

**Change 115**  
**Manual of the Medical Department**  
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To: Holders of the Manual of the Medical Department

1. **This Change** completely revises Chapter 9, Hospital Corps.
2. **Action**
  - a. Remove Chapter 9 and replace with new Chapter 9.
  - b. Record this change 115 in the Record of Page Changes.



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# Hospital Corps



# Chapter 9

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**Section I**

**STRUCTURE OF THE HOSPITAL CORPS**

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**9-1 Establishment**

(1) The Hospital Corps was established within the Medical Department of the Navy under the provisions of an act of Congress approved 17 June 1898 (ch. 463, sec. 1, 30 Stat. 474).

**9-2 Strength**

(1) The strength of the Hospital Corps is determined by the Chief of Naval Personnel within personnel allocations; these allocations are authorized by the Chief of Naval Operations (CNO) who implements the statutory restriction of total Hospital Corps strength. (10 U.S.C. 5412.)

**9-3 Rate and Rating Structure**

(1) A rate identifies personnel occupationally by pay grade. Within a rating, a rate reflects the levels of aptitudes, training, experience, knowledge, skill, and responsibility. The rating of hospital corpsman is comprised of rates as follows:

<b>Rate</b>	<b>Rate Abbreviation</b>	<b>Pay Grade</b>
Hospital Recruit	HR	E-1
Hospital Apprentice	HA	E-2
Hospitalman	HN	E-3
Hospital Corpsman, Third Class	HM3	E-4
Hospital Corpsman, Second Class	HM2	E-5
Hospital Corpsman, First Class	HM1	E-6
Chief Hospital Corpsman	HMC	E-7
Senior Chief Hospital Corpsman	HMCS	E-8
Master Chief Hospital Corpsman	HMCM	E-9

(2) Rating is a term used in the Navy to identify an occupational specialty that encompasses related aptitudes, training experience, knowledge, and skills. For example, the rating “hospital corpsman” comprises training and experience in the care of the sick and injured.

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**9-4**

**Navy Enlisted  
Classification  
(NEC) Structure**

(1) NAVPERS 18068 series, Manual of Navy Enlisted Manpower and Personnel Classifications and Occupational Standards, Volume II, contains the NEC coding structure and is the primary tool for the NEC coding of manpower authorization and personnel.

(2) The Chief of Naval Personnel is responsible for formulating and implementing the NEC coding system, controlling the use of NECs in identifying personnel and billets, and in the distribution and detailing of personnel. The Bureau of Naval Personnel (BUPERS) delegates certain related authorities and responsibilities to the Bureau of Medicine and Surgery (BUMED) for the assignment

of NEC codes in the HM-8400 and HM-8500 series. Once an NEC is assigned, it may not be revoked or changed without specific authority from the Chief, BUMED.

(3) An individual's NEC shall be reviewed and verified to ensure accuracy and currency upon detachment, receipt, annual service record verification, separation, discharge, reenlistment, transfer to the Fleet Reserve, or retirement.

(4) Rate and NEC requirements for each command are authorized by CNO and published in the activity manpower document (AMD). Commanding officers should request modifications of manpower authorization when changes in workload or mission of the activity dictates modification of their NEC job requirements. Quantitative training requirements for technicians are determined from the NECs written into the manpower authorization. Therefore, careful monitoring of this document is mandatory if these requirements are to be met.

## Section II

### Hospital Corps Personnel, Group X Medical

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#### **9-5** Qualifications

(1) Applicants for the Hospital Corps rating shall meet all requirements of the Chief of Naval Education and Training (CNET), Catalog of Naval Training Courses (CANTRAC) NAVEDTRA 10500, Hospital Corpsman Basic course, B-300-0010. The catalog can be found at this Web site which requires registration: <http://www.cnet.navy.mil/netpdtc/cantrac/>.

#### **9-6** Procurement

(1) Candidates for Hospital Corps are procured from volunteers enlisted directly as Hospitalman recruits, undergoing recruit training selected by classification interviewers SCORE Program; serving in other ratings ("strikers"), and serving in the Marine Corps; and from volunteers in various special programs per the Navy Enlisted Recruiting Manual (COMNAVCRUITCOMINST 1130.8 series).

