Flight Surgeon's Quick Reference

AFI 11-202 is a three volume general flight publication that covers Aircrew Training, Stan/Eval, and General Flight Rules that are applicable to all USAF aircraft.

- Volume 1 outlines aircrew training requirements. Flight surgeon-specific current requirements are found in paragraph 3.11. (1 Mar 2013)
- Volume 2 provides guidance on how to structure and monitor a Stan/Eval program. Specific details for flight surgeons are found in paragraph 8.2. (18 Oct 2012)
- Volume 3 prescribes the general flight rules that govern the operations of Air Force aircraft flown by Air Force pilots, pilots of other services, foreign pilots, and civilian pilots. It provides the basic operational framework for all flyers. Volume 3 provides the basis for many of the operational support functions performed by flight surgeons including specific guidance on working with air evacuation crews. (13 Apr 2015)

AFI's 11-401 (Aviation Management) and **11-421** (Aviation Resource Management) covers the flight surgeon aircrew requirements.

- Understanding conditional flying status
- Meeting 4 hours (2 hours, ARC) per month requirement
- Understanding Aviation Career Incentive Pay
- Achieving minimum day and night sortie requirements
- Logging 50% of sorties in primary aircraft; Currently SG Waived until 31 Dec 2016.
- Retaining currency by flying every 60 days
- Regaining currency
- Logging primary flight time

Other Flight Surgeon Aircrew Requirements

The following items are the minimum training requirements for all aircrew members IAW AFI 11-202v1 paragraph 3.1.5.5 Note that flight surgeons have a <u>one-time</u> crew resource management (CRM) training requirement in their primary assigned aircraft unless they are required to perform air evacuation duties.

- Annual physical according to AFI 44-170 (30 Jan 2014).
- Physiological training according to AFI 11-403 (25 Mar 2015)**.**
- Cockpit/Crew Resource Management (CRM) training, AFI 11-290 (15 Oct 12)
- CRM Training Program, & AFI 11-2 Mission Design Series (MDS) Specific, Vol 1.
- Aircrew Flight Equipment training.
- Combat survival training, conduct after capture, water survival training, and emergency parachute training.
- Flight currency events, except special mission qualifications that do not affect the wartime mission.

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- Emergency egress training, ejection seat; or emergency egress training non-ejection seat; and emergency parachute training, AFI 11-301, Vol 1, and AFI 11-2 MDS-Specific, Volume 1
- Aircrew qualification (AF Form 8/8a), AFI 11-202v2. (Qualification for flight surgeons is based on paragraph 8.2.)

Flight Pay and Banking

- **Flight Pay**
    - A flight surgeon may bank as many as five (5) months ahead of the current month. For further details regarding this complicated process, talk to your local HARM office or consult AFI 11-421, Chapter 7 (7.6.1 Banked Flight Time). (10 Apr 2014).
    - 7.8.1.4. **Duty Status Codes (DSC**): Use Duty Status Codes to indicate the status of flying duty performed by the aircrew member. DSC 1 = Active Duty, DSC 2 = Unit Training Assembly (Inactive Duty), DSC 3 = Flying Training Period (Inactive Period), DSC 4 = Civilian/Technician, and DSC 5 = Contractor.
    - 7.8.1.5. Incentive Pay Entitlement. Aircrew members of the Reserve Components are entitled to flying incentive pay during periods of military duty if serving under competent orders and otherwise meeting the requirements of the DoDFMR. Members entitled to incentive pay will be compensated for one-thirtieth of the monthly rate for each day/period of duty (ARC members may be paid for up to two inactive duty (IAD) periods in a calendar day). Note: every calendar month is considered 30 days. Reference the example below: (T-0) Example: Member performs 4 days/periods of IAD and 3 days of AD during the month; daily incentive pay rate equals $840/30 ($28); member's incentive pay entitlement for the month equals $196.

