and must be read in its entirety.

2. Cancellation. OPNAVINST 6400.1B.

3. Background. This instruction is in support of the historical and highly successful physician and IDC relationship in the delivery of quality health care.

a. The IDC NEC codes were established to identify highly motivated and specially trained Hospital Corpsman to manage health programs and provide primary care under indirect supervision on shore, at sea, and on mission deployment. Independent duty means that the IDC is supervised indirectly after diagnosis and treatment has taken place.

b. As physician extenders it is necessary to have a close relationship with their privileged Physician Supervisors. This relationship is the bedrock of quality health care for Sailors and Marines. Certified by their Physician Supervisor, the IDC can practice under indirect supervision and carries the title of Senior Medical Department Representative (SMDR).

4. Applicability and Scope. This instruction applies to all active duty and full time support (FTS) service members. This instruction is limited to the delivery of health care approved by DON and clarifies the provisions of reference (a) as it pertains to IDCs. Reference (b) must be used to initiate the DFC process and reference (c) must be used to request removal of NEC for cause.

5. Acronyms and Definitions. See enclosure (1).

6. Policy

a. Program Elements. The ability of a Navy IDC to provide primary health care under indirect supervision requires:

(1) Assignment of an IDC NEC code.

(2) Certification by a Physician Supervisor.

(3) Participation in a command sponsored IDC Supervision Program.

(4) The highest level of ethical standards in the provision of health care.

b. IDC Supervision. IDC supervision is either direct or indirect. During *direct supervision* the IDC and the Physician Supervisor are involved together in the diagnosis and treatment of the patient at the time service is rendered. During *indirect supervision* the IDC provides the diagnosis and treatment of the patient without the Physician Supervisor present but reports back to the Physician Supervisor during scheduled reviews.

c. Supervision Program

(1) All Navy IDCs must be supervised by an assigned physician. The Supervision Program must provide ongoing clinical training for the IDC and foster a supportive clinical relationship with the privileged Physician Supervisor.

(2) The IDC Supervision Program must be directed and managed by a *Physician Program Director,* who is a credentialed and privileged physician. The Physician Program Director must be assisted by a senior enlisted *Program Manager* who is a certified IDC.

(3) IDCs participating in the program must be assigned a *Physician Supervisor* and *Assistant Program Manager* who have the responsibility to ensure the IDC is supported and monitored for the delivery of quality health care. Enclosure (2) shows the relationships between the Physician Program Director, Program Manager, Physician Supervisor, Assistant Program Manager, and IDC.

(4) IDCs assigned to commands that do not have an IDC Supervision Program must be assigned to a Supervision Program of the medical department of a local Immediate Superior In Command (ISIC) or to the nearest Navy Medical Treatment Facility (MTF).

(5) The utilization, training, supervision and certification are delineated in enclosures (2) through (4). Supporting documents and sample letters are provided in enclosure (5) as appendices A thru I.

7. Responsibilities

a. The Chief, BUMED, must:

(1) Appoint the Deputy Chief of Staff for Operations (BUMED-M3), and the Director for Operational Support (BUMED-M3B4) as the DON focal point for this program.

(2) Monitor and ensure compliance with this program by designating this program as a Medical Inspector General review requirement.

b. The Medical Officer of the Marine Corps (TMO) (Headquarters Marine Corps, (Code HS)) must:

(1) Serve as the Marine Corps focal point for this program.

(2) Monitor and ensure compliance with this instruction through review of Commanding General Inspections.

c. The Command Surgeon, U.S. Fleet Forces Command must:

(1) Serve as the Fleet focal point for this program.

(2) Monitor and ensure compliance via the Fleet Inspector General process.

d. The Navy Regional Medical Commanders must:

(1) Serve as regional fixed MTF focal points for this instruction.

(2) Monitor and ensure compliance via annual reports.

e. The Commander, Navy Personnel Command (NAVPERSCOM) must:

(1) Include in the orders for IDCs, the requirement that the detaching commands ensure that the IDC is certified and all professional qualifications are current for Independent Duty.

(2) Include IDC Refresher Training (REFTRA) in PCS orders.

(3) Hold orders in abeyance for IDC not certified before detachment to sea or operational billets. The detaching activity must notify NAVPERSCOM (NPC-407), the receiving command, BUMED-M3B4, and BUMED-M09B via message.

f. Navy Medicine Manpower Personnel Training and Education (NAVMED MPT&E) Command must:

(1) Provide technical guidance for medical training.

(2) Implement the following:

(a) A standard formal academic and vocational training course that provides certification of an IDC to perform duties independent of a medical officer before initial assignment.

(b) A BUMED approved formal REFTRA course for IDCs reassigned from shore duty to sea duty.

(3) Provide temporary additional duty (TAD) funding and support for IDCs for maintenance of Continuing Medical Education (CME) training who are assigned duty to Non Budget Submitting Office Eighteen (BSO-18) activities.

(4) Confer with Commander, U.S. Fleet Forces Command (CUSFFC), TMO, and BUMED-M3 on IDC curriculum for continuous improvement.

(5) Develop metrics to evaluate effectiveness of selection and training.

g. Commanding Officers of MTFs and responsible medical authority appointed by the Medical Officer of the Marine Corps and Fleet Forces Command Surgeon must:

(1) Ensure IDCs comply with this instruction and practice within the MTF IDC Supervision Program.

(2) Ensure the IDC Supervision Program is in the form of specific written command directives. If specific clinical training is not available within the command, all efforts must be made to secure the necessary training through other local resources (e.g., affiliated civilian hospitals, university centers, etc.). Enclosure (3) provides guidance in the clinical employment of IDCs.

(3) Support provision of CME opportunities for IDCs attached to their commands, including funding for CME courses.

(4) Appoint in writing the Program Director and Program Manager.

h. The IDC Program Director and IDC Program Manager must:

(1) Maintain the IDC Supervision Program and ensure continuous IDC certification.

