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Medical Education

**MEDICAL SERVICE OFFICER EDUCATION**

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This instruction implements Air Force Policy Directive (AFPD) 41-1, *Health Care Programs and Resources*. It establishes policy, assigns responsibilities and prescribes procedures for medical service officer education to include administrative oversight and process of graduate medical education programs. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authorities to collect and maintain the records prescribed are Title 10, United States Code (U.S.C.), Sections 133, 2112, 8013, and 8032; 50 U.S.C. 454; and Executive Order 9397. Forms governed by this instruction include the Privacy Act statement required by AFI 33-332, *Air Force Privacy Act Program*. System of Record Notice F044 AF SG K, Medical Professional Staffing Records, applies. Maintain and dispose of records created as a result of prescribed processes in accordance with AFMAN 37-139, *Records Disposition Schedule*. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ AFPC/DPAME, 550 C Street West Suite 25 Randolph AFB, TX 78150-4727.

**SUMMARY OF REVISIONS**

This publication is substantially revised and must be completely reviewed with AFI 44-119, *Clinical Performance Improvement*, AFI 36-2107, *Active Duty Service Commitments*, the mission of the USAF Medical Service, and the Integrated Forecast Board Document of authorized man-years. It rescinds AFI 41-117 ANG SUP 1, 1 Aug 95.

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## Chapter 1

### PROGRAM DESCRIPTIONS

#### *Section 1A—Mission*

**1.1. Mission.** The mission of the USAF Medical Service is to ensure maximum wartime readiness and combat capability by maintaining the health of Air Force personnel and by providing a peacetime health care delivery system for beneficiaries. Educational programs assist in meeting the mission by enhancing personal skills and knowledge of highly qualified medical personnel.

#### *Section 1B—Policy*

**1.2. Policy.** USAF Medical Service education programs must meet published standards and criteria of their discipline or specialty.

**1.3. Accreditation.** Air Force medical facilities and other agencies conducting education programs must apply for and maintain accreditation by the national accrediting agency for each program.

1.3.1. Air Force institutions sponsoring accredited programs must ensure that the programs continue to meet accreditation standards and criteria.

1.3.2. Commanders of institutions conducting accredited programs must arrange for representatives of the appropriate accrediting body to make periodic evaluations and site visits.

**1.4. Program Evaluation .** Sponsors must develop a system for both internal and field evaluations of the education programs.

1.4.1. The facility commander sets the schedule for internal evaluations, while the director of medical education (DME) or a person named by the commander keeps records of such evaluations.

1.4.2. Programs must also conduct field evaluations (**attachment 2**). Field evaluations are administered to graduates 12-18 months post program completion.

1.4.3. The DME or other designated individual at each facility distributes, collects, and evaluates forms once a year.

**1.5. Education at Civilian Institutions .** Air Force Medical Service personnel may attend programs at civilian institutions for education only if those institutions and programs meet published standards and criteria. They must be accredited by a recognized national accrediting agency acceptable to the Surgeon General (where such an accreditation mechanism exists).

**1.6. Policy Document .** Air Force institutions sponsoring graduate medical education programs must develop and maintain a policy document addressing the "general and special requirements of the essentials of accredited residencies" published in the current *Directory of Residency Training Programs by the Accreditation Council for Graduate Medical Education (ACGME)*. The DME, working with the program directors and the professional education committee, develops this policy, and the commander approves it.

**1.7. Correspondence with Civilian Organizations.** Medical commanders, DMEs, and program directors may correspond directly with national civilian organizations concerning accreditation of current or proposed education programs conducted in the medical facility and must ensure organization is not under a corporate integrity agreement, or on the IG Sanction List. This correspondence must not alter or circumvent Air Force directives on health education. Correspondence must be recorded in the minutes of the professional education committee.

**1.8. Notification on Endangered Programs .** Any person or agency with information indicating that a programs accreditation is endangered should forward that information to the appropriate corps office at HQ AFPC/DPAM.

**1.9. Duration of Programs .** Conduct educational activities, particularly those leading to academic degrees or meeting specialty certification requirements, in the minimum time required to meet educational objectives.

### *Section 1C—Responsibilities*

#### **1.10. HQ USAF/SG:**

1.10.1. Approves health education policy.

1.10.2. Designates the health organizations that are to provide health education (on recommendation from HQ AFPC/DPAM).

1.10.3. Through HQ AFPC/DPAM, fully staffs health-teaching facilities with professionals in appropriate specialties.

1.10.4. Emphasizes continuing health education (CHE).

#### **1.11. HQ AFPC/DPAM :**

1.11.1. Implements the USAF Surgeon Generals policy and monitors education programs.

1.11.2. Distributes quotas and coordinates Corps specific selection boards such as the Joint Services Graduate Medical Education Selection Board to select Medical Service officers to participate in education programs, etc.

1.11.3. Supervises the CHE activities of the Air Force Medical Service, keeps records, and certifies programs that meet standards. Serves as the point of contact between the Air Force and Civilian-accrediting agencies regarding CHE programs that the Air Force certifies.

1.11.4. Creates education files on Medical Service officers enrolled in long-term education programs.

1.11.5. Recommends to HQ USAF/SG which health institutions should conduct education programs.

1.11.6. Supplies designated health institutions with the professional staff they need to meet their education mission.

1.11.7. Manages medical or dental officers deferred from active duty and enrolled in health education programs in civilian institutions.

1.11.8. Under the provisions of AFI 44-119, DPAME will initiate the credentialing process for deferred providers entering active duty upon completion of their training program. Gaining MTFs will be responsible for primary source verification of credentialing documents.

### **1.12. Major Commands:**

1.12.1. Major commands will support medical facilities that are designated to provide formal professional education in accomplishing their mission.

1.12.2. The Air Force Reserve Surgeon (AFRC/SG), Air Reserve Personnel Center Surgeon (ARPC/SG), and Air National Guard Air Surgeon (ANG/SG) monitor CHE programs and manage United States Air Force Reserve (USAFR) and Air National Guard (ANG) medical personnel.

### **1.13. AFIT/CIM:**

1.13.1. Manages graduate health education programs for USAF officers training in civilian institutions, Army Facilities, Navy Facilities, or the Uniformed Services University of the Health Sciences (USUHS).

1.13.2. Manages, funds, and administers the CHE program in civilian institutions for all active duty Medical Service officers who attend Air Force Institute of Technology (AFIT) funded courses or symposia sponsored by DoD and or civilian institutions.

1.13.3. Manages funds and administers the Armed Forces Health Professions Scholarship Program and Financial Assistance Program (AFHPSP/FAP).

### **1.14. Commanders of Medical Facilities and Organizations:**

1.14.1. Ensure educational programs meet the standards and criteria of this instruction as well as national accrediting organizations.

1.14.2. Prepare and submit reports and course documentation relating to education programs as specified in this instruction.

1.14.3. Continually review programs and send required reports and evaluations to appropriate corps at HQ AFPC/DPAM.

1.14.4. Give programs the personnel, funds, supplies, equipment, and facilities they need to accomplish the education mission.

1.14.5. Inform HQ AFPC/DPAM through channels, of significant changes in the number of spaces available in current programs.

1.14.6. Work with the DME to ensure that programs meet standards, including those for certification and accreditation.

1.14.7. Keep appropriate records.

1.14.8. Monitor expenses (by fiscal year) attributable to education programs, including accreditation costs.

1.14.9. Notify HQ USAF/SG and HQ AFPC/DPAM of any accreditation problems education programs may have.

**1.15. Medical Service Officers:**

- 1.15.1. Identify their education needs and, as much as possible, attend Air Force educational programs to satisfy those needs.
- 1.15.2. Maintain the certification and licensure they need to practice their profession or specialty, complying with DoD directives on licensure.
- 1.15.3. Select the available resources that best support their education plan.
- 1.15.4. Consider whether the program duration and any associated active duty service commitment is consistent with their personal and professional goals.
- 1.15.5. Undertake their education program to the best of their ability.
- 1.15.6. Maintain a personal record of all education received, including undergraduate, graduate, post-graduate, residency, fellowship, and continuing, DoD formal, and refresher education.
- 1.15.7. Make sure that the provider credentials file (PCF) contains a copy of their personal education record.

***Section 1D—Medical Education Facilities***

**1.16. Medical Education Facilities.** Air Force education programs take place in Air Force or other military medical facilities and in civilian schools. Officers may also be assigned to Army, Navy, or other DoD and civilian locations for required education not available in Air Force facilities.

**1.17. Air Force Medical Facilities .** Several medical organizations have teaching missions. Each is expected to develop an effective CHE program for assigned personnel. The medical organizations are:

- 1.17.1. The designated USAF medical centers.
- 1.17.2. Certain regional and other medical treatment facilities.
- 1.17.3. The 882nd Training Group.
- 1.17.4. The USAF School of Aerospace Medicine (USAFSAM).

***Section 1E—Types of Education Programs***

**1.18. Undergraduate Education.** Undergraduate programs grant a primary degree and may include a basic professional degree.

- 1.18.1. Uniformed Services University of the Health Sciences (USUHS). The School of Medicine is a fully accredited medical school. Each year the USAF Medical Corps commissions some of its graduates. See the USUHS catalog and AFI 41-110, *Applying for Medical School and Medical Programs*, for mission requirements and application procedures.
- 1.18.2. F. Edward Herbert Armed Forces Health Profession Scholarship and Financial Assistance Program (AFHPSP/FAP). The purpose of AFHPSP/FAP is to ensure the Air Force has enough qualified health professionals to meet Air Force needs. Individuals must meet qualifications set by the Office of the Secretary of Defense (Health Affairs) (OASD/HA). Students accepted by an accredited

civilian school inside the United States, Puerto Rico, GDE, or GME programs, in the appropriate disciplines, may apply for Air Force sponsorship. For more information see AFI 41-110.

1.18.3. Air Force Reserve Officer Training Corps (AFROTC). Selected cadets enrolled in AFROTC may be tendered a scholarship to complete undergraduate or graduate programs. These programs prepare cadets to enter the health professions. For additional information on AFROTC sponsorship, see AFROTCR 45-10, *Administration of Senior Air Force ROTC Cadets*.

1.18.4. Health Professions Scholarship Program for Reserve Components. Incentive programs are available for certain health professionals. For more information, see AFI 41-110.

**1.19. Graduate Education** . Programs in this category provide specialized education and meet the educational requirements for certification set by a specialty board or other military or civilian authority. An advanced academic degree may be an integral part of the program. Education Training and Course Announcements (ETCA) lists program types, eligibility criteria, and application process.

**1.20. Continuing Health Education (CHE) Programs.** CHE programs are short-term courses or education programs that maintain professional and technical knowledge or teach additional skills that are used by the USAF Medical Service. These programs are intended to refresh officers in various aspects of their professional discipline and inform them of new developments and techniques within their field. The Air Force has a strong commitment to CHE in order to prepare competent personnel for the delivery of excellent patient care. Programs are conducted by HQ USAF/SG, major command surgeons, USAF schools, medical treatment facilities, and civilian organizations.

**1.21. Extern and Clerk Programs** . Medical organizations may provide extern and clerk programs for AFHPSP/FAP students, Air Force Reserve personnel, medical ROTC educational delay students, and USUHS students. Civilian students may participate at the discretion of the commander by writing a memorandum of understanding (see AFI 41-108, *Training Affiliation Agreements*). Officers attending training under HPSP/FAP sponsorship will not be placed on orders to attend an extern or clerk program outside CONUS, including Hawaii, Alaska, and Puerto Rico, unless they are attending school at that location.

**1.22. Sabbaticals** . The sabbatical program is a permissive temporary duty (TDY) graduate education program of six months or less (AFI 36-3003, *Leave and Administrative Absence Policy*) for Medical Service officers who have completed specialty or subspecialty training and are board-certified in that specialty or subspecialty. These Medical Service Officers may need additional experience and exposure to new or different professional methodologies. It allows the health care professional to expand their horizons for individual as well as for Air Force benefit.

1.22.1. Approval authority depends on the duration of the sabbatical:

1.22.1.1. The facility commander approves sabbaticals of 1 to 29 days.

1.22.1.2. The command surgeon approves sabbaticals of 30 to 89 days.

1.22.1.3. The command surgeon makes a recommendation on requests for sabbaticals of 90 days or more, and HQ AFPC/DPAM approves them.

1.22.2. Applications for sabbaticals must include:

1.22.2.1. A complete description of the proposed program

1.22.2.2. An explanation of the benefit to be derived

1.22.2.3. The exact dates of the sabbatical

1.22.2.4. The approval of the sabbatical sponsor

1.22.3. Approved sabbaticals must be completed within the shortest time necessary to meet the educational objective. Officers on sabbaticals remain assigned to their current medical unit. The longer the sabbatical, the greater the expected benefits to the Air Force.

**1.23. Officer Exchange Program.** To improve the level of care and maintain the professional competence of Medical Service specialists, officers in smaller hospitals may request up to 60 days of permissive TDY (see AFI 36-3003) in a regional hospital or medical center in the practice of their specialty. A similar specialist from the regional hospital or medical center may request 60 days of permissive TDY to the smaller hospital on an exchange basis. These programs must be clearly defined as educational programs in order to qualify. The respective hospital commanders and command surgeons must approve the permissive TDY.

