This instruction implements Air Force Policy Directive (AFPD) 41-1, Health Care Programs and Resources. It establishes policy, assigns responsibilities and prescribes procedures for Air Force Medical Officer education programs. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force. This instruction applies to all medical service personnel to include United States Air Force (USAF) military ( (Regular Air Force (RegAF), Air Force Reserve and Air National Guard), Civil Service, contractors and volunteers. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, Publications and Forms Management, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication Office of Primary Responsibility (OPR) for non-tiered compliance items. In addition, copies of all submitted waiver documents for this instruction need to be provided to Air Force Personnel Center/Non-Line Officer Management Division (AFPC/DPAN), regardless of Tier waiver approval authority. Supplementing publications need to be sent to the OPR of this instruction for review and coordination before publication. This instruction should be used with current editions of The Accreditation Requirements of the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), the American Dental Association Commission on Dental Accreditation (ADA CODA) The Joint Commission (TJC) Accreditation Manuals; the Accreditation Association for Ambulatory Health Care (AAAHC) Accreditation Manuals; published standards of the American Nurses Association (ANA) for nursing services, practice,
and care; and published standards of other national professional nursing organizations, as appropriate. 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.), §133, 2112, 8013, and 8032; 50 U.S.C. §454; and Executive Order 9397 as amended. Forms governed by this instruction include the Privacy Act statement required by AFI 33-332, The Air Force Privacy and Civil Liberties Program. System of Record Notice F044 AF SG K, Medical Professional Staffing Records, applies. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). Refer recommended changes and questions about this publication to the OPR using the AF Form 847, Recommendation for Change of Publication; route AF Forms 847s from the field through the appropriate functional’s chain of command.

SUMMARY OF CHANGES

This interim change revises AFI 41-117 by (1) revision of the HPERB process; (2) eliminating the product line champions from process; (3) eliminating the quota system and using requirements; (4) adding the Force Development Panel into process for review; (5) changing the categories and defining them; (6) correcting duty titles and office symbols.

Chapter 1— PROGRAM OVERVIEW

1.1. Mission.................................................................................................................. 8
1.2. Policy.................................................................................................................... 8
1.3. Accreditation....................................................................................................... 8
1.4. Program Evaluation............................................................................................... 8
1.5. Education at Civilian Institutions........................................................................ 8
1.6. Policy Document.................................................................................................... 9
1.7. Correspondence with Civilian Organizations...................................................... 9
1.8. Notification on Endangered Programs.................................................................. 9
1.9. Duration of Programs............................................................................................ 9

Chapter 2— ROLES AND RESPONSIBILITIES

2.1. USAF/SG.............................................................................................................. 10
2.2. AFPC/DPAN will.................................................................................................. 10
2.3. Major Commands (MAJCOMs). .......................................................................... 10
2.4. Air Force Institute of Technology (AFIT) Healthcare Education Division
    (AFIT/HCED) will................................................................................................. 11
2.5. Commanders of MTFs and Organizations will ........................................... 11
2.6. Medical Service Officers will ................................................................. 11
2.7. Medical Education Facilities ................................................................. 12
2.8. Air Force MTFs ....................................................................................... 12
2.9. Undergraduate Education ...................................................................... 12
2.10. Graduate Education ............................................................................. 12
2.11. CHE Programs ..................................................................................... 12
2.12. Extern and Clerk Programs ................................................................. 13
2.13. Officer Exchange Program ................................................................. 13
2.14. Health Professions Education Requirements Board (HPERB) ............... 13
2.15. SG Consultants .................................................................................... 13
2.16. Training Requests ................................................................................ 14
2.17. Responsibilities .................................................................................... 14
2.18. Skill Progression Training ................................................................... 14
2.19. Selection Boards ................................................................................ 14
2.20. Adjustments and Out-of-Cycle HPERB Process Actions ....................... 14
2.21. USAF Programs ................................................................................... 15
2.22. GME Programs ................................................................................... 15
2.23. GDE Programs ................................................................................... 15
2.24. Selection Authorities ......................................................................... 15
2.25. Selection Criteria ............................................................................... 16
2.26. Second Residencies ........................................................................... 16
2.27. Revocation of Selection ..................................................................... 16
2.28. Service Obligation Incurred for Education Training ............................ 16
2.29. Expectation of Program Completion ............................................... 17
2.30. Resignations ....................................................................................... 17
2.31. Additional Training .......................................................................... 17
2.32. Approving Authority ........................................................................ 17
2.33. Residency Closure/Reduction ............................................................ 17
2.34. USAF Programs. ................................................................. 17
2.35. DME. .................................................................................. 17
2.36. DME Responsibilities will:................................................. 18
2.37. GMEC ............................................................................... 20
2.38. Functions ........................................................................... 20
2.39. Membership. ................................................................. 20
2.40. Meeting Schedule. .......................................................... 20
2.41. Meeting Agenda. ............................................................ 20
2.42. Meeting Minutes. ............................................................ 21
2.43. Required Reports and Evaluations................................. 21
2.44. Annual Evaluation. ....................................................... 21

Chapter 3—RESTRICTION, SUSPENSION, AND TERMINATION OF EDUCATION STATUS

3.1. Basis for Action. ................................................................. 23
3.2. Discretionary Actions. .......................................................... 23
3.3. Administrative or Judicial Action. .......................................... 24
3.4. Students in Civilian Programs. ............................................ 24
3.5. Documentation .................................................................... 24
3.6. USAFSAM ........................................................................... 24
3.7. Processing for Individual Request. ........................................ 24
3.8. Review. ............................................................................. 25
3.9. Commander Review. ........................................................ 25
3.10. Final Approval. ................................................................. 25
3.11. Consequences of Resignation ............................................ 25
3.12. Immediate Restriction or Suspension .................................. 25
3.13. Routine Actions. ............................................................... 26
3.14. Committee Actions. .......................................................... 26
3.15. Impartiality of Reviewers. ................................................ 26
3.16. Faculty Board Composition and Procedures ...................... 27
Chapter 4—ALL CORPS GRADUATE EDUCATION PROGRAMS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>GME PDs</td>
</tr>
<tr>
<td>4.2</td>
<td>Appointment Procedures</td>
</tr>
<tr>
<td>4.3</td>
<td>Quality Assurance and Risk Management Responsibilities</td>
</tr>
<tr>
<td>4.4</td>
<td>Education Plans and Methods</td>
</tr>
<tr>
<td>4.5</td>
<td>Student Teaching Experience</td>
</tr>
<tr>
<td>4.6</td>
<td>Special Training Facilities</td>
</tr>
<tr>
<td>4.7</td>
<td>Off-Site Clinical Rotations</td>
</tr>
<tr>
<td>4.8</td>
<td>Leave and Absences from Training</td>
</tr>
<tr>
<td>4.9</td>
<td>Education Evaluations</td>
</tr>
<tr>
<td>4.10</td>
<td>Attendance of Teaching/Resident Staff at Professional Meetings/Courses</td>
</tr>
<tr>
<td>4.11</td>
<td>Types of GME Programs</td>
</tr>
<tr>
<td>4.12</td>
<td>Duties and Responsibilities of GME Students</td>
</tr>
<tr>
<td>4.13</td>
<td>Resident Staff Association</td>
</tr>
<tr>
<td>4.14</td>
<td>Dental Education Programs</td>
</tr>
<tr>
<td>4.15</td>
<td>Medical Service Corps (MSC) Education Programs</td>
</tr>
<tr>
<td>4.16</td>
<td>Biomedical Sciences Corps (BSC) Education Programs</td>
</tr>
<tr>
<td>4.17</td>
<td>Nurse Corps (NC) Education Programs</td>
</tr>
<tr>
<td>4.18</td>
<td>Multi-Corps Education Programs</td>
</tr>
<tr>
<td>4.19</td>
<td>Developmental Education-Equivalency (DE-E) Fellowships</td>
</tr>
<tr>
<td>4.20</td>
<td>Externships, Clerkships, and Elective Rotations</td>
</tr>
<tr>
<td>4.21</td>
<td>Need Identification</td>
</tr>
<tr>
<td>4.22</td>
<td>Accreditation</td>
</tr>
</tbody>
</table>

Chapter 5—CONTINUING HEALTH EDUCATION (CHE) PROGRAMS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>General</td>
</tr>
<tr>
<td>5.2</td>
<td>Goals</td>
</tr>
<tr>
<td>5.3</td>
<td>Locations</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>5.4.</td>
<td>Eligibility</td>
</tr>
<tr>
<td>5.5.</td>
<td>Program Procedures</td>
</tr>
<tr>
<td>5.6.</td>
<td>Individual Requirements for CHE</td>
</tr>
<tr>
<td>5.7.</td>
<td>Air Force Reserve and Air National Guard Medical Service Personnel</td>
</tr>
<tr>
<td>5.8.</td>
<td>Civilian Personnel</td>
</tr>
<tr>
<td>5.9.</td>
<td>Education Credit</td>
</tr>
<tr>
<td>5.10.</td>
<td>Commander Responsibility</td>
</tr>
<tr>
<td>5.11.</td>
<td>Personnel Responsibilities</td>
</tr>
<tr>
<td>5.12.</td>
<td>Sources of CHE</td>
</tr>
<tr>
<td>5.13.</td>
<td>Locally Developed Programs</td>
</tr>
<tr>
<td>5.14.</td>
<td>Programs Developed Outside the USAF</td>
</tr>
<tr>
<td>5.15.</td>
<td>Locally Funded TDY</td>
</tr>
<tr>
<td>5.16.</td>
<td>Permissive TDY</td>
</tr>
<tr>
<td>5.17.</td>
<td>Application Procedures</td>
</tr>
<tr>
<td>5.18.</td>
<td>CHE Programs</td>
</tr>
<tr>
<td>5.19.</td>
<td>Direct Application</td>
</tr>
<tr>
<td>5.20.</td>
<td>Application to AFPC/DPAN</td>
</tr>
<tr>
<td>5.21.</td>
<td>Developing a CHE Program</td>
</tr>
<tr>
<td>5.22.</td>
<td>Management</td>
</tr>
<tr>
<td>5.23.</td>
<td>Commercial Support &amp; Financial support of CHE Courses</td>
</tr>
<tr>
<td>5.24.</td>
<td>CHE Responsibilities</td>
</tr>
</tbody>
</table>

**Chapter 6—MEDICAL EXECUTIVE SKILL DEVELOPMENT PROGRAM**

**IMPLEMENTATION OF DOD INSTRUCTION 6000.15, JOINT MEDICAL EXECUTIVE SKILL INSTITUTE**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.</td>
<td>Policy</td>
<td>50</td>
</tr>
<tr>
<td>6.2.</td>
<td>The Joint Medical Executive Skill Institute (JMESI)</td>
<td>50</td>
</tr>
<tr>
<td>6.3.</td>
<td>Competency Validation</td>
<td>50</td>
</tr>
<tr>
<td>6.4.</td>
<td>AF Command Screening Board</td>
<td>50</td>
</tr>
</tbody>
</table>
Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION 51
Attachment 2—SAMPLE FIELD EVALUATION 55
Attachment 3—SAMPLE NOTIFICATION OF RECOMMENDATION FOR EXTENSION IN COMPLETION OR TERMINATION OF EDUCATION 56
Attachment 4—SAMPLE NOTIFICATION OF FACULTY BOARD 57
Attachment 5—SAMPLE WAIVER STATEMENT 58
Attachment 6—SAMPLE DECISION BY MILITARY TREATMENT FACILITY COMMANDER 59
Chapter 1

PROGRAM OVERVIEW

1.1. Mission.

1.1.1. The mission of the USAF Medical Service (AFMS) is to ensure maximum wartime readiness and combat capability by maintaining the health of USAF personnel, providing health care to deployed military personnel, and by providing a peacetime health care delivery system for beneficiaries. By developing the knowledge, skills and attitudes of highly qualified medical personnel, educational programs are critical in helping meet this mission.

