

**BY ORDER OF THE  
SECRETARY OF THE AIR FORCE**

**AIR FORCE INSTRUCTION 44-104**

**15 APRIL 2015**



Certified Current 22 APRIL 2020

**Medical**

**MILITARY AND CIVILIAN CONSULTANT  
PROGRAM AND MEDICAL ENLISTED  
CAREER FIELD MANAGER PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**ACCESSIBILITY:** Publications and forms are available on the e-Publishing website at [www.e-Publishing.af.mil](http://www.e-Publishing.af.mil) for downloading or ordering.

**RELEASABILITY:** There are no releasability restrictions on this publication.

---

OPR: AFMOA/SGHM

Certified by: AF/SG1/8  
(Brig Gen Charles E. Potter)

Supersedes: AFI44-104, 26 March 2012

Pages: 21

---

This publication implements Air Force Policy Directive 44-1, *Medical Operations*. It provides guidance and procedures for the Air Force Medical Service (AFMS) Military Consultant Program, The Civilian National Consultant (CNC) Program, and the Medical Enlisted Career Field Manager (CFM) Program. It explains the selection process; describes consultant, CFM, Air Force/Surgeon General (AF/SG), Major Command Surgeon (MAJCOM/SG) and unit responsibilities; and identifies the application, appointment, recognition programs/procedures, and consultant role in the deployment process throughout the Air Force. It applies to individuals at all levels including the Air Force Reserve (AFR) and Air National Guard (ANG), except where noted otherwise. This publication may be supplemented at any level, but all supplements must be routed to the Office of Primary Responsibility (OPR) listed above for coordination prior to certification and approval. Refer recommended changes and questions about this publication to the OPR listed above using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier

numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). 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 revised in accordance with the SAF/IG AFI reduction effort. Tiering has been added IAW AFI 33-360. There are no major changes.

## Chapter 1

### PROGRAM OVERVIEW

#### 1.1. Consultant Program.

1.1.1. Identify Air Force enlisted, officers, and civilians in the health care field who are recognized authorities, outstanding educators, and advisors in their specialties.

1.1.2. Promote the Surgeon General's (SG) priorities, strategies and policies and provide professional on-site observations and recommendations.

1.1.3. Provide specialty consultation, advice, academic stimulation, and scientific presentations to AFMS personnel.

1.1.4. Encourage communication between health care professionals for individual patient consultation, health care concerns, and standards of care.

1.1.5. Promote communication between civilian and sister service health care professionals regarding technical skill enhancement, training improvement, and training/operation planning and implementation.

1.1.6. Assist with planning, developing, and monitoring process improvement programs throughout the AFMS.

1.1.7. Provide input for determining the future direction of each specialty.

1.1.8. Assist in making resourcing decisions.

#### 1.2. Enlisted Career Field Manager Program.

1.2.1. Objectives of the CFM program beyond those associated with the SG consultant program include:

1.2.1.1. Implement and sustain the training initiatives pertaining to enlisted training, career field development, and Enlisted Corps career progression.

1.2.1.2. Provide a cadre of senior enlisted professionals to assist the SG and SG Chief, Medical Enlisted Force (CMEF) in managing all matters pertaining to medical enlisted personnel.

#### 1.3. Consultant Balanced Deployments.

1.3.1. AFMS Consultants and CFMs provide oversight and assistance to Consultant Balanced Deployments (CBD).

1.3.2. Assist ACC/SGX and AF/SG3X in identifying/quantifying risk during Global Force Management (GFM).

1.3.3. Assist Air Force Personnel Center (AFPC)/DPW and AF/SG3X in identifying individuals for emerging requirements for low supply/high demand (LS/HD) Air Force Specialty Codes (AFSCs).

## Chapter 2

### ROLES AND RESPONSIBILITIES

#### 2.1. AF/SG.

- 2.1.1. Approves all consultants.
- 2.1.2. Appoints certain consultants as appropriate.

#### 2.2. Commander, Air Force Medical Operations Agency (AFMOA).

- 2.2.1. Approves candidates selected for Consultants.
- 2.2.2. Administrative support performs quality check of consultant application packages prior to submission to AF/SG.