### *Section 1F—Allocation of Education Positions*

**1.24. Integrated Forecast Board (IFB).** The USAF Surgeon General or his/her designee will convene an Integrated Forecast Board in the spring of each year to determine required officer skill progression training positions for the next training cycle.

**1.25. Product Line Champions .** The IFB President will appoint each Product Line (PL) at least two PL Champions. The number and composition of PLs will be determined by HQ USAF/SGW in sufficient time to allow appointees a minimum of 120 days to prepare for the IFB. All corps must be represented. In general, PL Champions are appointed USAF/SG consultants in their specialty.

**1.26. Training Requests.** PL Champions will solicit input from other consultants, GME program directors, MAJCOMs, training facilities and other functional experts as deemed appropriate by the PL Champion. Input from all sources will be summarized in a Training Requirement Worksheet submitted to the appropriate PL Champion. PL Champions will review all submissions and comment as needed. HQ AFPC/DPAM will collect the information for inclusion into the IFB Forecast Working Book. PL Champions may require additional coordination. All requests for AFIT funding must be coordinated through AFIT/CIM prior to final submission to the IFB.

### **1.27. Responsibilities.**

1.27.1. HQ AFPC/DPAM will prepare a staffing analysis for each officer AFSC (40C0 exempted), showing gains from training and recruiting; and losses from retirements, separations, and training. Generally, the staffing analysis begins with the current year data and extends into future fiscal years to at least the impact year (year the trainee re-enters workforce after completing training) unless otherwise specified by HQ USAF/SGW.

1.27.2. HQ USAF/SGM will determine the maximum number of funded man-years available for the next training cycle and provide such to HQ USAF/SGW. HQ USAF/SGW will provide the man-year budget to the IFB participants prior to the IFB. From the budget, man-year targets *may* be established for each product line and corps.

**1.28. Skill Progression Training** . Includes Graduate Medical Education (GME), Graduate Dental Education (GDE), AFIT graduate education, Education with Industry (EWI), and in-house fellowships to include both clinical and non-clinical. All training must be approved through the IFB process.

**1.29. Selection Boards.** All positions will be advertised throughout the AFMS. HQ AFPC/DPAM will conduct selection boards at the direction of the convening authority-USAF/SG or DoD Health Affairs (HA). There will be a selection board for each corps, including multi-corps. Positions approved at the IFB will be classified as approved funded, approved unfunded or disapproved. Approved unfunded positions will be prioritized by each corps and utilized by the selection boards if funded man-years are not filled.

**1.30. Out-of-Board Actions.** Selection boards will only select applicants for specific training programs approved by the IFB. Change of training programs i.e., MBA to MHA; Orthodontics to Prosthodontics; MSN in Nursing Management to MSN in Anesthesia, must be approved by the IFB Board President. If a critical training requirement surfaces after the IFB, the individual identifying the training requirement will submit a request for training through the appropriate PL Champion, to the appropriate corps representative at HQ AFPC/DPAM. Out-of-board requests must include projected manning in the specialty for which the training is requested; reason training was not requested at the IFB; impact if training is delayed for a year; and request for realignment of training man-years or a request for additional man-years. The appropriate Corps representative at HQ AFPC/DPAM will validate projected manning requirements, coordinate the request with AFIT/CIM if the training requested is managed by AFIT/CIM, and forward the request to HQ USAF/SGMW. HQ USAF/SGMW will determine if training man-years are available and forward the request to the IFB President. Each level of review/coordination must include a recommendation for approval/disapproval. Training being considered for approval must be added to the previous approved/unfunded list and re-prioritized by the executive committee of the IFB. The revised approved/unfunded list will be forwarded to the IFB president for final action. (AFPC/DPAM)

### ***Section IG—Application Procedures***

**1.31. Air Force Programs.** ETCA at site: <http://hq2af.keesler.af.mil/etca.htm> lists Air Force education programs and courses IAW AFI 36-2201, *Developing, Managing, and Conducting Training*. See Education and Training Course Announcements (ETCA), the HQ AFPC/DPAM Education Selection Board announcement letter for eligibility and application procedures.

**1.32. GME Programs** . A special application booklet is available from HQ AFPC/DPAME for GME programs. The following general guideline applies to all applicants for advanced training: members must have a tour between completion of one training program and entering training a second time. The selection board president may approve waivers after review by the appropriate corps education office.

### ***Section IH—Selection Procedures***

**1.33. Selection Authorities** . Selection boards convened under the authority of the USAF Surgeon General fill USAF Medical Service long-term education program positions. The Surgeon General will appoint presidents of all selection boards based on recommendations from the appropriate HQ AFPC/DPAM board.

**1.34. Selection Criteria.** Candidates must meet the criteria established by the USAF Surgeon General or DoD (HA), Education and Training Course Announcements, IFB, and by various national accrediting bodies. Medical officers having an unfavorable information file (UIF) may not apply for GME.

1.34.1. Candidates must meet the active duty service commitment for sponsored programs.

1.34.2. The appointed president will convene selection boards.

1.34.3. The board president will appoint his/her board members. Only appointed board members and administrative support staff will be allowed in the boardroom.

1.34.4. Results of the board are confidential and may only be released by HQ AFPC/DPAM after approval of the convening authority.

1.34.5. Deliberations will always remain confidential. Decisions of the board are final.

1.34.5.1. Priority of GME selection is usually given to qualified active duty officers in the work-force.

1.34.5.2. Officers are usually not selected unless they have completed one full tour following completion of a long-term education or training program. However, waivers to this requirement will be considered if the officers skills fill a critical need not available through other means or is in the best interest of the Air Force.

**1.35. Second Residencies .** Selection boards consider applications for second residencies if the candidates are board-certified in their primary specialty and have worked in that specialty for five years. (Time in specialty is waivable based on needs of the Air Force).

**1.36. Revocation of Selection .** HQ AFPC/DPAM has the ability to revoke selection for an education program for cause at any time.

1.36.1. The unit commander monitors the performance of selected officers until such officers depart for the education program. If the selectees performance or conduct raises some question about their ability to perform adequately in the education program or to appropriately represent the Air Force, (to include placement in codes 1, 2, or 6 of the weight management program) the commander notifies HQ AFPC/DPAM.

1.36.2. Selectees can be disqualified from entering training based on PCS requirements as outlined AFI 36-2110, *Assignments*, and the ETCA. Officers below the grade of Lt Colonel, deferred for promotion to the next higher grade will have their selection revoked

### ***Section II—Service Obligation Incurred for Education Training.***

**1.37. Service Obligation Incurred for Education Training.** Officers participating in Air Force education programs incur an active duty service commitment (ADSC) as specified in AFI 36-2107, *Air Force Participation in the Selective Service Program*.

### ***Section 1J—Change of Education or Training Program.***

**1.38. Expectation of Program Completion** . Once officers have been selected for and placed in an education program, they are expected to complete the minimum formal requirements of their program at the same location.

**1.39. Resignations** . Students must get written approval from the program director or preceptor to resign from an education program. Students who resign are not eligible for further education until after they have served in the workforce for one or more years.

**1.40. Additional Training** . Students must apply for additional training to the appropriate selection board.

**1.41. Approving Authority.** HQ AFPC/DPAM must approve all changes in education programs. In rare situations where it is in the best interest of the Air Force, HQ AFPC/DPAM may approve a change in the education program during periods when no selection board is convened. However, all changes to education and training programs that result in a change in any programs (length of training, type of degree, subject or specialty area, etc) as approved by the IFB must be approved by the IFB President. The appropriate office within HQ AFPC/DPAM will prepare a position paper with recommendations for approval/disapproval to HQ USAF/SGMW who will coordinate appropriate action with the IFB President.

1.41.1. Students enrolled in AFIT-sponsored civilian, Army, Navy, or other DoD programs must submit written requests through their program director or academic advisor to AFIT/CIM for endorsement to HQ AFPC/DPAM. Students involved with in-house training must submit requests, through their program director and DME or preceptor, to HQ AFPC/DPAM.

**1.42. Residency Closure/Reduction** . In the event of a reduction or closure of a program, the residents will be allowed to complete their education or will be assisted in enrolling in an ACGME accredited program in which they can continue their education.

### *Section 1K—Certificate of Education.*

**1.43. Air Force Programs** . When a member successfully completes a graduate professional course, the medical facility issues a certificate approved by the professional education committee.

**1.44. Civilian Programs** . For Air Force-sponsored physicians completing residencies in civilian programs, program directors complete a certification of scheduled graduation.

### *Section 1L—Director of Medical Education (DME)*

**1.45. Director of Medical Education (DME).** A DME is required for medical facilities which have graduate medical education programs. The medical facility commander appoints in writing a qualified senior officer or civilian to be the DME. The DME reports to the medical facility commander or designee and plans, directs, and coordinates all health education programs in the medical facility. These responsibilities do not include patient education.

**1.46. DME Responsibilities include:**

1.46.1. Develop and implement operational education, training and clinical policies and plans consistent with the Medical Treatment Facility's mission and current practice for all officer and enlisted education.

1.46.1.1. Ensure compliance with Air Force requirements, professional practice standards and accreditation agencies

1.46.1.2. Prepare and maintain records, reports, and operating instructions

1.46.1.3. Evaluate utilization of Education and Training resources

1.46.1.4. Communicate training and educational activities as well as patterns, trends, issues and concerns to the Commander and Executive Committee

1.46.2. Assess and identify in-service educational requirements or technical courses and coordinate and conduct programs with the medical facility training personnel.

1.46.2.1. Conduct needs assessment through surveys, reviewing committee minutes, records, reports, and or Air Force directives and policy statements.

1.46.3. Outline and promote professional continuing education programs and assist personnel in attending and completing professional military education and military sponsored programs which enhance professional knowledge in support of the AFMS and MTF mission as well as the individuals professional progression.

1.46.4. Develop and monitor affiliation agreements between the medical facility and civilian facilities, where required, according to AFI 41-108, *Training Affiliation Agreements*.

1.46.5. Provide primary oversight to all **graduate medical education programs** to include dental and medical residency programs, Phase II training, and training and education Memorandums of Understanding and collaborate with co-located Reserve Components in order to consolidate and mutually support each others training requirements as applicable

1.46.5.1. Ensure that the facility education programs are fully integrated and that all professional and support departments, services, and sections fully contribute to the facility's teaching mission.

1.46.5.2. Maintain administrative review, including student rosters, program curricula, and periodic updates on programs conducted.

1.46.5.3. Create a base and facility orientation program for individuals entering graduate professional education programs. Assist all program directors to develop an appropriate orientation.

1.46.5.4. Work with program directors in monitoring student performance and notify the professional education committee of students not performing to program objectives.

1.46.5.5. Budget for in-service examination fees, accreditation fees, board certification fees, and clinical rotation expenses listed in the approved curriculum.

1.46.5.6. Track educational costs associated with certification of programs and students in Graduate Professional Education (GPE) to include tracking and processing all paperwork for the payment of fees for accreditation.

- 1.46.5.7. Receive and review materials on program accreditation and inform the program director, professional education committee, and the commander what must be done to comply with accreditation standards and requirements.
- 1.46.5.8. Monitor graduate performance on specialty board examinations.
- 1.46.5.9. Keep appropriate health education files on each student enrolled in a formal education program, to include:
- 1.46.5.9.1. Verified copies of certificates of basic qualifying degree.
  - 1.46.5.9.2. Verified copies of applicable license, academic actions, training reports, and other official correspondence pertaining to the student.
- 1.46.5.10. For students who have completed the program, also maintain:
- 1.46.5.10.1. A copy of the final training report.
  - 1.46.5.10.2. Certification of program completion.
  - 1.46.5.10.3. A copy of PCS orders.
- 1.46.5.11. Periodically review or designate someone to review student records.
- 1.46.5.12. May designate the program director or another responsible official to keep the health education record.
- 1.46.5.13. Review AFI 44-119 for guidance on education record requirements for providers attending residency, fellowship, or other long-term graduate education programs. See AFI 41-105, *Phase II Medical Training and Education*, for guidance on education record requirements for officers and enlisted members in Phase II training programs.
- 1.46.5.14. Keep the education record as specified in AFI 37-138, *Disposition of Air Force Documentation-Policies, Procedures, and Responsibilities*. If a student transfers to another program before finishing the original program, transfer the education file to the students new program director.
- 1.46.5.15. Transfer provider activity files (PAF) and other documents for graduating or departing students as specified in AFI 44-119.
- 1.46.5.16. Give graduates of formal education programs certificates approved by the professional education committee. Send one copy to HQ AFIT/RRA, 2950 P Street, Wright-Patterson AFB, OH 45433-7765. HQ AFIT/RRA includes the copy in the academic repository and assigns an academic specialty code in the personnel data system (PDS).
- 1.46.5.17. Ensure that the medical library keeps an adequate supply of current textbooks, journals, and periodicals recommended by the professional education committee, staff, and *Brandons Selected List of Books and Journals for the Small Medical Library*. (This paragraph does not apply to USAFSAM or the 882nd Training Group.)
- 1.46.5.18. Supervise subordinate functions as directed by AAFP 41-1, *Health Care Programs and Resources*
- 1.46.5.19. Keep a library of educational films, filmstrips, slides, charts, tapes and other training aids, as well as the projection devices needed to use them. Recommend approval or disapproval of requests for audiovisual software and hardware. Do not keep copies of films that are readily

available through normal film library services. (This paragraph does not apply to USAFSAM or the 882nd Training Group).

