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Health Services

**MEDICAL SERVICE
OFFICER EDUCATION**



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This instruction incorporates the requirements of Department of Defense Instruction (DoDI) 6015.24, *DoD Graduate Medical Education Program*, Air Force Policy Directive (AFPD) 41-1, *Healthcare Programs and Resources*, AFPD 36-26, *Total Force Development and Management, and Resources* and AFPD 48-1, *Aerospace Medicine Enterprise* and should be used with current editions of the accreditation requirements of the Accreditation Council for Continuing Medical Education, Accreditation Council for Graduate Medical Education (ACGME), the American Dental Association Commission on Dental Accreditation, The Joint Commission Accreditation Manuals; published standards of the American Nurses Association (ANA) for nursing services, practice and care; published standards of other national professional nursing organizations; and Department of Defense/Defense Health Agency policies. It establishes policy, assigns responsibilities and prescribes procedures for Air Force medical officer education programs. This instruction applies to all medical service officers of the Regular Air Force, Air Force Reserve, and Air National Guard. This publication does not apply to the United States Space Force. This Air Force Instruction (AFI) may be supplemented at any level, but all supplements that directly implement his publication must be routed to AF/SG1D, Medical Force Development, for coordination prior to certification and approval. The authorities to waive wing or 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 Department of the Air Force Manual (DAFMAN) 90-161, *Publishing Processes and Procedures*, 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 requestor’s commander 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, Medical Career Management (AFPC/DPMN), regardless of Tier waiver approval authority. This publication requires the collection and/or maintenance of information protected by the Privacy Act of 1974 authorized by 5 USC § 552a, *Records maintained on individuals*. The applicable System of Records Notice F036 AFPC F Health Education Records is available at: <https://dpcl.d.defense.gov/privacy/SORNS.aspx>. The authorities to collect and maintain the records prescribed are Title 10, United States Code, §1102, 133, 2112, 9013 and 9032; and 50 United States Code §454. System of Record Notice F044 AF SG K, *Medical Professional Staffing Records*, applies. Ensure all records generated as a result of processes prescribed in this publication adhere to AFI 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the DAF Forms 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command. 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.

SUMMARY OF CHANGES

This document has been substantially revised and should be reviewed in its entirety. Major changes include, but are not limited to, assigning responsibilities and prescribing procedures for the management of the United States Air Force School of Aerospace Medicine (USAFSAM) Operational Graduate Medical Education (OGME) Program, deleting Force Development Panel Chair and Chapter 6, *Medical Executive Skill Development Program Implementation of DoD Instruction 6000.15, Joint Medical Executive Skill Institute*, and arranging the programs and monitoring procedures into **Chapter 3**.

Chapter 1—PROGRAM OVERVIEW AND OTHER COMPLIANCE AREAS	6
1.1. Policy.....	6
1.2. Accreditation.....	6
1.3. Program Evaluation.....	6
1.4. Education at Civilian Institutions.....	6
1.5. Policy Document.....	6
1.6. Correspondence with Civilian Organizations.....	7
1.7. Notification on Accreditation At-Risk Programs.....	7
1.8. Duration of Programs.....	7
Chapter 2—ROLES AND RESPONSIBILITIES	8
2.1. United States Air Force Surgeon General (AF/SG).....	8
2.2. Air Force Reserve Component Surgeon General and Air National Guard Surgeon General.....	8

2.3.	Air Force Personnel Center/Chief, Medical Career Management (AFPC/DPMN).	8
2.4.	Air Force Institute of Technology (AFIT) Healthcare Education Division.	8
2.5.	711 Human Performance Wing/United States Air Force School of Aerospace Medicine.	9
2.6.	MTF Directors/Commanders.	9
2.7.	Air Force Medical Service Officers.	9
2.8.	Medical Education Facilities.	10
2.9.	Air Force MTFs.	10
2.10.	Health Professions Education Requirements Board.	10
2.11.	Director of Medical Education.	12
2.12.	Graduate Medical Education Committee.	13
2.13.	Air Force Medical Service Education Program Directors.	15
2.14.	Annual Evaluation.	15
2.15.	Continuing Healthcare Education Responsibilities.	16
Chapter 3—EDUCATION PROGRAMS AND MONITORING PROCEDURES		17
3.1.	Undergraduate Education Programs.	17
3.2.	Graduate Education Programs.	17
3.3.	Externships, Clerkships, and Elective Rotations.	17
3.4.	Officer Exchange Program.	18
3.5.	USAF Development Programs.	19
3.6.	Types of Graduate Medical Education Programs.	19
3.7.	Graduate Dental Education (GDE) Programs.	19
3.8.	Medical Service Corps (MSC) Graduate Education Programs.	21
3.9.	Biomedical Sciences Corps (BSC) Graduate Education Programs.	22
3.10.	Nurse Corps (NC) Graduate Education Programs.	22
3.11.	Multi-Corps Graduate Education Programs.	23
3.12.	Other Training Program Opportunities.	24
3.13.	Selection Boards and Criteria.	24
3.14.	Revocation of Selection.	24
3.15.	Second Residencies.	24
3.16.	Additional Training.	25
3.17.	Service Obligation Incurred for Education and Training.	25
3.18.	Expectation of Program Completion.	25

3.19.	Completion of USAF Programs.....	25
3.20.	Change in Education Programs.....	25
3.21.	Residency Closure/Reduction.....	25
3.22.	Graduate Medical Education Program Director Appointment Procedures.....	25
3.23.	Education Plans and Methods.....	26
3.24.	Education Evaluations.....	27
3.25.	Quality Assurance and Risk Management Responsibilities.....	28
3.26.	Trainee Teaching Experience.....	29
3.27.	Special Training Facilities.....	29
3.28.	Off-Site Clinical Rotations.....	29
3.29.	Leave and Absences from Training.....	29
3.30.	Attendance at Professional Meetings/Courses.....	30
3.31.	Resident Staff Association.....	30
3.32.	Establishing a New Formal Training.....	31
3.33.	Accreditation.....	31
Chapter 4—CONTINUING HEALTH EDUCATION PROGRAMS		33
4.1.	General.....	33
4.2.	Goals of the USAF Continuing Healthcare Education Program.....	33
4.3.	Locations.....	33
4.4.	Eligibility.....	33
4.5.	Program Procedures.....	34
4.6.	Individual Requirements for CHE.....	34
4.7.	Air Force Reserve and Air National Guard Medical Service Personnel.....	36
4.8.	Education Credit.....	36
4.9.	TDYs for Continuing Health Education.....	36
4.10.	Locally Developed Programs.....	36
4.11.	Programs Developed Outside the USAF.....	36
4.12.	Locally Funded TDY.....	36
4.13.	Permissive TDY.....	37
4.14.	Application Procedures.....	37
4.15.	Continuing Health Education Credit.....	37
4.16.	Application to AFPC/DPMN.....	37
4.17.	Developing a Continuing Health Education Program.....	38

4.18.	Management.....	39
4.19.	Commercial Support & Financial support of CHE Courses.	39
Chapter 5—RESTRICTION, SUSPENSION, AND TERMINATION OF EDUCATION STATUS		40
5.1.	Basis for Action.	40
5.2.	Discretionary Actions.	40
5.3.	Administrative or Judicial Action.	41
5.4.	Removal of Trainees from Academic Programs.	41
5.5.	Documentation.	41
5.6.	USAFSAM.....	41
5.7.	Self-initiated Withdrawal Request.	42
5.8.	Review.	42
5.9.	MTF Director/CC Review.	42
5.10.	Final Approval.	42
5.11.	Consequences of Resignation.	43
5.12.	Immediate Restriction or Suspension.	43
5.13.	Committee Actions.	43
5.14.	Impartiality of Reviewers.	44
5.15.	Faculty Board Composition and Procedures.....	44
5.16.	MTF Director/CC Action.....	45
5.17.	Education Assignments and Extensions.	46
Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION		47
Attachment 2—SAMPLE FIELD EVALUATION		51
Attachment 3—SAMPLE NOTIFICATION OF RECOMMENDATION FOR EXTENSION IN COMPLETION OR TERMINATION OF EDUCATION		52
Attachment 4—SAMPLE NOTIFICATION OF FACULTY BOARD		54

Chapter 1

PROGRAM OVERVIEW AND OTHER COMPLIANCE AREAS

1.1. Policy. The United States Air Force Medical Service (AFMS) education programs will meet published standards and criteria of their discipline or specialty.

1.2. Accreditation.

1.2.1. Guidance on accreditation is provided in Defense Health Agency Procedural Instruction (DHAPI) 1025.04, *Graduate Medical Education*. Military Treatment Facilities (MTFs) and other agencies conducting education programs must apply for and maintain accreditation by the national accrediting agency for each program. (T-0)

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

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

1.3. Program Evaluation.

1.3.1. Guidance on program evaluation is provided in DHAPI 1025.04. Education program sponsors must develop a system for internal and field evaluations. (T-0)

1.3.2. The MTF Director/CC (or designee) sets the schedule for internal evaluations, while the Director of Medical Education (DME) or a person named by the MTF Director/CC keeps records of such evaluations. (T-1)

1.3.3. MTFs and other agencies conducting education programs must also conduct field evaluations. See [Attachment 2](#) for a sample field evaluation. (T-3)

1.3.4. The DME or other designated individual at each facility distributes, collects, and evaluates forms once a year. (T-3)

1.4. Education at Civilian Institutions. AFMS personnel may attend programs at civilian institutions for education only if those institutions and programs meet published standards and criteria. They must be fully accredited by a recognized national accrediting agency acceptable to the United States Air Force Surgeon General (AF/SG) (where such an accreditation mechanism exists).

