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SECRETARY OF THE AIR FORCE**

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Flying Operations

THE PILOT-PHYSICIAN PROGRAM



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This Instruction implements AFPD 11-4, *Aviation Service*, and is consistent with AFPD 48-1, *Aerospace Medicine Enterprise*. The Pilot-Physician Program (PPP) makes the most of the special resources of Air Force officers who are simultaneously qualified both as pilots and flight surgeons. This Instruction describes the organization, application, selection, training and reporting for the PPP. It explains the responsibilities of various commanders, agencies and the Program Director (PD) who are tasked to support the PPP. This publication does not apply to the Air Force Reserves or Air National Guard. Major commands (MAJCOMs) only may further supplement this Instruction to outline their command requirements; any direct Supplements must be routed to the OPR of this publication for coordination prior to certification and approval. MAJCOM supplements are available on the e-Publishing website at www.e-Publishing.af.mil. This Instruction has limited applicability to the Air Reserve Components (ARC), except as indicated in paragraph 1.3 of this instruction, for example, in that dual qualification for their members has proven prohibitively complex to this point. This Instruction requires the collection and maintenance of information protected by the Privacy Act of 1974: Title 5 United States Code, section 552a, authorized by Title 10 United States Code §8013; forms affected by the Privacy Act have an appropriate Privacy Act statement. System of Records Notice F011 AF XO A, Aviation Resource Management Systems (ARMS) applies and is available at <http://dpclo.defense.gov/Privacy/SORNs.aspx>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through Major Command (MAJCOM) publications/forms managers. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2 or T-3”) number in

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SUMMARY OF CHANGES

This document is substantially revised and must be completely reviewed. Tiers have been added to wing-level and below directives in parentheses after the paragraph, e.g., (T-2), which indicate waiver authority. Updates PPP organizational chart (**Figure 1.1**); provides added detail for application for the flight surgeon to pilot training accession pipeline (**paragraph 3.3**); and provides for the establishment of a Test Pilot PP (**paragraph 6.4**).

Chapter 1—PROGRAM OVERVIEW	5
1.1. Background of Pilot-Physician Program.	5
1.2. Meeting Objectives.	5
1.3. Pilot-Physician Program Organization:	6
1.4. Pilot-Physician Career Progression and Management.	7
Figure 1.1. PPP Organizational Chart.	7
1.5. Pilot-Physician Assignment Types.	7
1.6. Typical Pilot to Pilot-Physician Career Options.	8
1.7. Typical Physician to Pilot-Physician Career Options:	8
1.8. Pilot-Physician Flying:	9
1.9. Pilot-Physician AFSC:	9
Chapter 2—ROLES AND RESPONSIBILITIES	10
2.1. Air Force Surgeon General (AF/SG).	10
2.2. Deputy Chief of Staff, Manpower, Personnel, and Services (AF/A1).	10
2.3. DCS, Operations (AF/A3).	10
2.4. MAJCOM/SG.	10
2.5. MAJCOM/A3.	11
2.6. MAJCOM A5/8.	11
2.7. MAJCOM Director of Safety.	12
2.8. Air Force Materiel Command (AFMC).	12

2.9.	Air Force Personnel Center (AFPC) (and local personnel offices as appropriate).	13
2.10.	Operational Wings and Air Force Bases.	13
2.11.	Pilot-Physician PD.	15
2.12.	Pilot-Physicians.	16
Chapter 3—APPLICATION AND SELECTION FOR THE PPP		18
3.1.	Application and Selection for the PPP.	18
3.2.	Pilot Applicants.	18
3.3.	Provision for Flight Surgeons to Compete for UFT:	19
3.4.	Provision for Navigator, Electronics Warfare Officer, Sensor Operators or Flight Test Physicians.	23
Chapter 4—PREVIOUSLY APPROVED PILOT-PHYSICIANS		25
4.1.	Previously Approved Pilot-Physicians (PP).	25
4.2.	Subsequent Assignments.	25
4.3.	MAJCOM Assignment.	25
4.4.	AF HQ Assignment.	25
4.5.	PP Functional Account Code (FAC).	25
4.6.	Duty AFSC Designation.	25
4.7.	Flying Training Dates.	25
Chapter 5—TERMINATION PROCEDURES		26
5.1.	Termination Procedures.	26
5.2.	Terminating for Cause.	26
5.3.	Removal Method.	26
Chapter 6—TRAINING AND UTILIZATION		27
6.1.	Training and Utilization.	27
6.2.	Initial Flying Training.	27
6.3.	Advanced Flying Training.	27
6.4.	Test Pilot School.	27
6.5.	Continuation Flying Training.	28
6.6.	Human Performance Training.	28
6.7.	Medical Training.	29
6.8.	Graduate Medical Education (GME).	29
6.9.	Professional Military Education (PME).	29
6.10.	Miscellaneous Training.	29

Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION	31
Attachment 2—PILOT-PHYSICIAN REPORT ESSS, SUGGESTED FORMAT	34

Chapter 1

PROGRAM OVERVIEW

1.1. Background of Pilot-Physician Program. The Pilot-Physician Program (PPP) provides integrated operational and aerospace medicine subject matter expertise (SME) to line and medical commanders, and provides Human Systems Integration SME to MAJCOMs and acquisition centers. Pilot-physicians are involved in the research, development, testing, and evaluation of new and current Air Force systems and missions as early as possible to realize the greatest effectiveness and cost savings. Because of unique medical and human factors qualifications, pilot-physicians are particularly well-suited to help develop requirements for new aircraft, life support equipment, and avionics or software upgrades, and to ensure that changing missions can be accommodated by crews and aircraft. With Human Systems Integration (HSI) training, pilot-physicians identify and prevent human performance and man-machine interface problems from reaching mature operational systems and perform human performance gap analysis in fielded systems.

1.2. Meeting Objectives. Pilot-physicians meet program objectives through four core competencies:

1.2.1. Providing expert guidance: Expertise results from the synthesis of operational and medical experience of the pilot/physician. It includes:

1.2.1.1. Bringing operational relevance to aerospace medicine science and to medical mission support planning.

1.2.1.2. Operational guidance about human performance limitations.

1.2.1.3. Acquisition and operational employment guidance regarding aerospace and life support systems.

1.2.1.4. Human system integration guidance.

1.2.1.5. Providing guidance to operational leadership about aircrew standards and aerospace medicine policy.

1.2.1.6. Consultation to mishap investigation boards.

1.2.1.7. Research guidance concerning human subjects in aerospace and life support systems.

1.2.1.8. Requirements development for new capabilities and modifications to current systems from the standpoint of human-centered requirements.

1.2.2. Conducting research:

1.2.2.1. Pilot-physicians apply operational insights to achieve optimal human performance and mission effectiveness through literature based studies, basic and applied science, relevant research, development, test & evaluation (RDT&E) and operational test & evaluation (OT&E).

1.2.2.2. Research and business case development is fundamental to requirements formulation and systems modification.

1.2.3. Teaching:

1.2.3.1. Pilot-physician teaching responsibilities include:

- 1.2.3.1.1. Aerospace medicine instruction to aircrew and senior Air Force leaders.
- 1.2.3.1.2. Operational and aerospace medicine instruction to all Air Force medical personnel.
- 1.2.3.1.3. University based instruction to college and medical students.
- 1.2.3.1.4. Medical Service and research lab personnel about operational issues.
- 1.2.3.1.5. Operational aerospace personnel about medical issues and human performance enhancement issues.

1.2.3.2. Subjects of particular expertise include:

- 1.2.3.2.1. Human performance in operational employment.
- 1.2.3.2.2. Crew/Flight Resource Management and Operational Risk Management.
- 1.2.3.2.3. Medical human factors.
- 1.2.3.2.4. Life Support Systems and equipment for enhancing performance, preventing injury and the protection of operators.
- 1.2.3.2.5. Weapon system specific knowledge, gained from operational experience.
- 1.2.3.2.6. Flying safety and safety investigation.
- 1.2.3.2.7. Aviation mishap epidemiology.

1.2.4. Conducting Analysis: Pilot-physicians analyze and provide recommendations for:

- 1.2.4.1. Aerospace system requirements and configuration during design, development, production, testing, and operational use.
- 1.2.4.2. The person, mission, and machine in the operational environment (cockpit/ground control station/synthetic environment and mission integration, including life support equipment).
- 1.2.4.3. Mishaps as an investigative officer, medical member or safety consultant.
- 1.2.4.4. Solutions for operational human performance problems.
- 1.2.4.5. Solutions for problems arising between the operator and the medical service organization.