### *Section 1M—Professional Education Committee*

**1.47. Professional Education Committee.** A professional education committee is required at facilities with graduate medical education programs. The medical facility commander appoints a professional education committee. The DME chairs the committee. This committee may appoint subcommittees on physician graduate education and dental graduate education. The respective commander directs this function at the 882nd Training Group and USAFSAM.

#### **1.48. Functions.**

1.48.1. Advises the DME.

1.48.2. Plans and develops all in-house educational programs as identified by HQ USAF directives or policies, the facility commander, or facility committees.

1.48.3. Provides a forum for discussion of education activities within the facility and suggests ways to improve all education programs.

1.48.4. Guides the DME on the acquisition and use of equipment and educational facilities.

1.48.5. Supervises and integrates the facility's education programs.

**1.49. Membership .** Committee membership includes one resident approved by the DME and representatives from the following disciplines:

1.49.1. Graduate medical education

1.49.2. Dental

1.49.3. Nursing education

1.49.4. Allied health education

1.49.5. Health care administration

1.49.6. Technical training

**1.50. Meeting Schedule.** The committee should meet at least four times a year. When the agenda includes important matters (such as changes in operating procedures, proposed elimination or reinstatement of students, and changes in program curricula and length), at least 60 percent of the members must be present.

**1.51. Meeting Agenda .** The committee or a subcommittee regularly reviews student progress and annually reviews and evaluates program curricula. (see **Chapter 2** for guidance on restriction, suspension, and termination of education status). Agenda items include:

1.51.1. The quality of the curricula

1.51.2. Student quotas

1.51.3. Facility support

- 1.51.4. Specialty board results
- 1.51.5. Financial support
- 1.51.6. Financial impact of the program
- 1.51.7. Integration of each program with other programs and missions of the facility. (See Section 1N for additional information on program curriculum format and evaluation.)

**1.52. Meeting Minutes** . Submit written minutes of all committee meetings to the medical facility commander for review and approval. Recommendations requiring specific action by HQ AFPC/DPAM, require approval from the commander and are forwarded separately through appropriate channels as a specific action request. Such documents should be marked as Quality Assurance Document and are protected under 10 USC 1102. Medical quality assurance records created by or for DoD as part of a medical quality assurance program are confidential and privileged. Do not release without permission of the Medical Group Commander. For further guidance on medical quality assurance and/or risk management, refer to AFI 44-119.

***Section 1N—Required Reports and Evaluations.***

**1.53. Required Reports and Evaluations.** Health organizations collect information on attendance, critiques, inspections, evaluations, costs, and other factors for use in planning.

**1.54. Internal Evaluation** . Facilities conducting graduate professional education, including facilities with qualifying programs in psychology perform an annual internal evaluation on each program. The evaluation is conducted by the program director. The program director sends a report on this evaluation, the Annual Internal Evaluation of Medical Training Programs, to the DME and professional education committee.

**1.54.1. Evaluation Review.** The DME and professional education committees review each internal evaluation and attach comments documenting their review.

**1.54.2. Annual Internal Evaluation/Reporting Requirements.** After review by the DME and professional education committee, the DME sends a copy of the Annual Internal Evaluation of Medical Training Programs for each program, to the Facility Commander, RCS:HAF-DP(A)9341.

**1.54.3. Annual Internal Evaluation Report Contents.**

- 1.54.3.1. Annual review of the education plan.
- 1.54.3.2. Results of all in-service or other examinations used to evaluate student progress.
- 1.54.3.3. Results of field evaluations.
- 1.54.3.4. Results of board examination for all program graduates
- 1.54.3.5. Summarized educational expenses.
- 1.54.3.6. List of faculty members assigned to training programs. For each member include:
  - 1.54.3.6.1. Name and rank.
  - 1.54.3.6.2. Specialty and subspecialty.
  - 1.54.3.6.3. Specialty board certification status.

- 1.54.3.7. Describe any quality assurance and risk management training the program provides.
  - 1.54.3.7.1. The type of training (for example, lecture, formal course, committee membership).
  - 1.54.3.7.2. The expected benefits of the training.
  - 1.54.3.7.3. Suggestions/areas for improvement.
- 1.54.3.8. The program director summarizes the review by:
  - 1.54.3.8.1. Estimating the extent to which the program complies with the curriculum, Air Force regulations, and accreditation requirements.
  - 1.54.3.8.2. Commenting on the programs effectiveness, use field evaluations, board results, and any other studies as criteria.
  - 1.54.3.8.3. Stating any identified problems and action plan for corrections.

## Chapter 2

### RESTRICTION, SUSPENSION, AND TERMINATION OF EDUCATION STATUS

#### *Section 2A—Basis for Action.*

**2.1. Basis for Action.** HQ AFPC/DPAM may suspend or withdraw (terminate) USAF Medical Service officers enrolled in Air Force sponsored health education programs from education status for various reasons: individual request, prolonged absence from the program, unsatisfactory academic progress or performance in the program, disciplinary problems, and other acts or circumstances that warrant release from the program.

**2.2. Ineligibility .** Officers below the grade of colonel (0-6) who were considered but not selected for promotion to the next highest grade IAW Education and Training Course Announcements or identified on the IG Sanction List are ineligible to apply for GME.

#### **2.3. Discretionary Actions.**

2.3.1. Policy. The program structure and methodologies of education programs must be flexible. For programs combined with other military services (i.e., National Capital Consortium, or San Antonio Uniformed Services Health Education Consortium), the due process procedures of the ACGME recognized consortium may be followed. The AF facility DME should ensure that the consortium's due process procedures are comparable to this instruction. The program director or DME can usually improve or evaluate student performance before it becomes necessary to delay or terminate training.

2.3.1.1. Counsel and otherwise help students to overcome any deficiencies.

2.3.1.2. Document any discretionary actions you take before going on to more serious actions that could delay or terminate training.

2.3.1.3. Discuss such discretionary actions with the student and document the actions in the students education record.

2.3.1.4. Inform the DME and, if necessary, the professional education committee, of your discretionary actions.

#### 2.3.2. Types of Discretionary Actions.

2.3.2.1. Limitations. Limitations refer to conditions that you place on a students educational activities that restrict the types of activities in which a student can participate. The Program Director will determine what type of limitations may be placed on a student.

2.3.2.2. Academic Notice. The Program Director may place students with academic, performance, or other deficiencies on academic notice. Give such notice in writing, including the reason for and the terms and duration of the notice. Outline the actions required by the student to correct the problem.

2.3.2.3. Formal Probation. Place students on probationary status on the recommendation of the professional education committee or its subcommittee. The purpose of probation is to impress upon the students the seriousness of their deficiencies and to give the students the opportunity to correct those deficiencies.

2.3.2.3.1. Give students written notice of probation, specifying why the probation was imposed and how long it will last. Suggest specific ways to overcome the problem. Develop a written monitoring and evaluation plan. HQ AFPC/DPAME must be provided a copy of all formal probation documentation.

2.3.2.3.2. The DME may remove probationary status with the concurrence of the professional education committee or its appropriate subcommittee.

2.3.2.4. Other. Take any other actions necessary that affect but are not reasonably expected to delay or terminate the students education program.

**2.4. Administrative or Judicial Action .** When beginning or completing administrative or judicial action against a student (e.g., AFI 36-3206, *Administrative Discharge Procedures*, or the Uniform Code of Military Justice (UCMJ)), notify HQ AFPC/DPAME . (For ARC, see: AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*). The DME reviews the case to determine whether to also restrict, suspend, or terminate the students education status. Case to determine whether to also restrict, suspend, or terminate the students education status.

**2.5. Students in Civilian Programs .** Send any recommendations to remove the education status of students in civilian programs through AFIT/CIM to HQ AFPC/DPAME.

2.5.1. Affiliated Programs. For programs that are closely affiliated with civilian programs (for example, USAF Medical Center Wright-Patterson), the due process procedures of the ACGME recognized program or institution should be followed. The military facility DME should ensure that the sponsoring institutions due process procedures are comparable to this instruction.

2.5.2. If the civilian programs due process results in termination of the resident, the resident may appeal to HQ AFPC/DPAME. (see paragraph [2.16.](#))

2.5.3. A military resident being separated from the military also terminates them from the civilian program.

**2.6. Documentation .** The DME keeps records of all requirements and actions under this section in the students education record.

**2.7. USAFSAM or 882nd Training Group Programs.** Restrict, suspend, or terminate students enrolled in these courses according to the directives of the USAFSAM or the 882nd Training Group.

### ***Section 2B—Processing Requests for Resignation***

**2.8. Processing for Individual Request.** Students in programs outside the Air Force follow similar procedures through AFIT/CIM.

2.8.1. Student Request. Students send a written request to the program director for permission to resign from a program.

2.8.2. Request Approval. The program director endorses and forwards the request to the DME. The program director:

2.8.2.1. Recommends approval or disapproval of the request.

2.8.2.2. Explains why the student is requesting resignation and whether the students progress up to that time is satisfactory.

2.8.2.3. Indicates how much completion credit the student has earned.

2.8.2.4. Recommends, at his/her discretion, the student for future education in the same specialty or a different specialty.

2.8.2.5. Gives an information copy of this endorsement to the student, and receives acknowledgment of its receipt from the student.

**2.9. Review.** The DME reviews the case, recommends approval or disapproval, and forwards it to the medical facility commander.

**2.10. Commander Review .** The medical facility commander either disapproves the request or sends it with a recommendation for approval to HQ AFPC/DPAME (with a copy to the students major command).

**2.11. Final Approval.** Resignation becomes effective when HQ AFPC/DPAME approves it.

**2.12. Consequences of Resignation .** Students who resign from programs required for professional practice in the Air Force may be involuntarily separated or may have to perform service in an alternate career field. Physicians in at PG-2 or above whose resignation is approved or who are terminated from their program will be referred to Physician Utilization for Assignment.

### *Section 2C—Processing for Unsatisfactory Progress, Disciplinary Problems, or Other Reasons*

**2.13. Immediate Restriction or Suspension .** If a students conduct or performance requires immediate action to protect the health or safety of any patient, employee, or other person in the medical facility, the Program Director, DME, or higher authority may summarily restrict or suspend the students patient care activities. If the summary action involves delays or termination of the education program, promptly notify the DME in writing.

**2.14. Routine Actions.** If counseling or other discretionary actions (see paragraph [2.15.](#)) do not resolve an academic, disciplinary, or other problem, notify the program director, DME, and professional education committee.

**2.15. Committee Actions.** The professional education committee or its appropriate subcommittee reviews the case and sends its recommendations to HQ AFPC/DPAME.

2.15.1. Action to Delay or Terminate Training.

2.15.1.1. Initial Approval. If the committee is considering a recommendation to delay completion of training, it must contact HQ AFPC/DPAME to determine whether training man-years are available to accommodate the recommendation. HQ AFPC/DPAME must concur (by telephone, if desired) with any recommendation involving a delay in completion of training.

2.15.1.2. Student Notification. Once HQ AFPC/DPAME concurs with the recommendation, the committee gives the student written notice. The DME notifies the student of the recommendation ([Attachment 3](#)).

2.15.1.3. Review Option. Students who receive notice of recommendation for delay or termination of their education program may request a faculty board review of the recommendation.

2.15.1.3.1. Students send written requests for such reviews to the DME within ten days of receiving the recommendation notice. Extensions may be granted by the DME for good cause.

2.15.1.3.2. If the student fails to request his/her review within the time allowed, or fails to appear at the scheduled faculty board, the student waives the right to a faculty board review.

2.15.1.3.3. Commander Notification. If the student doesn't request or otherwise waives the review, the DME sends the notice of recommended action to the medical facility commander for review and decision.

2.15.1.4. Commander Action.

2.15.1.4.1. If the commander disagrees with the committee recommendation, he or she returns the matter to the professional education committee for further consideration and action according to this instruction.

2.15.1.4.2. If the commander agrees with the recommendation, he or she forwards it to HQ AFPC/DPAME for final approval.

**2.16. Impartiality of Reviewers.** Student faculty board members and reviewers must be able to make a fair and impartial review of the case. Personal acquaintances of the student may serve as board members or reviewers if they are able to meet this requirement. Certain personnel cannot serve on faculty boards or as a reviewing authority for board recommendations about a particular student:

2.16.1. A person such as the DME, program director, or medical facility commander who has taken summary action according to paragraph [2.12](#).

2.16.2. A person who served as an investigating officer in the case.

2.16.3. A person whose testimony or recommendation has played a significant part in initiating the action against the student.

**2.17. Faculty Board Composition and Procedures.** This section lists guidelines, not requirements. They are not intended to confer substantive rights on a student. Do not redo any action under this section on the grounds that it lacked impartial review, unless a showing of impartiality is made on a factual basis.