#### 2.3. Chief, Medical Enlisted Force Development (AF/SG1/8A).

- 2.3.1. Acts as OPR for the total force Medical Enlisted CFM program.
- 2.3.2. Provides CFM liaison and communication link to the AF/SG's Office, AF/A1, AF/DPE, AFPC, and other Air Staff agencies.
- 2.3.3. Assists CFMs with resolution of issues/constraints associated with implementing training program changes for their respective specialties.
- 2.3.4. Assists the CFMs with coordination/approval of career field classification changes.
- 2.3.5. Coordinates individual training waiver requests through appropriate AF/A1 and AFPC agencies.
- 2.3.6. Represents absent CFMs at quarterly CFM meetings conducted by AF/A1 and reports outcomes of the meetings to all CFMs and medical training groups (as applicable).
- 2.3.7. Ensures CFMs gain access to personnel data systems (i.e. Retrieval Application Web, Airman Assignment System, Statistical Analysis and Retrievals System, and Medical Readiness Decision Support System (MRDSS)).
- 2.3.8. Provides updates on important AFMS policies, programs, and procedures through distribution of informational documents.
- 2.3.9. Coordinates and conducts annual Medical Enlisted CFM meetings, and arranges funding if unit of record requests reimbursement.
- 2.3.10. Coordinates AFSC manpower changes (MAJCOM enlisted grade allocations, manpower standards/additives, work center descriptions, etc.) with AFPC/MAPF.
- 2.3.11. Coordinates training course development variance requests with AF/SG and AF/A1 offices.
- 2.3.12. Manages CFM selection process IAW Chapter 4 of this instruction.
- 2.3.13. Sends SG-approved letters and certificates of appointment to Headquarters Air Force (HAF) directors, AFMOA/Air Force Medical Support Agency commanders, or MAJCOM/SGs for routing down the chain of command to new CFMs; concurrently, sends information copies to newly appointed CFMs.

2.3.14. Maintains and distributes updated directories/listings of medical enlisted CFMs to key offices in AFMSA, AFMOA, AF/SG, AFPC, MAJCOMs, and AF/A1 as well as the USAF School of Aerospace Medicine and 937 Training Group. Note: AFMOA/SGHM will distribute a combined Directory of SG Chief Consultants and Medical Enlisted Career Field Managers annually.

#### **2.4. Provision of Medical Care Division (AFMOA/SGHM).**

- 2.4.1. Serves as the focal point for all consultant matters.
- 2.4.2. Monitors consultant database and roster while appropriate Corps representatives maintain database.
- 2.4.3. Coordinates decision board, with all Corps represented, to add or delete specialties by AFSC and select nominee for Corps-neutral consultants.
- 2.4.4. Organizes consultant conferences such as Clinical Systems Program Assessment Review (CSPAR).

#### **2.5. MAJCOM/SG.**

- 2.5.1. Establishes and appoints command consultant/force management (FM) programs as needed.
- 2.5.2. Annually forwards a list of MAJCOM consultants/FMs, if established, to AFMOA/SGHM and AF/SG1/8A.

#### **2.6. Medical Treatment Facility Commander (MTF/CC).**

- 2.6.1. Evaluates, identifies, and recommends personnel with exceptional expertise to serve as military/civilian consultants. (T-3).
- 2.6.2. Determines need for and type of consultant assistance required (military or civilian) for on-site visit or consultation. (T-3).
- 2.6.3. Requests on-site visits or consultations of AFMOA/SGHM as required. (T-3).

#### **2.7. Civilian National Consultants (CNC).**

- 2.7.1. Provide consultation to the AF/SG and members of his/her staff on matters of professional interest and immediate concern.
- 2.7.2. Advise the AF/SG on matters relating to patient care, the provision of health services, medical organizations and healthcare programs.
- 2.7.3. Participate in Air Force sponsored symposia and seminars to support the continuing education programs of the AFMS.
- 2.7.4. Make consultant visits to MTF. During these visits, consultants will:
  - 2.7.4.1. Provide professional advice and assistance in developing and revising education and training programs.
  - 2.7.4.2. Present lectures and conduct teaching seminars in the area of expertise.

#### **2.8. Military/Civilian Consultants.**

- 2.8.1. Serve as primary representatives for specific medical specialties.