(2) "Strikers" are enlisted personnel who have been trained, or have demonstrated certain skills, and are serving in general apprenticeships in other ratings at pay grades E-1 through E-3 and request transfer to the Hospital Corps via their command Professional Review Board. Requests for Class "A" Hospital Corps school should be submitted using the guidelines from the CANTRAC as assisted by the enlisted community manager. Additional guidance is found at: <http://www.bupers.navy.mil/pers2/N132D13/A-schools.htm>.

(3) Under regulations prescribed by the Secretary of the Navy, enlisted members of the Marine Corps are eligible for transfer to the Hospital Corps of the Navy, (10 U.S.C. 6014).

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**9-7****Distribution  
and Detail**

(1) Hospital Corps personnel may be assigned to any unit or activity of the naval establishment where their services are required. They shall be assigned to the medical department of the ship or station to which they are attached. Duties performed by Hospital Corps personnel will follow the limitations set forth in the 1990 Navy Regulations (NAVREGS) article 1063. Information relative to duty assignments of Hospital Corps personnel is contained in NAVPERS 15909 series, the Enlisted Transfer Manual.

(2) Hospital Corps personnel holding an NEC code should be assigned to an activity having a requirement written into its AMD for that NEC at the pay grade held by the Hospital Corps personnel so assigned.

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**9-8****Duties of Hospital  
Corps Personnel**

(1) The general duties of Hospital Corps personnel are prescribed by the Chief, BUMED as set forth in this manual and BUMED directives. Duties on any specific ship or station are prescribed by the commanding officer, the senior medical officer, or other competent authority. Hospital Corps personnel shall be assigned only such duties as allowed by the Geneva Convention of 1949 and NAVREGS articles 0854, 1063, and 1064. At times adherence to the provisions may be burdensome, but the parties to the Geneva Convention determine the protection of medical personnel was important enough to justify such a burden. NAVREGS article 0854 is amplification with greater specificity of a consistent Navy policy that has been followed since the entry into force of the Geneva Convention of 1949. In time of war, all duties of hospital corpsmen must be concerned with care of the sick and injured, the prevention of disease or injury, or the administration of medical departments, divisions, or commands. These duties shall be performed under the supervision of medical officers, except for hospital corpsmen serving on independent duty (see article 9-15).

(2) Specific duty assignments should be rotated to provide diversified training and job experience. This rotation should be planned on an individual basis considering the degree of individual adaptability, as well as job and training requirements. A careful balance must be maintained between the advantages of increased job efficiency resulting from permanency of personnel and the training advantages derived from rotation. The provisions of BUMED-INST 1510.18 series should be considered in the rotational assignment of on the job training (OJT) personnel.

**9-9****Duties of Hospital Corps Rates**

(1) *Hospital Recruits (HR)* are new enlistees in the Hospital Corps. Upon completion of basic recruit training an HR is assigned duty under instruction at a Class "A" basic Hospital Corps school.

(2) *Hospital Apprentice (HA)*, after graduation from Hospital Corps school, preferably shall be assigned duties directly relating to patient care. When feasible, an HA should be assigned to OJT in those areas that involve elementary nursing procedures.

(3) *Hospitalman (HN)* should be assigned in the same manner as an HA, to include OJT in direct patient care involving advanced procedures, or assigned to duty and OJT in elementary clinic procedures.

(4) *Hospital Corpsman Third Class (HM3)* is normally assigned to duties involving direct patient care and to clinical services or OJT in the more advanced clinical procedures.

(5) *Hospital Corpsman Second Class (HM2)* may be assigned duty as a senior ward corpsman, or as a trained paramedical technician serving in an authorized (HM-8400 or HM-8500) NEC billet in clinics or services providing direct patient care support.

(6) *Additional Duties.* Duties for an HA, HN, HM3, and HM2 may also include service with the operating forces. When and where possible, personnel shall be given the opportunity to work in direct patient care.

(7) *Hospital Corpsman First Class (HM1)* may be assigned supervisory duty on wards, as assistant to the chief of a clinical service or within a paramedical specialty (HM-8400 or HM-8500) NEC. Duties may also include assignment as an instructor, service with the fleet on independent duty, the Fleet Marine Forces, Reserve Training Center, recruiting duty, etc. Formal training will precede assignment to independent duty.

(8) *Chief Hospital Corpsman (HMC)* may be assigned supervisory duties as senior assistant to the chief of a clinical service and other duties including those previously stated in article 9-9(7).