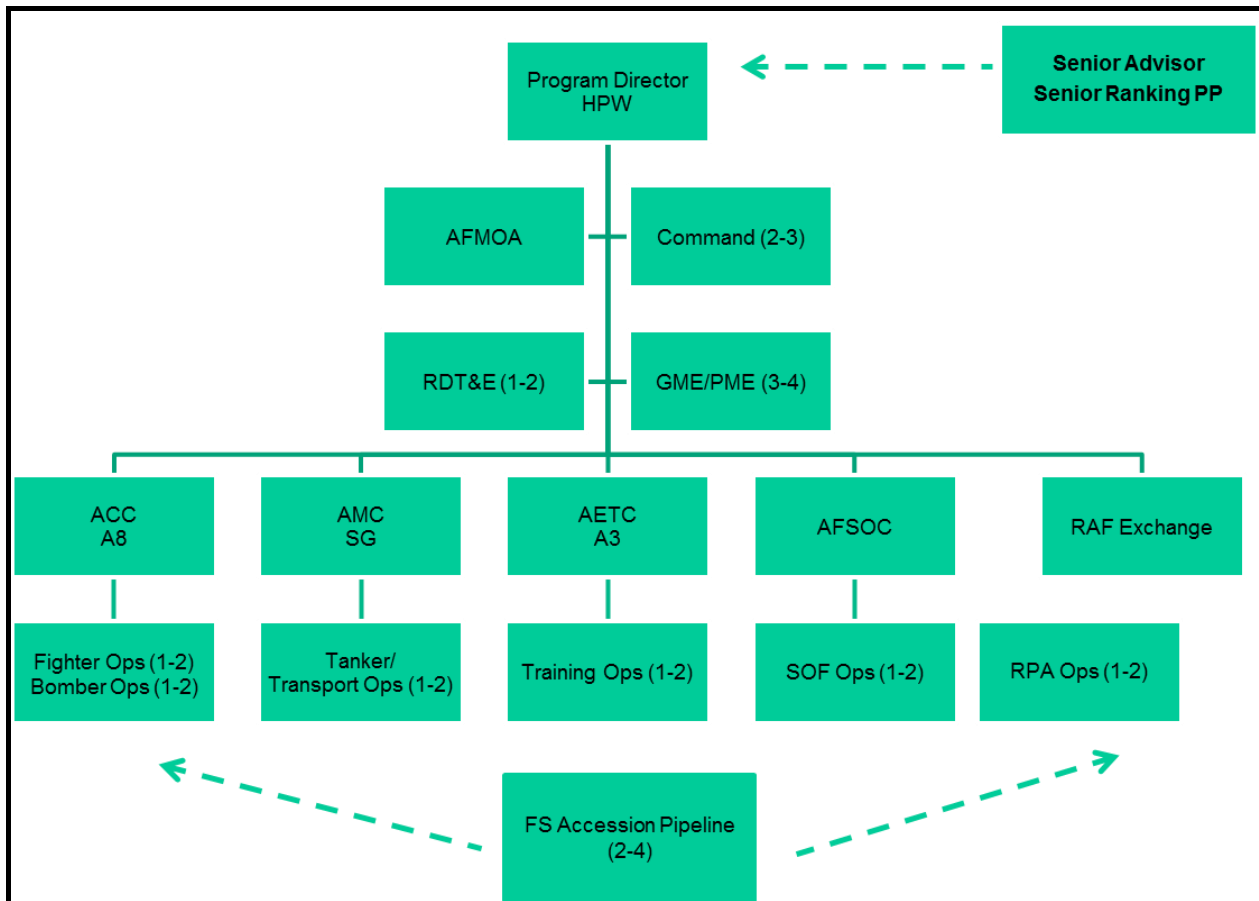
1.3. Pilot-Physician Program Organization: As depicted in [Figure 1.1](#) of this instruction, the PPP is an amalgam of permanent and Special Position Authority (SPA) Air Force Medical Service (AFMS) and Line of the Air Force (LAF) manning positions, funded by both Defense Health Program (DHP) and LAF allocations. The Program Director typically serves as the Director, 711 Human Performance Wing (HPW). Deviation from this arrangement requires written approval by the AF/SG. The remaining positions are strategically placed to allow PP surveillance of Human Systems Integration (HSI), Human Performance (HP), operational capability gap and other issues that arise. The processes for assessing PP from the pilot and flight surgeon sectors of the AF are outlined in Chapter 3 of this instruction.

1.4. Pilot-Physician Career Progression and Management. The PPP PD will maintain a current and prioritized list of all identified pilot-physician requirements and assignments.

1.4.1. Before being selected as a pilot-physician, each applicant to the program must meet the criteria established in paragraph 3.2 below.

1.4.2. The pilot-physician career is inextricably tied to human performance. Beginning tactically with squadron-level operational flying, a career may progress to RDT&E, major acquisition program consultancy, HSI, international personnel exchange programs, and strategic policy and guidance at HAF, MAJCOM, or OSD level. Additionally, pilot-physicians may compete for command and other leadership roles in both the Air Force Medical Service (AFMS) and Line of the Air Force (LAF), based on local commander intent and recommendation. Operational experience and human performance expertise is applied in squadron/medical group command and senior staff positions in support of the warfighter and results in development of operationally insightful policy, human performance sustainment requirements, and operationally relevant aerospace medicine standards. Lastly, pilot-physicians will be used to build an experienced cadre sustaining aeromedical expertise in fifth generation weapons systems, particularly single place aircraft.

Figure 1.1. PPP Organizational Chart.



1.5. Pilot-Physician Assignment Types.

1.5.1. Operational wings to gain or maintain weapon system expertise and to perform field research and/or help solve operational problems.

1.5.2. MAJCOM requirements staff to formulate human systems integration (HSI) requirements in the development of new systems or upgrade/modification of fielded systems.

1.5.3. RDT&E to provide early design input and analyze operational problems before limited resources are committed to system development and demonstration of new aerospace systems.

1.5.4. Command and staff positions at all levels, including Joint and Office of the Secretary of Defense (OSD) levels.

1.5.5. Graduate Medical Education in Aerospace, Preventive, or Occupational Medicine or a clinical specialty or subspecialty.

1.5.6. Exchange positions with allied services/forces.

1.5.7. Staff positions at MAJCOMs, Air Force Research Laboratory, USAF School of Aerospace Medicine, HAF (AF/SG, AF/A3, AF/SE), or other command levels.

1.5.8. HSI assignments in other areas, such as Program Director at 711 HPW, Life Cycle Management Center, etc.

1.5.9. AFMC/USAF Test Pilot School assigned PP and FS/TPS graduate engineer.

1.5.10. Program management for life support or cockpit design.

1.5.11. In-residence Professional Military Education (PME).

1.6. Typical Pilot to Pilot-Physician Career Options.

1.6.1. Initial Flying Qualification period: UFT (1 year), initial operational flying (3-6 years). Total Career Years: 4-7.

1.6.2. Initial Medical Training: medical school and internship (5 years), initial flight surgeon year (1 year). Total Career Years: 10-13.

1.6.3. Immediate selection and post-selection period as pilot-physician: Operational flying in new or former weapon system (3-6 years). Total Career Years: 13-19.

1.6.4. Synthesis years: expect two or three of the following assignments: OT&E, GME, MDG SGP or SQ/CC, RAF Exchange, R&D AFRL, MAJCOM or HAF Staff (6-9 years). Total Career Years: 19-25.

1.6.5. AFMS/LAF Leadership years: HAF/MAJCOM/MDG/CC/SGP, AFMS/LAF SQ/CC, USAFSAM/CC, MAJCOM/SG/SGP or Director (6-10 years). Total Career Years: 25-35.

1.7. Typical Physician to Pilot-Physician Career Options:

1.7.1. Initial Medical Training: Medical school and internship (5 years), initial flight surgeon tour (2 years). Total Career Years: 7.

1.7.2. Initial Flying Qualification Training: UFT (1 year), initial operational flying (3-6 years). Total Career Years: 11-14.

1.7.3. The remainder of career options is identical to the typical pilot to PP career path (14-21 years). Total Career Years: 25-35.

1.8. Pilot-Physician Flying: IAW AFI 11-401, *Aviation Management*, pilot-physicians will accrue flying time and operational flying duty month credit as pilots and flight surgeons during all time spent actively flying as a pilot-physician (AFSC 48Vx) in an API-1/5 position. This time will be creditable toward advanced aeronautical ratings for both rated positions. Note: Pilot Physicians are eligible for incentive pay like other flight surgeons, including for their unique aviation skills.