1.5. Policy Document. Guidance on graduate medical education (GME) is provided in DHAPI 1025.04. USAF institutions sponsoring 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 that is consistent with DHA-PI. (T-1). The DME, working with the program directors and the Graduate Medical Education Committee (GMEC), develops this policy, and the MTF Director/CC approves it.

1.6. Correspondence with Civilian Organizations. MTF Director/CC, DMEs, and program directors may correspond directly with national civilian organizations concerning accreditation of current or proposed education programs conducted in the MTF, in accordance with DHA policy, and must ensure organization is not under a corporate integrity agreement or on the Inspector General Sanction List. **(T-0)** This correspondence cannot alter or circumvent USAF directives on health education. GMEC must record correspondence in the minutes. **(T-1)**

1.7. Notification on Accreditation At-Risk Programs. Any person or agency with information indicating that a program's accreditation is at-risk should forward that information to the appropriate corps office at Air Force Personnel Center/Chief, Medical Career Management (AFPC/DPMN).

1.8. Duration of Programs. Program directors will ensure students conduct educational activities, particularly those leading to academic degree 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. United States Air Force Surgeon General (AF/SG). The United States Air Force Surgeon General provides policy and oversight of the Medical Service Officer Education 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.

2.2. Air Force Reserve Component Surgeon General and Air National Guard Surgeon General. The Air Force Reserve Component Surgeon General, and Air National Guard Surgeon General monitor continuing healthcare education (CHE) programs and manage United States Air Force Reserve and Air National Guard medical personnel.

2.3. Air Force Personnel Center/Chief, Medical Career Management (AFPC/DPMN).

2.3.1. Implement the AF/SG's policy and monitor education programs. (T-1)

2.3.2. Distribute quotas and coordinates corps specific selection boards such as the Joint Graduate Medical Education Selection Board to select Medical Services officers to participate in education programs, etc. (T-2)

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

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

2.3.5. Create and maintains education files on AFMS officers enrolled in long-term education programs. (T-2)

2.3.6. Recommend to AF/SG which health institutions should conduct education programs.

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

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

2.4. Air Force Institute of Technology (AFIT) Healthcare Education Division.

2.4.1. Manage assigned officers, funds, and administers the 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 Line of the Air Force provides funds to Air Force Institute of Technology (AFIT) for tuition, fees, academic/clinical travel, board exams, etc. Funding requirements are driven by approved training requirements.

2.4.2. Manage funds and administers the Armed Forces Health Professions Scholarship Program and Financial Assistance Program. (T-2)

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

2.5. 711 Human Performance Wing/United States Air Force School of Aerospace Medicine.

2.5.1. Fulfill requirements driven by the annual Health Professions Education Requirements Board (HPERB) by promoting, recruiting, and, via the Joint Graduate Medical Education Selection Board, selecting, and matching physician applicants to Operational Graduate Medical Education (OGME) programs.

2.5.2. Collaborate with military and civilian GME programs to coordinate mission qualification training during residency to the maximum extent possible without compromising clinical instruction. Individual training programs will be tailored such that each graduating resident will be best prepared for operational assignment upon graduation. **(T-2)**

2.5.3. Manage assigned officers, funds, administer tuition, academic travel, competency exams, and educational expenses for graduate health education programs in civilian institutions, and other intra-governmental agencies. **(T-2)** Based on the line of the Air Force Corporate Process priorities, funds will be provided to the United States Air Force School of Aerospace Medicine (USAFSAM) for tuition, fees, academic/clinical travel, board exams, etc.

2.6. MTF Directors/Commanders.

2.6.1. Guidance on the role of MTF directors and commanders is provided in DHAPI 1025.04. Ensure educational programs meet the standards and criteria of this instruction as well as the standards and guidelines of national accrediting organizations. **(T-0)**

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

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

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

2.6.5. Inform AFPC/DPMN of significant changes in the number of spaces available in current programs. **(T-2)**

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

2.6.7. Monitor expenses, by fiscal year, attributable to education programs, including accreditation costs. **(T-0)**

2.6.8. Notify AFPC/DPMN of all accreditation decisions involving their educational programs. **(T-2)**

2.7. Air Force Medical Service Officers.

2.7.1. Obtain and maintain the certification and licensure required to practice their profession or specialty; comply with Department of Defense (DoD) and AF directives on licensure. 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 Air Force Specialty Code (AFSC). **(T-0)**

2.7.2. Ensure the provider credentials file contains a copy of their personal education record. **(T-1)**

2.7.3. Members of the AFMS must maintain an accurate and current record of all CHE activities for licensure, recertification, and credentialing. (T-0)

2.8. Medical Education Facilities. 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.

2.9. Air Force MTFs. Each MTF is expected to develop an effective CHE program for assigned personnel. The medical organizations include:

- 2.9.1. Designated USAF medical centers.
- 2.9.2. Designated regional MTFs and other MTFs.
- 2.9.3. USAFSAM.

2.10. Health Professions Education Requirements Board.

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

2.10.2. SG consultants and enlisted Career Field Managers (CFMs) will initiate and input HPERB training requests to AFPC/DPMN. It is highly recommended that consultants and CFMs use staffing analysis in determining educational requirements. Training requests requiring AFIT funding must be coordinated through the AFIT Healthcare Education Division prior to final submission to the HPERB. Training requests requiring USAFSAM OGME funding must be coordinated through USAFSAM/OGME prior to final submission to the HPERB. (T-1)

2.10.3. The Air Force Personnel Center, 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).

2.10.4. The initial AFPC/DPMN 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. The data gathered will assist with determining if other approaches should be employed to fill requirements (i.e., recruiting fully qualified candidates).

2.10.5. AFMS corps directors, in conjunction with their respective corps chiefs, will review, validate, and prioritize training requests establishing a corps training requirements list. AF SG1/8 reviews, approves, or disapproves validated HPERB requirements.

2.10.6. Training Requests. Training requests processed through the HPERB process include Graduate Professional Education, USAFSAM/OGME, AFIT graduate/post graduate education, Education With Industry, internships, residencies, and fellowships for clinical and non-clinical personnel.

2.10.7. HPERB Training requests will be placed into categories.

2.10.7.1. Category I Readiness Essential: this education develops skills and knowledge to support the requirements of a unit training code. Training that is required by the unit training code above and beyond AFSC or shred awarding courses.

2.10.7.2. Category II Product Line Initiation/Sustainment: this education is a requirement for awarding an AFSC or a specialty shred out (in accordance with the Air Force Officer Classification Directory).

2.10.7.3. Category III Broadening/Enhancement: this is education, an internship, or fellowship that develops skills and knowledge for increased clinical privileging, clinical or professional leadership, or skills progression.

2.10.8. Selection Boards. AFPC/DPMN, Corps Utilization & Education, will upon approval of HPERB training requirements by AF/SG 1/8, send out approved allocations and eligibility via Personnel Services Delivery Memorandum. In addition, AFPC/DPMN will assist corps with their HPERB selection and Developmental Teams ensure only valid requirements are matched.

2.10.9. Skill Progression Training. Includes GME, Graduate Dental Education (GDE), AFIT graduate education, Education with Industry, and in-house fellowships to include both clinical and non-clinical. All training is approved through the HPERB process.

2.10.10. Adjustments and Out-of-Cycle HPERB Process Actions.

2.10.10.1. 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 to Master of Health Administration; Orthodontics to Prosthodontics; or Master of Science in Nursing in Nursing Management to MSN in Anesthesia Program) must be approved by the AF SG1/8. Additionally, if the training program utilizes a civilian institution, proposed changes will be coordinated with AFIT Civilian Institution Medical Division or USAFSAM OFME prior to submission to AF SG1/8.

2.10.10.2. 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/DPMN. Request 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.

2.10.10.3. The appropriate corps representative at AFPC/DPMN validates projected manning requirements, coordinates the request with AFIT Civilian Institution Medical Division or USAFSAM/OGME and forwards the request to Air Force Surgeon General, Manpower, Personnel, and Resources (AF/SG1/8). 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 corps directors. The revised approved list is forwarded to AF SG1/8 for final action. **(T-2)**

2.11. Director of Medical Education.

2.11.1. Guidance on DME selection procedures is provided in Defense Health Agency Procedural Instruction (DHAPI) 1025.04. A DME is required for medical facilities which have GME programs. The MTF Director/CC appoints in writing a qualified senior officer or civilian to be the DME. The DME may also be the Designated Institutional Official (DIO), if the military site is also the ACGME Sponsoring Institution. The DME reports to the MTF Director/CC and plans, leads, and coordinates all GME programs in the MTF. These responsibilities do not include patient education. DME responsibilities:

2.11.2. Develop and implement operational education, training and clinical policies and plans consistent with the MTF's mission and current practice for all officer's education. For programs combined with other military services (e.g., 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)**

2.11.3. Ensure compliance with USAF requirements, professional practice standards and accreditation agencies. **(T-1)**

2.11.4. Prepare and maintain records, reports, and current policies and plans related to medical education. **(T-1)**

2.11.5. Communicate training and educational activities as well as patterns, trends, issues and concerns to, and advises the MTF Director/CC and Executive Committee. **(T-1)**

2.11.6. Develop and monitor affiliation agreements between the MTF and civilian facilities, where required, according to applicable DHA and Service policy.