1.2. Policy.

1.2.1. AFMS education programs need to meet published standards and criteria of their discipline or specialty.

1.3. Accreditation.

1.3.1. USAF MTFs and other agencies conducting education programs must apply for and maintain accreditation by the national accrediting agency for each program. (T-0).

1.3.2. USAF institutions sponsoring accredited programs must ensure that the programs continue to meet accreditation standards and criteria. (T-1)

1.3.3. Commanders of institutions conducting accredited programs must arrange for representatives of the appropriate accrediting body to make periodic evaluations and site visits. (T-1)

1.4. Program Evaluation.

1.4.1. Sponsors must develop a system for both internal and field evaluations of the education programs. (T-0).

1.4.2. The MTF commander (MTF/CC) (or designee) 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.

1.4.3. USAF MTF’s and other agencies conducting education programs must also conduct field evaluations (attachment 2). (T-3). Field evaluations are administered to graduates 12-18 months post program completion.

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

1.5. Education at Civilian Institutions.

1.5.1. AFMS personnel may attend programs at civilian institutions for education only if those institutions and programs meet published standards and criteria. AFMS personnel can only attend if the programs are fully accredited by a recognized national accrediting agency acceptable to the United States Air Force Surgeon General (USAF/SG) (where such an accreditation mechanism exists).

1.6.1. USAF institutions sponsoring graduate medical education (GME) programs must develop and maintain a policy document addressing the institution’s commitment to providing the resources necessary to support GME as described in the ACGME institutional requirements. (T-1). The DME, working with the program directors (PDs) and the Graduate Medical Education Committee (GMEC), develops this policy, and the commander approves it. Regional Medical Law Consultants can provide advice and/or review documentation if needed.

1.7. Correspondence with Civilian Organizations.

1.7.1. MTF/CCs, DMEs, and PDs may correspond directly with national civilian organizations concerning accreditation of current or proposed education programs conducted in the MTF and must ensure organization is not under a corporate integrity agreement or on the Inspector General Sanction List. (T-0). This correspondence can not alter or circumvent USAF directives on health education. GMEC must record correspondence in the minutes. (T-1).

1.8. Notification on Endangered Programs.

1.8.1. Any person or agency with information indicating that a program’s accreditation is endangered should forward that information to the appropriate Corps office at AFPC/DPAN.

1.9. Duration of Programs.

1.9.1. Program Directors will ensure students conduct educational activities, particularly those leading to academic degrees or meeting specialty certification requirements, in the minimum time required to meet educational objectives. (T-1). Personnel enrolled in civilian education programs are expected to enroll in a full-time status and attend year-round.
Chapter 2

ROLES AND RESPONSIBILITIES

2.1. USAF/SG.

2.1.1. Approves health education policy.

2.1.2. Designates the health organizations that are to provide health education (on recommendation from AFPC/DPAN).

2.1.3. Through AFPC/DPAN, fully staffs health-teaching facilities with professionals in appropriate specialties.

2.1.4. Emphasizes continuing health education (CHE).

2.2. AFPC/DPAN will.

2.2.1. Implement the USAF/SG’s policy and monitors education programs.

2.2.2. Distribute 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. (T-2).

2.2.3. Supervise the CHE activities of the AFMS, keeps records, and certifies programs that meet standards. (T-2).

2.2.4. Serve as the point of contact between the USAF and Civilian accrediting agencies regarding CHE programs the USAF certifies.

2.2.5. Create and maintains education files on Medical Service officers enrolled in long-term education programs. (T-2).

2.2.6. Recommend to USAF/SG which health institutions should conduct education programs.

2.2.7. Supply designated health institutions with the professional staff they need to meet their education mission. (T-2).

2.2.8. Manage and track medical or dental officers deferred from active duty and enrolled in health education programs in civilian institutions. (T-2).

2.3. Major Commands (MAJCOMs).

2.3.1. MAJCOMs need to support MTFs that are designated to provide formal professional education in accomplishing their mission.

2.3.2. 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.
2.4. **Air Force Institute of Technology (AFIT) Healthcare Education Division (AFIT/HCED) will.**

2.4.1. Manage assigned officers, funds, and administers tuition, academic travel, and educational expenses for graduate health education programs in civilian institutions, Army facilities, Navy facilities, Uniformed Services University of the Health Sciences (USUHS), and other intra-governmental agencies. (T-2). The AFMS provides funds to AFIT for tuition, fees, academic/clinical travel, board exams, etc. Funding requirements are driven by annual Health Professions Education Requirements Board (HPERB) approved training requirements.

2.4.2. Manage, funds and administers the Armed Forces Health Professions Scholarship Program and Financial Assistance Program (AFHPSP/FAP). (T-2). The AFMS provides funds to AFIT for tuition, fees and educational expenses. Personnel costs are funded by the Air Force Reserve Command.

2.4.3. Manage funds and administers the Active Duty Health Professions Loan Repayment Program (ADHPLRP), according to the annual program funding and quotas approved by the USAF/SG. (T-2)

2.5. **Commanders of MTFs and Organizations will.**

2.5.1. Ensure educational programs meet the standards and criteria of this instruction as well as the standards and guidelines of national accrediting organizations. (T-2).

2.5.2. Prepare and submit reports and course documentation relating to education programs as specified in this instruction. (T-2).

2.5.3. Continually review programs and send required reports and evaluations to appropriate corps at AFPC/DPAN. (T-2).

2.5.4. Provide personnel, funds, supplies, equipment, and facilities needed to accomplish the education mission. (T-2).

2.5.5. Inform AFPC/DPAN, of significant changes in the number of spaces available in current programs. (T-2).

2.5.6. Work with the DME to ensure that programs meet standards, including those for certification and accreditation. (T-2).

2.5.7. Monitor expenses (by FY) attributable to education programs, including accreditation costs. (T-2).

2.5.8. Notify USAF/SG and AFPC/DPAN of all accreditation decisions involving their educational programs. (T-2)

2.6. **Medical Service Officers will.**

2.6.1. Obtain and maintain the certification and licensure they need to practice their profession or specialty; comply with DoD and AF directives on licensure. (T-0)

2.6.2. Make sure that the provider credentials file (PCF) contains a copy of their personal education record. (T-1)
2.7. Medical Education Facilities.

2.7.1. USAF education programs take place in USAF or other MTFs and in civilian schools. Officers may also be assigned to Army, Navy, DoD, other federal government agencies, and civilian locations for required education not available in USAF facilities.

2.8. Air Force MTFs.

2.8.1. Several medical organizations have teaching missions. Each is expected to develop an effective CHE program for assigned personnel. The medical organizations are:

2.8.2. The designated USAF medical centers.

2.8.3. Certain regional and other MTFs.

2.8.4. The 937th Training Group.

2.8.5. The USAF School of Aerospace Medicine (USAFSAM).

2.9. Undergraduate Education.

2.9.1. Undergraduate programs grant a primary degree and may include a basic professional degree.

2.9.2. F. Edward Herbert AFHPSP/FAP. The purpose of AFHPSP/FAP is to ensure the USAF has enough qualified health professionals to meet USAF requirements. Individuals need to meet qualifications set by the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)). Students accepted by an accredited civilian school inside the United States, Puerto Rico, Graduate Dental Education (GDE), or GME programs, in the appropriate disciplines, may apply for USAF sponsorship. For more information see AFI 41-110, Medical Health Care Professions Scholarship Programs.

2.9.3. 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 AFROTCI 36-2011 Special Actions Programs.

2.10. Graduate Education.

2.10.1. 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.

2.10.2. For details on the F. Edward Herbert AFHPSP/FAP program please see 2.9.1 of this instruction.

2.10.3. The F. Edward Herbert 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 for mission requirements and application procedures.

2.11. CHE Programs.

2.11.1. CHE programs are short term courses or education programs that maintain professional and technical knowledge or teach additional skills that are used by the AFMS.
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 USAF has a strong commitment to CHE in order to prepare competent personnel for the delivery of excellent patient care. Programs are conducted by USAF/SG, MAJCOM/SGs, USAF schools, MTFs, and civilian organizations.

2.12. Extern and Clerk Programs.

2.12.1. Medical organizations may provide extern and clerk programs for AFHPSP/FAP students, USAFR personnel, medical ROTC educational delay students, and USUHS students. Civilian students may participate at the discretion of the MTF/CC if a memorandum of understanding has been accomplished between the MTF and the civilian institution (see AFI 41-108, Training Affiliation Agreements). Officers attending training under AFHPSP/FAP sponsorship can not be placed on orders to attend an extern or clerk program outside the continental United States (CONUS), including Hawaii, Alaska, and Puerto Rico, unless they are attending school at that location.

2.13. Officer Exchange Program.

2.13.1. 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 Temporary Duty (P-TDY) (see AFI 36-3003, Military Leave Program) 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 P-TDY to the smaller hospital on an exchange basis. Only programs clearly defined as educational qualifies as an exchange program. The respective MTF/CCs and command surgeons must approve the P-TDY. (T-2).


2.14.1. AF SG1/8 (Director of Manpower, Personnel and Resources), the USAF/SG designee, will convene an annual HPERB to determine educational requirements (e.g., advanced academic degrees, fellowships, etc.) to develop officer skillsets and abilities in support of readiness, medical product line initiation/sustainment and career broadening. Approval authority of HPERB requirements resides with the SG1/8.

2.15. SG Consultants

2.15.1. SG Consultants will initiate and input HPERB training requests into the AFPC web-based application site. It is highly recommended that Consultants use the AFPC staffing analysis in determining educational requirements. Training requests requiring AFIT funding must be coordinated through the AFIT Healthcare Education Division (AFIT/HCED) prior to final submission to the HPERB. (T-1) Training requests will be placed into categories.

2.15.1.1. Category 1: Readiness Essential is education which develops skills and knowledge to support the requirements of a UTC. Training that is required by the UTC above and beyond AFSC or shred awarding courses.

2.15.1.2. Category 2: Product Line Initiation/Sustainment is education that is a requirement for awarding an AFSC or a specialty shred out (IAW the Air Force Officer Classification Directory).
2.15.1.3. Category 3: Broadening/Enhancement is education, internship, or fellowship which develops skills and knowledge for increased clinical privileging, clinical or professional leadership, or skills progression.

2.16. Training Requests

2.16.1. Training requests processed through the HPERB process include GPE, AFIT graduate/post graduate education, Education with Industry (EWI), internships, residencies and fellowships for clinical and non-clinical personnel.

2.17. Responsibilities

2.17.1. AFPC/DP2N (Corps Utilization & Education) will prepare annually a staffing analysis for each primary AFSC in support of the HPERB process. This analysis will contain gains from training and recruiting; and anticipated losses from retirements, separations, and training. (Note: 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 AF/SG1/8).

2.17.2. The initial AFPC/DP2N review is done by the Utilization and Education Branch Chiefs for each Corps to validate the training requirement relative to projected vacant billets that require education and training.

2.17.3. AFMS Corps Directors, in conjunction with their respective Corps Chiefs, will review, validate and prioritize training requests establishing a Corps training requirements list. The Corps Director will meet with the Force Development Panel Chair and Program Element Manager (PEM) to review requirements and risk. Corp Directors will brief AF/SG1/8 on the validated requirements. AF/SG1/8 reviews, approves or disapproves validated HPERB requirements.

2.17.4. Force Development Panel will conduct an audit after completion of Corps DTs. The audit will consist of a line-by-line comparison of requirements to selections. If there is a discrepancy the Corps will need to apply for a waiver and re-evaluate requirements. The data gathered will assist with determining if other approaches should be employed to fill requirements (i.e. recruiting fully qualified candidates).

