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The Aviation Medical Examiner Feedback Survey: 2014 Results

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16. Abstract

The Aviation Medical Examiner (AME) Feedback Survey was redesigned for 2014 to reflect the accelerated pace of digitizing aerospace medical certification services and support provided to designees and airmen by the Federal Aviation Administration (FAA) Office of Aerospace Medicine (OAM). This report provides (a) trends in service satisfaction, (b) baseline measures of service quality, (c) an understanding AMEs' expectations of service quality versus actual service received, (d) evidence of recent programmatic changes that translated into service improvements, and (e) actionable feedback to inform decisions for potential changes. All active domestic, military, federal, and international AMEs (3,231) were invited to participate via postal mail and email.

Results indicate that AME satisfaction rates show upward trends relative to 2012. Baseline measures across the service providers indicate that the overall quality of provided services surpassed AMEs' expectations. The majority of AMEs (72%) see the standards and guidelines for deferral as reasonable and appropriate, and 74% also see the medical certification process contributing to the safety of our national airspace. Strides were made to improve the staff interaction quality with AMEs of the Aerospace Medical Education and Aerospace Medical Certification Divisions. Consistency in providing quality services shows in higher rates for timely response, accurate information, and courteous treatment.

The survey also assessed AMEs' awareness of recent changes to services and processes and the effectiveness of those changes as well as prioritization of proposed changes. Results show strong support from the AMEs for the OAM to continue its move toward digitization of processing applications and deferrals. Additionally, AMEs recommended that the OAM expand their use of electronic media for (a) tracking deferrals by both AMEs and applicants, (b) face-to-face communication with FAA physicians, and (c) training.

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THE AVIATION MEDICAL EXAMINER FEEDBACK SURVEY: 2014 RESULTS

The Aviation Medical Examiner (AME) Feedback Survey was redesigned this year to reflect the accelerated pace of digitizing aerospace medical certification services and support provided to the designees and airmen by the Federal Aviation Administration (FAA) Office of Aerospace Medicine (OAM). The new survey content supports the organization's goal of continuous service improvement by revealing whether program changes and updates better support the AME throughout the medical certification process. The new online format added the convenience of any-time, anywhere survey access via a mobile device.

As with previous administrations of the survey, items are tailored to individual AMEs so they only rate the quality of the services and support they received and tools and resources that they used during the 12 months prior to the survey.

This report provides the OAM with: (a) trends in service satisfaction, (b) baseline measures of service quality, (c) an understanding of what AMEs expect in terms of service quality versus what they receive, (d) evidence of recent programmatic changes that translated into service improvements, and (e) actionable feedback to inform decisions about changes being considered in the upcoming program review.

All active AMEs (domestic, military, federal, and international) were invited to participate in the 2014 survey. We sent out 3,231 invitations (postal mail and email). Multiple alerts were posted on the Aerospace Medical Certification Subsystem (AMCS) to notify AMEs that the survey was open, when it would close, and to emphasize the importance of their feedback. Reminder letters and emails were sent out at the mid-point of the survey period to those that had not responded to the initial invitation. The response rate was 51.8%. Of the 1,739 AMEs that responded to the invitation to complete the survey, 1,613 met the eligibility criteria of serving as an AME for one or more years and seeing one or more airman applicants in the 12 months prior to the survey.

Rates of AMEs satisfied overall with medical certification services by the FAA's Medical Education Division (AMED), Medical Certification Division (AMCD), and the Regional Flight Surgeon (RFS) offices show upward trends relative to 2012, rising above 90%. The rate of satisfaction with the OAM, as a baseline measure, is similarly high (89%). Baseline measures across the service providers indicate that the overall quality of provided services surpassed expectations for the majority, with nine of 10 AMEs rating service quality at or above *good*. This response pattern persists, for the most part, for AMEs using/receiving 10 specified services or support offered by AMED, five offered by AMCD, and four offered by the RFS offices. Although down 8% from 2012, the majority of AMEs (72%) see the standards and guidelines for deferral as reasonable and appropriate. The majority (74%) also see the medical certification process contributing to the safety of our national airspace, only slightly down (2%) from 2012.

Strides were made on improving the quality of AMED and AMCD staff's interactions with AMEs. Consistency in providing quality services shows in higher rates of AMEs *always* receiving a timely response, accurate information, and courteous treatment. A comparison of AMEs' use of phone versus email for ordering office supplies, AMCS technical support, and RFS advice on certification reveals differences in rates of use (likely due to immediacy of need) but similar rates of satisfaction and above-average service quality.

The effectiveness of 36 changes made to the program and processes since the 2012 survey served the AMEs very well. Equally important to determining if the changes improved support to AMEs are the proportions of AMEs that were unaware of programmatic changes. As many as one in three AMEs were unaware of the key changes. Many changes currently under consideration by the service providers are either solutions to issues raised by AMEs or recommended improvements from their 2012 feedback. AMEs' prioritization of the proposed changes show a clear precedence for improving the medical certification process over the program, with the exception of training and support for Conditions that AMEs Can Issue (CACI), which six in 10 AMEs rated as a priorty need.

Results show strong support from the AMEs for the Office of Aerospace Medicine to continue its move toward digitization of processing applications and deferrals via electronic submission of supporting documents. In addition, AMEs recommended that the OAM expand their use of electronic media for (a) tracking deferrals by both AMEs and applicants, (b) face-to-face communication with FAA physicians, and (c) training.

The Aviation Medical Examiner
Feedback Survey: 2014 Results

INTRODUCTION

The Aviation Medical Examiner (AME) Feedback Survey was redesigned this year to reflect the accelerated pace of digitizing aerospace medical certification services and support provided to the designees and airmen by the Federal Aviation Administration (FAA) Office of Aerospace Medicine (OAM). The new survey content supports the organization's goal of continuous service improvement by revealing whether program changes and updates improved the certification process. Moreover, some of the new items captured AMEs' awareness of programmatic changes and updates. The new online survey format adds the convenience of anytime, anywhere access via a mobile device. AMEs could use mobile devices to scan a barcode for instant survey access.

As with previous administrations of the survey, items were tailored to individual AMEs so they only rated the quality of the services used/received during the 12 months prior to the survey. *Services* is a broad term that encompasses support and online systems/tools and resources that the FAA offers AMEs, in particular:

- Training (face-to-face seminars, webinars, online video, online courses)
- Guidance from AMCD and RFS physicians and staff
- The Aerospace Medical Certification Subsystem (referred to as AMCS or AMCS Internet system) and techncial support, and the transmission of ECG records
- Medical certification standards and guidelines published in the *Guide for Aviation Medical Examiners* (*AME Guide*)
- Office supplies and brochures
- Online resources and publications

The 2014 survey results reported here provide the OAM with: (a) trends in service satisfaction, (b) baseline measures of service quality, (c) an understanding of what AMEs expect in terms of service quality versus what they receive, (d) evidence of recent programmatic changes that translated into service improvements, and (e) actionable feedback to inform decisions about changes being considered in the next program review.

Content and Organization
Synthesis
This report provides a synthesis of the 2014 survey results. Feedback from the AMEs is consolidated and rank ordered as a method for prioritizing needed improvements within the organizations serving AMEs. In addition, the feedback is presented in actionable terms to support decisions regarding future changes to the program.

Overview
A brief overview of the survey administration process is next, followed by a comparison of survey respondents to the population of AMEs, which provides a frame of reference for the results. Subsequent sections cover results for satisfaction with service providers and offered services, performance feedback, effectiveness and awareness of programmatic changes, and prioritization of future program improvements based on AME needs. The final section is a discussion of results.

Organizational Summaries
High-level summary results for the organizations offering medical certification services to AMEs and airmen, including the Aerospace Medical Education Division (AMED), the Aerospace Medical Certification Division (AMCD), the Regional Flight Surgeon (RFS) Offices, and the OAM are in Appendix A. The response rate calculation is in Appendix B. The survey instrument is in Appendix C.

METHOD

Survey Administration
We sent out 3,231 survey invitations (postal mail and email) to all active AMEs (domestic, military, federal, and international). Multiple alerts were posted on the Aerospace Medical Certification Subsystem (AMCS) to notify AMEs that the survey was open, when it would close, and to emphasize the importance of their feedback. Reminder letters and emails were sent out at the mid-point of the survey period to non-responders.

The response rate was 51.8% (see disposition of invitees in Appendix B). Of 1,739 AMEs that responded to the invitation to complete the survey, 65 declined to participate and 61 did not meet the eligibility criteria for inclusion in reporting, leaving 1,613 respondents that met the criteria of serving as an AME for at least one year and seeing at least one airman applicant in the 12 months prior to the survey.

Survey Respondents
Figure 1 provides a comparison of respondents' demographics to the population of AMEs.

Respondents are fairly representative of the AME population, with the exception that senior AMEs were more likely to complete the survey.

Key demographic information from the respondents, shown in Table 1, suggests a relatively experienced group of AMEs. About 1 in 10 respondents indicated that their entire practice is AME-related.
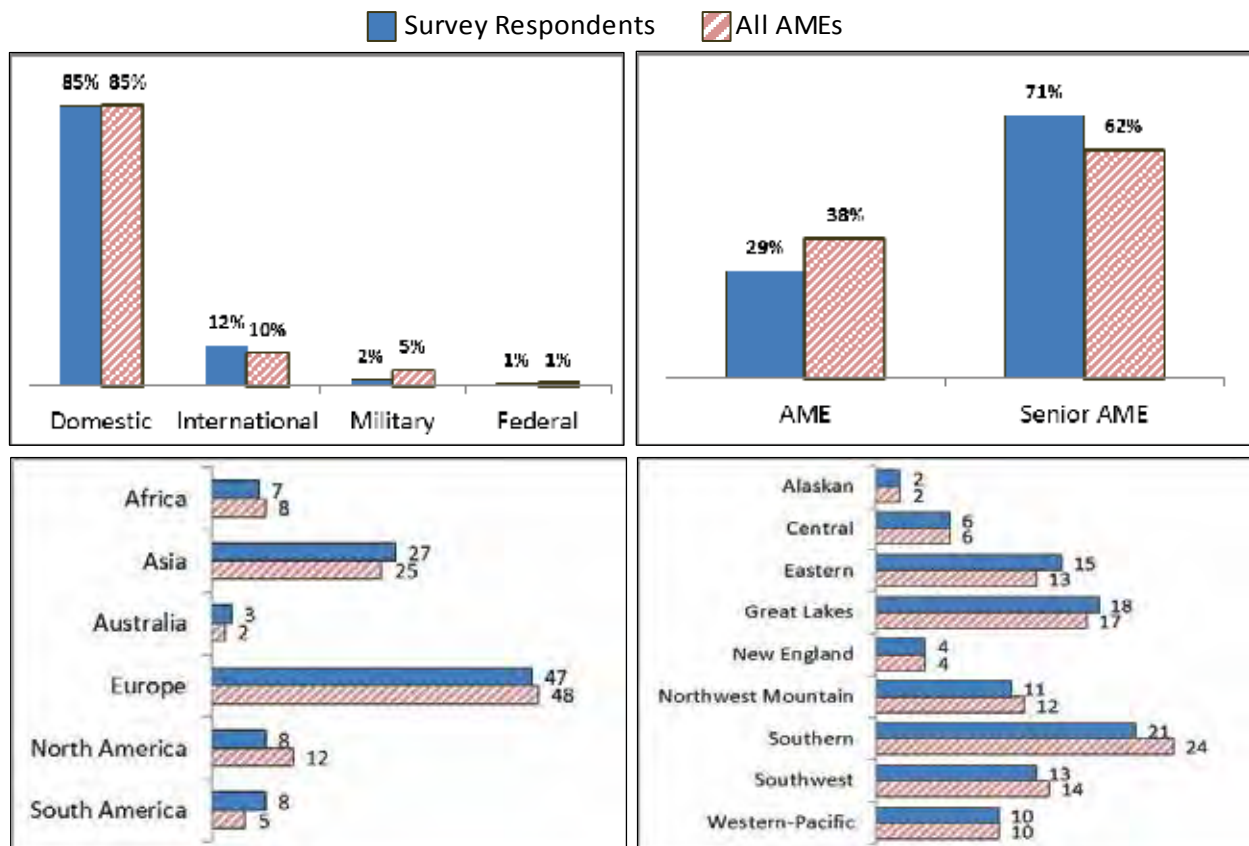
Survey Respondents   All AMEs

Domestic: 85% 85%
International: 12% 10%
Military: 2% 5%
Federal: 1% 1%

AME: 29% 38%
Senior AME: 71% 62%

Africa: 7 / 8
Asia: 27 / 25
Australia: 3 / 2
Europe: 47 / 48
North America: 8 / 12
South America: 8 / 5

Alaskan: 2 / 2
Central: 6 / 6
Eastern: 15 / 13
Great Lakes: 18 / 17
New England: 4 / 4
Northwest Mountain: 11 / 12
Southern: 21 / 24
Southwest: 13 / 14
Western-Pacific: 10 / 10

Figure 1. Survey Respondents, Compared to All AMEs.
(Note: Percentage is rounded to the nearest whole number, thus, may not sum to 100.)