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

2.11.8. Provide primary oversight to all GME and Allied Health programs per local policy, to include Phase II officer training (greater than 10 months), training and education memoranda of understanding, and collaborate with any co-located reserve component to consolidate and mutually support each other's training requirements as applicable. **(T-1)**

2.11.9. 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.

2.11.10. Maintain administrative review, including trainee rosters, program curricula, and periodic updates on programs conducted.

2.11.11. Create a local orientation program for individuals entering graduate professional education programs. Assist all program directors to develop an appropriate orientation. **(T-1)**

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

2.11.13. 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)**

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

2.11.15. Receive and review materials on program accreditation and inform the program director, GMEC, and the MTF Director/CC on accreditation compliance standards and requirements.

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

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

2.11.17.1. Maintain verified copies of certificates of basic qualifying degree. **(T-1)**

2.11.17.2. Maintain verified copies of applicable license, academic actions, training reports, and other official correspondence pertaining to the student. **(T-1)** For students who have completed the program, also maintain:

2.11.17.2.1. A copy of the final training report.

2.11.17.2.2. Certification of program completion.

2.11.17.2.3. A copy of permanent change of station orders.

2.11.17.3. Periodically review or designate someone to review student records and may designate the program director or another responsible official to keep the education record.

2.11.18. The DIO chairs the GMEC.

2.12. Graduate Medical Education Committee.

2.12.1. Guidance on GME committees is provided in DHAPI 1025.04. A professional education committee is required at facilities with GME programs. The MTF Director/CC appoints a GMEC. **(T-1)** 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 (e.g., National Capital Consortium or San Antonio Uniformed Services Health Education Consortium), the duties, processes and responsibilities of the ACGME recognized consortium may be followed.

2.12.2. Functions.

2.12.2.1. Advises the DIO.

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

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

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

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

2.12.2.6. 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.

2.12.3. Membership. Committee membership includes at least one trainee nominated by their peers, representatives from the education programs overseen by the committee, and other stakeholders and required participants per ACGME requirements, which may include the following disciplines:

2.12.3.1. GME.

2.12.3.2. Dental.

2.12.3.3. Nursing education.

2.12.3.4. Allied health education.

2.12.4. Meeting Schedule. The committee should meet at least four times a year. When the agenda includes important matters (such as changes in operating procedures, proposed elimination or reinstatement of students, and changes in program curricula and length), at least 60 percent of the members need to be present. **(T-3)**

2.12.5. Meeting Agenda. The committee or a subcommittee regularly reviews trainee 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, but not limited to:

2.12.5.1. Summary results and recommendations from ACGME mandated institutional reviews and site visits.

2.12.5.2. Resident supervision/work hour issues.

2.12.5.3. Facility support.

2.12.5.4. Specialty board results.

2.12.5.5. Financial Resources/Budget.

2.12.5.6. Communication with MTF leadership.

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

2.12.6. Meeting Minutes. The GMEC will submit written minutes of all committee meetings to the MTF Director/CC for review and approval. **(T-1)** Recommendations requiring specific action by AFPC/DPMN require approval from the MTF Director/CC and are forwarded separately through appropriate channels as a specific action request. Such documents should be marked as quality assurance documents and are protected under 10 United States Code

(USC) §1102 *Confidentiality of Medical Quality Assurance Records*. 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 Director/CC. (T-3). For further guidance on medical quality assurance and/or risk management, refer to DHA-PM 6025.13, *Clinical Quality Management in the Military Health System*.

2.13. Air Force Medical Service Education Program Directors.

2.13.1. Guidance on the MTF Director/CC, in conjunction with the GMEC, appointing program directors for USAF GME programs is provided in DHAPI 1025.04. ACGME recognized consortium's procedures should be followed where applicable. Program directors 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.

2.13.2. The length of PD deployments should be kept to the minimum amount of time possible so as not to disrupt the training program.

2.14. Annual Evaluation.

2.14.1. Guidance on evaluations is provided in DHAPI 1025.04. Facilities conducting GME, including facilities with qualifying programs in psychology, will perform an annual evaluation on each program. (T-1) The program director conducts an evaluation with input from faculties, trainees, and recent program graduates. The program director will send an evaluation summary report and an Annual Evaluation of Medical Training Programs to the DME and GMEC. (T-1)

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

2.14.3. 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 Director/CC. (T-1)

2.14.4. Annual Evaluation Report Contents.

2.14.4.1. Annual review of the curriculum.

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

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

2.14.4.4. Results of board examination for all program graduates.

2.14.4.5. Summarized educational expenses.

2.14.4.6. The program director summarizes the review by:

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

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

2.14.4.6.3. Stating any identified problems and action plan for corrections including any other information or analysis required by the accrediting body.

2.15. Continuing Healthcare Education Responsibilities.

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

2.15.2. 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.

2.15.3. The Chief Nurse develops and conducts CHE programs for nursing services personnel. Another Nurse Corps (NC) officer or staff development officer may be delegated this responsibility. **(T-3)**

2.15.4. 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. **(T-3)**

2.15.5. The Senior Medical Service Corps (MSC) Officer develops and conducts CHE programs for MSC officers. Another MSC officer may be delegated this responsibility. **(T-3)**

2.15.6. The Biomedical Sciences Corps (BSC) Executive coordinates with the senior BSC in each profession to develop and conduct CHE programs for assigned BSC officers. **(T-3)**

Chapter 3

EDUCATION PROGRAMS AND MONITORING PROCEDURES

3.1. Undergraduate Education Programs.

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

3.1.2. F. Edward Herbert Armed Forces Health Professions Scholarship Program and Financial Assistance Program. The purpose of the Armed Forces Health Professions Scholarship Program and Financial Assistance Program is to ensure the USAF has 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. **(T-0)** Students accepted by an accredited civilian school in the United States or Puerto Rico, GDE, or GME programs, in the appropriate disciplines, may apply for USAF sponsorship. For more information, see DoDI 6000.13_Department of the Air Force Instruction (DAFI) 41-110, *Medical Health Care Professions Scholarship Programs*.

3.1.3. 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 DAFMAN 36-2032, *Military Recruiting and Accessions*.

3.2. Graduate Education Programs.

3.2.1. 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 (ETCAs) list program types, eligibility criteria, and application processes.

3.2.2. 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 DoDI 6000.13_DAFI 41-110 for mission requirements and application procedures.

3.3. Externships, Clerkships, and Elective Rotations.

3.3.1. Medical facilities may provide externships, clerkships, and elective rotations for AF Health Professions Scholarship Program, USUHS and medical AFROTC educational delay students at the discretion of the MTF Director/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 applicable DHA and service policy. **(T-1)** The DME coordinates and manages externships, clerkships, and elective rotations. Officers attending training under Armed Forces Health Professions Scholarship Program and Financial Assistance Program sponsorship cannot be placed on orders to attend an extern or clerk program outside the continental United States, including Hawaii, Alaska, and Puerto Rico, unless they are attending school at that location. **(T-1)**

3.3.2. A training affiliation agreement is not required for AF Health Professions Scholarship Program students on their annual active duty tour. However, if these students attend a USAF facility as a civilian student, a training affiliation agreement between the students' training institution and the USAF facility is required. **(T-1)**

3.3.3. 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 student's 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. **(T-1)**

3.3.4. Evaluation Reports. The immediate supervisor must prepare an AF Form 494, *Academic/Clinical Evaluation Report*, for students and residents completing an externship, clerkship, or elective rotation at USAF MTFs. **(T-1)** The program director 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)**

3.3.5. Student Restrictions. Military students and residents performing externships, clerkships, or elective rotations must be on official orders. **(T-1)** Civilian students (or AF Health Professions Scholarship Program students attending in civilian status) performing clerkships or externships at USAF MTFs must do so at no expense to the government. **(T-1)**

3.3.6. Students enrolled in civilian sponsored degree programs or residencies under AFIT Civilian Institution Medical 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.

3.3.7. Students enrolled in or USAFSAM/OGME civilian-affiliated sites are eligible for funding to travel to military training required for program graduation. Military relevant elective rotations are eligible for funding, subject to approval of the USAFSAM/OGME/PD.

3.4. Officer Exchange Program.

3.4.1. To improve the level of care and maintain the competence of medical service specialists, officers in small MTFs may request up to 60 days of temporary duty (TDY) (see DAFI 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 TDY to the smaller hospital on an exchange basis. Only programs clearly defined as educational qualify as an exchange programs. The respective Squadron Commander or equivalent must approve the TDY. **(T-3)**

3.5. USAF Development Programs.

3.5.1. Guidance on Education & Training Course Announcements is provided in AFI 36-2670, *Total Force Development*. Eligibility, enrollment, academic and graduation criteria for Air Force resident and distance learning programs for each developmental education level in Air University catalogs and Education and Training Course Announcement (The ETCA SharePoint® is available on AF Portal Home under Education/Training/Force Development and Applications tab (A-Z)).

