Office of Aviation Medicine

Strategic Plan

February 1992

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1. Executive Summary

Executive Summary

This is the first strategic plan for the Office of Aviation Medicine (AAM). The plan was developed at the request of the Federal Air Surgeon and is based on an evaluation of AAM's current and future environment, the National Transportation Policy (NTP), and the Federal Aviation Administration (FAA) Strategic Plan.

The plan was developed through a collaborative process using the FAA model involving the Federal Air Surgeon, The Federal Air Surgeon's Management Team (FASMT), The Strategic Planning Task Force, and the AAM Planning Staff. The plan sets forth AAM's roles and responsibilities, an environmental analysis and organization strategy.

The five strategic issue areas of this plan are:

1. **Customer Needs Identification:** AAM will vigorously pursue the identification of its customers and determine requirements for aeromedical services and products.

2. **Customer Satisfaction:** AAM will utilize total quality management principles to develop and integrate the delivery of quality services and products to its customers.

3. **Aviation Work Environment:** AAM will provide strong leadership in ensuring safe and healthy work places for FAA employees and the aviation community.

4. **Human Performance:** AAM will continue to enhance and expand its research into human factors, and promote the application of the research information to improve operator performance and safety.

5. **International Leadership:** AAM will provide strong leadership in the development of medical standards in the international aviation community through research, education, and scientific exchange programs.

This plan is the second office wide plan issued by AAM; the first, "Office of Aviation Medicine (AAM) Information Systems Strategy", was issued in February 1991. Both plans are part of the office planning process which, in time, will produce an Office Action (Business) Plan, Operational Plans for the major program areas, Regional Division Plans, and Emergency Readiness Plans. All of these plans are interrelated and will be reviewed and updated annually.

2. AAM Roles and Responsibilities

<u>Mission</u>

SAFETY IN AVIATION THROUGH MEDICAL KNOWLEDGE

<u>AAM Roles and Responsibilities</u>

FUNCTIONS:

The Office of Aviation Medicine (AAM) is a geographically and functionally diverse organization that provides a wide range of aviation medical services to the FAA and the national and international aviation industry.

The major functions of the Office of Aviation Medicine are to:

- o Define airman medical standards and certify that airmen and other persons are medically qualified based on those standards,
- o Perform aviation medical and human factors research,
- o Administer occupational health programs,
- o Determine the role of aeromedical factors in civil aircraft accident investigations,
- o Operate substance abuse programs,
- o Provide aeromedical education,
- o Promote agency employee health activities,
- o Develop and administer medical regulations and policies, and
- o Provide consultation on civil aeromedical matters.

ORGANIZATION:

The Office of Aviation Medicine (AAM) is structured organizationally into three areas: aeromedical policy, operations, and research. Aeromedical policy is formulated by the Federal Air Surgeon (FAS) based on input from AAM Divisions and the Regional Flight Surgeons. The Deputy Federal Air Surgeon oversees the two Headquarters Divisions, located in Washington D.C., and the Regional Medical Divisions, located in the nine FAA Regional Offices. The Plans, Evaluation, and Management Support Division is responsible for providing operational support for AAM programs; the Medical Specialties Division for medical-related regulations and rule making. All national programs are administered regionally by the Regional Medical Divisions.

The Civil Aeromedical Institute (CAMI), is located in Oklahoma City. The CAMI Director oversees five divisions. Two of these, the Human Resources Research Division and the Aeromedical Research Division are responsible for designing and carrying out research projects in their respective disciplines. The CAMI Director also oversees the Aeromedical Certification, Aeromedical Education, and Occupational Health Divisions. These Divisions are responsible for defining standards and operational procedures and processes for their respective programs.

Each Division is discussed separately below:

The Plans, Evaluation, and Management Support Division (AAM-100) develops policies and procedures and operates administrative and management systems to support the effective and efficient accomplishment of AAM's goals and objectives. AAM-100 develops budgetary, financial management, personnel, training, information resource management, planning, Total Quality Management (TQM), and administrative systems and policies. The division provides administrative guidance in these areas to help field offices and the Civil Aeromedical Institute (CAMI) operate effectively. AAM-100 evaluates national aviation medicine programs to identify operational deficiencies and recommends corrective action.

