2019 Medical Corps Overview
Outline

- Overview of the Corps
- Career Progression (including pyramids & OPRs)
- Assignments & SEIs
- Force Development
- Promotion Board Basics (including PRFs & promotion stats)
- Specifics for Colonels and Colonel Selects
- Separation & Retirement
- Resources
MEDICAL CORPS (MC) BASICS
Accessions Overview

Medical Students:
- Health Professions Scholarship Program (HPSP)
  - Our largest pipeline, about 300/year
  - Mostly 4-yr scholarships, but some 3-yr available
  - Fund any accredited med school plus expenses, monthly stipend & $20K bonus
- Uniformed Services University of the Health Sciences (USUHS)
  - About 50 AF students/year. Paid as 2nd Lts

Residents: Financial Assistance Program (FAP)
- Receive monthly stipend & annual grant in exchange for ADSC

Fully qualified physicians: Accession bonuses based upon specialty

More info on MC Kx “Accessions” button (link on slide 7)

Potential applicants can contact an AF Health Professions Recruiter through www.airforce.com Another useful site: www.medicineandthemilitary.com
Medical Corps (MC) Basic Info

- 3 AFSC families:
  - 44X (Primary Care, Medical Specialties)
  - 45X (Surgery, Anesthesiology)
  - 48X (Aerospace Medicine)

- Diverse corps: 27 specialties & 106 subspecialties

- Education: Doctoral degree (either MD or DO) & postgraduate (residency/specialty) training

- Constructive credit for pay and/or promotion may be awarded for civilian training and/or prior experience
CAREER PROGRESSION
Career Progression Overview

The following slides will give an overview of the MC’s career paths.

For more info, go to the MC Kx “Paths/Promotions/Awards” button

Assignments/Career Paths

- 4 career pyramids: Academic, Clinical, Command, and Integrated Ops
  - Each career path requires attainment & sustainment of a strong clinical practice base
  - Regardless of which path is chosen, all MC should demonstrate progressive increases in their leadership ability
- As a Capt thru Lt Col, MC can freely move between the 4 tracks
- Assignments ideally reflect a progression of increasing scope at (usually, but not necessarily) progressively larger facilities
  - Opportunities/PCS moves may be limited by needs of the AF
  - Supervisory opportunities can be limited esp for sub-specialists assigned as sole authorizations at a given medical facility
- After successfully completing command, SGP or SGH tours, MC leaders may fill clinical billets to serve as master clinicians
The timeline bars above illustrate potential developmental opportunities during a Medical Corps officer’s career and can be used as a guideline for career planning. The promotion data on the lower portion of the page illustrates historical averages.

Notes:
1. Some officers receive constructive credit for experience/education prior to military service and can gain earlier promotion.
2. Serving as a GME Program Director, chair of a large or complex academic department or as SGH or Sq/CC significantly enhance competitiveness for promotion to O-6.
3. Completion of AWC strongly recommended in all cases.

This promotion data reflects CY18 boards.
Clinical Path

- Expected to master & maintain full scope of clinical competency
- Leadership roles: Element Ldr, Med Director or Flt/CC,
  - 1 or more tours as Chief of the Medical Staff (SGH)
- Limited jobs are available at: MAJCOM, AFMRA, or HQ/DHA
- Exceptional clinical leaders may be appointed as a Chief Consultant to the AF Surgeon General for their specialty
- Assignment as an International Health Specialist (IHS) Officer is encouraged & is an example of a career-broadening opportunity within this trajectory
Medical Corps CLINICAL Career Path

18 Jan 2019

***Right column includes training opportunities. PME highly encouraged at all levels. Board certification expected for promotion.
Integrated Ops Path

- Expected to master & maintain full scope of clinical competency
- Leadership roles: Element Ldr, Flt/CC, Chief of Aerospace Medicine (SGP), Sq/CC, and MAJCOM/SGP, pinnacle positions
- Further career broadening opportunities in areas like IHS, Special Operations, and at USAFSAM
  - Special Ops: SOST Team Leader, TSOC/SG, SOW/SG
  - USAFSAM: Aeromedical Consult Service (ACS), Dept Chair, Commander
Residency in Aerospace Medicine (RAM) includes a post-doctoral Masters in Public Health (MPH) or equivalent degree and is typically reflected as an advanced academic degree on the member’s SURF.