1.9. Pilot-Physician AFSC: When granted aeronautical orders as a pilot-physician and assigned to a designated pilot-physician position, individuals will have the duty Air Force specialty code of P48VX with appropriate suffix as designated in AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*. Whether assigned or not to a designated P48VX position, pilot-physicians will be eligible for incentive pay as other flight surgeons, and will follow the chain of command (LAF or SG) under which their position is placed.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Air Force Surgeon General (AF/SG).

- 2.1.1. Ensures a highly qualified senior pilot-physician is appointed as Program Director (PD) of the Pilot-Physician Program.
- 2.1.2. Reviews candidates that the pilot-physician selection board has chosen.
- 2.1.3. Reviews the PD's annual report to make sure the PPP meets its goals.

2.2. Deputy Chief of Staff, Manpower, Personnel, and Services (AF/A1).

- 2.2.1. Reviews and manages age and time in service exceptions to policy IAW AFI 36-2205, *Applying for Flying Training, Air Battle Manager, and Astronaut Programs*.
- 2.2.2. Considers PPP force management practices when applying aircrew management policy IAW AFI 11-412, *Aircrew Management*.

2.3. DCS, Operations (AF/A3).

- 2.3.1. Restores the pilot status of flight surgeons who were previously pilots as required on request from the PD, with concurrence from the Surgeon General, according to this Instruction, AFI 11-401, and AFI 11-402, *Aviation and Parachutist Service, Aeronautical Ratings and Aviation Badges*.
- 2.3.2. Provides two rated officers as an additional duty to review the operational flying records of applicants and to serve on the pilot-physician selection board.
- 2.3.3. Ensures all instructions and directives permit pilot-physicians to serve in all positions available to other pilots. This includes but is not limited to aircraft commander, flight lead, instructor pilot, Test Pilot School candidate and Weapons School candidate.
- 2.3.4. In coordination with the PD, facilitates assignments to support HAF needs, including AF/A3, AF/SE, AF/SG, and AFFSA, and supports the ability for the pilot-physician to fly while in those assignments.
- 2.3.5. Responsibilities in the selection and approval process are found in [paragraph 3.2.8](#) below.

2.4. MAJCOM/SG.

- 2.4.1. Works closely with the PD, AFPC, and MAJCOM directors to identify where pilot-physicians are needed in the command, then establishes MAJCOM pilot-physician requirements and P48VX positions in concert with the MAJCOM Director of Operations. (T-2).
- 2.4.2. In coordination with the PD, facilitates pilot-physician assignments to support MAJCOM headquarters needs. (T-2).
- 2.4.3. Oversees pilot-physicians assigned to the command and coordinates the ad hoc and annual pilot-physician reports among appropriate MAJCOM staff members. (T-2). Sends

pilot-physician reports to the PD (after review, coordination with MAJCOM staff, and comments from MAJCOM/CC). (T-2).

2.4.4. Brings changes that pilot-physicians in the field suggest to the command staff's attention and works to implement them, as appropriate. (T-2).

2.4.5. Identifies potential pilot-physician candidates to the PD.

2.4.6. Makes sure pilot-physicians know about all accidents in the weapon systems in their command and coordinates with MAJCOM/SE SIB coordinators to allow pilot-physician work as Safety Investigation Board (SIB) flight surgeons, pilot members, or as SIB consultants whenever possible. (T-2).

2.4.7. Coordinates assignment of pilot-physicians in the MAJCOM to safety investigation boards, systems reviews, cockpit working group consultations, configuration control boards, specific projects, and other projects as required. (T-2). First assignment pilot-physicians should be given priority assignments to safety investigation board duty as investigating flight surgeons and if conditions warrant, as investigating pilot members.

2.4.8. Provides advocacy and support for pilot-physician career progression. (T-2).

2.4.9. Facilitates subject matter expert or weapons systems pilot-physician specialist to remain assigned as cadre (e.g., 5th generation fighter single-place aircraft) as required until a replacement is identified and assigned. (T-2).

2.4.10. Utilizes pilot-physicians within the MAJCOM as expert consultants when SG staff is invited to or is aware of Configuration Control Boards (CCBs), System Safety Working Groups (SSWGs), and High Performance Teams (HPTs). (T-2).

2.4.11. See [paragraph 3.2.8](#) below for responsibilities in the selection process.

2.5. MAJCOM/A3.

2.5.1. Enforces minimum aircraft qualification and currency requirements for pilot-physicians according to the weapon-specific Air Force aircrew training publications.

2.5.2. Works with MAJCOM/SG and PD to achieve the outcomes and utilization described in [paragraph 2.3](#) above. MAJCOM/A3 will work with PD and MAJCOM/SG to establish a P48VX position for each weapon system of the command proposed for pilot-physician utilization, particularly in those aircraft that are not capable of supporting flight surgeon flying duties.

2.5.3. Ensures each pilot-physician serves as an invited member of the assigned weapon system's CCB for the weapon system(s) in which he or she is experienced.

2.5.4. If not already completed, creates P48VX and 48XX AFSCs with appropriate prefixes and suffixes for supporting a dual qualified flight surgeon or flight test engineer.

2.5.5. See [paragraph 3.2.8](#) below for responsibilities in the selection process.

2.6. MAJCOM A5/8.

2.6.1. Consults with pilot-physicians assigned to the MAJCOM to ensure human systems integration (HSI) requirements are considered during Capability Based Assessments, Analysis of Alternatives, and in acquisition program capability documents.

2.6.2. Ensures the pilot-physicians assigned to the MAJCOM are consulted in the design, development, and acquisition phases of all manned and unmanned aerospace vehicles.

2.6.3. Ensures pilot-physician(s) serve as member(s) of the Requirements Oversight Committee (ROC) or groups with similar functions.

2.7. MAJCOM Director of Safety.

2.7.1. Ensures weapon system pilot-physicians are assigned to or consulted by mishap boards when their human factors insights are of particular value in the investigation.

2.7.2. Ensures that pilot-physicians are included in system safety working groups or system safety reviews for airframes or installed systems with which the pilot-physician is familiar.

2.7.3. Establishes a P48VX consultant position in MAJCOM Safety for utilization in mishap boards and safety review systems described in [paragraph 3.3.8](#) of this instruction.

2.7.4. May utilize a P48VX to fill MAJCOM Chief of Flight Safety (or equivalent) positions when qualified applicants are available.

2.8. Air Force Materiel Command (AFMC).

2.8.1. Commander, AFMC.

2.8.1.1. Facilitates early involvement of pilot-physicians in Human Systems Integration requirements, research, development, testing, and evaluation in order to positively affect Airmen readiness and mission effectiveness.

2.8.1.2. Ensures pilot-physicians serve on weapon system integrated product teams (i.e., High Performance Teams, Analysis of Alternatives, CWG, Human Systems Integration Working Group, SSWG, and Tiger Teams) for air, space, and cyber systems under development.

2.8.1.3. Provides pilot-physicians with access to AFMC subject matter experts to address operational human performance issues/concerns during weapon system optimization, enhancement, and sustainment.

2.8.1.4. Provides assigned pilot-physicians with adequate administrative and logistical funding resources and support for appropriate activities supporting weapon system development.

2.8.1.5. Considers pilot-physician training at Test Pilot School (TPS) as needed to fulfill the need as dictated by LAF, SG, MAJCOMs and the PPP PD. (See [paragraph 6.4](#) of this instruction).

2.8.1.6. Supports PP involvement in all test and development programs.

2.8.2. Commander, Air Force Research Laboratory (AFRL).

2.8.2.1. Determines the need for pilot-physicians in the laboratory and in flight test, establishes requirements for P48VX positions and (if applicable) funds manpower authorization(s) as necessary to meet requirements.

2.8.2.2. Works with flying organizations to meet pilot-physician flying requirements.

2.8.2.3. Ensures pilot-physicians are utilized as consultants within AFRL to support projects involving aircraft, life support systems, and human performance enhancement technology (such as night vision, 3D audio, and helmet-mounted displays).

2.8.2.4. May serve as rating/endorsing official for assigned pilot-physicians.

2.8.2.5. Ensures pilot-physicians have adequate support for research and development projects.

2.8.3. Director, Human Performance Wing (HPW/CL or CC).

2.8.3.1. Identifies Pilot Physician contribution to mission requirements at HPW and advocates through the AFMS or LAF for program funding requirements.