3.6. Types of Graduate Medical Education Programs.

3.6.1. Opportunities. HPERB results, listing GME training opportunities and detailed application instructions are available from AFPC/DPMN, and additional information can be found on the Air Force Physician Education website: <https://www.airforcemedicine.af.mil/Organizations/Physician-Education-Branch/>. 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.

3.6.2. 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). ACGME accredited institutions sponsoring GME programs must maintain substantial compliance with *ACGME Institutional Requirements*. (T-0) Each organization conducting residency or fellowship 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)

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

3.6.3.1. The service chief may delegate supervision of projects.

3.6.3.2. Research done by GME trainees in USAF facilities must be approved by the program director and the facility Institutional Review Board and be conducted in full compliance with DoDI 3216.02_DAFI40-402, *Protection of Human Subjects and Adherence to Ethical Standards in Department Air Force Supported Research*. (T-0)

3.6.3.3. When a project is completed, the supervisor should encourage the responsible trainee or group to prepare a report for publication in an appropriate professional journal according to DAFI 35-101, *Public Affairs Operations*.

3.6.3.4. Presenting research at professional meetings is encouraged and supported per DHAPI 1025.04.

3.7. Graduate Dental Education (GDE) Programs.

3.7.1. Opportunities. Training opportunities approved by the HPERB are available on the Dental Education website. Additional information on GDE training opportunities can be found on the AFMS Knowledge Exchange at <https://kx.health.mil/kj/kx2/GraduateDentalEducation/Pages/home.aspx>

3.7.2. Accreditation: GDE programs are accredited by the Commission on Dental Accreditation or appropriate program specialty accreditation when such accreditation exists. USAF institutions that sponsor GDE must ensure sufficient support for program compliance with all Commission on Dental Accreditation standards and Middle States Commission on Higher Education when required for Uniformed Services University associated Postgraduate Dental College degree programs. **(T-0)**

3.7.3. 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)** GDE leadership within the facility, as per prearranged relationship within GME structure, will 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. Program directors or Dental Education administrative leadership provides primary oversight for dental education programs and coordinates attendance of staff and residents at professional meetings/courses.

3.7.4. General. Commission on Dental Accreditation 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.

3.7.5. Residency Programs.

3.7.5.1. 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 Commission on Dental Accreditation. 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. Program directors are selected in conjunction with Dental Consultants and must, at minimum, meet specialty board certification requirements as stated in applicable Commission on Dental Accreditation 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.

3.7.5.2. 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. Program directors are selected in conjunction with Dental Consultants and must meet specialty board certification requirements as stated in applicable Commission on Dental Accreditation standards. (T-0)

3.7.5.3. 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 finish formal course work without extending the length of the residency program.

3.7.5.4. 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.

3.7.6. 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.

3.8. Medical Service Corps (MSC) Graduate Education Programs.

3.8.1. 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.

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

3.8.3. 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. (T-1)

3.8.4. Education with Industry. A ten-month, non-degree program is available for a limited 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/DPMN solicits applications annually.

3.8.5. Senior Health Policy Fellowship. This ten-month non-degree program prepares MSC officers for future specialized or staff assignments in areas such as medical materiel, health facilities, financial management, planning, or computer science. AFPC/DPMN solicits applications annually.

3.8.6. 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.

3.9. Biomedical Sciences Corps (BSC) Graduate Education Programs.

3.9.1. 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.

3.9.2. Education With Industry. The AFMS conducts this 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.

3.9.3. Internship. The USAF offers internships at selected AFMS MTFs in clinical psychology. 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, and individual and group psychotherapies in a variety of settings such as mental health, family advocacy and alcohol/drug abuse prevention and treatment programs. The clinical psychology program directors, at a minimum, must be board eligible in their specialty. (T-1) Board certification is preferred.

3.10. Nurse Corps (NC) Graduate Education Programs.

3.10.1. 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 may be available for active duty nurses. The AFIT Civilian Institution Medical 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.

3.10.2. Nurse Transition Program. This program prepares AFROTC/newly accessed graduates and enlisted commissioning program candidates who have a bachelor's degree in nursing with less than one-year of experience and are just entering active duty to become professional USAF NC officers. The USAF conducts the program at various AFMS MTFs and select civilian hospitals. The Nurse Transition Program eases the transition of inexperienced active duty nurses from novice to competent practitioners and officers. This is accomplished by providing a strong foundation of nursing skills and officership. The preceptor concept is an integral part of the program. The student practices new skills through planned clinical rotations.

3.10.3. Air Force Nurse Residency Program (AFNRP). The AFNRP and the Nurse Transition Program are formal AETC medical officer courses. Completion of Nurse Transition Program 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 one-year (12 months) residency program begins its clock with initial entry into the AF NC to include all accession sources (i.e., direct commission, Nurse Enlisted Commissioning Program, AFROTC, 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 Teamwork; 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 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.

3.10.4. Specialty Education Programs. The USAF offers non-degree courses for active duty nurses to specialize in various clinical nursing arenas. These Temporary Duty (TDY) specialty education courses include but are not limited to nursing staff development, management, and executive nursing as well as advanced nursing skills and practice to cover a multitude of nursing healthcare fields. See ETCA for course descriptions, prerequisites, and application procedures.

3.10.5. Nursing Fellowships. The AFMS may offer one or two year fellowships in a variety of military and civilian settings if NC requirements dictate. These opportunities are part of the Health Professions Education Requirements Board (HPERB) process.

3.10.6. Education with Industry Nursing Programs. A ten-month, non-degree program may be available for NC officers via HPERB opportunities as approved annually. In this program, the AFMS places a NC officer with a participating industry in an internship role to learn its leadership and organizational strategies and techniques, and to develop knowledge and skills that enhance AFMS health care operations.

3.11. Multi-Corps Graduate Education Programs.

3.11.1. A combined selection/screening board evaluates multi-corps fellowships, and Education With Industry applications.

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

3.11.1.2. Medical readiness applicants are considered for all the readiness opportunities for which they are eligible.

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

3.11.2.1. The name of the candidate selected for training is forwarded to AFIT Civilian Institution Medical Division for placement procedures.

3.11.2.2. Applicants selected must meet the grade requirements and other program prerequisites as identified in the call for candidate's message. **(T-1)**

3.12. Other Training Program Opportunities.

3.12.1. Corps HPERB results, listing training opportunities and detailed application instructions are available from AFPC/DPMN and can be found on their respective AFMS Knowledge Exchange Corps education page at <https://kx.health.mil/> or the Air Force Physician Education website: <https://www.airforcemedicine.af.mil/Organizations/Physician-Education-Branch/>.

3.13. Selection Boards and Criteria.

3.13.1. Candidates must meet the criteria established by the AF/SG or Office of Assistant Secretary of Defense for Health Affairs, ETCA, HPERB, and by various national accrediting bodies. Officers having an unfavorable information file require a command recommendation. Dental officers with unfavorable information file are ineligible to apply for GDE. (T-1)

3.13.2. Only candidates who can meet the active duty service commitment for GME programs are eligible. Guidance on active duty service commitment is provided in AFMAN 36-2100, *Military Utilization and Classification*. (T-1)

3.13.3. Selection boards convened under the authority of the AF/SG to fill AFMS long term education program positions. The SG appoints presidents of all selection boards.

3.13.4. The board president appoints his/her board members. Only appointed board members and administrative support staff are allowed in the boardroom. (T-3)

3.13.5. Results of the board are confidential and may only be released by AFPC/DPMN after approval of the convening authority. (T-1)

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

3.13.7. Priority of GME selection is usually given to qualified active duty officers, based upon scoring and order of merit lists.

3.14. Revocation of Selection.

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

3.14.2. 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 appropriately represent the USAF, (to include a failure of an official Air Force Fitness Assessment) the commander must notify AFPC/DPMN and provide a recommendation on whether the member should enter the education program. (T-1)

3.14.3. Selectees can be disqualified from entering training based on permanent change of station requirements as outlined in DAFI 36-2110, *Total Force 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 their GME is revoked.

3.15. Second Residencies. Selection boards may consider applications for second residencies or fellowship outside of the applicant's primary residency specialty if the candidates are board certified on 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).

3.16. Additional Training.

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

3.17. Service Obligation Incurred for Education and Training.

3.17.1. Officers participating in USAF education programs incur an active duty service commitment as specified in DoDI 6000.13 and AFMAN 36-2100, *Military Utilization and Classification*.

3.18. Expectation of Program Completion.

3.18.1. 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.

3.19. Completion of USAF Programs.

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

3.20. Change in Education Programs.

3.20.1. AFPC/DPMN must approve all changes in education programs. **(T-1)** In rare situations where it is in the best interest of the USAF, AFPC/DPMN 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 president approved requirement (i.e., length of training, type of degree, subject or specialty area, etc.). The appropriate office within AFPC/DPMN will prepare a position paper with recommendations for approval/disapproval to AF/SG1 who coordinates appropriate action with the HPERB President.