- Achievement of an MPH (or equivalent degree) is required of leaders in the Aerospace/Occupational/Preventive Medicine arenas.
- Often pursued as secondary training mid-career (Major/Lt Col).
- Some RAM opportunities for medical students.
Medical Corps INTEGRATED OPS Career Path

**Summit DE**
- Medical Strategic Leadership Program (MSLP)
- Medical Capstone
- Inter Agency Institute (IAI)

**Joint Senior Medical Leader Course (JSMLC)**
- AFMS Combined Senior Leader Course (CSLC)
- Board Recertification & MOC

**SDE**
- AWC, NDU
- AAPL Certified Physician Executive
- Medical Education/Training

**IDE**
- ACSC
- Medical Ed/Training
  - CSTARS, Military & Tropical Medicine, AFSOC Language School, CCATT/CCATTE, Adv Concepts in Aero-evac, PRAP, Medical Effects of Ionizing Radiation, Public Health Emergency Officer Course, SGP course, Hyperbaric Medicine Course, Dive BLAST

**BDE**
- SOS (in residence)
- Medical Ed/Training
  - Top Knife/RPA
  - Aircraft Mishap Investigation Course
  - Global Medicine
  - Board Certification
  - Graduate Med Ed (GME)

**SDE**
- AMPS

**Deployment/It-Assignments**
- RAM
- Small MTF SGP
- OSM CC
- Theater Validating FS
- Astronaut Spt
- FOM Flt CC
- IHS
- FOMC Med Director
- SOST Team Leader

**IHS**
- CSARM
- SME
- SOFME

**Internship/Residency/Fellowship**
- MTF Flight Surgeon

**Medical Student**

**Medical Corps INTEGRATED OPS Career Path**

**CAF**
- MAF
- SOF

***Right column includes training opportunities. PME highly encouraged at all levels. Board certification expected for promotion.
Academic Path

- Expected to master & maintain full scope of clinical competency
- Leadership roles: Clerkship Director, Division/Service Chief, Assistant Program Director (APD) to a Program Director (PD), to Department Chair
- Locations: Uniformed Services University of the Health Sciences (USUHS) faculty, staffing military residency/fellowship programs & the School of Aerospace Medicine (USAFSAM)
- Research is often associated with this path
- Members must meet strict guidelines to achieve professor status (advancing from Assistant to Associate to Full Professor)
- Large residency/fellowship Program Directors (PDs) have responsibilities comparable to Sq/CCs
Command Path

- Expected to master & maintain clinical competency
  - Scope of patient care may be reduced due to mission rqmts

- Leadership roles: Element Leader, Flt/CC, Sq/CC and MDG/CC. Staff positions include MAJCOM, AFMOA, or HAF
  - First time MDG/CCs serve at Tier 2 MDGs (ie outpatient clinics/OCONUS hospitals). They are then considered to command a Tier 1 MDG (ie ambulatory surgical facility, larger hospital/medical center)
  - NAF/SG & MAJCOM/SG are pinnacle positions on this path

- In-residence SDE & command experience are discriminators for progression to General Officer rank
Accession Training/Education

Medical Corps COMMAND Career Path

Integrity Service Excellence

Board Certification

Ed/Training

Graduate Med Ed (GME) AMP Course

Board Recertification & MOC

Combined Senior Ldr Course (CSLC)

SDE NWC/The Eisenhower School (in residence)

AWC (in residence/correspondence)

Ed/Training

AAPL Certification, MPH, MBA
Intermediate Exec Skills (IES)

IDE ACSC (in residence/correspondence)

Ed/Training

BLAST

MedXellence, MHS Female Ldr Course Fellowship, MPH, MBA

Clinical/Academic SEI

BDE SOS (in residence)

Right column includes training opportunities. PME highly encouraged at all levels. Board certification expected for promotion.
Board Certification

- Board certification is expected at the first opportunity
- Maintenance of certification is expected at all ranks
- Member should request an M-prefix on the primary AFSC to annotate their board certification
  - The member should complete an AF Form 2096. Once signed by his/her CC, the form is routed to the local MPF
  - Members should contact their CSS for details
  - M-prefixes are NOT assigned to Duty AFSCs
  - M-prefixes do not automatically start/stop Board Certification Pay. Member’s must sign a contract to start that entitlement. See the MyPers Special Pay website for more info
- Specifics on board certification reimbursement can be found in AFI 41-104
OPRs: The Basics

- OPRs should provide “meaningful” feedback to promotion boards & hiring authorities
  - OPRs should not be a surprise
  - Initial/midterm/annual feedback from supervisors is expected

- OPRs should capture the great work our officers are performing in their clinics in alignment with Trusted Care
  - What is the physician doing to improve his/her clinic, to provide better patient care?
  - Work with your GPM / HCI / leadership, to tie those actions to metrics/ratings whenever possible
  - If those new processes have been adopted by others (within the MTFs or across the AF), take credit

- For more info (How-to Guide & Powerpoint) see the MC Kx
- Get a copy of your Wing’s/Unit’s rules on abbreviations/acronyms
OPRs continued

- Physicians should get stratifications & awards when appropriate
- Push lines should reflect next desired job -- Focus on leadership!
  - Flight/CC
  - Residencies/Fellowships, International Health positions
  - Program Director/Associate PD positions
  - SGH, SGP or Sq/CC
  - Gp/CC if on command path
- OPR - not just a pathway to promotion but to different jobs also!
- SGHs should be reviewing all MC OPRs at their facilities
ASSIGNMENTS
Assignment Basics

- AFPC, in coordination with the SG Consultants, coordinates all assignments for O-5s & below

- Notify your SG consultant & AFPC assignment officer re: your passions & priorities
  - Update your ADP annually – Virtual Market Place for assignments in 2020. Continue ADP for vectoring
  - For an ADP tutorial, visit the MC Kx “Assignments” link

- After completing a full tour after residency in your specialty, consider your options: stay in your primary specialty, transition to IHS or Aerospace Med, return to teach at an academic center, move into a leadership position or unique job, etc.