Table 1. Respondent Demographics		Average (median*)	Range (min - max)
Years of experience as AME		19	1 - 73
Number of applicants seen in the 12 months prior to the survey		50	1 - 5,500
Percent of applicants by certification class	Class I	25	
	Class II	20	0 - 100
	Class III	40	
Percent of AMEs' issuance decisions	Issued day of exam	90	0 - 100
	Issued by day 14	4	0 - 100
	Deferred	5	0 - 90
	Denied	0	0 - 75
Percent of practice that is AME-related		5	0 - 100

*Represents the average, as the mid-point of the response distribution, and is not influenced by extreme values.

RESULTS

Survey respondents are referred to as *AMEs* throughout the Results section. No consistent differences were found in comparing response patterns from domestic AMEs to the military, federal, and international AMEs. The finding permitted the data to be analyzed as a whole. The outcomes from the analyses[1] follow, beginning with satisfaction, quality, and expectation ratings for the service providers and their offered services.

Satisfaction With the Service Providers

Relative to 2012, the rates of AMEs satisfied overall with medical certification services provided in the 12 months prior to the survey rose above 90%, across the previously rated offices:

- AMED: ↑5% to 93%
- AMCD: ↑3% to 91%
- RFS Offices: ↑5% to 92%

The first-time assessment (baseline measure) of service satisfaction for the OAM was similarly high (89%). First-time measures of service quality were also high, with the majority of AMEs rating all offices as *good* or *excellent* (see Appendix A for summary results for each office). The baseline assessments of service surpassed AMEs' expectations across the board, with the majority of AMEs rating services and support from all four providers as *above* or *well above* their expectations (see Figure 2).

Satisfaction With Offered Services

Ratings, to include satisfaction, quality, and expectations, were collected from AMEs reporting use/receipt of an offered services. The following results represent AMEs' firsthand experiences with provided services, support, and products.

Services Used/Received

Satisfaction, quality of service, and expectation ratings from AMEs reporting use/receipt of specific services/support are shown by service provider in Figure 3. The Figure is ordered left to right from high to low rates of use, as shown by the number of AMEs rating each service (indicated below each service by %=). Overall, AMEs reported high rates of satisfaction, quality service experiences, and experiences surpassing expectations for services offered. Rates were lowest across ratings for *called in office supplies (AMED), assistance with ECG transmissions (AMCD), email notification for offered training (AMED),* and *update on status of deferral,* even though the majority receiving each support indicate high satifaction and rated the quality as *good* or *excellent.* This finding is consistent with results presented in the *ECG System* subsection to follow.

Both quality of offered services and consistency in the quality mattered to AMEs. Comparisons of service quality ratings from AMEs whose expectations were *met* versus surpassed (*above* or *well above*) reveal delivery of *average* quality services by the FAA.
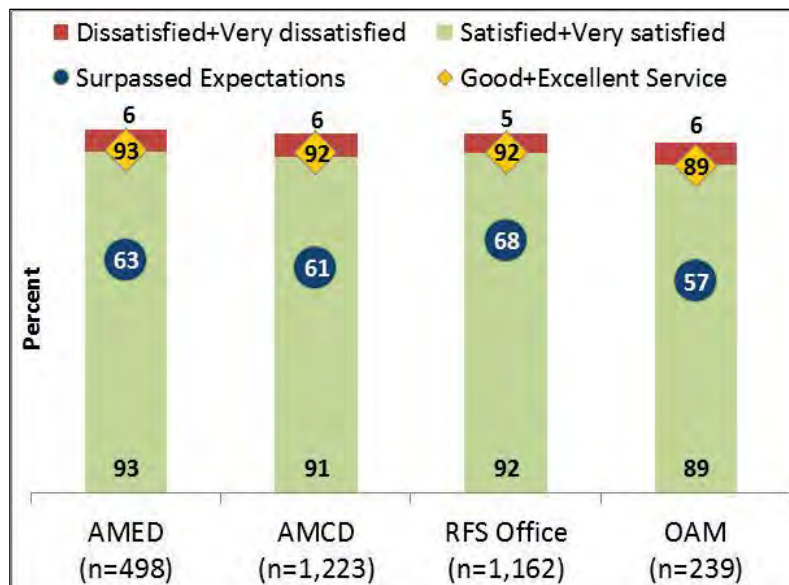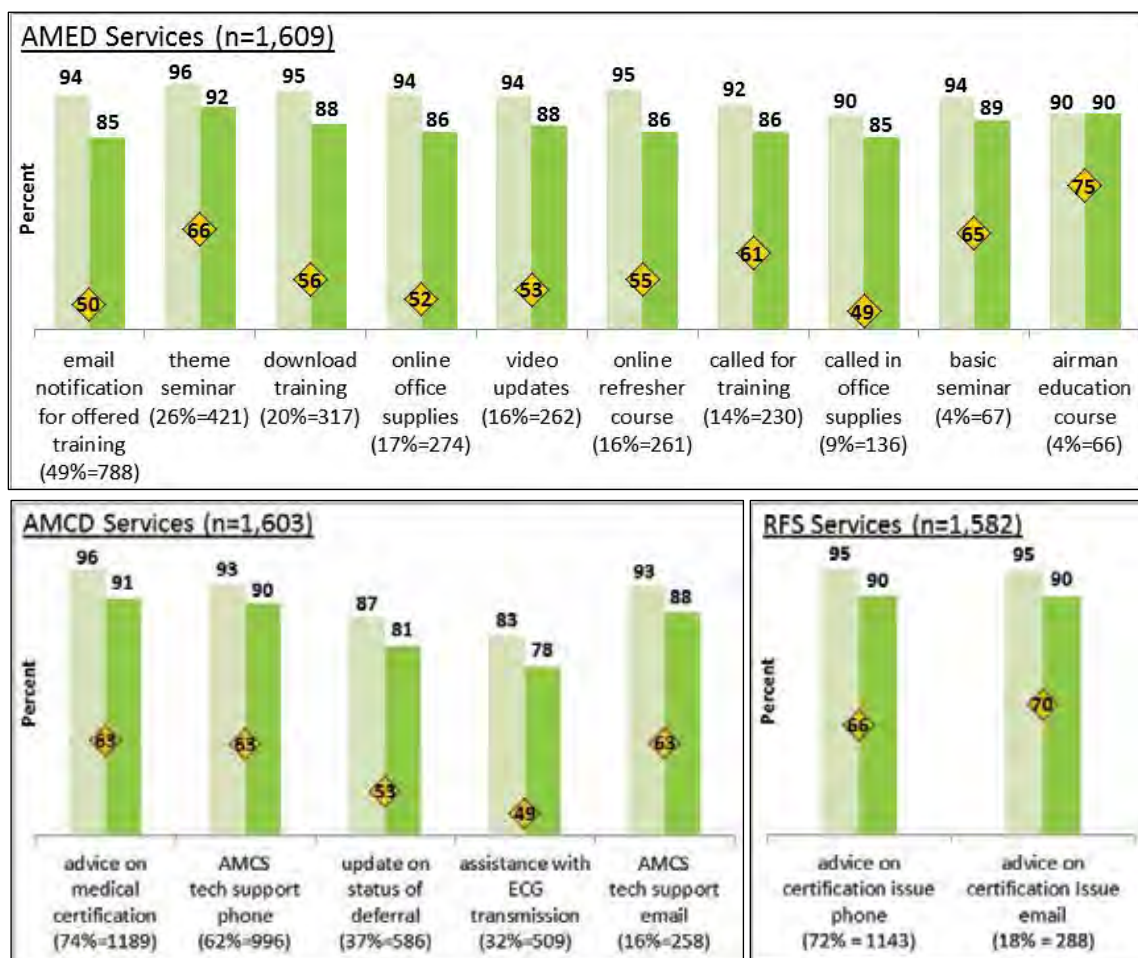

Figure 2. Service Quality Ratings Based on Experience With the Provider.
(Note: Percentage is rounded to the nearest whole number and represents rate of use, which varied by provider.)

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[1]The number of responses (n) varies by item as respondents could choose to skip items not marked as required. The required items ensured the survey was tailored to each respondent's experiences.

AMED Services (n=1,609)

Service	Satisfied/Very Satisfied	Good/Excellent Quality	Experience Surpassed Expectations
email notification for offered training (49%=788)	94	85	50
theme seminar (26%=421)	96	92	66
download training (20%=317)	95	88	56
online office supplies (17%=274)	94	86	52
video updates (16%=262)	94	88	53
online refresher course (16%=261)	95	86	55
called for training (14%=230)	92	86	61
called in office supplies (9%=136)	90	85	49
basic seminar (4%=67)	94	89	65
airman education course (4%=66)	90	90	75

AMCD Services (n=1,603)

Service	Satisfied/Very Satisfied	Good/Excellent Quality	Experience Surpassed Expectations
advice on medical certification (74%=1189)	96	91	63
AMCS tech support phone (62%=996)	93	90	63
update on status of deferral (37%=586)	87	81	53
assistance with ECG transmission (32%=509)	83	78	49
AMCS tech support email (16%=258)	93	88	63

RFS Services (n=1,582)

Service	Satisfied/Very Satisfied	Good/Excellent Quality	Experience Surpassed Expectations
advice on certification issue phone (72% = 1143)	95	90	66
advice on certification issue email (18% = 288)	95	90	70

Figure 3. Service Quality Ratings Based on Experiences With Provided Services.
(Note: Percentage is rounded to the nearest whole number and represents rate of use, which varied by service.)

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Interactions With the FAA

Strides were made on improving the quality of AMED and AMCD staff's interactions with AMEs. The results in Table 2 indicated that the provided service was *always* timely, the information was *always* accurate, and that they were *always* treated with courtesy and respect. The trends, in Table 2, shown in parentheses, indicate the amount of change that can be realized when the service providers act upon feedback from those they serve. The first-time service ratings (those without trend) provide a baseline for the next administration of the survey. Moreover, all results are useful in identifying training needs for FAA personnel that serve the AMEs. Although not necessarily a training gap, the outstanding issue for AMEs is that service providers were not available or responsive to their requests for support.

Standards and Guidelines

Although down 8% from 2012, the majority of AMEs (72%) see the standards and guidelines for deferral as reasonable and appropriate. The majority (74%) also see the medical certification process contributing to the safety of our national airspace, only slightly down (2%) from 2012.

Table 2. Percentage^ of AMEs Reporting Consistent Quality Interactions With the FAA
(↑= trend relative to 2012)

Provider	Service	Timely Response	Accurate Information	Courteous Treatment
AMED	Called to order office supplies	59% (↑2%)	75%	85% (↑17%)
	Called to schedule training	65% (↑8%)	79% (↑16%)	87% (↑17%)
AMCD	Requested issuance advice	54% (↑7%)	77% (↑15%)	86% (↑16%)
	Requested assistance with ECG	51%	64%	84%
	Requested update on deferral	47%	65%	84%
	Called AMCS tech support	61%	76%	88%
	Emailed AMCS tech support	61%	72%	85%
RFS	Called for issuance advice	58%	79%	88%
	Emailed for issuance advice	63%	75%	90%

^Rounded to the nearest whole number.