2.18. Skill Progression Training.

2.18.1. Includes GME, GDE, AFIT graduate education, Education with Industry (EWI), and in-house fellowships to include both clinical and non-clinical. All training is approved through the HPERB process.

2.19. Selection Boards

2.19.1. AFPC/DP2N (Corps Utilization & Education) will, upon approval of HPERB training requirements by AF/SG1/8, send out approved allocations and eligibility via Personnel Services Delivery Memorandum (PSDM). In addition, AFPC/DP2N will assist Corps with their HPERB selection board, Developmental Team (DT); process will ensure only valid requirements are matched.


2.20.1. Adjustments to Approved Training Programs: Selection boards only select applicants for specific training requirements and associated programs approved by the
HPERB. Change of training programs (e.g. Master of Business Administration [MBA] to Master of Health Administration [MHA]; Orthodontics to Prosthodontics; or Master of Science in Nursing [MSN] in Nursing Management to MSN in Anesthesia), must be approved by the AF/SG1/8. Additionally, if the training program utilizes a civilian institution, proposed changes will be coordinated with AFIT Healthcare Education Division prior to submission to AF/SG1/8.

2.20.2. Out-of-Cycle New Training Requirement: If a critical training requirement is identified after the HPERB process cycle, the individual identifying the training requirement submits a request for training through the appropriate Corps representative at AFPC/DP2N. Requests will include the following: 1) reason training was not requested in HPERB process; 2) projected manning in the specialty for which the training is requested; 3) impact if training is delayed for a year; and 4) request for realignment or addition of training man-years.

2.20.3. The appropriate Corps representative at AFPC/DP2N validates projected manning requirements, coordinates the request with AFIT/HCED if the training requested is managed by AFIT/HCED, and forwards the request to USAF/SG1. Each level of review/coordination includes a recommendation for approval/disapproval. Training being considered for approval is added to the previous approved list and re-prioritized by the executive committee of the HPERB. The executive committee consists of the Corps Directors, Force Development Panel Chair and PEM, AF/SG1/8. The revised approved list is forwarded to AF/SG1/8 for final action.

2.21. USAF Programs.

2.21.1. ETCA found at: https://etca.randolph.af.mil/ lists USAF education programs and courses in accordance with (IAW) AFI 36-2201, Air Force Training Program. See ETCA and the AFPC/DPAN Education Selection Board announcement letter for eligibility and application procedures.

2.22. GME Programs.

2.22.1. HPERB results, listing GME training opportunities and detailed application instructions are available from AFPC/DPAN, additional information can be found on the kx; on the Physician Education website. The following general guideline applies to all applicants for advanced training: members require 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.

2.23. GDE Programs.

2.23.1. Training opportunities approved by the HPERB are available on the Dental Education website. Additional information on GDE training opportunities can be found on the kx.


2.24.1. Selection boards convened under the authority of the USAF/SG fill AFMS long term education program positions. The SG appoints presidents of all selection boards.
2.25. Selection Criteria.

2.25.1. Only candidates meeting the criteria established by the USAF/SG or OASD(HA), ETCA, HPERB, and by various national accrediting bodies. Medical officers having an unfavorable information file (UIF) require a command recommendation in order to apply for GME. Dental officers with a UIF are ineligible to apply for GDE.

2.25.2. Only candidates who can meet the active duty service commitment (ADSC) for GME programs are eligible.

2.25.3. The appointed president convenes selection boards.

2.25.4. The board president appoints his/her board members. Only appointed board members and administrative support staff are allowed in the boardroom.

2.25.5. Results of the board are confidential and may only be released by AFPC/DPAN after approval of the convening authority.

2.25.6. Deliberations are confidential. Decisions of the board are final.

2.25.6.1. Priority of GME selection is usually given to qualified active duty officers in the workforce.


2.26.1. Selection boards may consider applications for second residencies if the candidates are board certified in their primary specialty, have worked in that specialty for five years, and the application is in the best interest of the USAF (time in specialty can be waived based on needs of the USAF).

2.27. Revocation of Selection.

2.27.1. The selection board president has the authority to revoke selection for an education program for cause at any time.

2.27.2. The unit commander monitors the performance of selected officers until such officers depart for the education program. If the selectee’s performance or conduct raises any concern about their ability to perform adequately in the education program or to appropriately represent the USAF, (to include a failure of an official Air Force Fitness Assessment) the commander must notify AFPC/DPAN and provide a recommendation on whether the member should enter the education program. (T-1).

2.27.3. Selectees can be disqualified from entering training based on Permanent Change of Station (PCS) requirements as outlined AFI 36-2110, Assignments, and the ETCA. Officers below the grade of Lieutenant Colonel, who are deferred for promotion to the next higher grade, are evaluated on a case by case basis to determine if there GME is revoked.

2.28. Service Obligation Incurred for Education Training.

2.28.1. Officers participating in USAF education programs incur an ADSC as specified in AFI 36-2107, Active Duty Service Commitments.
2.29. Expectation of Program Completion.

2.29.1. Once officers have been selected for and placed in a military or civilian education program, they are expected to complete the minimum formal requirements of their program at the same location.

2.30. Resignations.

2.30.1. Students must get written approval from the PD or preceptor to resign from an education program. (T-0). Students who resign are not eligible for further education until after they have served in the workforce for two years. Medical Corps Officers are not eligible to resign from their training program until they have met the minimum requirements for licensure as a physician.

2.31. Additional Training.

2.31.1. Students must apply for additional training to the appropriate selection board. (T-1).

2.32. Approving Authority.

2.32.1. AFPC/DPAN must approve all changes in education programs. (T-1). In rare situations where it is in the best interest of the USAF, AFPC/DPAN may approve a change in the education program during periods when no selection board is convened. However, the HPERB President must approve changes to education and training programs that result in a change to the HPERB approved requirement (i.e. length of training, type of degree, subject or specialty area, etc.) must be approved by the HPERB President. The appropriate office within AFPC/DPAN will prepare a position paper with recommendations for approval/disapproval to AF/SG1 who coordinates appropriate action with the HPERB President.

2.32.2. Students enrolled in AFIT sponsored civilian, Army, Navy, other DoD, or intra-governmental programs must submit written requests through their PD or academic advisor to the AFIT Healthcare Division for endorsement to AFPC/DPAN. (T-0). Students involved with in-house training must submit requests, through their PD and DME, to AFPC/DPAN. (T-2). Students training in deferred or redeferred status submit requests, through their PD to AFPC/DPAN.

2.33. Residency Closure/Reduction.

2.33.1. In the event of a reduction or closure of a program, the residents are either allowed to complete their education or assisted in enrolling in an ACGME accredited program in which they can continue their education.

2.34. USAF Programs.

2.34.1. When a member successfully completes a graduate professional course, the medical facility issues a certificate approved by the GMEC.

2.35. DME.

2.35.1. A DME is required for medical facilities which have GME programs. The MTF/CC appoints in writing a qualified senior officer or civilian to be the DME. (T-1). The DME reports to the MTF/CC and plans, leads, and coordinates all GME programs in the MTF. These responsibilities do not include patient education.
2.36. DME Responsibilities will:

2.36.1. Develop and implement operational education, training and clinical policies and plans consistent with the MTF’s mission and current practice for all officers’ education. For programs combined with other military services (i.e. National Capital Consortium or San Antonio Uniformed Services Health Education Consortium), the duties, processes and responsibilities of the ACGME recognized consortium may be followed. (T-1). The USAF facility DME should ensure that all of the duties outlined in this instruction are appropriately delegated by command if the DME does not have direct oversight.

2.36.1.1. Ensure compliance with USAF requirements, professional practice standards and accreditation agencies.

2.36.1.2. Prepare and maintain records, reports, and operating instructions related to medical education.

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

2.36.2. Develop and monitor affiliation agreements between the MTF and civilian facilities, where required, according to AFI 41-108, Training Affiliation Agreements. (T-1).

2.36.3. Oversee a faculty development program to enhance the teaching skills of physician faculty. (T-1)

2.36.4. Provide primary oversight to all GME programs to include medical residency programs, Phase II officer training (greater than 10 months), and training and education Memorandums of Understanding and collaborate with co-located Reserve Components in order to consolidate and mutually support each other’s training requirements as applicable. (T-1)

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

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

2.36.4.3. Create a base and facility orientation program for individuals entering graduate professional education programs. Assist all PDs to develop an appropriate orientation. (T-1)

2.36.4.4. Work with PDs in monitoring student performance and notify the GMEC of students not performing to program objectives.

2.36.4.5. Budget for in-service examination fees, accreditation fees, board certification fees, and clinical rotation expenses listed in the approved curriculum. GDE Program Directors will submit budgetary requirements to the DME. (T-3)

2.36.4.6. 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.
2.36.4.7. Receive and review materials on program accreditation and inform the program
director, GMEC, and the commander what has to be done to comply with accreditation
standards and requirements.

2.36.4.8. Monitor graduate performance on specialty board examinations. GDE
programs monitor, as applicable, dental specialty board examination procedures.

2.36.4.9. Keep appropriate education files on each student enrolled in a formal education
program, to include:

- DMEs will maintain verified copies of certificates of basic qualifying
degree. (T-1)

- DMEs will maintain verified copies of applicable license, academic
actions, training reports, and other official correspondence pertaining to the student.
(T-1)

2.36.4.10. For students who have completed the program, also maintain:

- A copy of the final training report.
- Certification of program completion.
- A copy of PCS orders.

2.36.4.11. Periodically review or designate someone to review student records.

2.36.4.12. May designate the PD or another responsible official to keep the education
record.

2.36.4.13. DMEs will review AFI 44-119 for guidance on education record requirements
for providers attending residency, fellowship, or other long-term graduate education
programs. (T-1). 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.

Procedures and Responsibilities, and AF Records Disposition Schedule*. If a student
transfers to another program before finishing the original program, transfer the education
file to the student’s new PD.

2.36.4.15. Transfer provider activity files (PAF) and other documents for graduating or
departing students as specified in AFI 44-119.

2.36.4.16. Give graduates of formal education programs certificates approved by the
GMEC. Send one copy to AFIT Coding Section, 2950 Hobson Way, Wright-Patterson
AFB, OH 45433-7765. AFIT includes the copy in the academic repository, assigns an
academic specialty designator and updates the education section of the personnel data
system (PDS).

2.36.4.17. AFMS Virtual Library is available to AFMS personal via the kx if individual
choose to use it If needed, supplement the Virtual Library with resources recommended
by the GMEC and/or staff. GDE leadership work with DME to ensure dental specific
library requirements are available.
2.36.4.18. Supervise subordinate functions as directed by AFPD 41-1, *Health Care Programs and Resources*. (T-1)

2.37. GMEC.

2.37.1. A professional education committee is required at facilities with GME programs. The MTF/CC appoints a GMEC. (T-1) 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 937th Training Group and USAFSAM. (T-1) For programs that fall under one of the consortiums (i.e. National Capital Consortium or San Antonio Uniformed Services Health Education Consortium), the duties, processes and responsibilities of the ACGME recognized consortium may be followed.

2.38. Functions.

2.38.1. Advises the DME.

2.38.2. Plans and develops all in-house officer educational programs as identified by USAF directives or policies, the MTF/CC, or facility committees.

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

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

2.38.5. Supervises and integrates the facility’s education programs.

2.38.6. Reviews all requests for probation, resignation, termination or extension of training for trainees in the education programs overseen by the committee and provides recommendations to the DME on the most appropriate course of action for these trainees.


2.39.1. Committee membership includes at least one resident nominated by their peers and representatives from the education programs overseen by the committee, which may include the following disciplines:

2.39.2. GME.

2.39.3. Dental.

2.39.4. Nursing education.

2.39.5. Allied health education.

2.40. Meeting Schedule.

2.40.1. 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 need to be present.