The Medical Specialties Division (AAM-200) is responsible for the development and promulgation of medical standards regulations for airmen and FAA-employee air traffic control specialist personnel as well as rules, agency orders, policies, and procedures for other agency medical programs. AAM-200 acts as the Federal Air Surgeon's staff element for oversight of the aeromedical certification system and coordinates FAA medical research requirements with the CAMI research divisions. AAM-200 develops and implements policies relating to FAA health awareness activities, including agency medical programs, a medical clinic and the agency's drug abatement and substance abuse programs. AAM-200 coordinates the FAA's development, tracking, monitoring, and enforcement of the industry's drug testing plans and results. AAM-200 serves as a focal point for all international aviation medicine activities, and coordinates national medical accident investigation activities in conjunction with the Aircraft Accident Research Section (AAM-611).

The Aeromedical Certification Division (AAM-300) evaluates, recommends, and administers medical standards, regulations, policies, and procedures with regard to the medical certification of airmen, certain (non-FAA) ATCS's, and for others concerned with flight activities. AAM-300 manages a repository of airman medical records and a system for processing medical applications. This Division evaluates, recommends, and administers standards and procedures for all FAA medical certification activities and provides professional and technical guidance regarding such

activities. The Division also administers and manages the special issuances and appeals system. Bio-statistical data are developed from airman medical records processed and maintained on the medical certification automated processing system. The Aeromedical Certification Statistical Handbook, which contains information on the workload of the division, is published annually.

The Aeromedical Education Division (AAM-400) provides aviation medical education programs to FAA personnel, Aviation Medical Examiners (AME's), and the aviation public. Education programs include seminars and training programs in aviation physiology and global survival for FAA pilots, inspectors, and medical personnel. Physiological training is available to all pilots and student pilots who possess a third class or higher medical certification. The division provides technical support for hypobaric and environmental chambers that permit in-house aeromedical research with human subjects for the CAMI research divisions. AAM-400 disseminates medical education information through booklets, films, and lectures to the FAA, the aviation community, and the public. The division also provides editorial expertise in support of aviation medicine, maintains the aeromedical library, and serves as a centralized resource for aeromedical and scientific information for all of the aviation community.

The Human Resources Research Division (AAM-500) conducts an integrated program of field and laboratory research in personnel, organizational, and human factors aspects of aviation work environments. Research includes, but is not limited to, agency work force optimization, training analysis and career enhancement, human performance under various conditions of impairment, human error analysis and remediation, impact of advanced automation systems on personnel requirements and performance, and the psychophysiological aspects of workload and work scheduling on job proficiency and safety in aviation-related human-machine systems. As part of the evaluation and validation research efforts, centralized data bases are maintained for air traffic controller selection and training and for the selection and training of agency supervisors in special programs.

The Aeromedical Research Division (AAM-600) conducts research on the clinical, biomedical, bioengineering and biochemical aspects of the civil aviation environment, flight procedures, and protective equipment, and on the effects of drugs and toxic chemicals on the human body. AAM-600 also looks for potential safety and efficiency improvements in on-board equipment and procedures. AAM-600 investigates aircraft accidents for biomedical and clinical causes, including disease and chemical abuse, and serves as the central repository for data on the

medical and human engineering design aspects of accidents. AAM-600 develops collaborative research with AAM-300 to evaluate the appropriateness of medically certifying pilots who have various diseases or who use specific corrective devices.

The Occupational Health Division (AAM-700) is responsible for occupational health activities related to the commercial aviation industry and for the occupational health program for agency employees pursuant to PL 91-596, the Occupational Safety and Health Act, and the Occupational Health Program for agency employees pursuant to Executive Order 121196, Occupational Safety and Health Programs for Federal Employees, OMB Circular A-72, PL 790658, 5 USC 790-1, and FPM Supplement 792-1, Occupational Health Services for Federal Civilian Employees. AAM-700 evaluates, recommends, and administers the medical standards for the air traffic control specialists (ATCS) health program, and the Federal Air Marshals' Program, and manages the Air Traffic Controller Health Information System. AAM-700 reviews and recommends to AAM-200, medical standards for other safety-related occupations, when indicated. This division provides health and safety monitoring for operational and research projects in CAMI that involve possible risk to human subjects and conducts an aeromedical clinic for the Mike Monroney Aeronautical Center. AAM-700 provides industrial hygiene support for the Federal Aviation Administration.

The Regional Flight Surgeons, who manage the Regional Medical Divisions, represent the Federal Air Surgeon in the operation and management of all national programs within their areas of jurisdiction and are an integral part of the program planning process. They provide medical advice and assistance to the Regional Administrators and the nonmedical regional divisions. The Regional Medical Divisions conduct aeromedical certification and compliance programs, manage the Aviation Medical Examiner program, the Employee Health Program including the Air Traffic Controllers Health Program and the Occupational Medicine Program. Regional Medical Divisions participate in the AAM medical aircraft accident investigation program; they conduct educational programs for airmen, AMEs, and FAA employees. They provide Medical Review Officer support and rehabilitation guidance to the FAA Substance Abuse Program, and support to the Aviation Industry Drug Abatement Program.