Conditions AMEs Can Issue (CACI), a 2013 policy change to streamline the medical certification process by allowing AMEs to issue when specified criteria have been met for 12 medical conditions, are outlined in the *AME Guide* (Carter, 2013; Pinkston, 2013). Expansion of the CACI protocol program is likely but will be based, in part, on the safety of the CACI process. AME comfort levels issuing the 12 CACI conditions and other conditions are shown in Figure 4. Note that the conditions are ordered top to bottom, from most to least need for support. Support in the near-term involves assistance from their RFS or AMCD physicians and staff and CACI training. These results are also useful for future decisions on expanding CACI.

Aerospace Medical Certification Subsystem (AMCS)

Nearly three-fourths of AMEs (73% of 1,420) were the primary users of the AMCS Internet system (instead of their staff), which was 11% higher than in 2012. Accompanying the uptick, is an increase in the rate of satisfaction with the system's performance--nearly all AMEs (95%) were satisfied with the AMCS (↑7% from 2012). Modifications to AMCS capabilities that reduce AME workload (e.g., *reprint certificate*, *summary report*, *'As Needed' added to frequency dropdown*, and *auto-comment SSN mismatch*) certainly contributed to the higher

rate of satisfaction with AMCS. In addition, for the majority of AMEs (93%), phone and email AMCS technical support were equally satisfactory, with one in two AMEs rating the quality of the support as *excellent.*

ECG System

Over half of AMEs responding to the survey (58% of 1,421) indicated use of the ECG system. The rate of satisfaction with the current method of transmitting ECG records was at 80% (↑2% from 2012); however, it remains the lowest among the essential services. Nearly one-third of AMEs (32% of 1,603) requested assistance with ECG transmission; of those, four in five were satisfied with the support; and two in five rated the quality of the support as *excellent.* Additional information was collected on changes to ECG requirements (in particular, electronic submission of ECG data) to provide AMCD a basis for near-term decisions on upgrading the ECG system. In brief, two in 10 AMEs indicated negative consequences if PDF were the standard format for submitting ECG data; whereas, five in 10 indicated the change would be inconsequential, and three in 10 indicated it would have positive consequences. Most AMEs, 85% (1,350 of 1,590) currently have access to ECG equipment. Of those who do not have access to ECG equipment, nearly half
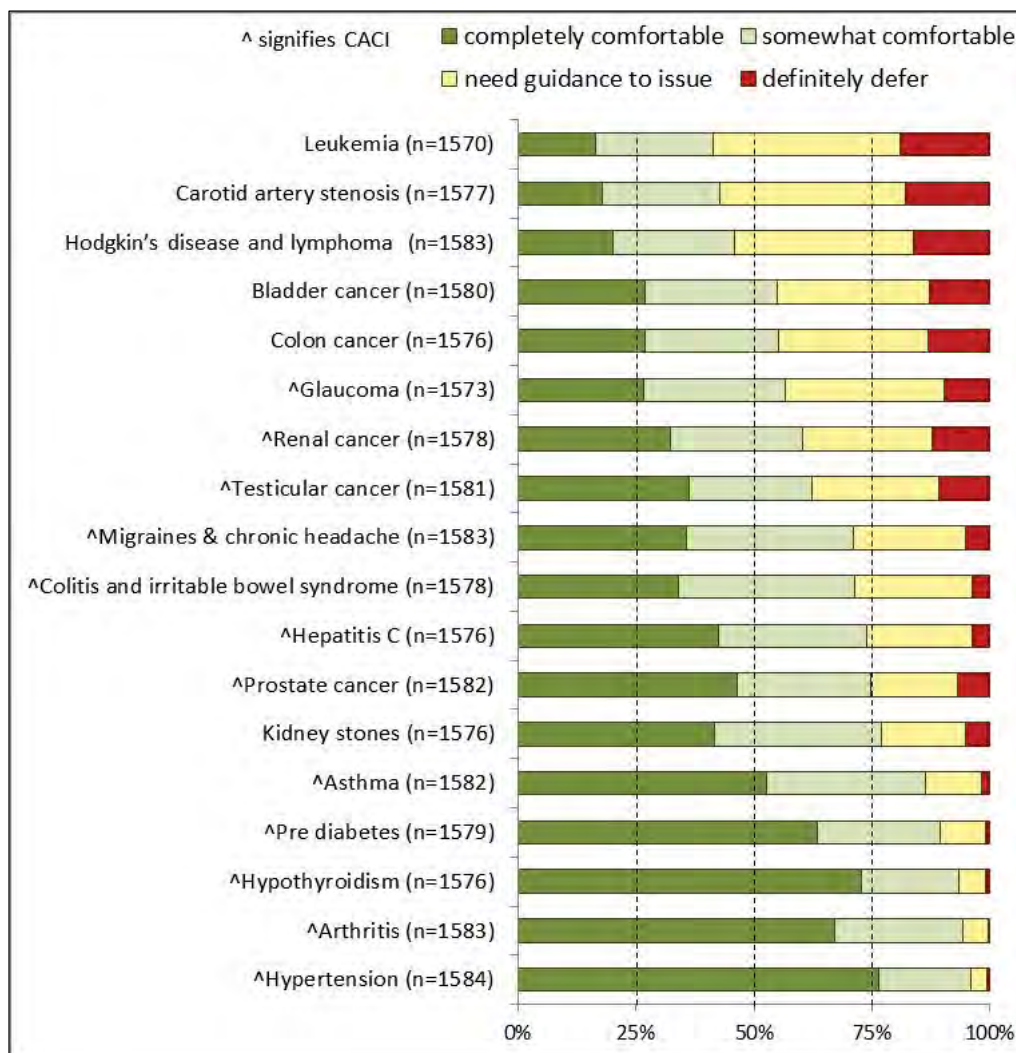
Figure 4. AME Comfort Levels (Percent) Issuing CACI and Six Additional Conditions.

(47% of 240) would consider purchasing equipment to meet a new requirement to submit digital ECG records.

OAM Online Resources and Publications

Central to the support offered AMEs were OAM's online resources and publications, of which five were evaluated: *Guide for Aviation Medical Examiners* (*AME Guide*), downloadable pilot safety brochures, *Federal Air Surgeon's Medical Bulletin* (*FASMB*), "Go AME" website, and OAM website. The online resources were generally well received (i.e., satisfactory quality, relevant content, useful, and user friendly) by most AMEs (see Figure 5, ordered left to right from high to low rates of use). However,

there is room for improvement. As would be expected, the *AME Guide* has the highest rate of use (92%), followed by the *FASMB* (84%). The "Go AME" website had a considerably lower usage rate of 36% percent, and the two remaining resources were used far less (15% downloaded the pilot safety brochures and 12% used the OAM website). The lower usage rates were a reflection of need and awareness, not quality. For instance, one in five AMEs were unaware of the "Go AME" website.

The proportions of AMEs rating the *AME Guide*, and "Go AME" and OAM websites as 'user friendly' were relatively low (in Figure 6, respectively, 53%, 61%, and 60%) compared to the *FASMB* (76%). Online content that is not easy to navigate

Figure 5. Quality Ratings of Online Resources and Publications.
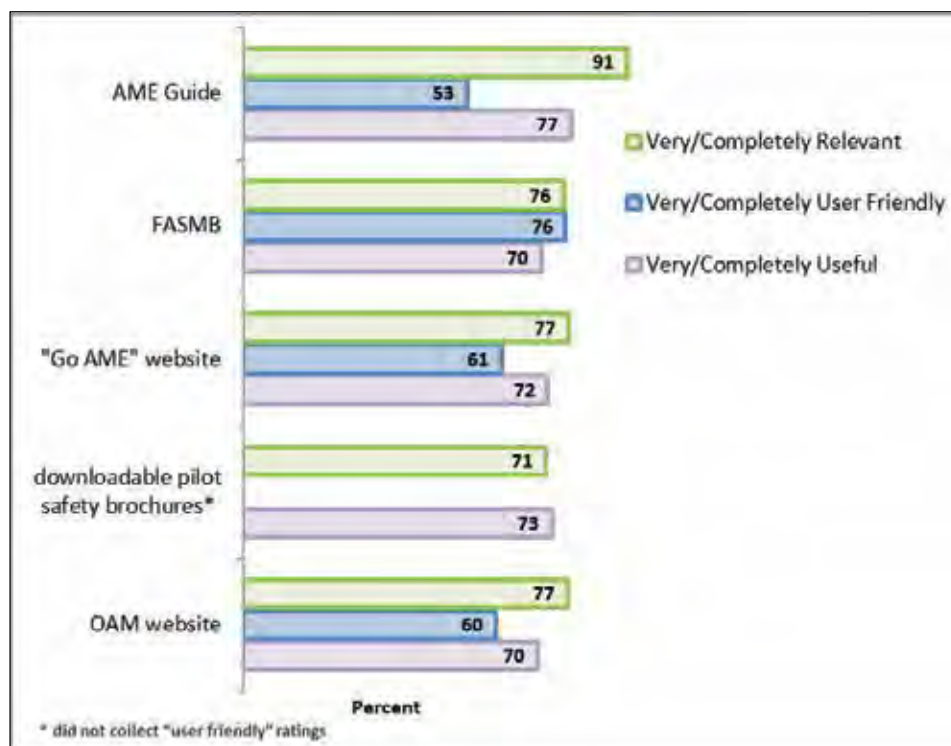
Figure 6. Value of Online Resources and Publications.
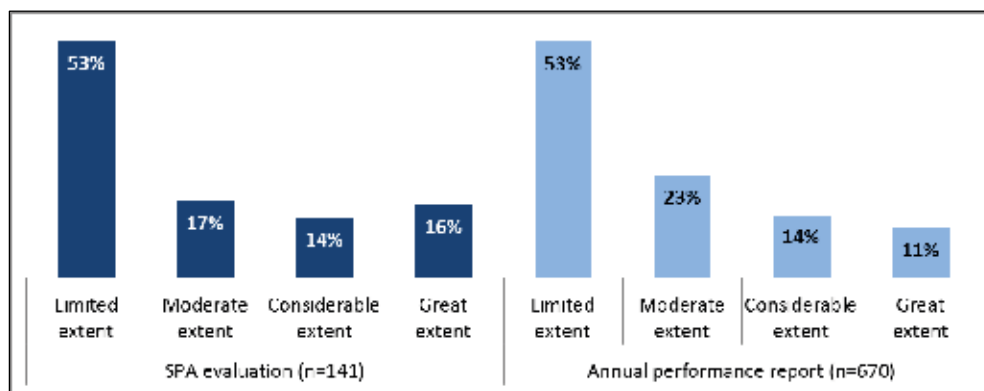
Figure 7. Extent of Required Changes to an AME's Practice by the Form of Feedback

Table 3. Distribution of Issuance Decisions and Deferrals

Decision	25th Percentile	50th Percentile[*]	75th Percentile
Issued day of exam	80%	90%	95%
Issued within 14 days of exam	0%	4%	9%
Deferred	3%	5%	10%
Denied	0%	0%	0%

[*]The median, which represents the average, as the mid-point of the response distribution.

is often disregarded as *not useful* even if it is highly relevant, as evidenced by the *AME Guide.* The *AME Guide* had the highest rating for relevant content (*very* or *extremly relevant;* 30% higher than the *downloadable pilot safety brochures*), but the lowest rating for *user friendly.* Also, although the *AME Guide* had the highest rating for being *useful,* it was only 4% higher than the *downloadable pilot safety brochures*, which, in contrast to the *AME Guide*, are only tangentially related to an AME's duties and responsibilities. Enhanced content will spur usefulness of the resources, as will design solutions that make content easy and quick to locate. The challenge will be to work within the FAA's formatting standards for documents and websites that limit design solutions to improve ease of use.

AME Performance Feedback

FAA Performance Report

AMEs rated the effectiveness of performance feedback provided by the FAA in the form of their annual performance reports and evaluation by a surveillance program analyst (SPA). No changes were indicated for less than half who received an annual performance report (42% of 1,152) and/or a visit by an SPA (47% of 265). For the AMEs whose performance feedback indicated changes to their practice were required, the extent of change is shown in Figure 7. They were evenly split on the usefulness of the feedback in either form. For approximately one-third, the feedback had at most *limited* usefulness; for another third, it was *moderately* useful, and for the remaining third, it was at least *considerably* useful. Moreover, usefulness ratings were not distinctly different from the 235 AMEs that reported receiving both an SPA evaluation and annual performance report.