- 2.8.2. Consultant to the AF/SG to ensure AF/SG is informed through AFMOA/SGHM about program issues, trends, recruiting and assignment issues affecting the practice of the specialty.
- 2.8.3. Maintain currency in, and promote, specialty professional standards including guidance on currency requirements for their specialty area.
- 2.8.4. Provide specialty consultation and training when requested by the AF/SG, MAJCOM/SG, or MTF/CC.
- 2.8.5. Provide specialty consultation for individual patient consultation or patient-care problem.
- 2.8.6. Provide technical advice and education in support of the military mission.
- 2.8.7. Provide guidance in planning and programming resources or services.
- 2.8.8. Review malpractice cases for standard of care determination.
- 2.8.9. Provide clinical expertise in evaluating adverse action cases.
- 2.8.10. Assist with Medical Incident Investigations as requested.
- 2.8.11. Provide clinical guidance to TRICARE Regional Offices.
- 2.8.12. Assist Air Force Recruiting Service (AFRS) by presenting at meetings and recruiting by conducting recruiting interviews.
- 2.8.13. Represent the specialty for AF/SG with lay and professional groups in the civilian community and provide feedback, as appropriate.
- 2.8.14. Provide career counseling when requested by other members of the specialty.
- 2.8.15. Provide AF/SG, through AFMOA/SGH, with reports of on-site visits, meetings and work groups.
- 2.8.16. Solicit, review and recommend Subject Matter Experts (SMEs) to fill additional duty.
- 2.8.17. Participate in annual Clinical Systems Program Analysis and Review (CSPAR) conference.
  - 2.8.17.1. MTF or consultant's unit of record is responsible for funding. (T-3).
  - 2.8.17.2. If additional funds are required, MTF/unit of record may request reimbursement through the local resource management office (RMO) to AFMOA/SGAR. (T-3).
- 2.8.18. Participate in Joint Service Graduate Medical Education Selection Board, Corps Developmental Teams and other conferences as directed by AF/SG.
- 2.8.19. Assist the Panels and Corporate Process with resourcing and manpower decisions.
- 2.8.20. Establishes partnership with Medical Enlisted CFM and collaborates on enlisted matters associated with specialty.

2.8.21. Consult with unit commanders and MAJCOM/SGXs to make recommendations to HQ AF, AEF Center, and AFMOA for specialty deployer priority listings for each deployment cycle.

2.8.22. In addition to the SG consultant responsibilities, Military Consultants have primary responsibilities as defined in AFI 44-102, *Medical Care Management*; AFI 44-119, *Medical Quality Operations*; AFI 44-173, *Population Health Management*; AFPD 36-22, *Air Force Military Training*; AFI 36-2201, *Air Force Training Programs*; AFI 36-2101, *Classifying Military Personnel (Officers and Airmen)*, AFI 36-2640, *Executing Total Force Development*; and AFI 41-106, *Medical Readiness Program Management*.

## **2.9. Career Field Manager.**

2.9.1. In addition to the SG consultant responsibilities, enlisted CFMs have primary responsibilities as defined in AFPD 36-22, *Air Force Military Training*; AFI 36-2618, *Enlisted Force Structure*, AFI 36-2201, *Air Force Training Programs*; AFI 36-2101, *Classifying Military Personnel (Officers and Airmen)*, AFI 36-2640, *Executing Total Force Development*; and AFI 41-106, *Medical Readiness Program Management*; AFPD 36-22, *Air Force Military Training*; AFI 36-2201, *Air Force Training Programs*; AFI 36-2101, *Classifying Military Personnel (Officers and Airmen)*, AFI 36-2640, *Executing Total Force Development*; AFI 41-106, *Medical Readiness Program Management*.

### **2.9.2. Other CFM Responsibilities:**

2.9.2.1. Role in the Enlisted Assignment Process. The medical enlisted assignment system is the responsibility of AFPC/DPAA and AF/DPE. CFMs may act as AFSC consultants to MAJCOM, TRICARE Regional Offices, and AFPC assignment managers regarding assignment actions, but CFM's do not control assignments. In this consultant role, they may assist with:

2.9.2.1.1. Identifying candidates for deployments, permanent change of station, permanent change of assignment, temporary duty, and enlisted developmental teams.

