

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 Worth Road  
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation  
No. 1-2

10 January 2001

Administration

**U.S. ARMY MEDICAL COMMAND ORGANIZATIONAL ASSESSMENT PROGRAM POLICY**

Issue of further supplements to this regulation by subordinate commanders is prohibited, unless specifically approved by HQ MEDCOM, ATTN: MCIG.

1. **HISTORY.** This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.
2. **PURPOSE.** This regulation outlines responsibilities and prescribes policies and procedures for planning and conducting inspections, assessments, and staff assistance within the U.S. Army Medical Command (MEDCOM).
3. **REFERENCES.**
  - a. AR 1-201, Army Inspection Policy.
  - b. AR 20-1, Inspector General Activities and Procedures.
4. **EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are explained in the glossary.
5. **APPLICABILITY.** MEDCOM subordinate units will participate in the Organizational Assessment Program (OAP), and comply with this regulation.
6. **SCOPE.**
  - a. OAP characteristics:
    - (1) Provides the commander an organized management tool to identify, prevent, or eliminate problem areas.
    - (2) Tailored to the organization's structure and mission.
    - (3) Attempts to identify systemic problems.
    - (4) Contains a feedback mechanism to track problem resolution.
    - (5) Directs problems to the proper level for action or attention.
  - b. Major Subordinate Commands (MSCs) include:
    - (1) Regional Medical Commands (RMCs).

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\*This regulation supersedes MEDCOM Regulation 1-2, 2 February 1998.

- (2) U.S. Army Medical Department Center and School (AMEDDC&S).
- (3) U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM).
- (4) U.S. Army Medical Research and Materiel Command (MRMC).
- (5) U.S. Army Dental Command (DENCOM).
- (6) U.S. Army Veterinary Command (VETCOM).

#### 7. DESCRIPTION.

a. The OAP is the commander's program. Commanders at all levels must actively participate in the execution of the program for subordinate units.

b. The role of HQ MEDCOM in the OAP is to conduct approved staff assistance visits (SAVs) and to provide any other type of assistance, on request, to the RMCs, other MSCs, DENCOM, and VETCOM.

c. The MEDCOM OAP schedule will identify a 2-week assessment window for each fiscal year for each MSC. To reduce the frequency and redundancy of inspections, MEDCOM staff and lateral MSCs with inspection responsibilities (e.g., CHPPM), will schedule their compliance and assistance visits during the designated assessment period. The commander of either the inspecting or inspected organization may request otherwise. Outside the scheduled assessment window, the MSCs will be afforded the opportunity to refuse nonmandatory staff assistance.

d. The MSC commanders may request additional assistance at anytime.

e. The Chief of Staff, MEDCOM, will resolve any scheduling conflicts between the MSC and MEDCOM staff offices.

f. Types of visits:

(1) Mandatory visits are those required by law, regulation, or command directive. They include command, staff, and Inspector General (IG) assessments, conducted under the provisions of AR 1-201, and other applicable regulations. Mandatory assessment visits also include those directed by the Commander, MEDCOM. Normally, the command-directed assessment visit is the only assessment authorized to be conducted outside the established OAP window, with or without the consent of the organization visited.

(2) Nonmandatory visits include those visits by MEDCOM staff offices that are not required by law, regulation, or command directive.

#### 8. RESPONSIBILITIES.

a. The IG, MEDCOM, will:

- (1) Be the MEDCOM proponent for the OAP.
- (2) Conduct the IG evaluation portion, consisting of special and follow-up evaluations, as directed by the Commander, MEDCOM.

(3) Coordinate and publish a 2-week MEDCOM OAP window for each MSC.

(4) Coordinate with the Assistant Chief of Staff (ACofS) for Operations, MEDCOM, to ensure OAP windows are scheduled on the MEDCOM long-range training calendar.

