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SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 11-405

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Flying Operations

THE PILOT-PHYSICIAN PROGRAM



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This Instruction implements AFPDs 11-4, *Aviation Service*, and is consistent with AFPD 48-1, *Aerospace Medicine Program*. The Pilot-Physician Program (PPP) makes the most of the special resources of Air Force officers who are simultaneously qualified both as pilots and flight surgeons. This Instruction describes the organization, application, selection, training and reporting for the PPP. It explains the responsibilities of various commanders, agencies and the Program Director (PD) who are tasked to support the PPP. Major commands (MAJCOMs) may further supplement this Instruction to outline their command requirements. MAJCOM supplements are available on the e-Publishing website at www.e-Publishing.af.mil. This Instruction requires the collection and maintenance of information protected by the Privacy Act of 1974 authorized by Title 10 United States Code 8013. Privacy Act system of records notice F011 AF XO A, Aviation Resource Management Systems (ARMS) applies. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through Major Command (MAJCOM) publications/forms managers. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/rims.cfm>.

SUMMARY OF CHANGES

This document is substantially revised and must be completely reviewed.

Updates PP core competencies (paragraph 1.2); adds a PPP organizational chart (paragraph 2.1); revises PP career progression and management (paragraph 2.2); provides for a flight surgeon to pilot training accession pipeline (paragraph 4.6 and attachment 2); provides for Remotely Piloted Aircraft PPs (paragraph 4.7); provides for a Test Pilot PP (paragraph 7.3); and updates PP training requirements (paragraphs 7.5 through 7.9).

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Section A—General Information

1. Program Objectives:

1.1. **Purpose of Pilot-Physicians.** The PPP provides integrated operational and aerospace medicine guidance. Pilot-physicians are involved in the research, development, testing, and evaluation of new and current Air Force systems and missions as early as possible to realize the greatest effectiveness and cost savings. Because of unique medical and human factors qualifications pilot-physicians are particularly well-suited to help develop new aircraft, life support equipment, and avionics or software upgrades, and to ensure that changing missions can be accommodated by crews and aircraft. With Human Systems Integration (HSI) training pilot-physicians identify and prevent human performance and man-machine interface

problems from reaching mature operational systems and perform human performance gap analysis in fielded systems.

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

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

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

1.2.1.2. Operational guidance about human performance limitations

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

1.2.1.4. Human system integration guidance

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

1.2.1.6. Consultation to mishap investigation boards

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

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

1.2.2. Conducting research:

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

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

1.2.3. Teaching:

1.2.3.1. Pilot-physician teaching responsibilities include:

1.2.3.1.1. Aerospace medicine instruction to aircrew and senior Air Force leaders

1.2.3.1.2. Aviation, operational and aerospace medicine instruction to medical personnel

1.2.3.1.3. University based instruction to college and medical students

1.2.3.2. Subjects of particular expertise include:

1.2.3.2.1. Human performance in operational employment

1.2.3.2.2. Crew/Flight Resource Management and Operational Risk Management

1.2.3.2.3. Teaching Medical Service and research lab personnel about operational issues

1.2.3.2.4. Teaching operational aerospace personnel about medical issues and human performance enhancement issues

1.2.3.2.5. Medical human factors

1.2.3.2.6. Life Support Systems and equipment for enhancing performance, preventing injury and the protection of operators

1.2.3.2.7. Weapon system specific knowledge, gained from operational experience

1.2.3.2.8. Flying safety and safety investigation

1.2.3.2.9. Aviation mishap epidemiology

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

1.2.4.1. Aerospace system requirements and configuration during design, development, production, testing, and operational use

1.2.4.2. The person, mission, and machine in the operational environment (cockpit/ground control station/synthetic environment and mission integration, including life support equipment)

1.2.4.3. Mishaps as an investigative officer, medical member or safety consultant

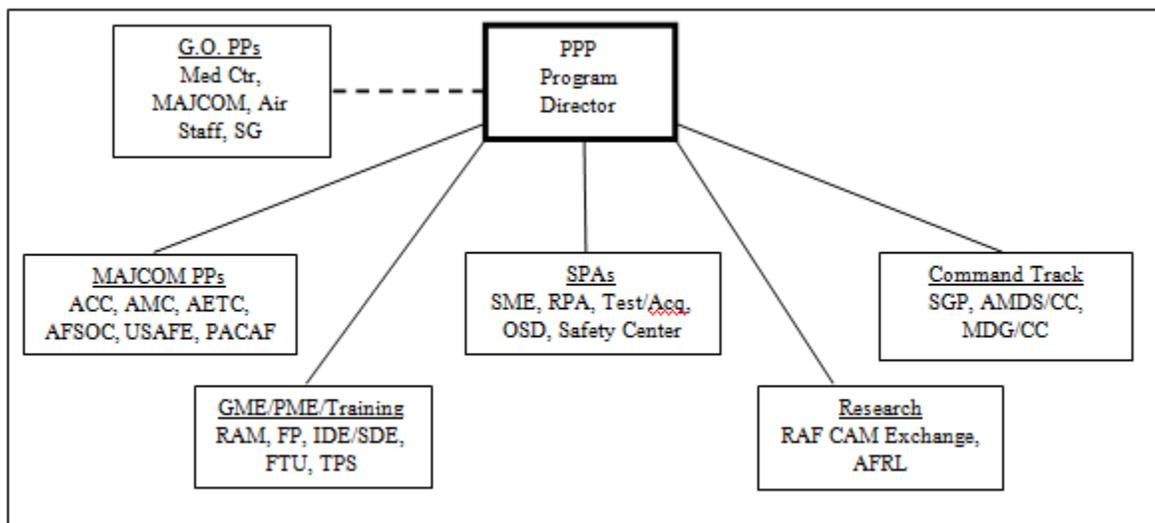
1.2.4.4. Solutions for operational human performance problems

