



UNITED STATES MARINE CORPS  
I MARINE EXPEDITIONARY FORCE  
U. S. MARINE CORPS FORCES, PACIFIC  
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I MEFO 6400.1B  
SURG

AUG 28 2018

I MARINE EXPEDITIONARY FORCE ORDER 6400.1B

From: Commanding General, I Marine Expeditionary Force  
To: Distribution List

Subj: CERTIFICATION, TRAINING, SUPERVISION, AND EMPLOYMENT OF INDEPENDENT  
DUTY CORPSMAN

Ref: (a) OPNAVINST 6400.1C/MCO 6400.1  
(b) OPNAVINST 6320.7A/MCO 6320.4

Encl: (1) I MEF IDC Program Manager Record Review/Quarterly Audit Form  
(2) IDC Record of Medical Evaluation, Counseling, Case Study, and  
Training Form  
(3) Competencies Defining IDC Scope of Care  
(4) Appendices A through G of OPNAVINST 6400.1C/MCO 6400.1 of  
15 Aug 07  
(5) I MEF IDC Clinical Care Review Form (Outpatient)  
(6) Sample Semi-Annual Physician Supervisor Report

1. Situation. Independent Duty Corpsmen (IDCs) are assigned throughout I Marine Expeditionary Force (I MEF) in order to provide primary care under indirect supervision on shore, at sea, and on mission deployment. The references provide the policy for the training, certification, employment, and supervision of IDCs.

2. Cancellation. I MEFO 6400.1A.

3. Mission. To ensure that health care provided by IDCs assigned to I MEF is of the highest quality, and all aspects of their training, certification, and supervision are in compliance with Navy and Marine Corps policies.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. The IDCs assigned to I MEF will deliver quality health care within their supervised scope of practice that meets or exceeds accepted community standards of care. In addition, IDCs will remain current on required training, certification, continuing education, and supervision.

(2) Concept of Operations. The I MEF Surgeon, as the IDC Program Director, will ensure an effective IDC supervision and employment program within I MEF. Furthermore, regular communication between IDCs and their privileged Physician Supervisors is required and essential to the timely delivery of quality health care to the operational forces.

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b. Tasks

(1) I MEF Surgeon

(a) Serve as the I MEF IDC Program Director for IDCs permanently or temporarily assigned to I MEF and its subordinate units. Responsible for the program's administration and its compliance with Navy and Marine Corps guidelines specified or implied in the references.

(b) Appoint in writing the I MEF IDC Program Manager, in accordance with reference (a). Meet at least quarterly with the I MEF IDC Program Manager to ensure program compliance.

(2) I MEF IDC Program Manager

(a) Communicate regularly and effectively with the Major Subordinate Command (MSC) IDC Program Directors and Program Managers per reference (b) and as described by the Order.

(b) Ensure all IDCs have a training record consisting of six sections as per the references.

(c) Audit training record at least one time annually and provide documentation in section six of the record.

(d) Serve as a standing member of the I MEF Medical Executive Committee.

(3) MSC Surgeons

(a) Act as IDC Program Directors for their respective MSCs.

(b) The Program Director must be a credentialed and I MEF privileged physician. If a credentialed and privileged physician is not available, an alternate Program Director will be appointed in writing by the Registered Medical Assistant.

(c) Assign a privileged physician supervisor and assistant program manager to each IDC in writing. No privileged physician shall be assigned the supervisor for more than three IDCs.

(d) Designate an IDC Program Manager in writing to ensure proper administration of the IDC program, in accordance with reference (a). The Program Manager will be a senior enlisted certified IDC within the respective MSC. Additional Program Managers may be appointed for geographically distant locations.

(e) Administer and oversee the program in conjunction with the Program Manager(s), per reference (a).

(f) Ensure each Physician Supervisor submits required documentation in a timely manner.

(g) Ensure all certified IDCs have current certification documented in their training records stating "Qualified to perform clinical duties independent of direct supervision of a physician." IDCs not currently certified for practice under indirect supervision for any reason must have a written plan of supervision in effect. Written plan of supervision must, at a minimum, mandate 100 percent direct, observed supervision.

(h) Ensure each training record is audited at least one time annually and provide documentation in section six of the record.

(i) Provide an annual report with metrics on IDC training and certification to the I MEF Program Director per reference (a).

(j) Report any quality assurance concerns immediately to the MEF Program Director.

(4) MSC IDC Program Managers

(a) Ensure all IDCs have a training record consisting of six sections as per the references.

(b) Ensure training records are audited quarterly and reports are submitted to the I MEF IDC Program Manager in accordance with the references. Results of the review and report shall be discussed with the individual IDC.

(c) Training and supervision guidelines are delineated in enclosures (3) and (4) of reference (a). Enclosures (1) through (5) of this document shall be used to track, review and report all IDC training and certification.

