SUBJECT: Medical Review Board

1. PURPOSE: The purpose of this Instruction is to provide general information on separation of an officer of the Commissioned Corps of the U.S. Public Health Service (Corps) for physical disability.

2. APPLICABILITY: This Instruction applies to all Corps officers serving on extended active duty. It does not apply to:

   2-1. Students who have been ordered to active duty in the Uniformed Services University of the Health Sciences (USUHS) School of Medicine; officers appointed to the Junior Commissioned Officer Student Training and Extern Program (COSTEP) and Senior COSTEP; officers appointed to a training program who do not fully qualify for a commission in the Corps; and Ready Reserve Corps officers who are called to active duty for training. Such officers are excluded from disability retirement under 42 U.S.C. §213a(a)(2).

   2-2. Former officers who become physically disabled after separation from the Corps, even though the origin of the disability may be service-connected. Such individuals are not eligible for disability benefits from the Corps. However, they may be eligible for compensation from the U.S. Department of Veterans Affairs (VA) and should apply to that agency for adjudication of any claim.

   2-3. Candidates seeking an appointment to the Ready Reserve Corps or Regular Corps.

3. AUTHORITY:

   3-1. Commissioned Corps Directive (CCD) 128.01, “Medical Fitness for Duty”


4. PROPOSED: The proponent of this Instruction is the Assistant Secretary for Health (ASH). The Surgeon General (SG) is responsible for assuring the day-to-day management of the Corps.

5. SUMMARY OF REVISIONS AND UPDATES: This is the first issuance of this Instruction in the electronic Commissioned Corps Issuance System (eCCIS) and replaces Commissioned Corps Personnel Manual (CCPM) CC23.8.6, “Disability Retirement,” dated 5 April 1982.
5-1. Eliminates references to Pamphlet No. 47, "Disability Evaluation Manual for the Commissioned Corps of the U.S. Public Health Service."

5-2. Eliminates references to the former Reserve Corps and adds the Ready Reserve Corps.


5-4. Eliminates emergency retirements.

5-5. Section 6-1 clarifies that the presence of a ratable medical condition under the VA Schedule for Rating Disabilities (VASRD), does not make an officer eligible for disability retirement or separation; aligns the policy with 10 U.S.C. §1207a regarding an officer’s eligibility for disability retirement for pre-existing conditions after 8 years of active duty; and aligns the policy with 10 U.S.C. §1204 regarding eligibility for a disability separation during the first 30 days of service.

5-6. Section 6-2 specifies that an officer may be referred for a fitness evaluation due to an inability to engage in the physical activities associated with deployments or if the officer is unable to meet medical readiness standards established by the ASH; clarifies the process to determine the merits of a fitness for duty request; and clarifies how requests for a non-medical retirement impact a fitness request.

5-7. Section 6-3 specifies the requirements of a fitness request when an officer is being processed for a non-medical separation or retirement.

5-8. Section 6-4 clarifies how medical examinations are obtained and the submission of medical documents to a Medical Review Board (MRB).

5-9. Section 6-5 modifies the authorized composition of a MRB, clarifies the responsibilities of the MRB, specifies how a case is presented to the MRB, and clarifies information required in the MRB’s report to the SG.

5-10. Section 6-6 outlines the circumstances that an officer may remain on active duty when found fit for limited duty; authorizes the Director, Commissioned Corps Headquarters (CCHQ), to determine an officer’s separation date; specifies the MRB’s options when there is insufficient information to render a finding of fitness; specifies the circumstances when an officer may be found unsuitable for active duty service; in accordance with 10 U.S.C. §1210 specifies that an officer may remain on the Temporary Disability Retired List (TDRL) for no more than 3 years; and clarifies the officer’s and MRB’s responsibilities while an officer is on TDRL.

5-11. Section 6-7 clarifies that the outcomes of the treatment for a condition are not rated and when an officer may be placed on TDRL; and requires that an officer with 20 or more years of active duty must be retired if a disability rating is less than 30 percent.

5-12. Adds Section 6-8 that outlines an officer’s appeal rights.

5-13. Section 6-9 clarifies the circumstances under which the SG may refer an officer to an administrative separation board for unsuitability.

