Civil Aviation Medical Association
Annual Scientific Meeting

AME Program Update

Stephen Véronneau, MD, MS
Manager, Education Division
RFS International, Military, Federal Region
FAA MISSION:
To provide the safest, most efficient aerospace system in the world
SAFETY FIRST
They're not even wearing goggles
Aerospace Medical Education Division

- AME Programs
- Airman Education Programs
- Aeromedical Library Services
- Aeromedical Publications
- International, Military, and Federal Region
- Aerospace Medicine Resident Education
AME Programs

• AME Designation/ Redesignation
• AME Surveillance
  • 8520.2G Policy FAA Order
  • 8000.95 DMS Order
• AME Education
• AME Supplies
AME Education Programs

• Basic AME Seminars

• Refresher AME Seminars

• Medical Certification Standards and Procedures Tutorial (MCSPT)

• Clinical Aerospace Physiology Review for AMEs (CAPAME)

• Multimedia AME Refresher Course (MAMERC)
A busy night at Stone Henge as workers move all the stones forward one hour...
Information for AMEs

Aviation Medical Examiners

Guide for Aviation Medical Examiners

- Recent Updates to the AME Guide

Designee Management System (DMS)

- Letter from the Federal Air Surgeon - BasicMed is Coming! (PDF)
- Mastering the Basics of BasicMed, PDF format (PDF), MS Powerpoint (MS PowerPoint)
- Information about BasicMed
- Section 61.113 and the new Part 68
- Advisory Circular 68-1

http://WWW.FAA.GOV/GO/AME
Desigenees are individuals and organizations in the aviation industry authorized to conduct examinations, perform tests, and issue approvals and certificates on behalf of the FAA.

The FAA Designee Program

- What is a designee?
- How are we allowed to delegate?
- Why do we need designees?
- Where do we get designees?
- What types of designees are there?
- What do we delegate?

Learn More About:

- Individual Designees
- Delegated Organizations
- History of the FAA Designee Program
AME Minute

Visit faa.gov/go/ame
and click the email subscription button at the top of the page.
AME Minute

Visit faa.gov/go/ame
and click the email subscription button at the top of the page.

Certification aids help airmen and AMEs get the correct information to the FAA as quickly as possible.

Conditions
AMEs
Issue

AME Program
Federal Aviation Administration
**Why does the ECG evaluation process take so long?**

Many common ECG findings are normal variants and are not cause for concern, unless the patient is symptomatic or there are other concerns.

Federal Aviation Administration
MedXpress: It’s Easy
Oct 1, 2012
MedXpress: The Royal Treatment
FAA TV: OSA Screening Guidance for AMEs

OSA Screening Guidance for Aviation Medical Examiners
FAA TV: DMS Overview for Prospective Designee Aviation Medical Examiners

https://www.faa.gov/tv/?mediald=1180
AIRMAN EDUCATION PROGRAMS

• Aviation Physiology Courses
• Global Survival Courses
• Multimedia Aviation Physiology Course
• Multimedia Global Survival Course
• PROTE

• ALL programs are free to those over 18 and interested in aviation
HUMAN FACTORS COURSE (in development)

• Fatigue
• Vision
• Spatial Disorientation (Visual)
• Spatial Disorientation (Vestibular)
• Pilot Fitness
• Pilot Self-Imposed Stress
Aeromedical Library Services

Librarian:

• Roni Anderson

Phone: (405) 954-4398
Aeromedical Publications

- Aviation Brochures
- Technical Reports and Manuscripts:
- Quarterly Federal Air Surgeon’s Bulletin
OPIOID EPIDEMIC and AVIATION
The Civil Aerospace Medical Institute

PILOT VISION

Alcohol & Flying
A DEADLY COMBINATION
YOU ARE THE LINK BETWEEN THE FAA AND AIRMAN
Aviation Medical Examiner Population
(2648 as of July 17, 2019)

Domestic 82%

Internationals 12%

Military 5%

Federal 1%

Official 0%

(Includes Guam, Marshall Islands, Saipan, Pacific Island Trust Territories, Puerto Rico and Virgin Islands)

