



U.S. DEPARTMENT OF TRANSPORTATION  
**OFFICE OF INSPECTOR GENERAL**

**FMCSA Has Not Fully Met Oversight  
Requirements as It Rebuilds the National  
Registry of Certified Medical Examiners**

**FMCSA**

Report No. ST2021013

January 13, 2021





## FMCSA Has Not Fully Met Oversight Requirements as It Rebuilds the National Registry of Certified Medical Examiners

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*Self-initiated*

Federal Motor Carrier Safety Administration | ST2021013 | January 13, 2021

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### What We Looked At

In the last 5 years, fatalities in crashes involving large trucks or buses increased by 10.6 percent. As part of its mission, the Federal Motor Carrier Safety Administration (FMCSA) oversees its medical certification program and promotes safety through regulations, policies, and monitoring of certified medical examiners and driver examinations. In May 2014, FMCSA initiated the National Registry of Certified Medical Examiners (National Registry) to assist in verifying that medical examiners can effectively determine if interstate commercial drivers meet FMCSA's physical qualification standards. We initiated this audit given the significant safety risk posed by drivers who do not meet physical qualification requirements. Our audit objectives were to evaluate FMCSA's procedures for overseeing its medical certificate program. Specifically, we analyzed FMCSA's procedures for (1) validating and maintaining data quality in the National Registry and (2) monitoring medical examiner eligibility and performance and reviewing driver examinations.

### What We Found

FMCSA's ability to oversee whether drivers meet physical qualification standards to safely operate a commercial vehicle is limited because of a lengthy outage of the National Registry and a resulting backlog of driver examination reports that were not entered into the Registry. In addition, weaknesses associated with the accuracy and completeness of data in the National Registry limit the effectiveness of FMCSA's oversight. Furthermore, FMCSA has not fully implemented requirements for random periodic monitoring of medical examiners' eligibility and performance. While FMCSA has conducted initial certification reviews of medical examiners' eligibility qualifications, the Agency is not yet conducting annual eligibility audits after initial certification. Without these oversight reviews, FMCSA may be missing fraud indicators or other risks that may require mitigation and has less assurance that drivers are physically qualified to safely operate a commercial vehicle.

### Our Recommendations

We conducted our audit of FMCSA's medical certification program during a transition period while the Agency is working to design and deploy a new National Registry. FMCSA concurred with our four recommendations to improve FMCSA's oversight of its medical certification program once the Agency deploys its new National Registry.

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## Memorandum

Date: January 13, 2021

Subject: ACTION: FMCSA Has Not Fully Met Oversight Requirements as It Rebuilds the National Registry of Certified Medical Examiners | Report No. ST2021013

From: David Pouliott   
Assistant Inspector General for Surface Transportation Audits

To: Federal Motor Carrier Safety Administrator

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The Federal Motor Carrier Safety Administration's (FMCSA) primary mission is to reduce crashes, injuries, and fatalities involving large trucks and buses. In 2018, commercial drivers operated over 13 million large trucks and nearly 1 million buses in the United States.<sup>1</sup> In the last 5 years, fatalities in crashes involving large trucks or buses increased by 10.6 percent, from 4,487 in 2014 to 4,961 in 2019.<sup>2</sup> As part of the Agency's mission, FMCSA's Medical Programs Division oversees drivers' physical qualifications to operate a commercial motor vehicle<sup>3</sup> and promotes driver safety and medical fitness through regulations, policies, and monitoring of certified medical examiners and driver examinations.

Subject to limited exceptions, FMCSA regulations<sup>4</sup> require commercial motor vehicle drivers (drivers) to obtain a valid Medical Examiner's Certificate (medical certificate). FMCSA's April 2015 Medical Examiner's Certification Integration final rule requires certified medical examiners performing physical examinations of drivers to use a Medical Examination Report Form and Medical Examiner's Certificate<sup>5</sup> to report results of all drivers' physical examinations performed,<sup>6</sup> including the results of examinations where the driver was found not to be qualified, to FMCSA by midnight (local time) of the next calendar day following the examination.

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<sup>1</sup> FMCSA, 2020 Pocket Guide to Large Truck and Bus Statistics, October 2020.

<sup>2</sup> Federal Motor Carrier Safety Progress Reports for March 2016 and June 2020. States are expected to report crash data to FMCSA within 90 days of the crash. Crash data are considered preliminary for 22 months to allow for updates.

<sup>3</sup> This requirement applies to vehicles with a maximum gross vehicle weight rating of over 10,000 pounds.

<sup>4</sup> 49 CFR Part 390, Subpart D provides regulations for the National Registry of Certified Medical Examiners. 49 CFR Part 391, Subpart E provides regulations for physical qualifications and examinations of drivers.

<sup>5</sup> Medical Examination Report Form MCSA-5875; Medical Examiner's Certificate Form MCSA-5876.

<sup>6</sup> The reporting of results includes all drivers required to be medically certified to operate in interstate commerce, not only those who hold or apply for commercial driver's licenses (CDL) or commercial learner's permits (CLP).

Federal law<sup>7</sup> requires that FMCSA maintain a current national registry of medical examiners who are qualified to perform examinations of drivers and to issue medical certificates. In May 2014, FMCSA initiated the National Registry of Certified Medical Examiners (National Registry) to assist in verifying that medical examiners can effectively determine if interstate commercial drivers meet FMCSA's physical qualification standards. Physicians and other eligible medical professionals must register with the National Registry to begin the certification process in order to perform driver examinations. Medical examiner requirements include being licensed in the State in which they will conduct the examinations, meeting training requirements, and passing the required test. Of critical importance, certified medical examiners submit to the National Registry reports of the results of driver examinations they perform and the medical certificates they issue to qualified drivers. Medical examiners can delegate data entry to Medical Examiner Administrative Assistants (MEAA) and third-party organizations<sup>8</sup> but maintain responsibility for ensuring data is entered correctly.

