WELLINGTON NEW ZEALAND

PURSUANT TO Section 30 of the Civil Aviation Act 1990

I, WILLIAM ROBSON STOREY, Minister of Transport,

HEREBY MAKE the ~~following~~ ordinary rules.

SIGNED AT Wellington

this 1st day of October 1992

by WILLIAM ROBSON STOREY

Minister of Transport

W. Rob Storey

Civil Aviation Rules Part 67

Medical Standards and Certification

Docket Nr. 1038

Civil Aviation Rules
Part 67

MEDICAL STANDARDS AND CERTIFICATION

RULE OBJECTIVE AND EXTENT OF CONSULTATION

The objective of Part 67 is to define a regulatory safety boundary that will ensure New Zealand pilots and air traffic controllers continue to be medically examined and assessed to a standard that meets or exceeds International Civil Aviation Organisation Annex 1 requirements. Part of this objective will be met through the devolution of routine medical assessment.

In May 1990 the Air Transport Division of the Ministry of Transport published a notice of intention to carry out a complete review of the aviation regulatory system. This notice, in Civil Aviation Information Circular Air 3, listed the areas in which rules would be made and invited interested parties to register their wish to be part of the consultative process. This register was identified as the Regulatory Review Consultative Group. Seventy one organisations and individuals registered their wish to be consulted in the development of rules for medical standards.

A draft of Part 67 was developed by the rules re-write team in consultation with members of the consultative group. An informal draft was published and distributed in November 1991 and a period of informal consultation followed. This culminated in the issue of Notice of Proposed Rule Making 92-4 under Docket number 1038-NR on 8 April 1992.

The publication of this notice was advertised in the daily newspapers in the five main provincial centres on 8 April 1992. The notice was mailed to members of the Regulatory Review Consultative Group and to other parties, including overseas Aviation Authorities and organisations, who were considered likely to have an interest in the proposal.

A period of sixty three days was allowed for comment on the proposed Rule. Eleven written submissions were received from industry in response to this notice. Those submissions were considered, and the proposed rules amended as appropriate to take account of the comments made. The final Rule was then referred to and signed by the Minister of Transport.

List of Rules

Subpart A — Medical Certification

67.01 Applicability

This Subpart prescribes the procedural rules that apply to the issue of medical certificates for flight crew and air traffic controllers.

67.03 Application

(a) Applicants attending a medical examination for a medical certificate issued under this Part shall —

(1) produce satisfactory proof of identity; and

(2) produce for inspection any licence held for which the certificate is required, and the most recent medical certificate held, if any; and

(3) provide a written undertaking that —

(i) the information to be provided at the time of the medical examination or examinations for the issue of the medical certificate will be correct to the best of their knowledge; and

(ii) they will not withhold any relevant information; and

(4) provide a written authority for the release to the Director and the relevant Aviation Medical Assessor of any medical information about the applicant held by any registered medical practitioner, hospital or other organisation; and

(5) comply with the medical examination requirements stipulated by the Aviation Medical Assessor or Designated Medical Examiner performing the examination.

(b) Applicants who comply with the requirements and standards prescribed in this Part are entitled to a medical certificate.

67.05 Aviation Medical Assessors and Designated Medical Examiners

(a) The Director may appoint any medical practitioner as a Designated Medical Examiner or as an Aviation Medical Assessor.

(b) Designated Medical Examiners and Aviation Medical Assessors shall have the powers specified in 67.07 and 67.09.

(c) The Director shall maintain a register of Designated Medical Examiners and Aviation Medical Assessors.

67.07 Medical Examinations

Any Designated Medical Examiner or Aviation Medical Assessor may perform the general medical examination required for a medical certificate.

