

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



**HEADQUARTERS OPERATING
INSTRUCTION 10-4**

18 FEBRUARY 2026

Operations

**AIR FORCE MEDICAL
SERVICE (AFMS) GOVERNANCE**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: This publication is available for downloading or ordering on the e-Publishing website at www.e-Publishing.af.mil

RELEASABILITY: There are no releasability restrictions on this publication

OPR: SGMED

Certified by: SGMED
(Brig Gen Jason J. Lennen)

Pages: 33

This publication implements the Air Force Medical Service (AFMS) Governance for the organizational Committees, Groups, Board and Council to facilitate combat generation medical support and healthcare delivery in the execution of Headquarters Air Force (HAF) Mission Directive 1-48, The Air Force Surgeon General, 21 February 2023 and the Department of the Air Force Policy Directive (DAFPD) 40-8, Medical Command. The instruction applies to all AFMS and Air Force Medical Command (AFMEDCOM) personnel, to include the applicable medical elements of the United States Space Force (USSF), the Air Force Reserve (AFR), the Air National Guard (ANG), all AFMS and AFMEDCOM civilian employees, and those with a contractual obligation to abide by the terms of AFMS issuances, except where noted otherwise. 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 Form 847, Recommendation for Change of Product; route DAF Forms 847 from the field through the appropriate functional chain of command.

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Chapter 1

OPERATIONAL GUIDELINES

1.1. For the purpose of this instruction, the Committees, Groups, Board and Council will be referred to as Governance Bodies. Governance Bodies established under this instruction will conduct regular meetings at intervals specified in their respective charters in compliance and execution of the AFMS Governance Model (visual representation in [Attachment 2](#)). AFMS Governance brings together the Air Force Surgeon General (AF/SG) 2-letter policy and strategy from the Policy and Resources Directorate (SGMED) and Space Force Medical Operations Directorate (SGSF) with AFMEDCOM to guide, shape, and determine the future direction of the AFMS in support of the Department of the Air Force (DAF).

1.2. All required members or designated representatives will be present at each meeting and arrive on time. Each voting member or voting member's representative will only be counted once for quorum and voting.

1.3. For each meeting. If a voting member or their regularly designated representative will be absent and unable to vote, they will designate an alternate in writing via a Memorandum for Record (MFR) or an email who is authorized to vote on their behalf. The MFR or the email will be added to the respective Governance Body minutes.

1.4. The AF/SG chairs the AFMS Council and is the final decision-making authority. This council connects the functions of the Gatekeeper, Committees, Operations (Ops) and Resource Group, and Board of Directors (BoD) for comprehensive requirements review and prioritization.

1.5. The AFMS Continuous Improvement and Innovation (CI²) consultants. Will ensure the integration of continuous process improvement and innovation principles, tools, techniques, and procedures into the AFMS processes outlined below. CI² will support mission and metric alignment by redesigning processes, identifying and addressing constraints, and enhancing product quality to drive faster decision-making and agile adaptability, optimizing performance across the full spectrum of AFMS operations, including both warfighting and business practices.

1.6. The Strategy and Capabilities Division (SG5) manages the Ops and Resource Group, the BoD, and the AFMS Council meetings. SG5 facilitates presentation topics preparation in coordination with the owning organization and completes the meeting minutes. At a minimum, the meeting minutes will capture key decision points and action items.

1.7. Presentation templates and governance materials. Briefers must use the appropriate presentation templates to develop briefings. The briefings must provide enough detail and content to support informed leadership decision-making. Submit briefing materials no later than (NLT) 7 duty days prior to the applicable governance meeting to the AFMS Governance Org Box: usaf.pentagon.af-sg.mbx.afms-governance@health.mil. Refer to the AFMS Governance SharePoint for the most up-to-date briefing template version, minutes, forms, and useful references: <https://militaryhealth.sharepoint-mil.us/teams/AFMSGovernance>.

1.8. Classified topics requiring Governance Bodies vector or decision-making will. Be presented by replicating the AFMS Governance Model flow as reflected in [Attachment 2](#). In these instances, the physical location of the meetings will be an appropriate Sensitive Compartmented Information Facility (SCIF) and/or Secure Video Teleconferencing (SVTC) environment commensurate with the classification of the content to be discussed.

1.9. Data and AI Governance Standardization: The Medical Information Operations Division (SG6) Chief, in coordination with the Chief Data Officer (CDO), will serve as the central authority for standardizing Data and AI implementation across the AFMS enterprise. SG6 will ensure alignment with Department of the Air Force Chief Data and AI Officer (CDAO) priorities, policies, and frameworks to optimize data use, governance, and stewardship. SG6 will provide advisory support to all AFMS Governance Bodies to ensure data-driven decision-making, readiness optimization, and compliance with DoD data governance standards.

Chapter 2

COMMITTEES, GROUPS, BOARD, AND COUNCIL CHAIRS

2.1. AFMS Council Chair: AF/SG.

2.2. BoD Co-Chairs: AF Deputy Surgeon General (DSG) and AFMEDCOM Deputy Commander (AFMEDCOM/CD).

2.3. Ops and Resource Group Co-Chairs: SGMED Director and AFMEDCOM Chief of Staff (CoS).

2.4. Medical Airmen Development Committee (MADC) Co-Chairs: AF/SG1/7 Division Chief and AETC/SG.

2.5. Medically Ready Airmen and Guardians (MRAG) Committee Co-Chairs: AF/SG3 Division Chief and AFMEDCOM/A3 Director.

2.6. Ready UTCs and Installation Response Committee Co-Chairs: AF/SG4/10 Division Chief and AFMEDCOM/A4/10 Director.

2.7. Medical Requirements and Capability Committee Co-Chairs: AF/SG5 Division Chief and AFMEDCOM/A5 Director.

2.8. Resourcing Group (RG) Chair: AF/SG8 Division Chief.

2.9. AFMS Gatekeeper: AF/SG5 Division.

Chapter 3

ROLES AND RESPONSIBILITIES

3.1. Governance Bodies may meet without a quorum, but policy and procedural decisions cannot be made in the absence of a quorum. Attendance by at least two-thirds (2/3) or sixty-six (66 percent) of voting members or representatives of the appointed members constitutes a quorum.

3.2. Chairs are appointed by the AF/SG. As outlined in this instruction and responsible for the proper functioning and fulfillment of their respective Governance Body responsibilities.

3.3. Governance Bodies operate from an approved charter.

3.3.1. Charters are approved by the next Governance Body level.

3.4. Membership.

3.4.1. Co-Chairs are non-voting members and serve as tiebreakers when needed.

3.4.2. Membership is documented in the charter by position. Members or a designated representative will attend all scheduled meetings, arrive on time, and be prepared to discuss agenda items. The designated representatives will be familiar with the briefing topic and able to contribute.