(2) Appoint in writing a Physician Supervisor, and Assistant Program Manager for each IDC.

(3) Provide instruction, supervision, consultation, and assigned relief as requested by the IDC’s Physician Supervisors or Assistant Program Managers (leave, TAD, individualized augmentation (IA)).

(4) Ensure the quality of care provided by the IDC is subject to program monitoring per community standards for primary care.

(5) Provide an annual report, with metrics on membership in the program and elements of certification, to the commanding officer.

(6) Ensure that IDC reviews, assessments, and inspections are performed as required from their respective Group, MTF, or USMC authority.

i. Physician Supervisors and Assistant Program Managers must:

(1) Provide supervision and training following the guidelines outlined in enclosure (4), IDC Training, Certification, and Supervision Guidelines.

(2) Be readily available to the practicing IDC to foster a close working relationship and to provide professional support thru instruction, hands on assistance, and clinical advice.

(3) Ensure that IDCs are afforded the opportunity to train in the competencies listed in Appendix A to enclosure (5).

8. Forms and Reports

a. Forms

(1) NAVPERS 1070/613 (Rev. 07-06), Administrative Remarks is available at: http://buperscd.technology.navy.mil/bpforms.htm.

(2) NAVMED 6400/1 (6-2007), IDC Record of Medical Evaluation, Counseling, Case Study, and Training Form is available at: http://navymedicine.med.navy.mil/default.cfm?seltab=directives at the "Forms" tab; local reproduction is authorized.

b. Reports

(1) Report Control Symbol NAVMED 6400-2 is assigned to the report contained in paragraph 7h(5).

(2) Report Control Symbol NAVMED 6400-1 is assigned to the report contained in enclosure (4) paragraph 5a(5).

R. S. KRAMLICH
Director, Marine Corps Staff

D. C. ARTHUR
Surgeon General of the Navy

Distribution:
Electronic only, via Department of the Navy Issuances Website
http://doni.daps.dla.mil

ACRONYMS AND DEFINITIONS

1. Advanced Life Support (ALS).

2. Authorized Medical Allowance List (AMAL).

3. Basic Life Support (BLS).

4. Budget Submitting Office Eighteen (BSO-18).

5. Bureau of Medicine and Surgery (BUMED).

6. Catalog of Navy Training Courses (CANTRAC).

7. Certification. Denotes successful completion every 2 years of qualifications for duties as an IDC, through periodic medical record review, successful oral test of medical knowledge, and completion of 15 CME units annually.

8. Commander, U.S. Fleet Forces Command (CUSFFC).

9. Continuing Medical Education (CME). Authorized educational activities that serve to maintain IDC certification.

10. Corporate Enterprise Training Activity Resource Systems (CeTARS).

11. Deployed. Any time an IDC leaves primary duty station or home port to support operational forces in Fleet and USMC missions.

12. Detachment for Cause (DFC).

13. Department of the Navy (DON).

14. DMRSi. An Oracle human resource computer application.

15. Full Time Support (FTS).

16. Immediate Superior In Command (ISIC).

17. Independent Duty Corpsmen (IDC). IDCs are Hospital Corpsmen in pay grades E-5 through E-9 who have successfully completed IDC "C" School and have been awarded an NEC. An IDC is a health care provider who, when certified, may provide primary care for active duty service members under indirect supervision. IDCs perform their clinical, administrative, and logistical duties as the SMDR for the submarine force, USMC reconnaissance corpsman, the surface force, and for deep sea diving. IDCs may be assigned to fixed MTFs and to units of the operational forces.

18. Marine Expeditionary Force (MEF).

19. Marine Expeditionary Unit (MEU).

20. Marine Forces (MARFOR).

21. Marine Special Operations Command (MARSOC).

22. Medical Service Officer (MSO). Military Sealift Command, Civilian Mariner that has documented proficiencies of the level of a USN IDC, physician assistant, or Registered Nurse.

23. Military (Health Care) Treatment Facilities (MTF). Includes the following list unless otherwise stated.

a. Navy Medical Centers.

b. Navy Hospitals.

c. Navy Dental Facilities.

d. Medical and dental facilities afloat (hospital ships, sickbays, and health service spaces aboard ships).

e. Deployed field medical and dental units of operational forces.

f. Navy operational force medical clinics include medical departments of operational squadrons, groups, Naval Submarine Support Command (NSSC) and detachments, and organic medical assets of the MARFOR.

24. National Provider Identifier (NPI).

25. Naval School of Health Sciences (NSHS).

26. Naval Undersea Medicine Institute (NUMI).

27. Navy Enlisted Classification (NEC) Code.

28. Navy Medicine Manpower Personnel Training and Education (NAVMED MPT&E) Command.

29. Navy Personnel Command (NAVPERSCOM).

30. Obligated Service (OBLISERV).

31. Obstetrics and Gynecology (OB/GYN).

32. Organic Medical Assets (Marine Corps). All medical department personnel along with their associated consumable and non-consumable equipment assigned to a Marine Corps unit, regardless of size.

33. Permanent Change of Station (PCS).

34. Physician Supervisor. A credentialed and privileged primary care physician assigned supervisory and certifying responsibility for the IDC's ability to provide health care independent of direct physician supervision. The Physician Supervisor is responsible for the health care rendered by the IDC when under both direct and indirect supervision.

35. Primary Care. A term used for health care providers who act as a first point of consultation for all patients.

36. Program Director. A senior privileged physician with operational experience and with significant knowledge of the role of the IDC. The Program Director is responsible for implementation and execution of the IDC Supervision Program for the commander, commanding officer, or officer in charge.

37. Program Manager. A senior IDC with operational experience who has been appointed by the commander, commanding officer, or officer in charge to manage the command IDC Supervision Program.

38. Refresher Training (REFTRA). A course of instruction offered by NSHS or NUMI as directed by Fleet/MARFOR designed to refresh the IDC's administrative skills and to provide updates on operational health programs.