Self-Assessed Performance

Table 3 shows the percentage of applicants that AMEs reported issuing versus deferring. When asked if they ever regretted issuing a medical certificate, 11% (165 of 1,569) reported regretting an issuance. The main reasons for those certification decision were: *applicant misrepresented self on the medical history* (48%), *additional information was received after issuance* (44%), and *unaware that issuance was inconsistent with standards and guidelines* (42%).

Service Improvements

For more than a decade, the AME Feedback Survey has been used to monitor the quality of provided services and to identify areas that need improving. The 2014 administration was the first time that the survey was used to determine if changes made to airman medical certification services since the previous survey administration in 2012 were seen as improvements by those AMEs aware of the changes. Following are the results on the (a) effectiveness of the recently implemented changes, (b) degree to which AMEs were aware of the changes, (c) need-based priori-tization of proposed improvements, and (d) recommendations for additional needed improvements.

Effectiveness of Implemented Changes

We evaluated 36 changes implemented since the 2012 sur-vey[2] for their impact on performance of AME duties. Half of the changes pertained strictly to the functionality of the AMCS Internet system. *Reprint a certificate* was evaluated twice as a

[2] Implemented changes were based, in part, on the 2012 feedback collected from AMEs.

change to the process/program and AMCS functionality. There is overwhelming evidence that the changes were improvements (see Figure 8, ordered left to right from large to small differences between positive and negative impact). The positive impact on performance far outweighed the negative impact of the change, with two exceptions. Both exceptions are changes to the functionality of the AMCS: (a) *not allowed to proceed if entered comment is too long* (30% negative; 12% positive), and (b) *not allowed to change applicant SSN if there is an existing FAA medical record* (15% negative; 18% positive).

The programmatic changes that AMEs were most aware of involve electronic media--either directly (i.e., *mandatory use of MedXPress* and *email notification of a new FASMB*) or indirectly as a means of communicating with AMEs (i.e., *CACI* and *messages on policy updates in AMCS*). With the exception of the online-only *FASMB*, the changes improved the medical certification process for the majority of AMEs. Although few AMEs had issue with the programmatic changes, a reason some did might be their infrequent use of computers.
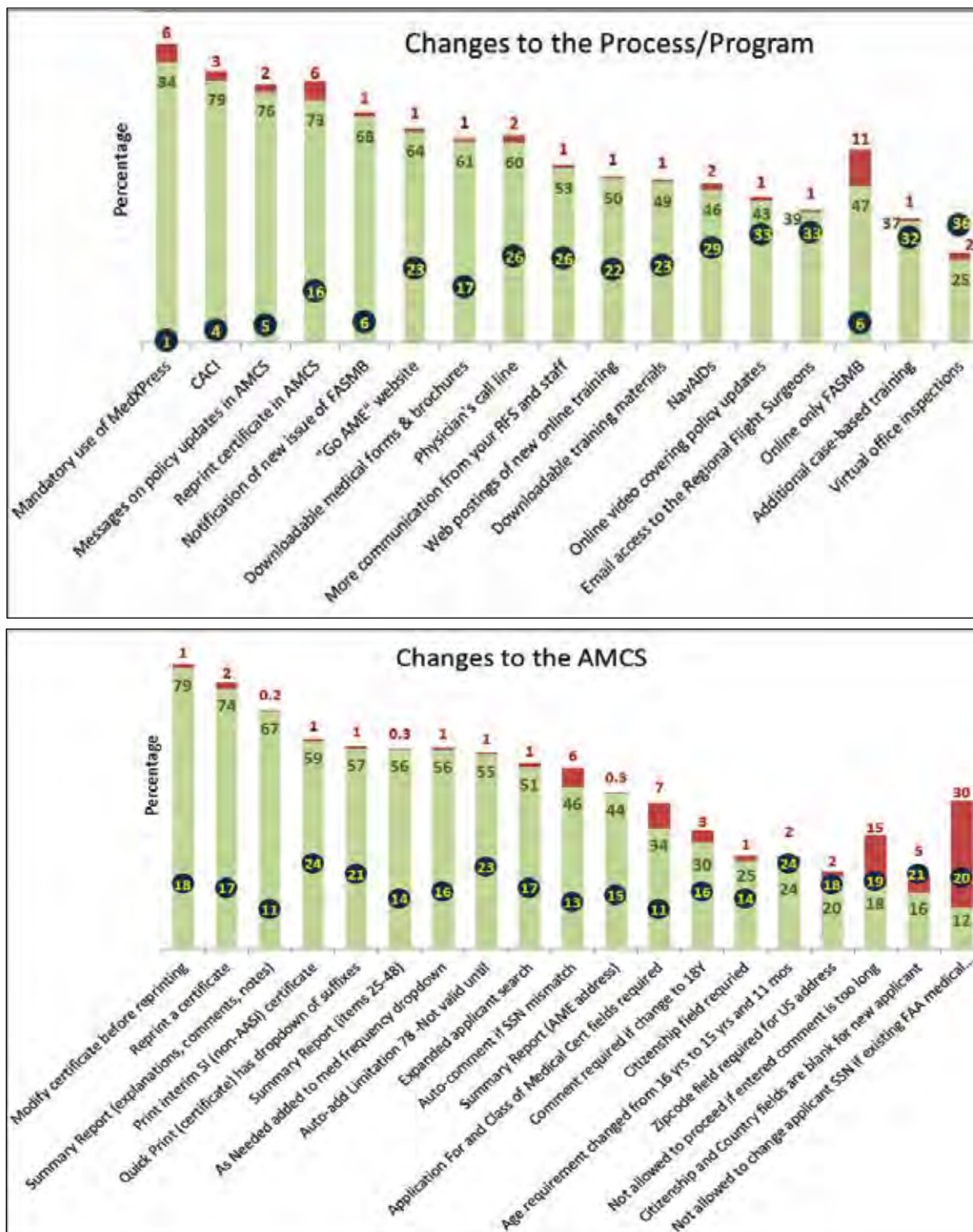
Figure 8. Effectiveness of Changes to AME Services, Systems, and Support.
(Note: Percentage is based on number of respondents (n) and is rounded to the nearest whole number.)

Awareness of Change

Equally important to determining if change improved support to AMEs are the proportions of AMEs who were unaware of the change (represented as circles in Figure 8). As many as one in three AMEs were unaware of the following programmatic changes: email access to their Regional Flight Surgeon, online videos covering policy updates, additional case based-training, NavAIDS, and virtual office inspections. One in four were unaware of the AMCD's physician call line and increased contact from their RFS. One in five were unaware of the "Go AME" webiste, web postings of new training, and downloadable training materials. A few AMEs (1 in 100) remain unaware of the mandatory use of MedXPress (October 1, 2012) to submit an application for airman medical certification.

The percentage of AMEs unaware of programmatic changes (1% to 36%) is a relatively broad range compared to those unaware of changes made to AMCS (10% to 24%). The higher rates of AMEs unaware of changes to the AMCS are likely be due to the changes being unrelated to the type of airman applicants seen by the AME; for instance, the change in age requirement from 16 yr to 15 yr 11 months prior to examination date, or the ability to print an interim SI (non-AASI) certificate.

Prioritized Planned Improvements

Twenty changes currently under consideration by the service providers were prioritized by AMEs based on individual need (see Figure 9).[3] Many of the proposed changes are either solutions to issues raised by AMEs or recommended improvements from their 2012 feedback. Changes to the medical certification process clearly take precedence over the program changes, with the exception of training and support for CACI, which was also rated as a priority by more than 50% of AMEs.

The top 12 changes rated as "top priority" by the AMEs are:
1. attach support documents in MedXPress (29%)
2. attach support documents in AMCS (25%)
3. electronic notification to AME of changes in deferral status (23%)
4. applicant can electronically check status of medical certificate (23%)
5. easy access to CACI worksheets (23%)
6. online tracking of deferrals (22%)
7. CACI theme seminar (20%)
8. electronic notification to applicant of changes in deferral status (19%)
9. feedback on inappropriate deferrals (18%)
10. more regional seminars (15%)
11. online spec sheets (15%)
12. toll-free number to track deferrals (15%)
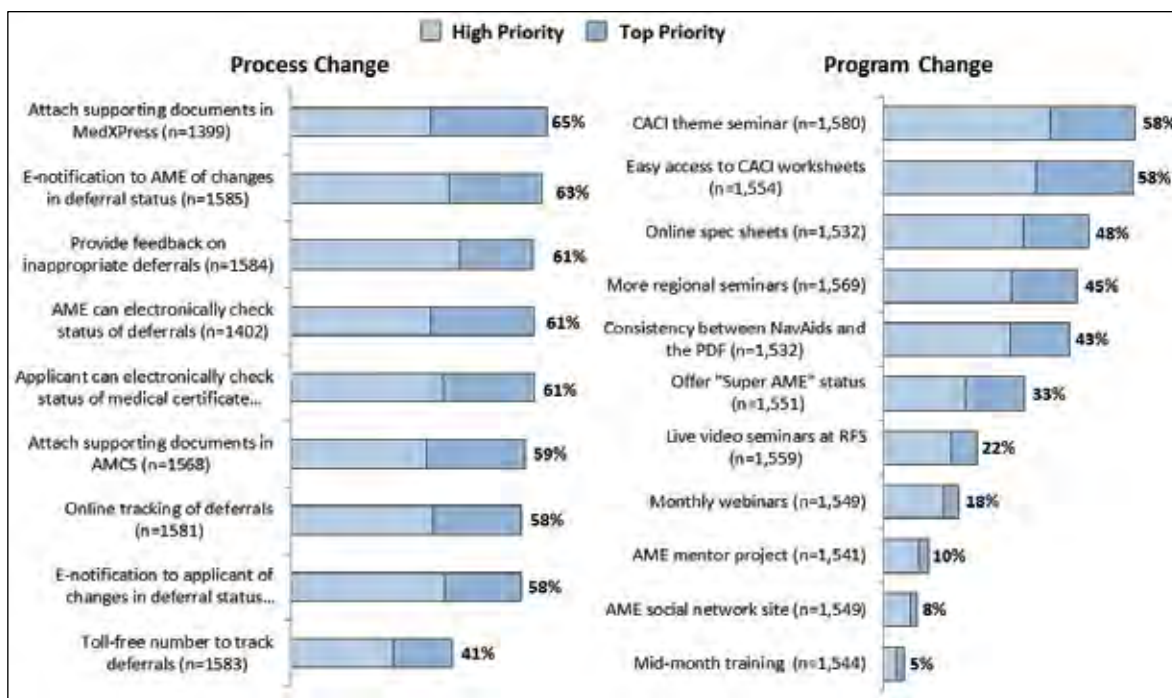
Figure 9. Prioritization of Changes Being Considered by the Service Providers.
(Note: Percentage shown is the sum of high priority and top priority.)

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[3] Priority ratings for two of the changes (*ability to attach supporting documents in AMCS* and *live video seminars at the RFS office*) were collected twice; the results represent the data with the larger *n*.

AMEs support the use of electronic media for the processing and tracking of deferred applications, to include information that is received from the FAA and retrieved by the AME or airman applicant.

DISCUSSION

The OAM relies upon its designees' collective assessment of the training, online systems and resources, and support used to perform AME duties to inform their decisions on improvements to the AME program and airman medical certification services. The Federal Air Surgeon's goal, "to make interfacing with our medical certification system more efficient and airman-friendly," raises the importance of AME feedback on programmatic changes and needed service improvements.

The 2014 feedback reveals that the program changes made since 2012 constituted service improvements. The top changes that improved the way AMEs perform their duties are: 1) mandatory use of MedXPress, 2) ability to modify a certificate in AMCS before reprinting it, 3) ability to reprint a medical certificate in AMCS (if exam is in pending status), 4) policy change to allow CACI, 5) alerts on policy updates in AMCS, and 6) notification of new issue of *FASMB*. A valuable finding from the feedback on implemented changes is seeing the degree that AMEs are aware of changes. It is reasonable that a portion of AMEs would be unaware of changes to AMCS that do not directly impact their use of the system. However, additional effort is needed to ensure all AMEs are aware of changes and updates intended to keep them current. The solution may be a combined use of AMCS alerts, email, and mobile communications, which has shown to be quite effective. Notable examples of success include informing AMEs about CACI (only 4% were unaware) and email notifications that the next issue of the *FASMB* has been published (only 6% were unaware).