3.4.3. Voting members are appointed by this instruction (unless otherwise required by Air Force Instruction). Adjustments can be recommended by the respective Co-Chairs to the next level of AFMS Governance for concurrence.

3.4.3.1. If unavailable, voting members may delegate their vote to an alternate as outlined in section 1.3. The alternate's vote will count and be documented as the principal's vote.

3.4.4. Advisory (non-voting) members are outlined in each respective charter and can be adjusted by the respective Co-Chairs as needed.

3.4.5. Governance Body members can propose charter changes to the Chairpersons

3.5. Minutes.

3.5.1. Minutes must provide a clear, thorough record of oversight, decision-making, follow-up, and closure. Items requiring further action must be tracked to closure. An action item transferred to another Governance Body will remain open and tracked until permanently transferred or returned for further action and closure.

3.5.2. Referred Items: Items referred from one Governance Body to another will be annotated in the minutes and referred appropriately. Chairpersons will report significant issues to the appropriate oversight governance authority.

3.6. Urgent and emergent operational items should be discussed directly with the Gatekeeper and respective Governance Body Chair. Ad hoc meetings can be held at the Chair's discretion for time-sensitive items.

3.7. To the greatest extent possible, meetings will be scheduled a minimum of 1 month in advance. Consideration will be given to accommodate members across time zones that are required to attend.

3.7.1. If a scheduled meeting is canceled, the minutes of the next scheduled meeting will reflect the reason for the cancellation with a general statement. If a scheduled meeting is shifted to virtual, the minutes of that meeting will document that the Governance Body met virtually.

3.8. AFMS Council, BoD, and Ops and Resource Group:

3.8.1. Materials are due to SG5 NLT seven (7) calendar days prior to the meeting start.

3.8.2. SG5 will:

3.8.2.1. Coordinate agenda and briefing presentation with the owning organizations.

3.8.2.2. Provide agenda with all pertinent read-ahead materials to the Governance Bodies' invite originators for distribution to members. Invite originators will distribute to members at least 2 business days in advance.

3.8.2.3. Record, finalize, and submit the draft meeting minutes to the Chair within 2 duty days following the meeting. The Chairs will finalize minutes within 3 duty days following the draft receipt.

3.8.2.4. Upload minutes to the AFMS Governance SharePoint at: <https://militaryhealth.sharepoint-mil.us/teams/AFMSGovernance> NLT 10 duty days after the meeting. Information presented via the Secure Internet Protocol Router Network (SIPR) will be stored on the appropriate SIPR SharePoint. Information deemed sensitive by the Chair will not be posted.

3.8.3. When a Co-Chair is unavailable, the function is automatically delegated to the respective Mobilization Assistant (MA). If the MA is unavailable, a single Chair may facilitate the Governance Body.

3.8.4. If any member or advisor recommends clarification or corrections after posting of the signed minutes, contact should be made via usaf.pentagon.af-sg.mbx.afms-governance@health.mil with suggestion(s) and recommendation(s).

3.9. Committees and Working Groups.

3.9.1. Committees will determine frequency of meetings in their respective charters for effective oversight and timely decision-making.

3.9.2. Co-Chairs may delegate their role to their respective deputy or voting member on the committee. If the Co-Chair and their Deputy are unavailable, a single Chair may facilitate the committee.

3.9.3. Co-Chairs will determine how to store, manage, and distribute respective minutes. Minutes will be available to the next-level governing body.

3.9.4. All committees will invite an advisory member from the other four committees in AFMS Governance to ensure collaboration and alignment of requirements and initiatives as needed.

3.9.5. Committees ensure all items from subordinate working groups are appropriately reviewed.

3.9.5.1. Working group efforts must be consistent with their committees' charter.

3.9.5.2. Working groups determine their own membership. Once determined, each provides their membership list as information-only to their oversight committee.

3.10. Special Instructions. This instruction will be reviewed annually and updated as needed. Charters can change between publications by the applicable Governance Bodies upon approval of their Chairs and the corresponding reviewing authority.

JOHN J. DEGOES, MD
Lt. Gen., USAF, MC, FS
Surgeon General of the Air Force
Commander, Air Force Medical Command

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

Headquarters Air Force (HAF) Mission Directive 1-48, *The Air Force Surgeon General*, 21 February 2023

Department of the Air Force Policy Directive 40-8, *Medical Command*, 18 June 2025

Department of the Air Force Manual 90-161, *Publishing Processes and Procedures*, 14 July 2025

Prescribed Forms

None

Adopted Forms

DAF Form 847, *Recommendation for Change of Product*

AFMS *Governance Intake Form*

Abbreviations and Acronyms

ACC—Air Combat Command

ACC/SG—Air Combat Command Command Surgeon

ADAPT—Alcohol and Drug Abuse Prevention and Treatment

AETC—Air Education and Training Command

AETC/SG—Air Education and Training Command Command Surgeon

AF—Air Force

AFCENT—US Air Force Central Command

AF/DSG—Air Force Deputy Surgeon General

AFDW—Air Force District of Washington

AFDW/SG—Air Force District of Washington Command Surgeon

AFGSC—Air Force Global Strike Command

AFGSC/SG—Air Force Global Strike Command Command Surgeon

AFMC—Air Force Materiel Command

AFMC/SG—Air Force Materiel Command Command Surgeon

AFMEDCOM—Air Force Medical Command

AFMEDCOM/A1/7—Force Development and Management

AFMEDCOM/A3—Medical Operations

AFMEDCOM/4/10—Logistics and Installation Support

AFMEDCOM/A5—Plans and Requirements
AFMEDCOM/A6—Medical Information Operations
AFMEDCOM/A8—Force Structure and Resources
AFMEDCOM/A9—Research and Analytics
AFMS—Air Force Medical Service
AFNORTH—Air Forces Northern
AFR—Air Force Reserve
AFRC—Air Force Reserve Command
AFRC/SG—Air Force Reserve Command Command Surgeon
AF/SG—Air Force Surgeon General
AF/SGSF—Air Force Surgeon General Space Force Medical Operations Directorate
AFSOC—Air Force Special Command
AFSOC/SG—Air Force Special Command Command Surgeon
AFSOUTH—Air Forces Southern
AFWERX—Air Force Work Project
AMC—Air Mobility Command
AMC/SG—Air Mobility Command Command Surgeon
ANG—Air National Guard
ANG/SG—Air National Guard Command Surgeon
BoD—Board of Directors
CBA—Capabilities-Based Assessment
CC—Commander
CD—Deputy Commander
CDAO—Chief Data & Artificial Intelligence Office
CDO—Chief Data Officer
CDP—Capability Development Plan
CoS—Chief of Staff
CI2—Continuous Improvement and Innovation
CFM—Career Field Manager
CMEF—Chief, Medical Enlisted Force
DAF—Department of the Air Force
DBFRC—Developmental and Behavioral Family Readiness Centers