2.8.3.2. Reviews annual and ad hoc pilot-physician reports to make sure pilot-physicians are actively involved in human systems related research and acquisition.

2.8.3.3. Ensures pilot-physicians are utilized as consultants for projects involving aircraft human/machine interface, life support systems, and human performance enhancement technology.

2.8.3.4. Works with flying organizations to meet pilot-physician flying requirements.

2.8.3.5. May serve as rating/endorsing official for assigned pilot-physicians.

2.9. Air Force Personnel Center (AFPC) (and local personnel offices as appropriate).

2.9.1. Maintains Air Force specialty code P48VX, Pilot-Physician.

2.9.2. Assigns the AFSC P48VX to pilot-physicians when approved by AF/A3 IAW [paragraph 4.5](#) below. (T-2).

2.9.3. In coordination with MAJCOM/A3, if required, attaches the appropriate suffixes to Air Force specialty code P48VX reflecting the aerospace system in which the PP is qualified. For P48V1 candidates, the suffix will reflect the aerospace system in which last qualified.

2.9.4. Officers selected into this program retain the P48VX Air Force specialty code as a primary AFSC, unless they write the PD and ask to leave the PPP or they are required to leave for cause according to Section E of this instruction. Officers possessing the primary AFSC of P48VX can be assigned to other positions; in this case the duty AFSC will reflect the assigned position (e.g., 48A4, S11F3J, etc.).

2.9.5. In coordination with the PD, allocates transition course (TX) training positions to pilot-physicians previously qualified in a particular weapons system or transitioning to a new weapons platform. (T-2). The training positions are allocated to the PD with coordination through the MAJCOM/SG, A3T, and DPA. Once assigned to a particular weapons system, AFPC will assign a training course date commensurate with the assignment. (T-2).

2.9.6. In coordination with the PD, releases pilots from their career field to attend medical school and return to flying career field as pilot-physician. (T-2).

2.10. Operational Wings and Air Force Bases.

2.10.1. Wing Commander. Assure flying organizations schedule assigned pilot-physicians for flights and evaluations needed to maintain the level of proficiency set forth in Air Force 11-series publications. (T-2). The wing commander also:

2.10.1.1. Reviews all pilot-physician reports and recommendations regarding the assigned weapon system or mission, and forwards them as applicable to the NAF and MAJCOM operations and requirements staff for review and action.

2.10.1.2. Requires pilot-physicians to participate in all missions of the assigned weapon systems, as experience and qualifications allow. (T-2).

2.10.1.3. Coordinates the familiarization of assigned pilot-physicians with all mission tasks in the assigned weapon system(s). (T-2).

2.10.1.4. Determine if their pilot-physicians have combat mission-ready or basic mission-capable status. (T-2). Note: The Geneva Conventions offer special protections for medical personnel exclusively engaged in medical activities. Such personnel carry a special designation on their military identification card and are treated as retained personnel upon capture. Military personnel not engaged exclusively in medical activities are combatants and should be designated as combatants. (T-0) Pilot-physicians deploy operationally either as a pilot (combatant) or physician (noncombatant), and the deployment orders and identification cards of each individual must accurately reflect their proper status. Assignment as a combatant does not preclude the accomplishment of medical activities. Assignment as a noncombatant does preclude operational duties as a pilot except piloting an aircraft exclusively engaged in medical transport. The status of the pilot-physician for deployment should be discussed and established well in advance of any potential deployment, and in accordance with SG policy, there should be no switching of roles in theater. Pilot-physicians not exclusively engaged in medical activities during armed conflict, whether in the United States or abroad, should be properly designated as combatants.

2.10.1.5. The local Host Aviation Resource Management (HARM) will publish aeronautical orders with AFSC 48VX, to pilot-physicians approved by AF/A3 and/or MAJCOM/A3. (T-2). Appropriate suffixes to the AFSC will be applied based on qualification or requalification status.

2.10.2. Squadron Commander.

2.10.2.1. Supports and evaluates pilot-physician flying duties.

2.10.2.2. Furnishes logistical, administrative, and funding support for operational travel needed to accomplish pilot-physician duties. (T-2).

2.10.2.3. Supports the professional development of each pilot-physician as a pilot. Determines the level of qualification each pilot-physician will maintain (after consultation with the individual).

2.10.2.4. Works with the pilot-physician to determine additional duty progression for best utilization of unique qualifications and career goals.

2.10.3. Medical Group, Medical Treatment Facility or Medical Squadron Commander.

2.10.3.1. Supports and evaluates pilot-physician medical functions.

2.10.3.2. For pilot-physicians assigned to flying units, provides a letter of evaluation to the unit commander for the Officer Performance Report.

2.10.3.3. Furnishes logistical, administrative, and funding support for medically related temporary duty, meetings, or conferences needed to accomplish pilot- physician duties. (T-2).

2.10.3.4. Assures the pilot-physician is afforded the opportunity to maintain clinical privileges that permit the performance of all aerospace medicine functions. (T-2).

2.10.3.5. Supplies medical ancillary support services the pilot-physician needs to practice aerospace medicine.

2.10.3.6. Ensures that institutional review is available for human use studies proposed by pilot-physicians. (T-2).

2.10.3.7. Supports the professional development of the pilot-physician as a physician.

2.11. Pilot-Physician PD.

2.11.1. Is the career manager for all pilot-physicians and is the final approval authority for all pilot-physician assignments.

2.11.2. Works with MAJCOM/SGs, AFPC, and Senior Leader Management Office to fill identified pilot-physician positions to the maximum extent possible.

2.11.3. Assigns whenever possible newly selected pilot-physicians to operational wings with established weapon systems to provide them with operational experience before being assigned to newer weapon systems.

2.11.4. In coordination with gaining AF/A3, MAJCOM/A3 and Wing Commanders, ensures that pilot-physicians assigned to them participate in the initial operations of new weapon systems, in missions with upgrades to existing systems, and in weapon system operations with potential significant human factors issues.

2.11.5. Submits, if required, requests for age and time in service exceptions to policy for PPs to enter formal training programs IAW AFI 36-2205.

2.11.6. Prepares Program Objective Memorandum (POM) initiatives for the PP program utilizing the LAF or AFMS Corporate Structure processes, timelines and respective deliverables and advocacy.

2.11.7. Chairs the pilot applicant pilot-physician selection board (see paragraph 3.2. of this instruction).

2.11.8. Receives all pilot-physician entrance applications and prepares them for the selection board's review.

2.11.9. May sponsor outstanding flight surgeons (FS) for Undergraduate Flying Training (UFT – see [paragraph 3.3](#)). Acts as Board President for the selection board, and garners the recommendation of AF/SG and A3 for potential FS selectees

2.11.10. Maintains a current list of AF/SG and MAJCOM pilot-physician requirements.

2.11.11. Conducts an annual meeting to allow the exchange of information between PPs, update pilot-physicians on activities in the PPP, and discuss the overall program status.

2.11.12. Compiles reports from all pilot-physicians and shares this information with all PPP participants to keep them informed of the latest developments and the activities of other pilot-physicians.

2.11.13. Consolidates all information collected and publishes it in the PPP annual report sent to AF/SG and circulated to AF/A3, SAF/AQ, AFFSA, HPW/CC, and other offices that need to know about program accomplishments.

2.11.14. Is the Air Force advocate for the PPP and educates commanders at all levels about the program.

2.11.15. Coordinates the use of pilot-physicians to the extent resources allow as consultants in the design, development, and acquisition phases of all manned and unmanned aerospace vehicles, and to programs with human performance implications.

2.11.16. Assists pilot-physicians in resolving problems within their MAJCOM.

2.11.17. Ensures a cadre of weapons systems specialists are allowed to remain qualified as subject matter experts until replacements can be utilized facilitating continuity of the program.

2.12. Pilot-Physicians. Pilot-physicians will:

2.12.1. Prepare an annual Pilot Physician Report on all pilot-physician-related activities for the preceding calendar year. The pilot-physician sends these reports to the command surgeon through their chain of command by 31 January of each year. Pilot-physicians assigned to AFMC send similar reports through the laboratory or center commander to HQ AFMC/SG. Copies of the report with all attachments go to the PD by e-mail (See [Attachment 2](#) for an Electronic Staff Summary Sheet (ESSS) suggested format).

2.12.2. First assignment pilot-physicians prepare and submit an annual and semiannual Pilot Physician Report, for their first two years after aircraft qualification; these reports should be submitted NLT 31 January and 31 July of each year.