2.17.1. Faculty Board Composition. The medical facility commander appoints in writing qualified officers to serve as members. The faculty board must contain three to five members.

2.17.2. Faculty Board Procedures. These proceedings are not bound by formal rules of evidence or a strict procedural format. The chairperson may use the procedural guide ([Attachment 4](#)) but it is not mandatory and confers no substantive rights on the student being evaluated.

2.17.2.1. AFI 51-602, *Boards of Officers*, does not apply because a delay or termination of an education program does not impair the member's conduct, efficiency, or fitness as a member of the Air Force.

2.17.2.2. Unless the commander designates another person, the senior member of the faculty board serves as chairperson.

- 2.17.2.3. The chairperson should consult with legal counsel before conducting the faculty board and is encouraged to have a legal advisor present during the proceedings.
- 2.17.2.4. If legal counsel represents the student, the DME should obtain a legal advisor to the board. The DME may contact the base staff judge advocate office and request a legal advisor be detailed to the board.
- 2.17.2.5. The faculty board may question witnesses and examine documents as necessary. The hearing chairperson and the legal advisor may administer oaths to hearing personnel and witnesses.
- 2.17.2.6. The DME will give students at least ten days written notice of faculty board hearings (**Attachment 5**). Include:
- 2.17.2.6.1. The specific grounds for the faculty board, including dates and pertinent patients records where applicable.
  - 2.17.2.6.2. The date, time and location of the faculty board.
  - 2.17.2.6.3. The students' rights to be in attendance, to present evidence, and call witnesses on their behalf. (The students must arrange for the presence of their witnesses.)
  - 2.17.2.6.4. The names of witnesses to be called to testify at the faculty board.
  - 2.17.2.6.5. The students' right to cross-examine witnesses.
  - 2.17.2.6.6. The right to be represented by legal counsel.
  - 2.17.2.6.7. If students want legal counsel, they must obtain a civilian attorney at their own expense. In determining whether they want such representation, military students may consult with the servicing Area Defense Counsel (ADC).
- 2.17.2.7. The student must acknowledge receipt of this notification letter within two days.
- 2.17.2.8. The faculty board reviews the evidence presented, including the information brought forth by the student. The chairperson, with the help of legal counsel, should arrange for orderly presentation of evidence.
- 2.17.2.9. The investigating officer, if there is one designated, may present relevant documentary evidence and testimony before the hearing committee.
- 2.17.2.10. The chairperson, who may consult with the legal advisor, rules on any objections made by the student or counsel.
- 2.17.2.11. Usually, the chairperson ensures there is a verbatim record of the proceedings. The chairperson may have the proceedings summarized, if an audio recording is made and kept of the entire hearing (in case you need a verbatim transcript later).
- 2.17.2.12. After evidence is presented, the voting members of the faculty board deliberate in secret and decide, by majority vote, what recommendations to make to the medical facility commander. If the faculty board considers recommending a delay in education, it must act IAW paragraph **2.12**. HQ AFPC/DPAME must concur before the board finalizes or notifies the student of a delay recommendation. It may submit a minority report. The faculty board must:
- 2.17.2.12.1. Base recommendations on facts.

2.17.2.12.2. Support general statements with specific incidents.

2.17.2.12.3. Tab case histories as exhibits to the record and, where feasible, document them with certified copies of pertinent medical records.

2.17.2.13. The chairperson sends the record, including findings and recommendations, through the DME to the medical facility commander. The DME may concur or provide separate recommendations to the commander.

## **2.18. Medical Facility Commander Action.**

2.18.1. Preliminary Decision. The commander reviews the faculty board records, including findings and recommendations, and makes a preliminary decision subject to final approval by HQ AFPC/DPAME, on the students case. If the medical facility commander is disqualified from acting in the particular case according to paragraph **2.15.1.**, then the MAJCOM surgeon or MAJCOM surgeon designee serves this function.

2.18.2. When Decision Delays Education. If the commander considers a recommendation to delay completion of education, he or she must contact HQ AFPC/DPAME.

2.18.3. The commander notifies the student of a delay decision or of a termination decision in writing after HQ AFPC/DPAME concurs. The notification includes the right to appeal (**Attachment 6**).

2.18.4. If the student does not appeal the decision, the commander sends the decision to HQ AFPC/DPAME for final action.

2.18.5. When Decision Does Not Delay Education. If the decision does not involve a delay in completion of the students program, the commander notifies the DME and returns the case for appropriate action consistent with the decision.

## **2.19. Appeal Procedures.**

2.19.1. Request for Appeal. When the commander agrees with the committee recommendation to delay completion or terminate a students program, the student has ten days from the date he or she receives notice of the commanders decision to submit a written appeal. (HQ AFPC/DPAME may extend this period for good cause.) The student must send requests for appeals by certified mail to HQ AFPC/DPAME, with an information copy to the MAJCOM surgeon. The commanders decision remains in effect during the appeal.

2.19.2. Committee Review. HQ AFPC/DPAME establishes a committee of at least three officers to act as an appeals review committee. The appeals review committee reviews the record of all proceedings at the medical treatment facility and the written appeal of the student. The committee then makes recommendations by majority vote to HQ AFPC/DPAME.

2.19.3. HQ AFPC/DPAME Decision. HQ AFPC/DPAME makes a decision on the students case. It returns this decision to the hospital commander, who notifies the student in writing. HQ AFPC/DPAME action on the case constitutes a final decision on the matter.

2.19.4. Student Separation. If, during any phase of the faculty board or appeals process, the student separates from or is discharged from the USAF, then no further action is needed. The faculty board/appeals process should continue until the student formally separates.

2.19.5. **Erroneous Records.** If the student believes that records related to the proceeding require correction, he or she may apply to the *Air Force Board for Correction of Military Records* IAW AFI 36-2603.

**2.20. Education Assignments and Extensions.** HQ AFPC/DPAM controls assignments to and from education programs, including all extensions of programs. HQ AFPC/DPAME is the final authority for all extensions or terminations of education whether voluntary, discretionary, or through official board action.

**2.21. Reinstatement to Education Programs.** Students withdrawn from an education program because of hardship, illness, or needs of the Service may apply for reinstatement on recommendation of the program director.

2.21.1. Students withdrawing from a program for any reason may apply for further education only after a period of evaluation relating to his or her following duty assignment unless immediate reassignment into education serves the best interest of the Air Force. Ordinarily this will be a period of at least one year at the new duty location.

2.21.2. **Apply for Reinstatement.** Send applications for reinstatement through your commander to HQ AFPC/DPAME.

## Chapter 3

### ALL CORPS GRADUATE EDUCATION PROGRAMS

#### *Section 3A—Graduate Medical Education Program Directors*

**3.1. Graduate Medical Education Program Directors.** The medical facility commander appoints program directors for Air Force graduate medical education programs. Program directors should have board certification in the program specialty, or suitable equivalent qualifications.

**3.2. Appointment Procedures .** Coordinate appointments with HQ AFPC/DPAME. Also consider the following in selecting a program director:

3.2.1. Teaching ability

3.2.2. Participation in professional associations

3.2.3. Level of affiliation within the appropriate specialty society

3.2.4. Research contributions

3.2.5. Clinical abilities

3.2.6. Officership

3.2.7. Program Directors responsibilities include a breadth of military experience with a minimum tenure of the training program plus 1 year.

**3.3. Quality Assurance and Risk Management Responsibilities.** To assure quality and minimize risk, create checklists for use in appropriately managing conditions or situations to which students will be exposed, develop detailed operating instructions, and requirements for consultation and referrals.

3.3.1. Provide residents varied and graduated levels of responsibility based on their abilities while ensuring quality care.

3.3.2. Carefully supervise, train, and observe the performance to determine their ability to perform technical and interpretive procedures and to manage patients. *Ultimately, the supervising staff member is responsible for the patient care, and the residents conduct and performance.*

**3.4. Education Plans and Methods.** The program director develops and implements a comprehensive education plan.

3.4.1. Creation of an Education Plan. The program director in cooperation with the chiefs of each service engaged in the education program develops an education plan. The chiefs of service, or preceptors for resident rotations performed at other facilities under the authority of AFI 41-108, *Training Affiliation Agreement Programs*, should also be included. The education plan lists the objectives and expected outcomes.

3.4.1.1. Creation of a Curriculum. The program director consolidates the education plans into a program curriculum and submits the program curriculum to the DME.

3.4.1.2. Curriculum Review. The DME, professional education committee, and the medical facility commander review the curriculum annually.

3.4.1.3. Content of an Education Plan. Unless the programs accrediting agency specifies otherwise, the Education Plan will include:

3.4.1.3.1. Conferences.

3.4.1.3.2. Bedside teaching.

3.4.1.3.3. Examinations.

3.4.1.3.4. Medical readiness training: the requirements of this paragraph do not apply to the USAFSAM or the 882nd Training Group.

3.4.1.4. Types of Conferences. The accrediting body specifies types and frequency of conferences. Include other conferences as necessary to enhance the curriculum. Consideration should be given to the following conferences:

3.4.1.4.1. Clinical Pathological Conferences.

3.4.1.4.2. Tumor Conferences.

3.4.1.4.3. Professional Staff Conferences.

3.4.1.4.4. Records and Morbidity and Mortality Conferences.

3.4.1.4.5. Section / Service Conferences.

3.4.1.5. Examinations. Medical facility commanders may use their discretion about giving oral or written examinations to evaluate the professional progress of students.

3.4.1.5.1. Self-Assessment Examinations, the various American specialty boards use self-assessment examinations to evaluate the progress of students and programs. Program directors should specify the use of these examinations in the program curriculum. Record and report the costs of these examinations.

3.4.1.5.2. Specialty Board Examinations:

3.4.1.5.2.1. Under the provisions of AFI 41-104, *Professional Board and National Certification Examinations*, the gaining commander may authorize funded TDY, permissive TDY or leave status for graduates taking these examinations.

3.4.1.5.2.2. DMEs ensure budgeting for funded TDY and registration fees associated with these examinations.

3.4.1.5.2.3. DMEs ensure recording and report the costs of these examinations.

3.4.1.6. Medical Readiness Training. Residents attending a military program must satisfy the training requirements of AFI 41-106, *Medical Readiness Planning and Training*, and be fully qualified physicians upon graduation.

3.4.1.6.1. Program directors may use the Military Unique Curricula published by USUHS to incorporate military readiness topics in the residency experience.

3.4.1.6.2. Program directors must specify medical readiness training initiatives in the program curriculum.

3.4.1.6.3. Combat Casualty Care Course (C4). Participation depends on HQ AETC/SG funding and allocation of training quotas at the MAJCOMS.

**3.5. Student Teaching Experience.** The ability to teach other health professionals, technicians, and patients is a vital part of the practitioners future endeavors. Give students the opportunity to develop and practice their teaching skills, and carefully evaluate those skills.

### **3.6. Special Training Facilities.**

**3.6.1. Animal Laboratory.** Animal laboratories and supporting facilities are essential to professional training in the basic sciences, surgical procedures, and research. These facilities are to be made available, properly equipped, and staffed IAW AFI 40-401, *The Use of Animals in DoD Programs*. Follow the standards of the Department of Health and Human Services.

**3.6.2. Anatomical Laboratory.** Regional dissections as part of training in surgery and surgical specialties should be offered when possible.

**3.6.3. Other Special Facilities.** Provide additional facilities for hemodialysis, metabolic studies, angiocardiology, cardiac catheterization, and pulmonary function studies as required. Coordinate with the identified organ procurement organization regarding organ and tissue procurement and donation.

**3.7. Off-Site Clinical Rotations.** Graduate programs may include clinical rotations of varying lengths away from the host activity.

3.7.1. Procedures: All anticipated off-site clinical rotations must be described in the program curriculum.

3.7.1.1. Support all off-site clinical rotations to civilian facilities with a properly executed training affiliation agreement according to AFI 41-108.

3.7.1.2. Program directors, the DME, and the professional education committee ensure that each off-site clinical rotation complies with the residency committees restrictions on time away from the program.

### **3.8. Leave and Absences from Training.**

3.8.1. Ordinary Leave. The program director and the professional education committee may allow students participating in graduate education programs to take ordinary leave. Maximum leave is usually:

3.8.1.1. Two weeks for 1st-year (PG-1) students.

3.8.1.2. Three weeks for 2nd-year (PG-2) students.

3.8.1.3. Four weeks for 3rd-year (PG-3) and above students, program directors may approve additional leave if it complies with the accrediting bodys requirements on time away from the program.

3.8.2. For guidance on ordinary, emergency, and advance leave, see AFI 36-3003.

3.8.3. Prolonged Absences. When residents take prolonged absences that they can not make up within the allocated training time, consider either extending their training or temporarily withdrawing them from the program.

3.8.3.1. For a prolonged absence or an absence requiring a permanent change of station (PCS) move, the individual must withdraw or resign from the program.

3.8.3.2. When prolonged absences are due to hardship, illness, or the needs of the Service, residents may resign from the program.

3.8.3.3. Individuals who resign from a program may apply to a future GME board. Selection at a future board is not guaranteed and, depends on the availability of training space and training man-years as well as other factors.

