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SECRETARY OF THE AIR FORCE

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Medical

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

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This instruction implements AFPD 44-1, Medical Operations. It provides guidance for the Air Force Medical Service (AFMS) Military Consultant Program, The Civilian National Consultant (CNC) Program, and The Medical Enlisted Career Field Manager (CFM) Program. It explains the selection process; describes consultant, AF/SG, MAJCOM/SG, and unit responsibilities; and identifies application, appointment, recognition programs/procedures, and consultant role in the deployment process. This instruction applies to all personnel in the AFMS, including US Air Force Reserve and Air National Guard units. Air Force Medical Operations Agency, Provision of Medical Care (AFMOA/SGHM), must coordinate on all supplements to this instruction prior to approval and publication. Chapter 5 describes the role of the clinical consultants for low supply/high demand assets in the deployment process in accordance with AFI 10-401, Air Force Operations Planning and Execution.

The Privacy Act of 1974 applies to this instruction. Each form that is subject to the provisions of AFI 33-332, Privacy Act Program, must contain a Privacy Act Statement, either in the form itself or attached to it. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) AFMAN 33-363, Management of Records, and disposed of IAW the AF Records Disposition Schedule (RDS) located at https://www.my.af.mil/afrims/afrims/afrims/rims.cfm. Send comments and suggested improvements on AF Form 847, Recommendation for Change of Publication through channels to AFMOA/SGHM, 3515 S. General McMullen, Ste 400, San Antonio, TX 78236.
SUMMARY OF CHANGES

This revision describes the new selection process, consultant responsibilities, application and appointment procedures. The Consultant Balanced Deployment (CBD) roles and responsibilities are addressed. It also includes information about the Medical Service Enlisted CFM program to include program overview and objectives, selection/appointment process, recognition program, duties and responsibilities, delegation of duties, MAJCOM functional manager (FM)/subject matter expert (SME) appointment, and role of program office of primary responsibility (OPR).
Chapter 1

PROGRAM OBJECTIVES

1.1. Consultant Programs.

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

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

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

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

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

1.1.6. Assist with planning, developing, and monitoring quality improvement (QI) programs throughout the AFMS.

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

1.1.8. Assists panels and corporate process as required in making resourcing decisions.

1.2. Enlisted Career Field Manager Program.

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

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

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

1.3. Consultant Balanced Deployments.

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

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

1.3.3. Assist Air Force Personnel Center (AFPC)/DPW and AF/SG3X in identifying individuals for emerging requirements for low supply/high demand AFSCs.
Chapter 2

RESPONSIBILITIES

2.1. Provision of Medical Care Division, AFMOA/SGHM.

2.1.1. Serves as the focal point for all consultant matters and maintains and monitors the consultant program.

2.1.2. Arranges for board action to add or delete specialties by AFSC and to select nominees for non-corps specific consultants.

2.1.3. Receives and reviews consultant written reports and recommendations and coordinates reports with other AFMOA Directorates as needed.

2.1.4. Produces and distributes consultant lists.

2.1.5. Organizes military consultant conferences such as Clinical Systems Program Assessment Review (CSPAR).

2.1.6. Ensures that consultants receive appropriate recognition when they complete an appointed term.

2.2. AF/SG1E Chief, Medical Enlisted Force Development.

2.2.1. Acts as OPR for the total force Medical Enlisted CFM program.

2.2.2. Provides CFM liaison and communication link to the AF/SG's Office, other Air Staff agencies, AFPC and AF/A1.

2.2.3. Assists CFMs with resolution of issues/constraints associated with implementing training program changes for their respective specialties.

2.2.4. Assists the CFMs with coordination/approval of career field classification changes.

2.2.5. Coordinates individual training waiver requests through appropriate AF/A1 and AFPC agencies.

2.2.6. Represents absent CFMs at quarterly CFM meetings conducted by AF/A1 and reports outcomes of the meetings to all CFMs and medical training groups.

2.2.7. Provides periodic AFSC-specific staffing, demographic, and personnel data updates to all CFMs.

2.2.8. Provides updates on important AFMS policies, programs, and procedures through publication of a periodic newsletter and distribution of informational documents.

2.2.9. Coordinates, conducts annual Medical Enlisted CFM meetings and arranges funding, if unit of record requests re-imbursement.

