AVIATION SAFETY

What GAO Found

Aerospace medical experts GAO interviewed generally agreed that the Federal Aviation Administration’s (FAA) medical standards are appropriate and supported FAA’s recent data-driven efforts to improve its pilot medical-certification process. Each year, about 400,000 candidates apply for a pilot’s medical certificate and complete a medical exam to determine whether they meet FAA’s medical standards. From 2008 through 2012, on average, about 90 percent of applicants have been medically certified by an FAA-designated aviation medical examiner (AME) at the time of their medical exam or by a Regional Flight Surgeon. Of the remaining applicants, about 8.5 percent have received a special issuance medical certificate (special issuance) after providing additional medical information to FAA. Approximately 1.2 percent were not medically certified to fly. According to an industry association, the special issuance process adds time and costs to the application process, in part, because applicants might not understand what additional medical information they need to provide to FAA. Officials from FAA’s medical certification division have said that technological problems with the aging computer systems that support the medical certification process have contributed to delays in the special issuance process. FAA’s medical certification division has identified about 50 potential technological enhancements to its internal computer systems that support the medical certification process, of which about 20 have been identified as high priority, but the division has not yet implemented them or developed a timeline to do so. By developing a timeline to implement the highest-priority enhancements, FAA would take another step toward expediting the certification process for many applicants hoping to obtain a special issuance. FAA recently established a data-driven process using historic medical and accident data that authorizes AMEs to certify a greater number of applicants with medical conditions who had previously required a special issuance. Officials expect this effort to allow more applicants to be certified at the time of their AME visit and to free resources at FAA to focus on applicants with higher-risk medical conditions.

GAO’s analysis and medical experts’ opinions indicate that FAA could improve its communication with applicants by making its online application system—part of FAA’s internal computer systems discussed above—more user-friendly and improving the clarity of the medical application form. Specifically, GAO found that the online application system requires applicants to scroll through a lengthy terms-of-service agreement and does not provide clear instructions, and that the application form contained unclear questions and terms that could be misinterpreted by the applicant. FAA could enhance its online application system by using links to improve navigability of the system and providing information that is more useful to applicants—for example, links to information about the risk that specific medical conditions pose to flight safety and any additional medical information applicants would need to provide to FAA. FAA could also improve the clarity of its medical application form by incorporating guidelines established in FAA’s Writing Standards, including shorter sentences and paragraphs, active voice, and clear terms and questions. These clarifications could not only aid an applicant’s understanding of the medical standards and requirements, but also may result in more accurate and complete information provided by applicants to better inform FAA’s certification decisions.

What GAO Recommends

GAO recommends that FAA (1) develop a timeline for implementing high-priority technological improvements to the internal computer systems that support the medical certification process, and (2) enhance the online medical-application system by clarifying instructions and questions on the form and providing useful information. The Department of Transportation agreed to consider the recommendations.

View GAO-14-330. For more information, contact Gerald L. Dillingham, Ph.D., at (202) 512-2834 or dillinghamg@gao.gov.