Identifying and preventing medical certificate fraud remains a key safety concern. Since August 2014, Office of Inspector General (OIG) investigations have resulted in 14 convictions involving fraudulent medical certifications.<sup>9</sup> Notably, in August 2017, a medical examiner in Georgia was charged with falsification of records with intent to impede proper administration of the Department of Transportation (DOT), and more than 600 drivers were required to renew their medical certificates. Additionally, in January 2019, a medical examiner in Alabama was sentenced to over 3 years of incarceration and a \$10,000 fine, and two employees were collectively sentenced to 5 years of probation for their role in a scheme to submit falsified driver examinations to the National Registry. FMCSA required that over 2,100 drivers renew their medical certificates.

We initiated this audit given the significant safety risk posed by drivers who do not meet physical qualification requirements. Our audit objectives were to evaluate FMCSA's procedures for overseeing its medical certificate program. Specifically, we analyzed FMCSA's procedures for (1) validating and maintaining data quality in the National Registry and (2) monitoring medical examiner eligibility and performance and reviewing driver examinations.

We conducted our work in accordance with generally accepted Government auditing standards. Exhibit A details our scope and methodology, exhibit B lists

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<sup>7</sup> Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), Pub. L. No. 109-59, § 4116(a)(codified at 49 U.S.C. § 31149(d)(2005)).

<sup>8</sup> FMCSA authorized 27 third-party organizations to upload driver examination results for medical examiners.

<sup>9</sup> These OIG investigations have resulted in over \$154,000 in recoveries, fines, restitutions, and assessments, in addition to over 10 years of incarceration and over 34 years of probation.

the organizations we visited or contacted, and exhibit C lists the acronyms used in this report.

We appreciate the courtesies and cooperation of FMCSA representatives during this audit. If you have any questions concerning this report, please call me at (202) 366-5630 or Kerry R. Barras, Program Director, at (817) 978-3318.

cc:     The Secretary  
          DOT Audit Liaison, M-1  
          FMCSA Audit Liaison, MCPRS

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## Results in Brief

### **FMCSA's oversight of its medical certification program is limited by a National Registry outage and data quality issues, including missing records.**

FMCSA's ability to oversee its medical certification program is limited because of a lengthy outage of the National Registry. In addition, the outage resulted in a backlog of driver examination results that were not entered into the Registry. During this outage, which began in December 2017 and continued for 7 months, FMCSA suspended medical examiners' uploading of driver examinations until that functionality was restored. Because of the outage and technical issues in relaunching the National Registry, we estimate that approximately 780,000 driver examinations could be missing from the database. FMCSA is building a new National Registry, but it is unclear when it will be complete.<sup>10</sup> As a result, there is a risk that FMCSA will not meet its planned June 2021 compliance date for the Medical Examiner's Certification Integration final rule.<sup>11</sup> In addition to issues associated with the National Registry outage and rebuild, weaknesses associated with the accuracy and completeness of data in the current National Registry limit the effectiveness of FMCSA's oversight of its medical certification program. Our analysis of National Registry data indicated that 46 percent of its 70,208 records of certified medical examiners as of May 2019 had outdated medical license information. Additionally, our analysis of 2 separate samples totaling 452 driver examinations from 3 State Driver's Licensing Agencies (SDLAs) we visited found that 21 percent were not recorded in the National Registry. These data quality issues occurred in part because of data availability and monitoring limitations that occurred after the National Registry was taken offline. Without quality data, FMCSA cannot effectively ensure that drivers meet physical qualification standards to operate a commercial vehicle safely.

### **FMCSA has not fully implemented requirements for random periodic monitoring of medical examiners' eligibility and performance.**

FMCSA has conducted initial certification reviews of medical examiners' eligibility qualifications since establishing the National Registry. However, the Agency has not fully implemented a requirement to conduct annual eligibility audits after

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<sup>10</sup> According to FMCSA, the new National Registry will incorporate the provisions of the Agency's Medical Examiner's Certification Integration final rule, and it plans to provide a deadline for medical examiners to upload the backlogged examination data once the National Registry is deployed.

<sup>11</sup> The final rule requires that FMCSA electronically transmit, for holders of CDLs or CLPs (interstate and intrastate), information on driver identification, results of examinations, restrictions, and medical variances from the National Registry to the State Driver's Licensing Agencies.

initial certification. Additionally, while FMCSA has conducted “for-cause”<sup>12</sup> performance monitoring of medical examiners, the Agency has not fully implemented requirements for randomly selecting medical examiners for annual performance monitoring and, of critical importance, reviewing a representative sample of driver examinations. Of the thousands of medical examiners on the National Registry, FMCSA conducted 722 performance monitoring reviews. Of these, 710 were for important and necessary for-cause performance reviews conducted between 2015 and 2019. FMCSA conducted only 12 random selection performance reviews of medical examiners in 2015 and 2016, before the National Registry outage. While the Agency only conducted 12 random performance reviews, FMCSA has analyzed National Registry data to identify trends such as pass/fail rates for commercial drivers and to detect medical examiners who conduct an excessively large number of examinations. According to FMCSA, the Agency has not fully met its requirements for conducting medical examiner eligibility and performance monitoring reviews because it has limited staff<sup>13</sup> to carry out a sustained process to analyze data and conduct these reviews. Without these oversight reviews, FMCSA may be missing fraud indicators or other risks that may require mitigation and has less assurance that drivers are physically qualified to safely operate a commercial vehicle.

We conducted our audit of FMCSA’s medical certification program during a transition period while the Agency is working to design and deploy a new National Registry. We are making recommendations to improve FMCSA’s oversight of its medical certificate program once the Agency deploys its new National Registry.

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## Background

To be eligible for certification and listing on the National Registry, medical examiners must meet applicable laws and regulations for State licensing and certification to perform physical qualification examinations. FMCSA’s regulations require medical examiners to complete National Registry training and pass a certification test. As of August 2020, the National Registry contained data on

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<sup>12</sup> FMCSA may review the actions of a specific medical examiner or driver because of information or a complaint received. Actions triggering these reviews can include medical examiner certification of a driver following denial of certification by another medical examiner within a 30-day period; receipt of reports of medical examiner fraud, abuse, or other suspicious activity; a large number of examinations conducted by a medical examiner; and other reasons.