2.9.2.1.2. Identifying staffing levels appropriate to balance mission effectiveness and release from AFSC requests.

2.9.2.1.3. Advertising position vacancies posted in the Assignment Management System, especially urgent fill requirements.

2.9.2.1.4. Resolving staffing challenges and imbalances between MAJCOMs and MTFs.

2.9.2.1.5. Resolving problems relating to career field education and training matters as well as training flow and follow-on assignments.

2.9.2.1.6. Fielding inquiries pertaining to career progression and classification that are originally routed to AFPC/DPAA.

2.9.2.1.7. Participate in annual CSPAR conference.

2.9.2.1.7.1. MTF or unit of record is responsible for funding. (T-3).

2.9.2.1.7.2. If additional funds are required, MTF/unit of record may request reimbursement through the local RMO to AFMOA/SGAR. (T-3).

#### 2.9.2.2. Role in AFSC Manpower Management.

2.9.2.2.1. AF/SG's Manpower Division uses a team of medical officer functional advisors to assist with manpower issues.

2.9.2.2.2. CFMs collaborate with their respective Consultants in manpower planning, development, and management processes.

2.9.2.2.3. Three manpower projects that CFMs will be routinely involved with are 1) assisting with developing/revising manpower standards/additives and work center descriptions; 2) managing the Enlisted Grade Allocation via Career Progression Groups (CPG) Review program for their respective AFSC(s); and 3) providing inputs to the Program Objective Memorandum (POM) process.

#### 2.9.2.3. Role in Interservice Training Review Organization (ITRO) Training Consolidation Programs.

2.9.2.3.1. CFMs will automatically be appointed to ITRO training consolidation Quick Look Groups (QLGs) and Detailed Analysis Groups (DAGs) as the primary enlisted representatives for their specialty.

2.9.2.3.2. Appointment of an alternate ITRO QLG/DAG representative, CFMs must submit to AF/SG1/8A a written request containing the name, rank, duty phone, facsimile number, organization address, and e-mail address (if available) of the designated alternate.

2.9.2.3.3. AF/SG1/8A drafts official appointment letters for all Air Force QLG/DAG representatives and forwards copies to the appointees and Healthcare-Interservice Training Office.

2.9.2.3.4. Designated alternates will ensure that their CFMs are informed of QLG/DAG findings and recommendations in order to facilitate changes to Air Force training programs that may result from approved ITRO consolidation efforts.

#### 2.9.2.4. Role in establishing networks of MAJCOM AFSC Functional Manager (FM) and SMEs. CFMs work with MAJCOM/CMEF to establish a network of MAJCOM FM/SMEs to perform the following duties:

2.9.2.4.1. Act as MAJCOM voting representatives at career field utilization and training workshops.

2.9.2.4.2. Assist with MAJCOM/subordinate unit staffing of responses to taskers relating to their AFSC.

2.9.2.4.3. Work in concert with the MAJCOM/CMEF to represent AFSC requirements.

2.9.2.4.4. Assist with dissemination of information regarding AFMS plans, policies, programs, and procedures to units within their MAJCOMs.

