FAA Aeromedical Policy Update

FAA Policy & Personnel Update – Farewell to Dr. Robert Johnson – Dr. Johnson served as the CAMI Deputy Director for the last five years. Prior to joining CAMI, Bob worked with many of the Aerospace Medicine Specialists at AMAS while serving in the USAF and is an avid supporter of aviation safety and pilot health. He returns to his roots as the Clinical Innovations Medical Director for military TRICARE in San Antonio.

CACI Program Updates – From prior issues of this newsletter, you are likely to have seen “CACI” is a nickname for the FAA’s initiative to allow AMEs to clear certain conditions. As the FAA continues to update and refine these policies, they are also reminding AMEs that these changes are not just suggestions, but actual FAA policy. Hopefully this will reduce the number of inappropriately deferred cases and help reduce the FAA’s backlog working cases that should have been issued. Those interested in knowing more about the CACI criteria can review the FAA’s CACI video at faa.gov/go.ame

AME Age Study Updates – The number of AMEs has declined by about 4.5% since 2011 with a total of 3360 currently active. The largest percentage were in their 60s and more than half that are 60 years old or older including 6 examiners in their 90s. The average AME stays in the business for 18.5 years and the longest currently serving AME has been doing exams for almost 55 years. Choosing a professional AME can be a great long term investment. Talk to your AMAS physician if you would like tips on how to select an examiner.

Status of Aeromedical Certificate Case Reviews During Government Shutdown

The FAA’s Office of Aerospace Medicine’s Aeromedical Certification Division has announced that, due to the government shutdown, case reviews and certification determinations for airmen seeking aeromedical certification will stop until employees of the division and the regional flight surgeons’ offices return to work. A small number of nonfederal contract employees will be able to process notification letters to airmen whose cases have already completed physician reviews and determinations.

AMAS will continue operations as usual, responding to members’ requests for assistance, receiving and reviewing medical records, and preparing packages for immediate submission to the FAA. Our physicians and staff will continue to communicate, when possible, with the few FAA essential personnel who remain on duty and will provide our clients updates on changes to the FAA medical certification process.

For questions, please contact the AMAS at 303-341-4435 or 1-866-AEROMED (237-6633), 08:30 am to 4:00 pm MDT, Monday–Friday.
Quay Snyder, MD, MSPH

I have the privilege of participating in several aviation safety conferences each year bringing key representatives from various elements of the aviation industry together for serious discussions and planning for future strategies to improve the already outstanding record of professionally flown aircraft operations. In each of these conferences, there is a singular focus on safety without concern for who is presenter, manufacturer, airline or organization. All seek to share information openly and improve our industry’s record and reputation.

The ALPA Air Safety Forum focuses on airline operations without respect to carrier, pilot union or nationality. This three day event brings together experts in safety, security, human factors and other areas affecting Part 121 operations including aeromedical issues.

The NBAA holds several safety forums across the world including the Single Pilot Safety Stand-down co-hosted by Cessna Aircraft Company and provides information designed for the light business aircraft operations certified for single pilot operations. These demands are different from a multi-crew aircrafts and place very high demands on the pilot. This event takes place at the annual NBAA convention.

The NBAA also partners with the Flight Safety Foundation to put on a Business Aviation Safety Seminar as well as conferences for international operators, schedulers and dispatchers and maintainers. All have several hundred attendees. The NBAA also hosts safety conferences in Europe and Asia. I serve on the NBAA Safety Committee which sets strategic goals for improving aviation safety and developing products for all operators. The Committee routinely presents updates at many of these conferences and receives feedback from aviation professionals.

The Safety Standdown USA (with similar events held in Asia and Europe) hosted by Bombardier is a four day event held the first week of October in Wichita with no registration fee for attendees. Most aircraft manufactures send representatives as well as hundreds of corporate flight departments. There are two days of plenary sessions and two days of 4-8 hour workshops on a host of topics.

This year, Safety Standdown USA fell during a week when the government shutdown and restricted funds for travel and employment for many federal employees. The FAA and NTSB were directly affected. Despite the loss of key government speakers, some elected to stay at their own expense to present safety information to the eager and knowledgeable audience. Their contributions were invaluable. Others were not permitted to attend, but outstanding speakers were able to fill the empty speaking slots. The timing of the shutdown pointed out the importance of the close relationship between the government, manufactures, operators and advisors in maximizing the safety benefits to aviation. All are critical. With some elements of the FAA unable to work during the shutdown, we must be extra vigilant to safety procedures, processes and equipment.

