



FLIGHT SURGEON

Minot AFB, ND

PERIOD OF PERFORMANCE

BASE YEAR: 15 Sep 23 – 14 Sep 24

OPTION YEARS: 3

CONTRACT HOURS: 1912 hours

ON CALL: 240 hours

OVERAGE: 250 hours

CLINIC HOURS: 0730-1630

MINIMUM QUALIFICATIONS

HCWs shall meet the following education and experience requirements:

- **EDUCATION:** Possesses a Doctor of Medicine degree or a doctor of osteopathy degree from an approved school of medicine or osteopathy. This degree must have been accredited by the Council on Medical Education of the American Medical Association; Association of American Medical Colleges; Liaison Committee on Medical Education; Commission on Osteopathic College Accreditation of the American Osteopathic Association, or an accrediting body recognized by the U.S. Department of Education and the Accreditation Council for Graduate Medical Education (ACGME) at the time the degree was obtained (e.g. Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC).
- **FOREIGN TRAINED PHYSICIANS:** A Doctor of Medicine or equivalent degree from a foreign medical school must provide education and medical knowledge substantially equivalent to accredited schools in the United States. Evidence of equivalency to accredited schools in the United States is demonstrated by permanent certification by the Educational Commission for Foreign Medical Graduates, a fifth pathway certificate for Americans who completed premedical education in the United States and graduate education in a foreign country, or successful completion of the U.S. Medical Licensing Examination.
- **INTERNSHIP/RESIDENCY:** Successful completion of an internship and residency program (corresponding to the specialty required in the TO) which has been approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association. Subsequent to obtaining a Doctor of Medicine or Doctor of Osteopathy degree, a candidate must have had at least 1 year of supervised experience providing direct service in a clinical setting (i.e., a 1-year internship or the first year of a residency program in a hospital or an



institution accredited for such training). For purposes of this requirement, graduate training programs include only those internship, residency, and fellowship programs that are approved by accrediting bodies recognized within the United States or Canada. Descriptions of such programs are described below.

- An internship program involves broadly based clinical practice in which physicians acquire experience in treating a variety of medical problems under supervision (e.g., internal medicine, surgery, general practice, obstetrics-gynecology, and pediatrics). Such programs are in hospitals or other institutions accredited for internship training an appropriate accrediting body.
 - A residency program involves training in a specialized field of medicine in a hospital or an institution accredited for training in the specialty by an appropriate accrediting body.
 - A fellowship program involves advanced training (beyond residency training) in a given medical specialty in either a clinical or research setting in a hospital, or an institution accredited in the United States for such training.
- **CERTIFICATION:** Board Certified or Board Eligible in Aerospace Medicine
 - **LICENSURE:** Possess and Maintain current license to practice Medicine in the U.S.
 - **CLINICAL COMPETENCY:** Each HCW requesting clinical privileges shall be required to demonstrate clinical competency within the past two years
 - **Drug Enforcement Agency (DEA) Registration:** Possess and Maintain current DEA registration numbers
 - **BLS:** Possess and maintain current BLS- online classes are not acceptable
 - **EXPERIENCE:** The applicant must have a minimum of 35 hours of direct patient care in the past year. Applicant must have a minimum of 3 years' experience in the last 10 years having served as a privileged flight surgeon at a US Military installation, with experience in:
 - U.S. military medical standards to conduct special operational evaluations, including (but not limited to) PHA for flyers/special duty personnel, initial certification exams for flying/special duty applicants.
 - Aeromedical disposition for flying/special operational duty.
 - Conducting adaptability rating assessment for military special duty applicants.
 - Applying medical, fitness and profiling standards IAW AFIs 48-123, 36-2905 and 10-203 (including profiling and duty restrictions as Profile Officer).
 - Providing primary care for active duty personnel and their family members

DUTIES

Duties include but are not limited to the following:

1. The applicant must be able to locate, interpret and apply current regulations including: AFI 48-123, AFI 36-2905, AFI 10-203, DoD 5210.42R, AFI 48-149 and AFMAN 13-501.