PROGRAMS:

AAM activities are carried out through eight major programs. Policy-making, administration, and execution of each program requires coordination between multiple AAM Divisions and other organizations within AVS, FAA and OST. The information derived from these programs is communicated to the aviation community world-wide. An overview of each program is presented below.

Certification

Through the Certification program, AAM ensures that medical certificates are only issued to medically qualified airmen. After medical qualifications of airmen have been determined based on available information, appropriate action is initiated and controversial cases regarding issuance or denial of certification are analyzed. Aviation Medical Examiners examine airmen, applying appropriate medical standards and issuing certificates to those airmen meeting those standards. All medical applications (issued, denied, deferred) and ancillary data are forwarded from the AME to AAM-300 at CAMI for processing, evaluation, and adjudication. Cases requiring legal, investigative, or region-requested processing are forwarded to the appropriate region for action. Following resolution, these cases are returned to AAM-300 for appropriate update and final storage. Through the Comprehensive Airman Information System (CAIS), AAM-300 monitors AME performance and provides feedback and data to the Aeromedical Education Division.

Aviation Medical Examiner

Through the Aviation Medical Examiner Program, AAM ensures that an appropriate number of qualified physicians are selected, designated and trained to conduct FAA medical examinations of FAA safety related employees and civil airmen throughout the United States and abroad. The Regional Medical Divisions select and designate civilian AMEs within their respective regions. Military and international AMEs are selected and designated by AAM-400 and, after designation, attend periodic workshops and seminars. AME performance is monitored by AAM-300 and the Regions which provide feedback and statistical data to AAM-400. AAM-400 has overall administrative and policy-making responsibility for the AME program.

Aeromedical Education

Through the Aeromedical Education Program, AAM ensures that AMEs have the proper training and information to examine and medically certify airmen effectively. AAM-400 develops AME training seminars and workshops, and works with AAM-300, other CAMI divisions, and the Regional Medical Divisions to conduct and deliver these training courses. This program also ensures that FAA aviation personnel have the aeromedical information they require to perform their duties. AAM-400 also provides the general aviation community with training on a variety of subjects related to aviation safety; these subjects include aviation physiology, accident prevention, and drug abatement. AAM-400 delivers this information through seminars, training programs, films, lectures, demonstrations, and booklets.

Occupational Health

AAM-700 is responsible for overall policy-making and administration of the Occupational Health Program. This program provides FAA employee health services and performs industrial hygiene inspections. Services are provided to regional FAA employees through clinics operated in the regions, to the Washington Headquarters staff through a clinic operated by AAM-200, and to the Mike Monroney Aeronautical Center employees though the Civil Aeromedical Institute Clinic operated by AAM-720. Industrial hygiene specialists are responsible for ensuring that the FAA meets OSHA and EPA guidelines. A major component of the Occupational Health Program is the Air Traffic Controller Specialist (ACTS) Health Program. The ACTS Health Program ensures that air traffic controllers maintain prescribed medical standards by periodic examination at FAA medical facilities or by specifically designated AMEs. Regional FAA physicians review all physical examinations and qualify air traffic controllers. Physicals that require special attention are sent to the Regional Flight Surgeon who determines whether a special consideration or a denial is issued. Medical standards for aviation personnel, such as air traffic controllers, are developed by AAM-200 and AAM-300. The ATCS Health Program is managed by the Regional Divisions. AAM-300 develops medical standards for certain non-FAA Air Traffic Control personnel.

Substance Abuse

The FAA is dedicated to an alcohol and drug free aviation environment. Random drug testing of safety, security, sensitive (SSS) personnel is performed through a DOT contractor. Those who test positive are evaluated by FAA Medical Review Officers (MRO). If the test is confirmed they receive Employee Assistance Program (EDP) evaluation and counselling and are offered the opportunity to obtain rehabilitation, at their own expense. The Regional Medical Division and EAP monitor rehabilitation and the Regional Flight Surgeons determine suitability to return to previous SSS duties. AAM-200's Drug Abatement Branch (DAB) is the Office of Primary Interest for the Aviation Industry Drug Abatement Program (ADAP). AAM-200 plans, directs, and manages the aviation industry's conduct of the ADAP. Industry personnel who require FAA review are reported to the Federal Air Surgeon for suitability determinations. Regional personnel provide educational and procedural guidance. The DAB has the responsibility for ensuring that aviation industry entities are in compliance with the DOT's drug testing legislation.