<sup>13</sup> FMCSA’s Medical Programs Division had eight full-time employees, including an intern and two vacant positions.

nearly 72,000 certified medical examiners.<sup>14</sup> National Registry medical examiner certification is valid for 10 years.

To qualify for a medical certificate, a driver must be examined by a certified medical examiner, who determines whether the driver meets FMCSA's physical qualification<sup>15</sup> standards to safely operate a commercial vehicle in interstate commerce. The examination includes a number of tests, such as review of a detailed medical history, blood pressure, vision, hearing, and urinalysis. A medical certificate is valid for up to 2 years, unless a shorter period is required by regulations or the examiner identifies a need to monitor a driver's medical condition.

To ensure medical examiners conduct effective driver examinations, Federal law<sup>16</sup> requires that FMCSA conduct periodic reviews of a select number of medical examiners and a representative sample of examination reports to monitor examiners' performance for patterns of errors or improper driver certifications. Federal law<sup>17</sup> also mandates that FMCSA implement a system for medical examiners to electronically transmit medical certificate information to the Agency. In response, FMCSA requires that medical examiners upload results of interstate driver examinations directly to the National Registry. On average, 5 million examinations are entered into the National Registry annually.

FMCSA's Office of Internal Audit (OIA) conducted an internal audit in 2017 to assess whether programs within the Medical Programs Division are operated in an efficient and effective manner and if the National Registry database is administered effectively. FMCSA program officials concurred with OIA's recommendations when issued. According to OIA officials, two of its eight recommendations remain open in regards to reviewing a representative sample of driver examinations completed by certified medical examiners and implementing a process to periodically review and systematically validate National Registry information on certified medical examiners' qualifications. FMCSA's Medical Programs Division did not provide a target action date for implementing the two open recommendations, and forwarded them to FMCSA's Deputy Administrator for review due to budget constraints.

FMCSA's planned rebuild of the National Registry is designed to allow the Agency to electronically transmit information on driver identification, results of examinations, restrictions, and medical variances to SDLAs. In 2018, FMCSA amended its Medical Examiner's Certification Integration final rule to delay the

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<sup>14</sup> The National Registry contained nearly 72,000 certified medical examiners in August 2020, an increase from the 70,208 medical license records in May 2019 that was the basis for our audit analysis.

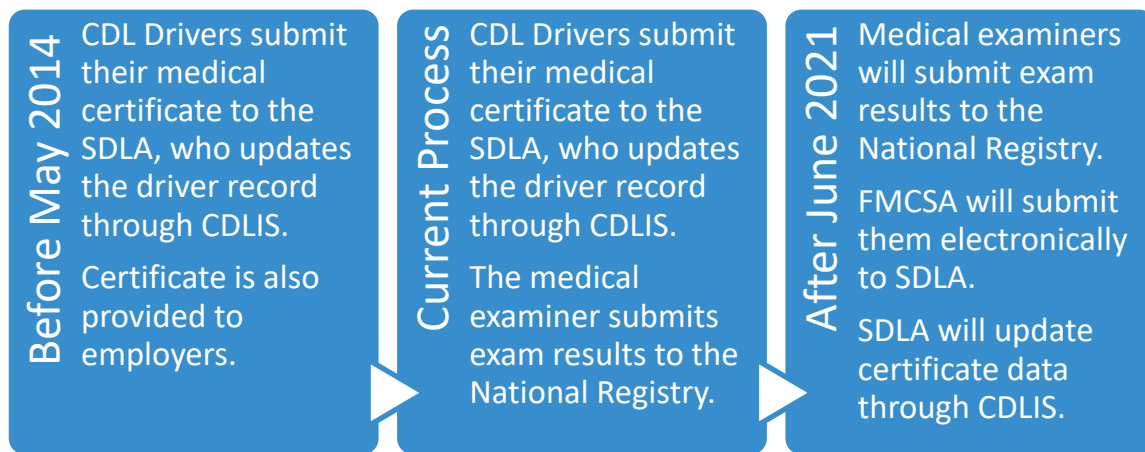
<sup>15</sup> The Federal Motor Carrier Safety Regulations identify these qualifications at 49 CFR § 391.41.

<sup>16</sup> 49 U.S.C. § 31149(c)(1)(C) & (F).

<sup>17</sup> 49 U.S.C. § 31149(c)(1)(E).

implementation date from June 2018 to June 2021. FMCSA took this action to provide additional time to complete National Registry information technology system development tasks and for SDLAs to make the necessary information technology programming changes after the upgrades to the National Registry. Upon completion of this process, States will use the information in FMCSA's National Registry, in lieu of hard copy medical certificates, to issue or renew CDLs and update driver records.<sup>18</sup> This process is in a transitional period, as shown in figure 1.

Figure 1. Timeline of Changes in Medical Certification Process



Note: Non-CDL/CLP drivers who have medical certificates are required to carry them, since they do not have a CDLIS record to update.

Source: OIG analysis

## FMCSA's Oversight of Its Medical Certification Program Is Limited by a National Registry Outage and Data Quality Issues, Including Missing Records

FMCSA's ability to oversee its medical certification program and to determine whether drivers are physically qualified to safely operate a commercial vehicle is limited. A lengthy outage of the National Registry resulted in a backlog of approximately 780,000 driver examination results that were not entered into the Registry, and weaknesses associated with the accuracy and completeness of data

<sup>18</sup> Law enforcement officials who stop a driver for a roadside inspection can verify a driver's medical certification through the Commercial Driver's License Information System (CDLIS), an information technology platform that all States and the District of Columbia use to transmit information on commercial drivers.

in the National Registry further limit the effectiveness of FMCSA's oversight of its medical certification program.

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## **An Outage Resulted in a Significant Backlog of Driver Examination Results Not Entered Into the National Registry**

Technical difficulties and other issues have affected the integrity of information in the National Registry. Internal control standards<sup>19</sup> advise management to collect relevant and timely data from reliable sources and to process data into quality information that is appropriate, current, complete, accurate, accessible, and timely. However, from December 2017 through June 2018, the National Registry experienced an outage due to a security issue that prevented medical examiners from uploading driver examination results. Consequently, the Registry has incomplete data on driver examinations, limiting FMCSA's ability to oversee driver safety.