90 countries
Distribution of AMEs by Region

- **Central**: 5%
- **Great Lakes**: 14%
- **Western Pacific**: 8%
- **NW Mountain**: 9%
- **Alaska**: 2%
- **Southern**: 19%
- **Eastern**: 11%
- **New England**: 3%
- **Southwest**: 11%
- **Military/Fed**: 6%
- **Official**: 0%
- **International**: 12%
- **1%**

**7/17/2019**
Distribution of AMEs by Region

AMEs/Senior AMEs

67.8% Senior AMEs

AMEs
Senior AMEs

AK  CE  EA  GL  NE  NM  SO  SW  WP  Mil  Intl  Fed  Off

7/17/2019
## Distribution of AMEs by Medical Specialty

- **Family Practice / General Practice** 51.2%
- **Internal Medicine** 17.3%
- **Aerospace Medicine** 8.4%
- **Occupational / Industrial Med** 6.5%
- **Emergency Medicine** 2.5%
- **General Surgery** 2.3%
- **Ophthalmology** 2.0%
- **Otorhinolaryngology, Orthopedic Surgery, OB/GYN, Cardiology** 4.3%
- **All others** <1% (ea)

7/17/2019
What we do . . .

Desiginees

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aircraft Certification</td>
<td>2,844</td>
</tr>
<tr>
<td>Flight Standards</td>
<td>3,627</td>
</tr>
<tr>
<td>Aerospace Medicine</td>
<td>2,618</td>
</tr>
</tbody>
</table>

9,089
## Operational Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Sport</th>
<th>Recreational</th>
<th>BasicMed</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAR</td>
<td>Part 61</td>
<td>Part 67</td>
<td>Part 68</td>
<td>Part 67</td>
</tr>
<tr>
<td>MTOW</td>
<td>1,320lbs</td>
<td>180hp single</td>
<td>6,000lbs</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>engine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Max Occupants</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>No</td>
</tr>
<tr>
<td>IMC/IFR</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Max Speed</td>
<td>120 CAS</td>
<td>No</td>
<td>250 knots</td>
<td>No</td>
</tr>
<tr>
<td>Max ALT</td>
<td>10,000ft MSL or 2,000ft AGL whichever is higher</td>
<td>10,000ft MSL or 2,000ft AGL whichever is higher</td>
<td>18,000ft MSL</td>
<td>No</td>
</tr>
<tr>
<td>Night flight</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical</td>
<td>Driver’s license</td>
<td>3rd class</td>
<td>Driver’s license plus 8700-2</td>
<td>3rd class</td>
</tr>
</tbody>
</table>
BasicMed

Starting

MAY 1
2017
1. Check your malpractice coverage to ensure you are covered for BasicMed activities

2. BasicMed 14 CFR 68 and 61.113i is a Flight Standards program (also 14 CFR 61.23c3i was added)

3. Part 61.113i requires a valid medical of any class after to July 14, 2006 that was not denied, suspended, revoked or withdrawn. It can be a lapsed certificate. If there is not at least one, one must be obtained prior to going BasicMed.

4. There is a shorter specifically disqualifying list for BasicMed, requiring a one-time special issuance under Part 67, and there is a slightly longer specifically disqualifying list for Part 67 certification actions (this fact seems to be unknown to most doing BasicMed and is not listed in the comprehensive medical examination checklist)

Medical Conditions Requiring One Special Issuance Before Operating under BasicMed

- A mental health disorder, limited to an established medical history or clinical diagnosis of—
  - A personality disorder that is severe enough to have repeatedly manifested itself by overt acts;
  - A psychosis, defined as a case in which an individual —
    - Has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of psychosis; or
    - May reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of psychosis;
  - A bipolar disorder; or
  - A substance dependence within the previous 2 years, as defined in §67.307(a)(4) of 14 Code of Federal Regulations
- A neurological disorder, limited to an established medical history or clinical diagnosis of any of the following:
  - Epilepsy;
  - Disturbance of consciousness without satisfactory medical explanation of the cause; or
  - A transient loss of control of nervous system functions without satisfactory medical explanation of the cause.
- A cardiovascular condition, limited to a one-time special issuance for each diagnosis of the following:
  - Myocardial infarction;
  - Coronary heart disease that has required treatment;
  - Cardiac valve replacement;
  - Heart replacement.
DEMOGRAPHICS

