

Update ME

A brief update from the
Civil Aviation Authority
Central Medical Unit



26 February 2009

Welcome to another issue of our *Update ME* newsletter.

Medical Information Sheets

Expanding on the advice in the last newsletter a number of new Medical Information Sheets (MIS) have been available on the CAA website¹.

The current list of published MIS titles is:

- 001: Accredited Medical Conclusion;
- 002: Medical Practitioner Obligations;
- 003: Your Doctor Must Advise the CAA;
- 005: What Are My Review Options?;
- 006: Colour Vision;
- 007: Cardiovascular Risk;
- 008: After a Heart Attack or Coronary Artery Stents;
- 009: Laser Eye Surgery (Refractive);
- 010: Pregnancy.

New General Directions

As mentioned already in email correspondence two revised General Directions have been signed by the Director. These GDs comes into force on 01 March 2009, and not

New General Directions in force 01 March 2009. See CAA website to download.

01 April 2009 as previously suggested.

These new GDs are revisions of two already in force: 'Timetable for routine examinations' ;and 'Examination procedures'. These new GDs will be accessible from the CAA website soon but are available now via email upon request.

The changes that come into force with these new GDs are outlined here.

Tidying up some details

– linking of the concept of a first general medical examination to an applicant having not been previously issued a medical certificate. This change to section 4 'Interpretation' of the 'timetable' GD closes a definition loop-hole from the previous version of the GD.

– Amendment of definition of 'current age' linking it to the date of commencement of

the GME. Again this is a minor disambiguation of terminology in the previous version of the timetable GD.

– The definition of routine examinations has been amended to refer to the general medical examination rather than the provisions of s27D(1) of the Act. Another minor amendment that maintain consistency with other legislation and the current Examination Procedures GD.

– Removal of some ectopic ticks (e.g. 16yo class 2 & 3 audio) from the timetable tables.

Changes to the timetable

– CVS risk assessment for >35yo initial applicant. This change tidies up a loop-hole where a 35 year old 'renewal' applicant was required to undergo CVS risk assessment while a 35 year old first time applicant was not.

– Removal of periodic audio for under 30s. Even where an audiogram is required for an initial examination repeats are no longer required, as a matter of routine, until age 36. This does not preclude repeat audiometry if there is a clinical indication.

– Removal of CXR column. An empty column removed from timetable tables.

– 2 yearly CVS risk assessment for class 1 applicants, 35 – 70 (was annual). A relaxation of the periodicity requirement for routine CVS risk assessments for class 1 applicants who are 30—70 years of age.

– 4 yearly class 1 audio (was 2 yearly). A relaxation of the periodicity requirement for class 1 audiometry, from a two yearly to a four yearly schedule.

Routine class 2 audiometry is no longer required ... unless IFR flight to be undertaken.

– Removal of periodic 4-yearly class 2 audio requirement ... "Not valid for IFR flight" endorsement if haven't done the audio.

The previous timetable GD required 4-yearly audiometry on all class 2 applicants. This

1. http://www.caa.govt.nz/medical/Med_Info_Sheets/Med_info_sheets.htm

2. http://www.caa.govt.nz/medical/General_Directions_home.htm

change removes that requirement, but requires that if audiometry is not undertaken (and results not meeting the class 1 standards) then an endorsement precluding IFR flight must be applied to the class 2 medical certificate. This will mean that most class 2 medical certificates that are issued will require a “Not valid for IFR flight” endorsement.

This change is implemented via a note in the timetable table (schedule part 2) for class 2. That note states “Routine periodic audiometry is only required for class 2 applicants who undertake Instrument Flight Rules flights. If audiometry is not undertaken as specified in the schedule then any medical certificate that is issued must be endorsed ‘Not valid for IFR flight’.”

Validity period: 90-days => one year

The main change in the ‘examination procedures’ GD is the extension of the validity period of several tests or investigations from 90-days to one year. The tests affected are:

- 12-lead ECG;
- Blood lipids estimation;
- Chest x-ray;
- Spirometry;
- Blood sugar estimation;
- Audiometry;
- Special vision examination;
- Colour vision screening (Ishihara).

Please note that this change does not affect the 90-day validity period that applies to the General medical Examination, only those tests listed here.

In the courts

In December last year the CAA defended a District Court Appeal against a decision to issue a pilot a class 2 medical certificate carrying endorsements. The judgment has not yet been provided.

Also late last year a District Court judge sentenced an airline pilot after a guilty plea to a charge that the pilot “made a misleading statement in a medical examination form for a Class 1 and Class 2 medical certificate namely, that [the pilot] had never been convicted of an alcohol or drug related offence including a drink driving offence, for the purpose of obtaining a medical certificate under Part 2A of the Act”. The sentence was a fine of \$4250 and court costs of \$130.

Currency of ME certification

A couple of recent incidents have drawn our attention to “ME” work being undertaken by people who no longer hold current Medical Examiner certification. If your certification has expired then you are no longer able to undertake the medical examination of a CAA medical certificate applicant as an ME. Similarly if your delegation has expired you are unable to issue medical certificates or perform any other delegated functions.

If you are an ME1 and receiving examination

Your ME certification must be current for you to be able to undertake medical examiner functions.

reports from ME2s, and haven’t checked on their certification recently, then it is probably worthwhile confirming that they hold current ME certification. To issue a medical certificate when this is not the case exposes the applicant to the risk of significant inconvenience.

One way to check is to consult the ME listings on the CAA website.

Visual acuity standards

The Class 1 and 3 medical standards, 67.103(M)(3) and 67.107(M)(3), require that “an applicant must have distant visual acuity, with or without correcting lenses, of 6/9 or better in each eye separately and 6/6 or better binocularly”.

This means that an applicant who is (for example) 6/6 in the right eye, 6/18 in the left, and 6/6 binocular requires correction. The left eye ‘separately’ has an acuity less than 6/9.

Similarly, if an applicant has an uncorrected distant visual acuity of 6/9 in the right eye, 6/9 in the left, and 6/7.5 with both, then the medical standards are not met without acuity correction. This applicant would fail to meet the binocular component of the standard: 6/6.

The equivalent Class 2 medical standards take the same approach but use lower acuity requirements: An applicant must have distant visual acuity, with or without correcting lenses, of 6/12 or better in each eye separately and 6/9 or better binocularly.

CAA Medical Help

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