5-14. Adds Section 6-11 that outlines the Liaison Officer duties, responsibilities, and training requirements in accordance with 10 U.S.C. §1222.
6. POLICY: For the purposes of this Instruction, “aggravated” means any medical condition that is aggravated, exacerbated, accelerated, or permanently worsened by service in the Corps. For the purposes of this Instruction, medical disability, examination, and standards, etc., includes physical, dental, and mental health disabilities, examinations, and standards, etc.

6-1. Requirements for Disability Retirement or Separation with Benefits.

a. Fitness for Duty Determination (FFD). To be eligible for disability retirement or separation, an officer must be found unfit: to perform the duties of his/her position/billet, office, grade, rank, rating; to deploy in response to urgent and emergency public health needs; or to participate in any required military mission because of one or more medical conditions incurred while entitled to basic pay.

   (1) The disabling condition must be permanent in nature or one which is likely to become permanent.

   (2) The fact that an officer has a medical condition which could, under certain circumstances, render the individual unfit does not, per se, make him/her unfit. Further, the presence of a ratable or non-ratable medical condition under the VA Schedule for Rating Disabilities (VASRD) also does not make an officer eligible for disability retirement/separation (see footnote in Section 6-7.b.).

   (3) Although a finding of unfitness may be based on medical facts alone, the direct effect that the medical condition has on the officer’s ability to perform his/her duties is usually the key factor in determining fitness.

b. Service-incurred or aggravated. To be eligible for disability benefits, an officer found unfit because of a physical disability must have acquired such disability while on active duty. The disability may be due to a condition incurred on active duty or due to a preexisting condition which was aggravated by service. The presumption is made that an officer was physically fit at the time of his/her call to active duty and any condition incurred or aggravated subsequently is considered service-connected with the following exceptions:

   (1) Physical disabilities noted at the time of the officer’s commissioning physical examination or call to active duty and no service aggravation of the disability has occurred. “Natural progression” of a disease is not considered service aggravation.

   (2) Abnormalities discovered subsequent to entry on active duty which impel the conclusion that they must have existed or have originated before the individual entered the Corps. However, any condition which becomes disabling after eight (8) years of active duty will be sufficient evidence of service connection.

   (3) Any expected disability occurring as a result of necessary treatment of a condition which was neither service-incurred nor -aggravated.

c. For a disabling condition in an officer’s first 30 days of service, the condition must be the direct result of an injury or disease that was incurred or aggravated while performing active duty or while traveling directly to or from the place at which such duty is performed. A Ready Reserve Corps officer who is ordered to active duty for a period of more than 30 days who is released from active duty within 30 days...
of commencing such period of active duty for a reason stated below is considered to have been serving under an order to active duty for a period of 30 days or less.

(1) Failure to meet physical standards for retention due to a preexisting condition not aggravated during the period of active duty; or

(2) Failure to meet medical standards for deployment due to a preexisting condition not aggravated during the period of active duty.

d. Line of Duty (LOD). A disabling disease or injury incurred while on active duty must also be incurred in the line of duty to qualify an officer for disability benefits. In general, a condition acquired or aggravated while on active duty with the Corps will be considered to have occurred in line of duty except for those incurred under the following circumstances, which will result in an officer’s separation without benefits:

(1) As a result of an officer’s misconduct.

(2) While absent without leave.

(3) As a result of an officer’s willful neglect.

e. Disposition of Cases. An officer found unfit because of a permanent disability cannot be retained on active duty even though further treatment may be required. The officer will be separated, placed on the temporary disability retired list (TDRL), or permanently retired. However, if the MRB finds the officer fit for limited duty and with the consent of the officer and the officer’s program of assignment, the SG may defer the disposition of the case if the officer can still serve with appropriate assignment limitations and his/her disability is basically stable or only slowly progressive and does not require extensive medical care or jeopardize the officer’s health. In no case will an officer who is physically disabled be retained on active duty solely to increase benefits.