- AME respondents: n=1,810
- Average Yrs. worked: 20
- Senior AMEs: 71%
- AME-related practice (median): 6%
- Applicants seen (median): 50
### Demographics

<table>
<thead>
<tr>
<th>AME</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>3,224</td>
<td>2,973</td>
</tr>
<tr>
<td>Respondents Reported</td>
<td>1,611</td>
<td>1,801</td>
</tr>
<tr>
<td>Response Rate</td>
<td>50%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Approximately **50%** or more responded from each region

**72%** Senior AMEs

Primary Care: 55.6%
Solo Practice: 43.5%
Private Office: 63.3%
Applicants Seen in **Past 12 Months**

Percent

<table>
<thead>
<tr>
<th>Number of Applicants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-50</td>
<td>55.8</td>
</tr>
<tr>
<td>51-100</td>
<td>16.3</td>
</tr>
<tr>
<td>101-150</td>
<td>7.5</td>
</tr>
<tr>
<td>151-200</td>
<td>4.1</td>
</tr>
<tr>
<td>201-250</td>
<td>3.5</td>
</tr>
<tr>
<td>251-300</td>
<td>2.3</td>
</tr>
<tr>
<td>More than 300</td>
<td>10.5</td>
</tr>
</tbody>
</table>

72.1% Power AMEs Averaged **26 yrs** experience
## Overall Approval 2014 and 2016

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>2014 (%)</th>
<th>2016 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferrals, Standards, and Guidelines</td>
<td>72</td>
<td>74</td>
</tr>
<tr>
<td>Aerospace Medical Certification Division</td>
<td>91</td>
<td>92</td>
</tr>
<tr>
<td>Aerospace Medical Education Division</td>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>Aerospace Medical Certification System</td>
<td>95</td>
<td>93</td>
</tr>
<tr>
<td>Regional Flight Surgeon Office</td>
<td>92</td>
<td>91</td>
</tr>
<tr>
<td>Office of Aerospace Medicine Website</td>
<td>89</td>
<td>92</td>
</tr>
<tr>
<td>Designee Management System</td>
<td>---</td>
<td>80</td>
</tr>
<tr>
<td>Designee Registration System</td>
<td>---</td>
<td>80</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS FOR IMPROVEMENT

AMEs suggested improvement for FAA services by ranking multiple choice options on a 5-point scale from Not a Priority to Top Priority.

- Regional Seminars on CACI: 55.3%
- Regional Seminars: 48.2%
- Monthly Webinars: 15.3%

- Provide feedback on inappropriate deferrals: 64.6
- Electronic notification to AME of changes in deferral status: 64.5
- Electronic notification to applicant of changes in deferral status: 62.4

- Ability in the AMCS Internet application to attach supporting documents: 67.4
- Ability for applicants to attach supporting documents in MedXPress for the AME: 62.6
- Ability for applicants to electronically check the status of their medical certificate: 59.8

• **More accessibility to RFS**
  – Answer phones
  – Better email communication
  – Respond in a timely manner

• **Understaffing seems to contribute to the responses for RFS**

• **Appoint RFS to the NE region**
Aeromedical Certification Requests

Average 1392 applications per 7 day
Average 31943 applications per month

# of Requests (100,000)

Calendar Year

Class I
Class II
Class III
Most common causes for problems with issued certificates Jan. to June 2012 compared to prior period

<table>
<thead>
<tr>
<th>Block</th>
<th>Description</th>
<th>Occurrences July-Dec 2011</th>
<th>Occurrences Jan-Jun 2012</th>
<th>Occurrences Jun-Dec 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Unacceptable Medication</td>
<td>12</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>58</td>
<td>ECG</td>
<td>9</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>18h</td>
<td>High or low Blood Pressure</td>
<td>9</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>18V</td>
<td>DUI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18a</td>
<td>Headache</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>18M</td>
<td>Mental/Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18U</td>
<td>Rheumatoid Arthritis</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18L</td>
<td>Neurological disorder, Parkinsonism</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>18j</td>
<td>Kidney stone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18u</td>
<td>Admission to Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18x</td>
<td>Prostate cancer surgery, parathyroidectomy, cataract surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18D</td>
<td>Retinopathy /Optic Neuritis</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>18X</td>
<td>Sleep Apnea</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Fail color vision</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Improving the Certification Process

