



**DEPARTMENT OF THE AIR FORCE**  
HEADQUARTERS AIR COMBAT COMMAND  
LANGLEY AIR FORCE BASE, VIRGINIA

29 April 2004

MEMORANDUM FOR ACC MEDICAL GROUP COMMANDERS

FROM: HQ ACC/SG  
162 Dodd Blvd, Ste 100  
Langley AFB VA 23665-1213

SUBJECT: ACC Guidance for Flight Medicine Primary Care Element (PCE)

1. The attached memo from Major General Kelley gives further guidance as to how Flight Medicine PCEs should be treated within the Air Force Medical Service. Specifically, Flight Medicine PCEs should:

a. Deliver acute, chronic, and preventive medical care to a defined population. That population is defined as rated/special operational duty personnel (as defined by AFI 48-101 para 8) and their dependents. Requests for deviation from that enrollment must be submitted for approval to the MAJCOM/SGPF. Enrollment should be limited to the defined, targeted population group only.

b. Be held responsible for meeting the same access standards and performance measures common to primary care clinics.

c. Provide the MTF with surge capacity to meet such events as aircraft mishaps, in-flight emergencies, hazardous material spills, exercises, inspections and the like.

d. Flight Medicine is not an overflow for other PCE teams. They must remain focused on fliers and certain specific operational personnel (defined in paragraph 1a).

e. Maintain an appropriate operational support focus. Hold them to the HSI requirement of at least 50% of flight surgeon time being spent in operational support (non-clinical) activities.

2. This memo comes at a critical time as Flight Medicine clinics have not done well in recent HSI inspections. My staff will provide you with further information on recurring problems which have contributed to these failures. Any questions can be directed to my POC, Lt Col Wayne M. Pritt, ACC/SGPF, DSN 574-1325, [wayne.pritt@langley.af.mil](mailto:wayne.pritt@langley.af.mil).

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