Managing the Flight Department When a Medical Condition Strikes

Wednesday, November 2 (3:00 p.m. to 4:30 p.m.)

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S.C. Johnson & Son, Inc.
Goals for this session

• Recognize that the cost of experienced flight crew member availability to the organization is as much a commodity as fuel, maintenance and capital costs.

• Understand that to this point, the pool of qualified, experienced pilots with the skill sets required beyond the flight deck in business aviation today is rapidly shrinking. Maintain your talent.

• Pilot’s availability to the flight schedule (i.e. within the paradigm of health) is an asset, and historically it's an unmanaged asset.

• Point out that when medical issues occur, estimating the length of time away may be very difficult when administrative variables are added to the actual physical impairment

• Consider several scenarios that could be applicable to the typical business aviation flight department and review variables to be considered as a flight department leader

• Appreciate the importance of risk mitigation strategies for medical issues as it pertains to reducing over departmental costs and maintaining high quality
Situation #1

- You are Chief Pilot of a business aviation flight department with 7 pilots, and two aircraft. Both aircraft have flights scheduled on Monday – the first for 10:30 a.m. with a return the next day, and the second aircraft has an evening departure on an international flight and is scheduled to be away for 5 days.

- On Saturday morning, Pilot #1 calls explaining that he must stand down as he had atrial fibrillation seen on a routine ECG at his AME’s office on Friday. The AME transmitted the FAA medical application form “deferred” and the pilot explains he was told that he has to find a cardiologist and get an evaluation. He asks if you know a good cardiologist.

- On Sunday, you receive a call from a second pilot from your flight department. She reports she was gardening over the weekend and fell 8 feet from a ladder, fracturing her right arm and will be in a cast for at least 6 weeks.

- What is your plan at this point?
What are the options for a Chief Pilot?

• Rearrange the schedule and fly the next few weeks with 5 pilots
• Hire a contract pilot (or two)
• Temporarily use only one aircraft
• Pre arranged supplemental air options, (e.g. fractional share), pre-vetted charter operators, etc.

What are the pros and cons?
Situation #2

You are still a Chief Pilot of a business aviation flight department. A senior captain phones you to report that, after having a Special Issuance Authorization from the FAA for several years he was noted to have “something messed up” on his exercise stress test. He recalls his cardiologist told him something about an abnormality on the “nuclear images” and that he probably would need to stand down. The pilot is wondering what he should do.

• What is your advice at this point?
• Do you have a medical advocate?
• Who do you notify within your company?
What does a medically disabled pilot mean to you and your flight department?
Is medical status part of your management plan for the flight department?

Shouldn’t we be thinking of the actual cost of medical conditions on the effect to operational safety as a "cost" as well?
Known hazards in Safety Management Systems

- Longer duty days and/or consecutive duty days worked/week
- Contract pilots may have lower SOP proficiency, etc.
- Inevitable safety decrease during new hire on-boarding process
What is the cost of medical conditions when they occur?

Direct costs
• Medical insurance
• Disability payments

Indirect costs
• Replacement pilots
• Additional training requirements
• Morale depletion of remaining pilots
• Uncertainty of schedules
• Potential safety decrements
• Other
What is your approach for preventive health surveillance of pilots in your flight department?
Common barriers to adopting a "Pilot Whole Health Care Philosophy"

Individual level

- Comfort level with hometown AME ("if it flies in, it will fly out" mentality)
- Legacy pilot attitude toward minimal reporting
- All AME's (except my home town guy) are out to ground pilots
- Stress over possible income loss due to "beyond minimum required" exam ("They might find something I suspect…")
Common barriers to adopting a “Pilot Whole Health Care Philosophy”

Flight Department level

• Management may have set a culture of “don’t ask, don’t tell…."

• Budgetary concerns
  – Cost of seeing local AME twice a year vs. anything else more robust may also increase time away and expenses
  – Potential loss of pilot from schedule availability for more than one day

• Optics
  – “Aren’t the local health providers good enough?“

• Perceptions on risk
  – “We have young invincible pilots, who are inherently healthy. Any extra spend is a waste.”
Top Reasons for Delays in Medical Certification

• Aviation Medical Examiner (AME) is unfamiliar or uncomfortable with the waiver process
  (i.e. nobody to “quarterback” the case)

• Fear of the “system” by the pilot

• Pilot’s doctor(s) do not “speak airplane” – or have no incentive to assist the pilot if they did
Top Reasons for Delay in Medical Certification (cont.)