- Limit unnecessary deferrals
- Call for help
- Review and Interpret
- Comment on airman history and findings
  - Ensure airman history is complete.
- Login to AMCS frequently for updates
- Read the Federal Air Surgeon’s Medical Bulletin
- Emphasize MedXpress
Improving the Certification Process

• Transmit ALL EXAMS within 14 days of visit
Verbal Authorizations

• Verbal authorizations
  • AME call to any AAM certifying doc, discussion of the case details that would otherwise lead to deferral

Example: FEV1 less than the 80% on the Asthma CACI

AAM docs can give verbal authorizations to issue

• AME actions
  • Follow the directions given verbally, document in Block 60
  • The AAM doc will make a DIWS note with the required info
  • The note and the AME actions will be compared

Excellent time saver when used correctly
AME Comment Appropriate block 60

- Verbal authorizations allow an expedited handling of an otherwise mandatory deferral

- AME actions
  - Put down the name of the AAM physician you spoke with in Block 60
  - Send in the supporting data

- Limitations
  - **Not for complicated cases**
  - There must be an exam already in the DIWS System of Records for the AAM physician to be able to make a note
Verbal Authorizations

Block 60 Example

a/m with hx of RA previously on MTX and 10 mg prednisone daily. Treating doc added Humira 8 weeks ago so no longer CACI qualified. Good strength, ROM and function of joints. No concerns with operation of controls. a/m’s doc notes him to be stable with good prognosis. I spoke with Dr. xxxx at AMCD/RFS and he/she authorized a time limited 1 year certificate. I will send these documents to the FAA to review.
SITE VISIT

- Done every 5 years
- SPA reviews AME completed exams
  - Not the only time this occurs
- In person or virtual
- If complaints, may do spot visit
- Facility inspection to include all AME equipment as appropriate
JUDGMENT ERRORS
ERROR LETTERS

• **Critical Error ("Rv" Error)**
  – AME issued certificate when should have deferred
  – AME deferred when should have issued
  – Letter Sent to AME and RFS

• **Less Critical Error ("Hx" Error)**
  – Not enough information to support AME issuing
  – “Tic Mark”, Not Letter
  – Part of annual AME performance report
ERROR LETTERS

• **CACI Errors ("C" Error)**
  – AME issues but deviates from the CACI worksheet
  – AME does not use the correct verbiage in Block 60
AME Surveillance Program

Two primary functions
• Flag and review airman medical cases with critical reject codes
  – Routing options
    • No problems – Send case to file
    • Problems – Send case to Legal Instrument Examiner for additional review
  – FY18: 19,941 case reviews
• Conduct site visits of AME medical offices
  – Standardized site visit checklist
  – FY18: 569 AME office site visits
Current Processes

• **Annual review of AME performance**
  – Number and Class of Exam
  – Late Transmission Rates
  – Error Rates

• **Every Five Years - Site Visit**
  – In Person vs. Virtual
  – Chart Review
  – Opportunity for face to face education
  – Verification of equipment in good working order
Heightened Scrutiny

• Complaints from Airmen, Hotlines, Fatal Accidents
• Outlier Deferral rate
• High Error Rate, Especially Reversals
• Licensure Actions (continuous monitoring)
• Law Enforcement Involvement
• Airmen Bypassing Closer AMEs and Traveling Great Distances
AMEs With Safety Concerns

- When Particularly Egregious, Suspend or Terminate Designation
- Otherwise, Innocent Until Proven Guilty
  - “Probation” with routine follow up either in person and/or chart review
  - Follow up Site Visit with Flight Surgeon
  - Attending in person training
  - Place Back in Mentoring
  - Eventual Termination of Designation
Top Reasons For Termination (1/1/2015 to 3/5/2019)

