

## FY 17 Guidance for Reserve Medical Officer APPLY Command Billet Access

13 June 2017

This guidance is intended to provide recommendations to CNRFC N122 in order to standardize practices for Reserve Component (RC) medical officers based on manning and needs of the Navy to allow improved competition for command billets during the APPLY cycle.

**Mission:** To clarify the Reserve Component officer APPLY process in conjunction with SECNAV continuation and retention policy execution. Specifically, to further clarify which skills sets are critical to RC Navy Medicine, are likely to be retained, and therefore should be granted access to APPLY for command billets that would otherwise be restricted based on upcoming anticipated attrition within 24 months.

**Updates:** The contents of this letter will be updated as often as necessary for community health (reviewed at least annually) or whenever a major change to the RC Retention Policy has been approved. The updates will be made by each community, as applicable, for manning changes. Some communities have far more dynamic manpower needs, while other corps may not change greatly for long periods of time.

**Credentialing and/or licensure; privileged; practicing for Navy Medicine:** As many medical specialties require periodic renewal of authorization to provide health care, no officer should be retained for a skill set that they are no longer able to provide. The primary Subspecialty (SSP) is the key to the skill set for evaluation concerning retention/continuation decisions. By definition the other SSPs require refresher training (NOOCS Manual VOL I. B. 2. 2) and are not usually a current skill set. All of the charts below refer to the primary subspecialty, even though a retention/continuation decision could be made regarding another skill set during the deliberation process for those not cited with the specific waivers. The retention/continuation should be revoked for any member that does not meet the skill set required for retention. A decision could be made to retain an individual that could refresh a less than current skill set, but no automatic decision should be made regarding a secondary or tertiary skill set without contacting the appropriate OCM and RAO.

**Applicant Groups:** Each time a person approaches the end of the waiver or a statutory limit (age or Years of Commissioned Service), the member will need to apply for either continuation or retention. Multiple requests can be made in one submission, and each request should be evaluated by the priority of the skill set in the respective corps at the time of the request.

**Statutory Limitations based on Years of Commissioned Service:** The statutory limit for Navy RC Captains (O-6) is 30 years of commissioned service (YCS) with a maximum of 35 years if granted continuation. The statutory limit for Navy RC Commander (O-5) is 28 years of commissioned service with a maximum of 33 years if granted continuation. The statutory limit for Navy RC Lieutenant Commander (O-4) is 20 years, with two failures of selection, with a maximum of 24 years if granted continuation.

**Limitations based on Age:** Varying groups with fundamentally different approaches to retention.

(1) Serving beyond 60 years of age. All RC officers need to document their desire to remain in a drilling status beyond 60 years of age. Thus, no officer that requests to remain on the Reserve Active Status List (RASL) beyond 60 years of age will be removed for age consideration alone provided they are in a billet of the appropriate pay-grade and specialty mix. Upon reaching a secondary limitation, the officer will be reevaluated based on the needs of the community.

(2) Serving beyond 62 years of age. Section 14703 of title 10, U.S. Code, authorizes retention on the RASL of RC Medical Corps, Dental Corps, Nurse Corps, and certain designators of the Medical Service Corps until they reach 68 years of age. Certain officers will not be continued beyond 62 years of age regardless of YCS. Those specialties will be addressed by the OCM and RAOs on a case by case basis.

(3) Initial Military Service Obligation. Officers that have age waivers at accession should not be removed from the Reserve Active Status List during their initial eight year obligation. Documentation can be gathered for the administrative requirement of exceeding 60 years of age; however, the expectation shall be that the officer continues with the obligation, since consideration was already granted for the specialty/skill set during the initial age waiver.

**Multiple limitations:** Unless otherwise stated, each waiver will be limited to the time stated based on the skill set, SSP, or the next statutory limit has been reached—whichever occurs first. An expressed waiver release from the latter limit will be required for applicants that hit an additional limit prior to the waiver expiration.

**Access to provider/practitioner-type billets:** This guidance does not affect access to non-command billets. Members approaching a retention or continuation threshold within 13-24 months that are blocked from command billets in APPLY should still have access to non-command billets.

**Necessity to apply for continuation or retention:** This guidance is exclusively meant to provide greater competition and more open access in APPLY for command positions. Being provided access to APPLY command billets does not engender any form of automatic continuation or retention. Holding a billet (of any type) at a projected attrition date does not engender any form of automatic continuation or retention. The member is responsible for applying for continuation or retention to PERS-9 per instructions outlined here: <http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/officers/Pages/Continuation.aspx>

## FY17 RC Specialties Granted APPLY Access (Anticipated Attrition within 24 months)

### Medical Corps (2105):

15A0/15A1	Aerospace Medicine (15A as primary specialty and in paid status ONLY)
15B0	Anesthesia, General
15B1	Anesthesia, Subspecialty
15C0	Surgery, General
15C1 (AQDs: 6CD/6CE/6CJ, others ask)	Surgery, Subspecialty
15D0/15D1	Neurological Surgery, General
15F0	General Medicine (15F as primary and in paid status ONLY)
15G0	Ophthalmology, General
15H0	Orthopedic Surgery, General
15H1	Orthopedic Surgery, Subspecialty
15I0	Otolaryngology, General
15J1	Urology, Subspecialty
15K2	Occupational Medicine, General
15L0/15L1	Physical Medicine & Rehabilitation, General / Subspecialty
16Q0/16Q1 (w/ AQD 62G)	Family Medicine, General (Sports Medicine Subspecialty)
16R0	Internal Medicine, General
16R1 (auto 2 year for all AQDs)	Internal Medicine Subspecialty
16P0/16P1	Emergency Medicine, General (Subspecialty)
16X0/16X1	Psychiatry, General
16Y0/16Y1/16Y2	Diagnostic Radiology/ Radiology, Subspecialty/ Radiology Oncology

### Dental Corps (2205):

1725	Comprehensive Dentistry (military residency, no NOBC awards only SSP)
1750	Oral Surgery
1760	Periodontics

### Medical Service Corps (2305):

1805	Plans, Operations, and Medical Intelligence (POMI) (NAVET only specialty)
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### Nurse Corps (2905):

1910	Medical/Surgical Nursing
1950	Perioperative Nursing (some were previously assessed without a BSN)
1960	Critical Care Nursing
1974	Pediatric Nurse Practitioner
1981	Nurse Midwife