Category: LDR.3 Leadership

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Area LDR.3.1 Organizational Management

Introduction This section contains all elements related to organizational management and oversight.

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Element LDR.3.1.1 (formerly LED.1.1.2, LED.2.1.4, LED.2.1.5, LED.2.3.2 and LED.2.3.4)

Executive Management

Evaluation Criteria

- Members of the executive management committee (EMC) team established the strategic direction for the unit
- EMC members were an integral part of the decision process in determining resource requirements, staffing, and training
  - -- Ensured medical support was adequate to meet mission requirements
  - -- Provided oversight for all subordinate functions/activities, to include assigned SME/GSUs, IDMTs, OJT and GSU support agreements
- Items in EMC minutes requiring further action were followed to completion
- Executive leaders had a systematic process to oversee improvement of the unit's performance
  - -- The unit's self-inspection program was aggressively managed with strict adherence to assessment deadlines and prompt resolution of open items
- EMC identified methods for selecting unit members for advancement, leadership roles and recognition
- Leaders briefed all personnel on AFMS values, expectations and standards of behavior
  - -- Medical unit personnel demonstrated compliance with military standards such as courtesy, dress, bearing, and behavior
  - -- Unit leaders monitored misconduct within the organization and developed programs to decrease/manage misconduct
- Chief of Clinical Services was a privileged physician and the principle executive staff advisor concerning quality and scope of clinical services, medical policy and planning, and the credentialing and privileging process
- Chief of Aerospace Services was a flight surgeon and executed all aerospace medicine activities with an integrated team approach using the Aeromedical Council/similar forum to ensure coordination/follow through
- Chief of Dental Services provided oversight for the implementation of programs to improve prevention of dental disease to ensure maximum combat capability of assigned personnel
- Health Services Administrator planned and organized activities associated with peacetime and wartime health services administration such as manpower, logistics, information systems and medical records
- Chief Nurse provided effective oversight and utilization of nursing personnel

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise mission effectiveness.

2: Although the basic mission was accomplished, senior leadership was not actively engaged in all aspects of the unit's operations. For example:

- Executive leadership was not fully engaged in setting the unit's strategic direction
- Ineffective leadership contributed to the potential compromise of mission effectiveness

1: Few criteria were met. For example:

- Little evidence of unit commander leadership or executive team oversight in unit activities
- Ineffective functional area leadership (SGH, SGN, SGP, SGA) negatively impacted the unit's overall performance

0: Executive leadership failed to support basic mission requirements.

NA: Not scored.

Protocol P-3 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component team chief.

Reference(s) AFI 44-119; AFI 41-120; AFPAM 36-2105

Element LDR.3.1.2 (formerly HCS.1.2.2)

Self-Inspection Program

Evaluation Criteria

- The unit had developed and adhered to a unit instruction which described the entire self-inspection process including:
  - -- A system for tracking and follow-up of open items
  - -- A mechanism to identify open items resulting from self-inspections, HSIs, or MAJCOM SAVs
  - -- Guidance for the development of checklists from the current HSI Guide, TIG Brief articles, analysis of HSI trends from the AF Inspection Agency website, SAV reports, previous HSI reports and other locally developed items
  - -- A mechanism to ensure each new section chief conducts a formal inspection of his or her duty section within two months of arrival
  - -- A requirement for functional supervisors to review and update local checklists
- The self-inspection program manager consolidated and monitored all discrepancies/open items and periodically briefed their status to the executive management committee

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Scoring

4: Criteria met.

3: Minor deficiencies existed in the self-inspection program, but did not adversely detract from its overall effectiveness.

2: Program deficiencies existed which resulted in inconsistent tracking or minimal oversight of open items.

1: The self-inspection program was minimally functional or recently established. Inconsistent follow-up of a significant number of open items was evident.

0: No viable self-inspection program was established. Organizational discrepancies remained unresolved and placed the unit at significant risk for degraded operations and findings (or repeat findings) through various assessment processes.

NA: Not scored.