39. Senior Medical Department Representative (SMDR). The SMDR is an IDC who is in an operational unit at sea or in a deployed remote or isolated environment operating without direct physician supervision.

40. Supervision. Supervision is the process of reviewing, observing, correcting, advising, and training the IDC. The IDC will be held responsible only for unethical actions or deviation from the core competencies. The Physician Supervisor will be responsible for the diagnosis and treatment of the service member. Supervision by the physician will include quarterly review of medical records and a meeting between the IDC and Physician Supervisor on health care provided to service members. The following levels of supervision are pertinent:

a. Direct. The Physician Supervisor is involved in the decision-making process. This level of supervision is for all non-certified IDCs who are undergoing their evaluation period for certification with their Physician Supervisor or undergoing remedial training in primary care after suspension of certification. Direct supervision includes all of the following:

(1) Verbal. The Physician Supervisor is contacted by direct conversation and or visualization of the care being rendered by the IDC.

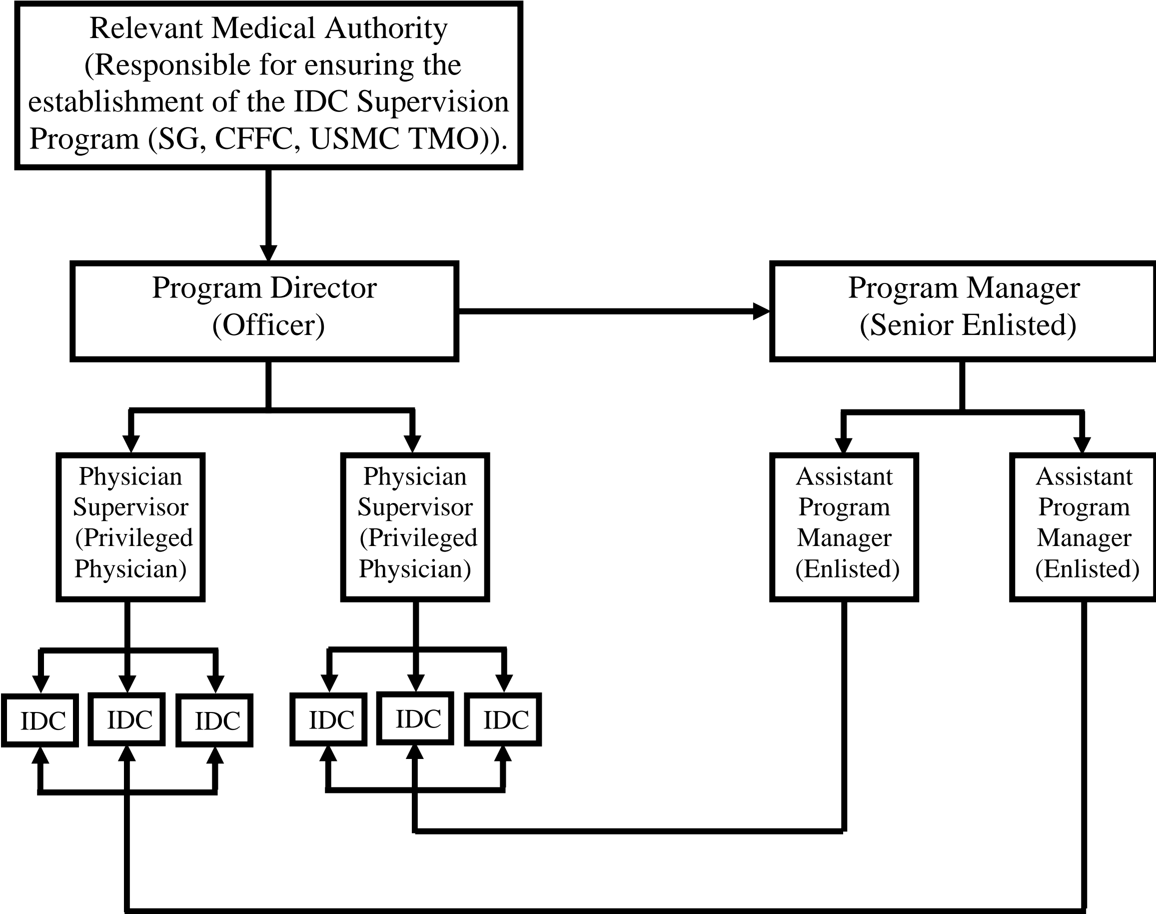
(2) Physically Present. The Physician Supervisor is present in the medical space where service is being provided through all or a significant portion of care.

b. Indirect. The Physician Supervisor is not involved in the decision-making process of diagnosis and treatment at the time decisions are made. *This supervision is accomplished through retrospective review of records, evaluation of appropriateness of consultation and referral, evaluation of events identified through occurrence screens, and by quarterly meetings discussing health care given to service members by the IDC.* This supervision is documented by countersignature that is

dated at the time of the review. Retrospective record reviews must assess the adequacy of the history and physical examination; appropriateness of tests and diagnoses; and planned course of treatments, including use of drugs and minor surgical procedures. Review of care also assesses his or her judgment in providing health care only according to the authorized scope of practice. This level of supervision is reserved for certified IDCs.