- One of the benefits of the AF is the opportunity to do a wide variety of jobs during your career
Update Your Record

- Validate SURF on a regular basis – assists with assignments

- It’s important to read your SURF & ensure it’s accurate. You can pull your SURF from AF portal – AFPC Secure – AMS – My Personnel Info – My Career Brief – Save SURF

- AFSC: If you are board-certified, you should request a M-prefix on your primary AFSC via AF Form 2096 (through your CSS or MPS)

- Academic Information: [http://www.afit.edu/coding](http://www.afit.edu/coding)
  - Your advanced degree should be listed here (MD or DO degree at a minimum)
  - Send PDF copy of diploma to afit.coding@afit.edu

- Duty History corrections:
  - Your past duty titles should be correct. If not request a fix via [https://myPers.af.mil/app/tf/tf_dutyhistory/introduction](https://myPers.af.mil/app/tf/tf_dutyhistory/introduction)
Col Marcus Alexander:
- Sq CC, SGH, ISR, IHS assignments
- DSN 665-0685

Maj Brian Scott:
- 44E, 44F, 44G, 44N, 44P, 44R, 44T, 44Z, 44D
- DSN 665-0684

Maj Sarah Marks:
- 44M, 44J, 44K, 44S, 44Y, 45G, 45E, 45N, 45U
- DSN 665-0682

Maj Dawn Tanner
- DSN 665-0686

Lt Col Stacy Krishna:
AFSCs Pending

Integrity - Service - Excellence
Time on Station (TOS) ROEs

Typical timeline to move:
- CONUS to CONUS: 48 months TOS
- CONUS to OCONUS: 24 months TOS
- OCONUS to CONUS/OCONUS: DEROS
- Join Spouse: 12 months TOS
- GME, Sq CC, SGH: 24 months TOS (to take assignment)

Controlled Tour Lengths:
- Program Director – length of training program + 1 year
- Sq CC – 2 years
- OCONUS (including Hawaii & Alaska) – typically 3 years DEROS
- Kunsan & Turkey – 1 year
Special Experience Identifiers (SEIs)

U.S. AIR FORCE

- Role of SEIs
  - Primarily for assignments
  - Not visible to promotion board (i.e. not on DQHB)

- Lots of SEIs available to AF physicians:
  - Physician Executive
  - Acupuncture
  - Education: ME (Grand Master) & MF (Excellence in Teaching)
  - Informatics
  - Hyperbarics
  - Medical Investigator on a Mishap Investigation Board (i.e. SIB)
  - International Health
  - Research
  - AFSOC
  - Space
  - Medical Incident Investigator

- Learn more at MC Kx, click “SEI” on the left bar. Includes requirements for each SEI, why & how to request an SEI
Some MC Opportunities

- GME: Residencies & Fellowships
- Non-GME Fellowships: MBA/MHA, Informatics, IHS/MPH – offered based on the annual requirements in the HPERB
- Certifications: Acupuncture & American Association for Physician Leadership (AAPL)
- Building partner nation capabilities / International Health
- Operational Focus: Special Ops, Flight & Operational Medicine, Human Systems Integration, NASA, Medical Intelligence, etc
- Academic / Research
- Misc: Tricare Area Office Medical Director, Pharmaco-Economics Center, AFPC Medical Retention Standards Chief or IPEB physician, AFIA Inspector, working at a MAJCOM or other HQ, Chief AF Telehealth, etc
Considering Applying for Sq/CC?

- Check out the slides to learn more about the application/match processes for both Sq/CC & SGH jobs
- Go to AFPC’s Kx site for more info on the match process: includes projected vacancies, the “ROE’s” for that year (ie the PSDM) & previous matches (to see who is in your dream job now)
- To find these resources, go to the MC Kx page, under Career Paths “MC Sq/CC & SGH Candidate Guide”
FORCE DEVELOPMENT
Check out the MC Kx “Education” button for training opportunities

Applications for Graduate Medical Education (GME) follow the HPERB timeline

- Available training slots are typically released in early June
- Initial applications must be submitted by 30 Aug
- Matches are announced in Dec
- https://www.airforcemedicine.af.mil/Organizations/Physician-Education-Branch/

If you are a GMO (or returning to training), rec attending specialty-specific webinars hosted throughout the year SG/Consultants & PDs

Webinars are announced via the “Air Force HPSP” Facebook group & videos are archived on the GME website above
Other MC Training Opportunities