AMEs strongly support OAM's move toward digitization of processing and tracking applications and deferrals, and its effort to extend the use of electronic media for face-to-face communication with FAA physicians and training. The comparable rates of satisfaction with the service and quality between phone and email contact with the FAA suggest that many of the issues AMEs encounter in performing their duties have technological solutions, with real-time support being paramount. Moreover, reliance on technology, with the proper security, is expected to further streamline processing of airman medical certification applications and help to keep AMEs current on policies and guidelines.

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Table A1.   AMED Summary Results (% of AMEs)

Satisfaction	• **93% satisfied overall with provided services (↑5%)**
	• **94% satisfied, on average, with email and online interactions**
	• **91% satisfied, on average, with phone interactions**
	• **Nearly all satisfied with training experiences:**
	  – **Theme seminar (96%)**
	  – **Online refresher course (95%)**
	  – **Basic seminar (94%)**
	  – **Video updates (94%)**
	  – **Airman education course (90%)**

Top 3 most used/ received services	1. Email notification of available training (49%) 2. Attendance at Theme Seminar (26%) 3. Training materials downloaded from website (20%)
Service quality	• 93% rated AMED service quality as *good/excellent* • Service quality surpassed expectations of the majority (63%) • Phone interactions to schedule training *always* timely (65%, ↑8%), accurate (79%, ↑16%), and courteous (87%, ↑17%)
Top 3 changes with positive impact (of those aware)	1. Creation of "*Go AME*" *website* (64%) 2. Downloadable medical forms and brochures (61%) 3. Web postings of new online training (50%)
Top 3 proposed training improvements	1. CACI Theme Seminar (58%) 2. More regional seminars (45%) 3. Live video seminars at RFS Office (22%) (24% offered comment on priority improvements to AME training)

CACI= Conditions AMEs Can Issue; RFS=Regional Flight Surgeon

Table A2.   AMCD Summary Results (% of AMEs)

Satisfaction	• **91% satisfied overall with provided services (↑3%)** • **96% satisfied with advice on certification issues** • **95% satisfied with AMCS performance (↑7%)** • **93% satisfied with AMCS technical support (both phone and email)** • **80% satisfied with ECG system performance (↑2%)** • **83% satisfied with assistance with ECG transmission**
Top 3 most used/ received services	1. Requested advice on medical certification issue (74%) 2. Called AMCS technical support (62%) 3. Requested update on status of deferral (37%)
Service quality	• 92% rated AMCD service quality as *good/excellent* • Service quality surpassed expectations of the majority (61%) • Requests for advice on certification issues were *always* timely (54%, ↑7%), accurate (77%, ↑15%), and courteous (86%, ↑16%)
Top 3 changes with positive impact (of those aware)	1. Mandatory use of MedXPress (84%) 2. CACI (79%) 3. Messages on policy updates in AMCS (76%)
Top 3 proposed service improvements	1. Attach supporting documents in AMCS (66%) 2. Attach supporting documents in MedXPress (65%) 3. Electronically check status of deferral (AME, 61%; applicant, 61%) (14% offered comment on priority improvements to AMCD services)
AMCS	• 85% rated system performance as *good/excellent* • System performance surpassed expectations of the majority (55%)
Top 3 AMCS changes with positive impact (of those aware)	1. Modify a certificate before reprinting (79%) 2. Reprint a certificate (74%) 3. Summary Report with explanations, comments, and general notes (67%) (14% offered comment on priority improvements to AMCS)
ECG System	• 69% rated system performance as *good/excellent* • System performance surpassed expectations (39%)

Deferral Process	• 72% consider standards and guidelines for deferrals as medically reasonable and appropriate (↓8%)
	• Of the 12 CACI
	  − More than half are comfortable issuing: hypertension (76%), hypothyroidism (73%), arthritis (67%), pre diabetes (64%), and asthma (53%)
	  − Less than half are comfortable issuing: prostate cancer (46%), hepatitis C (43%), testicular cancer (36%), migraines and chronic headaches (36%), colitis and IBS (34%), renal cancer (32%), and glaucoma (27%)

Top 3 proposed deferral process improvements	1. Electronic notification of changes in deferral status (AME, 63%; applicant, 58%) 2. Feedback on inappropriate deferrals (61%) 3. Online tracking of deferrals (58%) (14% offered comment on priority improvements to processing of deferrals)

AMCS = Aerospace Medical Certification System; CACI= Conditions AMEs Can Issue; IBS=irritable bowel syndrome

Table A3.   RFS Office Summary Results (% of AMEs)

Satisfaction	• **92% satisfied overall with provided services (↑5%)** • **95% satisfied with advice on certification issues (phone and email)**
Use/receipt of services	1. Received annual performance report (73%; annual report indicated change to practice required for 58%) 2. Called for advice on a medical certification issue (72%) 3. Emailed for advice on a medical certification issue (18%) 4. Evaluated by an SPA (17%; SPA indicated change to practice required for 53%)
Service quality	• 92% rated the service quality as *good/excellent* • Service quality surpassed expectations of the majority (68%) • Phone interactions for certification advice *always* timely (58%), accurate (79%), and courteous (88%) • Email correspondence for certification advice *always* timely (63%), accurate (75%), and courteous (90%) • Performance feedback was useful in guiding change to a *considerable/great extent*: annual report (32%) and SPA evaluation (36%)
Top changes with positive impact (of those aware)	• More communication from RFS and staff (53%) • Email access to RFS (39%)
Top proposed service improvement	• Live video seminars at RFS office (21%) (10% offered comment on priority improvements to RFS and staff services)

RFS=Regional Flight Surgeon; SPA= Surveillance Program Analyst

Table A4.   OAM and Online Resources Summary Results (% of AMEs)

Satisfaction	• **89% satisfied overall with provided services**
	• **Nearly all satisfied with online resources:**
	  – *FASMB* **(97%)**
	  – **Downloadable pilot safety brochures (94%)**
	  – **AME Guide (93%)**
	  – **"Go AME" website (92%)**
	  – **OAM website (88%)**

Service quality	• 89% rated the service quality as *good/excellent* • Service quality surpassed expectations of the majority (57%)
Use of online resources	• AME Guide (92%) • *FASMB* (84%) • "Go AME" website (36%) • Downloadable pilot safety brochures (15%) • OAM website (12%)

Resource quality		Good/ excellent	Surpassed expectations	Very/ completely relevant	Very/ completely Useful	Very/ completely User Friendly
	Downloadable pilot safety brochures	90%	50%	71%	73%	--
	FASMB	88%	52%	76%	70%	76%
	"Go AME" website	84%	52%	77%	72%	61%
	AME Guide	82%	47%	91%	77% (↑1%)	53%
	OAM website	77%	45%	77%	70% (↑2%)	60%

Top 3 changes with positive impact (of those aware)	• Notification of new issue of *FASMB* (68%) • Online-only *FASMB* (47%) • NavAids (46%)
Top 3 proposed improvements to online resources	• Easy access to CACI worksheets (58%) • Online spec sheets (48%) • Consistency between NavAids and AME online publications PDF (43%) (25% offered comment on priority improvements to the AME Guide, and 7% offered comment on priority improvements to the other online resources and publications)

FASMB=Federal Air Surgeon's Medical Bulletin

The table contains the breakout or disposition of 1,739 responses from 3,231 AME invitees.

Final Disposition Codes for Internet Surveys of Specifically Named Persons

Did participate			Did not participate		
Complete survey (I)	Known not eligible (included in I)	Usable partial survey (P)	Opted out (R)	Invitation undeliverable (NC)	Unknown eligibility (O)
1638	61	36	65	7	1485

AAPOR's response rate equation (RR4)[1] for Internet surveys that are distributed to specifically named persons is shown below. The calculation divides the sum of the number of complete/sufficiently partial survey submissions by the number of assumed eligible to participate. Using the final dispositions in the table above, calculation of the response rate is shown below:

$$RR = \frac{(I + P)}{(I + P) + (R + NC + O)} = \frac{(1638 + 36)}{(1638 + 36) + (65 + 7 + 1485)} = 51.8\%$$

RR = Response rate
I = Complete survey (includes known not eligible)
P = Usable partial survey
R = Refusal → Opted out
NC = Non-contact *due to unavailability*, <u>assumed eligible</u> → invitation returned
O = Other, unknown eligible → no returned survey or invitation

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[1]The American Association for Public Opinion Research. (2011). *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. 7th Ed. AAPOR.

This year the survey has a new look, new items, and new format to minimize your effort and maximize the value of your feedback to the Federal Aviation Administration. The survey covers airman medical certification services and support, including training and online tools and resources, provided to AMEs by the:

- Office of Aerospace Medicine (OAM),
- Medical Education Division (AMED),
- Medical Certification Division (AMCD), and
- Regional Flight Surgeon (RFS) Offices

Your thoroughness and candor in completing the survey are appreciated and will help us improve our services to you.

Instructions: Read each item carefully before responding. Responses to some items are required to skip items not relevant to your experiences as an AME during the *past 12 months*.

A. AME Experience

A1. Have you been an AME for at *least 12 months*? (required)

- ○ Yes
- ○ No (*If no, routed out of the survey*)

A2. During the *past 12 months*, did you see any applicants for an airman medical certificate? (required)

- ○ Yes (*skip to item A4*)
- ○ No (*If no, asked the reason on A3 and then routed out of the survey*)

A3. What was the reason you did not see an airman applicant? [*mark all that apply*]

- ❑ Was not contacted by an applicant
- ❑ Not enough time or resources
- ❑ Dissatisfied with services provided by FAA
- ❑ Other reasons (specify below)

Reasons you did not see an applicant: _____

A4. Approximately how many applicants for an airman medical certificate did you see during the *past 12 months*? [*enter 0 if none*]

_____ Number of applicants

B. AME Ratings of Service and Support

B1. During the _past 12 months_, which FAA offices provided services or support to assist you in meeting AME requirements? [_mark all that apply_] (required)

- ❑ The Medical Education Division (**AMED**)
- ❑ The Medical Certification Division (**AMCD**)
- ❑ Your Regional Flight Surgeon (**RFS**) Office
- ❑ The Office of Aerospace Medicine (**OAM**)
- ❑ None of the above (_skip to item C1_)

B2. Overall how satisfied were you with their service/support?

	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
a. The Medical Education Division (**AMED**)	❍	❍	❍	❍	❍
b. The Medical Certification Division (**AMCD**)	❍	❍	❍	❍	❍
c. Your Regional Flight Surgeon (**RFS**) Office	❍	❍	❍	❍	❍
d. The Office of Aerospace Medicine (**OAM**)	❍	❍	❍	❍	❍

B3. How did their service/support compare to your expectations?

	Far below expectations	Below expectations	Met expectations	Above expectations	Well above expectations
a. The Medical Education Division (**AMED**)	❍	❍	❍	❍	❍
b. The Medical Certification Division (**AMCD**)	❍	❍	❍	❍	❍
c. Your Regional Flight Surgeon (**RFS**) Office	❍	❍	❍	❍	❍
d. The Office of Aerospace Medicine (**OAM**)	❍	❍	❍	❍	❍

B4. Overall how would you rate the quality of their service/support?

	Very poor	Poor	Average	Good	Excellent
a. The Medical Education Division (**AMED**)	❍	❍	❍	❍	❍
b. The Medical Certification Division (**AMCD**)	❍	❍	❍	❍	❍
c. Your Regional Flight Surgeon (**RFS**) Office	❍	❍	❍	❍	❍
d. The Office of Aerospace Medicine (**OAM**)	❍	❍	❍	❍	❍

C. The Medical Education Division (AMED)

The Medical Education Division (AMED) provides the following services/support to AMEs: certification, training (seminars, online courses, videos, and materials), office inspections, office supplies, and produces the _Guide for Aviation Medical Examiners_ and the _Federal Air Surgeon's Medical Bulletin_.

C1. During the *past 12 months*, which AMED services/support did you receive/use?
[*mark all that apply*] (required)

- ❑ Attended AME Basic Seminar
- ❑ Attended a Theme Seminar
- ❑ Completed an online refresher course
- ❑ Notified via email of available AME training
- ❑ Downloaded training materials from the AMED website
- ❑ Viewed video updates (e.g., CACI or Cardiology Update)
- ❑ Attended an Airman Education course (e.g., Aerospace Physiology Training)
- ❑ Ordered office supplies online
- ❑ Called to order office supplies
- ❑ Called to schedule training
- ❑ None of the above (*skip to item C8*)

C2. Overall how satisfied were you with the experience?