(9) *Senior Chief Hospital Corpsman (HMCS)* serves as supervisory/middle management personnel with primary concern directed toward the HM rating in general or a specialty area in which he or she has expertise based on formal training and experience. Assignments may include duty as the senior hospital corpsman aboard large fleet units such as CVs, ADs, AOE's, FMF, etc. They may also be assigned as instructors within the areas of their technical expertise, and as enlisted medical advisors within medical regions. They may fill administrative billets within and outside their field of expertise which require extensive practical experience as well as advanced theoretical knowledge.

(10) *Master Chief Hospital Corpsman (HMCM)* serves in an advisor or administrator billet within the HM rating. When necessary, they may augment the officer corps in billets as overall supervisors and administrators of personnel and equipment within their organization. They may fill billets within a technical field when the billet requires exceptional technical expertise plus a high degree of managerial ability. They may also be assigned as medical administrative assistants on the staff of fleet and force commanders, FMF units, and as advisors or instructors in both basic and advanced training facilities. Although assigned an NEC they may be assigned to medical administrative billets when required by the needs of the service.

**9-10****Utilization**

(1) The maximum number of Hospital Corps personnel possible shall be assigned to duties involving direct patient care and clinical services, or in paramedical assignments dictated by their NEC unless otherwise prohibited by statute or regulation. (See article 9-8(1).)



(2) The requirement for assigning qualified personnel to patient care is paramount; therefore, all Hospital Corps personnel performing duties in the nursing service shall be assigned to the nursing service.

(3) Consistent with mission requirements, watches should be equitable for Hospital Corps personnel, by pay grade, with progressively fewer watches being assigned as they advance in rate.

(4) Average work hours should be the same for all Hospital Corps personnel of like pay grades. The average work week should be no greater than necessary to ensure quality patient care.

(5) Hospital Corps personnel should be rotated throughout the various patient care areas, clinics, emergency rooms, and recovery areas to assure wide exposure to the various techniques in the care and treatment of the sick and injured.

(6) Hospital Corps personnel who cannot perform effectively in the patient care environment should be recommended for administrative discharge or change in rating as appropriate, rather than arbitrarily reassigning them to non-patient care functions.

(7) Hospital Corps personnel should not be considered eligible for reassignment from a patient care environment solely because they have completed a certain length of time in that environment or have advanced in rate.

(8) Hospital Corps personnel holding an NEC code and assigned to an activity to fill an allowance for that classification will be used in that specialty or their NEC should be removed.

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## 9-11

## Training

(1) The Chief, BUMED is responsible for all training of the Hospital Corps except general military training (GMT) which is under the cognizance of CNET. Training consists of the Class "A" Basic Hospital Corps school, and formal training programs for medical technicians taught in the Class "C"

schools. OJT is authorized only as outlined in BUMEDINST 1510.18 series. Training quotas are established annually and reviewed quarterly to ensure billet revisions authorized by CNO are properly reflected in the training plan. Training quotas represent the number of students required to staff authorized billets at 100 percent, and ideally should negate the need for OJT. OJT of technicians in specialties for which a formal program exists reduces the number of general service personnel available to meet other authorized requirements. It results in improper management of rotation policy that is geared to fair and equitable distribution of personnel assets between shore and sea duty. It also results in forced misassignment of technicians to meet operational requirements.

(2) *Class "A" Basic Hospital Corps Schools* mission is to instruct and train enlisted personnel in the basic subjects and procedures required to qualify them for duties as general service Hospital Corps personnel. The curriculum emphasizes direct patient care and is designed to prepare the student to perform the general duties normally required of Hospital Corps personnel during their first enlistment in the naval service. This school, together with the subsequent inservice training they will receive, is designed to prepare all Hospital Corps personnel for advancement in rate through HM3. Class "A" Hospital Corps school is mandatory for all personnel entering the Hospital Corps or first reporting to active duty in the HM rating if comparable training has not previously been completed. Upon completion of this course of instruction, appropriate entries will be made in the service record and a training certificate issued.