1.2.4.5. Solutions for problems arising between the operator and the medical service organization

2. Program Organization.

2.1. The Pilot-Physician Program is organized as depicted in Figure 1.

Figure 1. PPP Organizational Chart.



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

2.2.1. Before being selected as a pilot-physician, each applicant to the program must meet the criteria established in Section C.

2.2.2. The pilot-physician career is inextricably tied to human performance. Beginning tactically with squadron-level operational flying, a career may progress to RDT&E, major acquisition program consultancy, HSI, international personnel exchange programs, and strategic policy and guidance at HAF, MAJCOM, or OSD level. Additionally, pilot-physicians may compete for command and other leadership roles in the Air Force Medical Service. Operational experience and human performance expertise is applied in squadron/medical group command and senior staff positions in support of the warfighter and results in development of operationally insightful policy, human performance sustainment requirements, and operationally relevant aerospace medicine standards.

2.3. Pilot-physicians may expect the following types of assignments during their careers:

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

2.3.2. MAJCOM requirements staff to formulate human performance requirements in the development of new systems or upgrade/modification of fielded systems.

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

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

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

2.3.6. Exchange positions with allied services/forces.

2.3.7. Staff positions at MAJCOMs, Air Force Research Laboratory, USAF School of Aerospace Medicine, HAF (AF/SG, AF/A3/5, AF/SE), or other command levels.

2.3.8. Program Director at 711 HPW.

2.3.9. Program management for life support or cockpit design.

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

2.4. Typical career options for pilot-physicians:

2.4.1. Initial Qualification period: UFT (1 year), initial operational flying (3-6 years), medical school and internship (5 years), initial flight surgeon year (1 year). Total Career Years: 10-13

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

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

2.4.4. AFMS Leadership years: HAF, MAJCOM; MDG/CC, USAFSAM/CC, MAJCOM/SG or Director (6-16 years). Total Career Years: 25-35.

2.5. Alternative career options for pilot-physicians:

2.5.1. Medical school and internship (5 years), initial flight surgeon year (1 year), UFT (1 year), initial operational flying (3-6 years). Total Career Years: 10-13. The remainder of career options is the same as typical career path.

2.6. IAW AFI 11-401, *Aviation Management*, pilot-physicians will accrue flying time and operational flying duty month credit as pilots and flight surgeons during all time spent actively flying as a pilot-physician (AFSC 48Vx) in an API-1/5 position. This time will be creditable toward advanced aeronautical ratings for both rated positions. **Note:** Pilot-physicians fly in conditional aviation career incentive pay (ACIP) status.

2.7. When granted aeronautical orders as a pilot-physician and assigned to a designated pilot-physician position, individuals will have the duty Air Force specialty code of P48VX with appropriate suffix as designated in AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*. When not assigned to a designated P48VX position, pilot-physicians will be entitled to ACIP as other flight surgeons.

Section B—Responsibilities

3. Responsibilities. This section lists specific responsibilities at all Air Force levels for the implementation of the Pilot-Physician Program.

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

3.1.1. Ensures a highly qualified senior pilot-physician is appointed as Program Director (PD) of the Pilot-Physician Program.

3.1.2. Reviews candidates that the pilot-physician selection board has chosen.

3.1.3. Reviews the PD's annual report to make sure the PPP meets its goals.

3.2. DCS, Manpower, Personnel (AF/A1).

3.2.1. Reviews and manages age and time in service exceptions to policy IAW AFI 36-2205, *Applying for Flying Training, Air Battle Manager, and Astronaut Programs*.

3.2.2. Considers PPP force management practices when applying aircrew management policy IAW AFI 11-412.

3.3. DCS, Operations, Plans and Requirements (AF/A3/5).

3.3.1. Restores the pilot status of flight surgeons who were previously pilots as required on request from the PD, with concurrence from the Surgeon General, according to this Instruction and AFI 11-401, and AFI 11-402, *Aviation and Parachutist Service, Aeronautical Ratings and Badges*.

3.3.2. Provides two rated officers to review the operational flying records of applicants and to serve on the pilot-physician selection board.

3.3.3. Ensures all instructions and directives permit pilot-physicians to serve in all positions available to other pilots. This includes but is not limited to aircraft commander, flight lead, instructor pilot, and weapons school candidate.

3.3.4. In coordination with the PD, facilitates assignments to support HAF needs, including AF/A3/5, AF/SE, AF/SG, and AFFSA, and supports the ability for the pilot-physician to fly while in those assignments.

3.3.5. Responsibilities in the selection and approval process are found in paragraph 4.3 below.

3.4. Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR).