- MC non-GME fellowships: MBA, MHA, MPH, Masters- Patient Safety, Masters-Informatics, CDC EIS Fellowship
- Leadership Courses: such as BLAST, IES, MHS Female Physician Leader Course, etc
- Senior Development Education: IAI, Capstone, MSLP
- Confused by how you can apply to a specific course….and if / when this course applies to you?
  - Check out the “MC Training Opportunities: POCs & Timelines” spreadsheet
  - It lists who the intended audience is for each program, how the call comes out, & how names get submitted
Professional Military Education (PME) In Residence for MC

- **BDE**
  - SOS in residence highly encouraged for MC

- **IDE**
  - ~2 ACSC MC opportunities / year

- **SDE**
  - 11 AFMS O5 seats in AWC – Selection at DT (2 MC spots)
  - Rotational seat at Eisenhower School (NDU) for an O5 MC
    - Serve 1\(^{st}\) year clinical role, 2\(^{nd}\) year as student
    - Typically filled by an AF physician every 3 years
  - 3 AFMS NDU O6 seats - Cols Group allocates. Corps neutral
  - NDU grads’ expected follow-on - “joint” assignments
  - No SDE equivalence for HAF fellowships or scholarship recipients, i.e AAPL (formerly known as ACPE)
Applying for IDE & SDE in residence

- Majs are eligible for IDE, Lt Cols for SDE
- In-residence—3 windows of eligibility
- Review the PSDM (released in the spring) for specifics—Apr edition
- Officers must use the Ofcr Dev Plan (ODP-DE) in MyVector
- Results announced in Oct/Nov 2018 for summer 2019 start

### Medical Corps (MC)

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<thead>
<tr>
<th>IDE - INTERMEDIATE DEVELOPMENTAL EDUCATION - 2018 DEDB</th>
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<td>Category</td>
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<td>M0414A</td>
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<table>
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<td>MC</td>
<td>M0515A</td>
</tr>
<tr>
<td>MC</td>
<td>M0516A</td>
</tr>
</tbody>
</table>
What about MHS “Senior Development Education”?

- Courses for senior Lt Cols & Cols aspiring to or in command & senior exec positions
  - Interagency Institute for Federal Healthcare Executives (IAI)
  - MHS Capstone Symposium (Capstone)
  - Medical Strategic Leadership Program (MSLP)
  - Joint Senior Medical Leaders Course (JSMLC)

- Application process
  - Call for nominees comes out in the spring
    - Usually March with an April suspense to AF/SG
  - Mbr communicates his/her interest to MDG/CC
  - MDG/CC sends submissions to MAJCOM/SG
  - MAJCOM nominates mbr & MC DT selects

- For more info, go the MC Kx page
PROMOTION
Promotions: The Basics

- From Capt to Col, MC officers are eligible to pin on the next rank at 6 year intervals

- MC promotion boards occur each Sept. Results are typically announced that Dec.

  - The bulk of physicians have Dates of Rank (DOR) in May (aligned with med school graduation). These physicians will be In-the-Zone (IPZ) for promotion 4 yrs after their DOR, i.e., DOR May 2013, IPZ 2017 board, pin on Lt Col May 2019

  - Those with DORs in June are IPZ 5 yrs after DOR but still pin on at the 6 yr point. So they are a “select” for a shorter time

- The MC differs from other corps in our promotion rates:
  - Currently 100% promotion opportunity from Capt to Maj
  - Likewise the MC has 100% promotion opportunity to Lt Col
  - Historical Promotion Rates to Col hover close to 60%
**Promotion Recommendation Forms (PRF)**

- **What is a PRF?** See PSDM 19-39 on myPers for new process
  - Summary of a mbr’s military career. Now 2 lines
  - Includes the Senior Rater’s push / recommendation

- **Who writes/signs it?**
  - Typically prepared by your Sq/CC
  - Signed by your Sr Rater (ie Wg/CC for most MC)

- **What does it contain?**
  - Key performance info that discusses eligible officer’s potential to serve in the next higher grade
  - Recommendation: DNP (Do Not Promote), P (Promote), DP (Definitely Promote)
  - DPs are limited. Can be given at the Wg or MAJCOM level
PRFs: Who & When

- PRFs: Who needs one? This depends on IPZ vs BPZ
  - Capt to Maj: No PRF unless unfavorable
  - Maj to Lt Col: Needed BPZ to compete; IPZ not needed unless unfavorable
  - Lt Col to Col: Needed for BPZ, IPZ, APZ
- Typically requested Apr-May to Wing leadership for Sep promotion board
- Mbrs going to school (GME, non-traditional fellowships, IDE/SDE) require a narrative-only PRF before PCS
  - Similar to a standard PRF but the “P” & “DP” boxes are blank
  - This is kept in your file in case you meet a board while in student status
- PRFs for O-7 boards: They are only 5 lines (from O-5/O-6 OPRs). They stay in your promotion folder from year to year. Section IV may be blank for mbrs that are not competitive to O-7
Promotion Board Expectations

- Senior Raters, Promotion Boards are provided background info on each corps prior to board
- This information (the “MLR talker” and PPT brief) are available on the MC Kx
- Reviewing these 2 tools along with statistics from past boards help physicians know what to expect for their individual promotion opportunity
- The following 2 slides from the brief provide a quick overview of promotion considerations
# IPZ Promotion Considerations