(5) Review Staff Assistance Visit trip reports to identify any systemic issues and provide a quarterly update to the Chief of Staff, MEDCOM.

b. The ACofS for Operations, MEDCOM, will schedule OAP windows on the MEDCOM long-range training calendar.

c. The Internal Review and Audit Compliance Office, MEDCOM, will:

(1) Coordinate the scheduling of external inspections and audits governed by law and Army regulations.

(2) Coordinate with external inspection and audit agencies regarding their areas of inspection to ensure that any related MEDCOM assessments complement the external audit with the intent of adding value to the organization.

(3) Forward external inspection and audit agency schedules to the comparable MEDCOM staff and MEDCOM IG.

d. The MEDCOM staff will:

(1) Offer subject-matter expertise and assistance to MSCs.

(2) Conduct SAVs during the OAP windows, unless otherwise coordinated and approved by the MSC.

(3) Complete a written staff trip report (see appendix A) and forward a copy to the MEDCOM IG within 1 month following the conclusion of an SAV/assessment visit.

(4) Recommend, to the IG, areas of concern that may be potential subjects for focused assessments.

(5) Maintain familiarity with the assessment schedule. Though staff cannot control the schedules of higher headquarters and external agencies, they should attempt to influence the external agency to inspect a medical treatment facility (MTF) during the designated assessment window. If the external agency has a need to visit an MTF on a quarterly basis, higher headquarters and external agencies should schedule one of their visits during the approved assessment window. This is an invitation to a higher headquarters, not a mandate.

e. The MSCs will:

(1) Establish an internal command OAP policy, using this regulation as guidance.

(2) Request support, as needed, from the MEDCOM for scheduled and unscheduled command, IG, and staff visits.

APPENDIX A  
SAMPLE STAFF TRIP REPORT

OFFICE SYMBOL (MARKS #)

DATE

MEMORANDUM FOR Branch/Division/Department Chief

SUBJECT: Trip Report for (Location), (Dates)

1. ADMINISTRATIVE DATA.
  - a. ACTIVITY VISITED:
  - b. DATE:
  - c. PERSONNEL CONTACTED:
2. PURPOSE. Briefly state the purpose of the visit.
3. EXECUTIVE SUMMARY.
  - a. Summarize the overall findings of the visit.
  - b. Summarize any commendable area or areas of concern.
  - c. Indicate any teaching/training that may have occurred.
4. OBSERVATIONS/FINDINGS OVERSIGHT.
  - a. Address issues of interest or action of the Commander, MEDCOM/The Surgeon General.
  - b. Address issues of interest or action of the MEDCOM staff.
  - c. Address issues of interest or action of outside agencies.

Encl

TRIP OIC  
Signature Block

CF:  
IG

## GLOSSARY

**Section I  
Abbreviations**

ACofS.....	Assistant Chief of Staff
AMEDDC&S.....	U.S. Army Medical Department Center and School
CG.....	Commanding General
CHPPM.....	U.S. Army Center for Health Promotion and Preventive Medicine
DENCOM.....	U.S. Army Dental Command
IG.....	Inspector General
MEDCOM.....	U.S. Army Medical Command
MRMC.....	U.S. Army Medical Research and Materiel Command
MSC.....	Major Subordinate Command
MTF.....	Medical Treatment Facility
OAP.....	Organizational Assessment Program
RMC.....	Regional Medical Command
TMC.....	Troop Medical Clinic
VETCOM.....	U.S. Army Veterinary Command

**Section II  
Terms**

**Compliance.** Refers to measuring performance against an established standard.

**Mandatory inspections.** Refers to periodic audits or assessments that are governed by law, directed by Army regulation, or directed by a senior commander.

**Assistance visits.** Refers to visits by a lateral or senior command or staff representative, to a lateral or subordinate command. The purpose of the visit is to give support or aid to the visited unit, not to focus or report on compliance.

**Nonmandatory staff assistance visits.** Refers to an assistance visit that has not been specifically directed by law; regulation; or the Commander, Deputy Commander, or Chief of Staff of MEDCOM.

The proponent of this publication is the Office of the Inspector General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCIG, 2050 Worth Road, Fort Sam Houston, TX 78234-6016.

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