• **For Cause:** 33
  – Performance: 18
  – Medical Incapacitation: 11
  – Unprofessional Conduct: 4

• **Not for Cause:** 1000
  – Resign: 396
  – Failure to Train: 225
  – Low Volume: 58
  – Unapproved Location: 57
Information for AMEs

Aviation Medical Examiners

Guide for Aviation Medical Examiners
- Recent Updates to the AME Guide

Designee Management System (DMS)

Notice about AME Minute

Join thousands of subscribers by signing up for Aerospace Medical Education’s newest feature for AME education: AME Minute!

Every month we deliver a microlearning topic based on FAA best practices and other subjects AMEs want to know right now. Each installment will take about a minute of your time.

Signing up is simple; click on the envelope with the plus sign on the top right of this page, and then provide your email address. Other subscription opportunities are presented, but you are automatically subscribed to AME Minute. Sign up today!

www.faa.gov/GO/AME/
Aviation Medical Examiner (AME) Designee Information

Designee Management System (DMS)

In response to a U.S. Government Accountability Office audit, AVS has implemented an integrated, improved designee management solution for all FAA designee types. The Designee Management System (DMS) was developed to support this policy. Volume 53-2 of the Federal Air Surgeon’s Medical Bulletin (FASMB) (PDF) contains additional information about the DMS transition.

As part of the transition to DMS, you are assigned a unique nine-digit identification number known as the designee number; this new designee number replaces your current designee number (known as your AME number) and is used to identify your work and certifications as authorized by the Administrator.

After the transition is complete, you will receive a new authorization known as a Certificate Letter of Authority (CLOA). This CLOA contains the same or similar authorizations as your current authorization. Once transitioned, requests for delegation, oversight activities, expansion, summary activity reports, renewal requests, etc. are processed through DMS.

A system-generated notification will be sent to the email address we have on file for you as of the migration date. The email notification includes your login credentials used to access DMS. If we do not have a current email at the time your data was migrated, you will need to retrieve your credentials by calling the FAA MyIT Service Center at 1-844-322-6948 or via email at helpdesk@FAA.gov.

DMS Job Aids

- DMS Overview for Prospective Designee Aviation Medical Examiners (6:10 minutes)
- Registration & Application Process (PDF)
- Change/Expand Authority (PDF)
- Voluntary Surrender Request (PDF)
- Suspend Designation (PDF)

DMS Contacts

MyIT Service Center - Contact for issues with the online DMS system, such as password resets, lockouts, system not functioning, etc. Do not contact the MyIT Service Center for questions concerning policy, qualifications, etc.

Phone: 1-844-FAA-MyIT (1-844-322-6948) or via email at helpdesk@FAA.gov.

DMS Support Mailbox: 9-AVS-DesigneeManagementSystemAME@faa.gov - Use this mailbox for any non-IT system questions/requests your managing specialist is unable to answer.

We appreciate your continued support and look forward to working with you throughout the DMS deployment.

http://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/dms/
https://designee.faa.gov/

**AME Program**

![Image of AME Program interface]

**Welcome Nelson, Shawn**

**My Designations**

<table>
<thead>
<tr>
<th>Designation</th>
<th>Designation Status</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Termination Date</th>
<th>View</th>
<th>Contact Information</th>
<th>Designation Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AME</td>
<td>Active</td>
<td>07/28/2015</td>
<td>07/31/2018</td>
<td></td>
<td>CLOA</td>
<td>Edit</td>
<td>Action</td>
</tr>
</tbody>
</table>

**Action Required Items**

**My Applications**

**Designation Information**

- **Designation**: AME
- **Designation Status**: Active
- **Effective Date**: 7/28/2015
- **Expiration Date**: 7/31/2018
- **Managing Specialist**: Nelson, Roxanne

**Activity Links**

- [AME Report Card](#)
- [Voluntary Surrender Request](#)
- [Change / Expand Authority](#)
2. TRANSMISSION DELAYS: NUMBER OF EXAMS FOR RANGES OF DELAY