	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
a. Attended AME Basic Seminar	◗	◗	◗	◗	◗
b. Attended a Theme Seminar	◗	◗	◗	◗	◗
c. Completed an online refresher course	◗	◗	◗	◗	◗
d. Notified via email of available AME training	◗	◗	◗	◗	◗
e. Downloaded training materials from the AMED website	◗	◗	◗	◗	◗
f. Viewed video updates (e.g., CACI or Cardiology Update)	◗	◗	◗	◗	◗
g. Attended an Airman Education course (e.g., Aerospace Physiology Training)	◗	◗	◗	◗	◗
h. Ordered office supplies online	◗	◗	◗	◗	◗
i. Called to order office supplies	◗	◗	◗	◗	◗
j. Called to schedule training	◗	◗	◗	◗	◗

C3. How did the experience compare to your expectations?

	Far below expectations	Below expectations	Met expectations	Above expectations	Well above expectations
a. Attended AME Basic Seminar	○	○	○	○	○
b. Attended a Theme Seminar	○	○	○	○	○
c. Completed an online refresher course	○	○	○	○	○
d. Notified via email of available AME training	○	○	○	○	○
e. Downloaded training materials from the AMED website	○	○	○	○	○
f. Viewed video updates (e.g., CACI or Cardiology Update)	○	○	○	○	○
g. Attended an Airman Education course (e.g., Aerospace Physiology Training)	○	○	○	○	○
h. Ordered office supplies online	○	○	○	○	○
i. Called to order office supplies	○	○	○	○	○
j. Called to schedule training	○	○	○	○	○

C4. Overall how would you rate the quality of the experience?

	Very poor	Poor	Average	Good	Excellent
a. Attended AME Basic Seminar	○	○	○	○	○
b. Attended a Theme Seminar	○	○	○	○	○
c. Completed an online refresher course	○	○	○	○	○
d. Notified via email of available AME training	○	○	○	○	○
e. Downloaded training materials from the AMED website	○	○	○	○	○
f. Viewed video updates (e.g., CACI or Cardiology Update)	○	○	○	○	○
g. Attended an Airman Education course (e.g., Aerospace Physiology Training)	○	○	○	○	○
h. Ordered office supplies online	○	○	○	○	○
i. Called to order office supplies	○	○	○	○	○
j. Called to schedule training	○	○	○	○	○

C5. Were you responded to in a timely manner?

	Never	Rarely	Occasionally	Usually	Always
a. Called to order office supplies					
b. Called to schedule training					

C6. Were you provided <u>accurate information</u>?

	Never	Rarely	Occasionally	Usually	Always
a. Called to order office supplies	○	○	○	○	○
b. Called to schedule training	○	○	○	○	○

C7. Were you treated with <u>courtesy and respect</u>?

	Never	Rarely	Occasionally	Usually	Always
a. Called to order office supplies	○	○	○	○	○
b. Called to schedule training	○	○	○	○	○

C8. During the *past 12 months*, what impacts have the following changes had on the <u>performance of your AME duties</u>?

	Unaware of change	Negative	No impact	Positive
a. Virtual office inspections	○	○	○	○
b. Additional case-based training	○	○	○	○
c. Web postings of new online training	○	○	○	○
d. Downloadable training materials	○	○	○	○
e. Downloadable medical forms and brochures	○	○	○	○
f. Online video covering policy updates	○	○	○	○
g. Go AME website	○	○	○	○

C9. The FAA is considering the following changes to <u>AME training</u>; rate the priority of each <u>based on your needs as an AME</u>.

	Not a priority	Low priority	Moderate priority	High priority	Top priority
a. Monthly webinars	○	○	○	○	○
b. More regional seminars	○	○	○	○	○
c. Theme seminar on Conditions the AME Can Issue (CACI)	○	○	○	○	○
d. Training in the middle of month	○	○	○	○	○
e. AME social media site	○	○	○	○	○
f. AME mentor project	○	○	○	○	○
g. Live video seminars hosted at the Regional Flight Surgeons' offices	○	○	○	○	○

C10. Are there improvements to <u>AME training</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

○ Yes (specify below)
○ No

<u>High</u> or **<u>top</u>** priority improvements to AME training: _____

D. The Medical Certification Division (AMCD)

The Medical Certification Division (AMCD) in Oklahoma City provides the following services/support to AMEs and their staff: aeromedical and administrative advice, certification decisions, processing of all medical certification applications, and the Aerospace Medical Certification Subsystem (AMCS) Internet application, ECG system, and MedXPress.

D1. During the *past 12 months*, which AMCD services/support did you receive/use?
 [*mark all that apply*] (required)

- ❑ Requested advice on a medical certification issue
- ❑ Requested assistance with ECG transmission
- ❑ Requested update on status of deferral
- ❑ Emailed AMCS technical support
- ❑ Called AMCS technical support
- ❑ None of the above (*skip to item E1*)

D2. Overall how satisfied were you with the experience?

	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
a. Requested advice on a medical certification issue	❍	❍	❍	❍	❍
b. Requested assistance with ECG transmission	❍	❍	❍	❍	❍
c. Requested update on status of deferral	❍	❍	❍	❍	❍
d. Emailed AMCS technical support	❍	❍	❍	❍	❍
e. Called AMCS technical support	❍	❍	❍	❍	❍

D3. How did the experience compare to your expectations?

	Far below expectations	Below expectations	Met expectations	Above expectations	Well above expectations
a. Requested advice on a medical certification issue	❍	❍	❍	❍	❍
b. Requested assistance with ECG transmission	❍	❍	❍	❍	❍
c. Requested update on status of deferral	❍	❍	❍	❍	❍
d. Emailed AMCS technical support	❍	❍	❍	❍	❍
e. Called AMCS technical support	❍	❍	❍	❍	❍

D4. Overall how would you rate the quality of your experience?

	Very poor	Poor	Average	Good	Excellent
a. Requested advice on a medical certification issue	❍	❍	❍	❍	❍
b. Requested assistance with ECG transmission	❍	❍	❍	❍	❍
c. Requested update on status of deferral	❍	❍	❍	❍	❍
d. Emailed AMCS technical support	❍	❍	❍	❍	❍
e. Called AMCS technical support	❍	❍	❍	❍	❍

D5. Were you responded to in a timely manner?

	Never	Rarely	Occasionally	Usually	Always
a. Requested advice on a medical certification issue	❍	❍	❍	❍	❍
b. Requested assistance with ECG transmission	❍	❍	❍	❍	❍
c. Requested update on status of deferral	❍	❍	❍	❍	❍
d. Emailed AMCS technical support	❍	❍	❍	❍	❍
e. Called AMCS technical support	❍	❍	❍	❍	❍

D6. Were you provided accurate information?

	Never	Rarely	Occasionally	Usually	Always
a. Requested advice on a medical certification issue	❍	❍	❍	❍	❍
b. Requested assistance with ECG transmission	❍	❍	❍	❍	❍
c. Requested update on status of deferral	❍	❍	❍	❍	❍
d. Emailed AMCS technical support	❍	❍	❍	❍	❍
e. Called AMCS technical support	❍	❍	❍	❍	❍

D7. Were you treated with courtesy and respect?

	Never	Rarely	Occasionally	Usually	Always
a. Requested advice on a medical certification issue	❍	❍	❍	❍	❍
b. Requested assistance with ECG transmission	❍	❍	❍	❍	❍
c. Requested update on status of deferral	❍	❍	❍	❍	❍
d. Emailed AMCS technical support	❍	❍	❍	❍	❍
e. Called AMCS technical support	❍	❍	❍	❍	❍

D8. During the *past 12 months*, what impacts have the following changes had on the performance of your AME duties?

	Unaware of change	Negative	No impact	Positive
a. Ability to reprint a certificate in AMCS	❍	❍	❍	❍
b. Conditions AMEs Can Issue (CACI)	❍	❍	❍	❍
c. Messages on policy updates in AMCS	❍	❍	❍	❍
d. Physician's call line	❍	❍	❍	❍
e. Mandatory use of MedXPress by airmen applicants	❍	❍	❍	❍

D9. The FAA is considering the following changes to the certification process; rate the priority of each based on your needs as an AME.

	Not a priority	Low priority	Moderate priority	High priority	Top priority
a. Ability to attach supporting documents in AMCS	❍	❍	❍	❍	❍
b. Offer "Super AME" status	❍	❍	❍	❍	❍

D10. Are there improvements to the <u>certification process</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

- ○ Yes (specify below)
- ○ No

<u>**High**</u> or <u>**top**</u> priority improvements to the certification process: _____

E. Standards and Guidelines

The standards and guidelines for deferrals provide AMEs with the specifications for airman medical certification.

E1. During the <u>past 12 months</u>, to what extent did you consider the standards and guidelines for deferrals reasonable and appropriate from a medical standpoint?

- ○ Not at all
- ○ Limited extent
- ○ Moderate extent
- ○ Considerable extent
- ○ Great extent

E2. How comfortable are you making an issuance decision for Conditions AMEs Can Issue (CACI)?

	Would definitely defer	Would need guidance to issue	Somewhat comfortable issuing	Completely comfortable issuing
a. Arthritis	○	○	○	○
b. Asthma	○	○	○	○
c. Hepatitis C	○	○	○	○
d. Hypertension	○	○	○	○
e. Hypothyroidism	○	○	○	○
f. Migraines & chronic headache	○	○	○	○
g. Pre diabetes	○	○	○	○
h. Prostate cancer	○	○	○	○
i. Renal cancer	○	○	○	○
j. Testicular cancer	○	○	○	○

E3. How comfortable are you making an issuance decision for the following medical conditions?

	Would definitely defer	Would need guidance to issue	Somewhat comfortable issuing	Completely comfortable issuing
a. Bladder cancer	○	○	○	○
b. Carotid artery stenosis	○	○	○	○
c. Colitis and irritable bowel syndrome	○	○	○	○
d. Colon cancer	○	○	○	○
e. Glaucoma	○	○	○	○
f. Hodgkin's disease and lymphoma	○	○	○	○
g. Kidney stones	○	○	○	○
h. Leukemia	○	○	○	○

E4. Are there additional conditions that you feel <u>completely comfortable issuing</u>?

  ○ Yes (specify below)
  ○ No

  Conditions I feel completely comfortable issuing: _____

E5. Are there improvements to <u>standards and guidelines for deferrals</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

  ○ Yes (specify below)
  ○ No

  <u>High</u> or **<u>top</u>** priority improvements to standards and guidelines for deferrals: _____

E6. The FAA is considering the following changes in the <u>processing of deferrals</u> at the Medical Certification Division; rate the priority of each <u>based on your needs as an AME</u>.

	Not a priority	Low priority	Moderate priority	High priority	Top priority
a. Online tracking of deferrals	○	○	○	○	○
b. Toll-free number to track deferrals	○	○	○	○	○
c. Electronic notification to <u>AME</u> of changes in deferral status	○	○	○	○	○
d. Electronic notification to <u>applicant</u> of changes in deferral status	○	○	○	○	○
e. Provide feedback on inappropriate deferrals	○	○	○	○	○

E7. Are there improvements in the <u>processing of deferrals</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

  ○ Yes (specify below)
  ○ No

  <u>High</u> or **<u>top</u>** priority improvements to processing deferrals: _____

F. Systems

The AMCS Internet application and ECG data transmission systems are used to submit data to the Medical Certification Division (AMCD).

F1. During the *past 12 months*, which FAA systems did you (or your staff) use in your AME practice?
   [*mark all that apply*] (required)

- ❑ AMCS Internet application (for completing / submitting FAA Form 8500-8 to the AMCD)
- ❑ ECG system (for ECG data transmission to the AMCD)
- ❑ None of the above (*skip to item H1*)

F2. Overall how satisfied were you with the system's performance?

	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
a. AMCS Internet application	❍	❍	❍	❍	❍
b. ECG system	❍	❍	❍	❍	❍

F3. How did the system's performance compare to your expectations?