DHP—Defense Health Program

DoD—Department of Defense

DOTmLPF-P—Doctrine, Organization, Training, materiel, Leadership and Education, Personnel, Facilities and Policy

GDE—Graduate Dental Education

GME—Graduate Medical Education

HAF—Headquarters Air Force

HPW—Human Performance Wing

LAF—Line of the Air Force

MA—Mobilization Assistant

MADC—Medical Airmen Development Committee

MAJCOM—Major Command

MDW—Medical Wing

MEFPAK—Manpower and Equipment Packaging System

MFR—Memorandum for Record

MHS—Military Health System

MRAG—Medically Ready Airmen and Guardians Committee

MRC-A—Medical Readiness Command Alpha

MRC-B—Medical Readiness Command Bravo

NGB/SG—National Guard Bureau Surgeon General

OPR—Office of Primary Responsibility

PACAF—Pacific Air Forces

PACAF/SG—Pacific Air Forces Command Surgeon

PEM—Program Element Monitor

POM—Program Objective Memorandums

PPBE—Planning, Programming, Budgeting and Execution

RAP—Resource Allocation Plan

RG—Resourcing Group

S&T—Science and Technology

SBIR—Small Business Innovation Research

SCIF—Sensitive Compartmented Information Facility

SEL—Senior Enlisted Leader

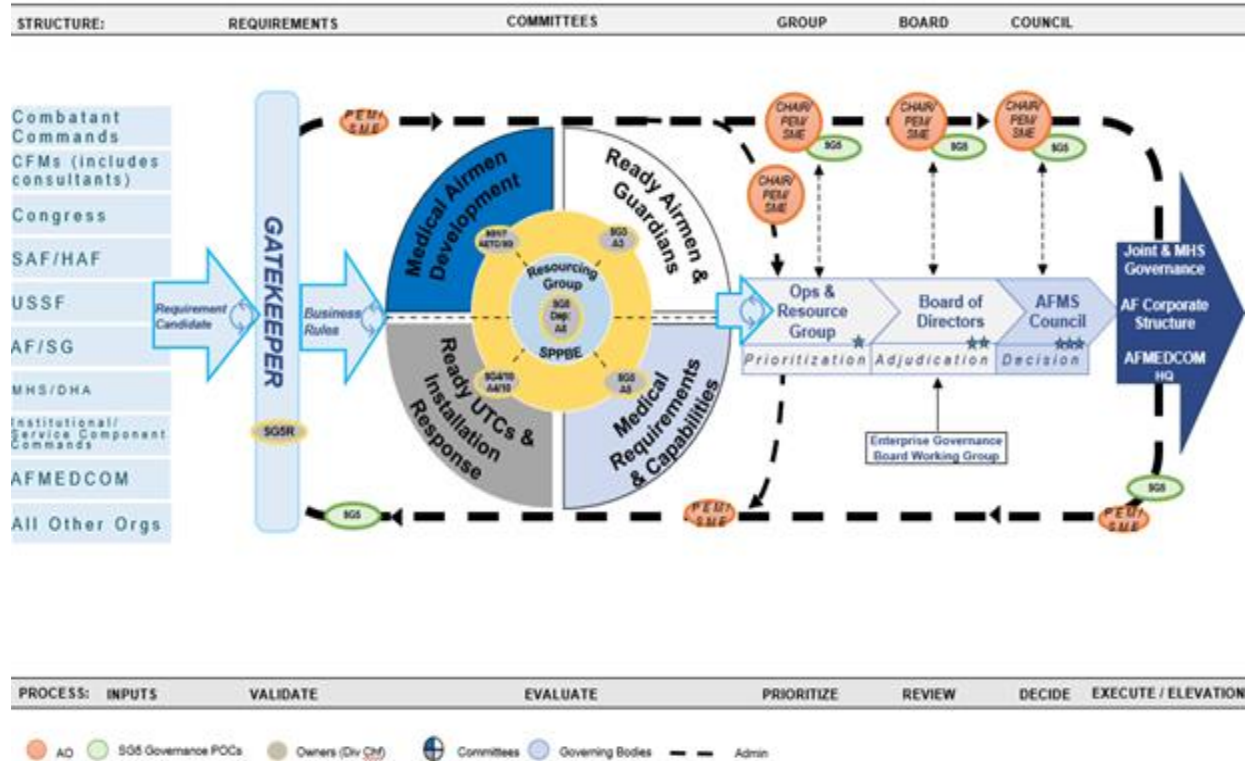
SG—Surgeon General

SGA—Administrator
SG1/7—Force Development and Management Division
SG3—Medical Operations Division
SG4/10—Logistics and Installation Support Division
SG5—Strategy and Capabilities Division
SG6—Medical Information Operations Division
SG8—Force Structure & Resources Division
SGL—Office of Congressional and Public Affairs
SGMED—Policy and Resources Directorate
SGN—Chief Nurse
SGU—Formal Training Division
SGX—Medical Readiness Office
SME—Subject Matter Expert
SPPBE—Strategy, Programming, Planning, Budgeting and Execution
SRD—Strategic Requirements Document
STTR—Small Business Technology Transfer
SVTC—Secure Video Teleconferencing
TRG—Training Group
USAFA/SG—United States Air Force Academy Command Surgeon
USAFE—U.S. Air Forces in Europe
USAFE/SG—U.S. Air Forces in Europe Command Surgeon
USAFSAM—United States Air Force School of Aerospace Medicine
USSF—United States Space Force
UTC—Unit Type Code

Attachment 2

THE AFMS GOVERNANCE MODEL AND ROLE OF THE GATEKEEPER

Figure A2.1. AFMS Governance Model.



A2.1. The AFMS Governance Model facilitates decision-making and vectoring within relevant and actionable timelines. The timeframe is intended to align with the Program Objective Memorandum (POM) and Strategy, Planning, Programming, Budgeting, and Execution (SPPBE) cycles. The AFMS Governance Model will primarily function from “left-to-right” with requests submitted, vetted, and evaluated as depicted in [Figure A2.1](#).

A2.2. The Role of the AFMS Gatekeeper: The AFMS Gatekeeper serves as the initial point of entry for all POM DOTmLPF-P (Doctrine, Organization, Training, materiel, Leadership and Education, Personnel, Facilities and Policy) requirement requests entering the AFMS Governance process. The Gatekeeper is responsible for validating and vectoring submissions from all sources, both internal (e.g. other committees, Group, or Board) and external (as listed on the left-most side of [Figure A2.1](#)). Once this is completed, the Gatekeeper assigns requests to the appropriate committee(s) for further evaluation, prioritization, and senior leader decision-making. Decisions that do not require POM DOTmLPF-P review or strategic resource allocation do not need to involve the Gatekeeper for SG prioritization. Examples of these that do not require AFMS Governance prioritization and decision-making may include small-scale, operationally focused, urgent, limited, or one-time impacts on resources.