3.8.3.4. Individuals who resign from a program may apply for further training after a suitable period of evaluation in a normal field duty assignment.

3.8.3.5. Request to resign or withdraw from medical and dental graduate education programs must be submitted in writing. Send the request to HQ AFPC/DPAM through the program director, DME, and facility commander.

3.8.3.6. Do not stop any action already in progress to terminate or extend the resident for academic reasons

3.8.4. Other Absences. Residents may take brief absences because of illness or an emergency if they make up the work in a manner satisfactory to the program director and the professional education committee.

**3.9. Education Evaluations.** Supervisors and/or the program directors evaluate students formally on a regular basis. For formal evaluations they use AF Form 494, **Academic/Clinical Evaluation Report**, and AF Form 475, **Education/Training Report**. Facilities may also periodically evaluate student progress on a local basis.

3.9.1. AF Form 494. The program director uses this form to evaluate a students clinical progress and education potential.

3.9.1.1. Do not enter AF Form 494 into the students military personnel record or use it to consider promotion.

3.9.1.2. Submit the form to the DME for review and signature.

3.9.1.3. Complete AF Form 494 for each student at least every six months.

3.9.1.4. File the form in the provider activity file (PAF) at the medical facility (see AFI 44-119).

3.9.2. AF Form 475. The program director submits AF Form 475 for each student who completes the education program or under the conditions prescribed by AFI 36-2402. Use of this form is limited to the master personnel record for selection boards and other personnel actions.

3.9.3. Periodic Evaluations. Medical facilities may also prepare a periodic evaluation report approved by the professional education committee.

3.9.3.1. The rater discusses the report with the student, who acknowledges it as evidence of the discussion.

3.9.3.2. The program director reviews the report before filing it in the students health education record.

3.9.4. Dental Residency Programs. Program directors do not have to use AF Form 494 to evaluate residents in dental programs held in approved Air Force medical facilities. They should, however, use it for off-service rotations.

3.9.4.1. Document resident progress at the local level. You can generally do this by using local forms, periodic documented counseling sessions, and the required comments in the dental education committee minutes.

3.9.4.2. Regardless of the method used, prepare a written evaluation at least every six months and send it to the DME for review and signature. Then file the evaluation in the residents PAF (see AFI 44-119).

3.9.5. Final Evaluation. The program director prepares a final evaluation on each resident completing, withdrawing, or resigning from the training program.

3.9.5.1. The evaluator:

3.9.5.1.1. Writes a narrative evaluation, or completes either AF Form 494, or a locally approved form.

3.9.5.1.2. Files the evaluation in the students health education record.

3.9.5.1.3. Sends a copy to HQ AFPC/DPAME within 60 calendar days after the close out date.

3.9.5.2. The final evaluation:

3.9.5.2.1. Establishes the program completion date for ADSC computations.

3.9.5.2.2. States the inclusive dates of training.

3.9.5.3. Becomes the basis for the PCF (see AFI 44-119).

### **3.10. Attendance of Teaching/Resident Staff at Professional Meetings/Courses.**

3.10.1. Teaching Staff. Key officer personnel of the teaching staff may attend more than one professional meeting each year if their attendance serves the units education mission.

3.10.2. Resident Staff. Students may attend professional meetings and courses in the medical teaching facility, or they may attend a part-time course at night, provided that these activities:

3.10.2.1. Are approved by the program director and the DME.

3.10.2.2. Incur no expense to the government.

3.10.2.3. Do not interfere with the students education.

3.10.3. Temporary Duty. Students who are invited to present papers or exhibits at national civilian professional society meetings, may go on TDY IAW AFI 51-603, *Meetings of Technical, Scientific, Professional or Similar Organizations*, provided the program director and DME approve their attendance and the necessary TDY funds are available (see AFI 51-603). The commander may also approve permissive TDY.

3.10.3.1. Students may attend short courses of instruction as identified in the ETCA that are part of the approved curriculum or when the program director, DME, and medical facility commander approve attendance because a unique requirement exists for attendance.

3.10.3.2. Attendance at educational activities must comply with the requirements of the residency review committee.

### **3.11. Types of Graduate Medical Education Programs.**

3.11.1. General. The ACGME accredits all Air Force-sponsored graduate medical education programs, if applicable. The "essentials of accredited residencies" are published annually in the *Directory of Residency Training Programs* (ACGME).

3.11.1.1. All institutions sponsoring graduate medical education programs must comply with Section 2, Part 1 (General Requirements of the Essentials). Each separate residency program must comply with Section 2, Part 2 (Special Requirements of the Essentials) relating to the particular specialty.

3.11.1.2. Osteopathic physicians should comply with American Osteopathic Association (AOA) instructions concerning approval of GME. They should advise the AOA of their intent to participate in a military program and state that the program meets the requirements of the organizations Advisory Board of Osteopathic Specialties if they wish to have the training recognized by the AOA.

3.11.2. First-Year Programs. Facilities provide two types of first-year programs: categorical programs and transitional programs.

3.11.3. Categorical Programs. A categorical program is a program that meets the requirements of a particular specialty. Some specialties require that students have complementary educational experiences in other disciplines. For those specialties, sponsoring institutions should arrange for students to gain these complementary experiences.

3.11.4. Transitional Programs. Transitional programs give physicians experience in several specialties before they train further in a single specialty. Such programs must comply with ACGME requirements.

3.11.5. Residency Programs. In most medical specialties residencies are columnar rather than pyramidal and are designed to satisfy the formal training requirements of the appropriate specialty boards.

3.11.5.1. Pre-specialty General Surgery Education. Certain surgical specialty boards require their candidates for certification to have at least one year of training in general surgery (a "pre specialty" surgical program).

3.11.5.1.1. The GME board will offer selected students GME training in the fundamentals of general surgery.

3.11.5.1.2. Allow students to rotate through the various surgical specialties to learn their principles and techniques.

3.11.5.1.3. Expose students to common rather than rare types of surgical cases.

3.11.5.2. Studies in the Basic Sciences. American specialty boards require studies of the basic sciences as related to their special fields of medical practice. Accordingly, instructors should teach the principles of basic sciences through several means:

3.11.5.2.1. Apply the principles at the bedside during ward rounds.

3.11.5.2.2. If necessary, draw up programs to give the student experience in experimental surgery, anatomical dissection, and pathology.

3.11.5.2.3. Invite instructors and members of the hospital staff to give lectures, conferences, and other types of presentations.

3.11.5.2.4. If the hospital can not provide sufficient basic science training, the Surgeon General may authorize training in other military or civilian institutions.

3.11.5.3. Research. Upon entering the second year of formal training, students in a GME program may apply to the JSGME Selection Board for approval for a research project related to their specialty. The attending staff should encourage these students to acquaint themselves with investigative methods and procedures.

3.11.5.3.1. The chief of each service advises students on the choice of projects and plan for completing it.

3.11.5.3.2. Students must submit research proposals to the professional education committee according to AFI 40-403, *Clinical Investigation and Human Test Subjects in the Medical Service*. The committee approves or disapproves the proposal.

3.11.5.3.3. The service chief may delegate supervision of projects.

3.11.5.3.4. Residents may collaborate on a single project if such collaboration best serves the project.

3.11.5.3.5. When a project is completed, the supervisor should encourage the responsible student or group to prepare a report for publication in an appropriate professional journal according to AFPD 35-1, *Public Affairs Management*.

### **3.12. Duties and Responsibilities of GME Students.**

3.12.1. Each medical facility sponsoring GME programs must spell out student responsibilities to incoming residents. (See *Directory of Graduate Medical Education, Essentials of Accredited Residencies*, Part 1, General Requirements.)

### **3.13. Resident Staff Association.**

3.13.1. With the approval of the medical facility commander, residents may form a resident staff association through which they can discuss relevant issues and develop social and recreational programs. A resident staff association in a military medical facility is not a collective bargaining unit or union, and its adopted rules and recommendations must comply with established Air Force policy and directives. The resident staff association:

3.13.1.1. Submits a charter through the DME to the medical facility commander for approval.

3.13.1.2. Elects officers and keeps written minutes of meetings.

3.13.1.3. Submits a copy of each meetings minutes to the commander, through the DME.

3.13.1.4. May invite the commander, DME, or program directors to attend meetings.

### **3.14. Dental Education Programs.**

3.14.1. General. The American Dental Association accredits all Air Force-sponsored dental education programs. The programs include specialty training leading to graduate degrees and specialty board qualifications. Students may serve part of their residencies in accredited civilian institutions.

3.14.2. Residency Programs.

3.14.2.1. Advanced Education in General Dentistry Programs. The Advanced Education in General Dentistry (AEGD) Residency is a postgraduate educational program offering the recent dental graduate advanced professional education. This 52-week program conforms to the standards set forth by the council on Dental Education of the American Dental Association. The objective of the program is to produce competent, well-rounded Air Force General Dental Officers who can effectively manage the comprehensive dental health needs of the Air Force community and beneficiaries. Program Directors are selected by the Dental Executive Board and must at a minimum be board eligible in the programs specialty. Board certification is preferable. Didactic and clinical training will be provided as each resident gains clinical experience in the disciplines of endodontics, oral surgery, orthodontics, periodontics, fixed and removable prosthodontics, treatment planning, operative, and pediatric dentistry. In addition to these disciplines, forensic dentistry, infection control, preventive dentistry, geriatric dentistry, Advanced Cardiac Life Support, oral pathology, radiology, anxiety and pain control, and physical diagnosis will be emphasized. AEGD residents apply for training prior to entry into active duty, either prior to graduation or within one year of graduation from dental school.

3.14.2.2. Other Dental Residency Programs. The Air Force may sponsor residency training for dental officers in general dentistry, endodontics, prosthodontics, periodontics, orthodontics, pediatric dentistry, oral and maxillofacial surgery, oral pathology, and public health. Additionally, the USAF may periodically sponsor dental officers in fellowship training. Fellowship training includes, but may not be limited to dental materials, radiology, hospital dentistry, maxillofacial prosthetics, and temporomandibular disorders. USAF needs determine the type and numbers of specialty selections.

3.14.2.3. AFIT-sponsored programs provide training not available at Air Force installations or if the Air Force needs exceed Air Force capabilities. Students may earn a masters degree, if available, provided they could finish formal course work without extending the length of the residency program.

3.14.3. Special Duties and Responsibilities of Senior Residents. Senior residents are in their final year of training. They report directly to the service or section chief and also perform special staff duties. They assume increased responsibility, both in treating patients and instructing and supervising other residents and postgraduate students. The service or section chiefs give them opportunities to work with, organize, and administer other services or sections.

***Section 3B—Other Educational Programs***

**3.15. Medical Service Corps Education Programs:**

3.15.1. Masters Degree Programs. The Air Force sponsors selected Medical Service Corps (MSC) officers to obtain masters degrees in programs such as hospital or health care administration, business administration, and information resource management when Air Force requirements exist. Some hospital and health administration programs require officers to serve a residency to fulfill degree require-

ments. MSC officers may serve in a military or civilian residency. The preceptor, or duly appointed co-preceptor, should have completed a similar course of study and must have a masters degree in the field of hospital or health administration.

3.15.2. Doctoral Programs. Doctoral programs are available for MSC officers when specific needs for particular specialists exist. Education is accomplished at civilian institutions.

3.15.3. Accreditation. MSC officers sponsored by the Air Force may attend only those programs and institutions that are fully accredited by the appropriate national professional accrediting body.

3.15.4. Education with Industry. A ten-month, non-degree program is available for a very small number of MSC officers. Leading companies in the health care industry provide the education. The Air Force places the officer with a participating industry in an internship role to learn its management and organizational strategies and techniques, and to develop knowledge and skills that will enhance Air Force health care administration. HQ AFPC/DPAMS solicits applications annually.

3.15.5. Senior Health Policy Fellowship. These ten-month non-degree programs prepare MSC officers for future specialized or staff assignments in areas such as medical materiel, health facilities, financial management, planning, or computer science. HQ AFPC/DPAMS solicits applications annually.

3.15.6. MSC Internships/Fellowships. These are ten to twelve month programs conducted at selected Air Force facilities. The internships provide transitional experiences for MSCs entering active duty; fellowships expand the knowledge of experienced MSCs.

### **3.16. Biomedical Sciences Corps Education Programs.**

3.16.1. Graduate Programs. Programs in the various Biomedical Sciences Corps (BSC) disciplines are available at the masters, doctoral, and fellowship levels at civilian institutions, Air Force facilities, Army medical centers, and the USUHS. These programs prepare officers for positions that require advanced education.

3.16.2. Education-with-Industry. The Air Force conducts these 12-month, non-degree programs for BSC officers with civilian industry or with another Federal agency. The objective of this program is to prepare officers for positions requiring improved managerial qualities, technical competence, and a greater understanding of management common to industry and its government counterparts. Programs exist in specialties such as environmental engineering, industrial hygiene, and occupational health.

3.16.3. Internship. The Air Force offers internships at selected Air Force medical facilities in clinical psychology. Program directors must at a minimum be board eligible in their specialty. Board certification is preferred.