2.9.2.4.5. Act as the primary MAJCOM SMEs and technical/clinical consultant for their respective enlisted AFSCs.



- 2.9.2.4.6. Assist CFMs and Air Force Airmen Advancement Division with identifying qualified SMEs to assist with development of specialty knowledge tests and job inventory surveys.
- 2.9.2.4.7. Act as the primary MAJCOM reviewer on AFSC-specific, individual training, and classification waiver request packages.
- 2.9.2.4.8. Duties and responsibilities outlined above are not all-inclusive, and are intended to be guidelines for CFMs and MAJCOM/CMEF to use in defining the roles of appointed MAJCOM FMs and SMEs. Final approval of MAJCOM functional managers/SMEs and designation of specific duties and responsibilities rests with MAJCOM/SGs. CFMs must coordinate all requests for appointment of MAJCOM functional managers/SMEs with MAJCOM/SGs for approval. It is recommended that all requests for functional manager/SME appointment be accompanied by a list of prospective appointees to facilitate the selection process. CFMs will provide AF/SG1/8A a current listing of approved MAJCOM functional managers/SMEs for their respective AFSC.
- 2.9.2.5. Delegation of Medical Enlisted CFM Duties to Associate Career Field Managers (ACFM).
- 2.9.2.5.1. CFM duties can be extremely time-consuming; therefore, delegation of certain tasks to MAJCOM FMs or other AFSC senior enlisted personnel is appropriate (particularly in AFSCs with specialty shred-outs).
- 2.9.2.5.2. CFMs should, in coordination with MAJCOM CMEFs, formally appoint, in writing, SNCOs to act as AFSC SMEs.
- 2.9.2.5.3. Enlisted AFSC SMEs are designated to assist the CFM with specific subject matter expertise within the career field.
- 2.9.2.5.4. CFMs will delegate specific duties/responsibilities and inform their respective Corps Chief or Associate Corps Chief and SG Chief Consultants.
- 2.9.2.5.5. Information copies of the coordinated and approved documents pertaining to duty delegation will be sent to AF/SG1/8A for record-keeping purposes and dissemination to interested agencies.
- 2.9.2.5.6. Supervisors should adjust the primary duties, responsibilities, and workload of CFMs under their supervision to allow them adequate time to devote to their CFM roles and to minimize the need for delegation of duties. (T-2).

### Chapter 3

#### CONSULTANT AND CAREER FIELD MANAGER SELECTION CRITERIA

##### 3.1. Military/Civilian Clinical Consultant.

- 3.1.1. Must be a senior career AFMS officer or civilian who has demonstrated outstanding competence and has full knowledge of the professional and administrative aspects of the specialty. (T-2).
- 3.1.2. Must be board-certified in the specialty (if applicable). (T-2).
- 3.1.3. Must have an advanced degree in the specialty (if applicable). (T-2).
- 3.1.4. Must be privileged and clinically active in specialty (if applicable) with a minimum of 4 years of experience beyond the completion of training. (T-2).
- 3.1.5. Must have demonstrated competence in positions of increasing professional, clinical, or administrative responsibility. (T-2).
- 3.1.6. Must be active in professional and educational activities related to the specialty. (T-2).
- 3.1.7. Military consultants must meet all Air Force standards. (T-2).
- 3.1.8. Civilian consultants must have and maintain an Acceptable overall performance rating and have no civilian adverse actions against them in their records. (T-2).
- 3.1.9. Must obtain concurrence from squadron and group commander or unit leader, to ensure support for on-site consultant visits and funding to annual consultant conference. (T-2).

##### 3.2. Career Field Manager.

- 3.2.1. Must be a career AFMS CMSgt who has demonstrated outstanding competence and has full knowledge of the professional, technical, administrative, and leadership aspects of his/her specialty. Waivers must be approved by the functional authority. (T-2).
- 3.2.2. Must have demonstrated competence in positions of increasing professional, clinical, technical, or administrative responsibility. (T-2).
- 3.2.3. Should have 3 years retainability. (T-2).
- 3.2.4. Must have at least 7 years recent experience in the career field. (T-2).
- 3.2.5. Must be recommended by SG Chief Consultant for related medical officer specialty and the Chief, Medical Enlisted Force Development (AF/SG1/8A). (T-2).
- 3.2.6. Technical or academic training background (as instructor and/or course developer) highly desirable, but not mandatory. (T-2).
- 3.2.7. A minimum of an associate degree in their specialty or a Community College of the Air Force degree in the specialty is required, but higher level education is highly desired. (T-2).
- 3.2.8. Must have completed commensurate professional military education. (T-2).

3.2.9. Experience as MTF FM, MAJCOM FM and/or Air Staff Action Officer/staff member is highly desirable, but not mandatory. (T-2).

3.2.10. Must meet all Air Force standards. (T-2).

3.2.11. Must obtain concurrence from squadron and group commander or unit leader to ensure support and funding for on-site consultant visits, required schoolhouse visits, and annual consultant conference. NOTE: CFMs must submit projection of mission-required TDYs annually for local leadership approval. (T-2).

### **3.3. Civilian National Consultants.**

3.3.1. Must be board-certified in the specialty (if applicable). (T-2).

3.3.2. Must have an advanced degree in the specialty (if applicable). (T-2).

3.3.3. Must be active in professional and educational activities related to the specialty. (T-2).

3.3.4. Must have demonstrated competence in positions of increasing professional, clinical, or administrative responsibility. (T-2).

