The AsMA Global Connection Story with the FAA

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Dear readers, members and friends of AsMA,

In this issue of the Journal you will find an interview with the chief medical officer of the biggest aviation authority in the world, and I'm very happy to explore with you the various tasks performed by him and his organization. Many of you will be familiar with most of these tasks, but perhaps not all of them:

Hello Mike, could you perhaps introduce yourself?
My name is Dr. Michael A. Berry, M.D., M.S. – U.S. Federal Aviation Administration (FAA); I am the Federal Air Surgeon and I manage the Office of Aerospace Medicine under the Associate Administrator for Aviation Safety of the FAA.

Michael Berry

What does your organization do?
The Office of Aerospace Medicine is responsible for a broad range of medical programs and services for both the domestic and international aviation communities. AAM provides global leadership for aerospace medicine in the 21st century by:

- enabling the medical certification of airmen;
- providing airmen with medical education and training;
- inspecting and overseeing aviation industry drug and alcohol testing;
- implementing medical standards and regulations;
- handling medical clearances for Air Traffic Control specialists;
- organizing drug and alcohol testing for FAA employees with safety-sensitive jobs;
- and supporting aerospace medicine and human factors research.

How is this medical certification organized by the FAA?
Applications for medical certificates are made to Aviation Medical Examiners distributed all over the U.S. and around the world. The current total number of AMEs is approximately 2,900. The application is electronic and can be opened by the AME, who then also enters the results of the physical examination and review of the medical history. The AME then transmits these results to the FAA. The AME can issue the medical certificate if the airman meets our published medical standards or defer the decision to the FAA if the airman does not meet standards or there are medical concerns. These transmitted examinations can then be worked by any of the 9 Regional Flight Surgeons, their Deputy, or Flight Surgeon. They can also be worked by flight surgeons at the Aerospace Medical Certification Division in Oklahoma City, OK. Cases with certain diagnoses must, by policy, be referred to Washington, HQ (Federal Air Surgeon Medical Appeals) for medical decisions. Appeals to a Federal Air Surgeon for denial of a medical certificate can be made to the National Transportation Safety Board. PowerPoint slides illustrating the organizational diagrams and the "flow" of responsibility for examinations from the AME, through the FAA, and even into the court system, are shown in Fig. 1 and 2.

What is the training/oversight of the designated FAA AMEs?
Our AME order requires initial and periodic, ongoing training of all AMEs regardless of geographic location. There are no exceptions. We have two types of training, one electronic and internet based and one didactic in a classroom. All new AMEs must complete two online courses and then attend what we call the Basic AME Course (5 days). After this they may be designated. They then must take refresher training every 3 years. The first anniversary they have the choice of online or attending a Refresher AME Seminar somewhere in the U.S. If the first anniversary was online, the second anniversary training must be attendance at a Seminar. The longest an AME can go without face to face training is 6 years. AMEs are appointed by one of the 9 Regional Flight Surgeons, and they are monitored by the same. New AME's exams are audited, for at least the first year, by the Regional Flight Surgeon's office. AME office site visits are conducted a minimum of every 5 years. The current number of AMEs is 2,741, with 319 of these being international.

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In Europe we are used to different restrictions (OML, OSL… and many others); in the FAA system you work with "waivers" – how does that go?

I am not sure what OML, or OSL means. In the FAA, if an airman does not meet the medical standards as published in 14 CFR Part 67, they must receive an Authorization for a Special Issuance Medical Certificate. Such authorizations can be given at the Regional Flight Surgeon, the Aerospace Medical Certification Division level, or the Federal Air Surgeon level. Authorizations have safety mitigation limitations placed on the medical certificate. These may be time limitations or additional testing or both. If there are no reasonable safety mitigations, then the certificate is "Denied". One restriction we cannot employ for Class 1 airline pilot certificates is to limit flight to only with another qualified pilot. This was a legal decision.

What kind of relationship is there between the FAA and AsMA and how long have the two been connected?

The FAA has had a relationship with AsMA since the Aero Medical Association was formed in 1929. At that time, the FAA was known as the Aeronautics Branch in the Department of Commerce. The relationship then, as it is today, was informal, but strong due to the many people actively involved with both organizations. The founder of the Aero Medical Association, Louis Bauer, M.D., was also the Chief Medical Officer of the Aeronautics Branch at the same time. This relationship has not diminished over the last 89 years.

