

**INTERSERVICE TRAINING REVIEW ORGANIZATION  
PROCEDURES MANUAL**

(2) Be staffed by a member of each Service's medical department and a civilian Program Analyst (GS-343).

(3) Serve as the point of contact on health care interservice training for all military Services, Federal and State agencies, civilian academic institutions and associations, and other appropriate organizations.

(4) Maintain the official files, directories, and reports on Health Care interservice training.

(5) Disseminate status and decision reports, Staff Action Processing Forms, minutes and other appropriate written material to HC ITAB members and other appropriate authorities.

(6) Facilitate DAGs, QLGs, and other groups as designated by the Director of the HC ITO.

(7) Coordinate and support meetings and actions of the HC ITAB.

(8) Provide an analysis of cost and other data to the ITRO AHC via the Director of the HC ITO.

(9) Review and coordinate Service positions or concerns, and coordinate the HC ITAB perspective and/or positions and recommendations to the **ITRO AHC**.

(10) Maintain the Health Care Web Site.

(11) Provide briefings to the Services and other appropriate groups, such as the DMRTEC, professional organization, and other government agencies.

(12) Provide Secretariat with Health Care portion of the ITRO Annual Report.

h. **Health Care Interservice Training Advisory Board (HC ITAB)**. The HC ITAB is the principal deliberative body within the health care interservice training structure. The HC ITAB shall develop plans and recommendations to achieve efficiencies in DOD health care training through consolidations (including collocations and the use of quota courses), outsourcing, the insertion of technology and the use of distance learning. They identify training to be studied and charter groups to conduct the analysis. They will review, and revise ongoing course consolidations approved by the DMRTEC and the ITRO. The ITAB establishes and appoints members to DAGs, QLGs, and other groups and monitors their progress.

(1) The HC ITAB will coordinate and formulate Service positions for presentation to the DMRTEC via the ITRO AHC.

(2) The HC ITAB will consist of one voting member per Service and other members as determined by each Service. It is recommended that the following be considered:

(a) A representative of the office of the Surgeon General.

(b) The commander of a medical training command.

(c) A senior enlisted representative, as appropriate.

(d) A representative from the parent training command.

(e) A Reserve component representative.

(3) Each Service will designate a HC ITAB member to be the primary point of contact and voting member. The voting member of the HC ITAB will be responsible for coordinating all issues and decisions within their Service. They will submit the names of their Service's representative to all groups as requested by the HC ITO. These designated representatives will have direct access to the ITRO AHC to provide information and clarification, and to receive guidance. These currently are:

(a) Army                      Dean, AMEDDC&S

(b) Navy                      Surgeon General Representative BUMED 53

(c) Air Force                AETC/DOJ

(1) The HC ITAB will include a non-voting representative from OASD (HA)(HOP) as a member.

(2) Representatives or subject matter experts from their Service will provide information and/or participate in meetings or other actions as necessary.

(3) The HC ITAB will meet in person at least semi-annually or at the request of the ITRO AHC.

(4) Minutes will be kept on all HC ITAB meetings. The ITRO AHC will approve minutes on the discussions and actions. These minutes will be coordinated by the Services prior to presentation for accuracy prior to presentation to the ITRO AHC.

i. **Health Care Committees**. All HC Committees are chartered by the HC ITAB and have a representative from each military health Service. They are facilitated by the HC ITO and report to the HC ITAB. They will provide minutes of all meetings to the HC ITO.

(1). **Standards Committee**. The Standards Committee is responsible for developing the educational and administrative Standards that are utilized within Health Care interservice training. The members also draft the Standards into a manual, which they review and update annually. A complete revision will be performed every three years or when determined by the HC ITAB. The HC Standards Manual is a major resource document to assist HC QLG/DAGs in preparing