<table>
<thead>
<tr>
<th>Promotion to O-4</th>
<th>Promotion to O-5</th>
<th>Promotion to O-6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Board Cert</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly desired (see notes section)</td>
<td>Generally required (see notes section)</td>
<td>Required</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 100% promotion opportunity unless “Do Not Promote” indicated on PRF | 100% promotion opportunity unless “Do Not Promote” indicated on PRF | • Experience as Sq/CC, Chief of Medical Staff (SGH), Chief of Aerospace Medicine (SGP), Group Surgeon or as a Residency/Fellowship Program Director expected  
• MAJCOM, Air Staff, Joint, Deployed/Ops experience desirable, but not required  
• Designation as a AF/SG Clinical Consultant is notable but not required |
| **PME**          |                  |                  |
| Recommend SOS (not required, some physicians not eligible due to long training pipeline) | Recommend ACSC (not required, very limited in-residence opportunities) | Highly recommend AWC |

4 career paths (academic, clinical command, integrated ops) – each can lead to O-6
# BPZ Promotion Considerations

<table>
<thead>
<tr>
<th>BPZ Promotion to O-5</th>
<th>BPZ Promotion to O-6</th>
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<tbody>
<tr>
<td><strong>Board Cert</strong></td>
<td><strong>Board Cert</strong></td>
</tr>
<tr>
<td>Current Certification Required</td>
<td>Current Certification Required</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td><strong>Experience</strong></td>
</tr>
</tbody>
</table>
| Leadership may be shown in 1 of the following roles:  
  • Flight CC  
  • Chief, Medical Staff (SGH)  
  • Chief, Aeromedical Svs (SGP)  
  • Assistant Program Director (APD) and Program Director (PD) - Residency or Fellowship  
  Broad experience is noteworthy but not required:  
  • Deployed/Fight Med/Operational experience  
  • MAJCOM/Air Staff/Joint experience  
  • AF/SG Clinical Consultant | • Sq/CC experience expected  
  • SGH or SGP experience highly recommended  
  • Deployed/Flt Med/Ops experience desirable  
  • MAJCOM/Air Staff/Joint experience desirable  
  • AF/SG Clinical Consultant experience noteworthy |
| **PME**              | **PME**              |
| Completion of ACSC is a discriminator | Completion of AWC is desired |
Full stats for each board are found via AFPC Secure, click on RAW, then Static Demographics. The MC Kx has a snapshot.

Here is an example from myPers (CY18 Lt Col Board results)

### CY 2018 MC LTC Central Selection Board

<table>
<thead>
<tr>
<th>Zone</th>
<th>Select Rate</th>
<th>DE</th>
<th>PRF</th>
<th>Eligible</th>
<th>Selected</th>
<th>Select Rate</th>
<th>Corps Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPZ 27% 27% of all officers meeting Board</td>
<td>100%</td>
<td>IDE Complete</td>
<td>DP P</td>
<td>0 24</td>
<td>0 24</td>
<td>0.0% 100.0%</td>
<td>0.0% 5.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IDE No</td>
<td>DP P</td>
<td>0 92</td>
<td>0 92</td>
<td>0.0% 100.0%</td>
<td>0.0% 21.1%</td>
</tr>
<tr>
<td>APZ 1% 1% of all officers meeting Board</td>
<td>0%</td>
<td>IDE Complete</td>
<td>DP P</td>
<td>0 1</td>
<td>0 1</td>
<td>0.0% 0.0%</td>
<td>0.0% 0.2%</td>
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<tr>
<td></td>
<td></td>
<td>IDE No</td>
<td>DP P</td>
<td>0 2</td>
<td>0 2</td>
<td>0.0% 0.0%</td>
<td>0.0% 0.5%</td>
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<tr>
<td>BPZ 73% 73% of all officers meeting Board</td>
<td>2%</td>
<td>IDE Complete</td>
<td>DP P</td>
<td>17 19</td>
<td>5 1</td>
<td>29.4% 5.3%</td>
<td>3.9% 4.4%</td>
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<tr>
<td></td>
<td></td>
<td>IDE No</td>
<td>DP P</td>
<td>8 272</td>
<td>0 0</td>
<td>0.0% 0.0%</td>
<td>1.8% 62.5%</td>
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</table>

Total: 100.0%
**Most Recent MC Promotion Stats**

**CY 2018**

<table>
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<tr>
<th>98.3% Selection to O5 (116/118)</th>
<th>Considered</th>
<th>Selected</th>
<th>Rate</th>
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<tr>
<td>IPZ</td>
<td>118</td>
<td>116</td>
<td>98.3%</td>
</tr>
<tr>
<td>APZ</td>
<td>7</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>BPZ</td>
<td>321</td>
<td>6</td>
<td>1.9%</td>
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<table>
<thead>
<tr>
<th>53% Selection to O6 (46/87)</th>
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<th>Rate</th>
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<tbody>
<tr>
<td>IPZ</td>
<td>87</td>
<td>46</td>
<td>52.9%</td>
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<tr>
<td>APZ</td>
<td>127</td>
<td>12</td>
<td>9.4%</td>
</tr>
<tr>
<td>BPZ</td>
<td>172</td>
<td>3</td>
<td>1.7%</td>
</tr>
</tbody>
</table>
Overall promotion rate
- IPZ 52.9% (46 sel’d)
- APZ 9.4% (12 sel’d)
- BPZ 1.7% (3 sel’d)
- From 1990 to 2018 IPZ: minimum 49.4% maximum 77.0%