Prior to the 7-month outage, FMCSA had required medical examiners to transmit driver examination results once every calendar month. During the outage, FMCSA suspended medical examiners' uploading of driver examinations and instructed medical examiners to hold their results until the National Registry's functionality was restored. This functionality was restored for medical examiners in June 2018<sup>20</sup> and for MEAAs and third-party organizations in August 2018.

In April 2018, FMCSA established an interim solution which provided basic functions of the system, such as medical examiner registration, public search capabilities, and updating account information. The Agency had planned to transition to a new National Registry system in May 2019, but due to technical issues, FMCSA reverted to the interim solution, which remains in place.

Because of the outage and the continued technical issues, an unknown number of driver examinations are not included in the National Registry. Based on previous annual trends on driver examinations uploaded to the Registry, we estimate that approximately 780,000 examinations could be missing. Currently, FMCSA lacks visibility into these results held by medical examiners. After the new National Registry is rebuilt, FMCSA plans to publish in the Federal Register a requirement that medical examiners upload backlogged examinations, with a due date for medical examiners to upload the backlogged examinations. However, it is unclear what this due date will be. Until then, the incomplete information

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<sup>19</sup> Government Accountability Office's Standards for Internal Control in the Federal Government, § 13.04 & 13.05.

<sup>20</sup> In June 2018, FMCSA implemented its requirement for medical examiners to report the results of all driver examinations to the Agency by midnight local time of the next calendar day following the examination.

currently in the National Registry limits FMCSA's ability to ensure that driver medical information is valid, complete, and accurate.

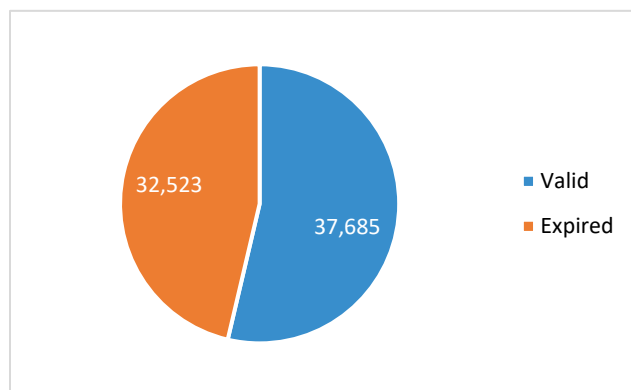
According to FMCSA, the new National Registry will incorporate the provisions of the Agency's Medical Examiner's Certification Integration final rule, with current implementation planned in June 2021. The rule requires FMCSA to electronically transmit driver examination results and other information from the National Registry to SDLAs. FMCSA is currently preparing an acquisition package for a vendor to begin rebuilding the National Registry. At this time, it is unclear when the rebuild will be complete. According to officials from three SDLAs we interviewed in California, New York, and Texas, they will need 6 to 18 months to update their systems with the specifications needed for the new National Registry. FMCSA has not yet provided these specifications to the SDLAs. FMCSA indicated that once the National Registry rebuild begins, they will determine if they need to adjust the planned June 2021 compliance date for the Medical Examiner's Certification Integration final rule.

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## **National Registry Data Quality Weaknesses Limit FMCSA's Oversight of Medical Examiners and Drivers**

Weaknesses associated with the accuracy and completeness of National Registry data limit the effectiveness of FMCSA's oversight of its medical certification program. We analyzed data on expiration dates for medical examiners' license information in the National Registry. As shown in figure 2, we found that 32,523 (46 percent) of 70,208 records of certified medical examiners as of May 2019 contained outdated medical license information. These records included 5,139 duplicate National Registry identification numbers, which includes examiners with multiple license entries in one State and examiners holding licenses in multiple States. The recorded date range of outdated medical examiner information varied widely—with 36 medical examiners' records indicating license expiration in 2013 and 9,904 indicating expiration in 2018.

Figure 2. Outdated Medical Examiner License Expiration Dates in National Registry



Source: OIG analysis of FMCSA National Registry data. Data as of May 8, 2019.

We confirmed the results of our analysis of license expiration data in the National Registry by testing a sample of driver examinations conducted in the three States we visited during our audit. Our sample results indicated that 40 to 47 percent of the medical examiners who conducted those examinations did not have up-to-date medical license information in the National Registry (see table 1).

Table 1. Examiners With Outdated License Data for Sample States

State	Number of Medical Examiners in Sample	Number of National Registry Licenses Not Updated	Percentage Not Updated
California	72	29	40
Texas	73	34	47
New York	58	24	41

Source: OIG analysis of a sample of FMCSA National Registry data and State medical board data.

We confirmed these medical examiners had valid medical licenses on file with State medical boards, but the National Registry did not contain the updated data. For example, one medical examiner is currently certified according to the State medical board, but the National Registry indicated that the medical examiner's credential expired in October 2013.

According to FMCSA, the Agency conducted a similar analysis in July 2017. FMCSA analyzed medical examiner license information in the National Registry and identified over 9,000 outdated licenses. FMCSA's review of a subset of these licenses determined that most of these medical examiners failed to update their

National Registry profile. FMCSA sent notices to the medical examiners to update their license credentials, but the National Registry was taken offline before FMCSA could follow up with medical examiners who failed to update their information.

In addition to outdated medical examiner license data, we also identified driver examination records in the National Registry that are incomplete. Our analysis of two separate samples of driver examinations in three States we visited during our audit found that about 21 percent of the examinations were not recorded in the National Registry. These examinations may be missing due to failure of a medical examiner to upload the relevant examination results; a data entry error, which resulted in the examinations not being found in our search; or potential driver fraud. A large portion of the missing examinations may be related to the 7-month National Registry outage, but we also identified missing examinations outside of this period. We identified missing examinations through two separate comparative analyses of FMCSA and SDLA data. Table 2 shows the results of our comparative analysis of a sample of SDLA data traced to National Registry data, and table 3 shows the results of our comparative analysis of a separate sample of National Registry data traced to SDLA data.