Accident Investigation

Through the Accident Investigation Program, AAM ensures that
human factor evaluations in accident investigations are performed
when and where they are required. AAM-200 is responsible for
policy-making and administration of the Accident Investigation
Program. Regional divisions provide and coordinate the medical
aspects of field accident investigation. AAM-600 coordinates the
CAMI medical accident research and investigative participation
though the Aircraft Accident Research Section. In coordination
with Headquarters and the involved region, CAMI provides field-
based expertise and consultations, primarily through AAM-600 and
AAM-500, in assessing human performance, clinical, toxicological,
and bioengineering findings in accident investigations. Medical
guidance and assistance in all aspects of accident investigation
are provided to the Office of Accident Investigation (AAI) and
the National Transportation Safety Board (NTSB).

Research

The Research Program is responsive to the Aviation Safety
Research Act (1988), the National Plan for Aviation Human
Factors, and to the Federal Air Surgeon's needs in the areas of
medical certification, occupational health, and aeromedical
education. The Human Resources Research Division (AAM-500)
executes an integrated program of field and laboratory research
that (1) assesses the human factor impacts of various stressors
(e.g., workload and workshifts) on team and individual
performance; (2) conducts human factors research to evaluate
operational performance, human skill requirements, and safety
implementations of proposed advanced automation systems; (3)
evaluates selection and training programs for aviation personnel
to maximize work proficiency and safety in flight and ground
environments; and (4) studies human resources/human factors
issues associated with the current and future National Airspace
System (e.g., pilot-controller communication, pilot training, and
certification performance errors). The Aeromedical Research
Division (AAM-600): (1) evaluates clinical, physiological,
biochemical, and bioengineering aspects of human performance in
aviation and air traffic controller environments, both simulated
and real, by applying multi disciplinary medical, physiological,
and biochemical studies, (2) conducts protection and survival
research, (3) initiates both in-house and contractual research
related to improving performance and (4) participates in select
site visits to analyze major failure such as accidents or
unexplained human performance failure. Research activities
involve AAM, FAA, and aviation industry personnel. Research
results impact aviation medical policies, medical standards for

certification, Aviation Medical programs, personnel performance in aviation specialties, and the design of aviation-related systems and equipment. Aeromedical and human factors consultation to FAA Airworthiness and Flight Standards staff is also directly based on research findings. The protection of the aircraft cabin occupant is enhanced as the National Transportation Safety Board (NTSB) and industry groups use AAM research data to improve flight equipment and procedures. Human factors research impacts aviation personnel selection, screening and training, supervisory development, the design, operation and maintenance of aviation-related equipment, and other areas concerning the performance of pilots, controllers, and maintainers in their respective work environments. CAMI is responsible for overall administration of research activities. AAM-240 provides liaison between CAMI researchers and Headquarters operational personnel, identifies additional research requirements, and provides updates on the current status of various AAM projects.

Administration

Through the Administration Program, AAM ensures that its resources are distributed and utilized effectively. AAM-100 has overall responsibility for formulating resource requirements and effectively allocating resources. AAM-100 develops policies and procedures for evaluating the effectiveness of AAM programs and provides advice and guidance to the Federal Air Surgeon, CAMI, Regional Flight Surgeons, and field offices. AAM-100 establishes policies and manages AAM automation and information resources. Personnel and training guidance is provided to help the Office of Aviation Medicine operate effectively. AAM-100 develops and maintains the AAM planning process, and provides guidance and training for the AAM Total Quality Management (TQM) effort. Regional Offices are responsible for managing the programs and resources within their jurisdiction and for providing appropriate budgetary, staffing, planning, workload, automation, and financial information to AAM-100.

3. Environmental Analysis

Environmental Analysis

The following is a summation of environmental information collected by the FASMT. The purpose of identifying and analyzing environmental factors is to provide useful information on emerging issues and trends for the strategic planning process. The FASMT, using the strategic planning process, developed a shared understanding of the major AAM issues by brainstorming selected dimensions in the external and internal environmental areas. The FASMT analyzed and evaluated the issues for levels of actual or potential opportunities/threats and strengths/weaknesses. This information, based on FASMT's shared assumptions, was used by the Strategic Planning Task Force to develop the Strategic Issues. Additional data and documentation, may be required to substantiate the shared understanding.