2.41. Meeting Agenda.

2.41.1. The committee or a subcommittee regularly reviews student progress and annually reviews and evaluates the program (see *Chapter 3*, of this instruction, for guidance on restriction, suspension, and termination of education status). Agenda items include:
2.41.2. Summary results and recommendations from ACGME mandated institutional reviews and site visits.

2.41.3. Resident supervision/work hour issues.

2.41.4. Facility support.

2.41.5. Specialty board results.

2.41.6. Financial Resources/Budget.

2.41.7. Communication with MTF leadership.

2.41.8. Integration of each program with other programs and missions of the facility.

2.42. Meeting Minutes.

2.42.1. The GMEC will submit written minutes of all committee meetings to the MTF/CC for review and approval. (T-1) Recommendations requiring specific action by AFPC/DPAN 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 U.S.C. §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 MTF/CC. For further guidance on medical quality assurance and/or risk management, refer to AFI 44-119.

2.43. Required Reports and Evaluations.

2.43.1. Health organizations collect information on attendance, critiques, inspections, evaluations, costs, and other factors for use in planning.

2.44. Annual Evaluation.

2.44.1. Facilities conducting GME, including facilities with qualifying programs in psychology, will perform an annual evaluation on each program. (T-1) The evaluation is conducted by the PD with input from faculty, trainees and recent program graduates. The PD will send a summary report on this evaluation, the Annual Evaluation of Medical Training Programs, to the DME and GMEC. (T-1)

2.44.2. Evaluation Review. The DME and GMECs review each internal evaluation and attach comments documenting their review. (T-1)

2.44.3. Annual Evaluation Requirements. After review by the DME and GMEC, the DME sends a copy of the Annual Evaluation of Medical Training Programs for each program to the MTF/CC. (T-1)

2.44.4. Annual Evaluation Report Contents.

2.44.4.1. Annual review of the curriculum.

2.44.4.2. Results of all in-service examinations or other evaluations used to assess student progress.

2.44.4.3. Results of field evaluations or other evaluations used to assess the program.

2.44.4.4. Results of board examination for all program graduates.

2.44.4.5. Summarized educational expenses.
2.44.4.6. The PD summarizes the review by:

2.44.4.6.1. Estimating the extent to which the program complies with the curriculum, USAF regulations, and accreditation requirements.

2.44.4.6.2. Commenting on the program’s effectiveness, using field evaluations, board results, and any other studies as criteria.

2.44.4.6.3. Stating any identified problems and action plan for corrections.
Chapter 3

RESTRICTION, SUSPENSION, AND TERMINATION OF EDUCATION STATUS

3.1. Basis for Action.

3.1.1. AFPC/DPAN, in coordination with the selection Board President, may suspend or withdraw (terminate) AFMS officers enrolled in 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.

3.2. Discretionary Actions.

3.2.1. Policy. DMEs and PDs must ensure the program structure and methodologies of education programs must be conducive to educating residents. (T-1). 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 Regional Medical Law Consultant can provide advice or review documents if needed. The PD or DME can often improve student performance before it becomes necessary to extend or terminate training.

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

3.2.1.2. DMEs and PDs will document any discretionary actions taken before going on to more serious actions that could extend or terminate training. (T-1).

3.2.1.3. DMEs and PDs will discuss such discretionary actions with the student and document the actions in the student’s education record. (T-1).

3.2.1.4. The PD will inform the DME and, if necessary, the GMEC, of your discretionary actions. (T-1)

3.2.2. Types of Discretionary Actions.

3.2.2.1. Limitations. Limitations refer to conditions that you place on a student’s educational activities that restrict the types of activities in which a student can participate. The PD determines what type of limitations may be placed on a student.

3.2.2.2. Academic Notice. The PD 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. Indicate to the student the potential consequences if the problems are not corrected. Academic notice is not considered a reportable action for future credentialing/licensing.

3.2.2.3. Formal Probation. Place students on probationary status on the recommendation of the GMEC 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. Probation that has been approved by the GMEC is considered
a reportable action on the student’s final training report and the physician must report it on all credentialing and state licensure documents the remainder of their medical career. (T-0)

3.2.2.3.1. PD will give students written notice of probation, specifying why the probation was imposed and how long it will last. (T-1) Suggest specific ways to overcome the problem. Develop a written remediation plan. The appropriate office at AFPC/DPAN is provided a copy of all formal probation documentation.

3.2.2.3.2. The DME may remove probationary status with the concurrence of the GMEC or its appropriate subcommittee.

3.2.2.4. Other. Take any other actions necessary that affect but are not reasonably expected to delay or terminate the student’s education program.

3.3. Administrative or Judicial Action.

3.3.1. When beginning and completing administrative or judicial action against a student (e.g., AFI 36-3206, Administrative Discharge Procedures, or the Uniform Code of Military Justice (UCMJ)), the Commander will notify AFPC/DPAN. (T-1) (For ARC, see: AFI 36-3209, Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members). The DME will review the case to determine whether to also restrict, suspend, or terminate the student’s education status until review by the GMEC. (T-1)

3.4. Students in Civilian Programs.

3.4.1. Send any recommendations to remove the education status of students in civilian programs through AFIT Healthcare Education Division to AFPC/DPAN.

3.4.2. 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; the Regional Medical Law Consultant can provide advice or review the documents if needed.

3.4.3. A military resident being separated from the military will also be terminated from the civilian program. Students terminated from civilian training would continue to serve out their military ADSC in a position commensurate with current/valid credentials.

3.5. Documentation.

3.5.1. The DME will keep records of all requirements and actions under this section in the student’s education record. (T-1)

3.6. USAFSAM.

3.6.1. Restrict, suspend, or terminate students enrolled in these courses according to the directives of the USAFSAM.

3.7. Processing for Individual Request.

3.7.1. The process below applies to students enrolled in USAF education programs. Students in programs outside the USAF follow similar procedures through the AFIT Healthcare Education Division.
3.7.1.1. Student Request. Students send a written request to the PD for permission to resign from a program.

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

3.7.1.3. Recommends approval or disapproval of the request.

3.7.1.4. Recommends an effective date of resignation.

3.7.1.5. Outlines why the student is requesting resignation and whether the student’s progress up to that time is satisfactory.

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

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

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

3.7.1.9. Identifies whether the student is able to provide independent care as a general medical officer or flight surgeon.

3.8. Review. The GMEC reviews the case, recommends approval or disapproval, and forwards it to through the DME to the MTF/CC.

3.9. Commander Review.

3.9.1. The MTF/CC either disapproves the request or sends it with a recommendation for approval to AFPC/DPAN (with a copy to the student’s MAJCOM).

3.10. Final Approval.

3.10.1. Resignation becomes effective when AFPC/DPAN approves it.

3.11. Consequences of Resignation.

3.11.1. Students who resign from programs required for professional practice in the USAF (e.g. first post graduate year (PGY-1) residents who resign prior to meeting licensing requirements) may be involuntarily separated or may have to perform service in an alternate career field. Physicians at PGY-2 or above whose resignation is approved or who are terminated from their program will be referred to Physician Utilization Branch for assignment (T-1). Due to the complexities associated with resignation, training programs should contact the appropriate branch of AFPC/DPAN to best inform the trainee of the potential impact of resigning from training.

3.12. Immediate Restriction or Suspension.

3.12.1. If a student’s conduct or performance requires immediate action to protect the health or safety of any patient, employee, or other person in the medical facility, the PD, DME, or higher authority may summarily restrict or suspend the student’s patient care activities. If the summary action leads to delays or termination of the education program, promptly notify the DME in writing. The local Staff Judge Advocate will be consulted if there are any questions/concerns with the actions.

3.13.1. If counseling or other discretionary actions (see paragraph 3.2, of this instruction) do not resolve an academic, disciplinary, or other problems, notify the PD, DME, and GMEC.


3.14.1. The GMEC or its appropriate subcommittee reviews the case and sends its recommendations to AFPC/DPAN through the DME.

3.14.1.1. Action to Extend or Terminate Training.

3.14.1.2. Student Notification. The DME reviews with the committee recommendation. Any concerns with the proposal resolved before student is notified. If the DME non-concurs with the recommendation, the DME with meet with GMEC for further resolution. If the DME concurs with the recommendation, the DME notifies the student. (Attachment 3).

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

3.14.1.3.1. Students send written requests for such reviews to the DME within ten calendar days of receiving the recommendation notice. Extensions may be granted by the DME for compelling reasons.

3.14.1.3.2. 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 and all rights associated with the faculty board.

3.14.1.3.3. Commander Notification. If the student does not request or otherwise waives the review, the DME sends the notice of recommended action to the MTF/CC for review and decision.


3.14.1.4.1. If the commander disagrees with the committee recommendation (see paragraphs 3.14 of this instruction), he or she returns the matter to the GMEC for further consideration and action according to this instruction.

3.14.1.4.2. If the commander agrees with the recommendation, he or she forwards it to AFPC/DPAN for final approval.

3.15. Impartiality of Reviewers.

3.15.1. Only personnel who are able to make a fair review of the case are eligible to be student faculty board members and reviewers. 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:

3.15.2. A person such as the DME, PD, or MTF/CC who has taken summary action according to paragraph 3.13, of this instruction.

3.15.3. A person who was materially or substantially involved with the case.
3.15.4. A person whose statements or recommendations have played a significant part in initiating the action against the student.

3.16. **Faculty Board Composition and Procedures.**

3.16.1. The purpose of a faculty board is to review the student’s academic performance, professionalism, disciplinary actions and/or patient care issues and determine if there are grounds to support the extension or termination decision. The faculty board also affords the student the opportunity to speak on his/her own behalf. See 3.16.2.5 for additional details.

3.16.2. Faculty Board Composition. The MTF/CC must appoint in writing three qualified officers, who are knowledgeable about the program’s academic content, to serve as members. The faculty board must contain three members who are knowledgeable about the program’s academic content. (T-1).

3.16.3. Faculty Board Procedures. These proceedings are not bound by formal rules of evidence nor a strict procedural format. The preponderance of the evidence is the standard of proof to be used in arriving at determinations in boards conducted under this section. A preponderance of evidence is that evidence which, when fairly considered, produces the stronger impression, has the greater weight, and is more convincing as to its truth when weighed against any evidence in opposition to it.

3.16.3.1. AFI 51-602, *Boards of Officers*, does not apply to a Faculty Board

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

3.16.3.3. The chairperson should consult with the DME before conducting the faculty board.

3.16.3.4. The student’s PD will present to the board the basis for the extension or termination recommendation. (T-1).

3.16.3.5. The student will be given the opportunity to speak and present documents to the faculty board and may question witnesses. (T-1).

3.16.3.6. The faculty board may question the PD, student, witnesses and examine documents as necessary. If the faculty board suspects the student of an offense under the Uniform Code of Military Justice (UCMJ), the faculty board will advise the student of his/her Article 31, UCMJ, rights prior to any questioning. (T-0).

3.16.3.7. The DME will give students at least ten calendar days written notice of faculty board hearings (*Attachment 4*). (T-1). The notice will include:

   3.16.3.7.1. The specific grounds for the faculty board, including dates and pertinent patient records where applicable.

   3.16.3.7.2. The date, time and location of the faculty board.

   3.16.3.7.3. The student’s rights to be in attendance, to speak on their own behalf, and to call witnesses on their behalf. (The students arrange for the presence of their witnesses).

   3.16.3.7.4. The names of witnesses to be called to testify at the faculty board.
3.16.3.7.5. The student’s right to question witnesses.

3.16.3.7.6. The student must acknowledge receipt of this notification letter within three calendar days. (T-1)

3.16.3.8. The faculty board reviews the evidence presented, including the information presented by the student.

3.16.3.9. The chairperson ensures there is a record of the proceedings and of its findings and recommendations.

3.16.3.10. 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 MTF/CC. The faculty board may submit a minority report. The faculty board completes the following:

3.16.3.10.1. Base recommendations on a thorough review of the student’s educational file and information obtained during board proceedings.