2. The flight medicine physician shall provide health care to beneficiaries assigned to the Operational Medicine Clinic, Occupational Health Clinic, or other civilian Flight Medicine physician positions as defined by the MTF. These tasks include performing primary care and occupational health clinician duties and the associated administrative tasks.
3. Care shall include but not be limited to continuing, comprehensive health maintenance and provision of medical care, including preventive medicine, behavioral health, occupational health, and community health.
4. The civilian Flight Medicine physician may become the primary care manager (PCM) for a panel of patients. As a PCM, the flight medicine physician will be the primary person responsible for the management of the health and wellness of his/her assigned patients. Duties include but are not limited to:
 5. Examination of patients, formulation of differential diagnostic plans, ordering of appropriate diagnostic testing.
 6. Interpretation of examination findings and test results, and implementation of treatment plans.
 7. Determination of the need for consultation and assisting in medical care and treatment provided at the direction of other specialists.
 8. Approving/disapproving subspecialty referrals.
 9. Directing case management activities
 10. Answering patient telephone consults with the assistance of clinic staff.
 11. Providing primary and secondary preventive maintenance care.
 12. The Flight Commander, Operational Medicine Clinic will assign specific duties/patient care assignments, and other duties deemed necessary.
 13. Diagnose and treat a wide range of acute and chronic diseases and injuries including but not limited to conditions of the:

Skin	Neck	Genitourinary System
Head	Cardiovascular System	Reproductive System
Eyes	Psychiatric and Behavioral Health	Lymphatic System
Ears	Pulmonary System	Central Nervous System
Nose	Gastrointestinal System	Endocrine System
Throat	Musculoskeletal System	
14. Perform medical procedures and maintain certification where appropriate to include, but not limited to, the following:
 - Basic Life Support
 - Secure and maintain an adequate airway, to include endotracheal intubation
 - Cardioversion of life threatening arrhythmias



Simple minor surgical procedures: punch biopsies, excision of skin lesions

Simple abscess incision and drainage

Nail trephination

Sling or swath injuries

Suture simple laceration

Suture removal

Cryotherapy

Nebulizer treatment

Bladder catheterization

Cultures (throat, wound)

Remove ocular, nasal and ear foreign bodies

Clearing of ears by flush technique

Reduce simple dislocations and fractures, when appropriate

Bandaging of sprains, minor burns, and minor lacerations

Perform venous punctures for lab studies and interpret results

Administer intravenous, intramuscular, and subcutaneous medications as appropriate

Stabilize and evaluate cervical spine injuries as appropriate

Splint and stabilize traumatic injuries to extremities

15. Review, interpret, and act upon medical surveillance data relating to the Occupational Health program.
16. Prepare records and reports as required in support of services rendered in accordance with established procedures.
17. Attend and participate in patient care reports, review meetings, patient care conferences, team conferences, professional staff conferences and other appropriate professional activities only to the extent that such attendance and participation is relative to assigned cases and/or performance of services.
18. Civilian flight medicine physicians will not fly (as part of their duties) or participate in exercises beyond the scope of medical care specified in their privileges and/or credentials. They will not be utilized as Squadron Medical Element physicians.
19. Credentialed civilian flight medicine physicians may respond to HAZMAT and in-flight emergencies. After hours coverage will only be provided if requested by local authorities and written into local contract.
20. Conduct special operational evaluations and determinations, including (but not limited to):
 - a. PHA for flyers/special duty personnel.



- b. Initial certification exams for flying/special duty applicants (including foreign military personnel attending US military training, initial health screening for foreign military personnel attending US military training).
- c. Conduct adaptability rating assessment for military special duty applicants.
- d. Make PRP/PSP determinations IAW DoD 5210.42R and AFMAN 10-3902.
- e. Aeromedical Dispositions: Civilian Flight Medicine providers will be allowed to make aeromedical dispositions ONLY if they meet the Qualifications criteria listed in section 1. Aeromedical dispositions must be specifically listed on the Flight Surgeon's credentials and privileges list, which requires initial review and approval by the MTF's SGP. The term "aeromedical disposition" includes drafting and reviewing aeromedical waivers, approving DNIF/DNIC, and return-to-fly 2992's. Exceptions to this policy require approval from AFMSA/SGPF. Civilian Flight Surgeons will be granted base-level waiver authority only on approval of MAJCOM/SGP.
- f. Apply medical, fitness and profiling standards IAW AFIs 48-123, 36-2905 and 10-203 (including profiling and duty restrictions as Profile Officer).
- g. Complete deployment health assessments IAW DHA policy

In addition to standard mandatory qualifications, the healthcare worker must:

1. Have experience with completing tasks using Microsoft Office applications with minimal guidance.
2. Become proficient in the use of the following computer systems: MHS Genesis, and Aeromedical Services Information Management System (ASIMS).
3. Complete SHPE Program orientation with a flight representative. This is a one-time training requirement.
4. Assist BOMC with medical record reviews for Deployment- Related Health Assessments (DRHA), Separation History and Physical Exams (SHPE) and all other Medical Clearances for Deployment, PCS, Retraining, Palace Chase/Palace Front, and retention.
5. Proof of malpractice insurance and claims history for the past 10 years.