## Chapter 4

### SELECTION PROCESS

#### 4.1. Military Consultants.

4.1.1. Specialty consultant requirements are determined by an AFMOA board with one representative from each Corps as a voting member.

4.1.2. Nominations for Corps-specific consultant vacancies will be processed by the appropriate Corps representatives.

4.1.3. Nominations for non-Corps specific vacancies will be forwarded to AFMOA board members for review and vote.

#### 4.2. Career Field Manager.

4.2.1. Nominations and recommendations will be processed through the Chief, Medical Enlisted Force Development (AF/SG1/8A) for nominative and non-nominative CFMs respectively.

4.2.1.1. Nominative CFMs (reference Attachment 2, Enlisted Career Field Managers).

4.2.1.1.1. AF/SG1/8A will coordinate with the incumbent CFM, respective Consultant, and hiring authority to manage nominative process.

4.2.1.1.2. AF/SG1/8A will provide AF/DPE with validated position description and requirements.

4.2.1.1.3. AF/DPE will disseminate a nominative position call for candidates to MAJCOM A1s who will, in turn, disseminate throughout their wings.

4.2.1.1.4. MAJCOM A1s will forward nominations to AF/DPE.

4.2.1.1.5. AF/DPE will forward nominations list to hiring authority through AF/SG1/8A.

4.2.1.1.6. AF/SG1/8A will consult with the AF/SG CMEF, and submit the nomination list directly to hiring authority along with the respective consultant recommendation.

4.2.1.1.7. Hiring authority will interview nominated candidates and select the best qualified for CFM duties.

4.2.1.1.8. AF/SG1/8A will forward the hiring authority's selection to AF/DPE who will manage the assignment process.

4.2.1.2. Non-nominative CFMs (reference Attachment 2, Enlisted Career Field Managers).

4.2.1.2.1. Selections will be processed through the Chief, Medical Enlisted Force Development (AF/SG1/8A). AF/SG1/8A will solicit nominees from incumbent CFM, respective Consultant, and Officer Corps Chief (if necessary) to ensure the most qualified candidate(s) are recommended.

- 4.2.1.2.2. Non-nominative CFMs require recommendation and concurrence from current unit commander to support time and resources needed to support CFM work outside of primary assigned duties.
- 4.2.1.2.3. AF/SG1/8A will consult with the AF/SG CMEF, and submit recommendations to AF/SG through appropriate processes.
- 4.2.1.3. CFM selectees will be submitted to AF/SGIE for coordination to AF/SG.
- 4.2.2. Non-nominative CFMs will not dual-hat as group superintendents. (T-1).

**4.3. Civilian National Consultants.**

- 4.3.1. May be nominated by the AF/SG or may be nominated, in writing, by the Corps chiefs of the AFMS, directorates within AF/SG or AFMOA, MAJCOM/SGs, separate operating agency chiefs, developmental team (DT) or military consultants.
- 4.3.2. Must submit current curriculum vitae.

**4.4. Length of Service.**

- 4.4.1. Selectees will serve for 3 years from date of selection.
- 4.4.2. At the end of 3 years, they may reapply for or be nominated to continue in the role.

## Chapter 5

### CONSULTANT-BALANCED DEPLOYMENTS (CBD)

#### 5.1. Objective:

5.1.1. **The CBD concept ensures AEF deployment requirements are met using the most qualified individuals available at any one time in a balanced methodology across the specialties.** (IAW AFI 41-106, *Unit Level Management of Medical Readiness*; War Mobilization Plan, WMP1, Medical Supplement; AFMS Prioritization and Sequencing Guidance; AFI 10-401, *Air Force Operations Planning and Execution*)

5.1.2. Assist ACC/SGX and AF/SG3X in identifying/quantifying risk during GFM.

5.1.3. Assist AFPC/DPW and AF/SG3X in identifying individuals for emerging requirements.

#### 5.2. AF/SG Appointed Consultants and CFMs:

5.2.1. Comply with CBD policy and guidance IAW their appointment by the AF/SG.

5.2.2. Identify/quantify risk during Global Force Management (GFM) as requested by the Force Provider (ACC/SGX and/or AF/SG3XO (Medical Operations Center)).