2.12.3. Communicate immediately in writing when an urgent need for action exists (with an information copy to the PD, PPP), through the line commanders to the command surgeon, who will notify appropriate staff elements at command level.

2.12.4. Maintain currency and proficiency in as many mission elements of the weapon system to which assigned as possible. Extent of qualification will be determined jointly by the pilot-physician and the flying unit commander. Pilot-physicians should be qualified ASAP in any mission elements that are new to the flying unit. Pilot-physicians newly assigned to a weapon system and assigned to an operational unit will be expected to attain full mission qualification and experience during their first one to two years with the unit.

2.12.5. Maintain medical privileges as a flight surgeon in the local medical treatment facility; a pilot-physician may serve as the flying unit squadron medical element (SME). The pilot-physician's responsibilities must be appropriately balanced between medical, flying, research, administrative, and human performance consultancy tasks.

2.12.6. Serve as a member on the assigned weapon system's CCB, SSWG and/or Tiger Teams with MAJCOM representatives. Particular attention should be given to issues with human system interface implications.

2.12.7. Serve as investigating flight surgeon, pilot member or special consultant, when conditions warrant, to SIBs convened to investigate mishaps involving the assigned weapon system, human systems integration concerns, or special circumstances where their expertise is needed.

2.12.8. Continually evaluate the weapon system design and mission profiles, and make recommendations to improve safety and operational effectiveness.

2.12.9. Establish a close working relationship with appropriate personnel and organizations to permit a free exchange of information for the enhancement of the weapon system. These include but are not limited to the Air Force Inspection Agency and Air Force Safety Center (AFSC), AFFSA and AF/A3, appropriate SPOs, ASIC, and NATO.

2.12.10. Evaluate aerospace medicine requirements relating to crew/flight resource management, flight time and crew duty limitations, environmental stresses, and personal or physical stresses relating to Air Force flying activities.

2.12.11. Provide platform or individual instruction for life support and protection, aerospace physiology, human performance, crew resource management, and flying safety.

2.12.12. Submit identified needs and deficiencies to the wing or medical group mission support planning process and forward a copy of these inputs to the MAJCOM Chief of Aerospace Medicine for inclusion into MAJCOM Capabilities Review and Risk Assessment (CRRA).

2.12.13. Coordinate with the 711 Human Performance Wing, Wright-Patterson AFB, OH to advise on, participate in, or lead aerospace medicine research projects.

Chapter 3

APPLICATION AND SELECTION FOR THE PPP

3.1. Application and Selection for the PPP. This section sets criteria for entering the PPP and makes sure those selected are highly qualified pilots and physicians.

3.2. Pilot Applicants. All pilot applicants entering the PPP will have:

3.2.1. Completed UFT and a minimum of three years of operational flying. In some cases the length of the operational flying requirement may be waived by the PPP PD.

3.2.2. Volunteered for the PPP.

3.2.3. Earned an M.D. or D.O. degree and completed one year of postgraduate medical training.

3.2.4. Completed the USAF Aerospace Medicine Primary Course.

3.2.5. Served as an operational flight surgeon for at least one year (or requests pre-selection with final selection contingent upon one year of superior performance as an operational flight surgeon).

3.2.6. For applicants who have not yet been assigned as flight surgeons, the PD will work to assign these applicants to bases where candidates would be likely to serve as first assignment pilot-physicians.

3.2.7. Application Package. All applicants must formally apply to the PD by sending an application package containing:

3.2.7.1. Complete flying records, including copies of all certificates from formal courses attended, flight evaluation reports, and other information.

3.2.7.2. Summary of all undergraduate and medical training.

3.2.7.3. Transcripts from formal medical training programs.

3.2.7.4. Letter of application stating personal goals and reasons for requesting pilot-physician status.

3.2.7.5. Written recommendations from at least two medical and two line supervisors.

3.2.7.6. Current Flying Class II Physical Examination Report.

3.2.7.7. Copies of all Officer Performance Reports and training reports.

3.2.8. PPP Selection Board:

3.2.8.1. Chaired by the PD and includes as members two representatives each from AF/A3 and AF/SG staff. At least one AF/SG representative is a pilot-physician.

3.2.8.2. Meets at least annually if it has received pilot-physician applications within the year, or to fulfill requirements identified by MAJCOMs.

3.2.8.3. Reviews applicants' records to make sure they meet minimum entry requirements and are highly qualified pilots and physicians.

3.2.8.4. Selects one or more qualified applicants as candidates to fill the positions MAJCOMs have identified, as numbers permit.

3.2.8.5. The PD PPP compiles the results of the selection board and sends a list of selected candidates for each position to the MAJCOM/A3 and SG.

3.2.9. MAJCOM/A3 & MAJCOM/SG. Coordinates candidate packages for review and concurrence in accordance with the MAJCOM pilot-physician approval process. Returns packages to the PD, PPP who in turn will forward those packages with MAJCOM concurrence through AF/SG to AF/A3 for final approval.

3.2.10. AF/A3. Reviews and provides final approval for all candidates the PPP selection board nominates and that have subsequently gained MAJCOM and AF/SG concurrence.

3.2.10.1. Directs the local HARM of the pilot-physician to publish aeronautical orders IAW AFI 11-401, para 2.10.3., reflecting the dual designated status as a pilot-physician.

3.2.10.2. Advises AFPC of newly selected pilot-physicians requiring award of AFSC P48VX.

3.3. Provision for Flight Surgeons to Compete for UFT: To provide adequate manning for the PPP, AF/A3 will, in coordination with AF/SG, authorize the PPP between two and four Active Component Undergraduate Flight Training (UFT) positions per year. These positions will be filled by flight surgeons selected by a PPP UFT selection board. Applicants must be highly qualified flight surgeons who desire to pursue a career as a USAF Pilot-Physician. Successful applicants will enter the Pilot-Physician Program and be granted AFSC 48V1 after completing UFT and follow-on training. They will spend one operational assignment gaining experience in their assigned aircraft. During the initial operational assignment they will be assigned to a flying squadron and report to the flying squadron commander, and will also become credentialed as a flight surgeon at the local medical group. After this assignment, they will be assigned AFSC 48V3. Flight surgeons interested in applying for flying training must follow the procedures outlined in this Instruction and the robot message announcing the selection board. Acceptance by the Pilot-Physician UFT board pre-selects the applicant for entry into the PPP. Final acceptance into the PPP is contingent on successful completion of UFT and follow-on training.

3.3.1. Application Requirements. Refer to [paragraph 3.3.4](#) below for eligibility criteria. The applicant must:

3.3.1.1. Meet all medical standards for pilot (FCI) and/or RPA pilot (FCIIU) as specified in AFI 48-123, *Medical Examinations and Standards*.

3.3.1.2. Have completed a minimum of two years as an operational flight surgeon at the time of entry into UFT. Exceptions will be considered by the PD on rare occasions if age will prevent the applicant from applying at a subsequent board.

3.3.1.3. Attain minimum required AFOQT scores. NOTE: See AFI 36-2605, *Air Force Military Personnel Testing Systems*, for AFOQT procedures. For the purpose of this application, AFOQT scores do not expire. Candidate's score must be in the 50th percentile or higher in the pilot category.

3.3.1.4. Complete the Test of Basic Aviation Skills (TBAS). Schedule TBAS testing through your Force Support Squadron (FSS) Customer Service Section.

3.3.1.5. The Pilot Candidate Selection Method (PCSM) score combines the pilot AFOQT score with the TBAS score and private flying time. AFI 36-2605, attachment 1, clarifies the procedure for applicants to follow when updating flying hours used in the PCSM calculation. All updates to flying hours must be processed 45 days prior to selection board date to allow updates to the PCSM. Any updates processed after the cut-off may not be processed in sufficient time for review by the selection board. Enter the PCSM score in the block provided on AF Form 215, Aircrew Training Candidate Data Summary.

3.3.1.6. Applicants must not exceed their 30th birthday by the start date of the board's first available UFT class as specified in the Pilot-Physician UFT Selection Board announcement message. For flight surgeons residency trained and board certified/eligible in a medical specialty appropriate for the mission of the PPP, Exception to Policy (ETP) for age to attend UFT must be processed through the member's chain of command (MAJCOM/CC or equivalent) for Air Force Vice Chief of Staff (AF/CV) final decision.