Protocol

P-17 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.
Reference(s)	HQ USAF/SGM policy memorandum, Self-Inspection Program, 18 Jan 02

Element LDR.3.1.3 (formerly LED.1.2.3)

Support Agreements/Training Affiliation Agreements (TAA)

Evaluation Criteria

- Training Affiliation Agreements (TAA)/Memoranda of Understanding (MOU) for training between medical organizations were prepared and processed IAW AFI 41-108 (ANG) and AFRCI 41-101 (AFRC)
  - -- The TAA/MOU was current and clearly outlined medical organization responsibilities
    - --- The TAA/MOU was dated and signed by the organization commanders or equivalent
    - --- The appropriate approval process was IAW governing directive (SJA, group/wing, Air Staff)
    - --- A description of the facilities entering into the agreement was included along with complete addresses
    - --- Liability requirements and responsibilities of the affiliating civilian institution were addressed
    - --- Roles and scope of practice were defined for each participant
    - --- TAAs/MOUs were reviewed for appropriateness and currency periodically (not less than every 3 yrs for ANG and 2 yrs for AFRES)
    - --- Renewal procedures, including formal review of the TAA by concerned parties, was completed at least 60 days prior to the termination date (AFRC)
- Support agreements and/or MOUs/MOAs establishing supplier/receiver relationships between ARC and AD wings or organizations:
  - -- Were drafted to ensure clear identification of all support requirements
  - -- Were drafted to ensure AFRES and ANG receive the same level of support as other tenant units on the installation including base-level support services, annual tours, unit training assemblies, peacetime training in all areas, and weekend operations
  - -- Were revised with non-substantive changes (if necessary) via mutual agreement, using minor pen and ink changes
  - -- Were reviewed in their entirety every 3 years and approved per the original

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Scoring

4: Criteria met.

3: Discrepancies were minor, primarily administrative in nature, and unlikely to compromise mission support. For example:

- TAAs/support agreements required minor revision to maximize effectiveness but were otherwise functional

2: Partial compliance with evaluation criteria. For example:

- Agreements had surpassed their termination date but no review and approval had occurred and no MAJCOM deferment existed

- Support agreements were in place but did not clearly identify all support requirements, resulting in moderate shortfalls in training, supplies or services support

1: Minimal compliance with evaluation criteria. For example:
- TAAs/support agreements existed, but critical provisions weren't identified or adhered to and inadequate action had been taken to elevate or resolve the situation. Severe shortfalls in areas of training, supplies or services support occurred as a direct result

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. For example:
- Lack of necessary support agreements severely hindered the ARC unit's ability to obtain crucial training, supplies, or services
- Tort liability had not been established for TAAs, thereby placing the government potentially at risk

NA**:** Not scored.

Protocol

There is no protocol for this element. TAAs and support agreements are typically evaluated without requiring an interview. Consultation will occur, as necessary.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s)

AFI 41-108; AFI 25-201; AFRCI 41-101; AFRCI 41-102

Element LDR.3.1.4 (formerly HCS.1.1.2)

Professional Medical Services Contracts/Blanket Purchase Agreement (BPA) Oversight

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Evaluation Criteria

- Quality assurance evaluators (QAE), if required, were appointed and trained
- Quality assurance surveillance plans (QASP) for professional medical non-personal service contracts over $100,000 were developed and monitored
- Contract documentation was maintained as required
  - -- Documentation existed indicating coordination with, and oversight by, the unit's credentials program manager
  - -- Examples include copy of the contract and all modifications, receiving reports and, if applicable, QAE appointment letter(s) and training
- BPAs, which do not require QASPs, had current, approved price lists (if pre-priced) and receiving reports prior to payment being made
- Processes were in place to address issues or incidents involving contract healthcare providers

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Scoring

4: Criteria met.

3: Minor program deficiencies existed which did not affect contract performance or quality of care provided.

2: Inefficient processes hindered administrative oversight of professional service contracts and/or BPAs.

1: Processes to oversee contracts and evaluate adequacy of contractor performance were deficient. The likelihood of accepting nonconforming contract services was high.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Contract requirements were not met and/or inadequate/inappropriate provider performance was not addressed.

NA: Not scored.

Protocol

P-16 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s) DoDI 1402.5; AFI 41-209; AFI 44-119; AFI 44-102; AFI 63-124 (not applicable to ANG); HQ AFMSA/SGSLC memorandum, Professional Services Checklist, Aug 98

Element LDR.3.1.5 (formerly LED.2.3.3 and HCS.1.2.4)

Administrative Support Services

Evaluation Criteria

- The administrative support staff:
  - -- Evaluated and implemented functional duty requirements
  - -- Planned and performed squadron administrative support functions
  - -- Coordinated and forwarded communications, directives and publications
  - -- Ensured squadron operating instructions were:
    - --- Reviewed biennially
    - --- Formatted and maintained according to directives
  - -- Medical reference library (if applicable):
    - --- Was inventoried and maintained according to directives
  - -- Medical currency information file was maintained IAW directives

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Scoring

4: Criteria met.