3.4.1. SAF/MR serves as an agent of the Secretary and provides guidance, direction, and oversight for all matters pertaining to the formulation, review, and execution of plans, policies, programs, and budgets that address manpower and personnel.

3.5. MAJCOM SG.

3.5.1. Works closely with the PD, AFPC, and MAJCOM directors to identify where pilot-physicians are needed in the command, then establishes MAJCOM pilot-physician requirements and P48VX positions in concert with the MAJCOM Director of Operations.

3.5.2. In coordination with the PD, facilitates pilot-physician assignments to support MAJCOM headquarters needs.

3.5.3. Oversees pilot-physicians assigned to the command and coordinates the ad hoc and annual pilot-physician reports among appropriate MAJCOM staff members. Sends pilot-physician reports to the PD (after review, coordination with MAJCOM staff, and comments from MAJCOM/CC)

3.5.4. Brings changes that pilot-physicians in the field suggest to the command staff's attention and works to implement them, as appropriate.

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

3.5.6. Makes sure pilot-physicians know about all accidents in the weapon systems in their command and coordinates pilot-physician work as Safety Investigation Board (SIB) flight surgeons, pilot members, or as SIB consultants.

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

3.5.8. Provides advocacy and support for pilot-physician career progression.

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

3.5.10. See paragraph 4.3 below for responsibilities in the selection process.

3.6. MAJCOM A3.

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

3.6.2. Works with MAJCOM SG and PD to achieve the outcomes and utilization described in paragraph 2.3 above. MAJCOM/A3 will work with PD and MAJCOM/SG to establish a P48Vx position for each weapon system of the command proposed for pilot-physician utilization.

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

3.6.4. See paragraph 4.3. below for responsibilities in the selection process.

3.7. MAJCOM A5/8.

3.7.1. Consults with pilot-physicians assigned to the MAJCOM to ensure human performance requirements are considered during Capability Based Assessments, Analysis of Alternatives, and in acquisition program capability documents.

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

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

3.8. MAJCOM Director of Safety.

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

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

3.8.3. Establishes a P48VX consultant position in MAJCOM Safety for utilization in mishap boards and safety review systems described in paragraph 3.3.8.

3.9. Air Force Materiel Command (AFMC).

3.9.1. Commander, AFMC.

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

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

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

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

3.9.1.5. Considers pilot-physician training at Test Pilot School (TPS) as needed to fulfill the need as dictated by LAF, SG, MAJCOMs and the PPP PD. (See paragraph 7.3)

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

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

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

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

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

3.9.2.5. Assures pilot-physicians have adequate support for research and development projects.

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

3.9.3.1. Determines the need for pilot-physicians in the 711 HPW, creates requirements P48VX positions, and funds manpower authorizations as necessary to meet requirements.

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

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

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

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

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

3.10.1. Establishes Air Force specialty code P48VX, pilot-physician.

3.10.2. Assigns the AFSC P48VX to pilot-physicians when approved by AF/A3 IAW paragraph 4.5. below.

3.10.3. In coordination with MAJCOM/A5 or A3 if required, attaches the appropriate suffixes to Air Force specialty code P48VX reflecting the aerospace system in which the PP is qualified. For P48V1 candidates, the suffix will reflect the aerospace system in which last qualified.

3.10.4. Officers selected into this program retain the P48VX Air Force specialty code as a primary AFSC, unless they write the PD and ask to leave the PPP or they are required

to leave for cause according to Section E. Officers possessing the primary AFSC of P48VX can be assigned to other positions; in this case the duty AFSC will reflect the assigned position (e.g., 48A4).

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

3.10.6. In coordination with the PD, will consider releasing pilots from their career field to encourage attending medical school and return to flying career field as pilot-physician.

3.11. Operational Wings and Air Force Bases.

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

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

3.11.1.2. Requires pilot-physicians to participate in all missions of the assigned weapon systems, as experience and qualifications allow.

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

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

3.11.1.5. The local Host Aviation Resource Management (HARM) will publish aeronautical orders with AFSC 48VX, to pilot-physicians approved by AF/A3/5 and/or MAJCOM/A3. Appropriate suffixes to the AFSC will be applied based on qualification or requalification status.

3.11.2. Squadron Commander.

3.11.2.1. Supports and evaluates pilot-physician flying duties.

3.11.2.2. Furnishes logistical, administrative, and funding support for operational travel needed to accomplish pilot-physician duties.

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

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

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

3.11.3.1. Supports and evaluates pilot-physician medical functions.

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

3.11.3.3. Furnishes logistical, administrative, and funding support for medically related temporary duty, meetings, or conferences needed to accomplish pilot-physician duties.

3.11.3.4. Assures the pilot-physician is afforded the opportunity to maintain clinical privileges that permit the performance of all aerospace medicine functions.

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

3.11.3.6. Ensures that institutional review is available for human use studies proposed by pilot-physicians.

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

3.12. Pilot-Physician PD.

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

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

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

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

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

3.12.6. Prepares Program Objective Memorandum (POM) submissions at the HAF level as applicable for resourcing requirements not otherwise provided by MAJCOM or local resourcing support.