What do you think works well in this relationship and what could be improved in our collaboration?

The FAA, at numerous levels of the organization, has excellent communication with the leadership of the Association. I also personally have excellent communication with the Executive Director, and the President. As long as this continues, everything will be fine.

Do you have ideas for AsMA? For outreach and support to your organization and/or for disseminating information from your organization?

I have no specific ideas. I will say, however, that the Association has an extremely important position within organized medicine in the U.S. through its membership of the American Medical Association (AMA), and having a Delegate and Alternate Delegate at the meetings of the AMA House of Delegates. This is essential to the FAA Office of Aerospace Medicine, because while the AMA can lobby politically in the U.S., the FAA cannot. AsMA, through the AMA, can escalate important aerospace medicine issues to the U.S. Congress. This relationship must be continued.

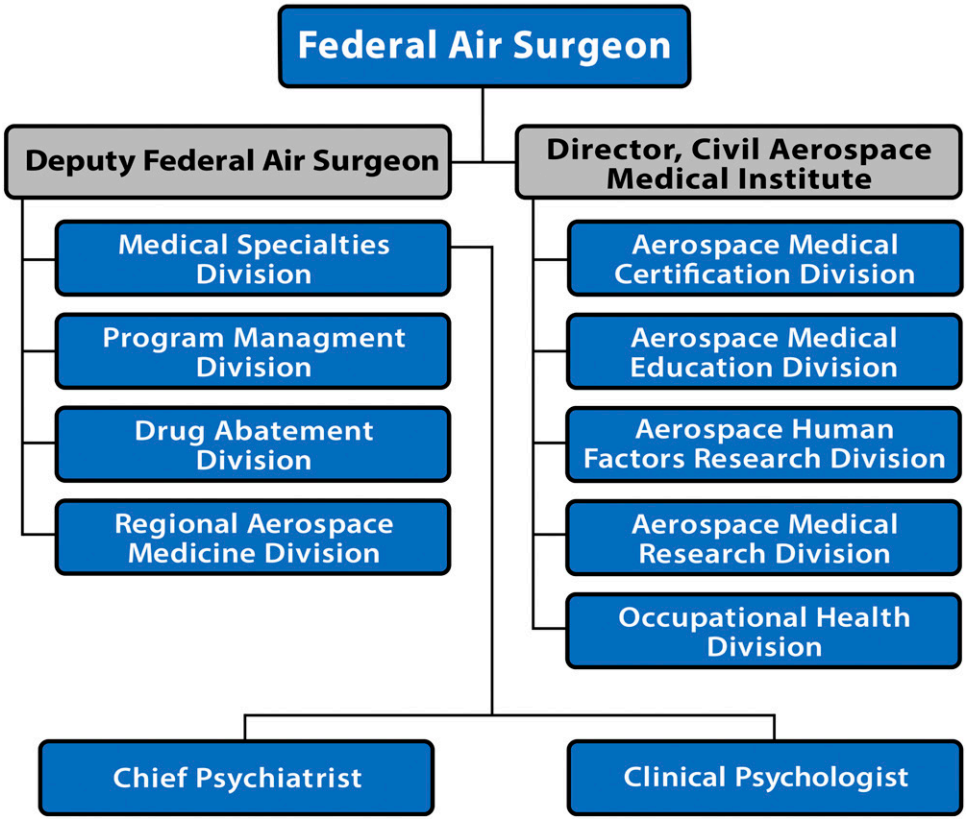
You are a past president of our Association, and I want to thank you for your contribution over all these years – do you have other initiatives?

I obviously have a great interest in my continued personal involvement in AsMA, as I have for the last 49 years. I want to maintain my voice, but I have had my time in the leadership. I also encourage all of my personnel in the Office of Aerospace Medicine to join the Association and to be active in AsMA. I send anywhere from 40 to 50 FAA people to the AsMA Scientific Meeting annually, many of whom also present scientific papers. Many FAA personnel are AsMA Fellows and Associate Fellows. They are members of AsMA Constituent and Affiliated Organizations, and serve on numerous AsMA working committees.

Dr. Berry, I would like to thank you for your contribution to this AsMA global connection story, which has highlighted the extremely well-established collaboration between you, your organization, and our association.

Roland

Office of Aerospace Medicine



Airman Medical Certification Review and Appeals Process