Table 2. Missing Driver Examinations Identified Through SDLA Data

State	Number of Examinations In Sample	Number Missing from National Registry (2018)	Number Missing from National Registry (Other Years)	Number Missing from National Registry (Total)
California	99	19	12	31
New York	72	8	7	15
Texas	97	9	10	19

Source: OIG analysis of a sample of SDLA driver records and FMCSA National Registry data.

Note: We reviewed State data on 100 recent moving violation convictions for commercial drivers and compared them to National Registry data. The Number of Examinations column represents the number of unique driver examinations we received from SDLAs. The column does not equal 100 due to drivers receiving more than one moving violation convictions, a driver with an out-of-State CDL, and those with insufficient information in the State record. See exhibit A (Scope and Methodology) for details.

Table 3. Missing Driver Examinations Identified Through National Registry Data

State	Number of Examinations in Sample	Number Missing from National Registry (2018)	Number Missing from National Registry (Other Years)	Number Missing from National Registry (Total)
California	69	11	8	19
New York	67	2	6	8
Texas	48	2	1	3

Source: OIG analysis of a sample of FMCSA National Registry data and SDLA driver records.

Note: We selected a sample of 75 driver examinations from the National Registry and compared data to the current State driver record. The Number of Examinations column provides the number of unique driver examinations we received from the SDLAs. The column does not equal 75 because a single driver could have an out-of-State CDL, was an excepted or non-CDL driver, or represented a duplicate sample item. See exhibit A (Scope and Methodology) for details.

Finally, as the National Registry data provide an opportunity to identify indicators for potential fraud or higher safety risk, we applied data analysis techniques to look for such indicators. For instance, two common data analysis methods are to evaluate data on frequency and anomalies in comparison to the overall population.

To review the frequency of examinations performed by medical examiners, we analyzed the number of examinations that each medical examiner conducted for each day during a 4-year analysis period. Table 4 shows the number of instances medical examiners reported a total number of examinations within the ranges indicated, for each day examinations were conducted. For example, we identified 14 instances in 2015 when a medical examiner conducted over 100 driver examinations in a single day—with one examiner reporting a maximum of 156 examinations—well out of the normal range presented in the data. Although FMCSA has not defined a reasonable timeframe for a medical examiner to conduct a driver examination, our analysis indicated that most examiners conducted eight or fewer examinations per day.

Table 4. Distribution of Examinations Reported by Examiners on a Single Day

Number of Examinations Reported per Day	2015	2016	2017	2018	
1-5 Examinations	1,770,272	1,780,311	1,746,072	1,471,013	Based on our analysis, most examiners conducted 8 or fewer examinations per day.
6-10 Examinations	116,087	119,217	117,564	96,316	
11-20 Examinations	26,487	27,693	27,759	21,079	
21-30 Examinations	3,607	3,551	3,568	3,104	
31-50 Examinations	1,467	1,443	1,475	1,333	Examiners conducting an excessive number of examinations per day may present a significant indicator for potential fraud or a higher safety risk.
51-100 Examinations	535	662	608	419	
Over 100 Examinations	14	27	13	4	

Source: OIG analysis of National Registry data. Information represents the number of times medical examiners reported a total of number of examinations within the ranges indicated, for each day examinations were conducted.

Another indicator for potential fraudulent activity or higher safety risk involves medical examiners who reported an excessive number of examinations that occurred on a single day when compared to other medical examiners. Table 5 shows the highest number of examinations conducted on a single day by each medical examiner during the year, within several distribution categories.

For example, of the 14 instances in 2015 (see table 4) in which a medical examiner reported over 100 driver examinations in a single day, we found 5 unique examiners conducted those examinations (see table 5). For another example, of the 27 instances in 2016 (see table 4) in which an examiner reported over 100 driver examinations in a single day, we found 8 unique examiners conducted those examinations (see table 5).

Table 5. Maximum Number of Examinations in a Single Day for Each Examiner

Highest Number of Examinations Performed	Number of Examiners in 2015	Number of Examiners in 2016	Number of Examiners in 2017	Number of Examiners in 2018	
1-5 Examinations	29,806	31,676	32,711	29,037	Based on our analysis, most examiners conducted 8 or fewer examinations per day.
6-10 Examinations	5,934	5,950	5,830	5,397	
11-20 Examinations	2,395	2,368	2,288	1,992	
21-30 Examinations	413	435	440	310	
31-50 Examinations	206	168	159	132	Examiners conducting an excessive number of examinations per day may present a significant indicator for potential fraud or a higher safety risk.
51-100 Examinations	63	82	62	41	
Over 100 Examinations	5	8	8	3	

Source: OIG analysis of FMCSA National Registry data. Information represents the maximum number of examinations for a single examination date, for each medical examiner.

To its credit, using similar analysis, FMCSA has provided support to and continues to coordinate with OIG in its investigations of medical examiners who conducted examinations in excessive amounts. Prior to the National Registry system going offline, the Agency analyzed data in 2015 and 2016 to identify high-risk medical examiners who conducted large numbers of driver examinations. For example, FMCSA identified 6 medical examiners, each of whom conducted more than 6,300 examinations in 2016, and referred the information to OIG for investigation. The Medical Programs Division assisted OIG with the investigations. One investigation resulted in an indictment and one is still active. According to FMCSA, the Agency plans to continue this risk-based oversight approach, and its partnership with OIG, when it deploys the new National Registry.

The National Registry data quality issues occurred in part because of data availability and monitoring limitations resulting from the outage in December 2017. Without quality data, FMCSA cannot effectively ensure that drivers meet physical qualification standards to operate a commercial vehicle safely.

During our audit, FMCSA provided information on its plans, procedures, and data validation checks for the new National Registry in regards to addressing timely updates of medical examiner license data and mitigation of data quality and data input validation issues noted in the current system and the interim solution. While assessing those plans is beyond the scope of this audit, we believe that

forward-looking efforts such as these will put FMCSA in a better position to provide oversight than it is currently able to do. Once deployed, the Agency plans to test the new National Registry database to ensure the controls are producing quality data. We did not audit FMCSA's specifications for the new National Registry, but if deployed as described, these proposed controls may potentially enhance the quality of system data.