3: Discrepancies were minor, primarily administrative in nature, and unlikely to compromise mission support.

2: Partial compliance with evaluation criteria. For example:

- Reference library had not been inventoried
- OI program was not properly managed
- Communications, directives and publications were not consistently coordinated
- Interpretation of administrative health services program policies were not consistently communicated to the commander/EMC

1: Minimal compliance with evaluation criteria. Inefficient support of the administrative staff significantly compromised mission accomplishment. For example:

- NOTAMS, SG policy guidance, and/or publications were not coordinated within the unit
- Administrator did not effectively plan, organize and manage unit peacetime/wartime activities
- Staff did not evaluate and implement AFSC specific training requirements

0: Noncompliance with evaluation criteria. Due to ineffective or inefficient support of the administrative staff, the organization's ability to provide services was severely degraded.

NA: Not scored.

Protocol	P-28 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.
Reference(s)	4A0X1 CFETP; AFI 41-207, para 5; AFI 41-210; AFI 33-360; AFMAN 36-2105 (AFSC 41AX); AFI 37-138; AFI 33-360 V1, AFRC Sup 1; AFRCI 37-111; ANGI 41-107

Area LDR.3.2 Human Resource Management

Introduction This section contains all elements related to training, personal development and mentoring.

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Element LDR.3.2.1 (formerly HCS.2.2.1)

Administration of the On-the-Job Training (OJT) Program

Evaluation Criteria

The unit training manager (UTM):

- Instructed and administered the Air Force training course for the unit
  - -- Obtained assistance from the base training office if UTM was not a 3S2X1 or qualified instructor
- Interviewed newly assigned personnel within 60 days to determine training status and CDC progression
- Conducted comprehensive orientation for trainees initially entering UGT within 90 days, covering concept, scope and objectives of the AF training program
- Conducted unit training meetings at least quarterly
  - -- Prepared meeting agenda/minutes, distributed to work centers, unit commander and base training
  - -- Discussed training trends, policies, methods, procedures, and changes
  - -- Reviewed training problems and solutions
  - -- Attended base training meetings
- Provided current CFETPs, AFJQSs, and STSs for each enlisted specialty in the unit (as required)
- Briefed the unit commander monthly on the status of the unit OJT program as described in AFI 36-2201 V3, AF Training Program OJT Administration, para 5.2.20
- Conducted informal work center visits and maintained memos for record until the unit staff assistance visit (SAV) was complete
- Conducted an assessment of the unit training programs NLT 180 days after the base SAV, not to exceed 24 months between unit SAVs
  - -- Submitted a written report within 30 days of completion to the unit commander and base training
- Ensured work centers:
  - -- Developed a master training plan
  - -- Met enlisted training plan and duty and skill requirements utilizing a master career field education and training plan (MCFETP)
  - -- Conducted initial evaluation of knowledge and skills within 120 days of assignment
  - -- Planned and scheduled training
  - -- Managed testing
  - -- Evaluated qualifications before certification of upgrade actions
  - -- Documented training in six-part folder
- Generated the training management report roster monthly
  - -- Briefed commander on the status of each trainee
  - -- Ensured the commander signs the OJT roster (copy to base training)
- Coordinated training status code changes, skill level upgrades, and AF Form 2096 with supervisors, commander, and base training manager

- Managed the career development course (CDC) program for the unit
  -- Briefed supervisor and trainee on responsibilities
  -- Monitored progress to ensure courses were completed within time limits
  -- Ensured a process was established to track volume completion
  -- Ordered CDCs, course examinations, and scheduled testing
  -- Ensured appropriate follow up was conducted for course exam failures

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise unit readiness. For example:
- Trainer/certifier designation letter had not been updated
- Formal assessment of unit training program had not been forwarded to the base training manager within 30 days
- UTM did not always attend base training meetings

2: Partial compliance with evaluation criteria. Deficiencies existed in program management and could cause possible compromise of OJT program effectiveness and unit readiness.

1: Minimal compliance with evaluation criteria. Significant deficiencies existed which would cause probable compromise of program effectiveness and unit readiness.

0: Unit training program failed to meet minimum provisions of the evaluation criteria. Program deficiencies directly limited unit readiness and adversely impacted skill level advancement of assigned personnel.

NA: Not scored.