	Far below expectations	Below expectations	Met expectations	Above expectations	Well above expectations
a. AMCS Internet application	❍	❍	❍	❍	❍
b. ECG system	❍	❍	❍	❍	❍

F4. Overall how would you rate the performance of the system?

	Very poor	Poor	Average	Good	Excellent
a. AMCS Internet application	❍	❍	❍	❍	❍
b. ECG system	❍	❍	❍	❍	❍

G. Aerospace Medical Certification Subsystem (AMCS)

The Aerospace Medical Certification Subsystem (AMCS) is the Internet application used by an AME to electronically submit completed FAA Form 8500-8 to the Medical Certification Division (AMCD).

G1. During the *past 12 months*, who primarily used the AMCS to process medical certification data for your practice? (required)

- ❍ Self
- ❍ Practice Staff
- ❍ Outside Contractor (*skip to item H1*)

G2. During the *past 12 months*, what impacts have the following changes to the AMCS Internet application had on processing airmen applications?

	Unaware of change	Negative	No impact	Positive
a. Expanded applicant search criteria in MedXPress	○	○	○	○
b. NOT allowed to change applicant SSN if there is an existing FAA medical record	○	○	○	○
c. Auto-comment in AMCS of SSN mismatch	○	○	○	○
d. NOT allowed to proceed if entered comment is too long	○	○	○	○
e. **Application For** and **Class of Medical Cert** fields require AME input	○	○	○	○
f. **As Needed** added to Medication Frequency dropdown list	○	○	○	○
g. Comment is required if a change in the answer to question 18Y (medical disability benefits)	○	○	○	○
h. **Citizenship** field is required	○	○	○	○
i. **Citizenship** and **Country** fields are blank for New Applicant (i.e., no previous exam)	○	○	○	○
j. **Zip Code** field required for any examinee with a US address	○	○	○	○
k. Age requirement changed from 16 years to 15 years, 11 months prior to today's date for Airman Medical and Student Pilot Certificate	○	○	○	○

G3. During the *past 12 months*, what impacts have the following changes to the AMCS Internet application had on processing airmen applications?

	Unaware of change	Negative	No impact	Positive
a. Automatically adds Limitation 78 – *Not valid until* (*date of 16th birthday*) to Medical and Student Pilot Certificate if applicant's 16th birthday is within 30 days of issuance	○	○	○	○
b. Medical Certificate – Quick Print screen has a dropdown list of suffixes	○	○	○	○
c. Ability to reprint a medical certificate (if exam is in pending status)	○	○	○	○
d. Ability to modify certificate information before reprinting	○	○	○	○
e. Ability to print an interim special issuance (non-AASI) certificate (in certain cases)	○	○	○	○
f. The Summary Report displays the selections for items 25-48	○	○	○	○
g. The Summary Report displays information from the Applicant Explanations, AME Comments, General Notes from the History and Findings sections	○	○	○	○
h. The Summary Report displays the AME address information	○	○	○	○

G4. The FAA is considering the following changes to aid <u>processing of medical applications</u>; rate the priority of each based on your needs as an AME.

	Not a priority	Low priority	Moderate priority	High priority	Top priority
a. Ability in the <u>AMCS</u> Internet application to attach supporting documents	❍	❍	❍	❍	❍
b. Ability for applicants to attach supporting documents in <u>MedXPress</u> for the AME	❍	❍	❍	❍	❍
c. Ability for applicants to electronically check the status of their medical certificate	❍	❍	❍	❍	❍
d. Ability for AMEs to electronically check the status of a deferral	❍	❍	❍	❍	❍

G5. Are there improvements to the <u>AMCS Internet application</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

- ❍ Yes (specify below)
- ❍ No

High or **top** priority improvements to the AMCS Internet application: _____

H. ECG System

ECG System: The FAA is reviewing its requirements for sending airmen applicants' ECGs to the Medical Certification Division (AMCD). Under consideration is replacing analog transmissions with electronic submissions using PDF as the standard format.

H1. If ECG data were required to be submitted electronically in a <u>PDF format</u>, what impact would it have on you?

- ❍ Negative (specify below)
- ❍ No impact
- ❍ Positive

Reason for negative impact: _____

H2. Do you currently have access to ECG equipment for patient testing? (required)

- ❍ Yes (*skip to item H4*)
- ❍ No (*If no, answer H3 and then skip to item H9*)

H3. How likely are you to purchase ECG equipment to meet a new FAA requirement?

- ❍ Definitely not
- ❍ Somewhat likely
- ❍ Moderately likely
- ❍ Quite likely
- ❍ Definitely will

H4. In the *past 12 months*, did you transmit an airman applicant's ECG to the Medical Certification Division?

- ❍ Yes
- ❍ No

H5. Which ECG equipment do you have access to? [*mark all that apply*] (required)

- ❑ Bionet (*skip to item H5a*)
- ❑ CardioLine US (*skip to item H5b*)
- ❑ Edan Instruments (*skip to item H5c*)
- ❑ Fukuda Denshi (*skip to item H5d*)
- ❑ GE Marquette (*skip to item H5e*)
- ❑ Mortara (*skip to item H5f*)
- ❑ Midmark (*skip to item H5g*)
- ❑ Nasiff (*skip to item H5h*)
- ❑ Norav (*skip to item H5i*)
- ❑ Nihon Kohdon (*skip to item H5j*)
- ❑ Philips (*skip to item H5k*)
- ❑ Physio Control (*skip to item H5l*)
- ❑ QRS Diagnostic (*skip to item H5m*)
- ❑ Schiller (*skip to item H5n*)
- ❑ Welch Allyn (*skip to item H5o*)
- ❑ Other (specify below)
- ❑ Do not know

Enter other **make** and **model**: _____

Appendix A.

H5a. Which <u>Bionet</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
Cardio Touch 2000	❑	❑
Cardio Touch 3000	❑	❑
Cardio Touch 7	❑	❑
None of the above	❑	❑

H5b. Which <u>CardioLine US</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
Cardioline ar600	❑	❑
Cardioline ar1200	❑	❑
Cardioline ar2100	❑	❑
Cardioline PC	❑	❑
Cardiette Microtel	❑	❑
None of the above	❑	❑

H5c. Which Edan Instruments model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
3SE	❑	❑
12SE	❑	❑
101 PC ECG	❑	❑
None of the above	❑	❑

H5d. Which Fukuda Denshi model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
FCP-7101	❑	❑
FX-7101	❑	❑
FX-7202	❑	❑
FX-7542	❑	❑
FX-8222	❑	❑
None of the above	❑	❑

H5e. Which GE Marquette model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
MAC 800	❑	❑
MAC 1200	❑	❑
MAC 1600	❑	❑
MAC 3500	❑	❑
MAC 5500	❑	❑
PC Based ECG	❑	❑
None of the above	❑	❑

H5f. Which <u>Mortara</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
ELI 10	❑	❑
ELI 150C	❑	❑
ELI 230	❑	❑
ELI 230C	❑	❑
ELI 350	❑	❑
Rscribe 5	❑	❑
Burdick 8300	❑	❑
Burdick 8500	❑	❑
CareCenter MD	❑	❑
None of the above	❑	❑

H5g. Which <u>Midmark</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
Digital ECG	❑	❑
None of the above	❑	❑

H5h. Which <u>Nasiff</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
Cardio card	❑	❑
None of the above	❑	❑

H5i. Which <u>Norav</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
3 SE	❑	❑
12 SE	❑	❑
1200M PC ECG	❑	❑
1200HR PC ECG	❑	❑
Blue PC ECG	❑	❑
NHH 1200	❑	❑
None of the above	❑	❑

H5j. Which <u>Nihon Kohdon</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
ECG1250A	❏	❏
ECG1350A	❏	❏
ECG1550A	❏	❏
None of the above	❏	❏

H5k. Which <u>Philips</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
Pagewriter TC30	❏	❏
Pagewriter TC50	❏	❏
Pagewriter TC70	❏	❏
Pagewriter Trim III	❏	❏
None of the above	❏	❏

H5l. Which <u>Physio Control</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
Ready Link	❏	❏
None of the above	❏	❏

H5m. Which <u>QRS Diagnostic</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
Universal ECG	❏	❏
None of the above	❏	❏

H5n. Which <u>Schiller</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
AT 102	❑	❑
AT 104	❑	❑
CS 200	❑	❑
CS 200 Excellence	❑	❑
CS 200 Touch	❑	❑
MS-12 Blue	❑	❑
MS-2007	❑	❑
MS-2010	❑	❑
MS-2015	❑	❑
None of the above	❑	❑

H5o. Which <u>Welch Allyn</u> model do you have access to? [*mark all that apply*]

	Within practice	Outside of practice
CP50	❑	❑
CP100	❑	❑
CP150	❑	❑
PC Based ECG	❑	❑
None of the above	❑	❑

H6. Which ECG file format does the equipment support? [*mark all that apply*] (required)

- ❑ DICOM
- ❑ ECG9X
- ❑ HL7
- ❑ JPG
- ❑ MFER
- ❑ Muse
- ❑ PDF
- ❑ RST
- ❑ SCP
- ❑ TIFF
- ❑ UNIPRO
- ❑ XML
- ❑ Other
- ❑ Do not know

H7. Indicate if you are able to store, send, and/or receive the ECG file type. [*mark all that apply*]

	Store	Send	Receive
DICOM	❑	❑	❑
ECG9X	❑	❑	❑
HL7	❑	❑	❑
JPG	❑	❑	❑
MFER	❑	❑	❑
Muse	❑	❑	❑
PDF	❑	❑	❑
RST	❑	❑	❑
SCP	❑	❑	❑
TIFF	❑	❑	❑
UNIPRO	❑	❑	❑
XML	❑	❑	❑
Other (specify below)	❑	❑	❑
Do not know	❑	❑	❑

Enter other ECG file types you are able to store: _____

Enter other ECG file types you are able to send: _____

Enter other ECG file types you are able to receive: _____

H8. How likely are you to purchase software to convert <u>airmen applicants'</u> ECG data to PDF format to meet a new FAA requirement?

- ◯ Definitely not
- ◯ Somewhat likely
- ◯ Moderately likely
- ◯ Quite likely
- ◯ Definitely will

H9. How do you currently share medical records? [*mark all that apply*]

	Internally	Externally
Paper Copy	❑	❑
Electronic Copy	❑	❑

H10. Which electronic records system do you use in your practice? [*mark all that apply*] (required)

- ❑ Do not use electronic records *(skip to item I1)*
- ❑ CVIS (cardiovascular information system)
- ❑ EDM (electronic document management)
- ❑ EHR (electronic health records)
- ❑ EMR (electronic medical records)
- ❑ HIS (health information system)
- ❑ PACS (picture archiving and communication system)
- ❑ Other (specify below)
- ❑ Do not know

Enter other type of electronic records system used in your practice: _____

H11. Which of the following do you retain in your electronic records system? [*mark all that apply*]

- ❑ ECG
- ❑ X-rays
- ❑ Prescriptions
- ❑ Orders
- ❑ Lab results
- ❑ Letters
- ❑ Audio files
- ❑ Video files
- ❑ Other (specify below)
- ❑ Do not know

Other documents and files retained in your electronic records system: _____

H12. Which file types does your electronic records system support? [*mark all that apply*]

- ❑ Audio files
- ❑ BMP
- ❑ ECG 9X
- ❑ GIF
- ❑ HL7
- ❑ JPG
- ❑ MFER
- ❑ MUSE
- ❑ PCX
- ❑ PDF
- ❑ PNG
- ❑ RST
- ❑ SCP
- ❑ TIF
- ❑ UNIPRO
- ❑ Video files
- ❑ XML
- ❑ Other (specify below)
- ❑ Do not know

Other file types supported by your electronic records system: _____

I. Regional Flight Surgeon (RFS)

Your Regional Flight Surgeon (RFS) and staff provide the following services/support to AMEs: aeromedical consultation and information; interpretation of pertinent policy, rules, and regulations; answers regarding medications and airman medical certification decisions; and performance evaluations (annual report and Surveillance Program Analyst).

I1. During the *past 12 months*, which services/support provided by your RFS or staff did you receive/use?
[*mark all that apply*] (required)

- ❑ Called for advice on a medical certification issue
- ❑ Emailed for advice on a medical certification issue
- ❑ Evaluated by a Surveillance Program Analyst (SPA)
- ❑ Received annual performance report
- ❑ None of the above (*skip to item J1*)

I2. Overall how satisfied were you with the experience?