3.16.3.10.2. Support general statements with specific incidents.

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

3.16.3.11. The chairperson sends the record, including findings and recommendations, through the DME to the MTF/CC. The DME may concur or provide separate recommendations to the commander.

3.17. MTF/CC Action.

3.17.1. Decision. The commander reviews the faculty board records, including findings and recommendations, and makes a decision on the student’s case. If the MTF/CC is disqualified from acting in the particular case according to paragraph 3.15.1-3.15.3 of this instruction, then the MAJCOM/SG or MAJCOM/SG designee serves this function.

3.17.2. The commander notifies the student of an extension decision or of a termination decision in writing.

3.18. Education Assignments and Extensions.

3.18.1. AFPC/DPAN controls assignments to and from education programs, including all extensions of programs. AFPC/DPAN is the final authority for all extensions or terminations of education whether voluntary, discretionary, or through official board action.
Chapter 4

ALL CORPS GRADUATE EDUCATION PROGRAMS

4.1. GME PDs.

4.1.1. The MTF/CC in conjunction with the GMEC appoints PDs for USAF GME programs. ACGME recognized consortium’s procedures should be followed where applicable. PDs have board certification in the program specialty and possess qualifications acceptable to the ACGME. Air Force Associate Program Directors of joint and civilian training programs should be managed under this instruction.

4.2. Appointment Procedures.

4.2.1. Coordinate appointments with AFMOA/SGHM (AFMOA Clinical Consultancy), relevant specialty consultant and AFPC/DPAN. Consider the following in selecting a PD:

4.2.2. Teaching ability and teaching experience
4.2.3. Participation in professional associations
4.2.4. Level of affiliation within the appropriate specialty society
4.2.5. Research contributions
4.2.6. Clinical abilities
4.2.7. Officership and military experience
4.2.8. To assure continuity in educational programs, the minimum tenure of PDs should be the length of the training program plus one year.


4.3.1. To assure quality and maximize patient safety, each program must develop detailed supervision guidelines for trainees. (T-1). Guidelines should address supervision required for admissions, consultations and daily patient care based on the trainee’s year level and/or competence level. Guidelines should also address documentation requirements for trainees and staff physicians and when trainees are expected to communicate with their supervisor. Ultimately, the supervising staff member is responsible for the patient care, and the residents’ conduct and performance.

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

4.3.3. Carefully supervise, train, and evaluate the performance of trainees to determine their ability to perform technical and interpretive procedures and to manage patients.

4.3.4. Monitor resident work hours and schedules to assure they are compliant with ACGME guidelines.

4.3.5. Program owners must develop protocols to facilitate clear and effective transfers of patient care. (T-1).
4.4. Education Plans and Methods.

4.4.1. The PD develops and implements a comprehensive education plan.

4.4.1.1. Creation of an Education Plan. The PD, 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 goals, objectives and expected outcomes.

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

4.4.1.3. Curriculum Review. The program leadership should review the curriculum annually.

4.4.1.4. Content of an Education Plan. Unless the programs accrediting agency specifies otherwise, the Education Plan includes:

- 4.4.1.4.1. Conferences.
- 4.4.1.4.2. Bedside teaching.
- 4.4.1.4.3. Examinations.
- 4.4.1.4.4. Medical readiness training.

4.4.1.5. 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:

  - 4.4.1.5.1. Clinical Pathological Conferences.
  - 4.4.1.5.2. Tumor Board Conferences.
  - 4.4.1.5.3. Morbidity and Mortality (or Patient Safety) Conferences.

4.4.1.6. Examinations. PDs may use their discretion about giving oral or written examinations to evaluate the professional progress of students.

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

- 4.4.1.6.2. Specialty Board Examinations:

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

  - 4.4.1.6.3. DMEs ensure budgeting for registration fees associated with these examinations and for funded TDYs when examinations occur prior to graduating from the program.

  - 4.4.1.6.3.1. DMEs ensure recording and report the costs of these examinations.
4.4.1.7. Medical Readiness Training. Residents attending a military program must satisfy the training requirements for residents outlined in AFI 41-106, *Unit Level Management of Medical Readiness Programs*. *(T-1)*

4.4.1.7.1. PDs should consult with their consultants to develop curriculum most beneficial to meet the readiness requirements of the specialty.

4.4.1.7.2. PDs must specify medical readiness training initiatives in the program curriculum. *(T-1)*

4.4.1.7.3. Combat Casualty Care Course (C4). Participation depends on (Air Education and Training Command) AETC/SG funding and allocation of training quotas at the MAJCOMS.


4.5. Student Teaching Experience.

4.5.1. The ability to teach other health professionals, technicians, and patients is a vital part of the practitioner’s future endeavors. Students should be given the opportunity to develop and practice their teaching skills IAW AFI 44-104, while complying with off-duty employment restrictions IAW AFI 41-102.

4.6. Special Training Facilities.

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

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

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

4.7. Off-Site Clinical Rotations.

4.7.1. Graduate programs may include clinical rotations of varying lengths away from the host activity.

4.7.1.1. Procedures: All anticipated off-site clinical rotations are to be described in the program curriculum.

4.7.1.2. Support all off site clinical rotations to civilian facilities with a properly executed TAA according to AFI 41-108.

4.7.1.3. PDs, the DME, and the GMEC ensure that each off-site clinical rotation complies with the residency committee’s restrictions on time away from the program.
4.8. Leave and Absences from Training.

4.8.1. **Ordinary Leave.** The PD and the GMEC may allow students participating in graduate education programs to take ordinary leave. Recommended leave is usually:

4.8.1.1. Two weeks for 1st year (PG-1) students.
4.8.1.2. Three weeks for 2nd year (PG-2) students.
4.8.1.3. Four weeks for 3rd year (PG-3) and above students. PDs may approve additional leave if it complies with the accrediting body’s requirements on time away from the program.

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

4.8.3. **Prolonged Absences.** When residents take prolonged absences that they cannot make up within the allocated training time, consider either extending their training or withdrawing them from the program.

4.8.3.1. For a prolonged absence or an absence requiring a PCS move, the individual must withdraw or resign from the program. (T-1)
4.8.3.2. When residents are unable to participate in their training program due to medical conditions lasting greater than seven days, the PD should contact DPAN for guidance on how this may impact their ADSC.
4.8.3.3. 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.
4.8.3.4. Do not stop any action already in progress to terminate or extend the resident for academic reasons.

4.8.4. **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 PD and the GMEC.

4.9. **Education Evaluations.**

4.9.1. Supervisors and/or the PDs evaluate students formally on a regular basis. For formal evaluations, use AF Form 494, Academic/Clinical Evaluation Report, or ACGME-equivalent document and AF Form 475, Education/Training Report. Requests for waivers are submitted to the OPR listed above for consideration and approval.) Facilities may also periodically assess student progress using locally developed evaluation forms and processes.

4.9.1.1. AF Form 494 or ACGME-equivalent document. The PD uses this form to evaluate a student’s clinical progress and education potential. Requests for waivers are submitted to the OPR listed above for consideration and approval.
4.9.1.2. Do not enter AF Form 494 or ACGME-equivalent document into the student’s military personnel record or use it to consider promotion.
4.9.1.3. Complete AF Form 494 or ACGME-equivalent document for each student at least every six months.
4.9.1.4. File the form in the educational training file at the MTF (see AFI 44-119).
4.9.2. AF Form 475. The PD submits AF Form 475 for each student who completes the education program or under the conditions prescribed by AFI 36-2406. Use of this form is limited to the master personnel record for selection boards and other personnel actions.

4.9.2.1. PDs must review AFI 36-2406 for appropriate language if a trainee fails to complete the course of training. (T-1).

4.9.2.2. PDs must notify appropriate commander in accordance with AFI 36-2406 for Referral Training Reports to ensure appropriate referral report procedures are followed. (T-1)

4.9.2.3. Periodic Evaluations. MTFs may also prepare a periodic evaluation report approved by the GMEC.

4.9.2.4. The rater discusses the report with the student, who acknowledges it as evidence of the discussion. (T-2)

4.9.2.5. The PD reviews the report before filing it in the student’s education record.

4.9.3. Dental Residency Programs. PDs do not have to use AF Form 494 to evaluate residents in dental programs held in approved AF MTFs. They should, however, use it for off service rotations.

4.9.3.1. 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.

4.9.3.2. 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).

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

4.9.4.1. The evaluator:

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

4.9.4.1.2. Files the evaluation in the student’s health education record.

4.9.4.1.3. Sends a copy to AFPC/DPAN within 60 calendar days after the close out date.

4.9.4.2. The final evaluation:

4.9.4.2.1. Establishes the program completion date for ADSC computations.

4.9.4.2.2. States the inclusive dates of training.

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

4.10. Attendance of Teaching/Resident Staff at Professional Meetings/Courses.

4.10.1. Teaching Staff. Key officer personnel of the teaching staff may attend more than one professional meeting each year if their attendance serves the unit’s education mission.
4.10.2. Resident Trainees. 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:

4.10.2.1. Are approved by the PD and the DME.

4.10.2.2. Do not interfere with the student’s education and do not violate program work hour restrictions.

4.10.3. Temporary Duty. Students who are invited to present papers or exhibits at national civilian professional society meetings, may go TDY provided the PD and DME approve their attendance and the necessary TDY funds are available (see AFI 51-603). Following the approval of the event, according to current conference policy/guidelines, the commander may also approve P-TDY. Conference approval policy is followed according to current guidance. Additional information can be found on the conference approval guidance website.

4.10.3.1. Students may attend short courses of instruction that are part of the approved curriculum or when the PD and DME approve attendance because a unique requirement exists for attendance.

4.10.3.2. Attendance at educational activities needs to comply with the guidelines and work hour requirements of the relevant Residency Review Committee.

4.11. Types of GME Programs.

4.11.1. General. USAF-sponsored GME programs apply for ACGME or appropriate program specialty accreditation, when such accreditation exists. ACGME Institutional and Program Specific requirements can be found on the ACGME website (www.acgme.org)

4.11.1.1. ACGME accredited institutions sponsoring GME programs must maintain substantial compliance with ACGME Institutional Requirements. (T-0). Each organization conducting residency programs must comply, to the extent allowed by federal law, with the ACGME Common Program Requirements and the specific program requirements of that specialty for each separate residency program. (T-0).

4.11.1.2. 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 determine if the program meets the requirements of the organizations Advisory Board of Osteopathic Specialties if they wish to have the training recognized by the AOA.

4.11.2. Research. Research is an important aspect of GME. Students in GME should be encouraged to perform research projects, present case reports and participate in quality improvement projects under the supervision of qualified faculty.

4.11.2.1. The service chief may delegate supervision of projects.

4.11.2.2. Research done by GME students in USAF facilities must be approved by the PD and the facility Institutional Review Board and be conducted in full compliance with AFI 40-402, Protection of Human Subjects in Biomedical and Behavioral Research. (T-0)

4.11.2.3. 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 AFI 35-101, Public Affairs Policies and Procedures.

4.12.1. Each MTF sponsoring GME programs must outline student responsibilities to incoming residents. (See ACGME Institutional Requirements) (T-0)


4.13.1. With the approval of the MTF/CC, 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 MTF is not a collective bargaining unit or union, and its adopted rules and recommendations need to comply with established USAF policy and directives. The resident staff association:

   4.13.1.1. Submits a charter through the DME to the MTF/CC for approval.
   4.13.1.2. Elects officers and keeps written minutes of meetings.
   4.13.1.3. Submits a copy of meeting minutes to the commander, through the DME.
   4.13.1.4. May invite the commander, DME, or PDs to attend meetings.