EXTERNAL ANALYSIS:

Method: Each factor was evaluated as to the level of opportunities/threats and the impact (high, medium, low) it may have on the following areas: Overall Office, Region, Division, and Program. Environmental factors were identified, evaluated, and analyzed to provide valuable information concerning emerging issues and trends for the strategic planning process.

External Factors:

1. Economy:

The economy factor is divided into: Commercial Travel Costs, Private Aviation Costs, Government Budget, Global Trade and Economy, Defense Spending, and Transportation Energy cost. The area with the greatest potential impact is the budget, based on national/international economic uncertainty and clear indicators that funding will be cut for all government agencies to balance the federal deficit. Impacts are likely to be felt at all levels of the organization and in each of the program areas. Energy and aviation costs are considered to be at the medium to low level, with the rest of the issues falling in the low category. The increase and promotion of global trade and economy increases the need to coordinate U.S. and international regulations and requirements.

2. Customers/End Users:

The top four (4) customers/end users are listed in order of
importance to FASMT: (1) Passengers, (2) Air Line Companies,
(3) General Aviation, and (4) Pilots (domestic/international).
While the remaining users are not listed with respect to their
potential opportunities/impacts, they do reflect the challenges
faced by AAM to remain responsive to the diverse and often
competing needs of the various groups. Issues raised by these
groups are likely to differentially impact various elements and
program areas of AAM. Additional customers/end users include:
Public Health Service, Politicians, DOD, Non-FAA ATC, Maintenance
personnel, DOT, International Aviation (medical, research,
certification, and regulation areas), Airplane and Parts
Manufacturers, Unions, Professional Associations, and Taxpayers.

3. Aviation Industry Standards:

Industry standards are important to all levels of the
organization in the following areas: Total Quality Management
(TQM), globalization, research priorities, balancing medical
standards with profits, goals, income, and competition, industry
demographics, and expediting cost-effective applications of new
technologies.

4. Government Regulation and Legislation:

Government Regulation and Legislation have high potential to
significantly impact AAM at all levels and in each program area.
Interactions between the FAA and OPM, Congress and the
Administration are likely to influence certification standards.
Changes associated with EEO/affirmative action, substance and
alcohol abuse, OSHA, EPA, ICAO, and HHS regulations will also
have from high to medium impact.

5. Social Values and Life Style

In the social values and life style area we have three top
issues: Mobility, zero tolerance of accidents, and environment.
Additional issues are: Alcohol/substance abuse, lowering of
science credibility, shift in ethnic population/diversity, shift
in age of population, change in sexual standards and reaction to
AIDS, the increase of government control of medicine, global
values, real-time world news access via CNN, improved
communication, increased leisure time, and the coming of the 'New
World Order' noted by President Bush.

6. Technology

Technology changes are expected in the following areas: Imaging, simulation, information processing, robotics, artificial intelligence, NAS plan: sub-orbital, and NAS plan: general.

7. Research

Research areas that will impact the office: Gene therapy, memory expanding drugs, drugs to enhance performance and control existing medical problems, circadian rhythms, aging, organ transplantation, AIDS, human evaluation/cognitive functions, error management theory, human factors in aviation work environments, women's health issues, simulation models, and tissue repair.

INTERNAL ANALYSIS:

This section presents the results of FASMT's evaluation and assessment of AAM's internal environment.

Method: Each factor was evaluated with respect to strengths/weaknesses on the following AAM configurations: Overall Office/Region/Division/Program.

Internal Factors:

1. Policies and Procedures

Strength: Policies are based on participative development and coordination, and are sound and well-thought out. Verbal policies provide flexibility.

Weakness: The directive system lacks currency of distribution and the retention is poor. Policies are not translated into operational procedures, there is a lack of planning, and too few written standards. Too short of a turn around time is required for responses, and procedures are often not in place to ensure compliance. Policies are given verbally rather than in writing.

2. Personnel

The strengths are high morale and productivity, liability and health care insurance are provided, and trust is high. A reward system and good work schedules are in place, and accountability and responsibilities are clear.

Weakness in the personnel area includes: insufficient staff on hand and the current staff is geographically poorly distributed. Recruiting is ineffective, pay is too low, career ladders are missing. Standard classifications are needed. Lack of diversity in management must be addressed. Training is not provided in time to assure the right skill mix. Additional cross training is needed. Improvement in communication is needed.

3. Resources

Civil Aeromedical Institute (CAMI):

The strength is that CAMI is the focal point for research, certification, and aeromedical education/training; CAMI has high visibility, world wide recognition, and many data bases to support management decision-making.

The weakness is that facility and equipment upgrading is required. Improvement is also needed in the automation area to provide integration, storage, and access to the data bases.