(3) *Formal Inservice Training, Class "C" Schools.* Formal training courses for Hospital Corps personnel are listed in the NAVEDTRA 10500, Volume IX, CANTRAC, which provides data on the purpose, scope, prerequisites, location, and convening dates of the courses. Requests for training should be submitted to BUPERS via BUMED (MED-05) on a NAVPERS 1306/7. Selection of candidates for training is a competitive process and includes a comprehensive review of each candidate's potential. Candidates should consider the career pathways for Hospital Corps personnel when applying for training (BUMEDINST 1510.18 series). Personnel volunteering for duty with Fleet Marine Force may

do so by requesting assignment to a Field Medical Service School (FMSS). Personnel earning an NEC as a result of formal training will be designated in the Naval Manpower Information System automatically through the Navy Integrated Training System or by BUMED if indicated per NAVPERS 18068 series, Volume II, Manual of Navy Enlisted Manpower and Personnel Classifications and Occupational Standards. If selected for Class "C" training, candidates are ordered to duty under instruction at the time of sea or shore rotation to the extent feasible. Upon successful completion of technical training a certificate of special instruction will be issued and appropriate entries made in the service record.

(4) **Inservice Training.** The inservice training program, including lesson plans and OJT guides, shall be developed using the knowledge and practical factor requirements established in NAVPERS 18068 series, Volume I, Qualifications for Advancement for each pay grade in Group X, HM rating. The inservice training program for each rate should be developed locally, and should be monitored by the education and training officer to determine the formal instruction and OJT is assimilated by the trainee. Periodic examinations should be administered and, where feasible, tied in with recommendations for advancement in rate for the member concerned. Commanding officers shall designate a Medical Department Representative (MDR) as the education and training officer for this program. This officer shall be directly responsible to the commanding officer for the development, organization, administration, and direct supervision of the inservice program, and shall consult with the commanding officer on a regular basis concerning the status, success, and requirements of the program. An officer of the Nurse Corps should be appointed to assist the education and training officer in the development, implementation, and supervision of all phases of the inservice training program devoted to nursing subjects. The BUMED-INST 1510.18 series is a guideline for development and implementation of the inservice program.

## 9-12

## Advancement in Rate

(1) The objective of the enlisted advancement system is to furnish the qualified petty officers the Navy requires to man its ships and stations. This system provides the opportunity for orderly advancements of qualified enlisted personnel to higher levels of responsibility throughout their naval careers.

(2) The Advancement Manual (BUPERSINST 1430.16 series) provides for the administration of the advancement in rate system. To further supplement the advancement policies and procedures, BUPERS notices are issued semiannually.

(3) Examinations are prepared by CNET, based on the qualifications outlined for each rate in the Manual of Qualifications for Advancement (NAVPERS 18068 series). The Bibliography for Advancement Study lists the training courses and study guides applicable to each rating in the Navy. The Bibliography for Advancement Study serves as a working list of materials for personnel to study in preparing for advancement and the source document for questions used in the Navy-wide advancement examinations. The CNET Web site is: <http://www.cnet.navy.mil/>.

(4) To be eligible for advancement in rate, Hospital Corps personnel must fulfill service requirements, both time in service and time in pay grade, complete the required Navy training courses, meet performance mark requirements, be recommended by their commanding officer, and successfully pass the required military/leadership examination.

(5) Hospital Corps personnel with technical NECs take the same examinations as their contemporaries who are not technicians. For this reason, and because technicians may be called upon at any time to perform the general duties of their rate, technicians must maintain professional competence in the general duties of the Hospital Corps as published in NAVPERS 18068 series, Manual of Qualifications for Advancement.

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**9-13** Path of Advancement  
to Officer Status

(1) Hospital Corps personnel may apply for commissions in the programs listed provided they meet all eligibility requirements per OPNAVINST 1420.1 series.

- (a) Officer Candidate School Program
- (b) U.S. Naval Academy
- (c) Medical Enlisted Commissioning Program
- (d) Medical Service Corps Inservice Procurement Program

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**9-14** Availability  
of Form

(1) NAVPERS 1306/7, Enlisted Personnel Action Request, is available from the COG "I" forms and publications supply distribution points, or at <http://www.bupers.navy.mil/cdrom/dev/cd/FORMS/pdf/Na13067.pdf>.

# Section III

## Hospital Corps Personnel on Independent Duty Medical Department Representative (MDR)

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### 9-15 Qualifications

(1) All personnel in pay grades E-6 through E-9 are considered eligible for duty independent of a medical officer unless prohibited by statute or regulation. Formal training precedes assignment to duty independent of a medical officer. When personnel in these grades are not available, HM2s who have been trained as independent duty corpsmen may be assigned to duty independent of a medical officer. Personnel who have not served in a billet independent of a medical officer for a 3-year period will be required to successfully complete refresher training depending on the nature of their assignment. While serving in duty independent of a medical officer, they will have the title, MDR.