- Lack of systematic way to get testing done quickly
- Supporting medical data quickly becomes disorganized (FAA may play, “bring me a rock”)
- No advocate engaged to support the pilot’s application packet
- No program for early disease detection
Early detection is the key to longevity

• Continuity allows the physician to better understand the pilot long-term (avoids a single snap-shot in time)

• Conditions, when detected early, are almost never disqualifying

• Pilots with potentially disqualifying medical conditions need advocacy to negotiate the evaluation system
So how does FAA medical certification work?

A review of aeromedical terms

- Class I, II, III exams
- FAA MedXPress
- SODA
- Special Issuance Authorization
- CACIs
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<thead>
<tr>
<th>Exam Type</th>
<th>Valid for</th>
<th>ECG required?</th>
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<tbody>
<tr>
<td>Class I</td>
<td><strong>12</strong> calendar months (&lt; 40 years of age) <strong>6</strong> calendar months (≥ 40 years of age)</td>
<td>YES, once annually</td>
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<tr>
<td>Class II</td>
<td><strong>12</strong> calendar months (regardless of age)</td>
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<tr>
<td>Class III</td>
<td><strong>60</strong> calendar months (&lt; 40 years of age) <strong>24</strong> calendar months (≥ 40 years of age)</td>
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FAA MedXPress
## CACIs – Conditions AMEs Can Issue

<table>
<thead>
<tr>
<th>CACIs with Certification Worksheets</th>
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<tbody>
<tr>
<td><strong>A - H</strong></td>
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<tr>
<td>Arthritis</td>
<td>Hypothyroidism</td>
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<td>Asthma</td>
<td>Migraine and Chronic Headache</td>
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<tr>
<td>Bladder Cancer</td>
<td>Mitral Valve Repair (PDF)</td>
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<tr>
<td>Chronic Kidney Disease</td>
<td>Pre-Diabetes</td>
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<td>Colitis</td>
<td>Prostate Cancer</td>
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<td>Glaucoma</td>
<td>Renal Cancer</td>
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<tr>
<td>Hepatitis C - Chronic</td>
<td>Retained Kidney Stone(s) (PDF)</td>
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<tr>
<td>Hypertension</td>
<td>Testicular Cancer</td>
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January 10, 2013

Ref: PR 5688130
MID 2000659504169
AFF ID: 19965008429

AUTORIZATION FOR AVIATION MEDICAL EXAMINER (AME)
ASSISTED SPECIAL ISSUANCE OF MEDICAL CERTIFICATION
AAM-313

Dear [Name],

I have reviewed the information submitted by you in support of your request for an airman medical certificate. The medical information reveals a history of coronary artery disease, directional coronary atherectomy, hypertension which requires medication for control, and the use of other medication. You are ineligible for medical certification under Title 14, Code of Federal Regulations (CFRs), revised part 67.111(a)(3), 67.211(c), and 67.311(c), 67.313(b)(c), 67.213(b)(c), and 67.313(b)(c). I have determined, however, that you may be granted an Authorization for special issuance of a third-class airman medical certificate as provided for in Title 14 of the CFRs, Section 67.401. This Authorization shall be effective until withdrawn by the agency and supersedes any previous grant of authorization.

Enclosed is your medical certificate with the restriction “Not valid for any class after October 31, 2012.” It requires your signature. This certificate supersedes any previously issued certificate.

This authorization expires: October 31, 2013.

Consideration for continued certification under this Authorization will be contingent on the following:

1. You are required to have your regular Federal Aviation Administration (FAA) medical examination at the frequency prescribed under the provisions of Title 14 of the CFRs, Section 61.21. Your third-class FAA physical examinations are due at every 24-month interval. If your FAA flight physical is not required at the time your follow-up reports are due, no FAA physical examination needs to be performed. Your next third-class FAA physical examination will be due in October 2014.

2. At every 12-month interval, beginning in October 2013, as outlined below, and on the enclosed specification sheet, you are required to submit:

   An annual detailed current cardiovascular examination narrative report with all medications taken and prescribed with name, purpose, dosage, frequency of use, and the presence or absence of side-effects.

   Current laboratory results of a fasting blood sugar and a blood lipid profile to include: total cholesterol, HDL, LDL and triglycerides.
Now for some “real world” examples.....
Can this pilot get a medical certificate?

- 49-year-old with prostate cancer who undergoes a prostatectomy
- 62-year-old with heavy snoring and obstructive sleep apnea treated with CPAP
- 60-year-old with aortic valve replacement
- 37-year-old with marital discord and depression started on an antidepressant
- 52-year-old with a heart attack
- 35-year-old with a 30-foot fall and multiple injuries including a skull fracture requiring surgery
DISCUSSION