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## FMCSA Has Not Fully Implemented Requirements for Random Monitoring of Medical Examiners' Eligibility and Performance

FMCSA has conducted initial certification reviews of medical examiners' eligibility qualifications since establishing the National Registry, but has not fully implemented a requirement to conduct annual eligibility audits after initial certification. Additionally, while FMCSA has conducted for-cause performance monitoring of medical examiners, the Agency has not fully implemented its procedures for randomly selecting medical examiners for annual performance monitoring, which would include reviewing a representative sample of driver examinations.

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## FMCSA Did Not Fully Implement Annual Reviews of Medical Examiners' Eligibility

FMCSA has conducted initial certification reviews of medical examiners' eligibility qualifications since establishing the National Registry. However, since the National Registry outage in December 2017, the Agency has not fully implemented a requirement to conduct annual eligibility audits after initial certification. These eligibility audits are designed to identify medical examiners with invalid license data in the National Registry.

Federal regulations<sup>21</sup> establish eligibility requirements for medical examiners, including provisions for registration, validation, certification, training, and testing. FMCSA developed these requirements to ensure that medical examiners listed on the National Registry are qualified to perform driver examinations and to issue medical certificates based on confirmation that drivers are physically qualified to safely operate a commercial vehicle.

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<sup>21</sup> 49 CFR § 390.101–390.115 and 390.123–390.135.

To help oversee these requirements, FMCSA established policies and procedures<sup>22</sup> for reviewing eligibility qualifications of medical examiners who apply for its program. FMCSA designed a two-pronged approach to validate and monitor medical examiner eligibility qualifications—initial certification and annual eligibility audits. For initial certification, FMCSA verifies the eligibility of medical examiners who register for certification. The validation includes checking medical licensure with the State licensing board, confirming the examiner has met training requirements and passed the required test, and verifying the examiner’s license in the State in which they will conduct the examinations.

For the annual eligibility audits, FMCSA’s procedures call for an evaluation of a random sample of medical examiners to verify they have maintained a current State medical license, registration, or certification; completed periodic training after 5 years; and passed a recertification test after 10 years. The procedures state that medical examiners can be selected for an annual eligibility audit based on random selection or for-cause reasons.

According to FMCSA, it designed the original National Registry to include an automated periodic eligibility audit process after initial certification. However, due to funding and staffing constraints, the process was never fully developed and was put on a list of future enhancements to the National Registry.

Prior to the National Registry outage, FMCSA focused solely on medical license checks, because the 5-year training and 10-year recertification testing milestones had not been met yet. As stated earlier in this report, in lieu of random sample checks, FMCSA analyzed all medical examiner license information and identified over 9,000 outdated licenses in July 2017. FMCSA’s review of a subset of these licenses determined the medical examiners had failed to update their National Registry profile. The Agency sent notices to the medical examiners to update their license credentials, but the National Registry outage occurred before FMCSA could follow up with medical examiners who failed to update their information.

According to FMCSA, the new National Registry will incorporate an automated process for periodic eligibility audits, with a global evaluation approach instead of reliance on random sampling. Additionally, FMCSA plans to require that medical examiners annually update their National Registry profile, including their medical license information, before they will be allowed to perform any other functions in their National Registry account. We did not audit FMCSA’s plans and specifications for the new National Registry, but if deployed as described, these proposed controls may potentially enhance the Agency’s eligibility audit process.

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<sup>22</sup> FMCSA, National Registry Certified Medical Examiner Auditing and Monitoring Manual, undated.

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## FMCSA Conducted For-Cause Performance Monitoring of Medical Examiners

In accordance with Agency policy, FMCSA has conducted for-cause performance monitoring of medical examiners based on complaints and other information it received from States, medical examiners, and other stakeholders. We found the Agency acted in accordance with its procedures for these complaints and resolved the issues appropriately. According to FMCSA complaint logs, the Agency investigated a total of 164 complaints in 2018 and 2019. We analyzed a random sample of 29 of these complaints, which ranged from uncertified medical examiners who issued medical certificates to drivers who did not fully disclose medical information or presented false information during examinations, among other issues (see table 6).

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Table 6. Types of Complaints Reviewed by OIG

Complaint Type	Number of Complaints
Uncertified Medical Examiner	10
Incomplete or Inaccurate Information	5
Forged Certificates	3
Drug Use	2
Change in Driver Medical Status	5
Driver Complaints about Examiner Procedures	4
Total	29

Source: OIG review of FMCSA complaint documents for calendar years 2018–2019.

FMCSA established procedures<sup>23</sup> for processing complaints and related actions. After investigating a complaint, FMCSA develops an action plan and contacts the medical examiner, commercial driver, or the SDLA. FMCSA may remove medical examiners from the National Registry, void driver medical certificates, or take other actions if warranted.

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<sup>23</sup> FMCSA, Standard Operating Procedure – National Registry of Certified Medical Examiners – Medical Examiner Fraud, June 2017, adopted in August 2018.

FMCSA took a variety of actions in response to its investigation of these 29 complaints, such as: (1) issuing cease and desist letters to an uncertified medical examiner, (2) issuing an urgent notification letter to the driver of a void medical certificate, and (3) issuing an urgent action required letter to the SDLA to downgrade a CDL. In 9 of the 29 complaints, FMCSA's actions were limited by the complainant's failure to provide details or respond to requests for additional information.

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## **FMCSA Did Not Fully Meet Requirements for Random Selection Monitoring of Medical Examiners' Performance**

While FMCSA has conducted for-cause performance monitoring, it has not fully implemented procedures for randomly selecting medical examiners for annual performance monitoring. FMCSA designed these procedures to determine if examiners are complying with FMCSA regulations and medical guidelines.

Federal law requires that FMCSA conduct periodic reviews of a select number of medical examiners<sup>24</sup> and a representative sample<sup>25</sup> of driver examinations to identify errors, omissions, or indications of improper certification. FMCSA established regulations defining performance requirements<sup>26</sup> for medical examiners and established policies to guide the performance monitoring. FMCSA's procedures and guidelines require the Agency to conduct performance reviews of a selected number of medical examiners, and a representative sample of driver examinations conducted by those examiners, on an annual basis.

