

Doing Things Right

...Pays huge dividends for everyone concerned

Editorial, by Jon L. Jordan, MD, JD

Since first joining the Federal Aviation Administration in 1969, I have witnessed a dramatic change in the character and quality of the Aviation Medical Examiner (AME) system. I think this change is attributable to a number of factors. These include the establishment of more comprehensive AME selection criteria, better oversight of the system by both our regional flight surgeons and the Aerospace Medical Education Division, enhanced training methodologies, and better communication between AMEs and FAA medical personnel.

Perhaps, however, the most important factor has been the willingness of AMEs to adapt to technological change and to become more involved in providing services to pilots that facilitate their medical certification. While the AME system has improved significantly over the years, every now and then problems surface that need to be addressed and corrected.

As you know from reading the Guide for Aviation Medical Examiners and by attending AME seminars, we expect AMEs to promptly forward the results of medical examinations to the Aerospace Medical Certification Division (AMCD). Failure to do so can have significant impact on airmen and damage the effectiveness of the medical certification system. In addition, it may have significant implications for the AME, both in terms of continued designation as an AME and possible liability if a medically related accident occurs.

In the last year or so, I have become aware of two instances in which AMEs have failed to submit examination results to the AMCD. In one case, the AME blamed a secretary for the problem. He made an attempt to repair the damage by searching his files and belatedly submitting "lost" examinations. In some cases, examination reports had to be reconstituted from notes and in other cases, no information on examinations could be found.

In the case of the second AME, no files could be made available to the FAA indicating that examinations had been performed or what the results of the examinations may have been. Therefore, we had no way of knowing whether the pilots had been properly issued their medical certificates.

Although we made every attempt to accommodate the pilots impacted by the AMEs' inaction, for a number of the pilots there was a cloud over their certification, and it was necessary that they undergo repeat examinations.

The consequences of these episodes were that the image of the certification system was significantly damaged, pilots were substantially inconvenienced, and resources were expended to correct the problems. Because of the magnitude of these problems, the designations of the AMEs were terminated.

Doing things right pays huge dividends for everyone concerned. As you will see by reading Dr. Silberman's article in this issue of the Bulletin [page 1], we are broadening the involvement of AMEs in certain elements of the certification process, with the objective of improving our services to airmen. Our success in doing this is highly dependent upon the willingness of AMEs to participate and the care that is taken to ensure that correct certification decisions are made.

In initiating this action, we are relying on AMEs to carefully follow the requirements of the Authorizations granted by the agency. Unless this care is taken, we run some risk that the initiative will "bog down" the certification process-and the process will be impeded, rather than improved.

We are counting on all of you who participate in the process described by Dr. Silberman to "do it right." In spite of the two situations I related in this article, I believe that you will.

I also believe that we will be much further along in our objectives of providing quality service to the aviation community.

JLJ