



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 1510.27
BUMED-M00C5
11 Oct 2017

BUMED INSTRUCTION 1510.27

From: Chief, Bureau of Medicine and Surgery

Subj: HOSPITAL CORPSMAN PERSONNEL QUALIFICATION STANDARDS
PROGRAM

Ref: (a) NAVEDTRA 43699-2
(b) NAVEDTRA 43699-1

1. Purpose. To establish policy, procedures, and responsibilities for the Hospital Corpsman (HM) and Basic Dental Assistant (BDA) Personnel Qualification Standards (PQS) Programs.
2. Cancellation. BUMED memo 1510 Ser M00C5/I09UN093000468 of 25 June 2009 (NAVMED Policy 09-012).
3. Scope. Completion of the HM PQS applies to Hospital Corpsmen graduating from the new "A" School curriculum implemented on 5 July 2017 and assigned to a Budget Submitting Office (BSO) 18 medical treatment facility (MTF). HMs who graduate "C" schools via training pipeline are not required to complete the HM PQS.
4. Background. HMs are an essential element of Navy Medicine's primary mission in keeping the Navy and Marine Corps ready, healthy, and on the job. The PQS program delineates the minimum knowledge, skills, and abilities individuals must demonstrate before performing specific duties and establishes a learning continuum that focuses on developing a higher level of medical proficiency within the Hospital Corps.
5. Policy. To provide the greatest organizational benefit, Active Duty and Full Time Support (FTS) HMs, with Navy Enlisted Classification (NEC) code 0000/8404, must complete the HM PQS within 12 months of reporting to their first assignment at a MTF. BDA, NEC 8701, must complete the BDA PQS within 12 months of reporting to their first assignment at a dental treatment facility. All Selective Reserve HMs should make every effort to complete their corresponding PQS during their annual training period, or on active duty orders while assigned to an MTF within 36 months of reporting onboard.
 - a. PQS candidates must demonstrate proficiency in each of the competencies as documented in the PQS sections contained in references (a) and (b).
 - b. Qualifiers. Hospital Corpsmen Second Class Petty Officers or above and licensed military or civilian health care providers, who are recognized as experts within their field are

appropriate to validate PQS competencies. The names of designated command qualifiers should be made known to all members of the command.

c. Documentation

(1) Completion. PQS completion must be documented utilizing NAVPERS 1070/613 Administrative Remarks, and uploaded in the Navy Standard Integrated Personnel System (NSIPS). Compliance must also be annotated in the Navy Medicine Learning Management System (LMS). If current LMS is unavailable, Fleet Training Management Planning System (FLTMPS) will be utilized.

(2) Failure to complete. PQS non-compliance must be documented utilizing NAVPERS 1070/613, and uploaded in NSIPS and Navy Medicine LMS. HMs who fail to complete the PQS also fail to meet eligibility criteria towards advancement examination.

(3) Selective Reserve and FTS HMs must contact their respective command training officer to upload PQS completion documentation into NSIPS, Navy Medicine LMS, and FLTMPS.

d. Extension Waivers. Extension waivers may be granted on a case by case basis to allow additional time to complete or remediate the PQS. Extension waivers less than 180 days may be granted by the command program coordinator. Extension waivers greater than 180 days may be granted by the Commanding Officer. Extension waivers will be documented utilizing NAVPERS 1070/613, and uploaded in NSIPS and Navy Medicine LMS.

6. Responsibilities

a. Bureau of Medicine and Surgery (BUMED) Medical Inspector General is responsible for ensuring BSO-18 MTF activities comply with all aspects of this instruction as part of the Medical Inspector General inspection program.

b. Commander, Navy Medicine Education, Training and Logistics Command must:

(1) Develop, issue, and maintain currency of each PQS.

(2) Publish approved PQS and resources via the Navy Medicine LMS.

(3) Provide oversight and guidance for the PQS program.

(4) Provide the standardized formats to document and track PQS completion, failure, and extension waivers via the Navy Medicine LMS.

(5) Designate a PQS program manager (E-7 or above).

(6) Provide annual assessment of PQS program to Navy Medicine Strategy Council in the first quarter of the fiscal year.

c. Commanders, Navy Medicine Regions must:

(1) Ensure subordinate commands are in compliance with this instruction.

(2) Designate in writing a Regional Program Manager.

d. Regional Program Managers must monitor program compliance via quarterly reports.

e. Commanding Officers must:

(1) Designate in writing a Command Program Coordinator.

(2) Develop a rotational plan of various clinical areas to provide HMs the broadest access to patient encounters to meet PQS completion requirements.

(3) Ensure clinical providers are afforded appropriate time to train HMs.

(4) Ensure time dedicated for PQS training is captured in the Defense Medical Human Resource System internet (DMHRSi).

(5) Monitor and report program compliance to the Regional Program Manager via quarterly reports.

(6) Grant extension waivers greater than 180 days, if applicable.

f. Command Program Coordinator must:

(1) Ensure all HMs complete PQS within 12 months of reporting.

(2) Document completion of PQS competencies.

(3) Track and report compliance of PQS.

(4) Grant extension waivers up to 180 days, if applicable.

7. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

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8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5125/40, Review of Instruction.

9. Forms. NAVPERS 1070/613, Administrative Remarks is available electronically at: <http://www.public.navy.mil/bupers-npc/reference/Forms/NAVPERS/Pages/default.aspx>.


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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.