A2.2.1. The Gatekeeper's role is to facilitate the governance intake process, consolidate inputs from all sources, and ensure alignment with AFMS strategy and SG priorities. They assess the readiness and viability of requests to move forward for in-depth evaluation within the committees. This initial vetting of all requests entering the AFMS Governance standardizes essential information and ensures that initiatives are strategically relevant and sufficiently mature for further evaluation.

A2.2.2. Requests from external entities will be submitted to the AFMS Gatekeeper for initial evaluation and vectoring with assistance from the AF/SG front office staff, SG5, and other AFMEDCOM, SGMED, and SGSF. All requestors will utilize the AFMS Governance Intake Form, posted on the AFMS Governance SharePoint: <https://militaryhealth.sharepoint-mil.us/teams/AFMSGovernance/SitePages/AFMS-Gatekeeper.aspx> and submit the completed form to: usaf.pentagon.af-sg.mbx.afms-governance@health.mil.

A2.2.3. The AFMS Gatekeeper review ensures that each initiative has a sponsoring organization or lead agency, appropriate stakeholder/subject matter expert (SME) input and required administrative data. Analysis ensures alignment with AF/SG strategic priorities, a well-articulated problem statement and a defined benefit to medics and/or warfighters within the current and future operational environment. Should critical deficiencies be identified during the initial review, the gatekeeper form will be returned to the sponsor with feedback and recommendations. Upon successful completion of Gatekeeper review, initiatives will be vectored to one of the AFMS committees in **Figure A2.1** for further review, development, and decision-making. For new internal requests/requirements that are generated by a Governing Body, the Gatekeeper will work directly with the committee Chairperson(s) or their designee to ensure such requests are similarly evaluated and vectored to ensure transparency, standardization, and process integrity.

Attachment 3

AFMS COUNCIL CHARTER

A3.1. Purpose: Serves as an authoritative body, integrating and advancing the priorities of the AF/SG. The AFMS Council is the principal Governance Body responsible for managing actions that impact the AFMS enterprise. The Council oversees critical administrative functions, prioritizes and addresses issues with strategic, policy, management, and resource implications, and serves as an enterprise-wide decision-making forum guided by reliable data, functional expertise, business acumen, and legal counsel. The Council also holds decision-making authority over mission requirements, including operational medical capabilities, force modernization, and integration with warfighting units, ensuring the delivery of timely, high-quality medical care to beneficiaries and maintaining full-spectrum readiness.

A3.2. Membership:

A3.2.1. Chair: AF/SG

A3.2.1.1. Decision-maker **Note:** If the AF/SG is unavailable, the body will be led by the DSG. If the DSG is unavailable, the body will be led by either the SGMED Director or SGSF Director to properly align AFMS Governance with 2-Letter policy.

A3.2.2. Members (non-voting):

A3.2.2.1. AF/DSG

A3.2.2.2. AF/SG Chief, Medical Enlisted Force (CMEF)

A3.2.2.3. AFMEDCOM/CD

A3.2.3. Attendees (non-voting):

A3.2.3.1. AFMS General Officers & corresponding Senior Enlisted Leaders (SEs)

A3.2.3.2. AFR MA to AF/SG

A3.2.3.3. ANG Assistant to the AF/SG

A3.2.3.4. AF/SG Office of Congressional and Public Affairs (SGL)

A3.2.3.5. AF/SGSF Director

A3.2.3.6. AF/SG5

A3.2.4. Recorder: SG5

A3.3. Frequency of Meetings: Monthly (at least ten (10) meetings annually).

A3.4. Quorum Requirement: AF/SG is the decision authority.

A3.5. Roles and Responsibilities:

A3.5.1. Review the applicable committee, group, and board charters for the entities accountable to the AFMS Council as shown in [Attachment 2, Figure A2.1](#) of this instruction.

A3.5.2. Provide consistent guidance to ensure maximum efficiency and effectiveness of all entities in the review/approval process.

A3.5.3. Ensure the Governance Bodies comply with authorized requirements' validation, evaluation, prioritization, and review in concurrence with current mission objectives, priorities, and applicable regulations.

A3.5.4. Approve or disapprove planning, programming, budgeting, and resourcing decisions.

A3.5.5. Approve or disapprove decision points to elevate items to Military Health System (MHS), Joint Staff Surgeon, and HAF Governance.

A3.6. Business Processes: The AFMS Council will follow the Operational Guidelines applicable to all governance entities as directed by this instruction.

A3.7. Chair: AF/SG.

A3.8. Reviewing Authority: N/A.

A3.9. Approval Authority: AF/SG.

A3.10. Effective Date: This charter will become official upon AF/SG signature.

Attachment 4

AFMS BOD

A4.1. Purpose: To serve as an adjudication of mission-related requirements as prioritized by the Ops and Resources Group. The BoD is expected to collaborate as a cross-functional leadership team and adjudicate requirements towards the optimization of the AFMS capabilities by focusing on organizing, training, and equipping for the future fight, maximizing Force Generation medical support while deconflicting and prioritizing complex healthcare delivery and readiness priorities within manpower and budget constraints.

A4.2. Membership:

A4.2.1. Co-Chairs (vote only to break ties; if Chairs vote and a tie is maintained, the topic/decision is elevated to the AFMS Council for decision):

A4.2.1.1. AF/DSG

A4.2.1.2. AFMEDCOM/CD

A4.2.2. Members (voting):

A4.2.2.1. AF/SG CMEF

A4.2.2.2. Medical Readiness Command-Alpha (MRC-A) CC

A4.2.2.3. Medical Readiness Command-Bravo (MRC-B) CC

A4.2.2.4. AF/SGMED Director

A4.2.2.5. AF/SGSF Director

A4.2.2.6. AFMEDCOM CoS

A4.2.2.7. 711 Human Performance Wing (HPW) CC

A4.2.3. Advisors (non-voting):

A4.2.3.1. AF/SGMED SEL

A4.2.3.2. AF/SGSF SEL

A4.2.3.3. MRC-A SEL

A4.2.3.4. MRC-B SEL

A4.2.3.5. AFR MA to AF/SG

A4.2.3.6. ANG Assistant to the AF/SG

A4.2.3.7. AF/SGL

A4.2.3.8. AF/SG5

A4.2.3.9. Others as deemed appropriate for the topic

A4.2.4. Recorder: SG5.

A4.3. Frequency of Meetings: Monthly (at least ten (10) meetings annually).

A4.4. Quorum Requirement: Two-thirds (2/3) or sixty-six (66) percent of the voting membership present or represented.