	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
a. Called for advice on a medical certification issue	○	○	○	○	○
b. Emailed for advice on a medical certification issue	○	○	○	○	○

I3. How did the experience compare to your expectations?

	Far below expectations	Below expectations	Met expectations	Above expectations	Well above expectations
a. Called for advice on a medical certification issue	○	○	○	○	○
b. Emailed for advice on a medical certification issue	○	○	○	○	○

I4. Overall how would you rate the quality of the experience?

	Very poor	Poor	Average	Good	Excellent
a. Called for advice on a medical certification issue	○	○	○	○	○
b. Emailed for advice on a medical certification issue	○	○	○	○	○

I5. Were you responded to in a timely manner?

	Never	Rarely	Occasionally	Usually	Always
a. Called for advice on a medical certification issue	○	○	○	○	○
b. Emailed for advice on a medical certification issue	○	○	○	○	○

I6. Were you provided accurate information?

	Never	Rarely	Occasionally	Usually	Always
a. Called for advice on a medical certification issue	○	○	○	○	○
b. Emailed for advice on a medical certification issue	○	○	○	○	○

I7. Were you treated with courtesy and respect?

	Never	Rarely	Occasionally	Usually	Always
a. Called for advice on a medical certification issue	○	○	○	○	○
b. Emailed for advice on a medical certification issue	○	○	○	○	○

I8. To what extent did the following feedback indicate changes were required to your AME practice?

	Not at all (skip to item I10)	Limited extent	Moderate extent	Considerable extent	Great extent
a. Surveillance Program Analyst's evaluation	○	○	○	○	○
b. Annual performance report	○	○	○	○	○

I9. To what extent did the following feedback prove useful in guiding changes to your AME practice?

	Not at all	Limited extent	Moderate extent	Considerable extent	Great extent
a. Surveillance Program Analyst's evaluation	○	○	○	○	○
b. Annual performance report	○	○	○	○	○

I10. During the *past 12 months*, what impacts have the following changes had on the <u>performance of your AME duties</u>?

	Unaware of change	Negative	No impact	Positive
a. More communication from your RFS and staff	○	○	○	○
b. Email access to the Regional Flight Surgeons	○	○	○	○

I11. The FAA is considering the following change to the <u>services/support provided by the RFS Offices</u>; rate its priority based on your needs as an AME.

	Not a priority	Low priority	Moderate priority	High priority	Top priority
a. Live video seminars hosted by the RFS offices	○	○	○	○	○

I12. Are there improvements to <u>services/support provided by your RFS and staff</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

   ○ Yes (specify below)
   ○ No

   High or **top** priority improvements to RFS services/support: _____

J. Federal Air Surgeon's Online Resources and Publications

The Federal Air Surgeon's online resources and publications for AMEs are available at the Office of Aerospace Medicine (OAM) website and include the 2014 *Guide for Aviation Medical Examiners* (also referred to as the AME Guide), the *Federal Air Surgeon's Medical Bulletin*, and pilot safety brochures.

J1. During the *past 12 months*, which online resources/publications did you access/use?
   [*mark all that apply*] (required)

   ❑ *Federal Air Surgeon's Medical Bulletin*
   ❑ AME Guide
   ❑ OAM website
   ❑ downloadable pilot safety brochures
   ❑ Go AME website
   ❑ None of the above (*skip to item K1*)

J2. Overall how satisfied were you with the resource/publication?

	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
a. *Federal Air Surgeon's Medical Bulletin*	○	○	○	○	○
b. AME Guide	○	○	○	○	○
c. OAM website	○	○	○	○	○
d. downloadable pilot safety brochures	○	○	○	○	○
e. Go AME website	○	○	○	○	○

J3. How did the resource/publication compare to your expectations?

	Far below expectations	Below expectations	Met expectations	Above expectations	Well above expectations
a. *Federal Air Surgeon's Medical Bulletin*	○	○	○	○	○
b. AME Guide	○	○	○	○	○
c. OAM website	○	○	○	○	○
d. downloadable pilot safety brochures	○	○	○	○	○
e. Go AME website	○	○	○	○	○

J4. Overall how would you rate the quality of the resource/publication?

	Very poor	Poor	Average	Good	Excellent
a. *Federal Air Surgeon's Medical Bulletin*	○	○	○	○	○
b. AME Guide	○	○	○	○	○
c. OAM website	○	○	○	○	○
d. downloadable pilot safety brochures	○	○	○	○	○
e. Go AME website	○	○	○	○	○

J5. Overall how relevant was the content to your duties as an AME?

	Not at all relevant	Somewhat relevant	Moderately relevant	Very relevant	Completely relevant
a. *Federal Air Surgeon's Medical Bulletin*	○	○	○	○	○
b. AME Guide	○	○	○	○	○
c. OAM website	○	○	○	○	○
d. downloadable pilot safety brochures	○	○	○	○	○
e. Go AME website	○	○	○	○	○

J6. Overall how <u>user friendly</u> was the resource/publication? (in terms of easy to navigate, easy to read text, active links, and searchable content)

	Not at all user friendly	Somewhat user friendly	Moderately user friendly	Very user friendly	Completely user friendly
a. *Federal Air Surgeon's Medical Bulletin*	○	○	○	○	○
b. AME Guide	○	○	○	○	○
c. OAM website	○	○	○	○	○
d. Go AME website	○	○	○	○	○

J7. Overall how <u>useful</u> was the resource/publication? (in terms of informative, clearly written, and downloadable content)

	Not at all useful	Somewhat useful	Moderately useful	Very useful	Completely useful
a. *Federal Air Surgeon's Medical Bulletin*	❍	❍	❍	❍	❍
b. AME Guide	❍	❍	❍	❍	❍
c. OAM website	❍	❍	❍	❍	❍
d. downloadable pilot safety brochures	❍	❍	❍	❍	❍
e. Go AME website	❍	❍	❍	❍	❍

J8. Are there improvements to the <u>*Federal Air Surgeon's Medical Bulletin*</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

- ❍ Yes (specify below)
- ❍ No

<u>High</u> or **<u>top</u>** priority improvements to the *Federal Air Surgeon's Medical Bulletin*: _____

J9. Are there improvements to the <u>AME Guide</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

- ❍ Yes (specify below)
- ❍ No

<u>High</u> or **<u>top</u>** priority improvements to the AME Guide: _____

J10. Are there improvements to the <u>OAM website</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

- ❍ Yes (specify below)
- ❍ No

<u>High</u> or **<u>top</u>** priority improvements to the OAM website: _____

J11. Are there improvements to the <u>downloadable pilot safety brochures</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

- ❍ Yes (specify below)
- ❍ No

<u>High</u> or **<u>top</u>** priority improvements to the downloadable pilot safety brochures: _____

J12. Are there improvements to the <u>Go AME website</u> that you recommend the FAA pursue as <u>high</u> or <u>top</u> priorities?

- ❍ Yes (specify below)
- ❍ No

<u>High</u> or **<u>top</u>** priority improvements to the Go AME website: _____

J13. During the *past 12 months*, what impacts have the following changes had on the performance of your AME duties?

	Unaware of change	Negative	No impact	Positive
a. Go AME website	❍	❍	❍	❍
b. Online-only *Federal Air Surgeon's Medical Bulletin*	❍	❍	❍	❍
c. NavAids (alternative browsing for the AME Guide)	❍	❍	❍	❍
d. Notification of new issue of the *Federal Air Surgeon's Medical Bulletin*	❍	❍	❍	❍

J14. The FAA is considering the following changes to AME online resources/publications; rate the priority of each based on your needs as an AME.

	Not a priority	Low priority	Moderate priority	High priority	Top priority
a. Easy access to CACI worksheets	❍	❍	❍	❍	❍
b. Online spec sheets	❍	❍	❍	❍	❍
c. Consistency between NavAids and the PDF	❍	❍	❍	❍	❍

J15. Are there improvements to AME online resources/publications that you recommend the FAA pursue as high or top priorities?

❍ Yes (specify below)
❍ No

High or **top** priority improvements to **AME online resources/publications**: _____

K. AME Services

Based on your experiences as an AME during the *past 12 months*:

K1. To what extent were you able to provide an overall quality service experience to the applicants you examined for an airman medical certificate?

❍ Not at all
❍ Limited extent
❍ Moderate extent
❍ Considerable extent
❍ Great extent

K2. To what extent did the FAA airman medical certification process contribute to the safety of the National Airspace System?

❍ Not at all
❍ Limited extent
❍ Moderate extent
❍ Considerable extent
❍ Great extent

Based on your experiences as an AME during the _past 12 months_:

K3. Approximately what percentage of airman applicants applied for each class of certificate?
[enter a whole number from 0 to 100 for each]

Class I _____ %
Class II _____ %
Class III _____ %

Total _____ %

K4. Approximately what percentage of your airman certification decisions are represented by each of the following? [enter a whole number from 0 to 100 for each]

Denied by you _____ %
Issued by you on the same day _____ %
Issued by you within 14 days following the exam _____ %
Deferred by you _____ %

Total _____ %

K5. Have you regretted issuing an airman medical certification after the fact?

○ Yes
○ No

K6. What was the reason for your initial issuance? [_mark all that apply_]

❑ Medical test results indicated the applicant met standards and guidelines for certification
❑ Medical test results were misinterpreted
❑ Received additional information after issuance
❑ Applicant misrepresented self on medical history
❑ Did not realize issuance was inconsistent with standards and guidelines for medical certification
❑ SSRI regulations would have unfairly disqualified the applicant
❑ Other reasons (specify below)

Other reasons for initial issuance: _____

K7. Approximately what percentage of the airman medical histories was reviewed with the applicants by the following?

	0%	1-33%	34-66%	67-99%	100%
a. AME (Self)	○	○	○	○	○
b. Physician (non-AME)	○	○	○	○	○
c. Physician's Assistant	○	○	○	○	○
d. Nurse	○	○	○	○	○
e. Other office personnel	○	○	○	○	○

Based on your experiences as an AME during the _past 12 months_:

K8. Approximately what percentage of the airman medical physical exams was conducted by the following?

	0%	1-33%	34-66%	67-99%	100%
a. AME (Self)	○	○	○	○	○
b. Physician (non-AME)	○	○	○	○	○
c. Physician's Assistant	○	○	○	○	○
d. Nurse	○	○	○	○	○
e. Other office personnel	○	○	○	○	○

K9. Relative to the AME services you typically provide an airman, how often are you appropriately compensated?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Usually
- ○ Always

K10. What do you charge for AME services?

- ○ Less than $100
- ○ Between $100 and $200
- ○ More than $200

L. Demographics

L1. Approximately how many years have you been an AME? [_enter a whole number_]

_____ Year(s)

L2. Are you a Senior AME?

- ○ Yes
- ○ No

L3. Which best characterizes your practice?

- ○ Aerospace Medicine
- ○ Primary Care
- ○ Other

L4. Which best characterizes your practice?

- ○ Solo
- ○ Single Specialty Group
- ○ Multi-specialty Group
- ○ Other

L5. Which best characterizes your practice?

- ○ Private Office
- ○ Clinic
- ○ Hospital
- ○ Other

L6. What percentage of your practice is AME-related? [*enter a whole number from 0 to 100*]

_____ %

L7. Which type of AME are you? (required)

- ○ Military (*skip to item L9*)
- ○ Federal (*skip to item L9*)
- ○ International Civilian
- ○ Domestic Civilian (*skip to item L9*)

L8. In which International region (or area) is your AME practice?

- ○ Africa
- ○ Asia
- ○ Australia
- ○ Europe
- ○ North America
- ○ South America

L9. In which FAA geographic region is your AME practice?

- ○ **Alaskan Region** [Alaska]
- ○ **Central Region** [Iowa, Kansas, Missouri, Nebraska]
- ○ **Eastern Region** [Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia]
- ○ **Great Lakes Region** [Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin]
- ○ **New England Region** [Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont]
- ○ **Northwest Mountain Region** [Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming]
- ○ **Southern Region** [Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee]
- ○ **Southwest Region** [Arkansas, Louisiana, New Mexico, Oklahoma, Texas]
- ○ **Western-Pacific Region** [Arizona, California, Hawaii, Nevada]