6-2. Request for Fitness Evaluation.

a. A request for a fitness evaluation must be addressed to the Chief, Medical Affairs, Commissioned Corps Headquarters (CCHQ), and may be initiated through one of the following mechanisms:

(1) Officer’s Own Initiative. An officer may request, in writing, a fitness evaluation when he/she feels unable to perform the duties of his/her office, position/billet, and grade because of medical reasons.

(2) Program Official’s Initiative. A program official may request, in writing, a fitness evaluation on an officer under his/her supervision when reasons for unacceptable performance of duties are suspected to be on medical grounds. A detailed description of performance limitations must accompany the request.

(3) CCHQ Initiative. Under the following conditions, the Director, CCHQ, may initiate a fitness evaluation:

(a) If there has been excessive use of sick leave by an officer (i.e., 90 days of continuous sick leave or 120 days in a 12-month period).
(b) If, according to accepted medical principles, an officer has a medical condition which may be disabling or otherwise places him/her or others in jeopardy if he/she were to continue on active duty.

(c) If an officer has a permanent medical condition that prevents him/her from being deployed in response to urgent and emergency public health needs, any required military mission, or if the condition prevents the officer from engaging in the physical activities associated with deployments.

(d) If an officer is unable to meet medical readiness standards established by the ASH.

b. An officer’s request for a fitness evaluation shall be reviewed by the MRB except as noted in Section 6-3 and Section 6-2.e. and f.

c. A fitness evaluation initiated by a program official or under Section 6-2.a.(3) will be reviewed by the Chief, Medical Affairs, who will review the officer’s records to determine if the documentation supports a review by a MRB.

(1) If the record supports referral to a MRB, the Chief, Medical Affairs, will convene a MRB.

(2) If the record does not support referral to a MRB, the Chief, Medical Affairs, will refer the request for a fitness evaluation to the Director, CCHQ, with a recommendation regarding whether the officer’s records should be reviewed by a MRB. The Director, CCHQ, will make the final determination about the merits of a fitness for duty request and whether a MRB will be convened to review the request.

d. In all cases, the Chief, Medical Affairs, may:

(1) Direct the officer to undergo additional examinations or tests, or to supply additional records.

(2) Request further information from program supervisors regarding the officer’s ability to perform assigned duties.

e. A request by either an officer or program official to rescind their request for a fitness evaluation will be reviewed by the Chief, Medical Affairs, who will make a recommendation to the Director, CCHQ, regarding whether a MRB should review the officer’s medical records. The Director, CCHQ, will make the final determination about the merits of a fitness for duty request and whether a MRB will be convened to review the officer’s fitness for duty.

f. If a fitness evaluation has been initiated and the officer submits a request for a non-medical retirement in accordance with CCD 124.01, “Retirement,” Commissioned Corps Instruction (CCI) CCI 384.02, “Retirement (20 to < 30 years),” or CCI 385.02, “Retirement (30 Years),” and the officer’s request for retirement is approved, the non-medical retirement request is considered as the officer’s decision to forego the disability review. In such circumstances the fitness evaluation and MRB process will not proceed and the officer will be retired without a fitness determination or disability rating from the Corps.
6-3. Inappropriate Requests for Fitness Evaluation. Such factors as the following are not to be used as the basis for initiating a fitness evaluation:

a. The officer’s inability at some later date on active duty to meet the medical accession standards for initial entry into the Corps.

b. Pending voluntary or involuntary separation or retirement. When an officer is being processed for separation or retirement for reasons other than physical disability, the officer’s prior performance of duty, to include periods of non-duty with pay, and lack of documented disabling conditions up to that point creates a presumption that the officer is fit for duty. The officer shall not be referred for disability evaluation unless his/her physical condition raises substantial doubt that he/she is fit to continue to perform the duties of his/her office and grade. Such officers must submit a request, in writing, to the Chief, Medical Affairs, along with his/her records that is received by Medical Affairs a minimum of 60 days in advance of the anticipated/requested retirement effective date to allow sufficient time to review the records and make a determination of the need to refer to a MRB.

c. Inability to physically qualify for specialized duties requiring a high degree of physical fitness.

d. Inability to physically qualify for transfer to another uniformed service.