2.2.10. Coordinates AFSC manpower changes (MAJCOM enlisted grade allocations, manpower standards/additives, and work center descriptions) with AFMOA/SGH.

2.2.11. Coordinates training course development variance requests with AF/SG and AF/A1 offices.

2.2.12. Manages CFM selection process IAW Chapter 4.
2.2.13. Forwards endorsed recommendations on CFM appointments to AFMOA/SGHM and AF/A1DPE.

2.2.14. Sends SG-approved letters and certificates of appointment to Headquarters Air Force (HAF) directors, AFMOA/AFMSA commanders, or MAJCOM/SGs for routing down the chain of command to new CFMs; concurrently, sends information copies to newly appointed CFMs.

2.2.15. Distributes updated directories/listings of medical enlisted CFMs to key offices in AF/A1DPE, AETC/A1 and SG, AFPC, AETC/Air Force Airman Advancement Division (AFAAD), USAF School of Aerospace Medicine (AFMC) and the 937 Training Group (AETC); updated rosters will be distributed annually in conjunction with distribution of the combined Directory of SG Chief Consultants and Medical Enlisted Career Field Managers published and distributed by AFMOA/SGHM.

2.2.16. Maintains and updates the supplemental distribution list for medical enlisted CFM directories/listings.

2.3. MAJCOM/SG.

2.3.1. Establishes and appoints in writing command consultant/FM programs as needed.

2.3.2. Annually forwards a list of MAJCOM consultants/FMs, if established, to AFMOA/SGHM and AF/SG1E.

2.4. Medical Treatment Facility Commander (MTF/CC).

2.4.1. Evaluates, identifies, and recommends personnel with exceptional expertise to serve as military consultants.

2.4.2. Determines need for and type of consultant assistance required (military or civilian) for on-site visit or consultation.

2.4.3. Coordinates tentative schedule with individual consultant.

2.4.4. Sends requests to AFMOA/SGHM

2.5. CNC.

2.5.1. Provide consultation to the AF/SG and members of his/her staff on matters of professional interest and immediate concern.

2.5.2. Advise the AF/SG on matters relating to patient care, the provision of health services, medical organizations and healthcare programs.

2.5.3. Participate in Air Force sponsored symposia and seminars to support the continuing education programs of the AFMS.

2.5.4. Make consultant visits to MTF. During these visits, consultants will:

   2.5.4.1. Provide professional advice and assistance in developing and revising education and training programs.

   2.5.4.2. Present lectures and conduct teaching seminars in their area of expertise.

2.6. Military Chief Consultants.

2.6.1. Serve as primary military representatives for specific medical specialties.
2.6.2. Keep the AF/SG informed through AFMOA/SGHM about program issues, trends, recruiting and assignment issues affecting the practice of the specialty.

2.6.3. Maintain currency in, and promote, specialty professional standards.

2.6.4. Provide specialty consultation and training when requested by the AF/SG, MAJCOM/SG, or MTF/CC.

2.6.5. Provide specialty consultation for individual patient consultation or patient-care problem.

2.6.6. Provide technical advice and education in support of the military mission.

2.6.7. Provide guidance in planning and programming resources or services.

2.6.8. Review malpractice cases for standard of care determination.

2.6.9. Provide clinical expertise in evaluating adverse action cases.

2.6.10. Assist with Medical Incident Investigations as requested.

2.6.11. Augment Health Services Inspection teams as requested.

2.6.12. Provide clinical guidance to TRICARE Regional Offices.

2.6.13. Assist Air Force Recruiting Service (AFRS) by presenting at meetings and recruiting by conducting recruiting interviews.

2.6.14. Represent the specialty for AF/SG with lay and professional groups in the civilian community and provide feedback, as appropriate.

2.6.15. Provide career counseling when requested by other members of the specialty.

2.6.16. Provide AF/SG through AFMOA/SGH with reports of on-site visits, meetings and work groups.

2.6.17. Solicits, reviews and recommends SMEs to fill additional duty.

2.6.18. Participate in annual CSPAR conference.

2.6.18.1. MTF or consultant’s unit of record is responsible for funding.

2.6.18.2. If additional funds are required, MTF/unit of record may request reimbursement through the local resource management office (RMO) to AFMOA/SGAR.