67.09 Issue of Medical Certificates

(a) Any Aviation Medical Assessor may, with the exercise of flexibility as appropriate, issue a medical certificate. Aviation Medical Assessors are graded according to the classes of medical certificate they may issue, as follows:

(1) Aviation Medical Assessor Grade 1, who may issue a medical certificate of any class described in this Part, provided the applicant meets the medical fitness standards prescribed for the medical certificate. This may be on the basis of a medical examination report completed by the same Aviation Medical Assessor Grade 1, or by another medical practitioner who is an Aviation Medical Assessor or a Designated Medical Examiner:

(2) Aviation Medical Assessor Grade 2, who may issue a Class 2 medical certificate to an applicant who meets the medical fitness standards prescribed for that class of certificate.

(b) Any restriction or condition necessary in the interests of safety shall be endorsed on any medical certificate issued under this Part.

67.11 Currency of Medical Certificates

(a) A Class 1 medical certificate shall be issued for a period not longer than:

(1) 12 months, where the applicant is less than 40 years of age on the date that the medical certificate is issued:

(2) 6 months, where the applicant is 40 years of age or more on the date that the medical certificate is issued, except that a medical certificate may be issued for a period of 12 months to an applicant who is less than 60 years of age on the date that the medical certificate is issued if —

(i) the applicant has no identified medical condition or excessive risk factors for conditions leading to sudden incapacity; and

(ii) the use of the medical certificate is restricted for the latter 6 months by appropriate currency endorsements, as follows:

Extended currency: valid only for multi-crew operations. [56]

or

Extended currency: not valid for carriage of passengers; glider towing; unpressurised flight above 8000 feet; flight over built-up areas (circuit exempt); IFR flying; international air navigation. [57]

or

Extended currency: valid for flight engineer privileges only. [58]

(b) A Class 2 medical certificate shall be issued for periods not longer than:

(1) 60 months, where the applicant is less than 40 years of age on the date that the medical certificate is issued:

(2) 24 months, where the applicant is 40 years of age or more but less than 50 years of age on the date that the medical certificate is issued:

(3) 12 months, where the applicant is 50 years of age or more on the date that the medical certificate is issued.

(c) A Class 3 medical certificate shall be issued for a period not longer than:

(1) 24 months, where the applicant is less than 40 years of age on the date that the medical certificate is issued:

(2) 12 months, where the applicant is 40 years of age or more on the date that the medical certificate is issued.

67.13 Review Assessments

(a) Where an Aviation Medical Assessor determines that an applicant is not eligible for a medical certificate, the applicant may seek a review assessment from the Aviation Medical Assessor who made the determination or from any other Aviation Medical Assessor.

(b) An applicant who seeks a review assessment from an Aviation Medical Assessor other than the Aviation Medical Assessor who determined that applicant to be ineligible, shall provide the Aviation Medical Assessor carrying out the review assessment with the name of the Aviation Medical Assessor who determined the applicant to be ineligible.

(c) An applicant who is determined not eligible for a medical certificate after an assessment or any review assessment may request the Director to grant an exemption under 67.15.

67.15 Special Medical Assessments

(a) The Director may conduct a special medical assessment of an applicant's fitness and may determine that an exemption from one or more applicable medical standards may be safely permitted.

(b) Where the Director denies an exemption to an applicant under paragraph (a), that applicant shall not subsequently request an Aviation Medical Assessor to issue him or her a medical certificate.

(c) Where an applicant —

(1) is denied an exemption under paragraph (a); or

(2) is granted such an exemption with any restrictions or conditions --

that applicant may require the Director to review any such denial, restrictions, or conditions.

67.17 Foreign Medical Assessments

Foreign medical reports, medical assessments or medical certificates issued by a foreign contracting State to the Convention may be recognised by the Director for the purpose of validating an overseas licence or issuing a flight crew or an air traffic controller licence in New Zealand.