Protocol

P-30 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

AFI 36-2201 (Vols 1-6); CFETP (AFSC specific)

Element LDR.3.2.2 (formerly HCS.2.2.2)

Supervisory Involvement – On-the-Job Training (OJT)

Evaluation Criteria

Unit supervisors:

- Developed a work center master training plan (MTP) to ensure 100 percent task coverage. At a minimum, the plan included:
  - -- Master Task Listing that identified core, duty and critical tasks
  - -- Current Career Field Education and Training Plan (CFETP) or AF Job Qualification Standard (AFJQS)
  - -- Locally developed AF Form 797, Job Qualification Standard Continuation Sheet (if applicable)
- Managed, evaluated and conducted OJT:
  - -- Maintained 6-part training folders for assigned personnel
    - --- Records reflected accurate and current qualifications and training requirements
    - --- Documented training, as appropriate, according to instructions provided in the respective CFETP
  - -- Conducted and documented orientation of the trainee to the work center within 120 days of assignment
  - -- Briefed and familiarized the trainee with the concepts, scope, objectives, requirements, and procedures of the unit OJT program
  - -- Conducted and documented (on AF Form 623a) an initial evaluation of knowledge and skills within 120 days of assignment (utilizing the CFETP, work center MTP and contingency and wartime training)
  - -- Ensured certifiers evaluated and validated core and critical tasks
- Initiated action to award skill level when trainee met all upgrade requirements defined in the respective CFETP
  - -- Verified the individual's training folder had documented evidence to support upgrade actions
- Administered the work center Career Development Course (CDC) program:
  - -- Adhered to 60 day timeline, per volume, for completion of CDCs
  - -- Unit review exercises:
    - --- Scored the ECI Form 34, Field Scoring Sheet
    - --- Conducted review training with trainee on missed areas
    - --- Certified trainee had completed review training by completing the bottom of the ECI Form 34
    - --- Maintained ECI Form 34 in training folder until course completion
  - -- Conducted and documented a comprehensive review of the entire CDC with trainee in preparation for course examination
  - -- Conducted appropriate follow up to course examination failures
- Attended unit education and training meetings

Scoring

Note: Element rating is determined using a combination of criteria:

- Review of 6-part training folder documentation
- Assessment of program management (duties and responsibilities of the supervisor as defined in CFETPs, AFI 36-2201 (Vols 1-6)

4: Criteria met.

3: Deficiencies were minor and unlikely to compromise individual training progress or unit readiness. For example:

- Missing or misfiled documents in the 6-part training folder
- Supervisors did not routinely attend OJT meetings

2: Partial compliance with evaluation criteria. Deficiencies could cause possible compromise of trainees' job proficiency, skill-level advancement, or unit readiness. Thirty percent or more of reviewed 6-part training folders contained documentation errors. For example:

- Core tasks were not consistently identified or certified
- Inconsistent/inappropriate documentation on AF Form 623a, Continuation Sheet
- AF Form 2096 (or equivalent) was not accurate, or current

-- or --

Program management deficiencies existed. For example:

- Initial evaluation of knowledge/skills not consistently accomplished
- CDC program was not effectively managed
- Action to award the skill level was not initiated when trainee met all upgrade requirements defined in the respective CFETP

1: Minimal compliance with evaluation criteria. Significant deficiencies existed which would cause probable compromise of trainees' job proficiency, skill-level advancement, or unit readiness. Forty percent or more of reviewed 6-part training folders contained significant documentation errors (see bullets in # 2 above).

-- or --

Significant program management deficiencies existed. For example:

- Functional work centers did not have an accurate/current MTP
- 6-part training folders contained outdated CFETPs
- CDC program was inefficient or not effectively managed
- Individuals had received skill-level upgrades without all CFETP defined training requirements accomplished

0: Noncompliance with evaluation criteria. Fifty percent or more of reviewed 6-part training folders contained significant documentation errors. Program deficiencies directly limited unit readiness and adversely impacted skill-level advancement of assigned personnel.

NA: Not scored.

Protocol P-30 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s) AFI 36-2201 (Vols 1-6); CFETP (AFSC specific)

Element LDR.3.2.3 (formerly HCS.2.3.2)

Basic Life Support (BLS) Training

Evaluation Criteria

- All personnel received BLS training as required by AFI 44-102
- There was an effective management system in place for scheduling, training, tracking and reporting individual and squadron currency
- Emergency resuscitation training coordinator was appointed in writing

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Scoring

4. Criteria met.

3. Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. For example:
   - Training coordinator not appointed in writing
   - BLS currency for unit personnel sustained at 85-95% over 12 months

2. Some, but not all criteria were met. There was potential for compromise of patient care during emergency response. For example:
   - BLS currency for unit personnel sustained at 75- 85% over 12 months
   - Ineffective management system in place for tracking training

1: Adverse patient outcome was likely to occur. For example:
   - BLS currency for unit personnel sustained at less than 75% over 12 months
   - Training program was in place but ineffective or maintained in such a manner that assessment of the unit's BLS training rate was not feasible

0: There was no BLS training program in place. Emergency response capabilities were adversely affected and patient care was compromised.