2.6.19. Participate in Joint Graduate Medical Education Selection Board, corps developmental teams and other conferences as directed by AF/SG.

2.6.20. Assists the Panels and Corporate Process with resourcing and manpower decisions.

2.7. CFM.

2.7.1. In addition to the SG consultant responsibilities, enlisted CFMs have primary responsibilities as defined in AFPD 36-22, Air Force Military Training; AFI 36-2201, Air Force Training Programs; AFI 36-2101, Classifying Military Personnel (Officers and Airmen); Additional responsibilities are being developed in other Air Force directives and instructions and will be provided to CFMs when available.

2.7.2. CFM Primary Duties and Responsibilities:
2.7.2.1. Develop and maintain currency of Career Field Education and Training Plans (CFETPs).

2.7.2.2. Act as chairpersons for AFSC Utilization and Training Workshops (U&TWs).

2.7.2.3. Assist Technical Training Managers and course personnel with planning, developing, implementing, and maintaining all AFSC-specific training courses.

2.7.2.4. Act as final waiver authority for training/classification requirements (except for active duty two-time CDC failures).

2.7.2.5. Assist the AFAAD in identifying subject matter experts (SMEs) for Specialty Knowledge Test (SKT) rewrite projects; act as consultant on promotion test content and question validity inquiries.

2.7.2.6. Assist AFAAD in developing and administering Job Inventory Surveys and interpreting Occupational Survey Report (OSR) data.

2.7.2.7. Develop, coordinate, and implement career field classification/structure changes.

2.7.3. CFM Secondary Responsibilities:

2.7.3.1. Role in the Enlisted Assignment Process. The medical enlisted assignment system is the responsibility of AFPC/DPAA, and AF/A1DPE. CFMs may act as AFSC consultants to MAJCOM, TRICARE Regional Offices, and AFPC assignment managers regarding assignment actions. In this consultant role, they may assist with:

2.7.3.1.1. Identifying candidates for deployments/PCS/PCA/TDY assignments, particularly special duty positions, and enlisted developmental teams. Identifying staffing levels appropriate to balance mission effectiveness and release from AFSC requests.

2.7.3.1.2. Advertising position vacancies, especially urgent fill requirements.

2.7.3.1.3. Resolving staffing imbalances between MAJCOMs and MTFs

2.7.3.1.4. Resolving problems relating to training flow and follow-on assignments.

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

2.7.3.1.6. Participate in annual CSPAR conference.

2.7.3.1.6.1. MTF or unit of record is responsible for funding.

2.7.3.1.6.2. If additional funds are required, MTF/unit of record may request reimbursement thru the local resource management office (RMO) to AFMOA/SGAR.

NOTE: CFMs do not control assignments and should not be considered as individuals who can manipulate the assignment system.

2.7.3.2. Role in AFSC Manpower Management.

2.7.3.2.1. AF/SG’s Manpower Division, AF/SG8P uses a team of medical officer functional advisors to assist with manpower issues.
2.7.3.2.2. CFMs work with their respective Consultants in manpower planning, development, and management processes.

2.7.3.2.3. Three manpower projects that CFMs will be routinely involved with are 1) helping develop/revise manpower standards/additives and work center descriptions; and 2) providing inputs to the Enlisted Grade Allocation by Career Progression Groups (CPG) Review program; and 3) Program Objective Memorandum (POM) process.

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

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

2.7.3.3.2. Appointment of an alternate ITRO QLG/DAG representative, CFMs must submit a written request to AF/SG1E which must include the name, rank, duty phone, FAX number, organization address, and E-mail address (if available) of the designated alternate.

2.7.3.3.3. AF/SG1E drafts official appointment letters for all Air Force QLG/DAG representatives and forwards copies to the appointees and the ITRO Healthcare Committee (HCC) support office. 2.7.3.3.4. Designated alternates will ensure that their CFMs are informed of QLG/DAG findings and recommendations in order to facilitate changes to Air Force training programs that may result from approved ITRO consolidation efforts.

