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SECNAV INSTRUCTION 6410.1

From: Secretary of the Navy

Subj: UTILIZATION OF NAVAL FLIGHT SURGEONS, AEROSPACE MEDICINE  
TECHNICIANS, AND NAVAL AVIATION MEDICAL EXAMINERS

Ref: (a) OPNAVINST 3710.7U  
(b) OPNAVINST 3750.6R CH-4  
(c) NAVMED P-117, Manual of the Medical Department,  
(d) The Naval Flight Surgeon's Guide to Duties and  
Responsibilities, 4th Edition (2005)  
(e) The Naval Flight Surgeon's Pocket Reference to  
Aircraft Mishap Investigation, 6th Edition (2006)

Encl: (1) Acronyms  
(2) Duties and Responsibilities of Flight Surgeons,  
Aerospace Medicine Technicians, Aviation Medical  
Examiners, and Supporting Commands

1. Purpose. To establish Department of the Navy policy for both operational and Medical Treatment Facility (MTF) commanders as guidance on the allocation and utilization of Naval Flight Surgeons (FSs), Aerospace Medicine Technicians (AVTs), and Naval Aviation Medical Examiners (AMEs). Policy for utilization of Naval FSs was originally established by OPNAV Instruction 6410.1 dated 12 November 1996. A list of acronyms is contained in enclosure (1).

2. Cancellation. OPNAVINST 6410.1.

3. Applicability. This instruction applies to the Office of the Secretary of the Navy (SECNAV), the Chief of Naval Operations (CNO), the Commandant of the Marine Corps (CMC), and all U.S. Navy, U.S. Marine Corps installations, commands, activities, field offices, and all other organizational entities.

4. Policy. The need for specialized medical capabilities to support an effective aviation safety program has been acknowledged by both the aviation and medical communities per references (a) through (c). In addition to serving as the unit's primary care manager and in concert with AVTs, AMEs, and

other naval aeromedical safety assets, FSs practice preventive medicine and apply aeromedical knowledge and practical aviation experience to mishap investigations, aviator evaluation boards, human factors evaluations, and aeromedical teaching. Aeromedical safety personnel can most effectively fulfill their responsibility of preventing accidents, improving military readiness and rendering the best aeromedical patient disposition through frequent, close personal observation of the unit personnel in the unit work and flight environments.

5. Responsibilities

a. Per reference (b), the CNO and CMC are assigned responsibility for administration of their Naval Aviation Safety Program. Aeromedical safety is an inherent component of that program.

b. Chief, Bureau of Medicine and Surgery is assigned responsibility for medical support of the operational mission, to include the Naval Aviation Safety Program.

c. Specific duties of FSs and the members of the aeromedical team, specifically AVTs and AMEs, per references (d) and (e), are delineated in enclosure (2).

6. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV Manual 5210.1 of January 2012.

  
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**ACRONYMS**

AERO	Aeromedical Electronic Resource Office
AHLTA	Armed Forces Health Longitudinal Technology Application
AME	Aviation Medical Examiner
AVT	Aerospace Medicine Technician
BSO	Budget Submitting Office
CHCS	Composite Healthcare System
CO	Commanding Officer
CVN	Aircraft Carriers Nuclear
CVW	Carrier Air Wing
DIFOPS	Duties Involving Flight Operations
FS	Flight Surgeon
LCPO	Leading Chief Petty Officer
MRRS	Medical Readiness Reporting System
MTF	Medical Treatment Facility
PCM	Primary Care Manager
SAMS	Shipboard Automated Medical System

**DUTIES AND RESPONSIBILITIES OF FLIGHT SURGEONS,  
AEROSPACE MEDICINE TECHNICIANS, AVIATION MEDICAL  
EXAMINERS AND SUPPORTING COMMANDS**

1. Flight Surgeons. The Flight Surgeon's (FS's) primary duties are to serve both as a key player in the unit's aeromedical safety program and as the Primary Care Manager (PCM) for their assigned unit's personnel. A significant role of the FS is to prevent accidents and illness and to improve the unit's operational performance and readiness by identifying, modifying, and eliminating hazards to personnel and the mission.

a. Primary administrative control remains with the command to which the FS is assigned, with duties assigned by the Commanding Officer (CO).

b. FSs shall spend on average at least 50 percent of their regular duty time in direct support of their assigned squadron(s) usually requiring aeromedical activities to be performed within their squadron spaces and to include flight time requirements. The remainder of their regular duty time, approximately 50 percent, shall be in support of the Medical Treatment Facility (MTF). Specific situations may dictate that allocation between the clinic and squadron spaces vary considerably during certain periods of time. For example, during a mishap investigation or predeployment preparations, FSs may spend 100 percent of their duty time in direct support of their squadron(s). Reference (d) is available at: <http://www.public.navy.mil/navsafecen/Documents/aviation/aeromedical/duties/duties.pdf> and reference (e) is available at: <http://www.operationalmedicine.org/Library/VNH%20Textbooks/PocketReference.pdf>. References (d) and (e) establish specific duties and responsibilities for FSs.