41. The Medical Officer of the Marine Corps (TMO).

IDC PROGRAM ORGANIZATION CHART



GUIDELINES FOR THE CLINICAL USE OF IDCs

1. Use of IDC(s)

a. IDC must function via the supervision of a privileged physician, either directly or indirectly.

b. IDC must not be used unless they are enrolled in an IDC Supervision Program. IDCs duty assignment is consistent with their skill, expertise, and supervision requirements.

c. IDC may initially assess, triage, and treat patients via indirect supervision. This includes writing orders within their scope of practice.

d. IDC must wear an identification badge to ensure the patient is aware of their name and role. It must be clearly visible with the words "Independent Duty Corpsman" imprinted below the name (applies to MTFs only).

e. IDC must sign the medical record of each service member examined, treated, or referred for treatment. They must print or stamp name, rate, title, National Provider Identifier (NPI), or the last four digits of social security number until NPI is obtained.

f. IDC quarterly review when in a deployed status must be delayed until return to homeport. The Supervision Program must be resumed immediately upon return to homeport. The Program Director may waive periodic review for operational deployment exceeding 6 months.

g. Certified IDC within the established scope of practice may provide care for active duty patients including other service members and foreign nationals under indirect supervision. All other patients including family members and retired beneficiaries require direct supervision.

h. IDC must discuss with a physician any patient who presents with worsening symptoms for *two visits* in a single episode of illness. This does not apply either to patients returning for continuing treatment of previously documented, stable, chronic illnesses or to patients returning as directed for follow-up evaluation of resolving acute illnesses.

i. IDCs are not authorized to perform telephone delivery of health care.

j. IDCs in a certified status, assigned either to a Navy MTF or non-MTF must: (1) not be precluded from other administrative or leadership duties; and (2) spend, at a minimum, 25 hours per month diagnosing and treating patients under an IDC Supervision Program. IDCs assigned to leadership positions such as Fleet/ TYCOM, community managers, Command Master Chiefs, or Directorate Master Chiefs are exempt from patient contact hours. IDCs assigned to instructor billets are required to provide 8 hours of patient care per calendar month.

k. In life-threatening emergencies, the IDC should follow BLS guidelines. Although trained in ACLS and familiar with trauma life support principles, the IDC will not be faulted in failure of attempt at endotracheal intubation, intra cardiac injection or peritoneal lavage. These protocol steps assume competencies which can only be based on repetitive experience.

l. Diagnosis and treatment by an IDC under indirect supervision assumes capability to do a history and physical exam. IDCs can perform and sign as examiner for routine history and physical examinations. This examination will be reviewed by a privileged physician.

m. Questions regarding assignment of an IDC to duties and responsibilities that may constitute a deviation from this instruction must be submitted through the chain of command to BUMED Program Managers, BUMED-M3B4.

IDC TRAINING, CERTIFICATION, AND SUPERVISION GUIDELINES

1. Initial Training

a. The initial training for Navy IDCs is at the Naval Undersea Medical Institute (NUMI) and at the Naval School of Health Sciences (NSHS), San Diego, California.

b. Training supports the clinical core competencies of the IDC. This includes but is not limited to: basic medical science, pharmacology, basic laboratory investigation, medical/dental/surgical training, clinical diagnosis and treatment of primary care disease, emergency medical and trauma management, familiarity with Navy and Federal public health policies, the ability to manage Navy environmental and occupational health programs, understanding of medical data recording systems, management of medicinal stores, and medical record administration.

c. Upon graduation, the IDC NEC recommendation is placed in Corporate Enterprise Training Activity Resource Systems (CeTARS) via NSHS or NUMI and forwarded to Enlisted Personnel Management Center (EPMAC). EPMAC reviews the NEC recommendation and awards the NEC. BUMED monitors and approves the development of the IDC training program to prepare and certify IDCs to perform duties under indirect supervision.

d. Personnel Support Detachment (PSD) activity for NSHS will make a page 4 entry in the IDC's service record such as, "(Name, rank) has successfully completed initial IDC training and has been certified on (Date)". This page 4 entry will serve as the initial certification for the IDC Program. Submarine IDCs will have a page 13 made by NUMI.

2. Certification to Provide Clinical Care

a. Upon arrival at a new command, the IDC must be assigned a Physician Supervisor by the unit's designated Program Manager. The Physician Supervisor must review the IDC's page 13 entry. The Physician Supervisor must sign a Page 13 Administrative Remarks Form documenting his initial meeting with assigned IDC. The remarks will say that the IDC is, "Qualified to perform clinical duties independent of direct supervision of a physician when deployed on land or sea or as applicable for a period of 2 years from last certification."

b. The IDC must be authorized in writing by assigned Physician Supervisor to prescribe or provide medications carried on the IDC specific MTF formulary or authorized medical allowance list (AMAL). Any restrictions or exceptions (e.g., controlled medicinal) must be plainly stated. A copy of the letter must be retained in the IDC Certification and Training Record with a copy provided to the pharmacy. See Appendix C of enclosure (5).

c. Professional Certifications. The following specific certifications must be obtained and maintained:

CERTIFICATIONS	8402	8403	8425	8494
ACLS	X	X		X
BLS	X	X	X	X
BLS-INST	X	X	X	X
PHTLS	X	X		
TCCC-P		X	X	X
EMT-P (SOFMSSP)		X		
Pest Control	X		X	X
Food Sanitation	X		X	X

3. Training Record

a. The initial training record must be generated by the IDC's first receiving command after Permanent Change of Station from IDC School and must follow the IDC through future commands.

b. The Program Manager or Assistant Program Manager must maintain a 6-part training record on each IDC, which must contain at a minimum:

(1) Section 1. Copies of all page 13 renewal of certification.

(2) Section 2. Completed copy of last Appendix A except when arriving for first duty assignment from IDC school and the present copy that is being worked on for the next renewal of certification.

(3) Section 3. CME training records including all clinical courses, certifications, college courses, self-study correspondence courses, GMT, shipboard training, professional development courses.

(4) Section 4. Physician Supervisor and Assistant Program Manager periodic evaluations and discussion of patient care Appendix B of enclosure (5).

(5) Section 5. Deficiencies and corrective action entries.

(6) Section 6. Operational unit data pertaining to audits, inspections, and all other non-rated related training. Include cover letter of audits and summary of inspections.

c. This record must be reviewed during the quality assurance process and at least quarterly by the Assistant Program Manager. The record must also be audited by the Program Director and Program Manager annually. Documentation of all reviews and audits must be listed within section 6.

d. Upon transfer, the IDC Program Manager must forward the Certification and Training Record to the gaining command. The Program Manager must retain a copy until acknowledgement that the gaining command has received the Certification and Training Record. The original must be mailed or electronically submitted to the gaining command's IDC Program Manager. Under no circumstance must any record be hand-carried by the individual. The member may have a copy of his or her record.