Clinics:

The strengths associated with clinics are that: they are close to the clients. Where they exist they provide high visibility to the medical program, and can be used to promote other medical programs.

Weakness: Medical coverage is not immediately available to FAA personnel in areas without a clinic. Planning and management of medical and administrative issues related to clinic operations/opening/re-opening are not in place.

Headquarters (HQ):

The strength is the local area network (LAN) that has reduced paperwork, and improved communications between the Regions, CAMI, and HQ.

The weakness is that the geographic dispersion of medical HQ personnel hampers communication internal and external to FAA. HQ is expanding its staff without getting additional space, this discrepancy creates a poor work environment.

Regional Medical Offices:

The strengths of the regional medical offices are that it provides program visibility, responsiveness to the needs of our clients, and operational integration with other FAA programs.

The regional medical offices are hampered by limited space, staff and other resources to provide needed clinic services as well as a full spectrum of occupational health and educational services.

4. Budget

The strengths are the resource program documents, the IRM office plan, improved management support and in-house expertise. The budget appeal process is used, and credibility is improving.

The weakness is the lack of a strategic plan, and the lack of planning at all levels of the organization. The lack of information and data bases makes forecasting, justification, and change requests difficult. The complexity of the budget process combined with lack of training, education, and experience results in missing work load indicators, poor use of quarterly reviews, and lack of Regional data.

5. Management Style

The strengths are creativity, focus, style, balance, autonomy, and integration.

Weaknesses includes: leadership, strategy, communication, training and development. The culture is reactive, and the program needs higher visibility in non-health issue areas.

6. Information Systems

OATS:

The strengths OATS provides are: standardization, ease of procurement, and that training, installation, and LAN configuration standards are provided with each purchase.

The weaknesses of the OATS program are the high cost, slow technical refresher of both hardware and software, and start-up problems with training. Another weakness is that the OATS equipment is not standardized, machines contain different components that prevent their use for sophisticated research applications where precise timing is requires. The OATS software is seldom compatible with existing office software programs. This means re-creating of existing data bases, and providing extra training.

IRM:

The strength is in having the IRM system strategy plan in place, which provides a high level of funding, direction, integration, and an office-wide data architecture.

The weakness lies in the lengthy implementation and integration of the IRM plan and lack of uniform understanding and commitmentto the IRM plan and projects.

4. Organization Strategy

<u>VALUES:</u>

1. AVIATION SAFETY MUST NOT BE COMPROMISED.

2. RESEARCH IS INTEGRAL TO MAINTAINING AVIATION SAFETY.

3. WE MANAGE CHANGE RATHER THAN CHANGE MANAGING US.

4. CHANGES SHOULD INVOLVE ADVANCE INFORMATION, EMPLOYEE PARTICIPATION, PREPARATION, TRAINING, AND FEEDBACK.

5. WE LISTEN TO OUR CUSTOMERS/SHAREHOLDERS.

6. WE SEEK THE GREATEST BENEFIT FOR THE GREATEST NUMBER OF PEOPLE.

7. HUMAN VALUES MUST BE MAINTAINED.

8. WE MUST NOT VIOLATE THE INTEGRITY AND SAFETY OF PEOPLE, ENVIRONMENT, AND ORGANIZATION.

9. TECHNOLOGY AND PROCESSES MUST NOT STAND BETWEEN THE DOCTOR AND THE PATIENT.

10. SYSTEMS AND TOOLS ENABLE CREATIVITY.

VISION STATEMENT I: THE OFFICE OF AVIATION MEDICINE FUNCTIONS AS A FULLY INTEGRATED ORGANIZATION

High Performance Indicators

Action Areas

1. AAM works as a team to solve problems, make decisions, and operate the business of AAM. (Action Areas A,B,C,D,E,F,G,H)

A. Use working groups to facilitate the group decision-making process.

B. Provide all AAM personnel with an electronic communication capability and the training and motivation to use it regularly.

2. AAM makes strategic decisions that are based on a readily accessible and continually updated common source of information. Decisions are communicated throughout AAM. (Action Areas A,B,C,D,E,F,H)

C. Maintain current policies, guidelines, regulations, and relevant information on line.

D. Ensure that AAM program responsibilities are clearly defined and communicated to all areas. Program information that is generated in each area is made available to other parts of the organization.