c. Delineation of exact time allocation, duties, chain of command, etc., is established by the CO of the FS's squadron. An officer in charge, or the CO of the squadron supported by the MTF, may request a written memorandum of understanding delineating expected MTF duties.

d. While performing activities in the MTF, the FS should be assigned to the aviation medicine clinic and be primarily responsible for aviation sick call and aviation physicals. The

FS, as the PCM for their command, should have the opportunity to treat personnel of the parent command whenever possible.

e. In recognition of the fact that not all aviation commands possess integral aeromedical assets, MTF and/or clinic (Budget Submitting Office-18(BSO-18)) authorized manning documents frequently include FS billets. The role of these BSO-18 FSs is to provide clinical aeromedical support, to include aviation medicine sick call, support of aviation squadrons whose FSs are not available due to operational commitments, and the performance of flight physicals and waiver requests, especially for those on flight status not currently assigned to an aviation command or to an aviation command which lacks its own FS or AME. Further required duties include providing aeromedical safety support, training and education for local aviation commands without FSs. Examples of these units and personnel would include station aircrew, search and rescue components, air traffic controllers, or aviators assigned to aviation maintenance commands. These BSO-18 FSs must also be allotted an average of 50 percent of their regular duty time to meet their safety obligations and flight time requirements.

2. Aerospace Medicine Technicians. The Aerospace Medicine Technician's (AVT) primary responsibility is to support the medical readiness programs of both shore and sea based aviation platforms. The AVT is responsible for:

a. The efficient processing of aviation physical examinations, and their submission to Naval Aerospace Medical Institute.

b. Maintenance of health records per reference (c).

c. Maintenance of medical readiness information systems including the Shipboard Automated Medical System, Medical Readiness Reporting System, Armed Forces Health Longitudinal Technology Application, Aeromedical Electronic Resource Office, and Composite Healthcare System for all unit personnel per applicable directives.

d. The AVTs, when attached to branch health clinics, will carry out all duties and responsibilities assigned by the Leading Chief Petty Officer (LCPO), Aviation Medicine, and the senior FS of the MTF.

e. When attached to shore or land based squadrons (Fleet Replacement Squadron, Maritime Aviation), AVTs will support the squadron mission in all areas of medical readiness as assigned by the unit CO via the senior FS.

f. The AVTs assigned to commands embarked upon Aircraft Carriers Nuclear (CVN) platforms during training exercises and deployments shall report directly to the medical LCPO Carrier Air Wing (CVW) and the CVW senior FS. The AVTs are expected to work in a collegial, mutually supportive manner and assist with CVN Medical Department duties. When embarked, they will fall under their ship's or embarked Medical Department's watchbill. While in their home port and not otherwise assigned to squadron spaces, AVTs will work with and through the supporting MTF during regular duty hours. The AVTs shall stand watch at their respective MTFs appropriate to their rank.

g. When attached to deployable units, AVTs are encouraged to serve as the enlisted aeromedical liaison and safety observer for squadron personnel. The AVT shall be an extension of the FS with responsibility for all personnel health and safety issues.

h. The AVTs can most effectively fulfill their responsibilities for squadron personnel surveillance, records and administrative support, and FS support through frequent, close observation and interaction with squadron personnel in the unit work environment. The squadron's FS should provide guidance and identify the aeromedical duties of the AVT. The following guidelines for the utilization of the AVT are strongly encouraged:

(1) The AVTs attached to deployable squadrons should spend a minimum of 40 percent of their regular duty time (2 days per 5-day work week; 2.5 days per 6-day deployed work week) directly engaged in aeromedical activities in the squadron spaces. Squadron COs via the senior FS, may increase the percentage of time spent in squadron spaces to meet operational goals and objectives. Squadron time should not be scheduled during periods of in-service rate training.

(2) When not otherwise assigned to squadron spaces, AVTs will work with and through the supporting MTF during regular duty hours. AVTs shall stand duty at their respective MTFs appropriate to their rank.

(3) The unit AVT shall accompany his or her FS and squadron on deployments, carrier qualifications, and other detachments as directed by the squadron CO.

(4) The unit AVT should actively support the FS in mishap investigations, Fleet Naval Aviator Evaluation Board deliberations, Field Flight Performance Board meetings, and Fleet Naval Flight Officer Evaluation Board meetings.

3. Aviation Medical Examiners: Aviation Medical Examiners (AME) are Medical Corps Officers who have been trained in the clinical aspects of aviation medicine and are fully capable of providing care for aviators in aviation sick call, to include routine sick call, aviation physical examinations, preparation and submission of requests for waivers of physical standards. The AMEs are not trained in duties aligned with the aeromedical safety program and cannot provide this support for aviation commands. Therefore, they cannot participate in aviation mishap investigations, conduct Field Naval Aviator Performance Boards or Field Flight Performance Boards, Human Factors Boards, or Human Factors Councils. The AMEs are not assigned to duties in a flying status.