

## Flight Surgeon Manning/Retention:

**Col. William Pond, Indiana State Air Surgeon  
MEDFAC Representative to ADFAC**

The Air Director's Field Advisory Council (ADFAC) is comprised of senior military members representing all Weapons System Councils and who provide guidance from the field to the Director of the Air National Guard. The Representatives are well rounded, respected, operational military members who strive to clarify, stratify and elevate issues that are national in scope. Of importance to Air National Guard Flight Surgeons:

**Issue: Flight surgeon recruiting/retention must be improved to decrease cost and increase readiness**

**COA: Facilitate flying, update badging, improve deployment and training opportunities**

The number one manpower shortfall in the Air National Guard Medical Service is flight surgeons. The Air Force needs physicians who are experts in aerospace medicine, public health, workplace medicine, immunizations, bare base operations, tropical medicine, etc--in short, well rounded physicians who are flight surgeons. The military spends over \$100,000 to attract, incentivize and then train a flight surgeon who may stay for 4- 10 years. But the physician is most valuable after training and experience, i.e. for the last 5 of those 10 years. If the flight surgeon's service can then be extended from the 10 to the 15 year mark, his/her truly useful time is doubled with a savings of over \$100,000 as compared to recruiting and training a new flight surgeon. And that's just for one flight surgeon. So once the military has recruited and trained a flight surgeon, it is imperative to retain that physician

The ADFAC is charged with maximizing the value to the Air National Guard as a whole. Retaining flight surgeons causes savings to accrue to the Guard as a whole, so it is important to institute Guard-wide policies. Retaining a flight surgeon is like changing the oil in the engine-- long term preservation of a significant investment with inexpensive maintenance. Money is not the answer to retaining flight surgeons--to retain physicians, it is necessary to provide opportunities to do things that provide personal and professional satisfaction---to fly, deploy, develop and be recognized.

**Fly**--Flight surgeons are authorized to accomplish training sorties on any DoD aircraft by the Surgeon General, but for this to happen, it must be solidly supported from the line. Such support is not uniform and sometimes lacking. The MEDFAC requests solid support from the line, ADFAC and DANG. Specifically, barriers should be minimized and if the

Operations Group commander and the HARMs give the approval, then it should be the expectation that the flight surgeon shall be able to accomplish the sortie; if not there must be a clear, accountable explanations that are evaluated and tracked.

**Deploy**--*Length:* Physician critical care skills may wane with time, just as a pilot's skills after 60 days may require refreshing. While it is great to have a deployed flight doc with critical care skills for a true emergency, it must be realized that after 2 months, the physician has to return to an environment where those skills can be refreshed. If the ANG is to attract and retain highly trained flight docs who also have critical care skills, then deployments must be of such length that will permit retention of such skills, i.e. limited to 60 days. *Opportunities:* These must be found and publicized; kudos to Col Jerry Fenwick, ANG Assistant to the PACAF SG and others for exploring these opportunities and publicizing them.

**Develop**--Professional satisfaction and the mission of the Guard are enhanced by a physician with a breadth of skills. Training in Aircraft Mishap Investigation, Combat and Casualty Care, Tropical Medicine, etc. all increase the physician's value to the military while promoting professional satisfaction.

**Recognition**--Senior and Chief Flight Surgeon badges should be awarded based upon professional qualifications and months as an operational flight surgeon, not by months having received flight pay which is currently the case. The current system fails to properly recognize those flight surgeons who support fighters, non-dual seat aircraft, RPAs or who do not hold an API 5 slot. This could be easily fixed by retaining the experience requirement as an operational flight surgeon, while removing Note 6 in AFI11-402 that defines operational flight surgeon only as one who received flight pay for the month. (See accompanying article for a more complete explanation.)

For more information about the ADFAC, please give me a call:

(260) 602-5167 or drop me a note:

[wwpond@aol.com](mailto:wwpond@aol.com)