3.20.2. Students enrolled in AFIT- sponsored civilian, Army, Navy, other DoD, or intragovernmental program must submit written requests through their program director or academic advisor to the AFIT Civilian Institution Medical Division for endorsement to AFPC/DPMN. **(T-0)**. Students involved with in-house training must submit requests, through their program director and DME, to AFPC/DPMN. **(T-2)** Students training in deferred or re-deferred status submit requests, through their program director to AFPC/DPMN.

3.20.3. Students enrolled in a USAFSAM-sponsored civilian, other DoD, or intragovernmental program must submit written requests through their program director or academic advisor to USAFSAM/OGME for endorsement to AFPC/DPMN. **(T-0)**

3.21. Residency Closure/Reduction.

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

3.22. Graduate Medical Education Program Director Appointment Procedures.

3.22.1. Guidance on DME appointments is provided in DHAPI 1025.04. Coordinate appointments by the local DME with relevant specialty consultant as required by ACGME specialty requirements. Consider the following in selecting a program director:

- 3.22.2. Teaching ability and teaching experience
- 3.22.3. Participation in professional associations
- 3.22.4. Level of affiliation within the appropriate specialty society
- 3.22.5. Research contributions
- 3.22.6. Clinical abilities
- 3.22.7. Officership and military experience
- 3.22.8. To assure continuity in educational programs, the minimum tenure of program directors should be the length of the training program plus one year.

3.23. Education Plans and Methods.

- 3.23.1. Guidance on program education plans and methods is provided in DHAPI 1025.04. The program director develops and implements a comprehensive education plan.
- 3.23.2. Creation of an Education Plan. The program director, in cooperation with the chiefs of each service engaged in the education program, develops an education plan. The chiefs of service, or preceptors for resident rotations performed at other facilities, under the authority of AFMAN 41-108, should also be included. The education plan lists the goals, objectives and expected outcomes.
- 3.23.3. Creation of a Curriculum. The program director consolidates the education plans into a program curriculum and submits the program curriculum to the DME.
- 3.23.4. Curriculum Review. The program director should review the curriculum annually.
- 3.23.5. Content of an Education Plan. Unless the programs accrediting agency specifies otherwise, the Education Plan includes:
 - 3.23.5.1. Conferences.
 - 3.23.5.2. Bedside teaching.
 - 3.23.5.3. Examinations.
 - 3.23.5.4. Medical readiness training.
- 3.23.6. Types of Conferences. The accrediting body specifies types and frequency of conferences. Include other conferences as necessary to enhance the curriculum. Consideration should be given to the following conferences:
 - 3.23.6.1. Clinical Pathological Conferences.
 - 3.23.6.2. Tumor Board Conferences.
 - 3.23.6.3. Morbidity and Mortality (or Patient Safety) Conferences.
- 3.23.7. Examinations. Program directors may use their discretion about giving oral or written examinations to evaluate the professional progress of students.
 - 3.23.7.1. Self-Assessment Examinations. The various American specialty boards use self-assessment examinations to evaluate the progress of students and programs. Program directors should specify the use of these examinations in the program curriculum.

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

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

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

3.23.8. Medical Readiness Training. Residents attending a military program must satisfy the training requirements for residents outlined in AFI 41-106, *Air Force Medical Readiness Program*. **(T-1)**

3.23.8.1. Program directors should consult with their consultants to develop curriculum most beneficial to meet the readiness requirements of the specialty.

3.23.8.2. Program directors must specify medical readiness training initiatives in the program curriculum. **(T-1)**

3.23.8.3. Combat Casualty Care Course. Participation depends on Air Education and Training Command/Surgeon General funding and allocation of training quotas at the Major Commands (MAJCOMS).

3.23.8.4. Military stability operations. Program directors should ensure that curricula prepare student for joint, interagency and coalitions military stability operations.

3.24. Education Evaluations.

3.24.1. Supervisors and/or the program directors evaluate trainees formally on a regular basis IAW DHAPI 1025.04. For formal evaluations, use AF Form 494, *Academic/Clinical Evaluation Report*, or ACGME-equivalent document and AF Form 475, *Education/Training Report*. Facilities may also periodically assess trainee progress using locally developed evaluation forms and processes.

3.24.1.1. Do not enter AF Form 494 or ACGME-equivalent document into the trainee's military personnel record or use it to consider promotion. **(T-1)**

3.24.1.2. Complete AF Form 494 or ACGME-equivalent document for each trainee at least every six months. **(T-3)**

3.24.1.3. File the form in the educational training file at the MTF.

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

3.24.1.4.1. Document trainee progress at the local level. Program directors document trainee progress using local forms, periodic documented counseling sessions, and comments in the dental education committee minutes.

3.24.1.4.2. Regardless of the method used, prepare a written evaluation at least yearly for DME review. File the evaluation in the trainee assessment file.

3.24.2. The program director submits AF Form 475 for each trainee who completes the education program under the conditions prescribed by DAFI 36-2406, *Officer and Enlisted Evaluation Systems*. Use of this form is limited to the master personnel record for selection boards and other personnel actions.

3.24.2.1. Program directors must review DAFI 36-2406 for appropriate language if a trainee fails to complete the course of training. **(T-1)**

3.24.2.2. Guidance on referral training report commander notifications and procedures is provided in DAFI 36-2406. Program directors must ensure appropriate procedures are followed. **(T-1)**

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

3.24.3.1. The program director discusses the report with the trainee, who acknowledges it as evidence of the discussion. **(T-2)**

3.24.3.2. The program director files the report in the trainee education record.

3.24.4. Final Evaluation. The program director prepares a final evaluation utilizing Defense Health Agency Form 165, *Graduate Medical Education*, on each physician completing, withdrawing, or resigning from the training program. DHA Form 165 is for physicians only. Guidance on final evaluations is found in DHAPI 1025.04.

3.24.4.1. The evaluator:

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

3.24.4.1.2. Files the evaluation in the trainee health education record.

3.24.4.2. The final evaluation:

3.24.4.2.1. Establishes the program completion date for active duty service commitment computations.

3.24.4.2.2. States the inclusive dates of training.

3.24.4.2.3. Becomes the basis for the provider credentials file.

3.25. Quality Assurance and Risk Management Responsibilities.

3.25.1. To assure quality and maximize patient safety, each program must develop detailed supervision guidelines for trainees. **(T-0)** Trainee responsibilities must also be outlined. (See *ACGME Institutional Requirements*). **(T-0)** 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 trainees' conduct and performance.

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

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

3.25.4. Monitor trainee work hours and schedules to assure they are compliant with ACGME guidelines. (T-3)

3.25.5. Program owners must develop protocols to facilitate clear and effective transfers of patient care. (T-1)

3.26. Trainee Teaching Experience.

3.26.1. The ability to teach other health professionals, technicians, and patients is a vital part of the practitioner's future endeavors. Trainees should be given the opportunity to develop and practice their teaching skills in accordance with AFI 44-104, *Military and Civilian Consultant Program and Medical Enlisted Career Field Manager Program*, while complying with off-duty employment restrictions in accordance with AFI 44-102, *Medical Care Management*. (T-1)

3.27. Special Training Facilities.

3.27.1. 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 in accordance with DHA-MSR 6025.02_AFMAN 40-401, *The Care and Use of Animals in DoD Research, Development, Test and Evaluation (RDT&E) or Training Programs*. Follow the standards of the Department of Health and Human Services.

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

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

3.28. Off-Site Clinical Rotations.

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

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

3.28.3. Support all off site clinical rotations to civilian facilities with a properly executed training affiliation agreement according to applicable DHA policy and Service policy.

3.28.4. Program directors, 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. (T-3)

3.29. Leave and Absences from Training.

3.29.1. Ordinary Leave. The program director and the GMEC may allow students participating in graduate education programs to take ordinary leave if it complies with the certifying board's requirements on non-educational time away from the program and IAW DHA 1025.04.

3.29.2. For guidance on ordinary, emergency, and advance leave, see DAFI 36-3003.

3.29.3. Prolonged Absences. When residents take prolonged absences that cannot be made up within the allocated training time, consider either extending their training or withdrawing them from the program, IAW with DHAPI 1025.04, for example for health-related and administrative-related absences from training.

3.29.3.1. For an absence requiring a permanent change of station move, the individual must withdraw or resign from the program. (T-1)

3.29.3.2. When residents are unable to participate in their training program due to medical conditions lasting greater than seven days, the program director should contact AFPC/DPMN for guidance on how this may impact their active duty service commitment.

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

3.29.5. Individuals who resign from a program may be eligible to apply to a future GME board after they have served in the workforce for two years. Selection at a future board is not guaranteed and, depends on the availability of training space and training man-years as well as other factors.

3.30. Attendance at Professional Meetings/Courses.

3.30.1. 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.

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

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

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

3.30.3. Temporary Duty. Trainees who are invited to present papers at national civilian professional society meetings may be eligible to attend in TDY or PTDY status in accordance with AFI 36-3003.

3.30.3.1. Trainees may attend short courses of instruction that are part of the approved curriculum or when the program director and DME approve attendance because a unique requirement exists for attendance.

