

## When in doubt...

...CALL THE STAFF at the Aerospace Medical Certification Division (AMCD) or your regional flight surgeon.

I realize that is an unusual way to start my first editorial as the Federal Air Surgeon, but I wanted to give you an idea about the way I think right from the beginning. I will get back to that in a moment.

When I interviewed to become **Jon Jordan's** deputy more than six years ago, one of the first questions he asked me was, "Would you be interested in my job some day?"

My answer was, "In my opinion, the Federal Air Surgeon (FAS) has the premier civilian aerospace medicine job in the United States, and it would be a very great honor to be the FAS some day."

He then asked if I thought I was prepared to step into the position immediately if he decided to retire. I told him that I probably could because there had been other times in my career where I had been successful after being appointed to a vacant position. I went on to say that if given the choice; however, I would prefer to have the opportunity to watch him and learn.

Fortunately for me and you, Jon did not decide to retire immediately, and I had six years to observe a consummate professional at work. That may seem like a long time to some, but the time has just flown by. The Office of Aerospace Medicine is responsible for a variety of aviation safety programs; development of aerospace medical policies and standards; medical certification of airmen; medical clearance of air traffic control specialists; oversight of aviation industry drug abatement

## The Federal Air Surgeon's Column

By Fred Tilton, MD

programs; Federal Aviation Administration (FAA) employee drug and alcohol testing; FAA employee occupational health; aerospace medical education; designation, training, and oversight of aviation medical examiners (AMEs); and aerospace medicine and human factors research. I will write editorials focused on each of these areas in future issues of the *Bulletin*. My intent here is only to say I had a lot to learn, and that Jon was, and continues to be, a great mentor and friend.

It helped that I had a fair amount of experience in aviation and aerospace medicine [see lead article, page 1], so Jon did not have to spend much time on the basics. However, my knowledge of the FAA and the Office of Aerospace Medicine was limited, so Jon spent a great deal of time explaining "the FAA business." He had also made excellent personnel decisions, leaving me, the Office of Aerospace Medicine, the FAA, and you with a highly professional and talented cadre of people who are dedicated to public service. Thanks again, Jon!!!

Now, back to my opening comment. Shortly after I joined the FAA, I attended a basic AME seminar in Oklahoma City. One of the first things new AMEs were told was when in doubt, defer. That was the right message at the time. The capabilities of the electronic medical certification system (DIWS) were fairly limited, and most of the responsibility for medical certification was in the hands of **Warren Silberman** in his role as the manager of the AMCD.

There was no way that Warren and his limited staff could immediately respond to all of the questions from AMEs regarding certification decisions. Since it was very difficult for AMEs to gain direct access to Warren, the safe alternative was to defer. While deferral helped to support safe decision making, it also contributed to a large queue of cases awaiting decisions and, consequently, a long wait for some airmen to receive notification regarding FAA certification decisions on their cases.

DIWS has now been enhanced, and staff at our regional offices are participating fully in airman certification. As a result, we can respond much faster. So, AMEs, when you are debating with yourself about a questionable case, do not automatically defer. Pick up the phone and call the AMCD or your regional flight surgeon. It is very likely that you will be able to get an immediate answer to your question and be able to issue the airman a certificate on the spot. This will allow us to provide better service to our customers and also help to minimize the AMCD queue.

We have already seen the benefits of this enhanced system—we have been able to keep our average special issuance decision-processing time to less than 30 days for several months. The next DIWS enhancement, MedXPress, will add the capability to allow airmen to submit their applications electronically. You will hear a lot more about MedXPress in the coming months.

I will close by saying that it is an honor to be appointed your Federal Air Surgeon. When you see me at a seminar or any other event, please take the opportunity to introduce yourself. I look forward to meeting as many of you as I can and to working with you in the future. →