6-4. Medical Examination.

a. Arrangements. The officer is responsible for obtaining the necessary medical examinations and tests as directed by Medical Affairs or as required by the MRB.

b. Examining Facility. When available, the medical examination should be performed at a Uniformed Services medical facility.

c. Examinations at Other Than Uniformed Services Facilities. The MRB may accept medical examinations from either governmental or private sources as the basis for making a determination of fitness if the MRB finds it to be in the best interest of the Government and the officer.

d. When possible, medical documents to be reviewed by the MRB should be submitted to Medical Affairs directly from the examining physician/facility. Medical documents provided directly from the officer or his/her representative may not be considered by the MRB unless the source and dates of the records are clearly documented and are signed by the provider. All letters from providers must be on the provider’s letterhead and contain: the officer’s name and at least one other identifier (e.g., date of birth); the provider’s signature and date of signature; printed or typed name of the provider; and the provider’s contact information.

e. All medical documentation must be received by Medical Affairs 14 calendar days prior to a scheduled MRB in order to allow time for staff review and preparation of the records for MRB members. Records received less than 14 calendar days before the MRB will be presented to the MRB at the discretion of the Chief, Medical Affairs.

6-5. Medical Review Board (MRB).

a. Composition of the MRB. The Director, CCHQ, or his/her designee, is responsible for the appointment of MRB members. The MRB shall consist of three or more officers who are licensed as medical (e.g., physician, nurse practitioner, nurse,
dentist, therapist, physician assistant) or mental health (e.g., psychiatrist, clinical psychologist, social worker, psychiatric nurse practitioner, psychiatric nurse) providers who are at the O-4 grade or higher with a minimum of five years of active duty service in the Corps. At least one board member shall be an officer in the Medical category and the majority of the members must be senior officers (O-5 or above). Officers assigned to the Immediate Office of the Surgeon General, Immediate Office of the Director, CCHQ, or Medical Affairs may not serve as members of a Board. The Chief, Medical Affairs, or designee, shall serve as the executive secretary of the MRB.

b. Responsibilities of the MRB. The MRB is responsible for submitting a formal report to the SG and making recommendations regarding an officer’s medical fitness for duty.

(1) The report will provide a summary of the officer’s service and will be sufficiently detailed to provide SG with an adequate understanding of the reason(s) the officer was referred to the MRB.

(2) A finding of unfitness will include a disability rating of the medical conditions that resulted in the unfitness recommendation.

c. Case Presentation. The Chief, Medical Affairs, or designee, shall prepare and present to the MRB a detailed written summary of all pertinent material made available by the officer, on the physical and mental fitness of the officer to perform his/her duties. The summary will include the official request for a fitness determination, medical findings provided to Medical Affairs from all sources identified by the officer, and such other information as deemed pertinent for determining performance capability. In addition to the detailed summary, copies of all available source documents will be available to the MRB at the time the MRB meets.

6-6. MRB Findings.

a. If the information is sufficient to make a decision, the MRB shall find the officer:

(1) Fit for Full Duty. If the MRB finds the officer fit for full duty, he/she is expected to perform the duties of his/her grade and office without significant restrictions;

(2) Fit for Limited Duty. If there is written documentation of concurrence between the officer and his/her program of assignment, the officer may return to duty with limitations as stipulated by the MRB. The program of assignment must affirm that they will modify the officer’s work environment and/or schedule to conform with the limitations stipulated by the MRB. Such limited duty status will not exceed one year. At the end of one year, a finding of fitness or unfitness for duty must be rendered by the MRB; or

(3) Unfit for Duty. An officer found unfit may not be retained on active duty and must be separated or retired in accordance with existing laws, regulations, and policies. The Director, CCHQ, will determine the officer’s date of separation which must be the earliest date practicable but no later than 60 days from the SG’s approval of the MRB recommendation.
b. If the information available is insufficient to render a decision, the MRB may:

(1) Direct the officer to undergo additional examinations or tests, or to supply additional records.

(2) Request further information from program supervisors regarding the officer’s ability to perform assigned duties.