3.16.3.1. The clinical psychology internship is a one-year program conducted at selected USAF medical centers. This pre-doctoral program is required for award of the doctorate in clinical psychology leading to licensure and independent practice. It is directed toward enriching the students basic background in psychology and broadening understanding of human behavior through extensive clinical experience under the supervision of the psychology staff. Students receive training and experience with a variety of clinical procedures and patients, diagnostic interviewing, community psychology, and individual and group psychotherapies.

3.16.3.2. A doctorate in clinical psychology leads to licensure and independent practice. It is directed toward enriching the students basic background in psychology and broadening under-

standing of human behavior through extensive clinical experience under the supervision of the psychology staff. Students receive training and experience with a variety of clinical procedures and patients, diagnostic interviewing, community psychology, and individual and group psychotherapies.

### **3.17. Nurse Corps Education Programs.**

3.17.1. Graduate Nursing Programs. Masters programs in clinical nurse specialties, nursing administration, nursing education, anesthesia, womans health care nurse practitioner, pediatric nurse practitioner, family nurse practitioner and other areas are available for active duty nurses. AFIT conducts the programs at civilian institutions and USUHS. Doctoral programs are available in various nursing specialties as Nurse Corps (NC) requirements dictate. See Education and Training Course Announcements and the HQ AFPC/DPAMN Education Selection Board announcement letter for eligibility and application procedures.

3.17.2. Nurse Transition Program. This program prepares ROTC graduates and enlisted commissioning program candidates who have Bachelor of Science in Nursing with less than one year of experience, and are just entering active duty to become professional Air Force NC officers. The Air Force conducts the program at various USAF medical facilities. The preceptor concept is an integral part of the program. The student practices new skills through planned clinical rotations. See ETCA for course description and prerequisites. Apply through HQ AFPC/DPAMN.

3.17.3. Specialty Education Programs. The Air Force offers non-degree courses for active duty nurses to specialize in various clinical nursing arenas. These TDY specialty education courses include unit-based nursing management, executive nursing management, advanced nursing practice, operating room nursing, operating room management, basic obstetrical nursing, clinical hyperbaric nursing, infection control & epidemiology and nursing staff development. See Education and Training Course Announcements and the HQ AFPC/DPAMN Education Selection Board announcement letter for course descriptions, prerequisites and application procedures.

3.17.4. Nursing Fellowships. The Air Force may offer one or two year fellowships in a variety of military and civilian settings if NC requirements dictate. Fellowships have been offered in the following areas: Medical Manpower; Director, Nursing Services; Nursing Management; Nursing Strategic Planning; Medical Readiness; Managed Health Care; the U.S. Congress; Office of the Air Force Reserve Command (AFRC) and in the Office of the Surgeon General.

### **3.18. Multi-Corps Education Programs.**

3.18.1. A combined selection/screening board will evaluate multi-corps fellowships, and education with industry applications.

3.18.1.1. The top three candidates will be forwarded to the hiring authority for selection.

3.18.1.2. Medical Readiness applicants will be considered for all the Readiness opportunities for which they are eligible.

3.18.2. The combined selection/screening board will consider all applications for multi-corps degree programs.

3.18.2.1. The name of the candidate selected for training will be forwarded to AFIT/CIMJ for placement procedures.

3.18.2.2. Applicant selected must meet the grade requirements and other program prerequisites as identified in the call for candidates message.

### **3.19. Externships, Clerkships, and Elective Rotations.**

3.19.1. Medical facilities may provide externships, clerkships, and elective rotations for AFHPSP/FAP, USUHS, medical AFROTC educational delay students, and deferred physicians, at the discretion of the medical facility commander. Civilian students of the health professions attending programs at accredited civilian institutions may also perform externships and clerkships at Air Force facilities, provided that a properly executed affiliation agreement has been approved as required by AFI 41-108, *Training Affiliation Agreement*. The DME coordinates and manages externships, clerkships, and elective rotations.

3.19.2. Clerkships. A clerkship is a formally organized period of training with a specific curriculum and objectives designed to give the students experience, knowledge, and skills in a specific area. Usually, only students in their third or fourth year of professional training are eligible for clerkships. The clerkship is a highly structured educational experience that enables the staff or faculty to judge the students ability to put learning into practice; take on responsibility; and continue to develop. A clerkship usually receives academic credit from the students professional school. Clerkships can only occur at training sites and have a properly executed affiliation agreement.

3.19.3. Externships. An externship is similar to the clerkship in structure and content. The difference is that it is usually an elective course and may not carry academic credit from the students school.

3.19.4. Elective Rotations, the Air Force may offer elective rotations to deferred physicians in accredited graduate medical education programs.

3.19.4.1. Program directors of the civilian training program and the Air Force medical facility accomplish a letter of understanding outlining the residents qualifications, the training to be given during the rotation, and the duration of training.

3.19.4.2. The military facility may issue invitational travel orders (ITO) to deferred physicians wanting to perform an elective rotation at the military facility (AFI 37-128).

3.19.5. Application Procedures. Students and residents apply to the programs by sending a letter to the DME at the facility where they want training.

3.19.6. Evaluation Reports. The immediate supervisor must prepare an AF Form 494 for students and residents completing an externship, clerkship, or elective rotation at Air Force medical facilities. The Program Director and the DME must endorse AF Form 494. Special evaluation forms and reports from the students university must also be completed if that institution requires it. The DME will send copies of AF Form 494 to HQ AFPC/DPAM and AFIT/CIM.

3.19.7. Student Restrictions. Military students and residents performing externships, clerkships, or elective rotations must be on official orders. Civilian students performing clerkships or externships at Air Force medical facilities must do so at no expense to the Government.

### ***Section 3C—Establishment of New Programs***

**3.20. Need Identification.** A USAF organization contemplating establishing a new formal training program (not continuing health education) must first determine whether Air Force personnel need to have such training. See AFI 36-2201, Developing, Managing, And Conducting Training

3.20.1. MEDNEEDS Study. The facility commander documents the need for a new program by conducting a medical necessity evaluation and economic documentation system (MEDNEEDS) study. The study should follow the format and approval process for MEDNEEDS studies. In the study:

3.20.1.1. Evaluate the facility capability

3.20.1.2. Outline a program curriculum.

3.20.1.3. Estimate the number of faculty needed.

3.20.1.4. Estimate the number of students to be trained.

3.20.1.5. Review any written documentation on the course (that is, essentials of approved residencies, phase 2 training plan, and so forth) to ensure that the course will adequately meet requirements.

3.20.2. Formal Approval. Once HQ USAF/SG has approved establishment of the program, the facility commander requests formal approval from the appropriate civilian-accrediting agency. The DME sends a copy of all correspondence and accreditation application documents to HQ AFPC/DPAM.

### **3.21. Accreditation.**

3.21.1. MC and DC Residency Programs. Apply for accreditation through the Accreditation Council for Graduate Medical Education (ACGME) or through the Council on Graduate Education of the American Osteopathic Association (AOA) or American Dental Association (ADA).

3.21.2. BSC and NC Specialties. Apply for accreditation through the appropriate specialty board or organization.

3.21.3. After provisional accreditation, the program may be initiated or continued. The DME sends a copy of all correspondence with the accrediting agency to HQ AFPC/DPAM. A copy of the letter or certificate of accreditation goes into the annual self-study.

## Chapter 4

### CONTINUING HEALTH EDUCATION (CHE) PROGRAMS

#### *Section 4A—General*

**4.1. General.** The Air Force Medical Service is committed to maintaining the professional competence of Air Force officers who provide health care services. Officers are encouraged to continue their professional development through CHE. Every effort should be made to maximize distance learning resources, as well as local resources. All licensed personnel and privileged providers must meet the requirements in IAW AFI 44-119. Non-licensed medical service officers who are affiliated with civilian professional organizations should meet those organizational CHE requirements.

**4.2. Goals.** The goals of the Air Force CHE program are to:

- 4.2.1. Maintain professional competence.
- 4.2.2. Improve the knowledge base.
- 4.2.3. Motivate personnel to excellence.
- 4.2.4. Meet the full spectrum of health care needed for the Air Force mission.
- 4.2.5. Develop new skills and techniques.
- 4.2.6. Eliminate incidents of failure.
- 4.2.7. Respond to continuing health education needs of healthcare providers.
- 4.2.8. Explore emerging concepts affecting medical practice and healthcare delivery.
- 4.2.9. Provide a system for evaluating CHE activities.
- 4.2.10. Provide a system for recognizing CHE activities.

**4.3. Locations.** Various schools and medical facilities conduct CHE program courses that are available for military personnel.

**4.4. Eligibility .** Participants in CHE courses must meet the entrance requirements or have the professional qualifications necessary to benefit from the material presented. Participants must also have the appropriate retainability.

**4.5. Program Procedures.**

- 4.5.1. The CHE program offers courses, conferences, seminars, practicums, and lectures. Headquarters, major commands, schools, medical facilities, or other units of the Air Force Medical Service may develop and conduct the activities locally as long as requirements of this instruction are followed.
- 4.5.2. HQ AFPC/DPAM supervises CHE to ensure that its programs meet certification requirements.
- 4.5.3. The unit developing and giving the program maintains records for that program.

**4.6. Individual Requirements for CHE.** Every member of the USAF Medical Service, except officers enrolled in an approved graduate medical education, graduate dental education, or other education program listed in this instruction, must meet the CME requirements listed below.

4.6.1. Medical Corps. Officers must meet or exceed the CME standards of the American Medical Association (AMA), American Osteopathic Association (AOA), individual American specialty boards, or other certifying agencies, whichever is applicable. Officers are required to obtain adequate CME to maintain current licensure and, if applicable, board certification. The MC accepts two categories of educational activities for its continuing education program. See AF HQ AFPC/DPAME web site for details and instructions on acceptable educational activities and approval procedures.

4.6.1.1. Osteopathic physicians may use the standards of the AOA.

4.6.1.2. Physicians in specialties with CME requirements (for example family practice, obstetrics and gynecology) must comply with the specialty requirement or the AMA standard; whichever is higher. All physicians should complete a minimum of 60 Category I CME hours every three years based upon the fiscal year.

4.6.2. Dental Corps. Officers should complete 90 hours of continuing professional education every three years. Continuing professional education activities recognized by the ADA; the ADAs component societies, specialty boards, or organizations; or the Academy of General Dentistry (AGD) are acceptable. The ADA Continuing Education Recognition Program (CERP) designates the USAF Dental Service as a nationally recognized provider. The AGD recognizes continuing education under the direction of the dental squadron commander or equivalent and needs no further approval.

4.6.3. Biomedical Sciences Corps (includes all 42X and 43X AFSCs). For these allied health specialties Continuing Health Education (CHE) or Continuing Medical Education (CME) credit is defined as training required by a particular licensing or national certifying body. Officers must complete the minimum CHE or CME requirements required to meet or maintain licensure or certification credentials for their specialty. BSC officers who do not have a licensure or certification requirement must complete 20 CHE (any category) each year.

4.6.3.1. The minimum yearly number and appropriate category of CHE hours or Continuing Education Units (CEUs) as required to meet or maintain a state license/ board certification/credentials for their specialty (or see next item below).

4.6.3.2. 20 CHE (any category) each year if there is no licensure/certification requirement

4.6.4. Nurse Corps.

4.6.4.1. Nurse Corps officers must complete at least 60 approved contact hours of continuing education in nursing or directly related to their nursing practice every three years. All Educational Design I and II activities presented by agencies accredited by the American Nurses Credentialing Center Commission on Accreditation (ANCC COA) are acceptable.

4.6.4.2. In addition, the NC accepts four categories of educational activities for its continuing education recognition program. See HQ AFPC/DPAM, *Guidelines for Air Force Medical Services Continuing Health Education Program (CEARP)*, for descriptions of acceptable educational activities and approval procedures.

4.6.4.3. Nurse officers document their education on AF Form 2665, **Air Force Nurse Corps Education Summary**, which is maintained in the assigned facility and given to the officer upon

permanent change of station or separation or retirement from active duty. Each nurse must keep this form current and present it for review or inspection as required. If privileged nurse officers elect to use AF Form 2665 in their provider credentials file instead of AF Form 1541, **Credentials Continuing Health Education Training Record**, it remains a permanent part of the credentials file (see AFI 44-119 for further information).

4.6.4.4. Medical Treatment Facilities seeking approval as a Provider of Nursing Continuing Education must seek their Providership status through the Air Force Nurse Corps CEARP Committee. The Nurse Corps is accredited as an Approver of Continuing Education through the ANCC. All prescribed forms under the *Guidelines for Air Force Medical Service Continuing Health Education* must be used. Refer to the *Guidelines for Air Force Medical Service Continuing Health Education* available through HQ AFPC/DPAM.

4.6.5. Medical Service Corps officers are strongly encouraged to affiliate with one of the approved MSC board certifying professional organizations. As such, they must comply with the continuing education requirements of that professional organization with which they are affiliated. If not affiliated with a professional organization, medical service corps officers must complete 30 hours of continuing education every three years. The continuing education activities may be designated as either Category I or Category II.

**4.7. Air Force Reserve and Air National Guard Medical Service Personnel.** HQ AFRC/SG, HQ ARPC/SG, and NGB/SG provide guidance on these programs.