4. Renewal of certification. The process of certification renewal must be performed every 2 years.

a. For renewal, the Physician Supervisor must perform at a minimum the following:

(1) Review of training record.

(2) Review of Appendix A of enclosure (5) clinical competencies. The Physician Supervisor must review the enclosure with the IDC and check the broad categories of each item on the check list. A portion of the periodic (at least quarterly) physician IDC visits must be devoted to a review of a section of the clinical competencies check list. When the IDC has answered the competencies questions, a check mark must denote that the specific core competencies have been mastered. Questions on core competencies must be protocol and evidence-based and must be relevant to clinical practices.

(3) When all the broad categories in Appendix A of enclosure (5) have been completed and the Physician Supervisor has confidence in the IDC's ability to independently provide care, he or she must check the area on a page 13, Administrative Remarks Form that states "(IDC Name and Rank) certification was renewed on this date _________ and he or she is certified to perform clinical duties independent of direct physician supervision…". A copy of the page 13 must be placed in the IDC training record. Renewal of Certification will also be recorded by the Program Director and Manager electronically in DMRSi (an Oracle human resource computer application).

5. Certification Maintenance

a. To maintain IDC certification, the Physician Supervisor must:

(1) Perform a quarterly documented health record review of 10 percent of the IDC's patient contact to assess clinical performance.

(2) Review health records for administrative content, appropriate clinical documentation, appropriate clinical history, diagnosis, and treatment plan including proper referral if warranted.

(3) Document health record reviews and discuss clinical issues, and opportunities to improve care with IDC. Both the IDC and Physician Supervisor must sign Appendix B of enclosure (5) at the end of the review.

(4) Waive quarterly review for IDC deployed if compliance would jeopardize the operational mission. In such instances, required reviews must be completed within 2 months of return to homeport.

(5) Provide quarterly evaluation for each IDC and a written report to the Program Director semiannually via the Program Manager. The results of this review must be discussed with the IDC and filed in the IDC training record.

(6) Ensure IDC completes 15 CME units annually.

(7) Ensure IDC's professional certifications are up-to-date and current. See enclosure (4) paragraph 3c.

6. Certification Suspension

a. The Physician Supervisor must discuss clinical practice deficiencies with the IDC prior to notifying the Program Director, Program Manager.

(1) Deficiencies in clinical competencies must be identified and documented on Appendix B of enclosure (5), and must be signed by the IDC and Assistant Program Manager. A detailed outline to correct clinical deficiencies must be recorded. No more than 6 months may be used for this process. If resolved, then no further action is necessary.

b. If the problem persists or cannot be resolved, then the Program Director and Manager will make a decision on suspension after review of Physician Supervisor concerns with the IDC.

c. If suspension is the course of action, the Program Director, Program Manager, and Physician Supervisor of the IDC will inform the IDC's commanding officer.

d. The IDC commanding officer will support the decision that the IDC can see patients only under direct supervision.

e. The Physician Supervisor must review the clinical deficiencies leading to suspension and develop a Plan of Action to prevent recurrence of the competencies problem. The Program Director and Manager will approve the Plan of Action in writing to the IDC. A copy must be filed in the IDC's training record and forwarded to the IDC's commanding officer.

f. IDCs with suspended certification may continue receiving special pays for which they are eligible, for a period up to 6 months.

g. Restoration of a suspended certification will follow completion of remedial training. The Physician Supervisor will approve IDC competencies in the problem area(s) and reinstate certification. The Program Director, Manager, and Commanding Officer will be advised.

h. The IDC and Physician Supervisor can appeal the decision made by the Program Director and Manager. The appeal must be made to the medical authority responsible for ensuring the establishment of the IDC Supervision Program (Surgeon General of the Navy (SG), Commander U.S. Fleet Forces Command (CUSFFC), USMC TMO)).

7. Detachment for Cause (DFC). Removal of the IDC from the assigned activity is a command action recommended by the Program Director and Program Manager. The commanding officer must initiate the DFC process following reference (b).

8. Removal of Navy Enlisted Classification (NEC). NEC removal for cause is initiated by the member's command via recommendations from the Program Director and Program Manager following reference (c). NEC removal is a serious administrative measure. It must be used when all other efforts (training, counseling, guidance) are exhausted. Once the IDC NEC is removed, it cannot be awarded again.

9. Refresher Training (REFTRA). Refresher training must be consistent with the Fleet needs. NAVMED MPT&E must ensure the development and monitoring of formal refresher training programs to provide reorientation to essential knowledge, skills, and updates on current requirements for IDCs returning to sea or operational duty.

a. IDCs reporting to refresher training must be in a certified status and have all professional qualifications up-to-date prior to reporting for training.

b. IDC(s) must maintain physical operational readiness and be fully prepared for deployment upon short notice per enclosures (3) and (4).

10. Continuing Medical Education (CME). All IDCs must participate in a CME program. At a minimum, IDCs must complete 15 CME units annually targeted at clinical competencies. IDC Program Directors may grant waivers to those IDCs assigned to an operational unit where compliance would adversely affect the unit's mission.

a. CME units are obtained from many sources.

(1) IDCs are strongly encouraged to keep their medical education current through regular, consistent study of medical publications, references and computer aided training.

(2) Attendance at medical lectures provided by local clinical staff should be done when available.

(3) CME units may be earned by participating in any Physician Supervisor approved educational course. The Physician Supervisor may also direct an IDC to complete specific CME courses to correct identified clinical deficiencies.

(4) Funding for CME completion for IDC(s) in Navy and USMC operational commands (non BSO 18) must be available by application to NAVMED MPT&E. Appendix G of enclosure (5) provides a sample format to request funding for Continuing Medical Education.