4.14.1. Accreditation: GDE programs are accredited by the CODA or appropriate program specialty accreditation, when such accreditation exists. USAF institutions that sponsor GDE must ensure sufficient support for program compliance with all CODA standards. (T-0)

4.14.2. Policies: GDE programs owners will model policies such as Due Process, Resident Training Agreements, Supervision Policy, Grievance Policy, etc. after existing GME policies within the institution, (T-0). The Regional Medical Law Consultant can provide advice or review the documents if needed. GDE leadership within the facility, as per prearranged relationship within GME structure, would ensure compliance for dental programs for resident base and facility orientation, resident evaluations, reports, curriculum development, dental GMEC /function activities, annual program review, maintenance of resident files, and coordination of externships/clerkships/elective rotations. PDs or Dental Education administrative leadership provides primary oversight for Dental Education Programs and coordinates attendance of staff and residents at professional meetings/courses.

4.14.3. General. ADA CODA accredits all American Dental Association recognized USAF-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.

4.14.4. Residency Programs

   4.14.4.1. 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 ADA CODA. The objective of the program is to produce competent, well rounded USAF General Dental Officers who can effectively manage the comprehensive dental health needs of the USAF community and beneficiaries. PDs are selected by the Dental Executive Board and must, at minimum, meet specialty board certification requirements as stated in applicable CODA standards. (T-0). Didactic and clinical training is provided as each resident gains clinical experience.
in the disciplines of endodontics, oral surgery, orthodontics, periodontics, 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 are to 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.

4.14.4.2. Other Dental Residency Programs. The USAF may sponsor residency training for dental officers in general dentistry, endodontics, prosthodontics, periodontics, orthodontics, pediatric dentistry, oral and maxillofacial surgery, oral pathology, oral and maxillofacial radiology, and dental 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, maxillofacial reconstruction, facial esthetics, temporomandibular joint surgery, and temporomandibular disorders. USAF needs determine the type and numbers of specialty selections in compliance with current HPERB standards. PDs are selected by the Dental Executive Board and must at minimum, meet specialty board certification requirements as stated in applicable CODA standards. (T-0)

4.14.4.3. AFIT sponsored programs provide training not available at USAF installations or if the USAF needs exceed USAF capabilities. Students may earn a master’s degree, if available, provided they could finish formal course work without extending the length of the residency program.

4.14.4.4. AFIT must concur on the request to ensure funding support and once approved, the student will be required to complete the approved elective degree. (T-1). Failure to complete the approved degree may result in a “non-completion” on the training report.

4.15. 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.

4.15. Medical Service Corps (MSC) Education Programs.

4.15.1. Master’s Degree Programs. The USAF sponsors selected MSC officers to obtain master’s degrees in programs such as hospital or health care administration, business administration, and information resource management when USAF requirements exist. Some hospital and health administration programs require officers to serve a residency to fulfill degree requirements. 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 have a master’s degree in the field of hospital or health administration and/or equivalent level of experience. Programs are offered at Army, Navy, USUHS, or civilian institutions.

4.15.2. Doctoral Programs. Doctoral programs are available for MSC officers when specific needs for particular specialists exist. Education is accomplished at civilian institutions.
4.15.3. Accreditation. MSC officers sponsored by the USAF may attend only those programs and institutions that are fully accredited by the appropriate national professional accrediting body.

4.15.4. Education with Industry (EWI). 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 USAF 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 enhance AFMS health care administration. AFPC/DPAN solicits applications annually.

4.15.5. 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. AFPC/DPAN solicits applications annually.

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

4.16. Biomedical Sciences Corps (BSC) Education Programs.

4.16.1. Graduate Programs. Programs in the various BSC disciplines are available at the master’s, doctoral, and fellowship levels at civilian institutions, USAF facilities, Army medical centers, USUHS, and other governmental agencies (e.g., Centers for Disease Control and Prevention). These programs prepare officers for positions that require advanced education or training.

4.16.2. EWI. The AFMS conducts these 10-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.

4.16.3. Internship. The USAF offers internships at selected AFMS MTFs in clinical psychology. PDs must at a minimum be board eligible in their specialty. (T-1) Board certification is preferred.

4.16.3.1. The clinical psychology internship is a one-year program conducted at selected USAF medical centers. This pre-doctoral program is a mandatory requirement for award of the doctorate in clinical psychology leading to licensure and independent practice. It is focused toward enriching the student’s basic background in psychology and broadening understanding of human behavior through extensive clinical experience under the supervision of the psychology staff. Students receive a variety of training and experience to include, but not limited to, diagnostic interviewing, individual and group psychotherapies in a variety of settings such as mental health, family advocacy and alcohol/drug abuse prevention and treatment programs.
4.17. Nurse Corps (NC) Education Programs.

4.17.1. Graduate Nursing Programs. Degree programs in clinical nurse specialties, nursing administration, nursing education, anesthesia, women’s health care nurse practitioner, pediatric nurse practitioner, family nurse practitioner and other areas are available for active duty nurses. The AFIT Healthcare Education Division manages personnel enrolled in programs at civilian institutions, the Army, Navy, USUHS, and intra-governmental agencies. Doctoral programs are available in various nursing specialties as NC requirements dictate. See ETCA and the AFPC/DPAN Education Selection Board announcement letter for eligibility and application procedures.

4.17.2. Nurse Transition Program (NTP). This program prepares ROTC/newly accessed graduates and enlisted commissioning program candidates who have a Bachelor’s degree in Nursing with less than six months of experience, and are just entering active duty to become professional USAF NC officers. The USAF conducts the program at various AFMS MTFs. 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 AFPC/DPAN.

4.17.3. Air Force Nurse Residency Program (AFNRP). The AFNRP and the NTP are formal AETC medical officer courses. Completion of NTP and AFNRP is a requirement for all NC officers accessed to the USAF with less than 12-months of clinical nursing experience. The purpose of the AFNRP is to transition new nurses from education to professional practice roles, i.e. novice to expert. The year-long (12 months) residency program begins its clock with initial entry into the AF NC to include all accession sources (i.e. direct commission, NECP, ROTC, Service transfer). The residency encompasses a collection of deliberate training experiences and opportunities and includes these topics of focus: 1) Patient Centered Care; 2) Communication and Team Work; 3) Evidenced Based Practice; 4) Informatics and 5) Quality Initiatives. The curriculum meets the 2010 mandate by the National Council of State Boards of Nursing (NCSBN) Transition to Practice requirements for entry level nurses. Additionally, the AFNRP is designed to establish a culture of ongoing professional nurse officer development, mentorship and quality patient care.

4.17.4. Specialty Education Programs. The USAF 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, basic obstetrical nursing, clinical, neonatal intensive care, infection control & epidemiology and nursing staff development. See ETCA and the AFPC/DPAN Education Selection Board announcement letter for course descriptions, prerequisites and application procedures.

4.17.5. Nursing Fellowships. The AFMS 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.

4.17.6. EWI Nursing programs. A ten month, non-degree program is available for a very small number of NC officers. Leading companies in the health care industry provide the education. The AFMS 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 enhance AFMS health care operations. AFPC/DPAN solicits applications as requirements dictate.

4.18. Multi-Corps Education Programs.

4.18.1. A combined selection/screening board evaluates multi-corps fellowships, and EWI applications.

   4.18.1.1. The top three candidates are forwarded to the hiring authority for selection.

   4.18.1.2. Medical Readiness applicants are considered for all the Readiness opportunities for which they are eligible.

4.18.2. The combined selection/screening board considers all applications for multi-corps degree programs.

   4.18.2.1. The name of the candidate selected for training is forwarded to AFIT Healthcare Education Division for placement procedures.

   4.18.2.2. Applicant selected meet the grade requirements and other program prerequisites as identified in the call for candidate’s message.


4.19.2. These fellowships follow HAF/SG policy and guidance for this designation. Fellowships follow a rigorous training plan focused on professional development. (T-1).

4.19.3. Training plan is approved through the respective Corps Directors and submitted to SG1N.

4.19.4. SG1N will obtain final approval from SG1 and notify AFPC and Air University of DE-E approved fellowships . (T-1)

4.20. Externships, Clerkships, and Elective Rotations.

4.20.1. Medical facilities may provide externships, clerkships, and elective rotations for AFHPSP, USUHS and medical AFROTC educational delay students at the discretion of the MTF/CC. Civilian students of the health professions attending programs at accredited civilian institutions may also perform externships and clerkships at USAF facilities, provided that a properly executed affiliation agreement has been approved as needed by AFI 41-108, Training Affiliation Agreement. The DME coordinates and manages externships, clerkships, and elective rotations.

4.20.2. A training affiliation agreement (TAA) is not required for AFHPSP students on their annual active duty tour (see AFI 41-110). However, if these students attend an USAF facility as a civilian student, a TAA between the student’s training institution and the USAF facility is required.

4.20.3. 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 student’s professional school. Clerkships can only occur at training sites that have a properly executed affiliation agreement.

4.20.4. Evaluation Reports. The immediate supervisor must prepare an AF Form 494 for students and residents completing an externship, clerkship, or elective rotation at USAF MTFs. (T-1) The PD must endorse the AF Form 494. (T-1) Special evaluation forms and reports from the student’s school must also be completed if required by that institution. (T-1)

4.20.5. Student Restrictions. Military students and residents performing externships, clerkships, or elective rotations must be on official orders. (T-1) Civilian students (or AFHPSP students attending in civilian status) performing clerkships or externships at USAF MTFs must do so at no expense to the Government. (T-1)

4.20.6. Students enrolled in civilian sponsored degree programs or residencies under AFIT Healthcare Education Division management, are expected to complete all clinical rotations (elective or required) in the local area of the institution. Students with curriculum required clinical experiences that cannot be completed in the local area of the institution are placed on official and funded orders.


4.21.1. A USAF organization contemplating establishing a new formal training program (not continuing health education) must first determine whether there is an ongoing AF requirement for such training, whether the facility has the patient population and resources available to provide such training and whether providing such training at an AF facility is in the best interests of the AFMS. (T-1) In some circumstances, it is more cost effective to utilize existing civilian programs to provide the training.

4.21.1.1. Medical Necessity Evaluation and Economic Documentation System (MEDNEEDS) Study. The facility commander documents the need for a new program by conducting a MEDNEEDS study. The requesting facility should contact AFPC/DPAN for guidance on the recommended format of the MEDNEEDS study. In the study:

4.21.1.2. Evaluate the facility capability.

4.21.1.3. Outline a proposed program curriculum.

4.21.1.4. Estimate the number of faculty and ancillary personnel required.

4.21.1.5. Estimate the number of students to be trained.

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

4.21.1.7. Develop a budget for the program, estimating the costs involved in maintaining the program.

4.21.1.8. Outline the anticipated benefits to the USAF by having such training at this facility.
4.21.2. Formal Approval. Requests for new programs should be reviewed by the DME prior to approval by the facility commander. The MTF/CC forwards the MEDNEEDS study to AFPC/DPAN who provides additional recommendations to USAF/SG. Once USAF/SG has approved establishment of the program, the MTF/CC requests formal approval from the appropriate civilian accrediting agency, if the program is an accredited discipline. The DME sends a copy of all correspondence and accreditation application documents to AFPC/DPAN.

4.22. Accreditation.

4.22.1. MC and DC Residency Programs. Apply for accreditation through the ACGME or ADA CODA.

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

4.22.3. After provisional accreditation, the program may be initiated or continued. The DME sends a copy of all correspondence with the accrediting agency to AFPC/DPAN. A copy of the letter or certificate of accreditation goes into the annual self-study.
Chapter 5
CONTINUING HEALTH EDUCATION (CHE) PROGRAMS

5.1. General.

5.1.1. The AFMS is committed to maintaining the professional competence of USAF 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. (T-1) Non-licensed medical service officers who are affiliated with civilian professional organizations should meet those organizational CHE requirements.