3.30.3.2. Attendance at educational activities must comply with the guidelines and work hour requirements of the relevant review committee. (T-3)

3.31. Resident Staff Association.

3.31.1. With the approval of the MTF Director/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. The resident staff association:

3.31.2. Submits a charter through the DME to the MTF Director/CC for approval.

3.31.3. Elects officers and keeps written minutes of meetings.

3.31.4. Submits a copy of meeting minutes to the MTF Director/CC, through the DME.

3.31.5. May invite the MTF Director/CC, DME, or program directors to attend meetings.

3.32. Establishing a New Formal Training.

3.32.1. Guidance on new training programs is provided in DHAPI 1025.04. 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.

3.32.2. Medical Necessity Evaluation and Economic Documentation System Study. The MTF Director/CC documents the need for a new program by conducting a Medical Necessity Evaluation and Economic Documentation System study. The requesting facility should contact AFPC/DPMN for guidance on the recommended format of the Medical Necessity Evaluation and Economic Documentation System study and for coordination with DHA GME. In the study:

3.32.2.1. Evaluate the facility capability.

3.32.2.2. Outline a proposed program curriculum.

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

3.32.2.4. Estimate the number of students to be trained.

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

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

3.32.2.7. Outline the anticipated benefits to the USAF by having such training at this facility.

3.32.2.8. Formal Approval. Requests for new programs should be reviewed by the DME prior to approval by the MTF Director/CC. The MTF Director/CC forwards the Medical Necessity Evaluation and Economic Documentation System study to AFPC/DPMN who provides additional recommendations to AF/SG. Once AF/SG has approved establishment of the program, the MTF director/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/DPMN.

3.33. Accreditation.

3.33.1. Guidance on accreditation is provided in DHAPI 1025.04. Medical Corps and Dental Corps Residency Programs. The program director applies for accreditation through the ACGME or the Commission on Dental Accreditation.

3.33.2. BSC and NC Specialties. The program director applies for accreditation through the appropriate specialty board or organization.

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

Chapter 4

CONTINUING HEALTH EDUCATION PROGRAMS

4.1. General.

4.1.1. The AFMS is committed to maintaining the professional competence of USAF officers who provide health care services. 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. Every effort should be made to maximize distance learning resources, as well as local resources. All licensed and privileged providers must meet the applicable requirements of DHA-PM 6025.13 and AFI 44-119. Non-licensed medical service officers who are affiliated with civilian professional organizations should meet those organizational CHE requirements. The USAF has a strong commitment to CHE in order to maintain competent personnel for the delivery of excellent patient care. Programs are conducted by AF/SG, Major Command Surgeon Generals (MAJCOM/SGs), USAF schools, MTFs, and civilian organizations.

4.2. Goals of the USAF Continuing Healthcare Education Program.

- 4.2.1. Maintain and enhance professional competence, performance, and patient outcomes.
- 4.2.2. Improve the knowledge base.
- 4.2.3. Motivate personnel to excellence.
- 4.2.4. Meet the full spectrum of health care needed for the USAF mission.
- 4.2.5. Develop new skills and techniques.
- 4.2.6. Eliminate incidents of failure and mitigate risks.
- 4.2.7. Respond to CHE needs of health care providers.
- 4.2.8. Explore emerging concepts affecting medical practice and health care delivery.
- 4.2.9. Provide a system for evaluating and recognizing CHE activities.
- 4.2.10. Support a continuing education platform that focus on evidence-based practice.

4.3. Locations.

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

4.4. Eligibility.

4.4.1. 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)**

4.5. Program Procedures.

4.5.1. 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.

4.5.2. AFPC/DPMN supervises CHE to ensure that its programs meet certification requirements.

4.5.3. The unit developing and providing the educational activity maintains records (electronic or hardcopy) in a secure location for 6 years in accordance with American Nursing Credentialing Center guidelines, or as determined by the accrediting agency. **(T-1)** Ensure there is a legally authorized records disposition that approves this records disposition of retaining these select records for 6 years per the American Nursing Credentialing Center guidelines.

4.5.4. MTF Education and Training Offices are responsible to assist in planning and submission of all AFMS Continuing Medical Education and Nursing Continuing Professional Development (NCPD) applications to AFPC/DPMN.

4.6. Individual Requirements for CHE.

4.6.1. 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 personnel who seek to attend conferences must comply with the Joint Ethics Regulation, Section 3-200(b).

4.6.2. Medical Corps. Officers must meet or exceed the continuing medical education standards of the American Medical Association, American Osteopathic Association, individual American specialty boards, or other certifying agencies, whichever is applicable. DoD employees are prohibited from attending events sponsored by non-federal entities 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. See Joint Ethics Regulation Section 3-200(b). Officers are required to obtain adequate continuing medical education to maintain current licensure and, if applicable, board certification. **(T-0)** Details and instructions for the Medical Corps continuing education program can be obtained from AFPC/DPMN on acceptable educational activities and approval procedures.

4.6.2.1. Osteopathic physicians may use the standards of the American Osteopathic Association.

4.6.2.2. Physicians in specialties with continuing medical education requirements must comply with the specialty certification requirement or the state licensure requirement, whichever is higher. **(T-0)**. All physicians will complete a minimum of 60 Category 1 continuing medical education hours every three years. **(T-1)**

4.6.3. Dental Corps. Officers will complete 60 hours of continuing professional education every three years. Continuing professional education activities recognized by the American Dental Association; the American Dental Association component societies, specialty boards, or organizations; or the Academy of General Dentistry are acceptable. The American Dental Association Continuing Education Recognition Program designates the USAF Dental Service as a nationally recognized provider. The Academy of General Dentistry recognizes continuing education under the direction of the dental squadron commander or equivalent and needs no further approval.

4.6.4. Biomedical Sciences Corps (includes all 42X and 43X AFSCs). For these allied health professions, CHE or continuing medical education credit is defined as training required by a particular licensing or national certifying body. Officers must complete the minimum CHE, continuing medical education, or continuing education unit 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)**

4.6.5. Nurse Corps.

4.6.5.1. AF NC officer licensed in the states that require continuing nursing education will follow the state requirements. **(T-0)** NC officers must follow NCPD requirements according to their state licensure; if none required by their state, they must complete at least 12 contact hours of NCPD directly related to their nursing practice every year and document on the AF Form 2665, *Air Force Continuing Education Summary*, or competency assessment folder per AF Nurse Corps policy. **(T-1)**

4.6.5.2. NC officers document their education on AF Form 2665 (or electronic equivalent) or AF Form 1541, *Credentials Continuing Health Education Training Record* as directed in AFI 44-119. **(T-1)** If privileged providers elect to use AF Form 2665 in their provider credentials file instead of AF Form 1541, it remains a permanent part of the credentials file (see AFI 44-119 for further information). Supervisors of NC NCPD must be kept current for review or inspection as required. **(T-1)**

4.6.5.3. The NC is accredited as an approver of NCPD through the American Nursing Credentialing Center. See continuing nursing education website (<https://education.mods.army.mil/AFNCNE/Default.aspx>) for the NCPD guidelines. Directions for virtual NCPD can be located on the AFMS Knowledge Exchange AF Nurse Education site. Program directors should apply for continuing education credit to be awarded for eligible courses through the appropriate corps education office.

4.6.6. Medical Service Corps. 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 MSC considers board certification an important accomplishment. As such, board certified members need to comply with the continuing education requirements of their affiliated board. Program directors should apply for continuing education credit to be awarded for eligible courses through the appropriate corps education office.

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

4.7.1. The Air Force Reserve Component Surgeon and Air National Guard Surgeon General provide guidance on these programs.

4.7.1.1. Officers must fulfill the above requirements according to their respective corps. (T-1)

4.7.1.2. If not affiliated with a professional organization, Air Force Reserve Command and Air National Guard MSC officers must complete 30 hours of continuing education every three years. (T-1) The continuing education activities may be designated as either Category 1 or Category 2.

4.8. Education Credit.

4.8.1. All medical courses listed in ETCA are eligible for Category 1 continuing education credit. The Defense Health Agency also provides courses eligible for continuing education credit (<https://health.mil/Training-Center>). Program directors should apply for continuing education credit to be awarded for eligible courses through the appropriate corps education office.

4.9. TDYs for Continuing Health Education.

4.9.1. Officers are authorized funded TDYs in accordance with AFI 65-103, *Temporary Dusty/Special Orders* and commander's discretion. Requests for multiple TDYs in one fiscal year should be considered on a case-by-case basis.

4.10. Locally Developed Programs.

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

4.11. Programs Developed Outside the USAF.

4.11.1. Programs and tests distributed by accredited national professional organizations should be considered bona fide CHE activities. MTF Director/CCs may use local operations and maintenance funds to purchase self-assessment tests and materials for eligible members.

4.12. Locally Funded TDY.

4.12.1. MTF Director/CCs may use operations and maintenance funds to finance attendance at approved CHE programs offered by civilian institutions and agencies in accordance with current TDY and Conference Attendance Guidance (reference 3.30.3 of this instruction).

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

4.12.3. Individuals approved for locally funded TDY must have the required retainability in the AFMS. Guidance on locally funded TDYs is provided in AFI 65-103.

4.12.4. Air National Guard 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 must follow AFI 65-103. The costs for TDY, per diem, and transportation are locally funded. 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 Air National Guard member's duty AFSC or to other officially designated duties.

