



Department of Defense

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DIRECTIVE

AD-A269 672



November 27, 1990  
NUMBER 1215.4

ASD(HA)

SUBJECT: Medical Training in the Reserve Components

- References:
- (a) DoD Directive 1215.4, "Medical Training in the Reserve Components," January 26, 1983 (hereby canceled)
  - (b) DoD Directive 1215.6, "Uniform Reserve Training and Retirement Categories," September 22, 1987
  - (c) Title 37, United States Code, Section 206
  - (d) DoD Directive 1322.18, "Military Training," January 9, 1987
  - (e) through (h), see enclosure 1

A. REISSUANCE AND PURPOSE

This Directive reissues and updates reference (a) to establish DoD policy for medical training in the Reserve components (RCs), define medical training programs, and assign responsibilities.

B. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense (OSD); the Military Departments and their RCs; the Chairman, Joint Chiefs of Staff and Joint Staff; the Defense Agencies (hereafter referred to collectively as "DoD Components"); and, through agreement with the Department of Transportation (DoT), the United States Coast Guard (USCG) and its RC. The term "Armed Forces" refers to the Army, Navy, Marine Corps, Air Force, and Coast Guard. The term "Reserve Component" refers to Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

C. DEFINITIONS

Terms used in this Directive are defined in enclosure 2.

D. POLICY

1. It is DoD policy to structure RC medical training to achieve peacetime medical readiness that shall ensure the maximum effectiveness of combat forces during wartime.

2. Consistent with this policy, when practical and economically feasible, medical training in the RC shall be designed to encourage that:

- a. Reserve and active medical units and members, scheduled to work together in wartime, train together in peacetime.

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b. Command post and field training exercises will regularly include RC medical participation.

c. There is interaction between RC and civilian healthcare personnel at civilian academic institutions through the use of RC medical training opportunities.

d. Reserve healthcare personnel are given flexible Reserve training opportunities.

e. Reserve healthcare personnel are authorized to attend continuing health education courses.

f. Reserve medical units can be required to drill at hospitals of the Uniformed Services when appropriate.

g. Medical training required by this Directive shall be provided to all members of the Ready Reserve consistent with their mobilization assignment and training category. This Directive is applicable to programs specified in enclosure 3.

3. RC medical personnel shall be assigned to proper Reserve, training, and retirement categories in accordance with DoD Directive 1215.6 (reference (b)). Authorized training, retirement points, and pay credit shall be consistent with the overall policy in 37 U.S.C. 206 (reference (c)), and reference (b).

#### **E. RESPONSIBILITIES**

1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)), under DoD Directives 1322.18 and 5136.1 (references (d) and (e)), has primary responsibility for policy guidance on medical training programs for healthcare personnel in the RCs.

2. The Assistant Secretary of Defense (Reserve Affairs) (ASD(RA)), under reference (d) and DoD Directive 5125.1 (reference (f)), shall:

a. Be responsible for policy and program review of RC training conducted in an inactive duty training (IDT) status or during annual training (AT).

b. Coordinate and make recommendations to the ASD(HA) on length, organization, and content of active duty for training (ADT) courses conducted for RC members in the healthcare area.

c. Be responsible for policy guidance and program review pertaining to initial skill training of RC medical personnel.

3. The Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)), under reference (d) and DoD Directive 5124.2 (reference (g)), shall be responsible for overall policy and program review of training programs for military personnel and programs for collective training of military units.

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4. The Secretaries of the Military Departments shall:

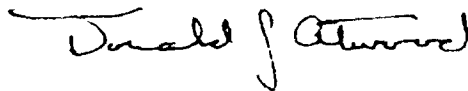
a. Establish and conduct training for RC healthcare personnel and medical units of the Military Departments in accordance with this Directive.

b. Program, budget, and account for the costs of Reserve medical training programs specified in enclosure 3.

c. Establish reporting procedures to assess periodically the progress of programs specified in enclosure 3.

F. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately. Forward one copy of implementing documents to the Assistant Secretary of Defense (Health Affairs) within 120 days.



Donald J. Atwood  
Deputy Secretary of Defense

Enclosures - 3

1. References
2. Definitions
3. Programs

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REFERENCES, continued

- (e) DoD Directive 5136.1, "Assistant Secretary of Defense (Health Affairs)," January 27, 1989
- (f) DoD Directive 5125.1, "Assistant Secretary of Defense (Reserve Affairs)," January 12, 1984
- (g) DoD Directive 5124.2, "Assistant Secretary of Defense (Force Management and Personnel)," March 13, 1989
- (h) Title 10, United States Code, Sections 261(a) and 268