2.7.3.4. Role in establishing networks of MAJCOM AFSC FMs and SMEs. CFMs work with MAJCOM/SGF Chief, Medical Enlisted Force (CMEF) to establish a network of MAJCOM FM/SMEs to perform the following duties:

2.7.3.4.1. Act as MAJCOM voting representatives at career field U&TWs.

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

2.7.3.4.3. Work in concert with the MAJCOM/SGF (CMEF) to represent AFSC requirements.

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

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

2.7.3.4.6. Assist CFMs and AFAAD with identifying qualified SMEs to assist with development of SKTs and job inventory surveys.

2.7.3.4.7. Act as the primary MAJCOM reviewer on AFSC-specific, individual training, and classification waiver request packages.

**NOTE:**
Duties and responsibilities outlined above are not all-inclusive and are intended to be guidelines
for CFMs and MAJCOM/SGF CMEF to use in defining the roles of appointed MAJCOM FMs and SMEs. Final approval of MAJCOM functional managers/SMEs and designation of specific duties and responsibilities rests with MAJCOM/SGs. CFMs must coordinate all requests for appointment of MAJCOM functional managers/SMEs with MAJCOM/SGs for approval. It is recommended that all requests for functional manager/SME appointment be accompanied by a list of prospective appointees to facilitate the selection process. CFMs will provide AF/SG1E a list of approved MAJCOM functional managers/SMEs for inclusion in the Medical Enlisted CFM directory, annually.

2.7.3.5. Delegation of Medical Enlisted CFM Duties to Associate Career Field Managers (ACFM).

2.7.3.5.1. CFM's duties will become extremely time-consuming, therefore, delegation of certain tasks to MAJCOM FMs or other AFSC senior enlisted personnel is appropriate in AFSCs with specialty shred outs.

2.7.3.5.2. CFMs should formally appoint, in writing, SNCOs to act as shred out consultants.

2.7.3.5.3. ACFMs are designated to assist the CFM with specific subject matter expertise within the career field.

2.7.3.5.4. CFMs will delegate specific duties/ responsibilities and inform their respective corps chief or associate corps chief and SG Chief Consultants.

2.7.3.5.5. Information copies of the coordinated and approved documents pertaining to duty delegation will be sent to AF/SG1E for record keeping purposes and dissemination to interested agencies.

2.7.3.5.6. Supervisors must adjust the primary duties, responsibilities, and workload of CFMs under their supervision to allow them adequate time to devote to their CFM roles and to minimize the need for delegation of duties.
Chapter 3
CONSULTANT/CAREER FIELD MANAGER SELECTION CRITERIA

3.1. Chief/Officer Clinical Consultant.

3.1.1. Must be a senior career AFMS officer who has demonstrated outstanding competence and has full knowledge of the professional and administrative aspects of the specialty.

3.1.2. Must be board-certified in the specialty (if applicable).

3.1.3. Must have an advanced degree in the specialty (if applicable).

3.1.4. Must be privileged and clinically active in specialty (if applicable) with a minimum of 4 years of experience beyond the completion of training. (A waiver through AFMOA/SGHM is possible for otherwise qualified individuals.)

3.1.5. Must have demonstrated competence in positions of increasing professional, clinical, or administrative responsibility.

3.1.6. Must have two years' retainability.

3.1.7. Must be active in professional and educational activities related to the specialty.

3.1.8. Must meet all Air Force standards.

3.1.9. Must obtain concurrence from squadron and group commander or unit leader, to ensure support for on-site consultant visits and funding to annual consultant conference.

3.2. CFM.

3.2.1. Must be a career AFMS SNCO (SMSgt-CMSgt) who has demonstrated outstanding competence and has full knowledge of the professional, technical, administrative, and leadership aspects of his/her specialty.

3.2.2. Must have demonstrated competence in positions of increasing professional, clinical, technical, or administrative responsibility.

3.2.3. Should have three years' retainability.

3.2.4. Must have at least 7 years experience in the career field.

3.2.5. Must be recommended by SG Chief Consultant for related medical officer specialty and the Chief, Medical Enlisted Force Development (AF/SG1E).

3.2.6. Technical or academic training background (as instructor and/or course developer) highly desirable, but not mandatory.

3.2.7. Must possess, at a minimum, an associate degree in their specialty or a Community College of the Air Force (CCAF) degree in the specialty.

3.2.8. Completion of Air Force SNCO Academy (correspondence or resident) is mandatory.

3.2.9. Experience as MTF FM, MAJCOM FM and/or Air Staff Action Officer/staff member highly desirable, but not mandatory.

3.2.10. Must meet all Air Force Standards.
3.2.11. Must obtain concurrence from squadron and group commander or unit leader, to ensure support for on-site consultant visits and funding to annual consultant conference.