3. Information is viewed as an office resource, is continually updated, and is readily available to anyone who needs it. (Action Areas B,C,D,E,F,H)

4. Policy guidance set by the Federal Air Surgeon is communicated to, and understood by everyone in the organization. (Action Areas A,D,E,F,H)

E. Provide feedback to individuals or groups on how information is used.

F. Define, create, and maintain the common source of information for strategic decisions.

5. Headquarters, CAMI, and the regions have a mutual understanding of, and support each others responsibilities, constraints, and priorities. (Action Areas A,D,E,H)

G. Develop performance standards that acknowledge and reward participation in integrative program activities.

6. Everyone in AAM knows how the overall goals/visions fit into day-to-day work. (Action Areas D,E,H)

H. Utilize the Federal Air Surgeon Management Team (FASMT) as a forum for transfer of information laterally between working groups and organizational units.

7. Information from sources outside of AAM is available to all when needed. (Action Areas B,F,H)

VISION STATEMENT II: NATIONAL AIRSPACE SYSTEM IS DRUG AND ALCOHOL FREE

High Performance Indicators

Action Areas

1. Industry employees in covered positions have consistently negative substance abuse test results. (Action Areas D,E,F)

2. FAA employee test results are consistently negative. (Action Areas B,C,D,E,F)

3. FAA and industry supervisors are trained and able to identify individuals functioning at an impaired level. (Action Areas A,B,D,F)

4. Pre-employment screening detects substance abusers. (Action Area E)

5. Effective substance abuse prevention and education programs are operational. (Action Areas B,D)

6. Effective rehabilitation programs are accessible and utilized. (Action Areas C,F)

A.
Implement research efforts to determine the impact of drugs and alcohol.

B.
Evaluate and improve the effectiveness of supervisor training programs to identify impaired performance.

C.
Evaluate and facilitate the development of effective rehabilitation programs that are appropriate for FAA and the aviation industry.

D.
Develop effective education programs for substance abuse prevention.

E.
Develop and evaluate drug testing procedures and new technologies to ensure that drug testing programs are effective.

F.
Identify those whose rehabilitation is not complete and, therefore, cannot safely return to performing aviation safety-related functions.

VISION STATEMENT III: AAM PROVIDES SAME DAY CORRECT CERFICATION INCLUDING DEFERRALS, AND SPECIAL ISSUANCES

High Performance Indicators   Action
Areas

1. Aviation medical examiners make the correct certification decisions. (Action Areas A,B,C,D,E)

2. AAM makes consistent, high quality certification decisions. (Action Areas A,B,C,D,E)

3. Certification decisions and guidance are disseminated appropriately. (Action Areas A,C,D,E)

4. All certification reviewers have access to complete, accurate and timely applicant and regulatory information. (Action Areas A,C,D,E)

5. Certification standards, policies, and procedures are consistently improved in accordance with current medical knowledge; changes are communicated in a timely fashion. (Action Areas A,B,C,D,E)

6. The basis for past and current certification policies and procedures is documented and continually validated. (Action Areas A,B,D,E)

7. State of the art practices and technology are identified and utilized for the most efficient certification system. (Action Areas A,D,E)

A.
Implement policy and procedural changes to minimize delays, increase positive impacts, and improve acceptance by the FAA, industry, and the individual.

B.
Apply research efforts to identify performance decrements associated with medical conditions and treatments.

C.
Design AME training programs that will enable AME's to make the correct certification decision and to communicate their findings appropriately.

D.
Use automation to facilitate the receipt of medical information, real time access, and decision-making.

E.
Develop and maintain an effective model for making certification decisions.

VISION STATEMENT IV: HUMAN/MEDICAL FACTORS IN AIRCRAFT ACCIDENT CAUSATION ARE ELIMINATED

High Performance Indicators

1. AAM correctly identifies biomedical and human factors in accidents. (Action Areas A,B)

2. AAM actions reduce accidents and injuries. (Action Areas C,D)

3. AAM applies measures such as selection, training, and education programs that reduce accidents. (Action Areas A,B,C,D)

4. Accident information from outside of AAM is available to all. (Action Areas B,C)

5. Results from AAM research and accident investigations are communicated to AAM personnel, AME's and other interested parties. (Action Areas B,C,D,E)

Action Areas

A. Develop effective techniques and procedures through research for identifying the role of human factors in accidents.

B. Develop an effective accident investigation program that includes deployment of medical personnel to accident sites and integrates with AVS/FAA/NTSB and other agencies.

C. Coordinate findings with all interested parties involved in human performance, ergonomics, aircraft, and other equipment design.