## DEFINITIONS

1. Active Duty for Special Work (ADSW). ADSW tours are authorized for projects supporting RC programs such as operation of training activities, centers, and sites. ADSW tours are used to accomplish projects or missions, not to promote training. Any training received by the soldier is incidental.
2. Active Duty for Training (ADT). An ADT tour under orders providing for automatic reversion to inactive duty status when the specified period of ADT is completed. ADT includes full-time attendance at formal specialized skill training, flight training, combat crew training, and professional development education programs intended to provide RC members with necessary skills and disciplines supporting RC missions.
3. Annual Training (AT). The period of AT or annual field training that a Reserve member must perform each year to satisfy the AT requirements associated with his or her RC assignment.
4. Inactive Duty Training (IDT). Authorized and scheduled training performed by a Reserve member not on AD, AT, ADT, or ADSW. It involves training periods, assemblies, drills, periods of applicable duty or equivalent training, and additional special duties authorized for Reserve members by an authority designated by the Secretary concerned. IDT must be performed by Reserve or National Guard members with the prescribed organization where they are attached, or with the gaining command.
5. Inactive National Guard (ING). Consists of National Guard personnel in an inactive status not in the Selected Reserve (SELRES) who are attached to a specific National Guard unit, but do not participate in training activities. On mobilization, they mobilize with their units.
6. Individual Mobilization Augmentees (IMAs). Individual Reservists who are trained and preassigned to an active component (AC) organization, a Selective Service System (SSS), or a Federal Emergency Management Agency (FEMA) billet that must be filled on or shortly after mobilization. IMAs participate in training activities on a part-time basis with those organizations preparing for recall or mobilization. A limited number of IMAs are authorized to perform paid IDT periods with their assigned organization.
7. Individual Ready Reserve (IRR). A manpower pool of trained individuals who have served previously in the AC or in the SELRES and have some period of their military service obligation (MSO) remaining. Additionally, there are individuals in the IRR voluntarily, for reasons of hardship, or in special non-pay programs that provide a variety of professional assignments and opportunities to earn retirement points and military benefits.
8. Ready Reserve. Comprised of military members of the Reserve and National Guard, organized in units, or as individuals, who are liable for recall to AD to augment the AC in time of war or U.S. national emergency, as provided by law (10 U.S.C. 268, reference (n)) and regulation. The Ready Reserve consists of three subcategories: the SELRES, the IRR, and the ING.

9. Reserve Components (RCs) of the Armed Forces. As defined in Section 261(a) of reference (h), the RCs include the U.S. Army National Guard, the Army Reserve, the Naval Reserve, the Marine Corps Reserve, the U.S. Air National Guard, the Air Force Reserve, and the Coast Guard Reserve.

10. Selected Reserve (SELRES). The SELRES consists of those units and individuals within the Ready Reserve designated by their respective Services and approved by the Chairman, Joint Chiefs of Staff (CJCS), as so essential to initial wartime missions that they have priority over all other Reserves. SELRES units are manned and equipped to serve and/or train either as operational or as augmentation units. Operational units train and serve as units; augmentation units train together, but, when mobilized, lose their identity, being subsumed into an active unit or activity. IMAs are also members of the SELRES.

11. Unit. When used alone, the term denotes a unit of the SELRES that is organized, equipped, and trained to be mobilized and to serve on AD as a unit or that augments or is augmented by another unit.

### PROGRAMS

The following training programs are designed to attract and retain appropriate healthcare personnel, with the desired skills, into the RC. Individuals regularly assigned to SELRES units, IMA positions, and members of the IRR are eligible to participate in these programs, except as otherwise noted.

A. Wartime Alignment of Reserve and Active Medical Systems (WARAMS). WARAMS is a training program designed to maximize the mobilization readiness and operational effectiveness of medical units and members. The objective of WARAMS is to integrate maximally the Reserve and active medical units and members so that their members who may work together in wartime train together in peacetime. WARAMS promotes effective identification, organization, training, and operations of the Total Force medical assets.

B. Medical Readiness Exercises (MEDREX). MEDREX are designed to allow RC medical units and members to participate fully with the active forces in command post and field training exercises. The purpose of MEDREX is to increase operational readiness capabilities to meet wartime medical support requirements. For maximum effectiveness, exercises are conducted at actual wartime employment locations in the United States and in potential overseas theaters of operations. WARAMS and MEDREX provide a collective basis to achieve the highest level of medical readiness.

C. Reserve Flexibility (REFLEX). REFLEX provides an opportunity for RC healthcare personnel to receive Reserve pay and/or retirement points by developing flexible scheduled training programs, instead of traditional unit training assemblies. Training credit may be approved for those activities that would contribute to the wartime medical readiness of the individual. The activities must be approved by the member's unit commander or other authorized supervisor before participation in the proposed activity, must enhance the individual's military medical readiness, and must not be considered part of the individual's private medical practice for which he or she receives compensation. For IRR members, participation in IDT shall be for points only and must have approval of the applicable personnel center manager. Retirement point credit and pay shall be granted in accordance with DoD Directive 1215.6 (reference (b)).

D. Continuing Health Education to Enhance Readiness (CHEER). The purpose of CHEER is to enable healthcare personnel to maintain and enhance their professional skills and to help them meet professional certification, recertification, and licensure requirements while simultaneously contributing to mobilization readiness. The Secretaries of the Military Departments shall allow Reserve healthcare personnel the opportunity to attend at least one approved health education course and/or experience annually in an AT, ADT, or IDT status.

E. Physician Reservists in Medical Universities and Schools (PRIMUS). PRIMUS is a medical training program that provides RC physicians with opportunities to earn Reserve pay and retirement point credits while performing IDT and ADT with medical universities and schools. The objectives of PRIMUS are to provide interactions with Reserve members and the civilian community in

medical institutions, to increase flexible training opportunities, to provide information and assistance on military medicine matters, and to arrange military medicine educational opportunities. As a normal adjunct of PRIMUS affiliation, participants may influence eligible applicants to join Reserve medical programs in specialties that are needed by the Department of Defense and encourage IRR members to become members of SELRES units. For IRR members, participation in IDT shall be for points only and must have the approval of the applicable personnel center managers.

F. Programs for Nurses and Enlisted Healthcare Personnel. The Secretaries of the Military Department shall establish programs for nurses and other critically short healthcare specialists to accomplish objectives similar to those of PRIMUS.