(d) Provide supervision and mentoring to IDCs following the guidelines outlined in the references.

(e) Report any quality assurance concern immediately to the MSC Program Director.

(f) Ensure IDC's Renewal of Certification is recorded electronically in Defense Medical Human Resource System - Internet.

(5) Physician Supervisors and Assistant Program Managers

(a) Provide supervision and training on no more than three IDCs following the guidelines outlined in the reference. The training, supervision and certification are delineated in enclosures (3) and (4) of reference (a).

(b) Conduct quarterly reviews of each assigned IDCs encounter notes to include:

1. A minimum of 10 percent of the IDC's patient contacts to assess clinical performance using enclosure (5). Review records for administrative content and appropriate clinical documentation; to include history, physical examination, results of ancillary studies, diagnostic impression, treatment plan, and referral or consultation, if warranted.

2. Ensure competencies in broad categories listed in enclosure (3).

3. Discuss in person, issues and opportunities to improve both clinical acumen and quality of care. Both the IDC and Physician Supervisor must sign enclosure (2) and (5) at the end of the review.

(c) Ensure the IDC training record and IDC certification is current in accordance with reference (a). At a minimum, the IDC's training record and enclosure (5) must be reviewed. When all the broad categories in enclosure (5) have been completed and the Physician Supervisor has confidence in the IDC's ability to independently provide care, they must document the certification on a page 13, (Appendix G to enclosure (4)).

(d) Provide a written report to the MSC Program Director semiannually via the Program Manager using enclosure (6).

(e) Report any quality assurance concerns immediately to the MSC Program Director.

c. Independent Duty Corpsman

(a) Must maintain the highest level of ethics and personal conduct, and always strive for the highest level of clinical ability and acumen.

(b) Maintain a personal training file with the appropriate six elements, per reference (a).

(c) Adhere strictly to guidelines for physician referral (Appendix H to enclosure (1)) and prescribing medication (Appendix I to enclosure (1)).

(d) Maintain a National Provider Identification Number.

d. Coordinating Instructions. When detached from I MEF in garrison and embarked aboard United States Navy ships, or deployed with the Fleet Marine Force (FMF) on land, I MEF IDCs will comply with policies, procedures, supervision, and reporting requirements of the ship/FMF. In turn, the I MEF IDC Program Director will work closely with the Program Director of the ship/FMF to receive copies of all required reports while the IDC is detached.

5. Administration and Logistics

a. IDC Program Correspondence. All appointments, authorizations, notifications, and letters will follow the format outlined in the enclosures.

b. Reporting

(1) All reports will be in the format prescribed in enclosures (1), (2), and (5) and will be submitted to the I MEF Program Director via the I MEF Program Manager semiannually (i.e., due 30 May and 30 November).

(2) Reports will be forwarded to Headquarters Marine Corps by the I MEF Program Director as prescribed.

(3) In the case of deployed units, a senior deploying provider, appointed by the I MEF Program Director, will oversee the deployed IDCs and will send reports back to the garrison I MEF Program Manager.

c. Certification Suspension

(1) Deficiencies in clinical competencies and/or the training record must be identified and documented using enclosures (3) and (5), signed by the IDC and Physician Supervisor, and forwarded to the MSC Program Manager. A detailed plan to correct the deficiencies must be recorded and forwarded to the I MEF Program Director and Manager. No more than four months will be allowed to correct the deficiencies. If the deficiency is resolved, no further action is necessary.

(2) If deficiencies persist or concerns for patient safety or inadequate quality of care are present, the MSC Program Director may suspend the IDC from practicing under indirect supervision. The Program Manager must review the clinical deficiencies or quality concern leading to the suspension and develop a written plan of action for approval by the MSC Program Director which may include:

(a) Removal from direct patient care.

(b) 100 percent direct supervision.

(3) The suspension and Plan of Action will be forwarded in writing to the unit Commanding Officer and the I MEF IDC Program Director. A copy must be given to the IDC and filed in the training record.

(4) Restoration of a suspended certification will follow successful completion of the Plan of Action. The MSC Program Director will approve IDC competency and reinstate certification in writing. A copy must be given to the IDC, filed in the training record, and forwarded to the I MEF Program Director.

d. Detachment for Cause (DFC). A recommendation for DFC should be forwarded to the unit Commanding Officer by the I MEF IDC Program Director, per reference (a).

e. Removal of Navy Enlisted Classification (NEC). NEC removal is a serious administrative measure. It will be used when other efforts (training, counseling, guidance) are ineffective. NEC removal for cause is initiated by the I MEF IDC Program Director.

6. Command and Signal

- a. Command. This Order is applicable to all units within I MEF with assigned or attached IDCs.
- b. Signal. This Order is effective the date signed.

  
J. L. OSTERMAN

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