

Introduction

Welcome to this first ME update for the year 2013. This update is long overdue. CAA has appointed a new Senior Medical Officer following Dr Pooshan Navathe's departure to warmer pastures. Dr Rajib Ghosh has recently joined us full time and you will probably have had contact with him. His arrival allows CAA Medical Unit to resume some important activities such as improved communications and providing guidelines.

Welcoming Dr Rajib Ghosh

Dr Rajib Ghosh has joined the Central Medical Unit, CAA on 12 November 2012. He is a Fellow of the Australasian College of Aerospace Medicine and has practiced Aerospace Medicine on a full-time basis for the past 18 years; the last 13 years were at Singapore Aeromedical Centre as Senior Medical Officer practising both military and civilian Aviation Medicine while specializing in Occupational Medicine. He is trained in the fields of Aerospace Medicine, Occupational Medicine, Public Health, Human Factors Engineering and Business and Information Technology Management. He has also worked as a DME (or its equivalent) for CAA Singapore, FAA, CAA NZ and CASA Australia for a combined total of 27 years equivalent. He is now happily settling down in Wellington enjoying a glorious summer here; with his family comprising wife Sarita (who was incidentally also a ME 1 with CAA NZ while in Singapore) and their son Adwik (8 years old and enjoying being a Scots boy!).

ECG

We continue to experience difficulties with ECGs that have not been interpreted by a specialist physician when the ECG software reports the tracing to be abnormal.

The GD 'Examination Procedures' paragraph 3.3.2 is quite explicit and reads:

"If the machine-generated report is not normal, or there is no machine-generated, the results must be interpreted by a cardiologist or a specialist medical physician".

http://www.caa.govt.nz/medical/Medical_Manual/Med_Man_Part-4.pdf

As from 1 April 2013, we propose returning the tracings to you for report by Cardiologist or Specialist Medical Physician, as prescribed in the General Direction. We will appreciate your vigilance and compliance on this matter.

Operational restrictions

These are restrictions such as "not valid for night flying", "distance spectacles must be worn", "not valid for the carriage of passengers" etc. Please ensure to endorse those on the medical certificate rather than referring to a '020' restriction letter. This is to make those restrictions both clear and readily visible to the applicant, the instructor, the operator or anyone who will read the certificate.

Non-operational conditions or restrictions are generally of a medical nature, for instance: imposing medical surveillance, INR parameters within which a pilot may fly etc. These are appropriately listed and explained in a letter referred to on the medical certificate, as explained in the medical manual paragraph 2.8.4:

http://www.caa.govt.nz/medical/Medical_Manual/Med_Man_Part-2.pdf

Ineligible assessments

We remind you that the applicant must be informed in writing, without delay, of any decision to decline a medical certificate and of their right to seek review of that decision.

Funding review

The new CAA Fees and Charges regime came into effect on 1 November 2012. Overall the administrative system is running well. Just a reminder, the fee is a pre-payment so please ensure that that receipt number is written on the assessment or a copy of the receipt is attached to the assessment paperwork.

Please let us know of any difficulties that you may encounter and we will see if it is something that we can improve upon.

With best wishes from the CMU team.