FMCSA also established policies and procedures for conducting its oversight reviews. For example, FMCSA's 2012 audit and monitoring manual provides procedures and guidelines for conducting annual performance monitoring of medical examiners through both for-cause and random selection reviews. The manual includes procedures for data collection, sample testing of examinations to investigate patterns of errors, and addressing medical examiners' non-compliance with requirements. FMCSA did not fully implement the audit and monitoring manual, but its staff used the manual as guidelines. FMCSA's 2018 Standard Operating Procedure provides additional guidelines for conducting performance monitoring, including the form to be used and timing of notifying medical examiners when they are selected for monitoring and a list of standards by which driver examinations should be judged on review, among other

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<sup>24</sup> 49 U.S.C. § 31149(c)(1)(C).

<sup>25</sup> 49 U.S.C. § 31149(c)(1)(F).

<sup>26</sup> 49 CFR § 391.43(a),(c) and (f)-(i).

requirements. FMCSA recently trained its Medical Programs Division staff on performance monitoring. Based on our review, we believe FMCSA's monitoring policies, when fully implemented, will be beneficial to the Agency's oversight.

Despite the statutory and policy requirements, FMCSA has conducted limited random selection performance monitoring of medical examiners since 2015. Specifically, FMCSA conducted 179 performance reviews in 2015, 208 in 2016, 171 in 2017, 39 in 2018, and 125 in 2019. Of these 722 reviews, 710 were for-cause performance reviews, although FMCSA noted that not every for-cause review followed procedures for collecting a representative sample of driver examinations. The 12 remaining reviews were random selection performance reviews, conducted in 2015 and 2016, before the National Registry outage. While the Agency only conducted these 12 random selection performance reviews, FMCSA has analyzed National Registry data to identify trends on items such as pass/fail rates for commercial drivers and to detect medical examiners who conduct an excessively large number of examinations.

According to FMCSA, the Agency did not fully meet its requirements for random selection performance monitoring during the interim solution period because of limited Medical Programs Division staff. In August 2020, the Division had eight full-time employees, including the Division Chief, one full-time intern, and two vacant positions.<sup>27</sup> Two employees support the National Registry on a full-time basis and two employees on a part-time basis.

Without fully implementing its requirements for monitoring medical examiner eligibility and performance, including a representative sample of driver examinations, FMCSA may be missing fraud indicators or other risks that may require mitigation. The Agency also has less assurance that drivers are physically qualified to safely operate a commercial vehicle.

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## Conclusion

Ensuring that drivers meet FMCSA's physical qualification standards to operate a commercial motor vehicle is a key component of its oversight program and its responsibility to protect the safety of the traveling public. Although FMCSA maintains information on driver medical certificates and certified medical examiners in its National Registry, the weaknesses in data quality reinforce the need for the Agency to improve its oversight of the data and to fully implement Federal requirements for periodically monitoring medical examiners' eligibility and performance. With complete and accurate information on medical examiners

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<sup>27</sup> Two of the full-time positions remain vacant since April 2019.

and commercial driver examinations, FMCSA will be well positioned to identify potential fraud risks, verify that only eligible medical examiners conduct physical examinations of commercial drivers, and ensure that drivers are fully qualified to safely operate a commercial motor vehicle.

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## Recommendations

We are making recommendations to improve FMCSA's oversight of its medical certificate program once the Agency deploys its new National Registry. Specifically, we recommend that the Federal Motor Carrier Safety Administrator:

1. Implement Agency plans for eliminating the backlog of driver examination results held by medical examiners.
  2. Develop a plan to allocate resources to the Medical Programs Division to fully implement requirements for medical examiner eligibility audits and random selection performance monitoring.
  3. Update Agency processes for conducting periodic medical examiner eligibility audits and random selection performance monitoring as needed to incorporate upgraded National Registry tools.
  4. Reinstate the conduct of eligibility audits and random selection performance monitoring of medical examiners.
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## Agency Comments and OIG Response

We provided FMCSA with our draft report on November 3, 2020, and received its response, dated December 9, 2020, which is included as an appendix to this report. FMCSA concurred with all four of our recommendations and proposed appropriate actions and completion dates. Accordingly, we consider all recommendations resolved but open pending completion of the planned actions.

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## Actions Required

We consider recommendations 1 through 4 resolved but open pending completion of planned actions.

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## Exhibit A. Scope and Methodology

We conducted this performance audit between February 2019 and November 2020 in accordance with generally accepted Government auditing standards as prescribed by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The objectives of this OIG-initiated audit were to evaluate FMCSA's procedures for overseeing its medical certificate program. Specifically, we analyzed FMCSA's procedures for validating and maintaining data quality in the National Registry, and monitoring medical examiner eligibility and performance and reviewing driver examination reports.

To evaluate FMCSA's oversight of the National Registry database, we obtained a file of all medical examination reports entered before May 2019 from the John A. Volpe National Transportation Systems Center. This file contained a total of 17,440,077 examination results for U.S. CDL drivers. We analyzed this file for patterns related to medical examiners' license expiration dates, the frequency of examinations performed by medical examiners, and the number of examinations conducted by medical examiners on a single day in comparison to other medical examiners. In addition to analyzing the full National Registry file, we conducted site visits and sample analysis in three States—California, New York, and Texas. These States accounted for three of the four States<sup>28</sup> with the most driver examinations conducted by certified medical examiners between 2015 and 2018, and comprised 23.3 percent of the total driver examinations in the National Registry file. We selected a simple random sample<sup>29</sup> of 75 driver examinations for each of the 3 States for a total of 225 examinations.<sup>30</sup> We conducted reviews of data in California, New York, and Texas and determined the data were reliable for the purposes of this audit. To test data quality, we compared National Registry

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<sup>28</sup> There were 1,815,984 examinations conducted by medical examiners licensed in Texas; 1,449,744 examinations in California; 924,797 examinations in Florida; and 793,789 examinations in New York. We did not conduct a site visit to Florida due to time and resource constraints.

<sup>29</sup> We computed a sample size for each of the four States with a precision no greater than +/- 10 percent at the 90 percent confidence level. We increased this sample size of 67 by 8 in each of the States in case there were sampled examinations that required exclusion. We selected a simple random sample of 75 examinations for each State, for a combined total of 300 examinations. However, we reviewed 225 examinations, for California, New York, and Texas.

