

The Medical Examiner

No. 1

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A Newsletter from the Civil Aviation Authority Medical Section

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Welcome to our first issue!

The purpose of this newsletter is to share with you at the “*front line*” some of the issues that face us all in civil aviation medicine in New Zealand. It is also intended as a tool to help form some important links between the aviation doctors and the CAA. There are many uses for this newsletter, including:

- What’s happening;
- Feedback on processes;
- Corrections and errors;
- Updates and comments;
- Debatable issues.

At this stage, we are unsure of how regular this bulletin is going to be however we will be aiming at a regular distribution, which we will advise you of at a later date. We wish to provide an informative and easy to read bulletin. We thought of starting out on a few things that we have come across that can only help both you and the CAA. If you have any questions or queries, these will be gladly received.

A new system on the way.

On 24 October 2001 the *Civil Aviation (Medical Certification) Amendment Act 2001* passed into law. This Act provides for a variety of changes to our medical regulatory system although its provisions will not come into effect until 1 April 2002.

Discussions are presently underway between the Ministry of Transport, the CAA, and various elements from within the aviation and aviation medical industry concerning the structure and provisions of the Civil Aviation Rules (Part 67) which will reflect and detail the new medical certification system that the Act establishes.

Proof of ID

Recently an applicant misrepresented his identity. This is not the first time that such a situation has occurred. It is therefore important (even more so after September 11th) to identify all applicants. Please use a photo ID unless you already know the person.

When referring to a specialist it is important to ask for the applicant to be identified by this specialist. Something that is not done often. Some examiners still use the old 201 form that does not have an entry for the ID check, if you are using

the old form, please obtain the latest (but dated) version.

File review

We have conducted a systematic review of all files over the past two or three months and some of you will have received feedback.

Firstly we would like to acknowledge the excellent work carried out by most AMAs and DMEs.

However “*Errare humanum est*”. We all make mistakes. Many of those are administrative or pertain to forms incompletely filled in, no doubt often due to pressure of time. **Most errors could easily be avoided** by spending a couple of minutes checking your work. The American FAA accepts a maximum of a 10 % error rate. We do not compare favourably with this at present. If a DME sends an incomplete report he/she is putting the AMA in a difficult situation, if the AMA accepts it as is, he/she may expose him/herself unnecessarily.

We seek your cooperation in that regard. We are concerned that an apparently minor omission could result in non-identification of a significant problem.

Your credibility and medico-legal protection may both suffer if an accident happens, involving a pilot whose medical report appears even slightly incomplete. Someone might raise the spectrum of negligence.

Frequently missing:

- Answer to question 15, 16
- Empty boxes in question 17 or inaccurate answers
- Family history (difficult to conduct a risk assessment without it)
- Explanations to question 17 positive answers. "previously recorded" is only acceptable if you have recorded it yourself or have sufficient documentation. We have seen several reports with this entry but in fact no previous information on file. Those included concussion, migraine, kidney stone etc of significance to aviation safety.
- Medication, (or no explanation for declared medication)
- Alcohol consumption - quantity/type not specific enough e.g. 2 bottles/week may mean 15 units for wine but 50 units for spirit! (www.alcohol.org.nz).
- Weight and/or BMI, PEF, ENT examination, Eye examination, incomplete visual acuity report etc.

Please ensure that certificates contain the appropriate endorsement(s) to alert the next DME and/or AMA doing a medical. AMAs have at times issued certificates without the necessary investigation because the relevant endorsement to alert them was missing.

Thanks for your assistance and please do not hesitate to discuss issues with us.

ECG

While many are good at mounting ECGs we have a lot of loose strips. Mounting the ECG properly not only makes the interpretation easier but also allows for copying and faxing when you need it. This is particularly true for single channel tracings. Please help us to help you.

Special Medical Assessments

Please make sure to explain the procedure and that the appropriate fee of \$266.00 is attached to the request. This does save time for CAA staff. More importantly this avoids unnecessary delays for the applicant.

Also, please remember that the exemption letters sent out by the CAA include only those codes that are necessary for the particular exemption and without which the exemption would be invalid. This means that there may well be other endorsement codes, (visual correction etc) which should go on to the certificate. AMAs should put the appropriate codes on to the certificate, while completing their assessment certification.

Of course AMAs who are uncertain about any aspect of a particular exemption, or the exemption process in general, are welcome to contact the CAA Medical Section for further advice.

CAA to cease routine medical assessments and certifications.

CAA will stop doing routine medical assessments at the end of this year. Until now the Medical Unit has undertaken routine assessments on request, including many of the assessments for New Zealand pilots based overseas. We have decided to stop doing routine assessments because they are not a core function for CAA and undertaking them does not really fit with the Civil Aviation (Medical Certification) Act which comes into effect next April.

We will not be accepting new routine assessment requests after 21 December 2001, which will allow us to complete any applications in the system well before 1 April 2002.

By the time you receive this newsletter to should already have received a separate letter concerning our cessation of medical certification. The CAA will, of course, continue to consider Special Medical Assessment applications for consideration of exemption.

Information to applicants

We receive many applicant inquiries, which should be more appropriately addressed to the

AMAs (e.g. when will a certificate be ready?). It would be appreciated if you could tell the applicant who is doing the assessment, so that any questions can be addressed to the right person.

It has been a very interesting year with many changes and more to come. We will endeavour to keep you informed of changes that occur and we hope to be able to give you as much feedback as possible. As mentioned, if there are any questions or queries that you have, please let the medical section know. We would prefer it in writing with the author's name.

In closing we wish you and your families and friends a very enjoyable time over the festive season, and some well deserved rest.

What are my options?

We are presently finalising a letter, intended for sending to applicants, describing their various options should they dispute, or desire review of, any medical certification decision. Our hope is to have this letter finalised, and available for sending to applicants, by the end of this year.

Of course the options that face an applicant will change with the implementation of the new civil aviation medical certification system next year.

Who is doing what?

The CAA Medical Section is presently managing medical certification under the present (old) system as well as working towards the smooth implementation of the new system. This finds us in an environment of almost constant change. Despite the uncertainty that this change brings we are attempting to ensure that our roles and responsibilities, both individually and jointly, are clear to all who deal with us.

Dr Pooshan Navathe is the Senior Medical Officer who has the primary responsibility for applicant certification matters. Accordingly Pooshan will also be responsible for the processing of queries directed to us by applicants.

Dr Claude Preitner, full-time in the new year, will be the Senior Medical Officer with responsibility for the non-CAA medical officers. Claude will be managing the review and audit processes as well as any educational activities we undertake. Claude will also be responsible for the content of *The Medical Examiner*.

Ms Judi Te Huia has the responsibility for our administrative support and the support provided to us by our Advisor staff.

Our current staff comprise:

Principal Medical Officer, Dr Dougal Watson;
Senior Medical Officers, Drs Pooshan Navathe and Claude Preitner;
Executive Officer, Judi Te Huia;
Registrars, Dr James Harman & other position(s) TBA;
Advisors, Vanessa Calnon, Vicki Herbert, Dianne Lassche, Ngaire Roil, & Suzanne Shirtliff (part-time).

Contacting us.

The CAA Medical Help Line number is (04) 560 9866. This number should be used as the primary contact for virtually every civil aviation medical regulatory matter.

**CAA Medical Help Line
(04) 560 9866.**