3.3. CNCs.

3.3.1. Must be board-certified in the specialty (if applicable).
3.3.2. Must have an advanced degree in the specialty (if applicable).
3.3.3. Must be active in professional and educational activities related to the specialty.
3.3.4. Must have demonstrated competence in positions of increasing professional, clinical, or administrative responsibility.
Chapter 4

SELECTION PROCESS

4.1. Military Consultants.

4.1.1. Specialty requirements are determined by an AFMOA board. One representative from each Corps is a voting member of this board.

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

4.1.2.1. Non-corps specific vacancies will be announced by message from AFMOA/SGHM.

4.1.2.2. Nominations for non-corps specific vacancies will be forwarded to AF/SG board members for review.

4.1.2.3. The nominee with majority of votes will be recommended to AF/SG for selection.

4.2. CFM.

4.2.1. Nominations will be processed through the Chief, Medical Enlisted Force Development (AF/SG1E) for both primary duty and additional duty CFM

4.2.1.1. AF/SG1E will coordinate with the incumbent CFM, respective Consultant and hiring authority to manage nominative process.

4.2.1.2. AF/SG1E will provide AF/A1DPE with validated position description and requirements.

4.2.1.3. AF/A1DPE will disseminate a nominative position call for candidates to MAJCOM A1s, who will disseminate throughout their wings.

4.2.1.4. MAJCOM A1s will forward nominations to AF/A1DPE.

4.2.1.5. AF/A1DPE will forward nominations list to CFM hiring authority through AF/SG1E.

4.2.1.6. AF/SG1E will coordinate with AF/SGF, Chief Medical Enlisted Force and submit nomination list directly to hiring authority, concurrently with respective consultant (if necessary) recommendations.

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

4.2.1.8. AF/SG1E will forward the hiring authority’s selection to AF/A1DPE who will manage the assignment process.

4.2.2. Additional Duty CFMs:

4.2.2.1. Nominations will be processed through the Chief, Medical Enlisted Force Development (AF/SG1E). AF/SG1E will solicit nominees from incumbent CFM, respective Consultant, and Officer Corps Chief (if necessary) to ensure the most qualified candidate(s) are recommended.
4.2.2.2. Additional duty CFMs require recommendation and concurrence from current unit commander to support time and resources needed to support CFM work outside of primary assigned duties.

4.2.2.3. AF/SG1E will coordinate with AF/SGF, Chief Medical Enlisted Force and submit recommendation(s) to AF/SG through appropriate processes.

4.2.3. Final corps specific selectees will be submitted to AFMOA/SGHM and CFM selectees will be submitted to AF/SGIE for coordination to AF/SG.

4.3. CNCs.

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

4.3.2. Must submit current curriculum vitae.

4.4. Length of Service.

4.4.1. Selectees will serve for 3 years from date of selection.

4.4.2. At end of 3 years, they may reapply for or be nominated to continue in the role.
Chapter 5
CONSULTANT BALANCE DEPLOYMENTS (CBD)

5.1. Objective of the CBD concept ensures AEF deployment requirements are met using the most qualified individuals available at any one time in a balanced methodology across the specialties. (IAW AFI 41-106, Unit Level Management of Medical Readiness, pg 8 1.2.5 and pg 19, 2.1.10.2; War Mobilization Plan, WMP1, Medical Supplement; AFMS Prioritization and Sequencing Guidance; AFI 10-401, Air Force Operations Planning and Execution)

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

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

5.2. AF/SG Appointed Consultants/CFM:

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

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

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

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

5.3. LS/HD consultants/CFMs (per AFMS Prioritization and Sequencing Guidance) will:

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

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

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

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

5.3.3.2. Validate AFPC manning assistance requests for backfills when possible and appropriate, to include recommending Overseas Contingency Operations (OCO) funding to the MTF, MAJCOM and AF/SG8Y.
Chapter 6
REQUESTING CONSULTING SERVICES

6.1. MTF/CC may request a consultant visit directly with a military consultant through their commanders or through the consultant’s MAJCOM/SG, directly through AFMOA/SGHM.

