Working Together to Improve the Certification Process

I hope you all had a safe and enjoyable summer.

The Office of Aerospace Medicine is an organization in the Federal Aviation Administration (FAA) Aviation Safety line of business that is responsible for the medical certification of approximately 600,000 pilots and 16,000 air traffic controllers. We receive and review about 450,000 airman medical applications each year. I am focusing my comments on pilots, but the certification of air traffic controllers is equally important.

Medical certification is a complex process. Fortunately, in the last few years, the United States Congress has authorized resources that have allowed us to add quality assurance staff and continue to enhance our electronic airman medical certification systems.

This summer we reviewed the medical certification process and identified opportunities for improvement. As a result of the review, I have directed my staff to implement several changes. We also identified five ways that you, as aviation medical examiners (AMEs), can help us improve the quality and the efficiency of the certification process:

Limit unnecessary deferrals. Some medical applications must be deferred, such as the first application after a myocardial infarction. However, we receive many deferrals (e.g., simple hypertension) that could have been issued at the time of examination had the AME just read and followed the online guide. Every time you unnecessarily defer an application you create delays. The airman has to wait for certification, and you force us to use the time we should have been spending working a more difficult case that actually required our attention.

Call for help. If you have questions, call your Regional Flight Surgeon. We often authorize an AME to issue an airman medical certificate after such discussions. Even if we do not authorize you to issue a certificate, we can give you advice that you can pass on to the applicant.

Review and interpret. You are also responsible for reviewing and interpreting the tests you order. For example, if you perform an ECG as part of an FAA examination, you need to assess the results. A new right bundle branch block or multiple PVCs should be worked up. We have received ECGs in conjunction with issued certificates where the airman should have been sent to the emergency room for admission to the coronary care unit!

Your comments are needed. You must comment on each “yes” answer in block 18 and each abnormal physical examination finding in block 60 of the FAA Form 8500-8. While, technically speaking, there is nothing to prohibit the use of “Previously Reported. No Change (PRNC),” in section 60, please do not do so. We need a brief but informative narrative that documents your discussion with the airman.

Emphasize MedXPress. Encourage all applicants to use MedXPress. It will save you and your staff time and eliminate errors associated with transferring the applicant’s history from paper to the electronic system. My personal AME has directed his staff to tell applicants that he will not see them unless they use MedXPress. NOTE: Presently, technical issues preclude the use of MedXPress for air traffic controller examinations.

We need your help to be successful. Working together, we have the opportunity to significantly improve the medical certification process and provide much better service to our aviators.

Thank you again for everything you do for us and your airmen.

Fred