

from the Federal Air Surgeon's
PERSPECTIVE...

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ANCHORS AWEIGH

FIRST AND FOREMOST, I am indebted to my former boss, Dr. Fred Tilton. He was a great leader, mentor, and friend. In the decade that we worked together, he taught me a great deal. As he would often say, "Even though our primary mission is to keep the National Airspace System (NAS) safe, our secondary mission is to get every airman back up that we think can safely fly." I have long since adopted his philosophy regarding airman medical certification, and I fully intend to carry forward this philosophy.

I believe this philosophy is the major reason the FAA Office of Aerospace Medicine is widely considered as the gold standard for the world's medical certifying authorities. Most civil aviation authorities in other countries mirror the FAA medical standards contained in 14 CFR Part 67. In fact, many nations adopt these standards verbatim. Most importantly, we are much more progressive than other civil aviation authorities around the world when it comes to working with airman that do not meet the medical standards in Part 67.

The FAA special issuance process permits airman who do not meet Part 67 medical standards to obtain a special issuance medical certificate, and fly, but only when the risk of their underlying medical condition can be safely mitigated. We do this by time-limiting the medical certificate and requiring specialized follow-up and testing for renewal. Unfortunately, this willingness to work with every airman with a potentially disqualifying medical condition has significantly increased the complexity of medical certification and the workload of everyone. However, by applying safety risk-management processes, I believe we can improve the medical certification process while maintaining the FAA's international leadership.

In addition to preserving Fred's philosophy, I plan to make interfacing with our medical certification system more efficient and airman-friendly. I believe we can do this by leveraging the incredible knowledge and experience of our aviation medical examiners (AMEs).

At present, about ninety percent of all airman walk out of an AME's office with a new medical certificate. Not surprisingly, they are the ones most happy with our current system. This part of our medical certification system works

very efficiently for that ninety percent. Unfortunately, the ten percent of airman that must be deferred to the FAA are not always so happy because of the delay associated with the special issuance process. Although we do not have the statutory authority to allow AMEs to authorize a special issuance medical certificate, we do have tools that allow them to issue many more certificates.

Here's how I envision increasing the number of certificates issued by AMEs:

CACI. Conditions Aviation Medical Examiners Can Issue (CACI) is the first tool that can help us become more efficient. As the name suggests, CACI allows AMEs to issue a regular medical certificate for conditions that formerly required deferral to the Aerospace Medical Certification Division or the Regional Flight Surgeon (RFS). I would like to significantly increase the number of conditions that qualify for CACI, thereby expanding the number of airman that can leave the AME's office with a regular medical certificate in hand.

AASI. For those airman we can't help with CACI, I would like to expand the use of our Aviation Medical Examiner Assisted Special Issuance (AASI). Airman can take advantage of our AMEs to expedite renewing a special issuance. While an AASI doesn't help with their initial exam, it does make staying medically cleared a lot easier and quicker.

These are the first steps I propose to take. These steps will help the ten percent of airman that are presently deferred, while still upholding the safety of our National Airspace System. Ultimately, I'd like to cut that ten percent of deferred applicants who have to take a longer path to obtaining medical certification down to eight, or even five percent. We will increase the number of pilots leaving the AME's office with their medical certificate, and the airman certification staff will have more time to manage the more challenging cases that will still require deferral.

I am honored and delighted to be your Federal Air Surgeon. I look forward to expanding my association with my FAA colleagues, AMEs, and the aviation community. Incidentally, when I travel to the AME seminars and see you there, please say hello and let me know what's on your mind.

—Jim