### 9-16 Responsibilities

(1) The MDR serves as the representative of the Chief, BUMED in all medical functions performed on independent duty and is directly responsible to the commanding officer for the health of the crew; sanitation of the command; care of the sick and injured; procurement, storage, and custody of medical department property; preparation of required medical reports; and maintenance of health records.

**9-17****Limitations**

(1) The MDR shall not attempt to perform medical or surgical procedures for which he or she is not professionally qualified.

(2) If it becomes necessary to perform limited physical examinations, sign original entries in health records, or undertake other professional and administrative duties normally performed by a medical officer, Hospital Corps personnel shall perform these duties only when a medical officer is not available and with the approval of their commanding officer.

**9-18****Organization**

(1) On ships without a medical officer assigned, the formation of a medical department organization shall be at the discretion of the commanding officer following force, fleet, and type command regulations and instructions. If a separate medical department organization is not appropriate, the MDR and subordinate Hospital Corps personnel or strikers shall be assigned, for military and administrative purposes only, to another department. This assignment shall not conflict with medical responsibilities (see article 9-8).

(2) For professional medical matters, the MDR reports directly to the commanding officer who retains authority and final responsibility to establish medical policies, acts on medical matters or recommendations, and approves transfer of personnel for medical reasons.

(3) A detailed medical organization manual shall be required aboard ships following force, fleet, and type command regulations and instructions. Also any publications or CDs required by NAVMEDCOMINST 6820.1 series and other applicable NAVMEDCOM, BUMED, and type command directives shall be maintained on file in the sickbay for ready reference.

**9-19****Utilization**

(1) In time of war, naval Medical Department personnel shall not be assigned to any duty not directly related to patient care, or to the administration of medical units or medical facilities thereof (NAVREGs article 1063).

**9-20****Assumption  
of Duties**

(1) Within 30 working days after reporting aboard for duty, the MDR shall conduct a material and administrative inspection of all medical spaces, records, supplies, and equipment. Particular attention shall be given to the controlled medicine and equipment.

(2) A report, citing all deficiencies found, shall be made to the commanding officer, preferably as outlined in the Type Commander Medical Readiness Assessment. Depending on the type and number of deficiencies noted, the commanding officer shall take such action as deemed appropriate.

**9-21****Drills and  
Emergencies**

(1) The assignment of the MDR to standard ship's bills shall follow the Naval Warfare Pamphlet series publications or as directed by the commanding officer.

(2) The MDR shall be prepared to render emergency medical care at all times. The MDR shall ensure the proper distribution of medical supplies and

equipment to the battle dressing stations, decontamination stations, repair parties, and to all manned spaces during general quarters. The MDR shall arrange in advance for space, such as a temporary battle dressing or aid station to care for the overflow of personnel casualties. The MDR shall ensure that all stretcher-bearers are instructed in the proper methods and routes to be used in transporting casualties to treatment stations. A place shall be assigned for collection of the dead.

(3) Force, fleet, and type command regulations and instructions will provide specific guidelines for emergency preparedness.

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## **9-22**

### **Duties**

(1) The MDR shall perform the following primary duties, in addition to those that may be assigned to accomplish the specific mission of the command:

(a) Conduct a routine daily sick call and advise the commanding officer of the status of the sick and injured of the command.

(b) Exercise supervision over subordinate Hospital Corps personnel and the medical spaces of the command.

(c) Take charge of all medical supplies and equipment; ensuring the proper receipt, expenditure, accounting, and stowage of that material.

(d) Coordinate a vigorous preventive medicine program following the standards of Chapter 22 of this Manual and NAVMED P-5010, Manual of Naval Preventive Medicine. NAVMED P-5010 is available at this Web site: <http://www.vnh.org/PreventiveMedicine/PreventiveMedicine.html>.

(e) Recommend to the commanding officer and effect a schedule of instruction in first aid and self-aid for all hands. The use of training aids, training films, and practice material is highly recommended.

(f) Cooperate and participate in matters concerning the safety of the crew and habitability of living spaces.

(2) The MDR shall be guided by and make reference to instructions, regulations, and manuals issued by BUMED, systems commands, force, fleet, and type commands, and the command to which attached.