5.2.3. Identify known Air Reserve Component (ARC) volunteers, and consult with AFRC and ANG as applicable. NOTE: ARC volunteers will not be included on the consultant lists.

5.2.4. Recommend and/or consult on sourcing solutions with MAJCOM/SGX staff (and/or MTF leadership as required).

#### 5.3. Low Supply/High Demand (LS/HD) Consultants and CFMs (per AFMS Prioritization and Sequencing Guidance) will:

5.3.1. Assist in block realignment as UTC family groups shift bands during GFM.

5.3.2. Monitor/manage actual dwell rate of individuals by reviewing deployment history and ensuring deployment opportunities are spaced appropriately.

5.3.3. Identify all potential LS/HD deployers and non-deployers utilizing, at a minimum: separation dates, deployment availability (DAV) code restrictions, potential manning assistance solutions, potential shortfalls and reclama replacements, and ARC resources. MAJCOM/MTF coordinated prioritization "batting order" lists will be developed and maintained in MRDSS for AFPC/DPW IAW AFI 41-106 and the AFMS Prioritization and Sequencing Guidance.

5.3.3.1. Recommend deployment locations when appropriate to meet unique requirements with regard to Air Expeditionary Force Indicator and UTC assignment for each AEF vulnerability window. Recommendations will be vetted during the preceding sourcing conference for each block.

5.3.3.2. Validate AFPC manning assistance requests for backfills when possible and appropriate, to include recommending Overseas Contingency Operations funding to the MTF, MAJCOM and AF/SG8Y.

## Chapter 6

### REQUESTING CONSULTING SERVICES

**6.1. MTF/CC:** may request a consultant visit several ways: directly with a military/civilian consultant, send requests through their MAJCOM/SG, or directly through AFMOA/SGHM. MTF/CC should keep MAJCOM/SG informed when requests are made directly to the consultant or AFMOA/SGHM.

**6.2. The host MTF will fund CNC visits.** (T-2).

**6.3. Notification must be submitted to AFMOA/SGHM three weeks prior to visit.** (T-2).

**6.4. Each Civilian National Consultant request must include:**

6.4.1. Name of CNC and the specialty.

6.4.2. Name of facility and purpose of visit.

6.4.3. Fiscal quarter of proposed visit and length of visit (including travel time).

6.4.4. A brief justification for the visit.

6.4.5. Authorization for use and fund cite (honorarium payment through local resource management office to AFMOA/SGAR) to be used for the TDY. Reimbursement will be the responsibility of the MTF. The MTF may request additional funding for the honorarium payment thru AFMOA/SGAR.

6.4.6. Organization point of contact.

## Chapter 7

### ADMINISTRATION OF CIVILIAN NATIONAL CONSULTANT PROGRAM

#### 7.1. Conditions of Employment.

7.1.1. CNCs may be assigned only for temporary or intermittent services.

7.1.2. CNCs may be appointed to the maximum pay rate allowed by statute.

7.1.3. Travel orders are issued for all visits.

7.1.4. Consultants who are also Federal employees are not authorized an honorarium, but are entitled to receive all other benefits, including travel and per diem payments paid by the requesting facility.

7.1.5. The facility prepares travel orders. After the visit, the consultant completes DD Form 1351-2, Travel Voucher or Sub voucher, and sends the package to the local MTF Resource Management Office (RMO) for processing through the accounting and finance office.



## Chapter 8

### SUBMISSION OF REPORTS

#### 8.1. Report Requirements.

8.1.1. All categories of consultants will submit an after-action report (AAR) within 30 calendar days of the visit if, in their professional judgment, AF/SG should be apprised of their observations, opinions, advice, and recommendations.

8.1.2. The AAR should be sent to AFMOA/SGH who will review and send to AF/SG via AFMOA/CC, with copies to the MAJCOM/SG and MTF/CC of the facility visited.

8.1.3. In addition to the written report, the consultant will provide the MTF/CC and chief of medical staff with an oral report before departing. The senior Military/Civilian Consultant or designee will attend, either in person or virtually, any outbrief given by a CNC.