Promotion rate by “push”
- Definitely Promote (DP): 100% selected IPZ
- Promote (P): 26.4% selected IPZ

Impact of SDE:
- 100% w/ AWC by correspondence & DP/P selected IPZ
- 27% w/ no AWC & either a DP or P selected IPZ

BPZ – with SDE & DP, 20% selected
How Does that Compare?

<table>
<thead>
<tr>
<th>Promotion to O6 Rate</th>
<th>BSC</th>
<th>DC</th>
<th>MC</th>
<th>MSC</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>14/32 (43.8%)</td>
<td>19/35 (54.3%)</td>
<td>55/88 (62.5%)</td>
<td>13/25 (52%)</td>
<td>19/45 (42.2%)</td>
</tr>
<tr>
<td>2012</td>
<td>16/34 (47.1%)</td>
<td>15/24 (62.5%)</td>
<td>65/103 (63.1%)</td>
<td>9/17 (52.9%)</td>
<td>17/39 (43.6%)</td>
</tr>
<tr>
<td>2013</td>
<td>12/27 (44.4%)</td>
<td>11/18 (61.1%)</td>
<td>47/85 (55.3%)</td>
<td>14/24 (58.3%)</td>
<td>18/35 (51.4%)</td>
</tr>
<tr>
<td>2014</td>
<td>10/23 (43.5%)</td>
<td>6/12 (50%)</td>
<td>46/77 (59.7%)</td>
<td>7/16 (43.8%)</td>
<td>16/39 (41%)</td>
</tr>
<tr>
<td>2015</td>
<td>15/38 (39.5%)</td>
<td>16/26 (61.5%)</td>
<td>46/81 (56.8%)</td>
<td>8/18 (44.4%)</td>
<td>Not available</td>
</tr>
<tr>
<td>2016</td>
<td>13/29 (44.8%)</td>
<td>10/18 (55.6%)</td>
<td>51/89 (57%)</td>
<td>10/23 (43.5%)</td>
<td>26/66 (39/4%)</td>
</tr>
<tr>
<td>2017</td>
<td>11/28 (39.3%)</td>
<td>5/10 (50.0%)</td>
<td>52/80 (65.0%)</td>
<td>10/22 (45.5%)</td>
<td>17/41 (41.5%)</td>
</tr>
<tr>
<td>2018</td>
<td>17/38 (44.7%)</td>
<td>12/24 (50%)</td>
<td>46/87 (52.9%)</td>
<td>16/32 (50.0%)</td>
<td>9/28 (32.1%)</td>
</tr>
</tbody>
</table>

- This includes only those IPZ
- Does not take into account APZ & BPZ promotees
To be considered for BTZ promotion, must complete PME before spring 2019 in anticipation of PRF and Management Level Review (MLR)

- **DOR 1 May 2016**
- **2017**: 2 years BPZ
- **2018**: 1 year BPZ
- **2019**: IPZ
- **2020**: Pin on date
- **2022**
SPECIFICS FOR COLONEL SELECTS & COLONELS
What in the world is A1LO?

- The Colonel’s Group (formerly known as “DPO” and “CVXO”)
- Once you are selected for O-6, you fall under A1LO (vs AFPC).
- Gameplan: A1LO’s Assignment process; separate from AFPC.
  - A colonel/colonel-select must be “pulled” to an assignment
  - Colonel requirements are filled with a bid process by the MAJCOM who owns the requirement
- Many positive changes focused on talent management 😊
- Gameplan matches previously worked from Jan-Apr each year. Timeframe shift to Oct-Jan to allow more time for PCS prep
- A1LO also manages the Gp/CC match process – via the CSB (Central Selection Board) – option to opt out/put in preferences
- 7 day opt to retire in lieu of PCS; must be eligible to retire (no service obligation)
Current MC Gameplan Specifics

- Mbrs complete Statement of Intent each spring/early summer
- Annual MC Pre-Gameplan meeting (held in Aug)
  - MC GOs, MAJCOM SGs, & other AFMS GOs
  - Review mover status, requirements to fill, retirements, etc.
  - Collaboration to vector MC members to and from O-6 jobs
  - Overall process is to deconflict bids/assignments so that we can ensure our diverse msn is met while caring for our mbrs
- As a MC O-6 or O-6(s) you have several avenues in which you can discuss your job preferences (this should be done before Aug Pre-Gameplan meeting) via Statement of Intent, calls, etc
  - Your MTF CC
  - Your MAJCOM Staff
  - Specialty Consultant (very important for Aerospace Med)
  - MC Director
  - Do Not Call Hiring Authorities to Market Yourself!
7-day opt to retire in lieu of assignment (RILA): you are not eligible to retire with current commitment (special pay or educational commitment) unless the ADSC is waived by SAFPC