(3) Provide the officer an opportunity to submit a formal statement or answer written questions posed by the MRB regarding his/her ability to perform assigned duties.

c. If the MRB finds the officer unfit for duty, he/she may be:

(1) Separated Without Benefits. Separation without benefits occurs when a disability is not incurred in line of duty; is caused by a nonservice-incurred condition; or is the result of a noncompensable condition such as alcohol and/or drug abuse (see CCI 211.06, “Substance Use”).

(2) Separated with Severance Pay. If the total disability rating is determined to be less than 30%, the officer will receive a lump-sum payment based upon years of active duty in accordance with 10 U.S.C. §1212 and will be separated from the Corps. The officer will receive no further benefits from the Corps but should apply to the VA for possible benefits administered through that agency, including disability payments, medical care, etc.

(3) Permanently retired. A disability is permanent if, based on accepted medical principles, the defect has stabilized so that the compensable percentage rating is not expected to change during the next 3 years or if the compensable disability rating is 80 percent or more and the disability will probably not improve so as to be ratable at less than 80 percent during the next 3 years. An officer who meets either of these requirements and is otherwise qualified shall be permanently retired.

(4) Placed on Temporary Disability Retired List (TDRL). Disability retirement may be temporary when the officer’s condition has not stabilized and he/she may recover and become fit for duty or the degree of severity may substantially change within the next 3 years. In such cases, the officer shall be removed from active duty and placed on TDRL administered by CCHQ. While on TDRL, the officer must undergo periodic fitness for duty evaluations no sooner than 6 months after being placed on TDRL and at intervals no greater than 18 months as determined by the MRB or Chief, Medical Affairs.

(a) An officer on TDRL must comply with directives by the MRB and/or Medical Affairs to undergo examinations or tests, or to supply records. At a minimum, an officer on TDRL must obtain a medical examination at 18 months. Failure of an officer to report for or obtain any examination or failure to ensure that all of his/her records are submitted to Medical Affairs shall result in the termination of his/her disability retired pay after notice by CCHQ, unless the officer can show good cause for his/her failure to comply. If the officer’s disability retired pay is terminated and he/she later provides good cause for his/her failure to comply with these requirements, he/she may be reinstated on TDRL and payments made retroactive for a period not to exceed 12 months.
(b) **Review of Officers on TDRL.**

(i) While on TDRL, the MRB may review an officer's examination and may retain the officer on TDRL unless the examination is the final examination prior to the 3 year limit on TDRL. If the officer has less than 20 years of active duty for retirement purposes, and his/her rating falls below 30%, the officer shall be removed from TDRL and separated from the Corps with severance pay.

(ii) No officer will be kept on TDRL for more than 3 years. A MRB must review the case at least 3 months prior to the 3 year anniversary on TDRL and either recommend fit for duty, permanent retirement, or separation. All conditions will be considered to determine the officer's fitness for duty, including those that did not exist and/or were not disabling at the time of the officer's placement on TDRL. If permanent retirement is recommended, the MRB shall rerate the disability, taking into account changes in the disabling conditions present at the time of placement on TDRL. In rating the disability of the officer for permanent retirement, nonservice-connected conditions as well as non-disabling conditions that did not prevent the officer from performing the duties of his/her position/billet, office, grade, rank, rating, or the officer's ability to deploy or serve on required military missions, including those occurring during the TDRL period, shall not be rated.

(c) **Actions Resulting from Finding of Fitness on TDRL Examinations.** If the MRB, in reviewing a periodic examination, finds an officer fit for duty:

(i) A Regular Corps officer, if he/she requests such action, will be removed from the TDRL and returned to active duty as soon as practicable after being reappointed by the President. However, if the officer does not meet the conditions of service or is unable to secure a suitable assignment, the officer will have his/her commission processed for termination or retirement, if the officer has 20 or more years of creditable active duty service for retirement. (see [CCI 111.03](#), “Conditions of Service,” [CCI 123.01](#), “Involuntary Separation,” and [CCI 385.01](#), “Involuntary Retirement (20 Years)”)

(ii) Ready Reserve Corps officers may be returned to active duty to complete their training. If the Director, CCHQ, determines that the training is no longer available or appropriate or the officer does not meet the conditions of service, the officer will be separated from the Corps.