From the aeromedical perspective, pilots holding Special Issuance medical certificates may face delays in renewals of their Authorizations. Fortunately, the Federal Air Surgeon recently implemented a list of conditions previously requiring Special Issuances of “Conditions AME’s Can Issue (CACI’s).” The importance of airmen bringing complete documentation of their medical conditions to an AME who is very familiar with FAA policies can not be overstated. An AME who understands the authority to issue a medical certificate or who is willing to call the Regional Flight Surgeon with Aero medically appropriate information is an invaluable resource to the airman. An AME who inappropriately defers an airman’s medical application will cause a potentially substantial delay of weeks to months before the airman may receive a medical certificate. This will occur after FAA review when the government shutdown is resolved and the backlog of pending cases is reduced. AMAS will continue to monitor developments in FAA medical certification and advise all clients on the best strategies to preserve medical certification. Expect interim solutions in a dynamic situation.

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**President’s Corner** (continued from page 2)

We strongly recommend using a very knowledgeable and experienced AME for all medical applications. If questions arise regarding strategies to minimize deferrals, please contact your AME or the AMAS physicians for assistance in avoiding unnecessary grounding periods. We can also refer you to AMEs with very good reputations in the industry.

Fly Safely, Stay Healthy!

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**Airmen & Controllers - “Ask the Doc”**

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<th>Question: Who can conduct the FAA physical examination?</th>
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<td><strong>Answer:</strong> The FAA physical examination is conducted by an Aviation Medical Examiner (AME). An AME is a physician authorized by the Federal Aviation Administration (FAA) to perform airman physical examinations for issuance of FAA medical certificates. These physicians are designated according to the geographical distribution of airmen. The AME is delegated authority to examine applicants for, and holders of, airman medical certificates to determine whether or not they meet the medical standards for the issuance of an airman medical certificate. Upon completing this process an AME will issue or deny airman medical certificates to applicants or holders of such certificates based upon whether or not they meet the applicable medical standards. The medical standards are in Part 67 (14 CFR 67) of the Federal Aviation Regulations (FAR). Also note that some AMEs are also authorized to conduct examinations for FAA Air Traffic Control Specialists.</td>
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| Question: My spouse and I are attending marriage counseling. I noticed on our bill that my counselor has listed a diagnosis of “anxiety” and I’m guessing that is so our insurance covers the visits. |
| **Answer:** Routine marital or relationship counseling does not need to be reported on the medical application form 8500-8. However, while the FAA understands that the codes used to bill the insurance company do not always accurately reflect the clinical situation, you would be correct to be concerned. When receiving counseling, there are three circumstances under which it must be reported to the FAA. The first is if there is any problem with substance abuse or dependence. Second is when psychoactive medications like antidepressants are prescribed. All are disqualifying for all classes of pilot and ATC medical qualification for the duration on the medication and possibly for up to 3 months after discontinuing the medications. The third is where there could be a possible issue in your case. If the therapy is for a diagnosed psychiatric condition such as anxiety, complicated grief or clinical depression, then that diagnosis itself is also disqualifying until it is in remission and records are reviewed by the FAA or perhaps by your Aviation Medical Examiner. This is why you must be clear with your therapist if you are attending therapy just to work on your relationship, or if you do have such a diagnosis. If you do not have a specific psychiatric diagnosis, you may want to have your counselor refrain from using one just to get insurance coverage. Of course, this may mean you will have to pay for the counseling out of pocket, but it could prevent you from having to “disprove” the diagnosis in the future. |

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Sedating Medication Policy Update – Numerous airmen have been inquiring about the change in FAA’s approach to observation times required after taking sedating medications. There has been a great deal of confusion over the policy with inconsistent advice being given in the individual FAA Regions and from AMEs. In a recent Federal Air Surgeon’s Medical Bulletin, Dr. Tilton has clarified the expected waiting time is “five times the max dosing interval on the drug label”. He also notes that five half-lives (the time to eliminate half the drug from the body) is a better number, but as noted is very difficult to determine at times. As always, the underlying condition may be as important or more important than the actual medication taken, and AMAS physicians are always available to answer your questions regarding allowed medications, treatments, and the FAA impact of the underlying condition. For more information, we recommend airmen review the recent General Aviation Joint Steering Committee Letter to Pilots (http://www.faa.gov/licenses_certificates/medical_certification/media/impairingmedications.pdf)
Our services are provided to you as a benefit from your company flight department or a membership benefit from your union or aviation association. AMAS stands ready as the only board certified Aerospace medicine physician group available to provide you the assistance you need. Our physicians are always a telephone call or email click away. We can respond to your medical questions and provide advice on any potential impact on your FAA Airman’s Medical Certificate for medical conditions you might develop. All client discussions with our staff members are completely confidential and risk free. AMAS is proud to be your one source for Aeromedical advice and FAA medical certification waiver assistance! If you have questions or concerns about customer service, please contact our Director of Operations, Wendy Clauson, at wclauson@aviationmedicine.com.

We welcome your comments and suggestions! Our goal is to make this newsletter useful and informative for all our clients. If you have an idea for a topic you would like covered or have a comment about this newsletter or our services, please contact our Newsletter Editor, Nancy Bishop at nbishop@aviationmedicine.com.