- **Banking Hours**
    - If a flight surgeon is not able to fly the minimum monthly requirement of four hours, a process of "banking" may be used to calculate whether enough hours were garnered prior to that month to justify continued flight pay. If banked hours are not adequate for a particular month, flyers may go into a 3-month grace period that allows them to continue receiving flight pay. They must then gain enough hours to back fill the lost hours from the earliest month that they had not flown four hours. If they fail to do so, they will be garnished the appropriate amount from their next pay period. A flight surgeon may bank as many as 5 months ahead of the current month to prevent this occurrence. For further details regarding this complicated process, talk to your local HARM office and consult AFI 11-421.
    - **Frequent and Regular**—"Frequent and regular" is a DoD 7000.14-R, Volume 7A, Part Two, term which establishes the minimum monthly flight requirements to be entitled to conditional ACIP, CEFIP, or HDIP. Chapters 22 and 24 set the minimum at four hours for active duty and Chapters 56 and 57 set the minimum at two hours for ARC per calendar month, or a prorated share for lesser periods.

By itself, the requirement to fly frequently and regularly is not justification to assign an individual to aircrew or operational support flyer status. There must be a need to perform in-flight duties.

- **Minimum Sortie Requirement (AFI 11-202, Vol 1, Table 1)**

    - Flight surgeons are required to fly **6 sorties (1 night sortie)** semi-annually and **12 sorties (2 night sorties) annually**. Fifty percent of these sorties are required to be in the primary assigned/attached aircraft (Current SG Waiver)*. The exception is when they are deployed away from their primary unit for more than 90 days. In this case, they may fly in the available aircraft for that location with written permission from the appropriate operational command authority, typically the Operations Group (OG) commander. Waiver authority is AFMSA/SG3P.

- **Currency Maintenance**

    - To maintain currency, time between flights must not be more than **60 days**. In order for flight surgeons to regain flying currency, the MAJCOM typically requires a re-take of the Flight Surgeon Qualification Test or as required by specific MDS. Before flight surgeons fly again after a long hiatus from flying, they should also ensure that they are current on any other required aircrew training such as egress training.

Primary Time

- Flight surgeons should log primary time in all aircraft that they fly per this paragraph from AFI 11-401 paragraph 3.3.1.4 (7 Apr 2015) Note:
- "Due to the broad nature of flight surgeon duties, each position which another aircrew member occupies (as defined in AFPD 11-4, e.g., pilot, navigator, ABM, observer, or CEA personnel), may be considered as a flight surgeon station/position (i.e., a KC-135 with a pilot, copilot, and boom operator would be authorized three flight surgeon stations). If there are more flight surgeons onboard than aircrew stations, the total primary time must be split between those flight surgeons onboard by logging primary and other time. When the number of flight surgeons on board is less or equal to the number of occupied aircrew stations, all flight surgeons are authorized to log primary time for the entire mission."

Flight Surgeon Responsibilities - Mission Essential Tasks and Activities for Line Support (METALS) AFI 48-149, 3.4.1 (18 Dec 2015) and 48-101, 2.4 (8 Dec 2014).

- This plan will ensure all FSs meet both clinical and non-clinical requirements to include METALS and squadron support activities, and carries the intent that approximately 50% of the FS's time is spent covering clinical workload and 50% accomplishing METALS and squadron operational support activities.
- Briefings and Education – i.e. Counterfatigue / Go and No-Go Program
- In-flight emergency and mishap response

- Air sickness (airsickness) and the airsickness program AFI 48-149, 6.2.2 AFI 48-123, 6.1.2.5, AETCI 48-102 paragraph 15. (5 Nov 2013).