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

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

AFPD 44-1, *Medical Operations*, 1 Sep 1999

*War Mobilization Plan, WMP 1, Medical Supplement*

*AFMS Prioritization and Sequencing Guidance, Chap 8*

AFI 10-401, *Air Force Operations Planning and Execution*, 7 Dec 2006

AFI 41-106, *Unit Level Management of Medical Readiness*, 14 April 2008

AFH 36-2235, *Information for Designers of Instructional Systems*, 2 September 2002

AFH 44-114, *Military Health Services System (MHSS) Matrix*, 1 March 1997

AFI 33-332, *Privacy Program*, 29 January 2004

AFI 33-360, *Publications and Forms Management*, 18 May 2006

AFPD 36-22, *Air Force Military Training*, 14 June 2010

AFI 36-2640, *Executing Total Force Development*, 16 December 2008

AFI 36-2201, *Air Force Training Programs*, 15 September 2010

AFI 36-2101, *Classifying Military Personnel (Officers and Airmen)*, 14 June 2010

AFI 44-102, *Medical Care Management*, 20 January 2013

AFI 44-119, *Medical Quality Operations*, 16 August 2011

AFI 44-162, *International Health Specialist (HIS) Program*, 7 July 2011

AFI 44-173, *Population Health Management*, 19 July 2011

**Prescribed Forms**

None

***Adopted Forms***

DD Form 1351-2, *Travel Voucher or Sub-Voucher*

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**AEF**—Air Expeditionary Force

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFMS**—Air Force Medical Service

**AFMOA**—Air Force Medical Operations Agency

**AFMSA**—Air Force Medical Support Agency

**AFPC**—Air Force Personnel Center  
**AFRS**—Air Force Recruiting Service  
**AFRC**—Air Force Reserve Command  
**AFSC**—Air Force Specialty Code  
**ANG**—Air National Guard  
**ARC**—Air Reserve Component  
**CBD**—Consultant Balanced Deployments  
**CC**—Commander  
**CFM**—Career Field Manager  
**CMEF**—Chief Medical Enlisted Force  
**CMSGT**—Chief Master Sergeant  
**CNC**—Civilian National Consultant  
**CSPAR**—Clinical Systems Program Assessment Review  
**DAG**—Detailed Analysis Group  
**DAV**—Deployment Availability  
**DT**—Developmental Team  
**GFM**—Global Force Management  
**HQ**—Headquarters  
**IAW**—In Accordance With  
**ITRO**—Interservice Training Review Organization  
**LS/HD**—Low Supply/High Demand  
**MAJCOM**—Major Command  
**MRDSS**—Medical Readiness Decision Support System  
**MTF**—Medical Treatment Facility  
**NCO**—Non-Commissioned Officer  
**PCA**—Permanent Change of Assignment  
**PCS**—Permanent Change of Station  
**QLG**—Quick Look Group  
**RDS**—Records Disposition Schedule  
**RMO**—Resource Management Office  
**SG**—Surgeon General  
**SME**—Subject Matter Expert

**SNCO**—Senior Noncommissioned Officer

**TDY**—Temporary Duty

**UTC**—Unit Type Code

*Terms*

**None**—

## Attachment 2

## ENLISTED CAREER FIELD MANAGERS

## A2.1. Nominative Positions.

AFSC	TITLE	LOCATION
4A0X1	Health Services Management	San Antonio, TX
4A1X1	Medical Materiel	Ft Detrick, MD
4A2X1	Biomedical Equipment Maintenance	Ft Detrick, MD
4B0X1	Bioenvironmental Engineering	Falls Church, VA
4C0X1	Mental Health Services	San Antonio, TX
4E0X1	Public Health	Falls Church, VA
4N0X1/B/C	Aerospace Medical Service	Falls Church, VA

## A2.2. Non-Nominative Positions.

AFSC	TITLE	LOCATION
4D0X1	Diet Therapy	Field
4H0X1	Cardiopulmonary Lab	Field
4J0X2/A	Physical Medicine	Field
4M0X1	Aerospace/Operational Physiology	Field
4N1X1/B/C/D	Surgical Service	Field
4P0X1	Pharmacy	Field
4R0X1/A/B/C	Diagnostic Imaging	Field
4T0X1/4T0X2	Medical Laboratory	Field
4V0X1/S	Optometry/Ophthalmology	Field
4Y0X1/H, 4Y0X2	Dental Services	Field