<table>
<thead>
<tr>
<th>Total Exams Transmitted:</th>
<th>Under 15 Days</th>
<th>15-30 Days</th>
<th>31-60 Days</th>
<th>60+ Days</th>
<th>% Over 60 Days</th>
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</thead>
<tbody>
<tr>
<td>145</td>
<td>140</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3.6</td>
</tr>
</tbody>
</table>

NOTE: Delayed exams may have been performed earlier than this report period, so total numbers in para 4 may differ

3. EXAMINATION INFORMATION (BASED ON EXAMINATION TYPE REQUESTED BY THE AIRMAN)

<table>
<thead>
<tr>
<th>1ST</th>
<th>2ND</th>
<th>3RD</th>
<th>Total Exams</th>
<th>Deferred</th>
<th>Denied</th>
<th>% Deferred/Denied</th>
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</thead>
<tbody>
<tr>
<td>55</td>
<td>54</td>
<td>36</td>
<td>145</td>
<td>4</td>
<td>0</td>
<td>18.1</td>
</tr>
</tbody>
</table>

4. INFORMATION REGARDING EXAMS WITH 'Rv' AND 'Hx' ERRORS

NOTE: An Rv error is assigned when an AME issued a certificate when it should have been deferred or denied, requiring reversal by AMCD. An Hx error is assigned when the medical history was judged to be inadequate.

<table>
<thead>
<tr>
<th>MID</th>
<th>Applicant Name</th>
<th>Exam Date</th>
<th>Error Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>200007267448</td>
<td>name</td>
<td>04/12/2016</td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>200007118275</td>
<td>name</td>
<td>12/22/2015</td>
<td>Rv</td>
<td>REVERSAL</td>
</tr>
<tr>
<td>200006969115</td>
<td>name</td>
<td>07/20/2015</td>
<td>Hx</td>
<td>INADEQUATE HISTORY</td>
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<td>200006809733</td>
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<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>
All completed applications and medical examinations, unless directed by the FAA, **must** be transmitted electronically via AMCS within 14 days after completion to the AMCD.

AME records must be retained by the Examiner as their file copy for at least 3 years unless exceeded by state law requirements …. (scanned copies are equivalent to file copies)
STUDENT PILOT

• No longer issued by the AME as of April 1, 2016
EXAMINATION SUBMISSION DELAYS

• No Record in System to Support Issued Certificate
  – Hassle With Ramp Checks
  – Could Result in Assessment of Flying Without License If Crash and Burn Accident
SUBMISSION DELAY > 60 DAYS
AME PERFORMANCE REPORTING DEFERRAL RATES
TRAINING REQUIREMENTS

Training is REQUIRED Every 3 Years

- As an option, may alternate Multimedia Aviation Medical Examiner Refresher Course (MAMERC) in lieu of attending an FAA seminar

- Under no circumstances
  - should more than 6 years (72 months) elapse between AME seminar attendance or
  - more than 3 years (36 months) pass between seminar attendance and MAMERC completion.
MAMERC 3.0
RENEWAL OF DESIGNATION
DESIGNEEE MANAGEMENT POLICY
ORDER 8000.95 CHG 2
PUBLISHED 6 MARCH 2016

– Duration of designation 3 years
– 10 exams per year to maintain proficiency
– NO exams on immediate family
– No appeal for loss of credential, failure to train or lack of FAA need for your designation
– All FAA exams must be conducted in English
SUSPENSION OF DESIGNATION
OVERVIEW OF DESIGNEE LIFECYCLE

• Suspension
  – **Input:** Trigger for suspension and termination are identified in FAA Order 8000.95
  – Suspension for not meeting current requirements
    • The designee is afforded an opportunity to correct the issue within a specific time frame
    • If not corrected, the designee may be terminated
TERMINATION OF DESIGNATION
OVERVIEW OF DESIGNEE LIFECYCLE

• Termination
  – **Input:** Trigger for suspension and termination are identified in FAA Order 8000.95
  – Termination For Cause:
    • “Bad” termination
    • Can be appealed by designee, follows Appeal process
    • Designee cannot re-apply
  – Termination Not For Cause:
    • “Not bad” termination
    • Cannot be appealed
    • Designee CAN re-apply
  – **Output:** Suspended or Terminated designee
Top Reasons For Termination (1/1/2015 to 3/5/2019)