3.3.2. How to Apply. Submit the complete electronic application package as specified in the announcement message, including the following (in order):

3.3.2.1. AF Form 215, Aircrew Training Candidate Data Summary. See reverse side of AF Form 215 for additional instructions. A new AF Form 215 is required to compete on each selection board. Applicants must include: total civilian flying time, date last flown, a copy of their Federal Aviation Administration (FAA) license (if applicable), a copy of the updated log book entries certified by their attached flying squadron commander, and an extract of their USAF flight records showing a summary of total flight surgeon flying time. Applicants may use the remarks section of the AF Form 215 to pass on their desires, motivation, flying skills, and personal achievements or qualifications to the selection board members. Remarks can be extended as an attachment. The immediate medical squadron commander or equivalent must endorse the application. The endorsement and recommendation can be extended beyond the spaces provided on the AF Form 215 on an attachment. Mark the block of the AF Form 215 for Pilot Training and/or RPA Pilot Training, as desired.

3.3.2.2. Written recommendations from at least two medical and two line supervisors, including the attached flying squadron commander. If an Exception to Policy (ETP) for age is being pursued, letters of recommendation for the ETP can be duplicated for this requirement in the application.

3.3.2.3. Complete Class I (SUPT) or II (RPA) flying physical. Initial FCI physical examination must be current within 48 months, and initial FCII within 24 months, prior to starting Undergraduate Flying Training (UFT). The physical will include the DD 2808 or Standard Form (SF) 88, Report of Medical Examination, DD 2807-1 Report of Medical History or SF 93, Medical Record - Report of Medical History, the original electrocardiogram (EKG) tracing and panoramic dental x-ray, any other medical documents pertinent to the physical examination. Applicants should schedule their physical far enough in advance to include this documentation with the UFT application prior to the application cut-off date.

3.3.2.4. Copies of all Officer Performance Reports and Training Reports.

- 3.3.2.5. Summary of all undergraduate and medical training.
 - 3.3.2.6. Transcripts from formal medical training programs.
 - 3.3.2.7. A signed statement of agreement to serve the minimum Active Duty Service Commitment (ADSC) according to AFI 36-2107, *Active Duty Service Commitments*.
 - 3.3.2.8. A written request to serve as a combatant (as a MC officer) while serving as a pilot-physician during any deployment/combat operations and indicate an understanding they will be spending up to three years after completion of flying training in an operational tour.
 - 3.3.2.9. Notify the selection board immediately if your medical status changes.
 - 3.3.2.10. Contact the selection board to ensure application package is complete if receipt has not been acknowledged within 10 days of published board date.
- 3.3.3. The PPP PD or the AFMOA Pilot-Physician (AFMOA/SGPP):
- 3.3.3.1. Coordinates with the USAF Force Integration Chief, AF/A3O-AI, to obtain the required number of SUPT and URT slots for each selection board.
 - 3.3.3.2. Coordinates with the Air Force Personnel Service (AFPC) Rated Officer Assignments Branch, AFPC/DPALR, to ascertain release of the PSDM Announcement for the Active Duty UFT Selection Board (typically June of the FY prior to the Board).
 - 3.3.3.3. Coordinates with AFPC Physician Utilization Branch Chief, AFPC/DPALT3, to publish the robot message announcing the Pilot-Physician Program UFT Selection Board immediately following release of the AFPC PSDM Announcement mentioned above.
 - 3.3.3.4. Verifies if the applicants' AFOQT scores qualify (paragraph 3.3.1.3. of this instruction). Returns applications with disqualifying AFOQT scores.
 - 3.3.3.5. Disapproves applications failing to meet the minimum application standards of this Instruction. Refer to [paragraph 3.3.6](#) of this instruction below.
 - 3.3.3.6. Coordinates with the selectees' Force Support Squadron (FSS) to ensure any remaining ADSC requirements for the current AFSC are added to the UFT pilot training ADSC upon completion of UFT. Candidates eliminated from UFT prior to completion for any reason will serve the remainder of any remaining ADSC incurred before UFT.
 - 3.3.3.7. Advises applicants on medical and/or age/TFCSD waiver procedures:
 - 3.3.3.7.1. The medical waiver review will be on an individual basis by HQ AFMOA/SGPP; however, AETC Aerospace Medicine and Physical Standards Division (AETC/SGPS) is the certification and waiver authority for all UFT medical examinations as delegated by the Air Force Surgeon General.
 - 3.3.3.7.2. The medical waiver request must contain the same forms as for all qualified applicants plus an evaluation of the medical problem from an appropriate specialist.
 - 3.3.3.8. Screens applications for completeness IAW [paragraph 3.3.2](#) of this instruction.
- 3.3.4. Flight Surgeon UFT Eligibility Criteria:

3.3.4.1. Officers must be on Extended Active Duty (EAD) serving as an operational flight surgeon (AFSC 48XX) for a minimum of 2 years before first available class start date for a given selection board to apply for UFT. NOTE: May be waived by PPP program director.

3.3.4.2. Applicants must not exceed their 30th birthday by the start date of the board's first available UFT class as specified in the Pilot-Physician UFT Selection Board announcement message. NOTE: May be waived by Vice Chief of Staff of the Air Force.

3.3.4.3. Any incurred ADSC remaining at the start of their selected UFT class start date will be added to and served consecutively with any UFT ADSC.

3.3.5. Flight Surgeon UFT Ineligibility Criteria:

3.3.5.1. Individuals eliminated from any flying training course--to include the USAF Enhanced Flight Screening Program (EFSP), the Pilot Indoctrination Program (PIP), Flight Instruction Program (FIP) and Introductory Flying Training (IFT)--conducted by or for the Armed Forces of the United States. NOTE: 1) Those eliminated for military deficiency or self-initiated elimination (SIE) reasons before, during or after actual course completion, or who decline SUPT attendance, are ineligible for further flying training consideration; 2) Individuals eliminated for reasons other than those mentioned in 1) above, unless specifically recommended for further pilot training by the eliminating (or approving) authority, are ineligible to apply; 3) Individuals eliminated from flying training will revert back to the position of flight surgeon in the Medical Corps, Air Force Medical Service.

3.3.5.2. Individuals who have illegally, wrongfully, or improperly experimented with, used, possessed, sold, or transferred any narcotic substance, dangerous drug, intoxicating inhaled substance, or controlled substance as established by Title 21, United States Code, Section 812 when supported by evidence.

3.3.5.3. Persons permanently disqualified for aviation service at any time.

3.3.5.4. Officers who have any quality control assignment restrictions (AFI 36-2110, *Assignments*).

3.3.5.5. Officers who SIE or are eliminated from any Formal Training Course for academic deficiency.

3.3.5.6. Officers with a pending or established Date of Separation (DOS) by request.

3.3.6. Preparing for the UFT Board. The PP Program Director convenes a four-member board including him/herself as the Board president and:

3.3.6.1. A rated colonel pilot-physician as the board chairman (e.g., AFMOA/SGPP), whose responsibilities include:

3.3.6.1.1. Ensures the board receives all required application materials.

3.3.6.1.2. Processes applications and includes them with the officer's Central Selection Folder for board consideration.

3.3.6.2. One additional pilot-physician.

3.3.6.3. One lieutenant colonel pilot with current or previous flying squadron commander experience.

3.3.7. After the Board:

3.3.7.1. The PP Program Director:

3.3.7.1.1. Sends the list of selectees to AFPC/DPAOT3 who will notify FSS customer service units by ML 8106 message. The message explains how to notify successful candidates and release the information publicly (includes MINIMIZE).

3.3.7.1.2. Sends the selection list to AFPC/DPSIPS.

3.3.7.1.3. Selection board information may be exempt from disclosure under the Freedom of Information Act (FOIA). Other information is destroyed in accordance with AFMAN 33-363 immediately after the board proceedings are completed. After the results have been publicly released, information on the number of officers considered/selected and board organization may be released.

3.3.7.2. AFPC/DPSIPS:

3.3.7.2.1. Informs the servicing FSS of the class date, base of assignment, and reporting instructions through the Military Personnel Data System (MilPDS).

3.3.7.2.2. Processes assignments as directed in AFI 36-2110.

3.3.7.3. Servicing FSS's:

3.3.7.3.1. Notify the immediate commander of each selected candidate in the commander's service area and document date commander was notified and date commander notified selected candidate. (T-2).

3.3.7.3.2. Give each selected candidate seven days from official notification through MilPDS to accept or decline UFT. Counsel candidates who decline SUPT (Pilot Training) that they are ineligible to reapply for UFT; candidates who are selected for RPA pilot training but did not select RPA pilot on their AF Form 215 may reapply for UFT if they decline RPA pilot training. Prepare and have the member sign a memorandum letter indicating their understanding. Notify AFPC/DPSIPS, 550 C Street West Suite 10, Randolph AFB TX 78150-4712, and AFMOA/SGPP of candidates who decline their UFT selection.

