CLASSIFICATION: UNCLASSIFIED/
ROUTINE
R 080110Z AUG 25 MID180001917041U
FM CNO WASHINGTON DC
TO NAVADMIN
INFO CNO WASHINGTON DC
BT
UNCLAS

NAVADMIN 167/25

SUBJ/ EXPECTED PROFESSIONAL AND ETHICAL PERFORMANCE OF EXAMS SUPPORTING RADIATION HEALTH AND NUCLEAR FIELD DUTY//

REF/A/ MANUAL OF THE MEDICAL DEPARTMENT (MANMED), NAVMED P-117 OF 21 APR 23// REF/B/ RADIATION HEALTH PROTECTION MANUAL, NAVMED P-5055 OF 2 DEC 2022//

RMKS/1. SITUATION. The Bureau of Medicine and Surgery (BUMED) has received several substantiated allegations regarding improper performance and documentation of medical examinations specifically pertaining to Radiation Medical Examinations (RME) and/or Special Duty Examinations conducted by Navy Medicine providers. In the spirit of Get Real, Get Better, and using the principles of a Highly Reliable Organization, we must develop a deeper understanding of the scope of the problem and the drivers behind these behaviors.

- 2. MISSION: All examiners and medical program managers must adhere to and uphold the professional obligations, standards, and requirements of references (a) and (b) regarding all special duty examinations (Diving, Nuclear Field Duty, Special Operations, and Submarine) to qualify personnel for those special duty fields, and Radiation Medical Examinations that certify individuals to receive occupational exposure to ionizing radiation.
- 3. EXECUTION: All Navy Medical organizations will conduct a stand down for all Undersea Medical Officers (UMO), Undersea Medical Examiners (UME), Residents in Aerospace Medicine (RAM), Aerospace Medicine Specialists (AMS), and Submarine Independent Duty Corpsmen (IDC) regarding the above requirements and the professional and ethical obligations to perform appropriate examination, documentation and program management. This will be completed NLT 31 Aug 2025.
- 3.A. The stand down will be executed by the Command's Privileging Authority (PA), using standardized materials provided by BUMED N10. At the discretion of the PA, execution of the stand down may be delegated down one Echelon, provided the physician leading the stand down is the rank of CAPTAIN (O6). PAs are responsible for confirming and reporting 100 percent, by-name accountability to BUMED N10 by 31 Aug 2025 via the Point of Contact (POC) specified in paragraph 4, below.
- 3.A.1. Naval Medical Forces Development Command will ensure the same stand down occurs for all UMO/UME candidates, RAM/AMS candidates, IDC students, and Radiation Health Indoctrination (RHI) students currently enrolled at the Naval Aerospace Medicine Institute or the Naval Undersea Medicine Institute. Curricular adjustments will be made to ensure this material is provided to all future classes.

- 3.A.2. All Navy Medicine commands supporting medical examinations to qualify Sailors and Navy Civilian workers for Nuclear Field Duty (NFD) and/or occupational exposure to ionizing radiation (i.e., RME) will perform a 100 percent patient contact audit reviewing the examination and documentation of their most recent special duty physical and RME to ensure compliance with required standards. This review will be documented in each individual's medical record as described in paragraph 3.B.1, below. For those members contacted who are unable to recall or confirm that an appropriate physical exam was performed, or where the applicable documentation is found to be incomplete or erroneous, the members must be re-examined to ensure appropriate re-baselining and documentation of their current health status, with documentation of the exam provided per paragraph 3.B.2, below.
- 3.A.3. PAs who have oversight of operational units with UMO/UME, RAM/AMS, or IDCs that are deployed and unable to receive the stand down materials due to operational concerns must ensure the delivery of the stand down information at the earliest opportunity after the vessel or unit returns to home port/station, and report completion to BUMED N10 as described above.
- 3.B NFD and RME audit documentation.
- 3.B.1. For individuals who confirm their examination was performed appropriately, with all applicable portions of the physical examination conducted within accepted Navy Medicine standards prescribed in references (a) and (b), the results of the audit will be documented on each examination form (i.e., Block 14 of NAVMED 6470/13 and/or Block 89 of DD 2808) stating, to the effect of: "Patient audit conducted DD MMM YYYY per NAVADMIN XXX/XX, no discrepancies noted." Entries must be annotated by the individual performing the audit with, at a minimum, their legibly printed name, signature, and date.
- 3.B.2. Audit results. Commands will track the performance of the patient contact audits and report their findings to the BUMED POCs identified in paragraph 4. The report will include:
- 3.B.2.A. The total number of patients contacted
- 3.B.2.B. The number of personnel who were unable to recall their examination
- 3.B.2.C. The number of personnel who stated their physical exam was deficient
- 3.B.2.D. The number of RMEs that required re-performance of the physical examination
- 3.B.2.E. The number of Special Duty Examinations that required reperformance of the physical examination
- 3.B.3. Re-examination of applicable personnel. For those members contacted who are unable to recall or confirm that an appropriate physical exam was performed, or where the applicable documentation is found to be incomplete or erroneous, and who have a current (i.e., performed within applicable periodicity) examination, the physical examination portion will be reperformed and documented on the existing, current physical examination form.

- 3.B.3.A RMEs (NAVMED 6470/13). The repeated physical examination will be documented per article 2-6 of reference (b). This documentation will not change the periodicity requirement of the current physical exam.
- 3.B.3.B Special Duty Examinations Report of Medical Examination (DD 2808). Clinical studies and procedures performed to correct deficient physical examinations supporting Nuclear Field Duty medical qualification will be documented in block 89 of the DD 2808. Entries must cite the specific examination blocks of the DD 2808 that were reperformed, noting any abnormalities or additional medical follow up required. Entries must include a statement regarding interval history since the date of the original examination, and will be signed and dated by the physician performing the examination.
- 4. The BUMED point of contact is CAPT Richard H. Schreckengaust, Phone: (703) 681-9286, Email: Richard.h.schreckengaust.mil@health.mil.
- 5. Released by Rear Admiral Darin K. Via, N093, Surgeon General Of The Navy.// $\,$

BT #0001 NNNN

CLASSIFICATION: UNCLASSIFIED/