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AND
HEADQUARTERS
UNITED STATES MARINE CORPS
WASHINGTON, D.C. 20380

OPNAVINST 1300.12A
N093
CMC-HS
22 March 2002

OPNAV INSTRUCTION 1300.12A

From: Chief of Naval Operations
Commandant of the Marine Corps

Subj: ADMINISTRATION OF PERSONNEL ASSIGNED TO BILLETS CODED
WITH FUNCTIONAL AREA CODE U (FAC U)

Ref: (a) OPNAVINST 1000.16J
(b) BUPERSINST 1610.10
(c) Uniform Regulations (NAVPERS 15665I)

Encl: (1) Functional Area Code U definition
(2) Check list for FAC U Billet Personnel

1. Purpose. To issue policies and procedures and assign actions for the administration of personnel assigned to Functional Area Code (FAC) U billets.

2. Cancellation. OPNAVINST 1300.12.

3. Background. Functional area codes are described in detail in reference (a). In 1978, the Commandant of the Marine Corps (CMC) and the Chief of Naval Operations (CNO) entered into an agreement whereby a number of Navy medical officers assigned to U.S. Marine Corps claimancy would be cross utilized by a naval medical facility for the benefit of both services. These billets were designated FAC U (Enclosure 1). The program was necessitated by a number of factors, including the shortage of flight surgeons and general medical officers in the Navy, the high percentage of unfilled physician billets assigned to the Marine Corps, and the number of Marine Corps billets in excess of peacetime requirements. The FAC U program also provides an opportunity to enhance the level of clinical proficiency of physicians assigned to Marine Corps activities.

4. Action

a. Commandant of the Marine Corps (CMC). Coordinates with the Surgeon General of the Navy and the Chief, Bureau of Medicine and Surgery concerning the periodic review of FAC U billets.

22 March 2002

b. Surgeon General of the Navy (N093). Participates, in conjunction with the Commandant of the Marine Corps and the Chief, Bureau of Medicine and Surgery, in the periodic review of FAC U billets.

c. Chief, Bureau of Medicine and Surgery (BUMED)

(1) In consonance with the Surgeon General of the Navy and the Commandant of the Marine Corps, periodically reviews the quality, grade, naval officer billet classification (NOBC), additional qualification designator (AQD), subspecialty code (SSP), and location of the FAC U billets

(2) Provides funding for travel of FAC U incumbents for annual training and for recalls to meet operational contingency requirements.

(3) Ensures the designated naval medical facility and the Marine Corps command are within the same geographical region. Exceptions must be justified to the Naval Personnel Command.

d. Commander, Naval Personnel Command (COMNAVPERSCOM)

(1). Orders directing officers to report to FAC U billets will require attendance enroute at Field Medical Service School (FMSS) for those officers who have not served in Marine Force billets within the previous 5 years. For officers reporting to a naval medical facility in the same geographic region as the parent Marine Corps command, the orders will direct the officers to report in person to the Marine Corps command for a minimum 5-day indoctrination. Officers assigned to a parent Marine Corps command not located in the same geographic region as the naval medical facility will be directed by letter to report for duty to the Commanding General/Commanding Officer of the parent Marine Corps command and to report for additional duty to the commanding officer of the naval medical facility.

(2) Candidates for FAC U positions will be screened to ensure they are physically qualified for shipboard and FMF assignment, and meet the professional requirements of the billet to which assigned.

e. Commanding Officers, Naval Medical Facilities Having FAC U Billets.

(1) Enter FAC U incumbents on the activity diary, reflecting the individual's additional duty status.

(2) Ensure that all FAC U incumbents complete and verify enclosure (1) at least annually.

(3) Ensure that the completed and signed original of enclosure (1) is inserted in each incumbent's service record and forward a copy to the parent Marine Corps command.

(4) Integrate FAC U incumbents into existing readiness training programs to the maximum extent possible.

(5) Provide routine administrative support to FAC U billet incumbents to include professional medical training opportunities, routine and special pay issues, permanent change of station/release from active duty orders coordination, medical/dental and service record support, and all items listed in enclosure (1).

(6) Prepare concurrent fitness reports on FAC U incumbents and forward those reports in accordance with reference (b).

(7) Ensure that FAC U billet incumbents are made aware of this instruction and local implementing directives.

(8) Provide sufficient resources to support one 12-day trip for each FAC U billet incumbents to their parent Marine Corps command per year for training.

(9) Issue travel orders as requested by the parent Marine Corps activity.

(10) Exclude FAC U billet incumbents from temporary additional duty (TAD) assignments to other facilities or units, or assignment to Mobile Medical Augmentation Readiness Teams (MMARTs), fleet medical augmentation requirements, or other contingency/operational commitments.