(iii) For purposes of promotion eligibility for an officer returned to active duty, the officer's seniority in grade, promotion credit, Training and Experience, time in service, and other dates associated with promotion are offset by the period of time the officer was on TDRL.
6-7. Rating of Disability.

a. The normal outcomes of the treatment for a condition (e.g., limitations or restrictions on activities, convalescent and recuperation time, etc.) are not rated. However, if such treatment outcomes result in an officer’s inability to perform his/her duties for an extended period of time that is not less than six (6) months, the MRB may recommend the officer’s placement on TDRL with a suitable rating.

b. Use of VASRD. If the MRB finds an officer eligible for disability benefits, the rating for each compensable disability must be determined from the VASRD. When an officer has more than one compensable disability, the percentages are combined rather than added (except when a “note” in the VASRD indicates otherwise). This results from the consideration of the individual’s efficiency, as affected first by the most disabling condition, then by the less disabling conditions in the order of their severity. Thus, an officer having a 60 percent disability is considered to have a remaining efficiency of 40 percent. If the officer has a second disability rated at 20 percent, then he/she is considered to have lost 20 percent of that remaining 40 percent, thus reducing his/her remaining efficiency to 32 percent. Hence, a 60 percent disability combined with a 20 percent disability results in a combined rating of 68 percent.

c. Retirement Eligibility.

(1) If the officer has less than 20 years of creditable service for retirement purposes and the combined percentage of disability is less than 30 percent, he/she must be separated with severance pay.

(2) If the officer has at least 20 years of service for retirement purposes or the percentage of disability is 30 percent or more, he/she must be retired.

(3) If the officer has at least 20 years of service for retirement purposes and the percentage of disability is less than 30, he/she must be retired.


a. An officer may appeal a finding by the MRB that he/she is unfit for duty.

b. An officer may appeal the findings if the officer requested the fitness evaluation and the MRB finds him/her fit for full duty.

c. An officer may not appeal a finding that he/she is fit for full duty if the program official or Director, CCHQ, requested the fitness evaluation.

d. Except in the circumstances of Subsection 6-8.c., prior to forwarding the findings and recommendation to the SG, Medical Affairs will notify the officer of the MRB findings and the right to appeal under CCI 393.02, “Medical Appeals Board.”

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1 Disability retirement awarded by uniformed service medical boards differs from disability compensation awarded by the VA in that “the [military] provides for disability retirement based on fitness for military duty, 10 U.S.C. §1201, while the VA’s disability rating decision is based on capacity to function in the civilian world, 38 U.S.C. § 355.” At the same time, “the [military’s] disability retirement decision is based on the service member’s ability to continue service at that time, 10 U.S.C. §1201, while the VA’s disability rating decision is based on the service member’s projected earning capacity in the future, 38 U.S.C. §355.” (Gossage v. United States, 394 Fed. Appx. 695, 698 (Fed. Cir. 2010))
6-9. Approval of MRB Findings. If the officer does not appeal or if the officer is ineligible to appeal a MRB recommendation, the Chief, Medical Affairs, will submit the MRB’s findings to the SG.

a. The SG will approve the MRB’s findings; return the findings to the MRB for further investigation and recommendation; dissolve the MRB and appoint a new MRB to complete the investigation; or appoint a new MRB to reinvestigate the case.

b. If the SG approves a fit for full duty finding and, based on documented allegations, reports, or other circumstances that are unrelated to an impairment or disability, the SG has reason to believe the officer is unsuitable for continued service, the SG may refer the officer to an appropriate administrative separation process (i.e., Probationary Period, 3-Year File Review, Involuntary Termination Board (ITB), Board of Inquiry (BOI), or Involuntary Retirement Board).

c. An officer who is found fit for full duty but who does not return to his/her duty station or is otherwise unable to perform the duties of his/her position/billet, office, grade, rank, or rating may be deemed unsuitable by the SG, placed into an Absence Without Leave (AWOL) status, and will be referred to the appropriate administrative separation process.