6.2. The host MTF will fund CNC visits.

6.3. Notification must be submitted to AFMOA/SGHM three weeks prior to visit (Mandatory).

6.4. Each CNC request must include:
   6.4.1. Name of CNC and the specialty.
   6.4.2. Name of facility and purpose of visit.
   6.4.3. Fiscal quarter of proposed visit and length of visit (including travel time).
   6.4.4. A brief justification for the visit.
   6.4.5. Authorization for use and fund cite (honorarium payment through local resource management office to AFMOA/SGAR) to be used for the TDY. Reimbursement will be the responsibility of the MTF. The MTF may request additional funding for the honorarium payment thru AFMOA/SGAR.
   6.4.6. Organization point of contact.
Chapter 7

ADMINISTRATION OF CNC PROGRAM


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

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

7.1.3. Travel orders are issued for all visits.

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

7.1.5. The facility prepares travel orders. After the visit, the consultant completes DD Form 1351-2, Travel Voucher or Sub voucher, and sends the package to the local MTF resource office for processing through the accounting and finance office.
Chapter 8

SUBMISSION OF REPORTS


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

8.1.2. The original should be sent to AFMOA/SGHM, with copies to the MAJCOM/SG and MTF/CC of the facility visited.

8.1.3. In addition to the written report, the consultant will provide the MTF/CC and chief of medical staff with an oral report before departing.

CHARLES B. GREEN
Lieutenant General, USAF, MC, CFS
Surgeon General
Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References
AFPD 44-1, Medical Operations, 1 Sep 1999
War Mobilization Plan, WMP 1, Medical Supplement
AFMS Prioritization and Sequencing Guidance, Chap 8
AFI 41-106, Unit Level Management of Medical Readiness, 14 April 2008
AFH 36-2235, Information for Designers of Instructional Systems, 2 September 2002
AFH 44-114, Military Health Services System (MHSS) Matrix, 1 March 1997
AFI 33-332, Privacy Program, 29 January 2004
AFPD 36-22, Air Force Military Training, 14 June 2010
AFI 36-2201, Air Force Training Programs, 15 September 2010
AFI 36-2101, Classifying Military Personnel (Officers and Airmen), 14 June 2010

Adopted Forms
DD Form 1351-2, Travel Voucher or Sub-Voucher
AF Form 847, Recommendation for Change of Publication

Abbreviations and Acronyms
AFAAD—Air Force Airman Advancement Division
AEF—Air Expeditionary Force
AETC—Air Education & Training Command
AFI—Air Force Instruction
AFMAN—Air Force Manual
AFMC—Air Force Material Command
AFMS—Air Force Medical Service
AFMOA—Air Force Medical Operations Agency
AFMSA—Air Force Medical Support Agency
AFPC—Air Force Personnel Center
AFRS—Air Force Recruiting Service
AFRC—Air Force Reserve Command
AFSC—Air Force Specialty Code
ANG—Air National Guard
ARC—Air Reserve Component
CBD—Consultant Balanced Deployments
CC—Commander
CCAF—Community College of the Air Force
CDC—Career Development Course
CFM—Career Field Manager
CFETP—Career Field Education and Training Plan
CMEF—Chief Medical Enlisted Force
CMSGT—Chief Master Sergeant
CNC—Civilian National Consultant
CSPAR—Clinical Systems Program Assessment Review
DAG—Detailed Analysis Group
DAV—Deployment Availability
DT—Developmental Team
GFM—Global Force Management
HQ—Headquarters
IAW—in Accordance With
ITRO—Interservice Training Review Organization
LS/HD—Low Supply/High Demand
MAJCOM—Major Command
MRDSS—Medical Readiness Decision Support System
MSgt—Master Sergeant
MTF—Medical Treatment Facility
NCO—Non-Commissioned Officer
OSR—Occupational Survey Report
PCA—Permanent Change of Assignment
PCS—Permanent Change of Station
QI—Quality Improvement
QLG—Quick Look Group
RDS—Records Disposition Schedule
SG—Surgeon General
SKT—Specialty Knowledge Test
SME—Subject Matter Expert
SNCO—Senior Non-Commissioned Officer
TDY—Temporary Duty
UTC—Unit Type Code
U&TW—Utilization and Training Workshop
WMP—War Mobilization Plan