CLINICAL COMPETENCY

Each HCW requesting clinical privileges shall be required to demonstrate clinical competency within the past two years in the required clinical discipline as specified. Contract employee shall complete a CCQAS application, for clinical privileges document to demonstrate clinical competency for each task requested. Tasks performed with a two year period shall be marked as 1, 2, or 4 in the requested column, according to the instructions at the top of the form and that it has been performed within the two years.

SECURITY INVESTIGATIVE REQUIREMENTS

HCWs shall be subject to the following security processes for fingerprints:

The HCW shall complete a SF-85- Public Trust Questionnaire

The HCW shall complete forms AF2583 and OF306



“Favorable” fingerprint results

SCHEDULE MANAGEMENT

The TO will establish the work schedule and billable hours for each HCW. The Contractor shall maintain a process to monitor work and billable hours on the TO. When directed by the Government, the HCW shall remain on duty to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the normal work schedule.

SCHEDULE MANAGEMENT FOR PERSONAL SERVICES

The work schedule for each labor category is as follows:

Between 0730 to 1630, Monday – Friday with a 1 hour lunch period. Contract employees will not exceed 8 hours per day unless directed by the Government Supervisor to complete patient treatment where lack of continuity of care would otherwise jeopardize patient health. HCW shall not exceed 40 hours per week.

CALL-BACK HOURS

HCWs will be required to report in-person to the MTF during on-call hours if needed. The number of call-back hours and timeframe is as follows: call back hours will primarily only be used when a necessity exists, such as for real-time, readiness and deployment related events and emergencies. Any call back hours worked will be billed at the premium rate.

1. *Call back.* Staff members eligible for call back shall be scheduled for by the department head (or designee) and, as a consequence, are required to restrict their whereabouts and activities in order to be available for immediate consultation or return to work.
2. "Required to restrict their whereabouts" means being within immediate radio pager or telephone contact, and, if requested, returning to the department and ready to work within thirty minutes.
3. Contract employees scheduled for on-call status must respond to initial radio pager/telephone/text contact, so as not to exceed the thirty-minute response time frame.
4. If a contract employee scheduled to be on on-call or call back wishes to remove himself/herself from on-call or call back status due to illness or other extenuating circumstances, the staff member shall first notify and obtain the expressed approval the government supervisor.
5. Contract staff while in on-call or call back status are paid at the hourly rate while performing regular duties and at the premium rate identified in paragraph 1.5.7.2. for hours beyond the normal duty day.
6. Contract staff will only be paid for time spent responding to actual calls received in on call status or actual hours worked, or a minimum of 2 hours whichever is greater, when called back to the MTF while in call back status. Travel time to and from the MTF shall not be considered as time worked for purpose of computing call back hours.

On-Call Hours: On-call requirements for each labor category are as follows:

In the event that Flight Surgeon Contract employee is the only available qualified Flight Surgeon for 5 MDG, contract employee will pull On-Call Hours one full week a month beginning from Monday 0700- through the



following Monday terminating at 0700. Contractor will only be reimbursed for actual calls received. The company will bill in 15 minute increments at the premium hourly rate. The contractor will be available for call back (stand-by) when on call.

OVERAGE HOURS

Overage hours for the Flight surgeon will be billed beyond the 40 hour work week schedule.

SCOPE OF WORK

HCWs will be able to bill the Government for participation in administrative functions (i.e., orientation, quality improvement programs, clinical/administrative data collection, meetings, and training). Specific tasks associated with administrative duties beyond the tasks outlined in the contract PWS include: Contract employees will be allowed to participate in outreach events and morale events with the approval of the MTF Commander. Attendance at these events will not be considered billable hours.

BILLING FOR SERVICES

The Contractor will only be paid for the actual hours the HCW provides services with the following exception for personal services HCWs:

Installation Commander directed base closures due to severe weather or natural disasters.

I have read and fully understand the minimum qualifications and duties and will comply with all requirements under this contract service.

(Print Name)

(Signature)

(Date)