A4.5. Roles and Responsibilities:

A4.5.1. The BoD adjudicates the AFMS resources and requirements prioritized by the Ops and Resource Group to produce a recommendation for the AFMS Council's consideration. The majority vote with dissenting votes will be captured and documented in the BoD's meeting minutes. A data-driven decision methodology will be utilized to assess and adjudicate the requirements as much as feasible. The BoD will also oversee and monitor key enterprise metrics, including but not limited to the AFMS Strategic Measures, internal controls, the Enterprise Governance Board, the AF/SG statement of assurance, and the financial statement audit.

A4.6. Business Processes: The BoD will follow the Operational Guidelines applicable to all governance entities as directed by this instruction.

A4.7. Chair: AF/DSG and AFMEDCOM/CD– Co-Chair.

A4.8. Reviewing Authority: AFMS Council or a designee.

A4.9. Approval Authority: BoD Co-Chairs (INFO to Council).

A4.10. Effective Date: This charter will become official upon AF/SG signature.

Attachment 5**AFMS OPS AND RESOURCE GROUP CHARTER**

A5.1. Purpose: To review, consolidate and recommend the operational requirements presented by the Medical Airmen Development, the Ready Airmen and Guardians, the Ready Unit Type Codes (UTCs) and Installation Response, the Medical Requirements and Capabilities Committees, and recommended by the Resourcing Group for the BoD's consideration. The Group is expected to deliberately discuss and prioritize resourcing requirements in concurrence with the AFMS strategy, priorities, risk to mission, and risk to force.

A5.2. Membership:

A5.2.1. Co-Chairs (vote only to break ties; if chairs vote and a tie is maintained, the topic/decision is elevated to the BoD for decision):

A5.2.1.1. AF/SGMED Director

A5.2.1.2. AFMEDCOM CoS

A5.2.2. Members (voting)

A5.2.2.1. AF/SGSF Deputy Director

A5.2.2.2. AF/SGMED SEL

A5.2.2.3. AFMEDCOM CoS SEL

A5.2.2.4. MRC-A Deputy

A5.2.2.5. MRC-B Deputy

A5.2.2.6. ACC/SG MEFFPAK

A5.2.2.7. AFSOC/SG MEFFPAK

A5.2.2.8. AMC/SG MEFFPAK

A5.2.3. Members (concur/non-concur):

A5.2.3.1. AETC/SG

A5.2.3.2. AFDW/SG

A5.2.3.3. AFGSC/SG

A5.2.3.4. AFMC/SG

A5.2.3.5. AFRC/SG

A5.2.3.6. NGB/SG

A5.2.3.7. PACAF/SG

A5.2.3.8. USAFA/SG

A5.2.3.9. USAFE/SG

A5.2.3.10. 59 MDW/CC

A5.2.3.11. 711 HPW/CD

A5.2.4. Advisors (non-voting):

A5.2.4.1. AF/SGSF SEL

A5.2.4.2. AFMS Governance Committee Co-Chairs

A5.2.4.3. AF/SGL

A5.2.4.4. AF/SG5

A5.2.4.5. AF/SG6 or CDO

A5.2.4.6. Reserve Medical Forces Advisor to the AF/SG

A5.2.4.7. ANG Medical Forces Advisor to the AF/SG

A5.2.5. Other attendees: as applicable.

A5.2.6. Recorder: SG5

A5.3. Frequency of Meetings: Monthly (at least ten (10) meetings annually).

A5.4. Quorum Requirement: Two-thirds (2/3) or sixty-six (66) percent of the voting membership present or represented.

A5.5. Roles And Responsibilities:

A5.5.1. The Ops and Resource Group prioritizes the resources and requirements presented by the committees and the resourcing group. The majority vote along with dissenting vote will be captured and documented in the Group's meeting minutes. The Group is expected to prioritize the resources against the requirements by maximizing the operational medical capabilities in support of the warfighting units and the healthcare delivery to the beneficiary population. Members with concur/non-concur roles will have the opportunity to provide input for decision-making consideration. Group's members will ensure proposals align to AFMS capability priorities and requirements.

A5.5.2. Concur/non-concur members will provide input to appropriately reflect their organization's equities. While these votes do not count for decisional items, they are captured in the minutes and body documentation for maximum transparency and visibility as items elevate through the higher levels of governance.

A5.6. Business Process: The Ops and Resource Group will follow the Operational Guidelines applicable to all governance entities as directed by this instruction.

A5.7. Reviewing Authority: BoD or a designee.

A5.8. Approval Authority: Group Co-Chairs (INFO to the BoD).

A5.9. Effective Date: This charter will become official upon AF/SG signature.

Attachment 6

MEDICAL AIRMEN DEVELOPMENT COMMITTEE CHARTER

A6.1. Purpose: The Medical Airmen Development Committee (MADC) centralizes, consolidates, and realigns efforts to train and develop Airmen. The MADC will be an integral part of the AFMS Governance structure and will support the AF/SG's mission and vision. The MADC will focus on training across the AFMS enterprise to include medical training within Air Education and Training Command, United States Air Force School of Aerospace Medicine (USAFSAM), and other training agencies. The vision of the committee is to provide the right education, training, and experience at the right time for the right Airmen at the best value. The committee will provide responsible, data driven management of costs to recommend proper allocation of resources dedicated to the force development and training of all members within the AFMS.

A6.2. Membership:

A6.2.1. Co-Chairs: (vote only to break ties; if Chairs vote and a tie is maintained, the topic/decision is elevated to the Ops and Resourcing Group for decision):

A6.2.1.1. AF/SG1/7 Division Chief

A6.2.1.2. AETC/SG

A6.2.2. Members (voting):

A6.2.2.1. USAFSAM/CC

A6.2.2.2. AFPC Chief, Medical Career Management Division

A6.2.2.3. AFMEDCOM/A1/7 Director

A6.2.2.4. Chief, Medical Force Development/Formal Training Division (AETC/SGU)

A6.2.2.5. Enlisted Career Field Manager (CFM) Rotational (as appointed by the CMEF)

A6.2.3. Advisors (non-voting):

A6.2.3.1. Senior Civilian – Civilian Corps Director

A6.2.3.2. Air National Guard Medical Forces Advisor to the AF/SG

A6.2.3.3. Air Force Reserve Medical Forces Advisor to the AF/SG

A6.2.3.4. 937th Training Group (TRG)/CC

A6.2.3.5. AF/SG Lead Consultant

A6.2.3.6. Air Force Institute of Technology Division Chief, Civilian Institution Medical

A6.2.3.7. All Career Field Managers (includes Corps Directors)

A6.2.3.8. All Consultants

A6.2.3.9. Graduate Medical Education (GME) – Chief of Physician Education

A6.2.3.10. Graduate Dental Education (GDE) – Dean of Dental Education

A6.2.3.11. MRC-A SEL

A6.2.3.12. MRC-B SEL

- A6.2.3.13. AF/SGSF Representative
- A6.2.3.14. MAJCOM Chief Nursing Officers (SGNs)
- A6.2.3.15. MAJCOM Administrators (SGA)
- A6.2.3.16. Air Force Medical Modeling & Simulation Training
- A6.2.3.17. MADC Program Element Monitor (PEM)
- A6.2.3.18. AF/SG6 Division Chief or CDO
- A6.2.3.19. MRAG Committee Representative
- A6.2.3.20. Ready UTC and Installation Response Committee Representative
- A6.2.3.21. Medical Requirements and Capabilities Committee Representative
- A6.2.3.22. Resourcing Group Representative
- A6.2.3.23. Other SMEs as needed (e.g. Guard and Reserve representatives, Consultants/CFMs, etc.)