4.13. Permissive TDY.

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

4.13.2. The local MTF Director/CC may approve PTDY of fewer than 30 days for CHE, depending on the needs of the facility. Do not approve PTDY in conjunction with a permanent change of station 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. **(T-1)**

4.14. Application Procedures.

4.14.1. Apply for locally funded TDY or PTDY 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 in accordance with AFI 65-103.

4.14.2. Eligibility. Individuals approved for a USAF or DoD centrally funded TDY must have one-year retainability. **(T-1)** MTF Director/CCs ensure that individuals have retainability before funding the TDY.

4.15. Continuing Health Education Credit.

4.15.1. 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/DPMN for both Medical Corps officers and NC officers. The USAF Dental Corps is an approved CHE provider by the American Dental Association Continuing Education Recognition Program. 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.

4.16. Application to AFPC/DPMN.

4.16.1. AF/SG is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. AFPC/DPMN manages the program and approves AFMS programs qualifying for *American Medical Association Physician's Recognition Award Category 1 Credits*TM.

4.16.2. The USAF NC is accredited as a Continuing Nursing Education Approver Unit by the American Nursing Credentialing Center's Commission on Accreditation and undergoes the re-accreditation process as dictated by American Nursing Credentialing Center.

4.16.3. Only programs satisfying the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education, or the American Nursing Credentialing Center Commission on Accreditation can be approved. (T-1)

4.16.4. 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.

4.16.5. The US Air Force Continuing Medical Education Guidebook specifies approval and recognition procedures and appropriate forms (or web-based equivalent) for continuing education activities, which can be found at: <https://www.airforcemedicine.af.mil/Organizations/Physician-Education-Branch/CME/>.

4.16.6. The US Air Force Continuing Nursing Education Program specifies approval and recognition procedures and appropriate forms (or web-based equivalent) for NCPD. Information can be located at: <https://kx.health.mil/kj/kx1/AFNurseEducation/Pages/home.aspx>.

4.17. Developing a Continuing Health Education Program.

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

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

4.17.3. Specify the learning goal/purpose and explicit measurable educational objectives that are appropriate for the target audience.

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

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

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

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

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

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

4.17.10. Utilize competent faculty and use appropriate facilities that are compliant with the American Nurses Credentialing Center.

4.17.11. Record and verify attendance and number of credit hours of all participants.

4.17.12. Following the course presentation, provide all summary information/documents per the corps guidelines. MTF Director/CC will ensure Medical Corps and NC after action reports are completed per virtual continuing medical education and virtual continuing nursing education websites (T-0)

4.18. Management.

4.18.1. AFPC/DPMN supervises the USAF CHE programs.

4.18.2. CHE Program Director. The MTF Director/CC appoints a responsible person to administer the program locally. (T-1) The program director develops the CHE program according to this instruction and in coordination with AFPC/DPMN.

4.18.2.1. The MTF Director/CC may also designate a program committee to help the program director.

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

4.18.2.3. The CHE program director is responsible for verifying that the content of each approved course is valid and has scientific merit. The CHE program director 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-0)

4.18.3. NCPD activities must have, at minimum, a Nurse Planner and a SME to build an ANCC NCPD approved activity.

4.18.3.1. The Nurse Planner is responsible to adhere to ANCC guidelines and criteria

4.18.3.2. The Nurse Planner or NCPD Planner must submit an activity to the Approved Accredited Program Director (AAPD) at AFPC for approval.

4.18.3.3. The AAPD will assign a Nurse Peer Reviewer, if activity is new or due for 2-year Peer Review.

4.18.3.4. The Nurse Peer Reviewer will utilize NCPD checklist to ensure activity meets ANCC criteria.

4.18.3.5. The AAPD is the only final approval authority.

4.19. Commercial Support & Financial support of CHE Courses.

4.19.1. The CHE program director must ensure that all commercial sponsorship of CHE courses abides by the standards and requirements as stated in AFI 51-506, *Gifts to the Department of the Air Force from Domestic and Foreign Sources*. (T-1) The CHE program director must ensure that AFPC/DPMN is contacted to determine all needed requirements and documentation. (T-1)

4.19.2. The CHE program director 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 CHE program director must ensure that if the activity is commercially sponsored, all agreements must be routed through a nonprofit organization as stated in Title 10, USC, §2113. Those that are available are: Henry M. Jackson Foundation and the Geneva Foundation. (T-0)

Chapter 5

RESTRICTION, SUSPENSION, AND TERMINATION OF EDUCATION STATUS

5.1. Basis for Action.

5.1.1. Guidance on adverse academic actions is provided in Defense Health Agency Procedural Instruction (DHAPI) 1025.04. AFPC/DPMN, 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.

5.2. Discretionary Actions.

5.2.1. Policy. DMEs and program directors 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 (e.g., 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 DHA and Service policy. The program director or DME can often improve student performance before it becomes necessary to extend or terminate training.

5.2.1.1. Program directors will counsel, monitor improvement plans and assist students to overcome any deficiencies.

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

5.2.1.3. DMEs and program directors will discuss such discretionary actions with the student and document the actions in the student's education record. **(T-1)**

5.2.1.4. The program director will inform the DME and, if necessary, the GMEC, of discretionary actions. **(T-1)**

5.2.2. Types of Discretionary Actions.

5.2.2.1. In GME programs, use the procedures described in DHA-PI 1025.04 when in conflict with the content of this paragraph.

5.2.2.2. Limitations. Limitations refer to conditions that are place on a student's educational activities that restrict the types of activities in which a student can participate. The program director determines what type of limitations may be placed on a student.

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

5.2.2.4. 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. The physician must report it on all credentialing and state licensure documents the remainder of their medical career. **(T-0)**

5.2.2.4.1. Program director 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/DPMN is provided a copy of all formal probation documentation.

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

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

5.3. Administrative or Judicial Action.

5.3.1. When beginning and completing administrative or judicial action against a student (e.g., DAFI 36-3211, *Military Separations*, or the Uniform Code of Military Justice), the Commander will notify AFPC/DPMN. **(T-1)**. 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)**

5.4. Removal of Trainees from Academic Programs.

5.4.1. Program directors, in coordination with the DME, send any recommendations to remove the education status of trainees in civilian programs through AFIT Civilian Institution Medical Division USAFSAM/OGME to AFPC/DPMN. For GME programs, see additional procedures in DHA-PI 1025.04.

5.4.2. 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 DHA and Service policy.

5.4.3. A military trainee being separated from the military may also be terminated from the civilian program. Trainees terminated from civilian training would continue to serve out their military active duty service commitment in a position commensurate with current/valid credentials.

5.5. Documentation.

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

5.6. USAFSAM.

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

5.7. Self-initiated Withdrawal Request.

5.7.1. The process below applies to trainees enrolled in USAF education programs. Trainees in programs outside the USAF follow similar procedures through the AFIT Healthcare Education Division or USAFSAM/OGME. For GME programs, this paragraph provides AF specific instructions as referenced in DHA-PI 1025.04.

5.7.2. Trainee Request. Trainees send a written request to the program director for permission to resign from a program.

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

5.7.3.1. Recommends approval or disapproval of the request.

5.7.3.2. If approval of request is recommended, an effective date of resignation is also recommended.

5.7.3.3. Outlines why the trainee is requesting resignation and whether the trainee's progress up to that time is satisfactory.

5.7.3.4. Indicates how much completion credit the trainee has earned.

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

5.7.3.6. Gives an information copy of this endorsement to the trainee and receives acknowledgment of its receipt from the trainee.

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

5.7.4. Medical Corps Officers are not eligible to resign from their training program until they have met the minimum requirements for licensure as a physician. **(T-1)**

5.7.5. Trainees who resign are not eligible for further education until after they have served in the workforce for two years.

5.8. Review.

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

5.9. MTF Director/CC Review.

5.9.1. The MTF Director/CC either disapproves the request or sends it with a recommendation for approval to AFPC/DPMN (with a copy to the trainee's MAJCOM).

5.10. Final Approval.

5.10.1. Resignation becomes effective when approved by AFPC/DPMN.

5.11. Consequences of Resignation.

5.11.1. Students who resign from programs required for professional practice in the USAF (e.g., first post graduate year 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 second post graduate year or above whose resignation is approved or who are terminated from their program will be referred to the Physician Utilization Branch for assignment. **(T-1)** Due to the complexities associated with resignation, training programs should contact the appropriate branch of AFPC/DPMN to inform the trainee of the potential impact of resigning from training.

5.12. Immediate Restriction or Suspension.

5.12.1. 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 program director, 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. Consult the local legal office as needed for any questions or concerns with the actions.

5.13. Committee Actions.

5.13.1. The GMEC or its appropriate subcommittee reviews the case and sends its recommendation to AFPC/DPMN through the DME. Guidance for committee actions is provided in DHA-PI 1025.04.

5.13.2. Action to Extend or Terminate Training. The DME reviews the committee recommendation. Any concerns with the proposal will be resolved before the student is notified. If the DME non-concurs with the recommendation, the DME will meet with GMEC for further resolution. If the DME concurs with the recommendation, the DME notifies the student. ([Attachment 3](#)).

5.13.3. 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.

5.13.3.1. 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.

5.13.3.2. 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.