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

3.12.8. Chairs the pilot-physician selection board.

3.12.9. May sponsor outstanding flight surgeons for Undergraduate Flying Training (UFT), with the selection board's recommendation and AF/SG and A3 agreement. (See paragraph 4.6 and Attachment 2)

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

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

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

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

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

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

3.12.16. Acts to take care of problems that pilot-physicians cannot resolve within their MAJCOM.

3.13. **Pilot-Physicians.** Pilot-physicians will:

3.13.1. Prepare an annual Pilot Physician Report, on all pilot-physician- related activities for the preceding fiscal year. The pilot-physician sends these reports to the command surgeon through the chain of command by 31 January of each year. Pilot-physicians assigned to AFMC send similar reports through the laboratory or center commander to HQ AFMC/SG. Copies of the report with all attachments go to USAF AFMC 711 HPW/HP PPPWorkflow@wpaf.af.mil (See Attachment 3 for an Electronic Staff Summary Sheet (ESSS) suggested format).

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

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

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

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

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

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

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

3.13.9. Establish a close working relationship with appropriate personnel and organizations to permit a free exchange of information for the enhancement of the weapon system. These include but are not limited to the Air Force Inspection & Safety Center, AFFSA and AF/A3/5, appropriate SPOs and Labs, ASIC, and NATO.

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

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

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

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

Section C—Application and Selection for the PPP

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

4.1. **Applicants.** All applicants entering the PPP will have:

4.1.1. Completed UPT or SUPT and a minimum of three years of operational flying. In some cases the length of the operational flying requirement may be waived by the PPP PD.

4.1.2. Volunteered for the PPP.

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

4.1.4. Completed the USAF Aerospace Medicine Primary Course.

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

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

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

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

4.2.2. Summary of all undergraduate and medical training.

4.2.3. Transcripts from formal medical training programs.

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

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

4.2.6. Current Flying Class II Physical Examination Report.

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

4.3. PPP Selection Board:

4.3.1. Includes as members the PD and two representatives each from AF/A3/5 and AF/SG. At least one AF/SG representative is a pilot-physician.

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

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

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

4.3.5. The PD PPP compiles the results of the selection board and sends a list of selected candidates for each position to the MAJCOM/A3/5 and SG.

4.4. MAJCOM/A3/5 & MAJCOM/SG. Coordinates candidate packages for review and concurrence in accordance with the MAJCOM pilot-physician approval process. Returns

packages to the PD, PPP who in turn will forward those packages with MAJCOM concurrence through AF/SG to AF/A3/5 for final approval.

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

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

4.5.2. Advise AFPC of newly selected pilot-physicians requiring award of AFSC P48VX.

4.6. Provision for Flight Surgeons to Compete for UFT:

4.6.1. To ensure a predictable pipeline for filling PPP positions, a select career path enables qualified Flight Surgeons to apply for UFT.

4.6.2. The following standards apply to the Flight Surgeon-to-Pilot career path:

4.6.2.1. Up to 3 Flight Surgeons will be selected to attend UFT every fiscal year.

4.6.2.2. Applicants must have a minimum of 2 years experience as a Flight Surgeon and have demonstrated aptitude as a medical officer and the potential to complete UFT and serve as a PP.

4.6.2.3. Flight Surgeons who are selected to attend UFT will be expected to serve one operational assignment as a rated pilot after which they may apply for acceptance into the PPP. If accepted into the PPP, the PPP PD will manage subsequent assignments.

4.6.2.4. Flight Surgeons completing UFT will be assigned a weapon system in the same manner as other UFT graduates.

4.6.2.5. Flight Surgeons who graduate from UFT will maintain their clinical skills as a flight surgeon during their first line flying tour.

4.6.3. The process for Flight Surgeon Candidates to apply to UFT is contained in Attachment 2.

4.7. Provision for Remotely Piloted Aircraft (RPA) Pilot-Physicians.

4.7.1. Air Force flight surgeons with two years experience as RPA pilots may apply to the Pilot-Physician Program. Candidates will apply as in paragraph 4.1 above.

4.7.2. The Air Force will make one RPA pilot slot available as required every year for a highly qualified flight surgeon to enter training. The flight surgeon will be selected by the PP Program Director. After training the RPA pilot will perform as an operational RPA pilot for two years while maintaining their medical credentials. Following their operational service they will be eligible for selection to RPA pilot-physician assignment by the PP PD.

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

4.8.1. Air Force flight surgeons with prior line experience as navigators, electronic warfare officers, remotely piloted aircraft (RPA) sensor operators or flight test engineers

may apply to AF/A3 and the pilot-physician PD for utilization in this program as extenders of the Pilot-Physician Program.

4.8.2. Candidates will apply as in 4.1 above, and if approved as a candidate will be offered to potential gaining MAJCOMs for utilization as a navigator-physician or flight test-physician. If approved IAW 3.3 and 3.4 above, AFPC will assign the appropriate prefix and suffix to the 48XX primary flight surgeon AFSC.

Section D—Previously Approved Pilot-Physicians

5. Previously Approved Pilot-Physicians. Assignment of previously approved pilot-physicians will be managed IAW this section.

5.1. Pilot-physicians previously selected and approved IAW Section C above do not require AF/A3/5 approval for subsequent assignments.

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

5.3. MAJCOM/A3/5 is the approval authority for previously approved experienced pilot-physicians offered by the PD to fill MAJCOM identified positions.