(5) The Program Director and Manager must assist the IDC with obtaining MTF specialty training if indicated.

APPENDICES

Appendix A Competencies Defining IDC Scope of Care

Appendix B IDC Record of Medical Evaluation, Counseling, Case Study and Training Form

Appendix C Sample Appointment Letter for Program Director and Manager

Appendix D Sample Appointment Letter Physician Supervisor and Assistant Program Manager Appointment

Appendix E Sample Notification Letter IDC Physician Supervisor Appointment

Appendix F Sample Authorization Letter to Prescribe Medications

Appendix G Sample Request Letter for IDC Continuing Education Funding

Appendix H Sample page 13 for IDC to Provide Clinical Care

Appendix I Sample page 13 for Renewal of IDC Certification

COMPETENCIES DEFINING IDC SCOPE OF CARE

1. IDCs exercise independent clinical judgment and decision-making augmented by protocols or best practices that are evidence based. In addition to their principal role of diagnosing and treating routine minor illnesses and injuries, the IDC must be able to recognize the presence of urgent or emergent conditions, stabilize if necessary (using protocols established by Physician Supervisors), and initiate prompt referral to a higher level of care.

2. By initialing above the underline symbol "___" below, the physician IDC supervisor certifies the IDC has demonstrated sufficient competency in each of the functional categories below and is able to provide health care independent of direct physician supervision. Implicit in this certification is the physician's confidence that the IDC has a thorough understanding of the indications, contraindications, and potential risks associated with the performance of any invasive procedures listed. These basic competencies reflect the skills an IDC must attain through experience, training, and continuous learning to provide health care in today's operational arena and are directly tied to curricula supporting training to NEC.

a. ___ **Patient Assessment**

(1) Complete medical history.
(2) Physical exam with vital signs.
(3) Accurate documentation in the subjective, objective, assessment, plan (SOAP) format.
(4) Develop a diagnosis and treatment plan.
(5) Patient interaction skills – professionalism, respect, empathy, sensitivity to psychosocial concerns, privacy awareness, discretion, confidentiality, etc.

b. ___ **Emergency Medical Procedures**

(1) Demonstrate knowledge and skill to safely remove a casualty from danger.
(2) Demonstrate knowledge and skill in positioning a patient appropriate to an injury.
(3) Demonstrate knowledge and skill in triaging of mass casualties.

(4) Attain or maintain certification in ALS, BLS, and TCCP to include:

(a) Airway management/maintenance using oral, combitube, LRA, and endotracheal airways.
(b) Assisted ventilation with oxygen therapy via nasal catheter or mask.

(5) Control hemorrhage via direct pressure, pressure dressing, tourniquet, or hemostat.
(6) Manage respiratory distress, including sucking chest wound.

3. The IDC must demonstrate proficiency in the preliminary assessment and initial treatment, stabilization, or referral of:

a. ___ **Internal Medicine**

(1) Chest pain differential.
(2) Fluid and electrolyte disorders.
(3) Heat or cold injuries.
(4) Chemical and thermal burns.
(5) Shock.
(6) Headache.
(7) Altered levels of consciousness.
(8) Gastrointestinal disorders.
(9) Respiratory distress.
(10) Drug overdose or poisoning.
(11) Uncomplicated hypertension.
(12) Uncomplicated diabetes.
(13) Communicable or infectious diseases (including antibiotic prescription).
(14) Adverse drug reactions.
(15) Acute pain.
(16) Weakness and malaise.

b. ___ **Orthopedics**

(1) Simple uncomplicated fractures.
(2) Strains and sprains.
(3) Low back pain.
(4) Minor musculoskeletal/sports medicine injuries.

c. ___ **Surgery**

(1) Abdominal pain to include surgical abdomen.
(2) Inguinal hernia.
(3) Triage of multiple trauma patients.
(4) Penetrating wounds.
(5) Animal and human bites.

d. ___ **Psychiatry**

(1) Psychosis and delusional thinking.
(2) Suicidal ideation or attempt.
(3) Depression.
(4) Substance use and abuse.

e. ___ **Urology**

(1) Testicular torsion.
(2) Renal calculi.
(3) Sexually transmitted infection.
(4) Acute cystitis (uncomplicated).
(5) Prostatitis.
(6) Epididymitis.
(7) Genitourinary trauma.
(8) Acute pyelonephritis (uncomplicated).

f. ___ **Ophthalmology**

(1) Penetrating eye injuries.
(2) Acute ocular pain.
(3) Acute vision change.
(4) Conjunctivitis.
(5) Corneal abrasion.
(6) Conjunctival foreign body.

g. ___ **Dermatology**

(1) Psoriasis.
(2) Acne.
(3) Warts.
(4) Herpes (simplex, zoster, etc.).
(5) Scabies.
(6) Lice.

g. ___ **Dermatology** (Continued)

(7) Contact dermatitis.
(8) Plantar warts.
(9) Corns and calluses.

h. ___ **OB/GYN**

(1) Initial diagnosis of intrauterine pregnancy.
(2) Pelvic inflammatory disease.
(3) Abnormal vaginal bleeding.
(4) Ectopic pregnancy and spontaneous abortion.
(5) Vaginitis.
(6) Sexually transmitted infection to include culture of cervix.
(7) Family planning (using approved contraceptive methods).
(8) Breast mass.
(9) Sexual assault and legal requirements.

i. ___ **Dental**

(1) Dental abscess.
(2) Symptomatic caries.
(3) Lost restoration.
(4) Fractured tooth.
(5) Lip or tongue laceration.
(6) Jaw fracture.
(7) Traumatically mobilized teeth.

j. ___ **Ear, Eyes, Nose, and Throat (EENT)**

(1) Otitis media and externa.
(2) Auricular hematoma.
(3) Cerumen impaction.
(4) External auditory canal foreign body.
(5) Acute pharyngitis and tonsillitis.
(6) Epistaxis.
(7) Rhinitis or upper respiratory infection.
(8) Uncomplicated allergic conditions.
(9) Acute sinusitis.
(10) Acute nasal fractures.
(11) Peritonsillar abscess/cellulitis.

j. ___ **Ear, Eyes, Nose, and Throat (EENT)** (Continued)

(12) Acute barotrauma.
(13) Eustachian tube dysfunction.
(14) Tympanic membrane rupture/puncture.

k. ___ **Occupational Health and Preventive Medicine**

(1) Medical surveillance programs to include:

(a) Noise exposure.
(b) Asbestos exposure.
(c) Heat exposure.
(d) Immunization programs.
(e) Sanitation inspections.