- Head Up Display review program - Pilots in fighter aircraft require an annual HUD tape review of their anti-G straining maneuver (AGSM). Per AFPAM 11-419 (17 Oct 2014), paragraph 2.4.5, and AFI 11-2F-16V1 paragraph 4.13.2.4, An A/A mission tape for each pilot will be reviewed each training cycle by the squadron flight surgeon, aerospace physiologist, or a squadron supervisor. The reviews will be documented.
- Aircrew Flight Equipment shop visits - Quarterly inspections are required of all Life Support shops per AFI 11-301v1 paragraph 2.18.2.2 (2 May 2014)
- Squadron visits
- Human Performance Evaluations - Active flyers that are found to have an H-3 profile may undergo In-flight hearing test as described in SAM TR73-29, Materials and Procedures for In-flight Assessment of Auditory Function in Aircrew men, and reproduced within AFPAM 48-133 (obsolete), (AFI 48-123, MSD and Waiver Guide). Inactive flyers with an H-3 profile are required to undergo an occupational cockpit hearing evaluation/assessment prior to reassignment to active flying, (48-123).
- Functional Capacity – Anthropomorphics and Hearing
- Incentive and orientation flights
- Go/No-Go Program
- Night Vision Device classes - Crewmembers must undergo an initial certification course, emphasizing preflight procedures and goggle optimization or limitations, prior to their initial flight with NVGs. Instructors are encouraged to use all subject matter experts to include flight surgeons. (AFI 11-202v1, 1.3.2.4.4.)
- Safety meetings - Flight surgeons should "periodically brief topics of aeromedical relevance for the flying community" in safety meetings. (AFI 48-101,1.6.6.6)

Medical and ORM assessment

AFI 11-202v3 outlines some very specific guidelines for aircrew regarding medical issues before they fly. They must:

- 2.7.1. Aircrew members will not fly: 2.7.1.3. Anytime a physical or psychological condition is suspected or known to be detrimental to the safe performance of flight duty. Consult a flight surgeon at the earliest opportunity. 2.7.1.4. While self-medicating, except IAW the "Official Air Force Aerospace Medicine Approved Medications" found in AFI 48-123, Medical Examinations and Standards, IAW AFI 11-202v3 (13 Apr 2015). (No longer in AFI 48-123. See AFMS KX for approved medication).
- 2.7.2. Medical. Aircrew members must maintain a medical clearance from the flight surgeon to perform in-flight duties (T-1). Medical or dental treatment obtained from any source must be cleared by a flight surgeon prior to reporting for flight duty (T-1).
- **AFI 48-123, 6.6.2.1.** If a flight surgeon is not co-located with the flying operation, these aircrew may be seen by a non-flight surgeon health care provider (military or civilian). The aircrew must inform the provider that written or verbal communication of the details of the visit (including history, physical, and treatment provided) must be submitted to the appointed military flight surgeon immediately following the visit. (T-1) The flight

surgeon may render an aeromedical disposition determination remotely if he/she has sufficient information, and after communicating both with the provider and the aircrew member. The flight surgeon must be confident that there has been sufficient resolution of symptoms and treatment side effects. (T-1) All relevant medical and medication standards still apply. Aeromedical disposition decision must be communicated immediately to the aircrew's unit. (T-1) The AF Form 1042 or DoD equivalent must be sent electronically to the aircrew's unit the morning of the next duty day. (T-1) Obtain an aeromedical disposition for services that were rendered outside the military treating facility. 6.6.2.2. Aircrew and special duty personnel in locations not co-located with an AD base may be returned to flying status to perform alert, combat or National Air Defense duties when their unit flight surgeon is not available. These personnel may be returned to flying/SOD status after being examined by a military or civilian physician via reach-back consultation with a military flight surgeon as designated by AFMSA/SGPF. 6.6.2.3. ANG or AFRC flight surgeons who maintain active credentials and privileges in Flight Medicine may use their Flight Medicine credentials to make aeromedical dispositions while employed in a civilian Flight Medicine physician role.

