

Important FAA Medical Certification Developments

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The FAA airman medical certification process is becoming easier and faster for some pilots while becoming more stringent for others. The FAA is trying to streamline the certification process while facing potentially devastating budget and personnel cuts. These cuts have put stress on the FAA medical certification process and lengthened the review time required for information submitted to support petitions for medical clearances.

The ongoing budget reductions have had some unfortunate effects on aviation safety and FAA employees and contractors. Additionally, the FAA Aeromedical Certification Division's recent conversion to a web-based certification system with a new IT contractor supporting that

system has created some temporary challenges regarding throughput of nonstandard medical

applications. Some pilots are facing longer delays in certification decisions than previously experienced, though the FAA Office of Aerospace Medicine has made resolving these issues a high priority.

Good news: Shorter cardiac wait times

The good news is that pilots undergoing various cardiac procedures have had the "ob-

servance period" following a procedure—during which they could not hold a Special Issuance Authorization—shortened from six months to three months. This applies to all classes of airman medical certificates and includes angioplasty, coronary stenting, and arthroscopies.

Some exceptions exist: All bypass grafting, cardiac valve replacement surgery, and procedures involving the left main coronary artery still require a six-month observation period before favorable consideration for medical certification is possible.

Also, the FAA is putting more emphasis on controlling risk factors in making airman medical certification decisions about pilots with heart disease. Primary controllable risk factors include smoking, obesity, control of serum cholesterol and triglycerides, hypertension, and sleep apnea. Pilots with poor control of some of these risk factors are less likely to be certified, or may have to wait a full six months before the FAA will consider their case for special issuance.

Pilots having pacemaker generator replacement without lead replacement no longer have to wait 60 days for medical clearance, but may be considered once the generator pouch has healed and is functioning normally. Pacemaker lead replacement still requires a two-month observation period before petitioning the FAA to reinstate the pilot's airman medical certificate.

The FAA has designed a

new pacemaker worksheet for pilots' cardiologists to complete every 6–12 months. Rather than sending numerous sheets of reports and narrative summaries, the cardiologist need only submit a single page of key pacemaker parameters, thus



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making the task of providing required data to the FAA much simpler and faster.

More good news: Increased AME authority

Another positive development on the horizon is the FAA's decision to delegate authority to aviation medical examiners (AMEs) to issue medical certificates for common conditions that previously required review by FAA physicians before approval.

Currently, 11 medical diagnoses have protocols for testing and documentation that the pilot must provide to the AME. These conditions are arthritis, asthma, glaucoma, hepatitis C (chronic), hypertension, hypothyroidism, migraine headaches, pre-diabetes, prostate cancer, renal cancer, and testicular cancer.

With the policy change, if the diagnosis is favorable, the AME may issue a medical

certificate and comment on the medical certificate application submitted to the FAA Aeromedical Certification Division or the regional flight surgeon. This change should help pilots significantly and reduce the burden on the FAA medical certification staff.

The AME does not have to submit the pilot's medical records with the electronic MedXPress application but should use the specific phraseology outline in each decision protocol in the FAA's *Guide for Aviation Medical Examiners*.

The AME guide is available online under the medical certification section of the FAA website. Pilots should retain copies of the records provided to the AME in case any questions arise later.

Previously, pilots with these conditions had to obtain and hold a special issuance letter. Because these conditions are not disqualifying if all of the FAA's criteria are met, pilots will not receive further correspondence from the FAA and will simply hold an airman medical certificate with time limitations.

More conditions may be added soon, including colon cancer, bladder cancer, chronic gastrointestinal diseases (irritable bowel syndrome, Crohn's disease, ulcerative colitis), solitary kidney stones without retained stones, carotid artery disease, and some leukemias and lymphomas. Updates will be posted via ALPA's *FastRead*. 



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