(2) Diving-related disorders.
(3) Radiation Health Program.

l. ___ **Chemical, Biological, and Radiation Procedures**

(1) Apply chemical decontamination kit.
(2) Administer antidotes and pre-treatments.
(3) Assess, process, and decontaminate the contaminated wounded patient.

4. IDCs must be fully competent to perform the following procedures:

a. ___ **Medical and Surgical Procedures**

(1) Local anesthesia.
(2) Digital block anesthesia.
(3) Primary and secondary skin closure (using various techniques) and suture removal.
(4) Wound care including débridement, wound irrigation, and applying and changing sterile dressings.
(5) Insert nasogastric tube.
(6) Perform venipuncture.
(7) Initiate, maintain, discontinue, and document intravenous fluid therapy to include intravenous piggy-back (IVPB) medications and medication drips as indicated.

a. ___ **Medical and Surgical Procedures** (Continued)

(8) Mental status examination.
(9) Vision screening using Snellen chart or other appropriate methods.
(10) Obtain and interpret basic audiograms.
(11) Removal of foreign object by forceps or superficial incision.
(12) Cast/splint application for non-displaced extremity fractures.
(13) Perform urethral catheterization.
(14) Incise and drain superficial abscesses.
(15) Apply hot and cold therapy.
(16) Vaginal speculum exam to visualize cervix and or to obtain appropriate lab sampling.
(17) Bimanual pelvic exam.
(18) Breast exam (before referral).
(19) Administer medications (oral, sublingual, subcutaneous, intramuscular, topical, rectal, and intravenous).
(20) Pack and prepare sterile packs.
(21) Perform the following emergency treatment:

(a) Parenteral IV therapy.
(b) Needle thoracostomy.
(c) Gastric lavage.
(d) Endotracheal intubation.

b. ___ **Laboratory procedures**

(1) Dipstick urinalysis.
(2) Microscopic urinalysis.
(3) White blood cell count and differential.
(4) Hematocrit.
(5) Gram stain.
(6) Collection of culture specimen (pharyngeal, wound, rectal, urethral, vaginal, etc.)
(7) Wet (saline) prep.
(8) KOH prep (potassium hydroxide).
(9) Wright stain.
(10) Mono-spot.
(11) Urine pregnancy test (HCG).

IDC RECORD OF MEDICAL EVALUATION, COUNSELING, CASE STUDY AND TRAINING FORM

This page must be used to document acquiring the competency for:

(1) Patient care
(2) Difficult diagnosis
(3) Referral to specialists
(4) X-rays other than plain films
(5) Evaluations of core competencies
(6) Medical record review
(7) Didactic classroom lectures
(8) Clinic rotations
(9) Non-MTF training opportunities
(10) Semiannual evaluation
(11) Counseling
(12) Deficiencies
(13) Any other events deemed necessary

____

____

____

____

____

____

____

____

____

____

____

____

____

Physician IDC Supervisor Name and Date	Independent Duty Corpsman Name and Date

NAVMED 6400/1 (6-2007)

SAMPLE APPOINTMENT LETTER FOR PROGRAM DIRECTOR AND MANAGER

SSIC
Originator Code
Date

From: (Commanding Officer/OIC)
To: (Name of Medical Officer/Senior Enlisted)

Subj: APPOINTMENT AS IDC SUPERVISION PROGRAM DIRECTOR/PROGRAM MANAGER

Ref: (a) OPNAVINST 6400.1C

1. Per reference (a), you have been appointed as the IDC Program Director/Program Manager of the IDC Supervision Program.

2. As the IDC Program Director/Program Manager, you are hereby directed to adhere to the duties and responsibilities outlined in paragraph 7h of reference (a).

3. You are directed to become completely familiar and knowledge-able with reference (a) and ensure that the IDC Supervision Program meets all requirements of this directive.

Signature

Copy to:
Service Record
Program Director
Program Manager

SAMPLE APPOINTMENT LETTER FOR PHYSICIAN SUPERVISOR AND ASSISTANT PROGRAM MANAGER APPOINTMENT

SSIC
Originator Code
Date

From: (Appointing Authority IDC Supervision Program Director/Manager)
To: (Name of Medical Officer)

Subj: APPOINTMENT INDEPENDENT DUTY CORPSMAN (IDC) PHYSICIAN SUPERVISOR/ASSISTANT PROGRAM MANAGER

Ref: (a) OPNAVINST 6400.1C

1. Per reference (a), you have been appointed as the IDC Physician Supervisor/Assistant Program Manager for (name of IDC).

2. As the appointed Physician Supervisor/Assistant Program Manager, you are hereby directed to adhere to the duties and responsibilities outlined in paragraph 7i of reference (a).

3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the IDC Supervision Program meets all requirements of this directive.

Signature

Copy to:
Service Record
Program Director
Program Manager

SAMPLE NOTIFICATION LETTER
IDC PHYSICIAN SUPERVISOR APPOINTMENT

SSIC
Originator Code
Date

From: (Appointing Authority IDC Supervision Program Director/Manager)
To: (Name of IDC)

Subj: ASSIGNMENT OF INDEPENDENT DUTY CORPSMAN (IDC) PHYSICIAN SUPERVISOR

Ref: (a) OPNAVINST 6400.1C

1. Per reference (a), (name of medical officer), has been designated to serve as your Physician Supervisor. In the absence of your Physician Supervisor, a designated medical officer assigned to your clinic will serve in lieu of your Physician Supervisor.

