

Your Opinions, Please

Changes Are Not Only Inevitable, They Are Welcome

Editorial, by Jon L. Jordan, MD, JD

In this past winter's issue of the Federal Air Surgeon's Medical Bulletin, I wrote an article titled "Same-Day Certification: Elusive Dream" [Vol. 41, No. 4, p. 2]. In that article, I discussed the significance of technology in our efforts to improve the airman medical certification system. What I neglected to address was the significance of aviation medical examiners not only accepting the changes we have made in the system but in providing valuable insight into the system's development.

Adjusting to change can be quite difficult, especially for those of us have been accustomed to doing business in an established way for many years. I am certain that our staff at the Aerospace Medical Certification Division (AMCD) in Oklahoma City can attest to the difficulties in transitioning from processing paper medical records to processing electronic records.

I am also aware of some of the difficulties aviation medical examiners have had in accepting new ways of doing airman medical certification business. I recollect the uproar when former Federal Air Surgeon Frank Austin announced that electronic transmission of routinely required ECGs would be necessary.

We had a similar reaction when I decided that the time had come to require AMEs to electronically transmit data from FAA Form 8500-8. The reaction to that decision might have been much more dramatic had it not been for several years' experience of voluntary transmission of data by a significant number of AMEs using the old Airman Medical Certification Subsystem (AMCS). As you may recall, "Year 2000" compliance issues and advancing technology hastened the demise of AMCS.

Although we have a few AMEs who continue to resist the changes in the medical certification system, the overwhelming majority of AMEs now accepts those changes. As time goes by, I anticipate that the current minor resistance will further diminish to the point that it will be unheard. I deeply appreciate the cooperative and accepting spirit AMEs have exhibited in respect to our automation initiatives.

What might not be fully recognized is that, in the development of our systems, we turned to you AMEs for technical assistance and that we have taken note of various recommendations for system improvements. Admittedly, some of the recommended improvements in the Document Imaging Workflow System (DIWS) have been slow in coming, in part related to the unavailability of funds to promptly make indicated changes.

We are about ready to "roll out" several modifications of the DIWS that are responsive to AME comments and suggestions. The first three will available for beta testing soon.

- Foremost among these is a reduction from seven pages to two pages of screens that AMEs must complete. What "pops up" on the computer screen will look more like the Form 8500-8.
- Data input portions will have "pop-up" boxes that will appear if the AME records a value that is out of standards as a reminder of acceptable values.
- Also, when the AME records an applicant's use of a medication, a "pop-up" box will appear if the spelling is incorrect and provide spelling options. This will allow the system to accurately reject for FAA staff review medications that have not been previously reported that may constitute a safety hazard, or it will identify an underlying condition that must be assessed. This will reduce the number of cases that require AMCD staff review.

While these are but a few of the modifications of the DIWS that we plan, they represent our most recent responses to recommendations received from both AMEs and our medical certification staff.

I hope that, as you think of other possible changes that might make our certification system work smoother, you will share those thoughts with us. Anything that will make life a little easier — whether for airmen, AMEs, or FAA staff — will be most welcome.

JLJ