

# The Federal Air Surgeon's Column

## Accelerating the Medical Certification Process

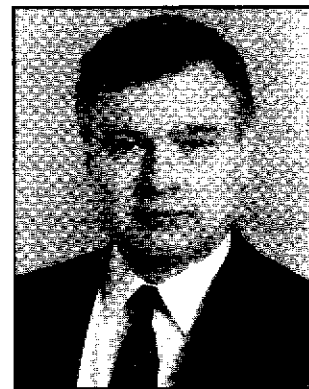
**A**T THIS YEAR'S Experimental Aircraft Association (EAA) fly-in at Oshkosh, Wis., I had the opportunity to meet with representatives of some of our customer "alphabet" organizations. These included the host, EAA, and the Aircraft Owners and Pilots Association.

The principal focus of the meeting related to delays in the medical certification of applicants for special issuances. In the meeting, we explored possible ways of relieving the backlog of cases at the Aeromedical Certification Division in Oklahoma City.

Unacceptable backlogs are not new to the Aeromedical Certification Division (AMCD) and to the airmen who are seeking medical certification. In the past, backlogs have been related principally to staffing shortages and the sheer volume of cases awaiting decision. More recently, the increased complexity of cases being considered has further burdened the system. Also, while problems with the AMCD's newly introduced computer processing system are being ironed out, the very introduction of the system has temporarily added to our backlog, mainly because some aviation medical examiners have not yet converted to the new system and their examinations must be processed separately.

Although there are good reasons for our certification processing delays, these give little comfort to airmen. One suggestion that has come up repeatedly and was again proposed in Oshkosh relates to granting aviation medical examiners (AMEs) greater authority to issue medical certificates. While over the years we have granted greater authority to AMEs by modifying certification policies regarding conditions that are not specifically disqualifying under the regulations, specifically disqualifying conditions, as well as conditions that necessitate special follow-up medical evaluations, require special issuances. The regulations do not allow us to delegate special issuance authority to AMEs.

To relieve some of the congestion in the processing backlog, I have asked our Regional Flight Surgeons to become more involved in the medical certification process. Regional Flight Surgeons have been directed to encourage AMEs to call the regional medical offices on cases that might be



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resolved over the telephone. In some of those cases, the regional office can facilitate the processing of a case or even authorize the AME to issue a certificate, even though the airman has a specifically disqualifying condition. Such an authorization would, of course, be contingent on the airman having all the medical documentation necessary for making a favorable decision. I have also asked our AMCD medical officers to increase their activities in dealing directly with AMEs and, whenever possible, to grant similar authority to issue medical certificates.

The Office of Aviation Medicine has a long-term goal of "same-day certification" for airmen. While currently 95 percent of the airmen who walk into an AME's office walk out with a medical certificate, it's the remaining 5 percent that present a challenge.

Giving AMEs greater telephone access to certification personnel will move us closer toward our goal. I believe, however, that the best way to accelerate to a "one-day" future will be made by fully adopting computer technology and use of the Internet. Therefore, it is absolutely essential that all aviation medical examiners support the implementation of the Internet-based Airman Medical Certification System.

### Federal Air Surgeon's Medical Bulletin

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