



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

17 March 2004

MEMORANDUM FOR ACC MEDICAL GROUP COMMANDERS

FROM: HQ ACC/SG
162 Dodd Blvd, Ste 100
Langley AFB VA 23665-1995

SUBJECT: Guidance on Filling Unit Type Code (UTC) Positions

1. As you are aware, the AFMS senior leadership closely monitors your UTC status and comments reported in the AEF Reporting Tool (ART) in an effort to ensure you have the resources you need to fill contingency requirements. I applaud your efforts thus far and offer the below advice to assist you in ensuring your limited resources are assigned to the right UTCs.
2. I have a sense that some of you may be of the impression that a yellow or red rating for a UTC has a protective effect on their risk of tasking. There appears to be considerable variability to how commanders are assessing their teams, particularly as it pertains to training needs. "Just in time" training at times seems to result in green, yellow or red assessments for the same UTCs from different MDGs. I need your personal attention in this! The impression that coding a UTC "red" will prevent it from being tasked is not true! We often deploy "red" UTCs after a long, tedious process of identifying other resources throughout the command within the tasked AEF window to fill your shortfalls. This can be prevented by ensuring all of your assigned AFSCs are postured first against our high-demand EMEDS UTCs.
3. While there is no set UTC "priority," we can predict UTC vulnerability based on current operations and deployment history. For example, most of you have UTC FFGLE, Patient Retrieval Team, assigned. This UTC requires one MSC and 12 4N0X1s. These UTCs are being reported as 100 percent filled across the command. In the past 2 years, one FFGLE was deployed AF-wide. Meanwhile, we are shortfaling 4N0X1s on FFPCM UTCs, which are highly tasked. You should consider moving the 4N0X1s from FFGLE to fill your FFPCM vacancies. It is easier for us, as a command, to fill FFGLE shortfalls within an AEF bucket, if tasked, than it is FFPCM. This is just one of several possible scenarios.
4. Using applicable AFSC substitution guidelines, I expect you to make use of all MTF resources before reporting a shortfall. Refer to AFI 10-403, Chapter 5 for additional guidance.
5. Again, I appreciate your continued efforts to ensure we meet our contingency requirements to the fullest extent. Our SGX staff and functional consultants stand ready to assist you, and I expect you to make full use of their collective expertise. If you have any questions, please contact our readiness staff at DSN 574-1211 or email: acc.sgx@langley.af.mil.

A handwritten signature in black ink that reads "Russell J. Kilpatrick".

RUSSELL J. KILPATRICK
Brigadier General, USAF, MC, CFS
Command Surgeon