

Summary of Aeromedical Certification Collaboration Kickoff March 5, 2024

“ It’s not about protecting planes from pilots, but about how we can safely have pilots fly airplanes ”

Short-Term Outcomes

Demonstrate a willingness to explore how we might work together

- Create a shared, compelling vision of our work together
- Define how we might collaborate using data to inform a better future state
- Identify potential studies or use cases to explore, and next steps including follow-on workshops and activities

Ground Rules (Living Document)

Safety Focus | Good Faith | Non-Attribution | Ethical Behavior

- Minimize outside intrusions, be present
- Treat everyone with dignity and respect
- Everybody has an equal voice, so speak up
- Suspend judgement, be open to other’s ideas
- We can agree to disagree but not be disagreeable
- End of the day, this is all about pilots and safety
- Work collegially to form a consensus
- Have fun

Next Steps

Continue collaboration in larger group and initiate workgroup for use case refinement

The Aeromedical Certification Collaborative Takes Off!



Future is bright!

Use Cases: High Feasibility / High Potential Value

- Pilot mental health (ADHD, mild depression/anxiety)
- Co-occurring disorders (substance abuse & mental health)
- Relevance of disqualifying medications
- Cardiac assessment (annual EKG – overkill)
- Obstructive sleep apnea
- Clinical practice guidelines/CACI standardization
- (and others)



History

- Certification primarily based on condition vs. performance
- Aspects haven’t changed in 100 years
- Process is seen as burdensome and not always fair

Reflections

- Need data-driven, risk-based approach
- Reduce healthcare avoidance and non-disclosure
- Reduce burden on pilots and FAA
- Integrate new medicine/technology
- Improve efficiency w/o compromising safety

Group Experiences & Abilities

Physician: population health & SDOH	Overarching int’l/domestic view	Committed advocate for pilots
Years of airline carrier experience	Daily view of challenges of medical certification	Patience
Enablers & safeguards	40 years clinical & flight medicine	Mental health HIMS
Passion for advancing art/science of aerospace medicine	Deep knowledge of pilots who lost certification	

Current State Observations

- Everything is on the table: Is our hazard assessment correct? How do we manage safety risk? What is acceptable risk? What does oversight (assurance) mean?
- Policies and procedures have improved in the FAA (i.e., diabetes and SSRI)
- HIMS program and union/company programs are successful
- Unknown effect of condition/medication on performance and self-disclosure rates
- There is not much that is data-driven in current aeromedical system
- Will likely need to co-define mutually agreeable safeguards (e.g., NDA) soon

Challenges

- Aeromedical certification is overconservative because link to performance unclear
- Current method will not scale
- FAA’s budget is not growing & process will break
- Multiple owners of safety risk – need coordination
- Need more AMEs
- Process is overly complex (i.e., time, resources, cost)

For more information, please see <https://sites.mitre.org/aeromedical-ppp/>

Contact us at aeromed-cert-collab@mitre.org

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