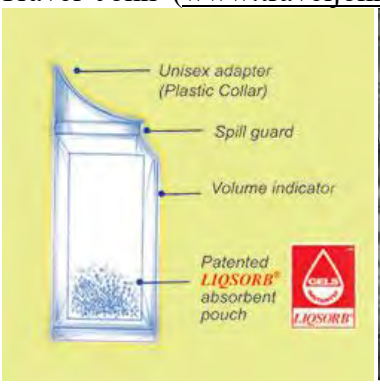
- Refrain from taking medications or dietary supplements not prescribed or approved by the local FSO, AFI 11-202v3 paragraph 2.7.2.1.
- Adhere to a 72-hour verbal DNIF following blood donation, AFI 11-202v3**,** 2.7.1.7. and MSD, N17.
- If any alcohol is consumed within 12 hours prior to takeoff (or assuming aircraft control for UAS) or if impaired by alcohol or any other intoxicating substance, to include the effects or after-effects, AFI 202v3, 2.7.1.2.
- Only wear contact lenses that have been approved through the aircrew soft contact lens program, AFI 48-123, 6.19 and AFI 11-202v3, 2.9.3.
- Refrain from flying within 24 hours of scuba diving, AFI 202v3, 2.7.1.5.
- Refrain from flying within 12 hours of hypobaric chamber training, AFI 11-202v3 2.7.1.6.
- Determine whether crew rest parameters have been met and identify any discrepancies to the appropriate waiver authority if required.

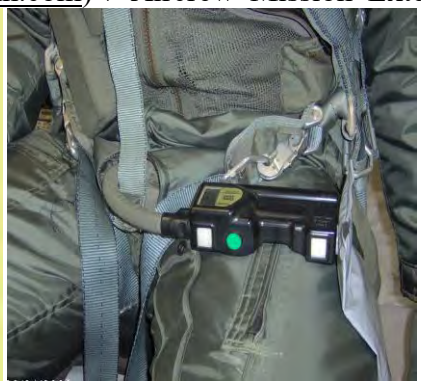
CREW REST

- **AFI 11-202v3**
- 2.1. Crew Rest. Crew rest is compulsory for aircrew members prior to performing any duties involving aircraft operations and is a minimum of 12 non-duty hours before the Flight Duty Period (FDP) begins (T-2). Crew rest is free time and includes time for meals, transportation, and rest. This time must include an opportunity for at least 8 hours of uninterrupted sleep. Crew rest period cannot begin until after the completion of official duties.
- 2.1.2. Any official business interrupts the crew rest period. If crew rest is interrupted, individuals will immediately inform appropriate leadership or command and control (C2) and will either begin a new crew rest period or not perform flight duties (T-1). Exception: Aircrew may initiate mission-related communication with official agencies without interrupting crew rest.

OTHER

- Rings have been known to cause de-gloving injuries or amputations and must not be worn during flying operations. Remove rings and hats prior to performing aircrew duties in or around the aircraft. AFI 91-203, 9.1. (17 Sep 2015)
- Flight Suit undergarments – cotton or nomex – no nylon based garments AFI 11-301V1, 2.17.1.1. (2 May 2014)
- Inflatable Lumbar Support (14P3-12-1) – MXU-22/P – AFI 11-301V1 pg 61.
- Reflector Belts – AFI 91-203, 14.5.10.2.
- Travel John (www.traveljohn.com) / Aircrew Mission Extender Device (the pump).






HYPOXIA

- Should any person on the aircraft experience hypoxia symptoms, descend immediately to the lowest practical altitude and land at a suitable location to obtain medical assistance (T-1). Aircrew will not fly after a hypoxia event without specific authorization from a flight surgeon (T-1). For hypoxia symptoms caused by an On-Board Oxygen Generation System (OBOGS), follow MDS-specific guidance. (AFI 11-202v3**,** 3.14.6) (7 Nov 2014)

DECOMPRESSION SICKNESS

- If an individual appears to be suffering decompression sickness, a crewmember should administer 100 percent oxygen to that individual using tight-fitting mask or equivalent. (AFI 11-202v3, 3.14.5) (7 Nov 2014)
- If an aviator's mask is not available, an alternate source that can provide the greatest percentage of oxygen delivery should be used.
- Individuals suspected of decompression sickness should remain on 100 percent oxygen until evaluated by a flight surgeon or competent medical authority.
- The pilot must descend as soon as practical and land at the nearest suitable installation where medical assistance can be obtained. Decompression sickness may occur up to 12 hours after mission completion. The affected person shall not continue the flight unless authorized a flight surgeon (T-1).

