



Update ME

DW1122578-0

A brief update from the
Civil Aviation Authority
Central Medical Unit

15 September 2006

No. 9/2006

Reminder: More on expiry dates

In the June 2006 issue of this newsletter we discussed the interpretation of the medical certificate expiry dates pursuant to the new rule 67.61. In June we discussed the fact that a new class 2 certificate may not be subject to the 'grace period' provision of 67.61 while the class 1 medical certificate, issued at the same time, is. This column will discuss similar reasoning, only applied to the six- and twelve-month duration class 1 medical certificates.

The scenario

A 41 year old professional pilot applies for a medical certificate. His current medical certificate was issued 28 March 06 with class 1 expiry on 28 September 06 (6 months) and class 2 on expiry on 28 March 07 (12 months).

You are assessing this applicant today, 15 September 06, for the issue of class 1 and 2 medical certificates. The applicant is in excellent health, complies with all requirements, and meets all of the medical standards.

The question

What expiry dates should be placed on the medical certificate(s)?

The legislation

The main rules that apply to this situation are 67.61(a)(1), 67.61(a)(2), 67.61(c), and to a lesser extent 67.61(d).

The maximum certificate durations in rule 67.61 for pilots 40 years of age or older: 6/12 for unrestricted class 1; 12/12 for limited class 1 (not including single pilot air operations carrying passengers); and 24/12 for class 2.

The *grace period* provisions of rule 67.61(c) relate to medical certificates that expire in 30 days or less and allows for expiry date continuity, and no loss of time, for those medical certificates.

This application

The class 2 medical certificate doesn't expire within 30 days so the provisions of 67.61(c) do not apply. The class 1 medical certificate expires within 30 days of 28 September 06 so the class 1 certificate

issue can also incorporate the 67.61(c) provisions.

The expiry dates on the new medical certificate(s), issued on 18 September 06, would be:

- 28 March 07 (6/12 + 67.61(c) grace period adjustment) for unrestricted class 1;
- 28 September 07 (12/12 + 67.61(c) grace period adjustment) for the *limited* class 1 (not including single pilot air operations carrying passengers); and
- 15 September 08 (24/12) for class 2.

The next application

The same applicant returns on 01 March 07, after slightly less than six-months, and is again assessed as meeting the standards. The certificate issued on that day would have the following expiries:

- 28 September 08 (6/12 + 67.61(c) grace period adjustment) for unrestricted class 1;
- 01 March 08 (12/12) for the limited class 1 (not including single pilot air operations carrying passengers); and
- 01 March 09 (24/12) for class 2.

The reasoning

This reasoning applies to professional pilots who are 40 years of age or older. Younger pilots are not subject to the provision of rule 67.61(a)(1)(i).

These calculations stem from the provisions of Part 67 of the Civil Aviation Rules but require some reasoning to be applied to those rules.

Applying 67.61(c) grace period to medical certificate expiry dates for professional pilots 40 years of age or older:

- Grace period only applies to the certificate(s) that actually expire within 30 days;
- The six-month, unrestricted, class 1 medical certificate and the twelve-month, limited (not including single pilot air operations carrying passengers) class 1 medical certificate are best treated as being separate medical certificates;
- An old (issued prior to 01 May 2006) class 1 medical certificate should be handled as if it were two class 1 medical certificates ... each expiring on the same day.

The first consideration is that the grace period provisions of rule 67.61(c) only applies to the certificate or certificates that are actually going to expire within 30 days.

The second consideration relates to the handling of the class 1 medical certificate that was issued on 28 March 06. For the purpose of *this application* the class 1 medical certificate is treated as being both a 6/12 and a 12/12 medical certificate. By doing this the expiry dates for the new class 1 medical certificates (6/12 and 12/12) are kept in-line with the original class 1 expiry.

The third consideration relates to the *next application* where the unrestricted (6/12) and the restricted (12/12) class 1 medical certificates are treated as being separate certificates for the purpose of rule 67.61(c).

In the works: GD development and revisions in the pipeline

The General Directions (GDs) are an important component of the suite of legislation that regulates our aviation medical system.

At the moment there are three GDs published, and these came into effect on 01 May 2006:

- Timing of Routine Examinations;
- Examination Procedures;
- Impaired Hearing and Hearing Aids.

A number of additional GDs are *in the pipeline*:

- Temporary Medical Conditions – Subject to two rounds of public consultation to-date, revision work underway;
- Impaired colour vision – Public consultation completed, revision underway;
- Impaired visual acuity due to refractive errors – Concept development work completed, GD manuscript being drafted, public consultation yet to occur;
- Severe headaches – Concept development work completed, GD manuscript drafting yet to commence;
- Asthma – Initial concept development work undertaken;
- Depression and anti-depressant therapy - Initial concept development work undertaken;
- Diabetes - Initial concept development work undertaken;

- Elevate cardiovascular risk – current practices and policies to be transposed into GD.

New GDs are not being rushed out. This is largely due to the fact that they are a new form of regulation and a cautious approach is being taken to their publication.

A number of errors and inconsistencies have already been identified in the current GDs. These will be remedied through future amendments of those GDs.

For arguments sake: Secundum Quid

The fallacy of *secundum quid* is also known, in English, as the hasty generalisation¹. Whenever a generalisation is reached on the basis of a very few and possibly unrepresentative cases, the fallacy is committed. Secundum quid takes the argument from particular cases to a general rule on the basis of inadequate evidence.

Secundum quid: Don't shop there. I bought some cheese there last week and it was mouldy.

Care needs to be exercised in judging an argument as being a *secundum quid* fallacy because there are some situations which do require perfect or near-perfect results. In Kubrick's 1964 movie, *Dr Strangelove*, General "Buck" Turgidson reassures the president, after a nuclear strike mission is sent into the USSR: "Well, I, uh, don't think it's quite fair to condemn a whole program because of a single slip-up, sir". In the case of an inappropriate nuclear strike you probably could, quite rationally, condemn the system based on a single failure.

From the literature: ZK-FOM accident

The TAIC report into the fatal 1990 accident of Bantam B22 ZK-FOM² includes a safety recommendation that "More attention be paid to cardiovascular risk factors in asymptomatic individuals, in order to identify individuals with significant vascular disease, before the risk of pilot incapacitation becomes excessive".

¹ Pirie, M. Book of the Fallacy: A Training Manual for Intellectual Subversives. Routledge & Kegan Paul Books Ltd (1985).

² Dunphy MF. Aircraft accident investigation report: Bantam B22 ZK-FOM near Claxby, South Eyre Road, Canterbury, 9 June 1990. [TAIC Report No 90-086](#) (1991).

CAA Medical Help

Tel: +64-4-560 9466 **Fax:** +64-4-560 9470
Email: med@caa.govt.nz **web site:** www.caa.govt.nz