(11) Publish local directives to outline personnel administrative requirements concerning FAC U billets. A requirement to keep the parent Marine Corps command apprised of both anticipated and unforeseen changes in a FAC U incumbent's availability status must be explicit. Examples of pertinent information include, but are not limited to, leave, TAD, admission to or discharge from the Sick List or hospitalization, or change in the incumbent's physical or professional qualifications to practice the clinical specialty required by the parent Marine Corps billet.

f. Commanding Generals/Commanding Officers of Marine Corps commands having FAC U billets.

(1) Enter FAC U incumbents on the Unit Diary, reflecting the individual's additional duty status.

22 March 2002

(2) Establish and aggressively maintain communication with FAC U incumbents, to ensure that they are made aware of all pertinent information concerning their parent command.

(3) Delineate requirements for individual and organizational field uniforms and clothing. Ensure that billet incumbents are aware of the requirements to procure requisite uniforms per reference (c). See enclosure (1)

(4) Execute the responsibilities of a regular reporting senior relative to concurrent fitness reports in accordance with reference (b).

(5) Forward requests for assignment of personnel to unfilled FAC U billets to COMNAVPERSCOM.

(6) Coordinate request for billet assignments and locations with BUMED and COMNAVPERSCOM.

(7) Request issuance of travel orders for FAC U personnel for training period per year, and for recalls to meet operational or contingency requirements, as necessary. Requests for orders will be directed by letter or message to the commanding officer of the appropriate naval medical facility, with information copies to CMC (MPC), COMNAVPERSCOM (NPC-4415), BUMED (MED-31), the appropriate Healthcare Support Office (HLTHCARE SUPPO), and the appropriate Commander, Marine Forces (HS). Request for orders will be made as far in advance of the requirement as feasible and must be specific concerning identification of the individual(s) required by name, grade, and social security number; pertinent billet sequence code(s); reason for the requirement (annual training, operational commitment, etc); and inclusive dates, or beginning date and expected duration, of the requirement. Advance telephone liaison is strongly encouraged, but will not satisfy the requirement for a formal request.

4. General. All sponsoring and supporting activities and commands shall insure that all correspondence regarding the incumbent of a FAC U billet is provided to the affected command, appropriate HLTHCARE SUPPO, BUMED, CMC, and COMNAVPERSCOM.

M. J. Williams
Assistant Commandant
of the Marine Corps

M. L. COWEN
Surgeon General
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FW1	(National Naval Medical Center)
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OPNAV (N1, N3/5, N7, N093)

22 March 2002

FUNCTIONAL AREA CODE U DEFINITION

When assigned to requirements in activities under the United States Marine Corps (USMC) claimancy: Medical department officer requirements assigned to USMC claimancy, that support ADDU authorizations at a USN activity.

Personnel ordered to those activities shall report to the appropriate USN activity for ADDU. Upon direction of the USMC parent activity, incumbents of these requirements will report to the parent activity for operations and deployment, training, or in support of training exercises. The Commandant Marine Corps controls assignment of this FAC to manpower authorizations and will annually review and update code assignments.

When assigned to requirements in USN claimancy: Medical department officer ADDU authorization assigned to a USN activity and is supported by a medical officer requirement assigned to a USMC claimancy. These positions will be filled only when the incumbent is not required for USMC operations and deployment, training or in support of training exercises. The Chief Bureau of Medicine and Surgery (BUMED) controls assignment of this FAC to ADDU authorizations and will annually review and update code assignments.

Reference: Total Force Manpower Management System (TFMMS) Coding Dictionary (NAVPERS 16000A)

FOR OFFICIAL USE ONLY
(When filled in)

CHECK LIST FOR FAC U BILLET PERSONNEL ICO

RANK	NAME	SSN
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- () Member physically qualified for shipboard or FMF assignment.
- () Member is Dental Class 1 or 2.
- () Health record, including the dental portion, verified.
- () Service record verified.

Member possesses the following:

- () International Certificate of Immunization (PHS 731)
- () Medical warning tags
- () Personnel identification tags
- () Baggage tags
- () Special Geneva Convention Identification Card (DD Form 1934)
- () Current identification card (DD Form 2N) or DoD Common Access Card.
- () Member has immunizations required for alert forces.
BUMEDINST 6230.15
- () Member requiring spectacles has tow pair plus gas mask inserts.
NAVMEDCOMINST 6810.1
- () Member has the minimum number of uniform items required.
BUMEDINST 6440.6
- () Member advised to check insurance policies and determine that amounts are adequate and beneficiaries are correctly designated.

Enclosure (2)