D. Develop educational programs for pilots, air traffic controllers, and other aviation personnel.

E. Recognize AAM personnel who participates in accident investigations.

VISION STATEMENT V: AN EFFECTIVE OCCUPATIONAL AND ENVIRONMENTAL HEALTH PROGRAM IS IN PLACE

High Performance Indicators
      Action Areas

1.   Work place hazards are identified and measures are taken to correct them. (Action Areas B,E,F,G)

2.   Excessive sick leave and invalid, spurious OWCP claims are eliminated. (Action Areas A,B,C,D, E,F,G)

A.   Establish an assessment process that provides a standardized baseline of employee health information, and a data base to support its maintenance.

3.   Employee health profiles are recorded, updated, and contribute to preventive medical programs. (Action Areas A,B,C,D)

B.   Correlate health history with known environmental hazards and job factors.

C. Define medical criteria for agency positions.

4.   Work place practice and environmental attributes that contribute to an unhealthy work force are eliminated. (Action Areas E,F,G)

D. Provide occupational and environmental health support to FAA employees.

E. Implement programs of policy, inspections, analysis, and education that result in safety in the work place.

5.   Health awareness programs are available to all FAA employees. (Action Areas A,D,E)

6.   The FAA is in compliance with all regulatory agency requirements that affect health and safety in the work place. (Action Areas E,F,G)

F. Integrate the Environmental Health and the Safety and Health Programs under the same authority.

G.   Incorporate occupational and environmental health factors into facility design.

VISION STATEMENT VI: AAM IS A WORLD LEADER IN CIVIL AVIATION MEDICINE THAT SETSUNIVERSALLY-APPLIED STANDARDS AND WORKS WITH OTHER AGENCIES TO

ACCOMPLISH ITS MISSION

High Performance Indicators
      Action Areas

1. AAM receives favorable national and international recognition.
(Action Areas A,B,C,D)

A. Develop an international strategy to promote recognition of AAM programs and accomplishments.

2. AAM's aeromedical standards are adopted internationally.
(Action Areas A,B,C,D)

B. Create international symposia, meetings, and a network of communication.

3. AAM collaborates with other countries to resolve aviation medical issues.
(Action Areas A,B,C,D)

C. Establish and maintain the highest standards of quality in services and products.

D. Establish international mechanisms to coordinate aeromedical and human factors research.

4. Research efforts and aeromedical issues are fully coordinated with other elements of government, external agencies, and international organizations.
(Action Areas B,C)

5. AAM provides the forum for world wide aeromedical education.
(Action Areas B,C)

VISION STATEMENT VII: THE WORTH OF ALL INDIVIDUALS IN AAM IS RECOGNIZED

High Performance Indicators

Action Areas

1. Adequate resources are allocated to encourage work opportunities and creativity. (Action Areas C,D,E)

2. Qualified people are hired and retained. (Action Areas A,B,C,D,E)

3. People are provided with the opportunity to excel in their fields. (Action Areas A,B,C,D,E)

4. Managers employ innovative and creative techniques. (Action Areas C,D,E)

5. Time is allocated for proactive planning. (Action Areas C,E)

A. Classify positions nationally.

B. Establish career ladders.

C. Develop and implement a training program that will keep all individuals at the state-of-the-art educational level.

D. Establish and implement an impartial reward program.

E. Develop effective resource acquisition programs to enhance individual work opportunities and creativity.

5. Strategic Issues

Strategic Issues

1: <u>DETERMINING CUSTOMER NEEDS</u>: How can AAM develop a systematic approach to evaluate customer requirements? AAM is committed to aviation safety and customer satisfaction though the provision of aeromedical services and products that are appropriate, timely, and of high quality.

2: <u>SATISFYING CUSTOMER NEEDS</u>: How should AAM function to meet customer needs? AAM's leadership is dedicated to satisfying customer requirements; all elements of management are integrated and focused on assuring quality performance and effective communication.

3: <u>AVIATION WORK ENVIRONMENT</u>: How can aviation work environment best support health and performance? A healthy work environment increases employee performance and productivity. Environmental issues cover a wide range of concerns such as noise, PCB's, asbestos, and toxic waste. AAM provides leadership in identifying and eliminating the adverse environmental impacts on the FAA and the national aviation system.

4: <u>HUMAN PERFORMANCE</u>: How can AAM maintain and improve human performance in aviation? Standards and technologies play a critical role in insuring operator performance and safety. The application of aeromedical and human factors knowledge to improve operator performance and well being will enhance aviation safety and efficiency.

5: <u>INTERNATIONAL LEADERSHIP</u>: How can AAM continue to provide international leadership? AAM leads the international community in aviation safety though research, education, and scientific exchange programs.