Must have 3 years Time-in-Grade (TIG) to retire as O-6, otherwise retire as O-5

PCS incurs service commitment:
- PCS CONUS – CONUS – 2 years
- PCS to OCONUS – acquire ADSC equal to your DEROS

“Turning down” promotion takes time…and you will continue to remain on the promotion selection list (i.e., on A1LO’s roster & thus can be still be moved via the gameplan)
**Current MC Ldrship Positions**

- **DME**: 9 Col & 1 Lt Col (Offutt AFB)
- **Program Director**: 13 Col & 19 Lt Col positions
- **MAJCOM, COCOM, NAF positions**
  - 5 COCOM SGs (triservice nominative), 6 MAJCOM SGs, 1 SG2
  - 4 NAF/SGs & HOA JTF/SG
  - O-6 SGP at most MAJCOMs. Plus SGPA – O5-O6 at each MAJCOM
- **MDG/CCs**: 17 MC (Corps Neutral)
- **Sq/CCs**: 39 Col & 37 Lt Col positions (*Flight Path changes coming soon*)
- **SGHs**: 21 Col & 68 Lt Col positions
- **SGPs** (stand-alone): 7 Col & 34 Lt Col positions
- **Plus**: 5 Chief AF/SG Consultants, 4 Dept Chairs, 1 DCCS, AFMOA/CV, USAFSAM/CC, DHA CHIO, Chief of Physician Ed, Chief of Assignments, CSTARS Dir (x3), many HAF Division Heads, 365 positions (3)

> **> 150 total leadership positions (40% of O6 authorizations)**
O-6 Master Clinician

Expectations

- Subject Matter Experts in their area of specialty
- Manage peer review and OPPE/FPPE programs
- Identify and direct PI/QI projects within their department
- SME for Standard of Care reviews and RCAs
- Mentor physicians, PAs and nurse practitioners

Primarily at the Tier 1 Medical Groups

Cross over many specialties such as Allergy, Anesthesiology, OB/Gyn, IM/subsp, Radiology, Orthopedics, Peds/subsp, Family Medicine, Emergency Medicine, Psychiatry, Surgery/subsp, Dermatology, ENT
O-6 Master Academicians

Expectations

- Liaison between academic community and AF/SG leadership
- Develop, facilitate or teach courses on topics like physician leadership, faculty development and research
- Mentor/inspire junior faculty or trainees across specialties
- Serve as a think tank to help the AFMS shape realistic medical research requirements based on MTF capabilities, determine lanes for AFMS research funding, and determine priorities for the MHS Research Symposium

- Located at our GME sites
- Cross over many specialties. For example - Family Med, Surgery, Internal Med, Subspecialties, Anesthesia, Radiology, ENT
Gp/CC candidates are chosen in June through the AF Command Selection Board (CSB)

In the past, Cols were “all in” to be considered for selection by the CSB. In 2018, A1LO allowing mbrs to request to “opt out” thru their sr rater

First Gp/CC opportunity is a Tier 2 facility. This includes outpatient clinics, deployed facilities, & OCONUS hospitals. See the Flight Path for specifics (link under MC Kx – Resources)

Those who successfully complete Tier 2 Gp/CC tours are then considered for selection as a candidate for Tier 1 facilities

Candidates are announced in June. Matches are announced in Sep.

While many AF physicians are “worried” each summer that they will be selected, the CSB understands that the AF MC has 4 distinct career paths (clinical, academic, integrated ops, & command)

Thus in ‘18 <2% of MC were chosen as Tier 2 candidates

Of those MC selected as candidates, our match rate is very high
CSB is used for Gp/CC candidates. O6 Sq/CCs are selected thru the “gameplan”. In 2017, individuals could NOT opt out of CSB consideration (this changed in 2018).

<table>
<thead>
<tr>
<th>Category</th>
<th>Considered</th>
<th>Candidates Sel'd</th>
<th># of Candidates Matched</th>
<th>% Candidates Matched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>49</td>
<td>9</td>
<td>5</td>
<td>55%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>358</td>
<td>39</td>
<td>24</td>
<td>62%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Considered</th>
<th>Candidates Sel'd</th>
<th># of Candidates Matched</th>
<th>% Candidates Matched</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSC</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>DC</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>MC</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>MSC</td>
<td>19</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>NC</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2</th>
<th>Considered</th>
<th>Candidates Sel'd</th>
<th># of Candidates Matched</th>
<th>% Candidates Matched</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSC</td>
<td>40</td>
<td>11</td>
<td>5</td>
<td>45%</td>
</tr>
<tr>
<td>DC</td>
<td>54</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>MC</td>
<td>177</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>MSC</td>
<td>29</td>
<td>15</td>
<td>11</td>
<td>73%</td>
</tr>
<tr>
<td>NC</td>
<td>58</td>
<td>7</td>
<td>4</td>
<td>57%</td>
</tr>
</tbody>
</table>