A6.3. Frequency of Meetings: Weekly; frequency can be adjusted at the discretion of the Co-Chairs.

A6.4. Quorum Requirement: Two-thirds (2/3) or sixty-six (66) percent of the voting membership present or represented.

A6.5. Roles and Responsibilities:

- A6.5.1. Ensures the development and training of AFMS personnel remains effective and aligned with senior leader mission, vision, priorities, and strategy.
- A6.5.2. Ensure new requirements align to the AFMS Strategy.
- A6.5.3. Work with stakeholders and sub-groups to improve development and training.
- A6.5.4. Report status/updates through governance as needed.
- A6.5.5. Communicates functional or organizationally relevant information.
- A6.5.6. Voting members review items in preparation for voting, as needed. Tied votes will be broken by the SG1/7 Division Chief unless they are absent. Then, the AETC/SG will break the tie.
- A6.5.7. Develop and participate in sub-working groups as needed to address issues.

A6.6. Business Process: The MADC will follow the Operational Guidelines applicable to all governance entities as directed by this instruction.

A6.7. Reviewing Authority: Ops and Resource Group.

A6.8. Approval Authority: Committee Co-Chairs (INFO to the Group).

A6.9. Effective Date: This charter will become official upon AF/SG signature.

Attachment 7

MEDICALLY READY AIRMEN AND GUARDIANS COMMITTEE CHARTER

A7.1. Purpose: The AFMS Medically Ready Airmen & Guardians (MRAG) Committee is a deliberative body which provides strategic oversight and guidance for the Department of the Air Force (DAF) to generate medically ready Airmen and Guardians. To advance Airmen and Guardian health and readiness, this committee will provide operational medical capability to ensure and optimize accomplishment by providing activities and services to support Combatant Command, DAF, MHS, and AFMS requirements, and inform the AFMS SPPBE process.

A7.2. Membership:

A7.2.1. Co-Chairs (vote only to break ties; if Chairs vote and a tie is maintained, the topic/decision is elevated to the Ops and Resourcing Group for decision):

A7.2.1.1. AF/SG3 Division Chief

A7.2.1.2. AFMEDCOM/A3, Director

A7.2.2. Members (voting):

A7.2.2.1. AF/SG3P

A7.2.2.2. AFMEDCOM/A3P

A7.2.2.3. AF/SG3 Family Advocacy, Chief

A7.2.2.4. AF/SG3 Air Force ADAPT Program, Chief

A7.2.2.5. AF/SG3 Integrated Operational Support, Chief

A7.2.2.6. AF/SG3 Air Force Psychological Health, Director

A7.2.2.7. AF/SG3 CNO/Contingency Planner

A7.2.2.8. AF/SG6 Division Chief

A7.2.2.9. AF/SGSF Operations, Chief

A7.2.2.10. Bioenvironmental Engineering Consultant to the AF/SG

A7.2.3. Advisors (non-voting):

A7.2.3.1. AF/SG4/10 Occupational Medicine, Chief

A7.2.3.2. AF/SG3 Force Health Protection, Branch Chief

A7.2.3.3. AF/SG3 Developmental and Behavioral Family Readiness Center, Director

A7.2.3.4. AF/SG3 Dental Policy and Resources, Chief

A7.2.3.5. Public Health Consultant to the AF/SG

A7.2.3.6. MADC Representative

A7.2.3.7. Ready UTC & Installation Response Committee Representative

A7.2.3.8. Medical Requirements and Capabilities Committee Representative

A7.2.3.9. Resourcing Group Committee Representative

A7.2.3.10. MRAG Committee PEM

A7.2.3.11. MRC-A A3 Representative

A7.2.3.12. MRC-B A3 Representative

A7.2.3.13. AF/SG Lead Consultant

A7.2.3.14. AF/SGSF Representative

A7.2.3.15. AF/SGSF Director of Psychological Health

A7.2.3.16. Enlisted Career Field Managers (as required)

A7.2.3.17. Other SMEs as required (e.g. Guard and Reserve representatives, Consultants, etc.)

A7.2.4. Other attendees: As applicable

A7.2.5. Recorder: MRAG Committee Portfolio Manager

A7.3. Frequency of Meetings: The MRAG Committee will meet quarterly in January, April, July, and October. During the Program Objective Memorandum (POM) development, the body will meet as scheduled by the Co-Chairs. The Co-Chairs or designee will manage the agenda; subordinate groups may recommend agenda items. The MRAG Committee Portfolio Manager/AFMS Engine Room will notify invitees of the timing and agenda for all meetings.

A7.4. Quorum Requirement: Two-thirds (2/3) or sixty-six (66) percent of the voting membership present or represented.

A7.5. Roles and Responsibilities:

A7.5.1. Co-Chairs provide leadership and oversight to the committee.

A7.5.2. Voting Members will vote on requests and requirements submitted through the AFMS Governance model.

A7.5.3. Non-Voting (Advisory) Members will provide guidance and insight to help voting members cast votes.

A7.5.4. Evaluate new and emerging requirements and recommend appropriate prioritization.

A7.5.5. Assess and evaluate AFMS operational capabilities to advance the health and readiness of Airmen and Guardians in support of the Combatant Commands.

A7.5.6. Address gaps in medical readiness for servicemembers as outlined in policy, guidance, or as directed by the AF/SG.

A7.5.6.1. Form dedicated Working Groups to investigate specific health and proficiency deficiencies affecting servicemember readiness.

A7.6. Reviewing Authority: Ops and Resource Group.

A7.7. Approval Authority: Committee Co-Chairs (INFO to the Group).

A7.8. Effective Date: This charter will become official upon AF/SG signature.

Attachment 8**READY UTCS AND INSTALLATION RESPONSE COMMITTEE CHARTER**

A8.1. Purpose: The Ready UTCs and Installation Response Committee reviews and makes strategic recommendations on requests and requirements for installation, logistics, operational support and deployable medical capabilities in support of the DAF, MHS, and the AFMS.