• **For Cause: 33**
  – Performance: 18
  – Medical Incapacitation: 11
  – Unprofessional Conduct: 4

• **Not for Cause: 1000**
  – Resign: 396
  – Failure to Train: 225
  – Low Volume: 58
  – Unapproved Location: 57
REASONS FOR TERMINATION

• No exams in first 12 months
• Less than 10 exams per year
• Not following FAA rules
• Poor reporting of medical examinations
• Failure to train
• Practice in unapproved location
• Unprofessional office
• Unprofessional performance of exams
• Failure to mail in exams
REASONS FOR TERMINATION

• Loss, restriction, or limitation of a license to practice medicine
• Any action that compromises public trust or interferes with the AME’s ability to carry out designated responsibilities
• Arrest, indictment or conviction
• Any other reason the Federal Air Surgeon or RFS deems appropriate
• Exams not conducted in English
WHAT TO DRINK
WHEN YOU DRINK.

RESQWATER
Anti-Hangover Drink

Enjoy a RESQWATER
with every few drinks
and one before bed.

BE READY FOR TOMORROW.
No Stimulants • Certified Kosher • Gluten Free
# VOLUNTARY SEPARATIONS

<table>
<thead>
<tr>
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<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tr>
<td>Death</td>
<td>8</td>
<td>16</td>
<td>1</td>
<td>13</td>
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<td>Resigned</td>
<td>95</td>
<td>86</td>
<td>25</td>
<td>97</td>
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<td>Retired</td>
<td>48</td>
<td>65</td>
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## INVOLUNTARY SEPARATIONS

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<tr>
<td>Failure to Train</td>
<td>112</td>
<td>136</td>
<td>57</td>
<td>9</td>
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<tr>
<td>Low Volume</td>
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<tr>
<td>Medical Incapacitation</td>
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<td>6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Performance</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>7</td>
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<tr>
<td>Unable to Locate</td>
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<td>19</td>
<td>1</td>
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<td>Unapproved Office Location</td>
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<td>Transmission Delays</td>
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<tr>
<td>Failed Site Visit</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
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</tbody>
</table>
APPEAL OF TERMINATION
Provides for an appeal panel of three physicians with a decision returned within 45 days.
CAN NOT APPEAL . . .

• Lack of need
• Separation for failure to train
DESIGNEE MANAGEMENT SYSTEM (DMS)
AVS Delegation Order

• **History**
  – GAO Audit
  – AVS Delegation Steering Group
  – AVS 1100.2

• **Required Drastic Revisions To FAA Order**
  8520.2F $\rightarrow$ 8520.2G $\rightarrow$ 8000.95
  – One benefit to you – 3 year designation!

• **Mandates Informing All Designees That Designation Is A Privilege, Not A Right And Giving The Vision And Principles Of Delegation**
New in DMS for AMEs

- AMEs will be able to view their information on training and performance
- AMEs will be able to submit updates to their information through DMS
- AMEs will receive and be able to respond to corrective actions through DMS where needed
- AMEs will request renewal of their designation through DMS
FAA TV: DMS Overview for Prospective Designee Aviation Medical Examiners

https://www.faa.gov/tv/?mediald=1180
https://designee.faa.gov
Click a course to see the sections

Home - View Schedules > FAA AAM-400 - AME Education Division

**FAA AAM-400 - AME Education Division**

- Aviation Medical Examiner Basic Training Course
- Aviation Medical Examiner Refresher Training Course
AMCS and DMS

- AMEs do all their medical certification work in AMCS
- AMEs manage their office staff in AMCS
- AMEs update their information in DMS at least once per year, e-mail
- AMEs use DMS to communicate with their Region and request changes in their status
- AMEs use DRS to register for training seminars
- FAA manages AMEs in DMS instead of AMEIS, a system you never saw
Summary

• AME Role in Safety
• AME Demographics
• Ways to Improve the Process
• Designee Management Past/Present/Future