4.7.1. Officers must fulfill the above requirements according to their corps and their directives.

4.7.1.1. Air National Guard Medical Service Corps Officers should complete at least 40 hours of CHE every four years.

4.7.1.2. All officers of the Air Reserve components (ARC), Air National Guard, and United States Air Force Reserve Category A medical programs must document attendance and completion of CHE on AF Form 1541. (Note: Nurse corps officers who are not privileged, document their CHE on AF Form 2665 as described in paragraph 4.5.4.3 and 4.5.4.3.1)

4.7.1.2.1. Officers must ensure the topics and skills identified as CME are applicable to duties to be performed in the active duty environment.

4.7.1.2.2. Centrally managed medical IMAs will maintain credentials and CHE completion at the Unit of Attachment. Procedures should mirror the AD process.

4.7.1.3. The commander or designated representative reviews this form in January of each year.

**4.8. Civilian Personnel.** Civil Service personnel are required to meet the same number of CHE hours as prescribed for active duty military personnel in the same Air Force Specialty Code (AFSC).

**4.9. Education Credit.** All medical courses listed in Education and Training Course Announcements are eligible for Category 1 continuing education credit. Program directors for medical courses eligible for Category I credit from ACCME or ANCC should apply for credit to their appropriate corps education officer.

**4.10. Commander Responsibility .** Air Force commanders help personnel to meet their individual CHE requirements within the restraints of current resources. Commanders may, if funds and staffing permit

allow medical service personnel to attend an approved CHE program in a funded status on temporary duty. Individuals approved for locally funded TDY should have one year of retainability in the Medical Service. Commanders may approve individuals with less than one year retainability if attendance serves the best interest of the organization and the Air Force. In the absence of Air Force funds to sponsor a member for attendance at an approved CHE activity, the commander may allow the individual to attend such programs in a permissive TDY status (IAW AFI 36-3003).

**4.11. Personnel Responsibilities.** Members of the Air Force Medical Service and Civil Service Personnel must keep an accurate and current record of all CHE activities for licensure, recertification, and credentialing. **The absence of Air Force funds for sponsored attendance does not excuse the individual from achieving CHE requirements, meeting the requirements for continued licensure, or meeting the minimum requirements of the AFSC or Civilian Position Description.**

**4.12. Sources of CHE.** Members wanting to participate in CHE activities can turn to a number of sources. However, officers are only authorized one funded TDY (funded from any source) each fiscal year, pending funding availability. Requests for multiple TDYs in one fiscal year should be considered on a case by case basis. CHE courses may include: formal Air Force courses or AFIT-sponsored educational courses as described in ETCAs and special programs developed and presented by HQ USAF, MAJCOMs, or combined Air Force and DoD agencies or organizations. **Commanders should consider the availability of locally developed or procured CHE before approving a request for an AFIT funded TDY.**

**4.13. Locally Developed Programs .** CHE programs must be based on the facility's learning needs identified from an effective needs assessment.

**4.14. Programs Developed Outside the Air Force.** Programs and tests distributed by accredited national professional organizations should be considered bona fide CHE activities. Commanders may use local operations and maintenance funds to purchase self-assessment tests and materials for eligible members.

**4.15. Locally Funded TDY .** Commanders may use operations and maintenance funds to finance attendance at approved CHE programs offered by civilian institutions and agencies.

4.15.1. Use funds for this purpose only if such programs serve the best interest of the Air Force.

4.15.2. An accrediting national professional organization should be selected and the course should award participants at least six hours of continuing education credit per day.

4.15.3. Individuals approved for locally funded TDY must have the appropriate retainability in the Medical Service. (IAW AFI 36-3003).

4.15.4. Attendance in ANG-funded status in military and non-military CHE activities may be accomplished utilizing annual training days, or with prior approval by the Air Commander, locally managed workdays (special training, etc.). The costs for TDY, per diem, and transportation must come from local resources. Alternatively, when annual training days, schooldays or workdays are unavailable, members may attend such activities in active duty without pay (subsistence, quarters, and retirement points only) status IAW AFM 177-373V3, *Air Reserve Forces Pay and Allowance System*. Membership in the sponsored professional organization is strongly recommended for attendance in duty status.

The subject material presented at the training activity should be directly related to the ANG members duty AFSC or to other officially designated duties.

**4.16. Permissive TDY.** An individual may attend a military or civilian-sponsored CHE program in permissive TDY status, provided CHE credit is awarded. They must pay for their own travel expenses, registration fees, tuition, and other expenses.

4.16.1. The local medical facility commander may approve permissive TDY of fewer than 30 days for CHE, depending on the needs of the facility. Do not approve permissive TDY in conjunction with a PCS to enter an AFIT sponsored graduate education program if the courses are a required part of the curriculum of the training program the officer is about to enter.

4.16.2. The MAJCOM is responsible for approving permissive TDYs of 30 to 90 days.

4.16.3. The MAJCOM recommends permissive TDYs of more than 90 days; HQ AFPC/DPAM is responsible for approval.

#### **4.17. Application Procedures.**

4.17.1. Apply for locally funded or permissive TDYs for CHE through the DME or squadron to the commander unless local policy specifies otherwise. Apply for formal courses and AFIT-funded civilian short courses according to Education and Training Course Announcements.

4.17.2. Eligibility. Individuals approved for an Air Force or DoD centrally funded TDY must have one-year retainability. Commanders must ensure that individuals have retainability before funding the TDY

#### ***Section 4B—Continuing Health Education (CHE) Programs***

**4.18. Continuing Health Education (CHE) Programs.** CHE programs at Air Force medical facilities, schools, and other medical activities should provide acceptable CHE credit for attendees. Acceptable CHE credit may be certified for programs that are accredited or approved. Organizations may apply for program accreditation or approval directly to the accrediting body or through HQ AFPC/DPAME for Medical Corps officers and HQ AFPC/DPAMNE for Nurse Corps officers.

**4.19. Direct Application .** Facility and organization program planners may apply directly to the national or state agency authorized to approve or accredit CHE programs. However, only the Air Force Nurse Corps can approve provider status through the ANCC.

4.19.1. Programs submitted for approval or accreditation by civilian agencies must meet the published standards of that agency. Use local operations and maintenance funds to finance fees and other costs. Some agencies do not approve individual programs but accredit the institution to offer programs for approved credit.

4.19.2. Individual medical facilities may seek authority (through the agency) to approve their own programs.

#### **4.20. Application to HQ AFPC/DPAM.**

4.20.1. The Office of the Surgeon General, United States Air Force is accredited by the Accreditation Council for Continuing Medical Education (ACCME). HQ AFPC/DPAME manages the program and

approves USAF Medical Service programs qualifying American Medical Association (AMA) Physician Recognition Award (PRA) Category 1 CME.

4.20.2. The United States Air Force Nurse Corps, through the Nurse Utilization and Education Branch, HQ AFPC/DPAMN, is accredited as an approver of continuing education in nursing by the ANCC COA as outlined in the CEARP guidelines.

4.20.3. Only those programs, which satisfy the essential requirements of the ACCME or the ANCC COA, can be approved.

4.20.4. Other professional organizations and disciplines may accept USAF Category 1 CE credit through their individual acceptance procedures. Individuals must learn the criteria and procedures by which their national or state professional organization accepts such credits.

4.20.5. *The Guidelines for Air Force Medical Service Continuing Health Education*, specifies approval and recognition procedures and appropriate forms for continuing education activities and can be obtained from HQ AFPC/DPAM. Forms include: .AF Form 2660, **Air Force Medical Service Continuing Health Education Attendance Record**, AF Form 2661, **Air Force Medical Service Application for Approval of Continuing Health Education Offering**, AF Form 2662, **Continuing Health Education Curriculum VITAE for Instructor**, AF Form 2663, **Continuing Health Education Program Outline**, and AF Form 2664, **Air Force Nurse Corps Application for Recognition of Category A, B, and C Continuing Education Activities**.

#### 4.21. Developing a CHE Program.

4.21.1. Planning. Organizations conducting CHE programs for certification must abide by the standards and essentials developed by the appropriate accrediting body.

4.21.1.1. Document the need for the program and indicate the data source used in substantiating that need, the means of determining that need, and how the education plan will address the need. Determine if resources are available to support the program.

4.21.1.2. Specify measurable objectives and show how they relate to the identified needs.

4.21.1.3. Describe the target audience, identifying any special background requirements.

4.21.1.4. Specify the instructional context and expected learning outcomes in terms of knowledge, skills and attitudes. Determine if local faculty is qualified to accomplish the programs purpose.

4.21.1.5. Make the objectives, content, and methods known to the participants.

4.21.1.6. Design and implement the program to meet organizational objectives as well as the participants knowledge levels, professional experience, and preferred learning methods.

4.21.1.7. Use and document specific planning procedures.

4.21.1.8. Regularly evaluate the effectiveness of each program, documenting the results and using them to plan subsequent CHE programs. Keep one copy of the review in the CHE file and send another to HQ AFPC/DPAM.

4.21.1.9. Hire competent faculty and use appropriate facilities.

4.21.1.10. Record and verify attendance of participants.

4.21.1.11. Keep documentation of program development in medical facility files; send a copy to HQ AFPC/DPAM. Following the course presentation, send all course summary documents to HQ AFPC/DPAM using the instructions set forth in the Guidelines for Air Force Medical Service Continuing Health Education.

#### **4.22. Management.**

4.22.1. HQ AFPC/DPAM. Supervises the USAF CHE program.

4.22.2. CHE Program Director. The medical facility commander appoints a responsible person to administer the program locally. The CHE program director develops the CHE program according to this instruction and coordinating with HQ AFPC/DPAM, as necessary.

4.22.2.1. The commander may also designate a program committee to help the program director.

4.22.2.2. The program director develops the program based upon the instructions in the CHE guidelines, which can be obtained from HQ AFPC/DPAM.

4.22.2.3. The CHE Program Director is responsible for verifying that the content of each approved course is valid and has scientific merit. All relationships, commercial support and/or possible conflicts of interest must be disclosed to the attendees and properly recorded.

**4.23. Commercial Support of CHE Courses.** All commercial sponsorship of CHE courses must abide by the standards and requirements as stated in AFI 51-601, *Gifts to the Department of the Air Force*. HQ AFPC/DPAME or HQ AFPC/DPAMN must be contacted to determine all needed requirements and documentation.

4.23.1. Documentation is required for a CHE course that is commercially sponsored in order to receive approval. This is to ensure that the quality and scientific integrity of all CHE activities are maintained.

4.23.2. A letter of disclosure is required for every presenter who is commercially supported. Any presenter-commercial support and/or presenter-product relationship must be stated. Documentation is required on both AF Form 2661, **Air Force Medical Service Application for Approval of Continuing Health Education Offering (Continuing Education Approval and Recognition Program)**, and the after-action report by the CHE monitor. It should also address how supervision of the presenter was maintained to ensure an unbiased presentation.

**4.24. CHE Responsibilities.** Other officers, in addition to the CHE program director, may develop CHE programs at a medical facility.

4.24.1. The DME develops and conducts CHE programs at designated Air Force medical teaching facilities.

4.24.2. The director of hospital or clinical services develops and conducts CHE programs at other Air Force medical facilities. The program director may be delegated this responsibility.

4.24.3. The chief nurse develops and conducts CHE programs for nursing services personnel. The staff development officer may be delegated this responsibility.

4.24.4. The director of dental services or the base dental surgeon develops and conducts CHE programs for dental personnel. Another dental officer may be delegated this responsibility.

4.24.5. The Senior MSC Officer develops and conducts CHE programs for MSC officers. Another MSC officer may be delegated this responsibility.

4.24.6. The Senior BSC Officer of each discipline develops and conducts CHE programs for BSC officers not assigned to professional services. Another BSC officer may be delegated this responsibility.

## Chapter 5

### **MEDICAL EXECUTIVE SKILL DEVELOPMENT PROGRAM IMPLEMENTATION OF DOD INSTRUCTION 6000.15, JOINT MEDICAL EXECUTIVE SKILL DEVELOPMENT PROGRAM, 19 APRIL 1999**

#### *Section 5A—Policy*

**5.1. Policy.** In 1996, the service medical departments and the Office of the Assistant Secretary of Defense, Health Affairs (OASD/HA) jointly formulated a core curriculum to assist in the individual development of the executive skills needed by medical treatment facility (MTF) commanders, lead agents, and lead agent staffs. They accomplished this task by identifying the behaviors one would expect of a highly qualified incumbent. Panels of subject matter experts working in conjunction with current and former MTF commanders, curriculum developers, and service medical department points of contact structured the objective behaviors. The Air Force will ensure compliance with this mandate by using three validation pathways previously approved by the TRICARE Executive Council.

#### *Section 5B—Implementation*

**5.2. The Joint Medical Executive Skill Development Group (JMESD).** The JMESD develops policy guidance, provides oversight of policy implementation and recommends necessary resource allocations to ensure that prospective MTF commanders, lead agents, and lead agent candidates demonstrate the required professional administrative skills.