A8.2. Membership:

A8.2.1. Co-Chairs(vote only to break ties; if Chairs vote and a tie is maintained, the topic/decision is elevated to the Ops and Resourcing Group for decision):

A8.2.1.1. AF/SG4/10 Division Chief

A8.2.1.2. AFMEDCOM/A4/10 Director

A8.2.2. Members (voting):

A8.2.2.1. AF/SG3 Chief, Medical Operations Division

A8.2.2.2. AFMEDCOM/A3 Director of Operations

A8.2.2.3. AFMEDCOM/A3O Director, Medical Operations Center

A8.2.2.4. MRC-Alpha/A3 Chief, Operations Directorate

A8.2.2.5. MRC-Bravo Chief of Staff

A8.2.2.6. ACC/SGX Chief, Expeditionary Medical Operations Division

A8.2.2.7. AMC/SGX Chief, Aeromedical Evacuation & Medial Readiness Division

A8.2.2.8. AFSOC/SGX Chief, Medical Readiness Division

A8.2.2.9. AFMEDCOM/A4/10M Deputy Director, Logistics & Installation Support

A8.2.3. Advisors (non-voting):

A8.2.3.1. AF/SG1/7 Chief, Medical Force Development and Management Division

A8.2.3.2. AFMEDCOM/A1/7 Director

A8.2.3.3. AF/SG5 Representative

A8.2.3.4. AFMEDCOM/A5 Director

A8.2.3.5. AF/SG6 or CDO Representative

A8.2.3.6. AF/SG8 Representative

A8.2.3.7. AFMEDCOM/A8 Representative

A8.2.3.8. AFMEDCOM/A4/10C Representative

A8.2.3.9. MADC Committee Representative

A8.2.3.10. MRAG Committee Representative

A8.2.3.11. Medical Requirements and Capabilities Committee Representative

A8.2.3.12. Resourcing Group Committee Representative

- A8.2.3.13. AF/SGSF Special Project Officer
- A8.2.3.14. AFCENT/SGX Representative
- A8.2.3.15. AFNORTH/AFSPACE Representative
- A8.2.3.16. AFSOUTH/SG Representative
- A8.2.3.17. AFGSC/SGX Representative
- A8.2.3.18. AFMC/SGX Representative
- A8.2.3.19. AFRC/SGX Representative
- A8.2.3.20. PACAF/SGX Chief, Medical Readiness Division
- A8.2.3.21. USAFA/SGX Representative
- A8.2.3.22. USAFE-AFAFRICA/SGX Chief, Medical Readiness Division
- A8.2.3.23. AETC/SGX Division Chief, Medical Readiness FAM
- A8.2.3.24. AFDW/SGX Chief, Medical Support Division
- A8.2.3.25. NGB/SGX Chief, Medical Readiness Division
- A8.2.3.26. AF/SG3 CNO/Medical Planner
- A8.2.3.27. AF/SG Lead Consultant

A8.3. Frequency of Meetings: The Ready UTCs & Installation Response Committee will meet monthly (or more frequently as needed) to effectively and efficiently review and provide recommendations on AFMS Governance requests and requirements. Co-Chairs or designee will manage meeting agenda.

A8.4. Quorum Requirement: Two-thirds (2/3) or sixty-six (66) percent of the voting membership present or represented.

A8.5. Roles and Responsibilities:

- A8.5.1. Co-Chairs will provide leadership and oversight to the committee's duties and function.
- A8.5.2. Voting Members will vote on requests and requirements submitted through the AFMS Governance model.
- A8.5.3. Non-Voting (Advisory) Members will provide guidance and insight to help voting members cast vector votes.
- A8.5.4. Evaluate new and emerging requirements and recommend appropriate prioritization.
- A8.5.5. Assess and evaluate AFMS operational capabilities to support Combatant Commands.
- A8.5.6. Identify and prioritize shortfalls such as MAJCOM challenges, emerging or undefined processes, Manpower and Equipment Force Packaging (MEFPAK) requirements and concerns that impact force medical readiness and recommend for further analysis and resolution.
- A8.5.7. Form or appoint dedicated Working Groups as needed to address items assigned to the committee.

A8.5.8. Identify and prioritize operational training, comprehensive medical readiness program, and exercises.

A8.6. Business Process: The Ready UTCs & Installation Response Committee will follow the Operational Guidelines applicable to all governance entities as directed by this instruction.

A8.7. Reviewing Authority: Ops and Resource Group.

A8.8. Approval Authority: Committee Co-Chairs (INFO to the Group).

A8.9. Effective Date: This charter will become official upon AF/SG signature.

Attachment 9**MEDICAL REQUIREMENTS AND CAPABILITIES COMMITTEE**

A9.1. Purpose: Directs full spectrum DOTmLPF-P capability development priorities and requirements activities across the AFMS and provides strategic direction on capability development initiatives to ensure alignment and/or inclusion with AFMS force design and capability development plans.

A9.2. Membership:

A9.2.1. Co-Chairs (vote only to break ties; if Chairs vote and a tie is maintained, the topic/decision is elevated to the Ops and Resourcing Group for decision):

A9.2.1.1. AFMEDCOM/A5 Director (can delegate to A5 Deputy Director)

A9.2.2. AF/SG5 Division Chief (can delegate to SG5 Deputy Division Chief)

A9.2.2.1. Members (Voting):

A9.2.2.1.1. ACC/SG Designee

A9.2.2.2. AFMEDCOM/A3

A9.2.2.3. AFMEDCOM/A4/10

A9.2.2.4. AFMEDCOM/A6

A9.2.2.5. AFSOC/SG Designee

A9.2.2.6. AMC/SG Designee

A9.2.2.7. 711th HPW/CC Designee (only votes on items that do not involve fiscal commitments executed by the 711th)

A9.2.3. Advisors (Non-Voting):

A9.2.3.1. AETC/SG Designee

A9.2.3.2. AFGSC/SG Designee

A9.2.3.3. AFMC/SG Designee

A9.2.3.4. AFMEDCOM/A8 Director or Designee

A9.2.3.5. AFRC/SG Designee

A9.2.3.6. AF/SGSF Deputy Director Designee

A9.2.3.7. ANG/SG Designee

A9.2.3.8. MRC-A/CC Designee

A9.2.3.9. MRC-B/CC Designee

A9.2.3.10. PACAF/SG Designee

A9.2.3.11. SG1/7 Division Chief or Designee

A9.2.3.12. SG3 Division Chief or Designee

A9.2.3.13. SG6 Division Chief or Designee

A9.2.3.14. SG4/10 Division Chief or Designee

A9.2.3.15. USAFE/SG Designee

A9.2.3.16. MADC Representative

A9.2.3.17. MRAG Committee Representative

A9.2.3.18. Ready UTC and Installation Response Committee Representative

A9.2.3.19. Resourcing Group Representative. **Note:** MAJCOM/SGs can designate which 3-Letter organization can best represent their equities. Recommend considering SGX or SGR.