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

5.5. AF/A3/5 will revalidate when necessary the assignment of FAC Code 9 for active pilot-physicians.

5.6. Officers possessing the primary AFSC of P48Vx can be assigned to other positions; in this case the duty AFSC will reflect the assigned position (e.g., 48A4). Such assignment to other than a P48VX billet does not remove the pilot-physician from the PPP.

5.7. AFPC will assign a transition course (TX) or basic course (B-course) training date commensurate with approval as listed in 5.3 to 5.5 above.

Section E—Termination Procedures

6. Reasons and Methods for Terminating a Pilot-Physician:

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

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

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

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

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

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

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

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

6.2.3. Asking AFPC to reassign the officer to work in a physician capacity only, unless the physician's medical practice was substandard. NOTE: A pilot-physician terminated for substandard medical practice can be considered for appointment to the line of the Air Force, if the AF/SG and AF/A3/5 agree, or may be discharged from the Air Force by administrative or judicial means, if circumstances warrant.

Section F—Training and Utilization

7. General Overview. This section outlines training programs utilized by pilot-physicians. Much of the training will be required in order to fulfill pilot-physician duties while the remainder may be considered highly desirable. Pilot-physician backgrounds, abilities, and interests are highly variable and should be considered when allocating training slots and/or funds. This list should not be considered comprehensive in nature as a complete list would be cumbersome, require constant update, and too restrictive. Rather, this section is intended as a guide in the maturation process of individuals in this career field. Funding for TDY training should be shared among the PPP, medical group, and unit of assignment.

7.1. Initial flying training. AFPC will assure that all selected applicants will complete a transition course or its equivalent in the assigned aircraft after completion of internship or residency and one year of flight surgeon duties. All pilot-physicians, when returning to a flying assignment in an aircraft not previously flown following medical training of five or more years, will be afforded the opportunity to upgrade and fly as a combat mission ready (CMR) crewmember for a period of at least one year after becoming CMR. The minimum qualification is basic mission capable (BMC) or comparable for the first operational tour as a pilot-physician, in order to gain competency as a dual rated officer. Clinical responsibilities during this period will be maintained at a level to permit continued medical credentialing. At the end of this one year period, the operations and medical group commanders will meet with the PD and reach a consensus on how best to utilize the pilot-physician for the remainder of his/her tour.

7.2. Advanced flying training. Pilot-physicians should be allowed to continue to upgrade in the assigned aircraft along with his/her contemporaries based on squadron/wing requirements and individual competency. Qualified pilot-physicians will be considered for age and/or time in service exceptions-to-policy as required and allowed to compete as fully qualified applicants for advanced training.

7.3. Test Pilot School.

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

7.3.2. As dictated by PPP requirements, the PD will consult with 711 HPW, AFPC, AFMC, SG and AF/A3/5 to select a highly qualified PP to compete for TPS.

7.3.3. For application purposes, ETP for time in service will be granted by AF/A3.

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

7.4. **Continuation flying training.** In general, absences from the cockpit in excess of three years following selection to the PPP are discouraged. The PD will facilitate return to flying status following non-flying assignments to ensure needed expertise is maintained.

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

7.5.1. Mishap prevention and investigation:

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

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

7.5.2. Human performance sustainment and enhancement:

7.5.2.1. Recommended: Course B3OZY4XHPE 0A1A , Human Performance Enhancement, taught at USAFSAM, Defense Acquisition University (DAU) Course CLM041 and RQM110, Core Concepts for Requirements Management and AFIT Course WREQ111, Air Force Capability Based Operational Requirements Course.

7.5.3. Human systems integration:

7.5.3.1. Mandatory training: AFIT Course WSYS161, Human Systems Integration in Systems Capabilities Requirements and Course WSYS260, Intermediate Human Systems Integration.

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

7.5.3.3. The requirements for most of the above may be found at <https://etca.randolph.af.mil>. If exact requirements for entry are not met, pilot-physicians will be allowed to attend by virtue of their position, training, and future potential contribution to mishap prevention and human-machine interface. Although

no maximum amount of training in this area is stipulated, it is assumed that courses will be attended based on interest, cost, and need.

7.6. Medical Training. Pilot-physicians maintain aerospace medicine clinical credentials and expertise. They are expected to receive specialized and/or recurrent medical training. Asterisked items should be attended on a regular basis while others may provide continuing medical education.

7.6.1. Global Medicine, (Course B3OZY48X0 000)

7.6.2. Team Aerospace Operational Solutions (TAOS)

7.6.3. AsMA Annual Scientific Meeting*

7.6.4. Hyperbaric Medicine

7.6.5. Introduction to Medical Intelligence, <https://www.intelink.gov/ncmi/index.php>

7.6.6. Medical Effects of Ionizing Radiation (MEIR) Course <http://www.afrrri.usuhs.mil/outreach/meir/meir.htm> (or equivalent)

7.6.7. Chemical Defense Training for Medical Personnel, <https://ccc.apgea.army.mil/>

7.6.8. Emergency Medicine/Family Practice Review Courses

7.6.9. Master of Public Health Degree Granting Programs

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

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

7.9. Miscellaneous Training. It is impractical to list all courses that might be beneficial. The following courses are included here as they serve to broaden the pilot-physician overall knowledge base:

7.9.1. DAU ACQ 101, Fundamentals of Systems Acquisition Management (<https://learn.dau.mil/html/clc/Clc.jsp?BrowseCertCourses>)

7.9.2. Air Force Research Lab (AFRL) "Review Days" (annually)

7.9.3. Aircrew Fatigue: Causes, Consequences, and Countermeasures, offered annually at the AsMA Scientific Meeting

7.9.4. USAF Night Vision Goggle Academic Instructor Course (NVGAIC)

7.9.5. Instrument Pilot Instructor Course

CHARLES B. GREEN
Lieutenant General, USAF, MC, CFS
Surgeon General

ATTACHMENT 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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

AFPD 48-1, *Aerospace Medicine Program*, 03 Oct 2005

AFI 11-401, *Aviation Management*, 07 Mar 2007

AFI 11-402, *Aviation and Parachutist Service, Aeronautical Ratings and Badge's*, 25 Sep 2007

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

AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*, 14 Jun 2010

AFI 36-2107, *Active Duty Service Commitments (ADSC)*, 22 Apr 2005

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

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

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

AFI 48-123, *Medical Examinations and Standards*, 24 Sep 2009

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

Adopted Forms

AF Form 215, *Aircrew Training Candidate Data Summary*

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

DD Form 2808, *Report of Medical Examination*

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

SF 93, *Report of Medical History*

Abbreviations and Acronyms

ACIP—Aviation Career Incentive Pay

ACC—Air Combat Command

AETC—Air Education and Training Command

AFSA—Air Force Flight Standards Agency

AFMC—Air Force Materiel Command

AFMSA—Air Force Medical Support Agency

AFORMS—Air Force Operations Resource Management System

AFOTEC—Air Force Operational Test and Evaluation Center

AFPC—Air Force Personnel Center

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

OT&E—Operational Test and Evaluation

PD—Program Director

PME—Professional Military Education

POM—Program Objective Memorandum

PP—Pilot-Physician

PPP—Pilot-Physician Program

RAF CAM—Royal Air Force Centre of Aviation Medicine

RAM—Residency in Aerospace Medicine

R&D—Research and Development

RD&A—Research, Development and Acquisition

RPA—Remotely Piloted Aircraft

SIB—Safety Investigation Board

SME—Squadron Medical Element

SPA—Special Position Authorization

SPO—Systems Program Office

SSWG—System Safety Working Group

SUPT—Specialized Undergraduate Pilot Training

TPS—Test Pilot School

UFT—Undergraduate Flying Training

USAFSAM—US Air Force School of Aerospace Medicine

ATTACHMENT 2

PHYSICIAN APPLICATIONS FOR JOINT SPECIALIZED UNDERGRADUATE PILOT TRAINING (JSUPT)

A2.1. Background: To ensure highly qualified pilot-physicians are available, the AF/SG in concurrence with AF/A3 will sponsor up to three flight surgeons a year to attend JSUPT. Applicants must be highly qualified flight surgeons who desire to pursue a career as a USAF Pilot-Physician. Successful applicants will enter the Pilot-Physician Program and be granted AFSC 48V1. After completing JSUPT and follow-on training, they will spend one operational tour gaining experience in their assigned aircraft. During the initial operational tour they will be assigned to a line unit and report to the flying squadron commander. After this tour, they will be assigned AFSC 48V3 and report to the Pilot-Physician program director. Applicants selected for this program will be expected to complete graduate medical education IAW paragraph 7.7 of this Instruction. Flight surgeons interested in applying for these positions must follow the procedures outlined in this Instruction. Applicants must also submit an application for pre-selection into the Pilot-Physician Program (PPP) as described in Section C of this Instruction. Acceptance by the Pilot-Physician JSUPT board is contingent upon the applicant also being pre-selected for entry into the PPP after successful completion of JSUPT and follow-on training.

A2.1.1. Application Requirements. Refer to Table 1.1 for eligibility criteria. The applicant must:

A2.1.2. Meet all medical standards for pilot as specified in AFI 48-123, *Medical Examinations and Standards*.

A2.1.3. A flight surgeon selected for this program that is eliminated from flying training for any reason will be returned to the medical corps with AFSC 48XX to fulfill any remaining ADSC based upon the needs of the Air Force.

A2.1.4. Officers attending JSUPT who are eliminated due to short-term (less than 1 year) medical reasons (as determined by the eliminating authority) will be re-entered into the same JSUPT program following medical requalification. Those officers who are eliminated due to long-term (1 year or more) medical reasons may reapply for consideration on the first JSUPT selection board following medical requalification as long as they remain otherwise eligible.

A2.1.5. Attain minimum required AFOQT scores. **NOTE:** See AFI 36-2605, *Air Force Military Personnel Testing Systems*, for AFOQT procedures. For the purpose of this application, AFOQT scores do not expire. Candidate's score must be in the 50th percentile or higher in the pilot category.

