

# Audit of Designee Program Favorable to Aerospace Medicine

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AME System Foundation of Airman Medical Certification Program

In October 2004, the General Accounting Office (GAO) issued a report on aviation safety that focused on the designee systems within the Federal Aviation Administration (FAA). As you may not be aware, in addition to the Office of Aerospace Medicine (OAM), the FAA's Flight Standards Service and the Aircraft Certification Service manage comprehensive and critical designee systems.

The GAO report identified inconsistent oversight and application of program policies as key weaknesses of the designee programs. The report also noted a lack of designee compliance with FAA policy and an inability of the FAA to ensure that designees are in compliance. The report pointed to workload demands of FAA staff, insufficient training of staff with oversight responsibilities, and the limited usefulness of some FAA designee databases as three factors hindering designee oversight.

While there are a number of criticisms in the GAO report with which the FAA does not agree, FAA agrees with the recommendations contained in the report for improving designee systems. These recommendations include establishing a program to evaluate all designee programs, develop mechanisms to improve compliance with existing designee oversight policies, and upgrade databases to provide complete and consistent information on all designee programs and the extent to which oversight is occurring.

The good news for us is that the report is minimally critical of our management of the aviation medical examiner system. The report identified our practice of maintaining information on AME performance and activity levels and using that information, in conjunction with designee oversight, as an opportunity for FAA to address weakness in other designee programs and provide more consistent designee oversight.

When I first started performing FAA airman medical certification examinations in 1968, I quickly recognized the importance of AMEs to aviation safety and to the efficiency of FAA's airman medical certification system. This recognition was further enhanced when I joined the Medical Standards Division in 1969.

I must admit, my early impressions of the AME system were not all that favorable, and I believed that there was a lot of room for improvement, both in the management of the system as well as the quality of our designees. However, a lot has changed in the passing of years, and I

am pleased to report that my confidence in the AME system has taken a dramatic turn for the better. This is not to say that we have reached our goal of ultimate excellence of the system. I believe we have much work yet to be done.

Because OAM's designee system appeared to receive general approval by the GAO, **Nick Sabatini**, Associate Administrator for Aviation Safety, who has overall responsibility for FAA's designee systems, asked OAM to take the lead in an initiative to strengthen FAA's designee systems. This initiative is underway and I look forward to sharing with the other FAA Services our tools and philosophies for administration of the AME system. I also anticipate learning from these other Services methods that we could use to improve the AME system.

The bottom line is that I want to let you know how dependent the FAA is on designee systems and to express my appreciation to all AMEs who take their work seriously and conscientiously. The AME system is the foundation of our airman medical program, and without AMEs we simply would not be able to carry out our responsibilities for maintaining aviation safety. I am aware that for most AMEs, their motivation for performing FAA examinations and making medical certification decisions is to serve the public not to make a profit.

Thanks for your service to the Federal Aviation Administration and to the flying public!