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UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
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**National Capital Consortium
Graduate Medical Education
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**NATIONAL CAPITAL CONSORTIUM DISABILITY AND DISABILITY
ACCOMMODATION POLICY**

ACGME Institution Requirement: IV.I.4

The National Capital Consortium (NCC) trainees are active-duty Uniformed Services/Military officers. Military policies on active-duty disability can vary by branch of service, and they may change over time. The accommodations of disability in the active-duty service members is also governed by such policies. The NCC strictly follows these policies.

I. Definitions and Descriptions:

1. Disability Evaluation System (DES): The U.S. military has a Disability Evaluation System to assess and determine the fitness for duty of service members who have been injured or have developed medical conditions during their active-duty service. The DES process involves medical evaluations and assessments by military doctors.
2. Medical Evaluation Board (MEB): Service members who experience a medical issue that affects their ability to perform their duties may be referred to a Medical Evaluation Board. The MEB assesses the nature and extent of the medical condition and determines whether it is service-connected.
3. Physical Evaluation Board (PEB): If the MEB finds that a service member's condition is unlikely to improve to the point where they can perform their duties, they may be referred to a Physical Evaluation Board. The PEB assesses the member's fitness for continued military service and makes recommendations for disability ratings and compensation.
4. Disability Ratings: Disabilities are rated on a scale from 0% to 100% based on their impact on a service member's ability to perform military duties. The Department of Veterans Affairs (VA) is often involved in determining these ratings.
5. Veterans Affairs Benefits: Service members who are found unfit for duty due to service-connected disabilities may be separated from the military and eligible for veterans' benefits, including disability compensation, healthcare, and vocational rehabilitation.
6. Medical Discharge or Retirement: Depending on the severity of the disability, a service member may receive a medical discharge or medical retirement. The level of disability compensation and other benefits can vary based on the type and severity of the disability.
7. Appeals Process: Service members have the right to appeal decisions made during the Disability Evaluation System process if they believe the findings are incorrect.

****It's important to note that military disability policies and procedures may differ between the different branches of the U.S. military (Army, Navy, Air Force, Marines, Coast Guard) and can also vary depending on the specific circumstances of the service member and the nature of their disability. Additionally, disability policies may be subject to changes in laws and regulations, so it's essential to consult official military resources or legal experts for the most up-to-date information.**

8. Disability: The Americans with Disabilities Act (ADA) defines disability as a physical or mental impairment that substantially limits one or more major life activities. Major life activities include activities such as walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, performing manual tasks, and engaging in social and recreational activities.
9. Disability Accommodation: The provision of reasonable modifications or adjustments to the work environment or the way the job is done that enable an individual with a disability to perform the essential functions of the job and enjoy equal employment opportunities.

II. Resources:

1. Military physicians/professionals: A trainee may consult with their primary care manager (PCM) to discuss disability concerns including need for official opinion related to a disabling health conditions and duty status i.e. via e-profile, or Limited Duty Status (LIMDU). The trainee may also use the same resource when disability accommodations are needed which will be documented on service-specific forms such as e-profile (US Army), Limited Duty Status form (US Navy), or the AF Form 469 (US Air Force).
2. Medical Evaluation/Physical Evaluation Board Office: A trainee may also contact the local MEB/PEB officer and discuss their specific situation with a PEB physician.

III. Service-Specific Policies:

1. Department of Defense:
 - a. Department of Defense Instruction (DoDI) 1332.18: This DoD instruction outlines the Disability Evaluation System and provides guidance on the procedures and policies for evaluating and determining the fitness for duty of service members, including officers.
2. U.S. Army:
 - a. Army Regulation (AR) 635-40: AR 635-40 specifically pertains to the U.S. Army's Physical Evaluation Board (PEB) system. It provides detailed guidance on the evaluation, determination, and processing of service members for medical disabilities. This regulation covers both enlisted personnel and officers.
 - b. U.S. Army Medical Command (MEDCOM) Regulations: Depending on the specific medical evaluation and disability determination process, trainees may also refer to MEDCOM regulations and policies. These regulations provide more detailed guidance on medical assessments and procedures.
3. U.S. Navy/Marine Corps:

- a. Navy Manual of the Medical Department (NAVMED): NAVMED 6100-4 outlines the procedures for medical evaluation boards (MEBs) and physical evaluation boards (PEBs) in the U.S. Navy.
 - b. Bureau of Medicine and Surgery (BUMED) Instructions: BUMED instructions may provide additional guidance on medical evaluations, disability determinations, and related matters within the Navy's medical command.
- 4. U.S. Air Force/Space Force:
 - a. Air Force Instruction (AFI) 36-2910: AFI 36-2910 outlines the procedures for medical evaluation boards (MEBs) and physical evaluation boards (PEBs) in the U.S. Air Force.
 - b. Air Force Medical Service Instructions: Medical Service Instructions issued by the Air Force Medical Service may provide additional guidance on medical evaluations, disability determinations, and related matters within the Air Force's medical command.
- 5. U.S. Public Health Service:
 - a. Disability Evaluation Process: USPHS officers who develop medical conditions or sustain injuries that affect their ability to perform their duties may undergo a disability evaluation process. This process typically includes medical assessments and evaluations by USPHS medical professionals.
 - b. USPHS Commissioned Corps Directives (CCDs): USPHS policies and procedures, including those related to disability evaluation, are outlined in Commissioned Corps Directives (CCDs). These directives provide guidance on various aspects of USPHS service, including medical evaluations, disability determinations, and related matters. Specifically, the Commissioned Corps Instructions (CCI) 393.01 provides guidelines for the USPHS disability evaluation and separation.
 - c. USPHS Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB): Similar to the military branches, USPHS officers may go through a medical evaluation board (MEB) and a physical evaluation board (PEB) process to assess their fitness for duty and determine the extent of their medical conditions or disabilities.

IV. Procedures:

1. Trainee engages military health system: A trainee may elect to seek evaluation by a military health professional for disability evaluation, i.e. PCM, if they suspect a disabling health condition exists. In some cases, active-duty service members may also be referred for disability determination by military commanders. The military health professional will apply appropriate service-specific policy to the trainee based on his/her branch of military service.
2. Disability-related profiling is done: If a condition exists, the military health professional may temporarily or permanently deem the trainee disabled. This will result in appropriate health “profiling.” The medical profile will outline the disability accommodations needed. The accommodations are recommended in writing on service-specific forms such as e-profile (US Army), Limited Duty Status form (US Navy), or the AF Form 469 (US Air Force). Permanent conditions unresponsive to medical interventions may require referral to the MEB process as described earlier.

3. Program Director Actions: The program director may receive input directly from the military health professional (with the trainee's consent), or through the Provider Wellness Committee or the military commander. The program director ensures to follow the recommended accommodations or other health-promoting interventions.
4. Outcomes: The trainee either recovers following disability accommodations and returns to full duty; or in rare cases, the condition does not improve or worsens to the point of incompatibility with military service. This prompts referral to the MEB/PEB process in accordance with military branch specific policies and procedures outlined above.
5. Issues/Concerns: The Designated Institutional Official (DIO) and the Director of Medical Education (DME) can be reached by a trainee needing assistance directly. They may also request assistance anonymously via the NCC EthicsPoint Trainee Helpline at <https://usuhs.navexone.com/peoplehub/home> or consult with the NCC Ombudsman. Contacts for these resources are also available <https://medschool.usuhs.edu/academics/ncc/resources>.

Per ACGME Institutional Requirements effective 1 July 2022

Approved at the 6 December 2023 GMEC meeting.