



**DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
111 SOUTH GEORGE MASON DRIVE
ARLINGTON, VA 22204-1382**

NGB-ARS

15 April 2008

MEMORANDUM FOR State Surgeons and Deputy State Surgeons

SUBJECT: Flexible Training for the Army National Guard Clinical Officers

1. References:

a. Department of Defense Directive (DoDD) 6000.12, Incorporating Change 1, Certified Current as of November 24, 2003, subject: Health Services Operations and Readiness.

b. National Guard Regulation (AR) 350-1, 3 June 1991, Army National Guard Training.

2. This policy letter outlines the flexible training program which is designed to enhance recruitment and retention of Army Medical Department (AMEDD) Clinical Personnel (MC, DC, AN, SP, Medical Students, Dental Students and clinical MS officers, 67F and 73s). The program facilitates the attainment and sustainment of the knowledge and skills needed for mission accomplishment. Authorization for flexible training remains with the unit commander in coordination with the State Surgeon.

3. The Department of Defense (DoD) recognizes that because of their professional or educational requirements, AMEDD Clinicians sometimes have difficulty participating regularly at Inactive Duty for Training (IDT) or Annual Training (AT). The referenced DoDD provides guidance for each military department to establish individual policies for their Reserve Component (RC). The Army National Guard (ARNG) policy is structured to accomplish the following DoD goals:

a. Ensure RC medical training achieves medical readiness which will ensure the maximum effectiveness of combat forces during wartime.

b. Ensure that interaction between AMEDD and civilian health care professionals, at health care educational offerings is maximized.

c. Ensure that AMEDD Clinical Personnel are given flexible training opportunities.

d. Ensure AMEDD Clinical Personnel are authorized to attend continuing health education courses.

NGB-ARS

SUBJECT: Flexible Training for Army National Guard Clinical Officers

e. Ensure medical students and dental students can affiliate actively and participate in medical training.

4. Flexible Training Objectives:

a. Provide flexibility to the States and commanders for the training and development of National Guard AMEDD Clinical Personnel. It authorizes unit commanders to approve Equivalent Training (ET) for officers scheduled for IDT; Unit Training Assembly (UTA); Annual Training (AT) and Active Duty for Training (ADT); to enable their participation in other health education activities.

b. Assist the State Surgeon and Deputy State Surgeon in providing Clinical Personnel for all medical requirements.

c. Provide AMEDD officers an opportunity for maximum unit participation while avoiding conflicts with professional obligations.

5. Training will be designed to meet mobilization requirements of the Clinician's specialty. The Unit Commander, State Surgeon, G3, and G1, coordinate and monitor available training opportunities which consist of the following:

a. Attendance at a minimum of 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 Equivalent Training (ET) must be a minimum of 4 hours duration and approved in advance by the unit commander. The following may be treated as UTAs under this policy:

(1) Attendance at regularly scheduled IDT with the individual's unit of assignment.

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

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

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

(b) The IDT credit for this type of training would be one unit training assembly for each 4 hours in attendance, (i.e., a 2-day, 16 hr course), is the equivalent of a Multiple UTA or MUTA 4.

NGB-ARS

SUBJECT: Flexible Training for Army National Guard Clinical Officers

(c) Verifiable documentation of attendance must be forwarded to the unit of assignment for pay and retirement point purposes.

(4) ARNG unit, other than unit of assignment.

(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.

(5) Healthcare Professionals 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 Clinical Personnel's routine residency training program or internship requirement for which he or she receives personal compensation.

(c) Training will be related to the officer'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.

(6) Participation in medical recruiting activities. Appropriate military uniform will be worn while performing duties.

(7) AT may be performed in separate increments and satisfied by one or a combination of the following:

(a) Unit of Assignment. Each officer will attend AT with unit of assignment/attachment at least once every two years in support of unit mission and training objectives.

(b) Joint Training Exercises (JTX). AMEDD Officers may participate in a JTX conducted by the ARNG, ANG, USAR or AC.

NGB-ARS

SUBJECT: Flexible Training for Army National Guard Clinical Officers

(c) Professional development training such as: Basic Officer Leadership Course, Captains Career Course, Intermediate Level Education, Combat Casualty Care Course, or other military training appropriate for the officer's branch and area of concentration.

(d) Other Opportunities to include Medical Innovative Readiness Training Exercises.

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. However, it is imperative each AMEDD Health Care Clinician understands that overall military readiness objectives are expected and the use of flexible training schedules should not detract from accomplishing those requirements. The soldier needs to be knowledgeable of the retirement point system and that 50 points are required for a valid retirement year.

8. This memorandum expires 1 October 2009, unless sooner rescinded or superseded.

9. The point of contact is MAJ Patty Steinocher at 703-607-8453, DSN 327-8453 or patricia.steinocher@us.army.mil.



DAVID B. SPROAT
Colonel, MC
Chief Surgeon, Army National Guard

CF:
Each State CoS
Each State G3
Each State G1
NGB-ARZ-D
NGB-G3
NGB-G1
NGB-ART
NGB-ARO
NGB-ARH
NGB-ASM-O
NGB-IG