2. Your designated Physician Supervisor has been directed to provide certification, ongoing review of, and assist with, your delivery of health care to patients.

3. Your designated Physician Supervisor has been specifically directed to meet with you on a periodic basis to review a sufficient number of medical records you have completed. The Physician Supervisor is directed to support your request for assistance in providing health care and is responsible medico-legally for the health care you provide.

Signature

Copy to:
Service Record
Program Director
Program Manager
Physician Supervisor
IDC Certification Record

SAMPLE AUTHORIZATION LETTER
TO PRESCRIBE MEDICATIONS

SSIC
Originator Code
Date

From: (Physician Supervisor)
To: (Name of IDC)

Subj: AUTHORIZATION TO PRESCRIBE MEDICATION

Ref: (a) OPNAVINST 6400.1C
(b) IDC Specific Formulary/AMAL

1. As a result of your certification per reference (a), you are authorized to prescribe medications contained within reference (b).

2. Additional restrictions are listed below:

Signature

Copy to:
Service Record
Program Director
Program Manager
IDC Certification and Training Record
Pharmacy

SAMPLE REQUEST LETTER FOR IDC CONTINUING EDUCATION FUNDING

SSIC
Originator Code
Date

From: (Name of Applicant)
To: Commanding Officer, Navy Medicine Manpower, Personnel, Training and Education Command, (Code_____), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611
Via: Commanding Officer (Applicant's Command)

Subj: REQUEST FOR FUNDING OF INDEPENDENT DUTY CORPSMAN CONTINUING EDUCATION

Ref: (a) BUMEDINST 5050.6
(b) Joint Federal Travel Regulations

Encl: (1) Course or Meeting Registration Form

1. Per reference (a), I request approval to attend (the short course, workshop, seminar, conference, and meeting) described in enclosure (1) and listed below on TAD orders.

a. Title of course or meeting.

b. Location of course or meeting.

c. Inclusive dates of course or meeting (not including travel).

d. Cut-off date for registration.

e. Sponsor of course or meeting.

f. Course or meeting fees (highlight on enclosure (1)).

g. Estimated travel cost:

(1) Travel is requested from (location) to (location) and return to (location).

(2) Contract airfare is available and desired: Yes / No
(If yes, indicate the fare.)

(3) GTR is available and desired: Yes / No
(If yes, indicate the fare.)

(4) POV is desired for travel: Yes / No
(If yes, indicate the number of miles.)

h. Per diem for meeting site location:

(1) Government quarters are available: Yes / No.

(2) Government messing is available: Yes / No.

i. Estimated miscellaneous expenses:

j. CE units or credits to be awarded:

2. I have or have not received orders for RAD/RET/PCS moves. My PRD from my current duty station is: ____________________________.

3. I may be reached at:

a. Voice: DSN__________________ Commercial (____) ____________

b. FAX: DSN__________________ Commercial (____) ____________

c. E-mail: ____

d. TAD Office POC/E-mail:____________________________________

4. Attendance at the above course or meeting will provide for CE as listed in enclosure (1).

5. I am a member/nonmember (circle one) of the sponsoring agency or organization.

6. I understand any advance payment of fees or related expenses from personal funds will be my responsibility if this is not approved.

7. I understand I must comply with reference (b) by submitting a travel claim to my local personnel support detachment (PSD) within 5 calendar days of return from travel and personally forward a fully liquidated copy of the travel claim to NAVMED MPT&E after my PSD completes liquidation.

____
Signature

SAMPLE PAGE 13 FOR ICD TO PROVIDE CLINICAL CARE

ADMINSTRATIVE REMARKS
NAVPERS 1070/613 (REV.07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION:

USS NEVER SAIL, DDG 1000, FPO AE 09523

SUBJECT: CERTIFICATION REVIEW	❑ **PERMANENT** ❑ **TEMPORARY** **AUTHORITY** *(IF PERMANENT)*

_______: This is to certify that I, (Physician Supervisor Name and rank) on this date ____________ have reviewed the page 4, with (IDC Name and Rank) for initial certification to provide clinical care.

_______: (IDC Name and Rank) is qualified to perform clinical duties independent of direct supervision of a physician when deployed on land or sea or as applicable for a period of 2 years from initial certification.

____________________	____________________
IDC Signature	Physician Supervisor Signature

Copy to file:
IDC Training Record

NAME (LAST, FIRST, MIDDLE)	**SOCIAL SECURITY NUMBER**	**BRANCH AND CLASS**

FOR OFFICIAL USE ONLY
WHEN FILLED IN

SAMPLE PAGE 13 FOR RENEWAL OF IDC CERTIFICATION

ADMINSTRATIVE REMARKS
NAVPERS 1070/613 (REV.07-06)
S/N: 0106-LF-132-8700

SHIP OR STATION:

USS NEVER SAIL, DDG 1000, FPO AE 09523

SUBJECT: IDC CERTIFICATION RENEWAL	❑ **PERMANENT** ❑ **TEMPORARY** **AUTHORITY** *(IF PERMANENT)*

_______: This is to certify that I, (Physician Supervisor Name and rank) on this date ________ have reviewed the training record and appendix A of enclosure (5) to completion with (IDC Name and Rank) for renewal of certification to provide clinical care.

_______: (IDC Name and Rank) certification was renewed on this date ________ and he/she is certified to perform clinical duties independent of direct physician supervision for a period of 2 years.

______________________________ ______________________________
IDC Signature Physician Supervisor Signature

Copy to file:
IDC Training Record

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS

FOR OFFICIAL USE ONLY
WHEN FILLED IN

13