6-10. Computation of Pay. If an officer is permanently or temporarily retired for disability, the officer’s retired pay will be computed in accordance with the formula most favorable to the officer at the time of retirement unless the officer selects a different method of computation that he/she believes will be best for his/her individual circumstances. In no instance shall the disability retired pay exceed 75 percent of the individual’s basic pay nor be less than 50 percent of the basic pay while an officer is on TDRL.

6-11. Liaison Officer. The Chief, Medical Affairs, CCHQ, will assign a Liaison Officer who serves as a case management specialists. The Liaison Officer assists officers through the Fitness for Duty Determination (FDD) process. To promote an informed and seamless transition for officers who are medically separated or retired, the Liaison Officer’s responsibility continues until the officer attains veteran status and is transferred to VA support.

a. Liaison Officer Duties and Responsibilities

(1) The Liaison Officer is primarily responsible for informing and assisting the officer or his/her designated representative, as applicable, during the FFD process. The Liaison Officer helps manage expectations, oversee the officer’s case file, explains the FFD process in detail, and provides and explains an overview of the VA claims process to the officer or designated representative.

(2) Explains the statutory rights and requirements, Corps requirements, and assists in the processing of requests for formal boards and appeals.

(3) The Liaison Officer may provide advice to the officer regarding requesting a FFD, appeals, and officer statements; however, Liaison Officers are not legal advocates, and may not provide legal advice, legal counsel, or other assistance regarding substantive aspects of an officer’s case.

(4) The Liaison Officer educates the officer about the FFD process and explains the board results to the officer, or his/her designated representative.
(5) Explains the payment calculations for severance pay or retirement pay, or refers the officer to the appropriate Compensation representative.

(6) Provides the officer or his/her designated representative with a copy of the FFD results and the narrative summary; the informal MRB findings, ratings, and recommendation, and LOD determinations; and ensures medical records are available for review.

b. Liaison Officer Training. The Chief, Medical Affairs, CCHQ, will ensure that instruction on the following competencies is provided to the Liaison Officer upon assignment and at least every 3 years:

(1) An overview of the statutory and policy requirements of the FFD process.

(2) Electronic and paper recordkeeping practices of the Corps.

(3) Customer service philosophies.

(4) Familiarization with medical administration processes.

(5) An overview of VA services and benefits.

(6) Online and other resources pertaining to the MRB, Department of Defense (DoD), and VA.

(7) The chain of supervision and command.

7. RESPONSIBILITIES:

7-1. The ASH is responsible for establishing policies related to disability retirement and separation.

7-2. The SG is responsible for assuring the day-to-day management of the Corps and may issue a Personnel Operations Memorandum (POM), through the electronic Commissioned Corps Issuance System (eCCIS), to address specific compliance issues.

7-3. The Director, CCHQ, is responsible for providing oversight to the MRB process.

7-4. The Chief, Medical Affairs, is responsible for informing the officer concerning the required medical evaluation relating to the MRB, presenting the resultant reports to the MRB, provide oversight and guidance to the Liaison Officer, and presenting the MRB findings and recommendations to the SG. When appropriate, the Chief, Medical Affairs, is responsible for ensuring that the Commissioned Corps Agency Liaison is informed of the outcome of the MRB.

7-5. Members of the MRB are responsible for maintaining the confidentiality of the officer’s records, the MRB proceedings, and for notifying the Chief, Medical Affairs, of any potential conflicts of interest.

7-6. All officers are responsible for adhering to the guidelines and procedures listed in this Instruction.

a. An officer is required to promptly inform Medical Affairs of any significant new medical diagnoses which could potentially affect their long term health status (i.e., not likely to resolve within one year).
b. An officer must maintain current and updated contact information (e.g., phone, e-mail, address) in CCHQ in order to facilitate the Corps’ communication of information to the officer.

c. An officer’s failure to comply with the requirements of this Instruction, refusal to undergo a physical examination, and/or failure to furnish information may result in a decrease in benefits, loss of pay, disciplinary action, and/or termination of the officer’s commission.

8. **HISTORICAL NOTES:** This is the first issuance of this Instruction in the eCCIS, replaces CCPM CC23.8.6, “Disability Retirement,” dated 5 April 1982, and creates a standalone Instruction within the eCCIS.