A9.3. Frequency of Meetings: Once per month for the first six months, then a new frequency will be determined at the discretion of the Co-Chairs.

A9.4. Quorum Requirement: Two-thirds (2/3) or sixty-six (66) percent of the voting membership present or represented.

A9.5. Roles and Responsibilities:

A9.5.1. Co-Chairs provide leadership and oversight to the committee.

A9.5.2. Direct and guide enterprise-wide AFMS capability development and operational requirements activities to ensure efforts are integrated, synchronized, and prioritized with DAF, Joint, OSD, and Congressional capability guidance.

A9.5.3. Serve as the senior-most endorsement body for integrated medical Force Design (FD) and capability development priorities to ensure alignment with AFMS Strategy and the DAF mission.

A9.5.4. Review and endorse for AF/SG validation recommendations for an integrated and prioritized list of mission gaps and Concept Required Capabilities (CRC) needed to inform Capability Development and medical Resource Allocation Plans (CDP/RAP).

A9.5.5. Review and endorse for AF/SG validation medical FD Objective Force recommendations to include a prioritized list of capability solutions to be addressed in the Program Objective memorandum (POM).

A9.5.6. Provide the Science & Technology (S&T) community AF/SG-validated medical FD Guidance and Objective Force priorities to influence and direct AFMS S&T priorities.

A9.5.7. Review and approve Capabilities-Based Assessments (CBA) study initiation notices and the drafting and validation of Strategic Requirements Documents (SRDs).

A9.5.8. Oversee DAF equities in joint requirements and capability development activities.

A9.5.9. Designate Lead Command / Lead Agent responsibilities for AFMS and joint capability development activities.

A9.5.10. Coordinate and align program-level AFMS-controlled Line of the Air Force (LAF) and Defense Health Program (DHP) Research, Development, Test and Evaluation resources for AFMS capability development.

A9.5.11. Review and rebalance investment portfolios, including those funded by AFMS sub-allocations of DHP funding, DHP programs, Air Force Work Project (AFWERX), Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR), and others as needed to align with strategic priorities and guidance.

A9.6. Business Process: The Committee will follow the HAF Operational Guidelines applicable to all governance entities as directed by this instruction.

A9.7. Reviewing Authority: Ops and Resource Group.

A9.8. Approval Authority: Committee Co-Chairs (INFO to the Group).

A9.9. Effective Date: This charter will become official upon AF/SG signature.

Attachment 10

AIR FORCE MEDICAL SERVICE (AFMS) RESOURCING GROUP (RG) CHARTER

A10.1. Purpose: The AFMS RG is a deliberative body which provides a cross-functional, enterprise review of medical resources to support the Department of Defense (DoD), AF, AFMS, and MHS. The RG guides the AFMS Planning, Programming, Budgeting, and Execution (PPBE) processes.

A10.2. Membership:

A10.2.1. Chair: AF/SG8 or AFMEDCOM/A8 (votes only to break ties)

A10.2.2. Members (voting):

A10.2.2.1. AFMEDCOM CoS or Designee (O-6/GS-15)

A10.2.2.2. SGMED Deputy or Designee (O-6/GS-15)

A10.2.2.3. SGSF Deputy or Designee (O-6/GS-15)

A10.2.2.4. SGMED SEL or AFMEDCOM CoS SEL

A10.2.2.5. MAJCOM/SGS (includes ANG and AFRC) or Designee

A10.2.3. Advisors (non-voting):

A10.2.3.1. MADC (AF/SG1/7 or AFMEDCOM/A1/7)

A10.2.3.2. MRAG Committee (AF/SG3 or AFMEDCOM/A3)

A10.2.3.3. Ready UTCs and Installation Response Committee (AF/SG4/10 or AFMEDCOM/A4/10)

A10.2.3.4. Medical Requirements and Capabilities Committee (AF/SG5 or AFMEDCOM/A5)

A10.2.3.5. Strategy and Capabilities Division Chief or Designee (AF/SG5)

A10.2.3.6. AFMEDCOM/A9 Director or Designee

A10.2.3.7. Medical Information Operations Division Chief or Deputy (AF/SG6) (as required)

A10.2.3.8. Corps Directors (as required)

A10.2.3.9. Career Field Managers (as required)

A10.2.3.10. AFMS Consultants (as required)

A10.3. Frequency of Meetings: The RG will meet quarterly on the third Thursday of January, April, July, and October, or ad hoc by direction of the Chairperson. During Program Objective Memorandum (POM) development, the RG will meet as scheduled by the Chairperson. The Chairperson or designee will manage the agenda, and subordinate groups may provide recommended agenda items. The AFMS Engine Room will notify invitees of the timing and agenda for RG meetings.

A10.4. Quorum Requirement: Two-thirds (2/3) or sixty-six (66) percent of the voting membership present or represented.

A10.5. Roles and Responsibilities: The RG evaluates resourcing topics to include the review of the POM, disconnects, initiatives, and offsets. It provides resourcing recommendations to AFMS Governance for prioritization, adjudication, and decision at the AFMS Council. These recommendations include but are not limited to the following: PPBE-related briefings, quarterly updates on financial execution, budget planning, manpower related activities, and topics deemed necessary by the RG Chairperson. The RG will capture and track pertinent POM deliberations, budgetary discussions, and manpower reviews. RG briefing slides and accompanying notes follow AFMS Governance and will serve as meeting minutes. RG recommendations will be presented through AFMS Governance for vector and decision.

A10.5.1. The RG will:

A10.5.1.1. Develop resourcing strategy to align medical requirements with DoD, AF, AFMS, and MHS strategic plans and priorities.

A10.5.1.2. Prioritize enterprise disconnects and initiatives in support of AFMEDCOM and MAJCOM generated requirements.

A10.5.1.3. Ensure requirements are coordinated and validated through the applicable AFMS Governance Committees or functional communities.

A10.5.1.4. Assist with validation of and recommend AFMS positions on funded requirements to the AF Corporate Structure.

A10.5.1.5. Review AF resources and MHS Governance structure (as required), including but not limited to Sub-Activity Group 12Q, and other AF medical resource equities.

A10.5.1.6. Review programming topics, including but not limited to: AF POM, Program and Budget Review, manpower programming and execution updates, and other resource requirements as required.

A10.6. Reviewing Authority: Ops and Resource Group.

A10.7. Approval Authority: RG Chairperson (INFO to the Group).

A10.8. Effective Date: This charter will become official upon AF/SG signature.