A2.1.6. Complete the Basic Attributes Test (BAT). Schedule BAT testing through your Military Personnel Flight (MPF) Customer Service Section. The Pilot Candidate Selection Method (PCSM) combines the BAT score with the pilot AFOQT score and private flying time. A PCSM score is a requirement for all individuals applying for pilot training through any of the Air Force pilot training accession sources (see AFI 36-2605, attachment 3). AFI 36-2605, attachment 1, clarifies the procedure for applicants to follow when updating flying hours used in the PCSM calculation. All updates to flying hours must be processed 45 days prior to selection board date to allow updates to the PCSM. Any updates processed after the cut-off may not be processed in sufficient time for review by the selection board. Enter the

PCSM score in the block provided on AF Form 215, *Aircrew Training Candidate Data Summary*.

A2.1.7. Flight surgeons will have completed a minimum of two years as an operational flight surgeon at the time of entry into JSUPT. Exceptions will be considered on rare occasions if age will prevent the applicant from applying at a subsequent board.

A2.1.8. Applicants must not exceed their 30th birthday by the start date of the board's first available JSUPT class as specified in the Pilot-Physician JSUPT Selection Board Announcement message.

A2.2. How to Apply.

A2.2.1. Submit AF Form 215, *Aircrew Training Candidate Data Summary* (original and two copies). See reverse side of AF Form 215 for additional instructions. A new AF Form 215 is required to compete on each selection board. Applicants must include: total civilian flying time, date last flown, a copy of the updated log book entries certified by the flying squadron commander. Applicants may use the remarks section of the AF Form 215 to pass on their desires, motivation, flying skills, and personal achievements or qualifications to the selection board members. Remarks are restricted to the space provided and will be in bullet format, typed in 10 pitch. The immediate medical squadron commander or equivalent must endorse the application. The endorsement and recommendation must be confined to the spaces provided on the AF Form 215. Separate letters of recommendation or additional endorsements to the AF Form 215 are required from the applicant's attached flying squadron commander; other letters of recommendation will be accepted if within the applicant's chain of command.

A2.2.2. Mark the block of the AF Form 215 for Pilot Training.

A2.2.3. Include original and two copies of a complete Class I flying physical. Initial flying Class I physical examination must be current within 48 months prior to starting Undergraduate Flying Training (UFT). The physical will include the DD 2808 or Standard Form (SF) 88, *Report of Medical Examination*, DD 2807-1 *Report of Medical History* or SF 93, *Medical Record - Report of Medical History*, the original electrocardiogram (EKG) tracing and panoramic dental x-ray, any other medical documents pertinent to the physical examination. Schedule your physical so you can include this documentation with the JSUPT application prior to the application cut-off date.

A2.2.4. Sign and submit a statement of agreement to serve the minimum Active Duty Service Commitment (ADSC) according to AFI 36-2107, *Active Duty Service Commitments*.

A2.2.5. Document your civilian flying experience. Include a photocopy of your Federal Aviation Administration (FAA) license and last page of your pilot's logbook with your hours totaled, certified by the Squadron Commander or a certified letter from a flying club or flying service stating the type of instruction you have received and the total number of hours you have flown.

A2.2.6. Medical Corps (MC) officers must submit a written request to serve as a combatant while serving as a pilot-physician during any deployment/combat operations and indicate an understanding they will be spending up to three years after completion of flying training in

an operational tour. Individuals eliminated from flying training will be returned to the MC in AFSC 48XX, depending on the needs of the Air Force.

A2.2.7. Forward the completed application package to the pilot-physician flying training selection board as described in the announcement message.

A2.2.8. Notify the selection board immediately if your medical status changes.

A2.2.9. Contact the selection board to ensure complete application package if receipt has not been acknowledged within 10 days of published board date.

A2.3. The Military Personnel Flight (MPF).

A2.3.1. Verifies if the applicant's AFOQT scores qualify (paragraph 1.1.3) and are correctly entered on AF Form 215. Returns applications with disqualifying AFOQT scores. Refer to Table A2.1. eligibility criteria.

A2.3.2. Disapproves applications failing to meet the minimum application standards of this Instruction. Refer to Table 2.1. eligibility criteria.

A2.3.3. Sends AFPC/DPAOT3 a memorandum (see AFI 36-2605) showing all AFOQT retakes after the applicant's UFT submission.

A2.3.4. Ensures any remaining ADSC requirements for the current AFSC are added to the JSUPT pilot training ADSC upon completion of JSUPT. Candidates eliminated from JSUPT prior to completion for any reason will serve the remainder of any remaining ADSC (refer to Table A2.1.).

A2.3.5. Ensures the applicant documented any applicable civilian flying experience.

A2.3.6. Ensures the applicant includes a complete medical examination report in original and two copies. See AFI 48-123.

A2.3.7. Advises applicant on medical waiver procedures:

A2.3.7.1. AETC, DCS/Medical Services and Training, Directorate of Professional Services, Aerospace Medicine and Physical Standards Division (AETC/SGPS), is the certification and waiver authority for UFT medical examinations as delegated by the Air Force Surgeon General.

A2.3.7.2. The medical waiver review will be on an individual basis by HQ AETC/SGPS. AF/SG3PF has final waiver authority.

A2.3.7.3. The medical waiver requests must contain the same forms as for all qualified applicants plus an evaluation of the medical problem from an appropriate specialist.

A2.3.8. Screens applications. Attaches the original and two copies of DD 2808 or SF 88, the original and two copies of DD 2807-1 or SF 93, EKG tracings and panoral x-rays, copies of other required medical forms, required signed statements, and documentation of applicable civilian flying experience.