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

5.13.4.1. MTF Director/CC Action.

5.13.4.1.1. If the MTF Director/CC disagrees with the committee recommendation, he or she returns the matter to the GMEC for further consideration and action according to this instruction.

5.13.4.2. If the MTF Director/CC agrees with the recommendation, he or she forwards it to AFPC/DPMN for final approval.

5.14. Impartiality of Reviewers.

5.14.1. 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:

5.14.2. A person such as the DME, program director, or MTF Director/CC who has taken summary action according to [paragraph 5.2](#), of this instruction.

5.14.3. A person who was materially or substantially involved with the case.

5.14.4. A person whose statements or recommendations have played a significant part in initiating the action against the student.

5.15. Faculty Board Composition and Procedures.

5.15.1. 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. Guidance on trainee supervision is provided in provided in DHA-PI 1025.04.

5.15.2. Faculty Board Composition. The MTF Director/CC must appoint in writing three qualified officers, who are knowledgeable about the program's academic content, to serve as members. **(T-1)**

5.15.3. 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.

5.15.3.1. AFMAN 51-507, *Enlisted Discharge Boards and Boards of Officers* does not apply to a Faculty Board.

5.15.3.2. Unless the MTF Director/CC designates another person, the senior member of the faculty board serves as chairperson.

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

5.15.3.4. The student's program director will present to the board the basis for the extension or termination recommendation. **(T-1)**

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

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

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

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

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

5.15.3.7.3. 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).

5.15.3.7.4. The names of witnesses to be called to testify at the faculty board.

5.15.3.7.5. The student's right to question witnesses.

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

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

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

5.15.3.10. After evidence is presented, the voting members of the faculty board deliberate in secret and determine, by majority vote, the recommendations to give to the MTF Director/CC. The faculty board may submit a report from the minority voting members' perspective also. The faculty board completes the following:

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

5.15.3.10.2. Support general statements with specific incidents.

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

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

5.16. MTF Director/CC Action.

5.16.1. Decision. The MTF Director/CC reviews the faculty board records, including findings and recommendations, and decides on the student's case. If the MTF Director/CC is disqualified from acting in the case according to paragraph [5.14.1-5.14.3](#) of this instruction, then the Major Command Surgeon General (MAJCOM/SG) or MAJCOM/SG designee serves this function.

5.16.2. The MTF Director/CC notifies the student of an extension decision or of a termination decision in writing.

5.17. Education Assignments and Extensions. Guidance for assignments is provided in DHA-PI 1025.04. AFPC/DPMN controls assignments to and from education programs, including all extensions of programs. AFPC/DPMN is the final authority for all extensions or terminations of education whether voluntary, discretionary, or through official board action.

ROBERT I. MILLER
Lieutenant General, USAF, MC, SFS
Surgeon General

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

- 5 USC § 552a, *Records maintained on individuals* (Privacy Act of 1974)
- 10 USC §1102, *Confidentiality of Medical Quality Assurance Records*
- 10 USC, §2113, *Administration of University*
- 10 USC, §9013, *Secretary of the Air Force*
- DAFMAN 51-507, *Enlisted Discharge Boards and Boards of Officers*, 24 Jan 2019
- DAFMAN 90-161, *Publications Processes and Procedures*, 15 April 2022
- DAFI 35-101, *Public Affairs Operations*, 20 November 2020
- DAFI 36-2406, *Officer and Enlisted Evaluation Systems*, 14 November 2019
- DAFI 36-2110, *Total Force Assignments*, 02 August 2021
- DAFI 36-2670, *Total Force Development*, 25 June 2020.6.3
- DAFI 36-3003, *Military Leave Program*, 24 August 2020
- DAFPD 36-26, *Total Force Development and Management*, 15 April 2022
- DHA-MSR 6025.02_AFMAN 40-401, *The Care and Use of Animals in DoD Research, Development, Test and Evaluation (RDT&E) or Training Programs*
- DHAPI 1025.04, *Graduate Medical Education*, 18 May 2022
- DoDI 3216.02_DAFI40-402, *Protection of Human Subjects and Adherence to Ethical Standards in Department Air Force Supported Research*, 10 September 2014
- DoDI 6000.13, *Accession and Retention Policies, Programs and Incentives for Military Health Professions Officers (HPOs)*, 30 December 2015
- DoDI 6000.13_AFI 41-110, *Medical Health Care Professions Scholarship Programs*, 23 December 2020
- AFPD 41-1, *Healthcare Programs and Resources*, 3 October 2018
- AFPD 48-1, *Aerospace and Operational Medicine Enterprise*, 7 June 2019
- AFI 44-119, *Medical Quality Operations*, 16 August 2011
- AFI 65-103, *Temporary Duty/Special Orders*, 15 August 2019
- AFI 36-3211, *Military Separations*, 24 Jun 2022
- AFI 41-104, *Professional Board and National Certification Examinations*, 21 May 2019
- AFI 41-106, *Air Force Medical Readiness Program*, 29 July 2020
- AFI 44-104, *Military and Civilian Consultant Program and Medical Enlisted Career Field Manager Program*, 15 April 2015
- AFI 44-102, *Medical Care Management*, 17 March 2015

AFI 33-322, *Records Management and Information Governance Program*, 28 July 2021

AFI 65-103, *Temporary Dusty/Special Orders*, 15 August 2019

AFI 51-506, *Gifts to the Department of the Air Force from Domestic and Foreign Sources*, 16 Apr 2019

AFMAN 36-2100, *Military Utilization and Classification*, 7 April 2021

AFMAN 41-108, *Training Affiliation Agreements*, 21 August 2019

ACGME *Institutional Requirements*, 1 July 2021

Air Force Officer Classification Directory, 23 April 2023

Prescribed Forms

DHA Form 165, *Graduate Medical Education Final Evaluation*

AF Form 475, *Education/Training Report*

AF Form 494, *Academic/Clinical Evaluation Report*

AF Form 1541, *Credentials Continuing Health Education Training Record*

AF Form 2665, *Air Force Continuing Education Summary*

Adopted Forms

DAF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

ACGME—Accreditation Council for Graduate Medical Education

AEGD—Advanced Education in General Dentistry

AFI—Air Force Instruction

AFIT—Air Force Institute of Technology

AFMAN—Air Force Manual

AFMS—Air Force Medical Service

AFNRP—Air Force Nurse Residency Program

AFPD—Air Force Policy Directive

AFROTC—Air Force Reserve Officer Training Corps

AFSC—Air Force Specialty Code

ANA—American Nursing Association

BSC—Biomedical Sciences Corps

CC—Commander

CFM—Career Field Manager

CHE—Continuing Health Education

DAFMAN—Department of the Air Force Manual
DAFI—Department of the Air Force Instruction
DHA—Defense Health Agency
DHAPI—Defense Health Agency Procedural Instruction
DoDI—Department of Defense Instruction
DME—Director of Medical Education
DIO—Designated Institutional Officer
DoD—Department of Defense
ETCA—Education Training and Course Announcements (ETCAs)
GDE—Graduate Dental Education
GME—Graduate Medical Education
GMEC—Graduate Medical Education Committee
HPERB—Health Professions Education Requirements Board
IAW—In Accordance With
MSC—Medical Service Corps
MTF—Military Treatment Facility
NC—Nurse Corps
NCPD—Nursing Continuing Professional Development
OGME—Operational Graduate Medical Education
PTDY—Permissive Temporary Duty
TDY—Temporary Duty
USAFSAM—United States Air Force School of Aerospace Medicine
USC—United States Code
USUHS—Uniformed Services University of the Health Sciences

Office Symbols

AFPC/DPMN—Air Force Personnel Center/Medical Career Management Division
AF/SG—Air Force Surgeon General
AF/SG1/8—Director of Manpower, Personnel and Resources
AF/SG1D—Air Force Surgeon General/Medical Force Development
MAJCOM—Major Command
MAJCOM/SG—Major Command Surgeon General

USAFSAM/OGME/PD—United States Air Force School of Aerospace Medicine, Operation Graduate Medical Education Program Director

Terms

Continuing Education Category 1—Continuing medical education activities with accredited sponsorship or co-sponsorship

Continuing Education Category 2—Continuing medical education activities with non-medical sponsorship

Education with Industry—The AFMS places an 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.

Shred—A sub-specialty within each AFSC. For further detail see *Air Force Officer Classification Directory*.

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**

Figure A3.1. Sample Notification Of Recommendation For Extension In Completion or Termination of Education.

	(date)
MEMORANDUM FOR (NAME AND GRADE)	
FROM:	
SUBJECT: Notice of Recommendation for Termination of (or Extension of) Education Status	
<p>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).</p> <p>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.</p> <p>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.</p>	
Signature Block (typed name and grade) Director of Medical Education	
1st Ind, (student)	(date)
MEMORANDUM FOR 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 block of student)

Attachment 4**SAMPLE NOTIFICATION OF FACULTY BOARD****Figure A4.1. Sample Notification Of Faculty Board.**

(date)
MEMORANDUM FOR (name and grade of student)
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 [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 on 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 Block)

Director of Medical Education

1st Ind, (student)

(date)

MEMORANDUM FOR

I acknowledge receipt and understanding on _____, 20__.

(Signature Block)