5.2. Goals.

5.2.1. The goals of the USAF CHE program are to:
5.2.2. Maintain and enhance professional competence, performance and patient outcomes.
5.2.3. Improve the knowledge base.
5.2.4. Motivate personnel to excellence.
5.2.5. Meet the full spectrum of health care needed for the USAF mission.
5.2.6. Develop new skills and techniques.
5.2.7. Eliminate incidents of failure and mitigate risks.
5.2.8. Respond to CHE needs of health care providers.
5.2.9. Explore emerging concepts affecting medical practice and health care delivery.
5.2.10. Provide a system for evaluating and recognizing CHE activities.
5.2.11. Employ evidence-based practice and practice-based evidence (Continuing Nurse Education (CNE)).

5.3. Locations.

5.3.1. Various schools and MTFs (deployed locations and home station) conduct CHE program courses that are available for military and civilian personnel.

5.4. Eligibility.

5.4.1. Participants in CHE courses must meet the entrance requirements or have the professional qualifications necessary to benefit from the content presented. (T-1) Participants must also have the required retainability. (T-1)

5.5. Program Procedures.

5.5.1. The CHE program offers courses, conferences, seminars, practicums, and lectures. Headquarters, MAJCOM, schools, MTFs, or other units of the AFMS may develop and conduct activities locally as long as requirements of this instruction and the accrediting agency are followed.
5.5.2. AFPC/DPAN supervises CHE to ensure that its programs meet certification requirements.

5.5.3. The unit developing and providing the educational activity maintains records (electronic or hardcopy) in a secure location for 6 years IAW ANCC guidelines, or as determined by the accrediting agency.

5.5.4. MTFs Education and Training Offices are responsible to assist in planning and submission of all AFMS CME and CNE applications to AFPC/DPAN.

5.6. Individual Requirements for CHE.

5.6.1. Every member of the AFMS, except officers enrolled in an approved GME, GDE, or other education program listed in this instruction, must meet the CHE requirements listed below (T-1) AFMS members will attend conference IAW the Joint Ethics Regulation Section 3-200(b). (T-1).

5.6.1.1. MC. Officers must meet or exceed the CME standards of the American Medical Association (AMA), AOA, individual American specialty boards, or other certifying agencies, whichever is applicable and IAW the Joint Ethics Regulation (JER) Section 3-200(b) stating that DoD employees are prohibited from attending events sponsored by non-federal entities (NFEs) in their official DoD capacities at federal expense solely to acquire or maintain professional credentials that are a minimum requirement to hold the DoD position. (T-0) Officers are required to obtain adequate CME to maintain current licensure and, if applicable, board certification. (T-0) The MC accepts two categories of educational activities for its continuing education program. Details and instructions can be obtained from AFPC/DPAN on acceptable educational activities and approval procedures.

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

5.6.1.3. 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. (T-0). All physicians should complete a minimum of 60 Category 1 CME hours every three years based upon the fiscal year.

5.6.2. DC. Officers should complete 60 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.

5.6.3. BSC (includes all 42X and 43X AFSCs). For these allied health specialties CHE or CME credit is defined as training required by a particular licensing or national certifying body. Officers must complete the minimum CHE, CME, or Continuing Education Unit (CEU) requirements required to meet or maintain licensure or certification credentials for their specialty. (T-0) BSC officers who do not have a licensure or certification requirement must complete 20 CHE (any category) each year. (T-1)

5.6.4. NC.
5.6.4.1. NC officers must complete at least 60 approved contact hours of continuing nursing education directly related to their nursing practice every three years. (T-1) All educational activities presented by agencies accredited by the American Nurses Credentialing Center Commission on Accreditation (ANCC COA) are acceptable.

5.6.4.2. NC officers document their education on AF Form 2665, Air Force Continuing Education Summary, (or electronic equivalent) as directed in AFI 44-119. Supervisors of NC CNE must be kept current for review or inspection as required. (T-0). If privileged providers elect to use AF Form 2665 in their provider credentials file instead of AF Form 1541, Credentials Continuing Health Education Training Record, remains a permanent part of the credentials file (see AFI 44-119 for further information).

5.6.4.3. The NC is accredited as an Approver of CNE through the ANCC. See vCHE website (https://education.mods.army.mil/AFNCNE/Default.aspx) listed under CNE Planner Planner HomeView PoliciesCEARP Guidelines for the Continuing Education Approval and Recognition Program (CEARP) and AFPC/DPAN approval procedures. In addition, the NC accepts four categories of educational activities through its continuing education recognition program. Additional information on submitting a CEARP package is available on the kx or the vCHE website for descriptions of acceptable educational activities and approval procedures.

5.6.5. MSC. While board certification in a career-field related professional organization is not mandated, it is evidence of continuing education and adherence to professional standards associated with the officer’s clinical or administrative specialty. Consequently, the USAF MSCs considers board certification an important accomplishment. As such, they need comply with the continuing education requirements of that professional organization with which they are affiliated.

5.7. Air Force Reserve and Air National Guard Medical Service Personnel.

5.7.1. AFRC/SG and NGB/SG provide guidance on these programs.

5.7.1.1. Officers must fulfill the above requirements according to their corps and their directives. (T-1)

5.7.1.2. If not affiliated with a professional organization, USAFRC and ANG MSC officers must complete 30 hours of continuing education every three years. (T-1) The continuing education activities may be designated as either Category I or Category II.

5.8. Civilian Personnel.

5.8.1. Civil Service personnel need to meet the same number of CHE hours as prescribed for active duty military personnel in the same AFSC. Contract personnel refer to your individual contract.

5.9. Education Credit.

5.9.1. All medical courses listed in ETCA (https://etca.randolph.af.mil/default1.asp) are eligible for Category 1 continuing education credit. PDs for medical courses eligible for ANCC or Category 1 credit from ACCME should apply for credit to their appropriate corps education officer.
5.10. Commander Responsibility.

5.10.1. MTF/CCs help personnel to meet their individual CHE requirements within the constraints 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. Conference attendance needs to be IAW current guidance (see 4.10.3 and 5.6.1 of this instruction.). Individuals approved for locally funded TDY should have one year of retainability in the AFMS. Commanders may approve individuals with less than one year retainability if attendance serves the best interest of the organization and the USAF. In the absence of USAF funds to sponsor a member for attendance at an approved CHE activity, the commander may allow the individual to attend such programs in a P-TDY status (IAW AFI 36-3003).

5.11. Personnel Responsibilities.

5.11.1. Members of the AFMS and Civil Service Personnel must keep an accurate and current record of all CHE activities for licensure, recertification, and credentialing. (T-0). The absence of USAF 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.

5.12. Sources of CHE.

5.12.1. Members wanting to participate in CHE activities can turn to a number of sources. However, officers are authorized funded TDYs IAW current TDY policy and commander’s discretion. Requests for multiple TDYs in one fiscal year should be considered on a case by case basis.

5.13. Locally Developed Programs.

5.13.1. MTF/CCs must ensure CHE programs are based on the facilities learning needs identified from an effective needs assessment. (T-1).

5.14. Programs Developed Outside the USAF.

5.14.1. 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.

5.15. Locally Funded TDY.

5.15.1. Commanders may use operations and maintenance funds to finance attendance at approved CHE programs offered by civilian institutions and agencies IAW current TDY and Conference Attendance Guidance (reference 4.10.3 of this instruction).

5.15.2. Use funds for this purpose only if such programs serve the best interest of the USAF.

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

5.15.4. Individuals approved for locally funded TDY must have the required retainability in the AFMS. (IAW AFI 36-3003). (T-1).

5.15.5. ANG medical officers can attend military and non-military CHE in a funded status, when the CHE is accomplished during annual training days and/or locally managed
workdays (special training, etc.) Members need to follow the current TDY and Conference Attendance Guidance. The costs for TDY, per diem, and transportation comes from local resources 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 member’s duty AFSC or to other officially designated duties.

5.16. Permissive TDY.

5.16.1. An individual may attend a military or civilian-sponsored CHE program in P-TDY status, provided CHE credit is awarded. The member pays for their own travel expenses, registration fees, tuition, and other expenses.

5.16.2. The local MTF/CC may approve P-TDY of fewer than 30 days for CHE, depending on the needs of the facility. Do not approve P-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.

5.17. Application Procedures.

5.17.1. Apply for locally funded TDY or P-TDYs for CHE through the DME or unit commander unless local policy specifies otherwise. Apply for funded formal courses according to ETCA. Civilian conference attendance/TDY is to be IAW current conference policy.

5.17.2. Eligibility. Individuals approved for a USAF or DoD centrally funded TDY must have one-year retainability. (T-1) Commanders ensure that individuals have retainability before funding the TDY.

5.18. CHE Programs.

5.18.1. CHE programs at USAF MTFs, 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 credit or approval directly through AFPC/DPAN for both MC officers and NC officers. The USAF DC is an approved CHE provider by the American Dental Association Continuing Education Recognition Program (ADA CERP). Dental Treatment Facilities may apply for program credit directly through the 59th Dental Group, Education Department, who maintains accreditation oversight for the USAF Dental Service.

5.19. Direct Application

5.19.1. Facility and organization program planners may apply for CME and CNE directly through AFPC/DPAN, national or state agencies that are authorized to approve or accredit CHE programs.

5.19.2. Organizations submitting programs for approval or accreditation by civilian agencies must ensure the program meets the published standards of that agency. (T-0). 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.

5.19.3. Individual MTFs may seek authority (through the agency) to approve their own programs.
5.20. Application to AFPC/DPAN.

5.20.1. The Office of the Surgeon General, USAF/SG, is accredited by the ACCME to provide continuing medical education for physicians. AFPC/DPAN manages the program and approves AFMS programs qualifying for *AMA PRA (Physician’s Recognition Award) Category 1 Credits™*.

5.20.2. The USAF NC is accredited as an approver of continuing nursing education by the ANCC’s COA.

5.20.3. Only those programs, which satisfy the Essential Areas and Policies of the ACCME or the ANCC COA, can be approved.

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

5.20.5. The *CEARP and AFPC/DPAN Continuing Medical Education for Physicians Guidebook*, specifies approval and recognition procedures and appropriate forms (or web-based equivalent) for continuing education activities and can be obtained from AFPC/DPAN.

5.21. Developing a CHE Program.

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

5.21.1.1. Document needs assessment with data source verification. Incorporate into the activity the educational needs based on the professional practice gaps of the learners.

5.21.1.2. Specify the learning goal (purpose) and explicit measurable educational objectives that are appropriate for the target audience.

5.21.1.3. Identify the target audience and the method for verifying participation in an activity.

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

5.21.1.5. Make the objectives, content, disclosures and method of learning known to the participants prior to their attendance.

5.21.1.6. Design and implement the program to meet organizational objectives as well as the participant’s knowledge levels, professional experience, and preferred learning methods.

5.21.1.7. Use and document specific planning procedures to include selection of topics, speakers and faculty.

5.21.1.8. Regularly evaluate the effectiveness of each program, documenting the results and using them to plan subsequent CHE programs.

5.21.1.9. Utilize competent faculty and use appropriate facilities that are compliant with the American Nurses Credentialing Center (ANCC).

5.21.1.10. Record and verify attendance and number of credit hours of all participants.
5.21.1.11. Following the course presentation, provide all summary information/documents per the Corps guidelines. MTF/CC will ensure MC and NC after action reports are completed per vCME and vCNE websites.  (T- 0)

5.22. Management.

5.22.1. AFPC/DPAN. Supervises the USAF CHE program.

5.22.2. CHE PD. The MTF/CC appoints a responsible person to administer the program locally. (T-1) The PD develops the CHE program according to this instruction and coordinating with AFPC/DPAN.