3.3.7.4. Maximum Allowed Age. Selected candidates who are close to the maximum allowed age for UFT may return to Continental United States (CONUS) before the normal Date Eligible for Return from Overseas (DEROS), according to AFI 36-2110.

3.3.8. The Selectee's Commander.

3.3.8.1. Monitors selectee's performance from selection until they depart for flight training.

3.3.8.2. Notifies PPP PD if an officer's performance or conduct becomes questionable or the commander believes the selectee should be removed from the select list for cause.

3.4. Provision for Navigator, Electronics Warfare Officer, Sensor Operators or Flight Test Physicians.

3.4.1. Air Force flight surgeons with prior line experience as navigators, electronic warfare officers, remotely piloted aircraft (RPA) sensor operators or flight test engineers may apply to AF/A3 and the pilot-physician PD for utilization in this program as extenders of the Pilot-Physician Program.

3.4.2. Candidates will apply as in paragraph 3.2 above, and if approved as a candidate will be offered to potential gaining MAJCOMs for utilization as a navigator-physician or flight test-physician. AFPC will assign the appropriate prefix and suffix to the 48XX primary flight surgeon AFSC.

Chapter 4

PREVIOUSLY APPROVED PILOT-PHYSICIANS

4.1. Previously Approved Pilot-Physicians (PP). Assignment of previously approved pilot-physicians will be managed IAW this section.

4.2. Subsequent Assignments.

4.2.1. Pilot-physicians previously selected and approved IAW Section 3.2 above do not require AF/A3 approval for subsequent assignments.

4.2.2. The PD will coordinate subsequent assignment of pilot-physicians with potential gaining organizations.

4.3. MAJCOM Assignment. MAJCOM/A3 is the approval authority for previously approved experienced pilot-physicians offered by the PD to fill MAJCOM identified positions.

4.4. AF HQ Assignment. AF/A3O is the approval authority for previously approved experienced pilot-physicians offered by the PD to fill Air Force headquarters positions (e.g., AFMSA, SAF/AQ, AF/A3O- AT, AF/SE, etc.)

4.5. PP Functional Account Code (FAC). AF/A3 will revalidate, when necessary, the assignment of FAC Code 9 for active pilot-physicians.

4.6. Duty AFSC Designation. Officers possessing the primary AFSC of P48VX can be assigned to other positions; in this case the duty AFSC will reflect the assigned position (e.g., 48A4, S11F3J, etc.). Such assignment to other than a P48VX billet does not remove the pilot-physician from the PPP.

4.7. Flying Training Dates. AFPC will assign a transition course (TX) or basic course (B-course) training date commensurate with approval as listed in **paragraphs 3.2.7, 3.2.8, and 3.2.9** above. (T-2).

Chapter 5

TERMINATION PROCEDURES

5.1. Termination Procedures. This chapter discusses the Reasons and Methods for Terminating a Pilot-Physician.

5.2. Terminating for Cause. A pilot-physician may be terminated for any of these reasons:

5.2.1. Flying Evaluation Board (FEB). Any pilot-physician who is found to be an unskilled pilot by a FEB will be terminated.

5.2.2. Faulty Medical Practice. An individual who loses clinical privileges in aerospace medicine or whose professional or personal behavior does not meet the standards of the Air Force Medical Service also loses pilot-physician status. According to AFI 11-402, the individual may be disqualified from aviation service.

5.2.3. Voluntary Removal. A pilot-physician may ask to resign from the program by sending a written request, endorsed by the individual's commander, to the PD.

5.2.4. Failure to Comply. An individual may be terminated from the PPP if he/she fails to comply with this Instruction or to accomplish the training mandated in this Instruction unless waived.

5.3. Removal Method. The PD with AF/A3O-AT removes a pilot-physician by:

5.3.1. Requesting local HARM of the pilot-physician to rescind aeronautical orders as a P48VX.

5.3.2. Requesting AFPC to remove the award of AFSC P48VX from the pilot-physician.

5.3.3. Requesting AFPC to reassign the officer to work in a physician capacity only, unless the physician's medical practice was substandard. NOTE: A pilot-physician terminated for substandard medical practice can be considered for appointment to the line of the Air Force, if the AF/SG and AF/A3 agree, or may be discharged from the Air Force by administrative or judicial means, if circumstances warrant.

Chapter 6

TRAINING AND UTILIZATION

6.1. Training and Utilization. This section outlines training programs utilized by pilot-physicians.

6.1.1. Much of the training will be required in order to fulfill pilot-physician duties while the remainder may be considered highly desirable.

6.1.2. Pilot-physician backgrounds, abilities, and interests are highly variable and should be considered when allocating training slots and/or funds.

6.1.3. This list should not be considered comprehensive in nature as a complete list would be cumbersome, require constant update, and too restrictive. Rather, this section is intended as a guide in the maturation process of individuals in this career field.

6.1.4. Funding for TDY training should be shared among the PPP, medical group, and unit of assignment.

6.2. Initial Flying Training.

6.2.1. AFPC will assure that all selected applicants will complete a transition course or its equivalent in the assigned aircraft after completion of internship or residency and one year of flight surgeon duties. (T-2).

6.2.2. The minimum qualification is basic mission capable (BMC) or comparable for the first operational tour as a pilot-physician, in order to gain competency as a dual rated officer.

6.2.3. All pilot-physicians, when returning to a flying assignment in an aircraft not previously flown following medical training of five or more years, will be afforded the opportunity to upgrade and fly as a combat mission ready (CMR) crewmember for a period of at least one year after becoming CMR.

6.2.4. Clinical responsibilities during this period will be maintained at a level to permit continued medical credentialing. At the end of this one-year period, the operations and medical group commanders will meet with the PD and reach a consensus on how best to utilize the pilot-physician for the remainder of his/her tour.

6.3. Advanced Flying Training.

6.3.1. Pilot-physicians should be allowed to continue to upgrade in the assigned aircraft along with his/her contemporaries based on squadron/wing requirements and individual competency.

6.3.2. Qualified pilot-physicians will be considered for age and/or time in service exceptions-to-policy as required and allowed to compete as fully qualified applicants for advanced training.

6.4. Test Pilot School.

6.4.1. A pilot-physician qualified as a Test Pilot directly supports the PPP objectives and fulfills required competencies.

6.4.2. As dictated by PPP requirements, the PD will consult with the Air Force Test Center (AFTC), 711 HPW, AFPC, AFMC, SG and AF/A3 to select a highly qualified PP to compete for TPS.

6.4.3. AF/A3 is the waiver authority for PP applicants who exceed the age restriction for attending TPS.

6.4.4. Upon graduation from TPS, a PP-Test Pilot may serve the needs of the Test and Evaluation community, in coordination with the PD, without the restrictions of fulfilling the career progression typically required of Test Pilots.

6.5. Continuation Flying Training. In general, absences from the cockpit in excess of three years following selection to the PPP are discouraged. The PD will facilitate return to flying status following non-flying assignments to ensure needed expertise is maintained. Further, the PD will ensure a cadre of weapons systems specialists are allowed to remain qualified as subject matter experts until replacements can be utilized ensuring continuity of the program.

6.6. Human Performance Training. It is desirable that all pilot-physicians develop and maintain expertise in three critical areas: mishap prevention and investigation, human performance sustainment and enhancement, and human systems integration. The pilot-physician will be considered not qualified, unless waived by the PD, if mandatory training is not accomplished. If not previously accomplished, mandatory training will be accomplished during the first assignment after transition qualification in the assigned weapon system.

6.6.1. Mishap prevention and investigation:

6.6.1.1. Mandatory training: Course B3OZY48G3 003, Aircraft Mishap Investigation and Prevention – USAF Medical Investigator Course (USAFSAM) or Course WCIP 05A, Aircraft Mishap Investigation (AFSA).

6.6.1.2. Recommended: Each pilot-physician candidate accomplish at least one mishap investigation following above mandatory training, and mishap investigation consultation will be an ongoing process.

6.6.2. Human performance sustainment and enhancement: Recommended: Course B3OZY4XHPE 0A1A, Human Performance Enhancement, taught at USAFSAM, Defense Acquisition University (DAU) Course CLM041 and RQM110, Core Concepts for Requirements Management and AFIT Course REQ111, Air Force Capability Based Operational Requirements Course.

6.6.3. Human systems integration:

6.6.3.1. Mandatory training: AFIT Course SYS169, Human Systems Integration in Systems Capabilities Requirements and Course SYS170, Intermediate Human Systems Integration.