N/A: Not scored.

Protocol

P-7 is the protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s)

AFI 44-102

Element LDR.3.2.4 (formerly OPS.7.3.4)

Demand Reduction Program—Drug Testing

Evaluation Criteria

- Medical unit commander appointed a demand reduction program manager, a drug testing program administrative manager and a medical review officer
- The Cross-Functional Oversight Committee (CFOC):
  - -- Met at least annually
  - -- Was chaired by the wing commander or his/her designee
  - -- Membership included (but was not limited to) representatives from First Sergeants Council, ADAPT Program Manager, a squadron CC, Demand Reduction Program Manager (DRPM), Staff Judge Advocate (SJA), Security Forces and Office of Special Investigations
- Unit commanders appointed credible observers who are commissioned officers or NCOs (SrA observers only with concurrence of the servicing Staff Judge Advocate)
  - -- DRPM provided periodic observer training and documented that observers were briefed prior to each testing day
- All AF members were subject to random urinalysis testing and were equally eligible for testing on each testing day
  - -- When members are unavailable for testing, they are tracked and tested during the next drug testing period
  - -- Mobilized members are not available or tracked for testing until they are deactivated and return to home unit
    - --- AD gaining MAJCOM is responsible for assuming testing of individuals until deactivation and member is returned to home unit
- SJA performed/documented annual assessment of the drug testing program
- The untestable specimen rates were less than one percent
  - -- When the untestable rate exceeded one percent, an action plan was developed that identified specific steps to reduce the untestable rate and a timetable for resolution
  - -- Members whose specimens were determined to be untestable were retested
- If USAF testing software is not used the DRPM will show written exemption from AFMOA/SGZF
- Selection of members for testing was accomplished no earlier than one day prior to testing
  - -- Units generating selection rosters (and other relevant documents) in advance of the testing date must ensure they are placed in secure storage with limited access
- Trusted agents were not notified of members selected until the day of testing
- Members selected for testing reported within 2 hours of notification
  - -- Members not reporting within two hours were tracked and reported to the member's commander

- Drug testing was conducted randomly
- Units test frequently enough to ensure an annual wing testing rate of 25% (AFRC) or 30% (ANG)
- Geographically separated unit (GSU) collections were accomplished

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Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise mission support. For example only one of the following may be identified:
- Cross functional oversight committee was not established
- No staff judge advocate oversight
- Untestable rate greater than one percent
- Did not meet annual wing testing quota

2: Some, but not all criteria met. Program outcomes may be adversely affected. For example two or more of the following may be identified:
- Cross functional oversight committee was not established
- No staff judge advocate oversight
- Untestable rate greater than one percent
- Did not meet annual wing testing quota
- Inadequate training for trusted agents/observers
- Procedures for conducting GSU collections had not been developed

1: Few criteria met. Adverse mission impact was expected to occur.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-8 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s)

AFI 44-120; AFI 44-159; NGB memorandum, 14 Aug 01, (All States Log Number P01-0047), Air National Guard (ANG) Substance Abuse Program

Element LDR.3.2.5 (formerly OPS.7.1.2)

Suicide and Violence Awareness Education

Evaluation Criteria

- A plan existed to ensure all military members and civilian employees received annual training in general suicide prevention and violence awareness education
  - -- Training included awareness of suicide risk factors, referral procedures and violence awareness training
  - -- Identification, initial management and referral of military members who are believed to be imminently dangerous have been included in the training
- Units provided metrics to higher headquarters as directed in governing instructions

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature and unlikely to compromise mission support.

2: Some, but not all criteria met. Program outcomes may be adversely affected.

1: Few criteria met. Adverse mission impact was expected to occur. For example:
- Annual training plan was not clearly established
- Less than 60% of wing personnel received required training annually

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission or personal impact occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-5 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component team chief.

Reference(s) AFI 44-154; AFI 44-109; AFI 44-102; SESS memorandum from AFMOA/CC, 30 Oct 1998; AFPAM 44-160; AFRCI 44-101; ANGI 36-103