<sup>30</sup> We removed without replacement drivers marked as non-CDL drivers, drivers who performed only intrastate operations, and drivers with CDLs outside of our sample States.

licensing data<sup>31</sup> for medical examiners in our samples in each of the three States with State medical and nursing boards' licensing data, and reviewed training and testing results for these examiners. We also compared driver examination records contained in the National Registry file with SDLA driver records and medical certificates in the three States. Finally, as a cross-sample, we requested that each of the 3 SDLAs provide driver records and medical certificates for the 100 commercial drivers with the most recent moving violation convictions<sup>32</sup> to determine whether the National Registry file included the same records as the State databases. We compared SDLA driver records and medical certificates with National Registry driver examination records.

To evaluate FMCSA's processes for monitoring medical examiner eligibility and performance, including review of driver examinations, we reviewed Federal laws and regulations and FMCSA procedures to understand the requirements for the Agency's oversight of its medical certification program. Additionally, we interviewed FMCSA Headquarters officials in Washington, DC, and American Association of Motor Vehicle Administrators (AAMVA) officials in Arlington, VA, to understand FMCSA's oversight roles and responsibilities, including coordination with AAMVA in relation to CDLIS operations. We also reviewed documentation and other information provided by FMCSA on its oversight and monitoring activities. We evaluated FMCSA Medical Division's complaint investigation procedures—from a combined universe of 39 complaints from 2018 and 125 complaints from 2019, we selected a random sample of 29 complaints for both years with a precision no greater than +/- 10 percent at the 90 percent confidence level, based on an expected error rate of 15 percent. We reviewed these complaints for possible omissions and adequate disposition.

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<sup>31</sup> We analyzed the number of medical licenses in an extract of National Registry data with expiration dates before May 8, 2019, the date of our data snapshot. We limited this analysis to medical examiners with "Certified" status.

<sup>32</sup> Due to the size of their databases, States were unable to provide direct access to their data to facilitate selection of a statistically random sample. In order to ensure these samples were random and representative of drivers currently operating commercial motor vehicles, we requested data for 100 CDL drivers who were convicted of recent moving violations, as of the date of our request. Due to these selection procedures, some drivers appeared in the sample multiple times—we removed without replacement duplicate entries and a driver with a CDL issued by another State.

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## **Exhibit B.** Organizations Visited or Contacted

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### **Federal Motor Carrier Safety Administration**

Headquarters, Washington, DC

California Division, Sacramento, CA

New York Division, Albany, NY

Texas Division, Austin, TX

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### **State Driver's Licensing Agencies**

California Department of Motor Vehicles, Sacramento, CA

New York Department of Motor Vehicles, Albany, NY

Texas Department of Public Safety, Austin, TX

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### **Other Organizations**

American Association of Motor Vehicle Administrators, Arlington, VA

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## Exhibit C. List of Acronyms

AAMVA	American Association of Motor Vehicle Administrators
CDL	Commercial Driver's License
CDLIS	Commercial Driver's License Information System
CLP	Commercial Learner's Permit
DOT	Department of Transportation
FMCSA	Federal Motor Carrier Safety Administration
Medical Certificate	Medical Examiner's Certificate
National Registry	National Registry of Certified Medical Examiners
OIA	Office of Internal Audit
OIG	Office of Inspector General
SDLA	State Driver's Licensing Agency

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## Exhibit D. Major Contributors to This Report

KERRY R. BARRAS	PROGRAM DIRECTOR
KRYSTAL PATRICK	PROJECT MANAGER
KEVIN LYNCH	SENIOR ANALYST
KEVIN SIEBERT	ANALYST
AUDRE AZUOLAS	SENIOR TECHNICAL WRITER
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WILLIAM SAVAGE	INFORMATION TECHNOLOGY SPECIALIST
GEORGE ZIPF	SUPERVISORY MATHEMATICAL STATISTICIAN

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## Appendix. Agency Comments



U.S. Department  
Of Transportation

**Federal Motor Carrier  
Safety Administration**

## Memorandum

**Subject:** **INFORMATION:** Management Response –  
Office of Inspector General (OIG) Draft Report  
on FMCSA’s Oversight of Commercial Driver  
Medical Certificates Project No. 19S3007S000

**Date:**

**From:** Wiley Deck  
Deputy Administrator

**JAMES WILEY  
DECK**

Digitally signed by JAMES  
WILEY DECK  
Date: 2020.12.09 11:17:38  
-05'00'

**To:** David Pouliott  
Assistant Inspector General for Surface Transportation Audits

The primary mission of the Federal Motor Carrier Safety Administration (FMCSA) is to reduce crashes, injuries, and fatalities involving large trucks and buses. In May 2012, FMCSA successfully implemented the National Registry of Certified Medical Examiners (National Registry) to ensure that Medical Examiners can effectively determine if interstate commercial motor vehicle drivers meet FMCSA’s physical qualification standards. In December 2017, due to information technology (IT) concerns, FMCSA took the National Registry offline and implemented an interim National Registry system that continues to provide only partial functionality. A fully-functional National Registry is a priority under the FMCSA IT Modernization Plan. FMCSA plans to award a contract to rebuild the National Registry in the second quarter of Fiscal Year (FY) 2021.

FMCSA has completed the following activities to further improve its oversight and management of commercial driver medical certificates:

- FMCSA’s Medical Programs Division analyzed data to identify the number of medical examiners who have uploaded medical examination results for the period between the National Registry outage and the interim system launch; and
- FMCSA identified staffing and funding resources for auditing and performance monitoring that are expected to be available in FY 2022.

Based on FMCSA’s review of the draft report, we concur with OIG’s four recommendations. We plan to complete actions to address recommendation 1 by March 31, 2021, recommendation 2 by January 31, 2022, and recommendations 3 and 4 by June 30, 2023.

We appreciate the opportunity to review the OIG draft report. Please contact Christine Hydock, Chief, MC-PSP, at [Christine.hydock@dot.gov](mailto:Christine.hydock@dot.gov) or (202) 366-0421 with any questions.

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