5.22.2.1. The commander may also designate a program committee to help the PD.

5.22.2.2. The PD develops the program based upon the instructions in the CHE guidelines, which can be obtained from AFPC/DPAN.

5.22.2.3. The CE PD is responsible for verifying that the content of each approved course is valid and has scientific merit. The CE PD must ensure that all relationships, commercial support and/or possible conflicts of interest are properly recorded, resolved and disclosed to the attendees prior to the start of activity. (T-1).

5.23. Commercial Support & Financial support of CHE Courses.

5.23.1. The CE PD must ensure that all commercial sponsorship of CHE courses abides by the standards and requirements as stated in AFI 51-601, Gifts to the Department of the Air Force. (T-1). The CE PD must ensure that AFPC/DPAN is contacted to determine all needed requirements and documentation. (T-1).

5.23.2. The CE PD must ensure documentation is completed for a CHE course that is commercially sponsored in order to receive approval. (T-1). This is to ensure that the quality and scientific integrity of all CHE activities are maintained. The CE PD must ensure that if the activity is commercially sponsored, all agreements must be routed through a nonprofit organization as stated in Title 10, U.S.C., §2113. (T-0). Those that are available are: Henry M. Jackson Foundation and the Geneva Foundation.

5.23.3. The CE PD must ensure a faculty disclosure form is required from every planner/speaker/faculty that has control of activity content. (T-1). The CE PD must ensure any presenter-commercial support and/or presenter-product relationship is stated. (T-1). Documentation is maintained in the vCHE (virtual Continuing Health Program web based management system) for Medical Education and Nursing Education respectively, to include the after-action report by the CHE monitor. It should also address how supervision of the presenter was maintained to ensure an unbiased presentation.

5.24. CHE Responsibilities.

5.24.1. Other officers, in addition to the CHE PD, may develop CHE programs at a medical facility.

5.24.2. The director of hospital or clinical services develops and conducts CHE programs at USAF MTFs for medical personnel. Another medical officer may be delegated this responsibility.
5.24.3. The Chief Nurse develops and conducts CHE programs for nursing services personnel. Another NC officer or staff development officer may be delegated this responsibility.

5.24.4. The Chief of Dental Services or the Dental Squadron Commander develops and conducts CHE programs for dental personnel. Another dental officer may be delegated this responsibility.

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

5.24.6. 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 6

MEDICAL EXECUTIVE SKILL DEVELOPMENT PROGRAM IMPLEMENTATION OF DOD INSTRUCTION 6000.15, JOINT MEDICAL EXECUTIVE SKILL INSTITUTE

6.1. Policy.

6.1.1. In 1996, the service medical departments and the OASD(HA) jointly formulated a core curriculum to assist in the individual development of the executive skills needed by MTF/CCs, lead agents, and lead agent staffs.

6.2. The Joint Medical Executive Skill Institute (JMESI).

6.2.1. JMESI is the proponent of, and leader in military medical executive skills core competency achievement. JMESI provides military health care leaders with executive management and professional administrative skills through educational programs, products and services. JMESI administers the programs to assure that commanders of MTFs and TRICARE Regional Directors and their senior staff members demonstrate the required professional administrative skills.

6.3. Competency Validation.

6.3.1. The AFMS prepares officers to be MTF/CCs and Regional Directors 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: https://jmesi.army.mil). The AF/SG1 will ensure AFMS compliance using three validation pathways: (T-1).

6.3.2. Completion of military or civilian courses.

6.3.3. Experience or duty assignment.

6.3.4. External civilian certification.

6.4. AF Command Screening Board.

6.4.1. The AF Command Screening Board (CSB), the colonel assignment match process, and the competency validation plan ensure that officers selected for command of MTFs or as TRICARE Regional Directors 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.

THOMAS W. TRAVIS, Lieutenant General,
USAF, MC, CFS
Surgeon General
Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References
AFI 36-2107, Active Duty Service Commitments (ADSC), 30 April 2012
AFI 36-2110, Assignments, 22 September 2009
AFI 36-3003, Military Leave Program, 26 October 2009
AFI 36-3206, Administrative Discharge Procedure for Commissioned Officers, 9 June 2004
AFI 36-3209, Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members, 14 April 2005
AFI 41-105, Medical Training Programs, 9 November 2010
AFI 41-106, Medical Readiness Program Management, 22 April 2014
AFI 41-108, Training Affiliation Agreement Program, 4 May 2011
AFI 41-110, Medical Health Care Professions Scholarship Program, 23 August 2004
AFI 44-102, Medical Care Management, 20 January 2012
AFI 44-104, Military and Civilian Consultant Program and Medical Enlisted Career Field Manager Program, 26 March 2012
AFI 44-119, Medical Quality Operations, 16 August 2011
AFI 51-602, Boards of Officers, 2 March 1994
AFPD 35-1, Public Affairs Management, 28 September 2012
AFPD 41-1, Health Care Programs and Resources, 15 April 1994
System of Record Notices F035 AF MP K and F160 AF SG B Title 10, U.S.C., §133, 2112, 8013 and 8032 Title 10, U.S.C., Section 1102 Title 50, U.S.C., §454
DoD 5000.07-R, Joint Ethics Regulation 17 November 2011

Prescribed Forms
AF Form 2665, Air Force Nurse Corps Education Summary

Adopted Forms
AF Form 847, Recommendation for Change of Publication

Abbreviations and Acronyms
40C0—Medical Group Commander
AAAHC—Accreditation Association for Ambulatory Health Care
ACCME—Accreditation Council for Continuing Medical Education
ACGME—Accreditation Council for Graduate Medical Education
ADA—American Dental Association
ADHPLRP—Active Duty Health Professions Loan Repayment Program
ADSC—Active Duty Service Commitment
AETC—Air Education and Training Command
AF—Air Force
AFHPS/FAP—Armed Forces Health Professions Scholarship and Financial Assistance Programs
AFIT—Air Force Institute of Technology
AFMAN—Air Force Manual
AFMOA—Air Force Medical Operating Agency
AFMOA/SGHM—Air Force Medical Operating Agency/Clinical Consultancy
AFMS—Air Force Medical Service
AFPC—Air Force Personnel Center
AFPC/DPAN—Air Force Personnel Center/Medical Service Officer Management Division
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
ANA—American Nurses Association
ANCC—American Nurses Credentialing Center
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
BSC—Biomedical Sciences Corps
C4—Combat Casualty Care Course
CEARP—Continuing Education Approval and Recognition Program
CERP—Continuing Education Recognition Program
CEU—Continuing Education Unit
CHE—Continuing Health Education
CI—Civilian Institutions
CNE—Continuing Nurse Education
CME—Continuing Medical Education
COA—Commission on Accreditation
CODA—Commission on Dental Education
CONUS—Continental United States
CPR—Common Program Requirements
DC—Dental Corps
DME—Director of Medical Education
DoD—Department of Defense
DHHS—Department of Health and Human Services
ETCA—Education and Training Course Announcements
EWI—Education with Industry
FAP—Financial Assistance Program
FY—Fiscal Year
HPSP—Health Professions Scholarship Program
GDE—Graduate Dental Education
GME—Graduate Medical Education
GMEC—Graduate Medical Education Committee
GPE—Graduate Professional Education
HPERB—Health Professionals Education Requirements Board
IMA—Individual Mobilized Augmentee
JMESI—Joint Medical Executive Skills Institute
MAJCOM—Major Command
MBA—Master of Business Administration
MC—Medical Corps
MEDNEEDS—Medical Necessity Evaluation and Economic Documentation System
MHA—Master of Healthcare Administration
MSC—Medical Service Corps
MSN—Master of Science in Nursing
MTF—Military Treatment Facility
MTF/CC—Medical Group Commander
MTN—Military Training Network
NC—Nurse Corps
NGB/SG—National Guard Bureau Surgeon General
NGB—National Guard Bureau
OASD (HA)—Office of Assistant Secretary of Defense for Health Affairs
OPR—Office of Primary Responsibility
PAF—Provider Activity File
PCF—Provider Credentials File
PCS—Permanent Change of Station
PD—Program Director
PDS—Personnel Data System
PGY-1—First Post Graduate Year
PGY1-4—First - Forth Post Graduate Year
PL—Product Line
PRA—Physician’s Recognition Award
P-TDY—Permissive Temporary Duty
RegAF—Regular Air Force
TAA—Training Affiliation Agreement
TDY—Temporary Duty Assignment
TJC—The Joint Commission
UCMJ—Uniformed Code of Military Justice
UIF—Unfavorable Information File
USAF—United States Air Force
USAFR—United States Air Force Reserve
USAFSAM—United States Air Force School of Aerospace Medicine
USAF/SG—United States Air Force/Surgeon General
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 EXTENSION IN COMPLETION OR TERMINATION OF EDUCATION

MEMORANDUM FOR (NAME AND GRADE)
FROM: SUBJECT: Notice of Recommendation for Termination of (or Extension of) Education Status
1. I am recommending to the MTF/CC that you be terminated (or other action involving extension) 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 calendar 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 and all rights associated with the faculty board.
(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 calendar days to request a hearing, if I elect to do so, according to AFI 41-117.
(Signature of Student)
(typed name and grade)
SAMPLE NOTIFICATION OF FACULTY BOARD

MEMORANDUM FOR (name and grade of student) (date)
FROM: Director of Medical Education
SUBJECT: Notification of Faculty Board
1. A faculty board will conduct a review of the decision to (extend or terminate) your status as a student in the (name of educational) program.
2. This faculty board is being initiated because:
   a. [Insert specific grounds for the faculty board, including dates and pertinent patient records where applicable]
3. This faculty board will be at (hour), on (date), at (location). You have the following rights:
   a. You have the right to attend the faculty board.
   b. You have the right to present information to the faculty board, to speak on your own behalf, to call witnesses in your behalf, and to question witnesses called by the board. You must arrange for the presence of any witness you wish to call.
4. The board currently expects to call these witnesses and to present these documents: (list witnesses and documents)
5. If you fail to appear at the hearing, you waive the right to a faculty board review and all rights associated with the faculty board.
6. 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.
I acknowledge receipt and understanding on __________, 20___.
   (Signature)
   (typed name and grade)
Attachment 5

SAMPLE WAIVER STATEMENT

MEMORANDUM FOR (MTF/CC) (date)
FROM: (insert rank and name of student)
SUBJECT: Faculty Board under AFI 41-117 – Waiver Statement

1. I have been notified that you are recommending to (extend or terminate) my status as a student in the (name of educational) program for the reasons cited in paragraph X of the notification memorandum, dated _______ 20__. 

2. I know that I am entitled to request or waive the following rights:
   a. To be advised of the date, time, and location of the faculty board and to attend the board.
   b. To present information to the faculty board, to speak on my own behalf, to call witnesses on my behalf, and to question witnesses called by the board.
   c. To be advised of the names of the witnesses and the documents the faculty board expects to review.

3. I hereby waive my right to a faculty board in this matter and all rights associated with a faculty board.

4. I understand the [MTF/CC] may (extend or terminate) my status in the (name of the educational) program.

5. I have voluntarily signed this statement and have retained a copy of it.

   (officer's signature)
   (typed name, grade, SSN), USAF
MEMORANDUM FOR (Name and Grade of Student) (date)
FROM: Military Treatment Facility Commander  
SUBJECT: Faculty Board on (Student’s Name)  
Having fully reviewed the record of the subject faculty board, I direct that (set out the decision in detail).

(Signature)  
(typed name and grade)  
Commander

1st Ind, (student) (date)  
TO: Medical Facility Commander Receipt Acknowledged.  
I acknowledge receipt of the Commander’s decision regarding the Faculty Board on ________, 20__.  

(Signature)  
(typed name and grade)