**5.3. Competency Validation.** The AFMS prepares officers to be MTF commanders and lead agents through a progressive series of career enhancing duty assignments and educational experiences in an effort to develop leadership skills and professional competencies (See Core Competencies: <http://sg-www.satx.disa.mil/sgw>). The AFMS will ensure compliance using three validation pathways:

- 5.3.1. Completion of military or civilian courses
- 5.3.2. Experience or duty assignment
- 5.3.3. External civilian certification

**5.4. Air Force Central Screening Board.** The Air Force Command Screening Board (CSB), the colonel assignment match process, and the competency validation plan ensure that officers selected for command of medical treatment facilities or as TRICARE Lead Agents demonstrate executive skill competency. The Medical Squadron Screening Board (MSSB) is modeled after the CSB process and is designed to identify individuals competent to command at an intermediate level as a squadron commander.

#### **5.5. Forms Prescribed.**

- 5.5.1. AF Form 2660, **Air Force Medical Service Continuing Health Education Attendance Record.**
- 5.5.2. AF Form 2661, **Air Force Medical Service Application for Approval of Continuing Health Education Offering.**

- 5.5.3. AF Form 2662, **Continuing Health Education Curriculum VITAE for Instructor.**
- 5.5.4. AF Form 2663, **Continuing Health Education Program Outline.**
- 5.5.5. AF Form 2664, **Air Force Nurse Corps Application for Recognition of Category A, B, and C Continuing Education Activities.**
- 5.5.6. AF Form 2665, **Air Force Nurse Corps Education Summary.**

PAUL K. CARLTON, JR., Lt General, USAF, MC, CFS  
Surgeon General

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 35-1, *Public Affairs Management*

AFPD 41-1, *Health Care Programs and Resources*

AFI 41-108, *Training Affiliation Agreements*

AFI 37-128, *Administrative Orders (PA)*

AFI 36-2107, *Active Duty Service Commitments*

AFI 36-2402, *Officer Evaluation System*

AFI 36-3003, *Leave and Administrative Absence Policy*

AFI 36-2110, *Assignments*

AFI 36-3206, *Administrative Discharge Procedures*

AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*

AFI 37-138, *Disposition of Air Force Documentation Policies, Procedures, and Responsibilities*

AFI 40-401, *The Use of Animals in DoD Programs*

AFI 40-403, *Clinical Investigation and Human Test Subjects in the Medical Service*

AFI 41-106, *Medical Readiness Planning and Training*

AFI 41-105, *Phase II Medical Training and Education*

AFI 41-110, *Applying for Medical School and Medical Programs*

AFI 141-117, *Medical Service Officer Education*

AFI 44-104, *Clinical Consultant Program*

AFI 44-119, *Clinical Performance Improvement*

AFI 37-124, *Management and Control of Information Reports Requirements Education and Training Course Announcements*

AFI 37-132, *Air Force Privacy Act Program*

AFI 51-602, *Boards of Officers*

AFI 51-603, *Meetings of Technical, Scientific, Professional or Similar Organizations*

AFMAN 36-2105, *Officer Classification*

AFMAN 36-2108, *Airman Classification*

AFROTC 45-10, *Administration of Senior Air Force ROTC Cadets Director of Residency Training Programs by the Accreditation Council for Continuing Medical Education Brandon's Selected List of Books*

Executive Order 9397

*Guidelines for Nurse Corps CEARP*

Journals for the Small Medical Library

*System of Record Notices* F035 AF MP K and F160 AF SG B

Title 10, U.S.C., Sections 133, 2112, 8013 and 8032

Title 10, U.S .C., Section 1102

Title 50, U.S.C., Section 454

### ***Abbreviations and Acronyms***

**ACCME**—Accreditation Council for Continuing Medical Education

**ACGME**—Accreditation Council for Graduate Medical Education

**ADA**—American Dental Association

**ADC**—Area Defense Council

**ADSC**—Active Duty Service Commitment

**AETC**—Air Education and Training Command

**AFHPS/FAP**—Armed Forces Health Professions Scholarship and Financial Assistance Programs

**AFIT**—Air Force Institute of Technology

**AFRC**—Air Force Reserve Command

**AFRC/SG**—Air Force Reserve Command Surgeon

**AFROTC**—Air Force Reserve Officer Training Corps

**AFSC**—Air Force Specialty Code

**AGD**—Academy of General Dentistry

**AMA**—American Medical Association

**ANG**—Air National Guard

**ANG/SG**—The Air Surgeon

**AOA**—American Osteopathic Association

**ARPC**—Air Reserve Personnel Center

**ARPC/SG**—Air Reserve Personnel Center Surgeon

**ARS**—Air Reserve Squadron

**BCMR**—Board for Correction of Military Records

**COT**—Commissioned Officer Training

**C4**—Combat Casualty Care Course

**CEARP**—Continuing Education Approval and Recognition Program

**CHE**—Continuing Health Education  
**CME**—Continuing Medical Education  
**DME**—Director of Medical Education  
**DoD**—Department of Defense  
**ETCA**—Education and Training Course Announcements  
**FAP**—Financial Assistance Program  
**HPSP**—Health Professions Scholarship Program  
**HSC**—Human Systems Center  
**GME**—Graduate Medical Education  
**GPE**—Graduate Professional Education  
**IFB**—Integrated Forecast Board  
**ITO**—Invitational Travel Orders  
**MAJCOM**—Major Command  
**MED-ED**—Medical Education Program Document  
**MEDNEEDS**—Medical Necessity Evaluation and Economic Documentation System  
**MPF**—Military Personnel Flight  
**NGB/SG**—National Guard Bureau Surgeon General  
**NGB**—National Guard Bureau  
**OASD(HA)**—Office of Assistant Secretary of Defense for Health Affairs  
**PAF**—Provider Activity File  
**PCF**—Provider Credentials File  
**PCS**—Permanent Change of Station  
**PDS**—Personnel Data System  
**PRA**—Physician’s Recognition Award  
**RD**—Registered Dietitian  
**TDY**—Temporary Duty Assignment  
**TMS**—Training Management System  
**UCMJ**—Uniformed Code of Military Justice  
**UIF**—Unfavorable Information File  
**USAFR**—United States Air Force Reserve  
**USAFSAM**—United States Air Force School of Aerospace Medicine  
**USUHS**—Uniformed Services University of Health Sciences

**Attachment 2****SAMPLE FIELD EVALUATION**

- A2.1.** Are you currently assigned to a position in the AFSC in which you were trained?
- A2.2.** Does your job require any skills or knowledge that your education program did not cover?
- A2.3.** How well did the program prepare you for your duty requirements?
- A2.4.** If you thought the program was marginal or unsatisfactory, please explain why.
- A2.5.** Were you prepared to accomplish the following duties? (depending on specialty program and curriculum)
- A2.6.** Did you receive training that equips you to do your wartime job?
- A2.7.** Did you receive training in disaster preparedness, including triage and team training?
- A2.8.** Suggest ways to improve your training program.

**Attachment 3**

**SAMPLE NOTIFICATION OF RECOMMENDATION FOR DELAY IN COMPLETION OR  
TERMINATION OF EDUCATION**

(date)

MEMORANDUM FOR (NAME AND GRADE)

FROM:

SUBJECT: Notice of Recommendation for Termination of (or of Delay in) Education Status

1. I am recommending that you be terminated (or other action involving delay) from education status as a (describe student status and program). The reasons for my recommendation are (state specifically the grounds and deficiencies involved).
2. You have the right, upon request, to have a faculty board conduct a hearing to review this recommendation concerning your education status. The hearing procedures and your hearing rights are outlined in AFI 41-117.
3. To have this hearing, you must submit a written request for a hearing to the undersigned within 10 days of the date you receive this notification. If you fail to make the request within that time, or if you fail to appear at a hearing so requested, you waive your rights to the hearing.

(Signature)

(typed name and grade)

Director of Medical Education

1st Ind, (student)

(date)

TO: Director of Medical Education

Receipt acknowledged. I understand that I have 10 days to request a hearing, if I elect to do so, according to AFI 41-117.

(Signature of Student)

(typed name and grade)

**Attachment 4****HEARING PROCEDURE GUIDE (OPTIONAL)****PROCEEDINGS OF THE FACULTY BOARD**

Chairperson: "The board will come to order. This committee is convened at (time), on (date), at (installation), pursuant to AFI 41-117 and the letter of notification of hearing, dated (date), a copy of which was furnished to (student name) on (date) (student name) acknowledged receipt of the notice on (date). The letter of notification and the acknowledgment will go into the record of this hearing. The student, (name) is present."

Chairperson: "Is (student name) represented by counsel?" (Addressed to student or student counsel (SC) as appropriate).

Student or SC "Yes," (if "no," see NOTE below). "The student is represented by (civilian counsel's name and business address), who is a member of the Bar of the state of (give state)," or, "who is not a lawyer but a person I want to represent me at these proceedings."

NOTE: If the students are not represented by counsel, the legal advisor should advise them of the right to be represented by civilian counsel at the students' expense. (The chairperson may recess or adjourn the proceedings until the student can retain counsel.)

Chairperson: "The board is convened to determine whether the student should be extended or terminated from his (or her) education program. The following board members have been excused by the medical facility commander and are absent: recite names and grades of all members absent."

Chairperson: "This hearing is convened to consider evidence, either written or oral or both, concerning whether your education status should be extended or terminated in accordance with the provisions of AFI 41-117, and to make findings and recommendations to the medical facility commander accordingly. As the respondent in this hearing, you have these rights: First, you have the right to appear in person before all open sessions of this board, with or without counsel. Second, you have the right to present evidence and call witnesses in your behalf, and to ask questions of any witness appearing before this board. Do you understand the purpose of this hearing and your rights before it?"

Student: (student's reply)

Chairperson: "Does any board member know of any person who cannot conscientiously participate in this review or would not make fair and impartial recommendations?" (If no board members respond, announce, "Apparently the board members know of no such people.")

Chairperson: Does the student wish to challenge any member for cause?

(Allow student or counsel to question board members. If the student or counsel challenges any board member for cause, he or she must state the specific grounds for the challenge. The chairperson may further question the board members and, after consultation with the legal advisor, may either excuse specific board members or deny the challenge. As necessary, additional board members may be appointed.)

NOTE: At this point, evidence (documents, witnesses) will be presented and reviewed in an orderly manner. Generally, the committee starts by reviewing the medical records and other documents that constitute grounds for the hearing. Next, it calls witnesses. This is followed by the student's presentation of relevant documents and witnesses. The chairperson or the legal advisor usually swears in witnesses before giving testimony. The chairperson, who may consult with the legal advisor, rules on any objections made by the student or counsel.

Witness Oath: "Do you solemnly swear (affirm) that the evidence you will give in this hearing case will be the truth, the whole truth and nothing but the truth, so help you God?" (In case of affirmation omit the word "swear" and phrase "so help you God.") Witness: "I do." (Record need only recite "(name, including rank of witness if military) was sworn (affirmed) as a (witness)."

Chairperson: After reviewing all the evidence, the chairperson announces: "The board hearing is closed. All persons except board members are excused."

NOTE: In closed sessions, board members review and discuss all the evidence. The board should make findings based on fact and recommend actions concerning the student's status, by majority vote. Minority findings and recommendations may also be made. (After the committee has made its decision and recommendations, the chairperson reopens the hearing.)

Chairperson: "The hearing is open."

"Let the record show that all parties to this hearing who were present when the board closed are again present. The board has considered all the evidence, and a majority finds that (Insert findings)."

"The majority of the board recommends (announce majority and minority findings and recommendations)."

"This hearing is adjourned."

**Attachment 5**

**SAMPLE NOTIFICATION OF FACULTY BOARD HEARING**

(date)

MEMORANDUM FOR (name and grade of student)

FROM: DME

SUBJECT: Notification of Faculty Board Hearing

- 1. A faculty board will conduct a hearing on allegations that may delay or terminate your student status in your education program.
- 2. Allegations being investigated are:  
(State the allegations that the board will review, giving enough detail to fully inform the student.)
- 3. This hearing will be at (hour), on (date) , at (location). You have the right to present evidence and call witnesses in your behalf, to cross-examine witnesses called by the board, and to consult and be represented by legal counsel. You must arrange for the presence of any witness you wish to call. You may retain a civilian attorney at your own expense. The board currently expects to call these witnesses: (list witnesses).
- 4. If you fail to appear at the hearing, you waive the rights set out in paragraph 3.
- 5. The chairperson of the faculty board may change the time and place of the hearing upon your written request, if the request is based on good cause.

(Signature)  
 (typed name and grade)  
 Director of Medical Education

1st Ind, (student)

TO: DME

Receipt Acknowledged.

(Signature)  
 (typed name and grade)

**Attachment 6**

**SAMPLE DECISION BY MEDICAL FACILITY COMMANDER**

(date)

MEMORANDUM FOR (Name and Grade of Student)

FROM: Medical Facility Commander

SUBJECT: Facility Board Proceeding on (Student's Name)

1. Having fully reviewed the record of the subject proceeding, I direct that (set out the decision in detail).
2. You have a right to appeal, in accordance with AFI 41-117. My decision will remain in effect during any appellate review.

(Signature)

(typed name and grade)

Commander

1st Ind, (student)

(date)

TO: Medical Facility Commander

Receipt acknowledged.

(Signature)

(typed name and grade)