6.6.3.2. Recommended: Naval Postgraduate School Course 1 (OA3411): Introduction to Human Systems Integration Course 2 (OA3412): Human Systems Integration in the Acquisition Life Cycle, Course 3 (OA3413): Human Systems Integration Tools, Tradeoffs, and Processes, Course 4 (OA4414): Human Systems Integration Case Studies and Applications.

6.6.3.3. The requirements for most of the above may be found at <https://etca.randolph.af.mil>. If exact requirements for entry are not met, pilot-physicians will be allowed to attend by virtue of their position, training, and future potential contribution to mishap prevention and human-machine interface. Although no maximum amount of training in this area is stipulated, it is assumed that courses will be attended based on interest, cost, and need.

6.7. Medical Training. Pilot-physicians maintain aerospace medicine clinical credentials and expertise. They are expected to receive specialized and/or recurrent medical training (non-centrally funded events funded by the PPP), for example:

- 6.7.1. Global Medicine, (Course B3OZY48X0 000).
- 6.7.2. Team Aerospace Operational Solutions (TAOS).
- 6.7.3. AsMA Annual Scientific Meeting.
- 6.7.4. Hyperbaric Medicine.
- 6.7.5. Introduction to Medical Intelligence.
- 6.7.6. Medical Effects of Ionizing Radiation (MEIR) Course (or equivalent) <http://www.afrrri.usuhs.mil/outreach/meir/meir.htm>
- 6.7.7. Medical Management of Chemical Casualties Course. <https://ccc.apgea.army.mil/>.
- 6.7.8. Medicine/Family Practice Review Courses.
- 6.7.9. Master of Public Health Degree Granting Programs.

6.8. Graduate Medical Education (GME). Pilot-physicians not already certified by an American Medical Specialty Board are encouraged to complete the USAF Residency in Aerospace Medicine, preferably after their first or second operational pilot-physician tour. Alternatives to this include residencies in Preventive or Occupational Medicine, Family Medicine, Emergency Medicine or a residency with operational application (e.g., ophthalmology). The timing for GME must be carefully considered in order to maximize return on investment and minimize time spent out of the operational environment.

6.9. Professional Military Education (PME). PME is an integral requirement for the professional military officer. Most pilot-physicians can be expected to occupy positions of command at some point in their career. For these reasons, pilot-physicians will complete intermediate and/or senior military education. Those interested in PME in residence will be allowed to compete (with appropriate waivers when necessary) for resident positions in Squadron Officer School or Intermediate or Senior Developmental Education (IDE/SDE).

6.10. Miscellaneous Training. Training or TDYs in support of the PPP will normally be funded by the PPP/PD. Training or TDYs for supported line or medical organizations should be funded by the respective organizations as stated in paragraphs 2.10.2 and 2.10.3 of this instruction. Although it is impractical to list all courses that might be beneficial, the following courses are included here as examples that serve to broaden the pilot-physician overall knowledge base:

- 6.10.1. Defense Acquisition University (DAU) ACQ 101, Fundamentals of Systems Acquisition Management (requires DAU account).

- 6.10.2. Air Force Research Lab (AFRL) “Review Days” (annually).
- 6.10.3. Aircrew Fatigue: Causes, Consequences, and Countermeasures, offered annually at the AsMA Scientific Meeting.
- 6.10.4. USAF Night Vision Goggle Academic Instructor Course (NVGAIC).
- 6.10.5. Instrument Pilot Instructor Course.

TOD D. WOLTERS, Lieutenant General, USAF
DCS, Operations, Plans and Requirements

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

AFPD 11-4, *Aviation Service*, 01 Sep 2004

AFPD 48-1, *Aerospace Medicine Program*, 23 Aug 2011

AFI 11-401, *Aviation Management*, 10 Dec 2010

AFI 11-402, *Aviation and Parachutist Service, Aeronautical Ratings and Badges*, 13 Dec 2010

AFI 11-412, *Aircrew Management*, 10 Dec 2009

AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*, 25 Jun 2013

AFI 36-2107, *Active Duty Service Commitments (ADSC)*, 30 Apr 2012

AFI 36-2110, *Assignments*, 22 Sep 2009

AFI 36-2205, *Applying for Flying Training, Air Battle Manager, and Astronaut Programs*, 29 Oct 2004

AFI 36-2605, *Air Force Military Personnel Testing System*, 24 Sep 2008

AFI 48-123, *Medical Examinations and Standards*, 05 Nov 2013

AFMAN 33-363, *Management of Records*, 01 Mar 2008

Adopted Forms

AF Form 215, *Aircrew Training Candidate Data Summary*

DD Form 2807-1, *Report of Medical History*

DD Form 2808, *Report of Medical Examination*

SF 88, *Medical Record-Report of Medical Examination*

SF 93, *Report of Medical History*

Abbreviations and Acronyms

ACC—Air Combat Command

AETC—Air Education and Training Command

AFFSA—Air Force Flight Standards Agency

AFMC—Air Force Materiel Command

AFMSA—Air Force Medical Support Agency

AFORMS—Air Force Operations Resource Management System

AFOTEC—Air Force Operational Test and Evaluation Center

AFPC—Air Force Personnel Center

AFRC—Air Force Reserve Command

AFRL—Air Force Research Lab
AFSC—Air Force Safety Center
AFSC—Air Force Specialty Code
AFSOC—Air Force Special Operations Command
AFTC—Air Force Test Center
AMC—Air Mobility Command
ANG—Air National Guard
API—Aircrew Position Indicator
ASIC—Air and Space Interoperability Council
AsMA—Aerospace Medical Association
CC—Commander
CCB—Configuration Control Board
CRM—Crew Resource Management
CRRA—Capabilities Review and Risk Assessment
D.O.—Doctor of Osteopathy
ENJJPT—Euro-NATO Joint Jet Pilot Training
ETP—Exception to Policy
FAC—Flying Activity Code
FEB—Flying Evaluation Board
FP—Family Practice
FS—Flight Surgeon
GME—Graduate Medical Education
HARM—Host Aviation Resource Systems Management
HPW—Human Performance Wing
HSI—Human Systems Integration
JSUNT—Joint Specialized Undergraduate Navigator Training
MAJCOM—Major Command
M.D.—Doctor of Medicine
MDG/CC—Medical Group Commander
NAF—Numbered Air Force
NASA—National Aeronautics and Space Agency
NATO—North Atlantic Treaty Organization

OSD—Office of the Secretary of Defense
OT&E—Operational Test and Evaluation
PD—Program Director
PME—Professional Military Education
POM—Program Objective Memorandum
PP—Pilot-Physician
PPP—Pilot-Physician Program
RAF CAM—Royal Air Force Centre of Aviation Medicine
RAM—Residency in Aerospace Medicine
R&D—Research and Development
RD&A—Research, Development and Acquisition
RPA—Remotely Piloted Aircraft
SIB—Safety Investigation Board
SME—Squadron Medical Element
SPA—Special Position Authorization
SPO—Systems Program Office
SSWG—System Safety Working Group
SUPT—Specialized Undergraduate Pilot Training
TPS—Test Pilot School
UFT—Undergraduate Flying Training
USAFSAM—US Air Force School of Aerospace Medicine

Attachment 2

PILOT-PHYSICIAN REPORT ESSS, SUGGESTED FORMAT

Figure A2.1. PILOT-PHYSICIAN REPORT ESSS, SUGGESTED FORMAT.

COORDINATION	
Office Action	Last Name/Rank/Date
SQ/CC Review	
OG/CC	Review
MDG/CC	Review
WG/CC	Review
MAJCOM/SGP	Review
711 HPW/HP	Review
MAJCOM/SG Info/File	
-----STAFF SUMMARY AO: Name, office symbol, phone extension	
SUSPENSE:	
1. PURPOSE: Provide pilot-physician report for MAJCOM/SG Info/File IAW AFI 11-405, <i>The Pilot-Physician Program</i> .	
2. BACKGROUND: AFI 11-405 requires an annual (or semi-annual in the case of first assignment pilot-physicians) report to be submitted to MAJCOM/SG for review.	
3. RECOMMENDATION: WG/CC review by signing the coordination block and forwarding to MAJCOM/SGP.	
SIGNATURE BLOCK (flying unit commander)	
3 Tabs:	
1. Pilot-Physician Report	
2. Medicine Journal Article for publication	
3. Position Statement T-X Replacement Requirements Recommendation: Human Performance	