A2.3.9. Returns completed application packages to the individual to be forwarded to the Pilot-Physician JSUPT selection board.

A2.4. Preparing for the JSUPT Board.

A2.4.1. The PP Program Director

A2.4.1.1. Announces JSUPT boards by AIG 8106 message between 90 and 120 days before the board date.

A2.4.1.2. Ensures the board receives all required application materials.

A2.4.1.3. Processes applications and includes them with the officer's Central Selection Folder for board consideration.

A2.4.1.4. Convenes a four-member board including:

A2.4.1.4.1. Board president a (non-voting), rated colonel (06).

A2.4.1.4.2. A rated colonel pilot-physician as the board chairman.

A2.4.1.4.3. One lieutenant colonel pilot-physician with AETC experience

A2.4.1.4.4. One lieutenant colonel pilot with current or previous flying squadron commander experience.

A2.5. What To Do After the Board Meets.

A2.5.1. The PP Program Director:

A2.5.1.1. Sends the list of selectees to AFPC/DPAOT3 who will notify MPF customer service units by ML 8106 message. The message explains how to notify successful candidates and release the information publicly (includes MINIMIZE).

A2.5.1.2. Sends the selection list to AFPC/DPPAOS.

A2.5.1.3. Selection board information may be exempt from disclosure under the Freedom of Information Act (FOIA). Other information is destroyed in accordance with AFMAN 33-363 immediately after the board proceedings are completed. After the results have been publicly released, information on the number of officers considered/selected, board organization, and the names/grades of the board members, may be released.

A2.5.2. AFPC/DPPAOS:

A2.5.2.1. Informs the servicing MPF of the class date, base of assignment, and reporting instructions through the Military Personnel Data System (MilPDS).

A2.5.2.2. Processes assignments as directed in AFI 36-2110, *Assignments*.

A2.5.3. Servicing MPFs:

A2.5.3.1. Notify the immediate commander of each selected candidate in the commander's service area and document date commander was notified and date commander notified selected candidate.

A2.5.3.2. Give each selected candidate 7 days from official notification through MilPDS to accept or decline JSUPT. Counsel candidates who decline JSUPT that they are ineligible to reapply for JSUPT. Prepare and have the member sign a memorandum letter indicating their understanding. Notify AFPC/DPPAOS, 550 C Street West Suite 10, Randolph AFB TX 78150-4712, of candidates who decline their JSUPT selection.

A2.5.4. Maximum Allowed Age. Selected candidates who are close to the maximum allowed age for JSUPT may return to Continental United States (CONUS) before the normal Date Eligible for Return from Overseas (DEROS), according to AFI 36-2110.

A2.6. The Selectee's Commander.

A2.6.1. Monitors selectee's performance from selection until they depart for flight training.

A2.6.2. Notifies AFPC/DPAOT3 if an officer's performance or conduct becomes questionable or if the commander believes the selectee should be removed from the select list for cause.

Table A2.1. Flight Surgeon JSUPT Eligibility/Ineligibility Criteria.

Eligibility Criteria	Ineligibility Criteria
Officers must be on Extended Active Duty (EAD) serving as an operational flight surgeon (AFSC 48XX) for a minimum of 2 years before first available class start date for a given selection board to apply for JSUPT ¹	Applicants not pre-selected for the PPP.
Applicants must apply for pre-selection into the PPP as described in this Instruction.	Persons permanently disqualified for aviation service at any time.
Any incurred ADSC for training remaining at the start of their selected JSUPT class start date will be added to and served consecutively with any JSUPT ADSC.	Officers with a pending or established Date of Separation (DOS) by request.
	Officers who have any quality control assignment restrictions (AFI 36-2110).
	Individuals who have illegally, wrongfully, or improperly experimented with, used, possessed, sold, or transferred any narcotic substance, dangerous drug, intoxicating inhaled substance, or controlled substance as established by Title 21, U.S.C., Section 812 when supported by evidence.
	Individuals eliminated from any flying training course--to include the USAF Enhanced Flight Screening Program (EFSP), the Pilot Indoctrination Program (PIP), Flight Instruction Program (FIP) and Introductory Flying Training (IFT)--conducted by or for the Armed Forces of the United States. ^{2,3,4}
	Individuals eliminated (for reasons over which they had control) from a commissioning program which forms a part of the sequence in which an aeronautical rating may be obtained from any of the United States Armed Forces.
	Officers who SIE or are eliminated from any Formal Training Course for academic deficiency.

Notes:

¹ May be waived by PPP program director if age will preclude future JSUPT application under this program

² Those eliminated for military deficiency or self-initiated elimination (SIE) reasons before, during or after actual course completion, or who decline JSUPT attendance, are ineligible for further flying training.

³ Individuals eliminated for reasons other than those mentioned above, unless specifically recommended for further pilot training by the eliminating (or approving) authority, are ineligible to apply.

⁴ Individuals eliminated from flying training will revert back to the position of flight surgeon in the Medical Corps, Air Force Medical Service.

ATTACHMENT 3

PILOT-PHYSICIAN REPORT ESSS, SUGGESTED FORMAT

Figure A3.1. PILOT-PHYSICIAN REPORT ESSS, SUGGESTED FORMAT.

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