CONTROLLED COCKPIT REST

- **AFI 11-202v3, 2.8.2 (7 Nov 2014)**
- Controlled Cockpit Rest. Unless further restricted in a MAJCOM Supplement or MDS specific Volume 3, controlled cockpit rest may be implemented when the basic aircrew includes a second qualified pilot.
- Must be restricted to non-critical phases of flight between cruise and one hour prior to planned descent.
- The resting crewmember must be immediately awakened if a situation develops that may affect flight safety.
- Cockpit rest shall only be taken by one crewmember at a time.
- All cockpit crewmembers including the resting member must remain at their stations.
- A rest period shall be limited to a maximum of **45 minutes**.
- More than one rest period per crewmember is permitted if the opportunity exists.
- Controlled cockpit rest is not authorized with any aircraft system malfunctions that increase cockpit workload (e.g., Autopilot, Navigation Systems).
- Cockpit rest shall Not be a substitute for any required crew rest.

FLIGHT SURGEON BADGE REQUIREMENTS

- **AFI 11-402 table 2.1, pg 35.**
- **Chief Flight Surgeon** - At least 15 years rated service as a flight surgeon, permanent award of USAF senior flight surgeon rating, 24 months on active flying status (ASC 8A and API 5), **and** at least 750 total hours logged as a flight surgeon **or** 144 Months operational flying duty as a flight surgeon or Pilot-Physician.
- **Senior Flight Surgeon** - At least 7 years total rated service as flight surgeon, permanent award of USAF flight surgeon rating, 1 year on active flying status (ASC 8A and API 5), **and** At least 350 total hours logged as a flight surgeon **or** 72 months operational flying duty as a flight surgeon or pilot-physician.
- **Flight Surgeon** - USAF officer graduate of the Aerospace Medicine Primary Course, Unrestricted Medical License, and awarded AFSC 48XX **OR** Graduate of like training conducted by other US military service and holds a designation comparable to USAF flight surgeon.

H.R.5136 - National Defense Authorization Act for Fiscal Year 2011

Subtitle B: Health Care Administration (Sec. 713) Allows National Guard medical personnel performing under a federal status while responding to an actual or potential disaster to practice in any location authorized by the Secretary, without regard to local licensing requirements.

Title V: Military Personnel Policy - Subtitle A: Officer Personnel Policy Generally - (Sec. 501) Exempts DOD health care professionals being considered for regular (under current law, only reserve) officer appointments from the requirement that they be commissioned prior to age 42. Exempts from the requirement to retire upon attaining age 62 not only DOD physicians, dentists, and nurses (current law), but other health care personnel providing health care, clinical duties, or health care-related administrative duties.

Fly PHA

2.1.2. PHAs become due (turn "yellow") 12 months (366 days) from the last PHA completion date. Once the PHA becomes due, there is a 90-day "yellow" window to accomplish the PHA before the PHA "goes red" and the unit is penalized on their PHA IMR (i.e., the PHA is green for 365 days; turns yellow (due) on day 366, and turns red (overdue) 90 days later on day 456). Note: It is not the intent of the 90-day yellow period to establish a de facto 15-month PHA requirement. PHAs performed just prior to the 15-month cut-off should be the rare exception and not the rule. (T-0) IAW AFI 44-170, 30 Jan 2014.

2.1.3. An AF Form 1042, Medical Recommendation for Flying or Special Operational Duty, for personnel in special operational duty status, issued in conjunction with PHAs will be valid for the entire green and yellow periods (12 months plus 90 days; 455 days total). (T-2). Reference paragraph 2.1.4.1. for undergraduate pilot training (UPT) IAW AFI 44-170, 30 Jan 2014.

Top Secret Clearance

AFI 48-101 8 DECEMBER 2014

1.4.15. The MTF/SGP or ARC/SGP shall:

1.4.15.2. Maintain at least an active Top Secret security clearance. (T-1) If this level of clearance is not already possessed, as soon as the SGP is selected, he/she shall be processed for the appropriate clearance (N/A for ARC). (T-1)