Individuals 1st serve as a Tier 2 Gp/CC before being considered for a Tier 1 Gp. Tier 1 MTFs include our MedCenters, large hospitals/ambulatory surgical centers. See the Flight Path for specifics.
2018 MC Gp/CC Matches

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>2/2</td>
<td>3/3</td>
<td>4/2</td>
<td>#/#</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>15/10</td>
<td>10/7</td>
<td>7/5</td>
<td>#/#</td>
</tr>
<tr>
<td></td>
<td>67%</td>
<td>70%</td>
<td>71%</td>
<td>40%</td>
</tr>
</tbody>
</table>

- **2015 candidates:**
  - Tier 1: 50% BTZ & SDE in residence equivalence
  - Tier 2: 33% BTZ or SDE in residence equivalence

- **2016 candidates:**
  - Tier 1: 100% BTZ & 67% SDE in residence
  - Tier 2: 20% BTZ, 30% SDE in-res, 20% SDE equiv

- **2017 candidates:**
  - Tier 1: 50% BTZ, 0% SDE in-residence (at time of selection)
  - Tier 2: 43% BTZ, 43% SDE in-residence

- **2018 candidates:**
  - Tier 1: 80% BTZ & 100% SDE in-residence (at time of selection)
  - Tier 2: 40% BTZ and 40% SDE in-residence or equiv
Pinnacle Positions (all Corps)

- 30+ positions
  - MAJCOM SG & SG2
  - 59th Wing CV
  - AFRMA/CC & CV
  - SG3/5 Deputy Dir, AFMRA Branch Chiefs
  - Joint Force Command Positions
  - COCOM Positions
  - AF/SG Dir of Staff
  - AFIA SG
  - AFPC Chief Medical Career Mgmt
  - Air University SG
SEPARATIONS & RETIREMENT
Planning to Separate?

- We thank you for your service!
- Give us your feedback via the MC Exit Interview (link on MC Kx)
- Learn more about the Reserves and Air National Guard opportunities on the MC Kx
- See the next slide for info on the Career Intermission Program
Career Intermission Program

- All AFSC's are allowed to apply for CIP
  - So far 0 docs, (2) 41A's, (1) 42P, & (1) 43A
  - 1-3 yrs sabbatical for personal/professional goals
  - TRICARE, commissary, 1/15 monthly pay, no bonus, paid PCS
- ADSC:
  - Serve 2 months for every month in CIP
  - Served consecutively with other ADSCs
  - Can’t apply in 1st 3 yrs of AD or if >12 months ADSC
- Career Field Managers (CFMs) recommend approval based on manning
- All applications still meet a board
  - Board has approved despite CFM disapproval
- Go to MyPers CIP site for the PSDM & application specifics
ADDITIONAL RESOURCES
How To Learn More About MC Topics

- Read the MC newsletter (emailed twice/month, PDFs on MC Kx)
- Join one or more of the MC Facebook groups:
  - Capts/Majs: AF Medical Corps CMLC Forum
  - Lt Cols: Air Force Medical Corps Lt Cols
  - Mentor the next generation: Air Force HPSP
  - MHS Women Physicians
- Follow the MC Kx page to be automatically notified when new info is posted
- Wondering when something usually happens? Check out the “MC Calendar of Events” on the left side of the MC Kx page
- Mentoring the next generation? Contact the MC Office to be added to the HPSP Newsletter distro list. You can also join in the HPSP Quarterly TCONs
Other Recommended Resources

- Many useful links available on the MC Kx
- Financial & Personnel button:
  - GI Bill: considering transferring to your dependents? It can be a great deal but don’t delay as it comes with a 4 yr ADSC (served concurrently to other ADSCs such as special pay)
  - Badge Info: details on which MC badge to wear when
  - Learn about benefits including the blended retirement system
- Resources button:
  - Provider Handbook: great tool for all AF doctors
  - Flight Path: See what commands are MC slots, what SGH positions are O5 or O6, what positions are dual-hatted AMDS/CC & SGP
  - Link to the list of the SG consultants & a whole lot more 😊
Take Time to Read (or Listen): A Few Books to Get You Started

- It Worked for Me: In Life and Leadership Colin Powell
- The Checklist Manifesto Atul Gawande
- Leaders Eat Last Simon Sinek
- Switch: How to Change Things When Change is Hard Heath brothers
- Why Hospitals Should Fly John J. Nance
- Lean In Sheryl Sandberg
- How Doctor’s Think Jerome Koopman
- Managing the Unexpected Karl E. Weick
- CSAF Reading List is a great starting point! (books/movies/etc)
- Free use of AF Digital Library via Overdrive http://af.lib.overdrive.com
  - Register using your af.mil email
  - Then can access from your personal smartphone anytime
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E-Mail: Kelly.l.Dorenkott.mil@mail.mil