67.19 Certificates, Reports and Records

(a) No person shall make or cause to be made —

(1) any fraudulent, misleading or intentionally false statement for the purpose of obtaining a medical certificate under this Part; or

(2) any fraudulent, misleading or intentionally false entry in any logbook, record, or report that is required to be kept, made or used to show compliance with any requirement prescribed for any medical certificate issued under this Part; or

(3) any reproduction or alteration for fraudulent purpose of any medical certificate issued under this Part.

(b) For the purpose of issue of a medical certificate, records of medical examinations shall be valid —

(1) in the case of general and specialist examination reports — for a period not exceeding 42 days:

(2) in the case of electrocardiograms, audiograms, or x-ray reports — for a period not exceeding 90 days.

67.21 Medical Confidentiality

(a) Subject to paragraphs (b) and (c), all information provided by or on behalf of an applicant for a medical certificate, which is personal medical information, shall be confidential to the applicant and shall be used only in respect of the medical certificate.

(b) Subject to paragraph (c), a registered medical practitioner employed by the Authority shall ensure the protection of information referred to in paragraph (a) that is held by the Director; except that when medical information appears intentionally false or misleading, the medical practitioner shall release to the Director information of relevance to enforcement officers, or officers of judicial bodies for appropriate investigation and action.

(c) Nothing in this rule shall derogate from any provision of any other enactment or from any rule of law relating to the confidentiality of information.

Subpart B — Medical Standards

67.51 Applicability

This Subpart prescribes the medical standards for flight crew and air traffic controller medical certificates.

67.53 General Requirements

(a) **IMPAIRMENT OR SUDDEN INCAPACITY:** Applicants shall be free from any risk factor, disease or disability which renders them either unable, or likely to become suddenly unable, to perform assigned duties safely. These may include adverse effects from the treatment of any condition and effects of drugs or substances of abuse.

(b) **MEDICAL DEFICIENCY:** Applicants shall be free from any of the following, that result in a degree of functional incapacity likely to interfere with the safe operation of an aircraft or with the safe performance of their duties:

(1) congenital or acquired abnormality:

(2) active, latent, acute or chronic disability, disease or illness:

(3) wound, injury, or outcome of operation.

67.55 Class 1 Medical Certificate

(a) To be eligible for a Class 1 medical certificate an applicant must comply with 67.53 and paragraphs (b) to (m) of this rule.

Physical and mental standards

(b) Applicants shall have no established medical history or clinical diagnosis of —

(1) **PSYCHIATRIC:** any of the following conditions that are of a severity which makes the applicant currently unable safely to use the licence, or makes it likely that within two years of the assessment the applicant will be unable safely to use the licence:

(i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:

(ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):

(iii) drug dependence:

(iv) character or behaviour disorder, severe enough to have resulted in an overt act:

(v) mental abnormality or psychoneurosis of a significant degree:

Except that an applicant who has a history of alcohol abuse or dependence may apply for an exemption under 67.15 if the following circumstances exist:

- the applicant has been under medical treatment for alcohol abuse and the medical practitioner concerned certifies that the applicant is free from the effects of alcohol abuse:
- the applicant provides the name of a sponsor who is prepared to certify that the applicant no longer takes alcohol in any form. Such a sponsor shall be a person acceptable to the Director for this purpose:
- the applicant signs an undertaking not to take alcohol while holding a current flight crew licence.

(2) **NEUROLOGICAL:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:

(i) epileptic seizure:

(ii) any disturbance of consciousness without satisfactory medical explanation of the cause:

(iii) brain injury:

(3) **Musculoskeletal:** any active disease of the bones, joints, muscles, or tendons, or any significant functional limitation from any previous congenital or acquired disease or injury. Functional abnormalities affecting the bones, joints, muscles, or tendons, compatible with the safe use of the certificate, may be assessed as fit, following an appropriate demonstration of ability via a flight test:

(4) **Gastrointestinal:** any disease or abnormality, or result of disease or surgical operation, affecting the digestive tract and its attachments, including the biliary system and hernial orifices, of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:

(5) **Respiratory:** any disease or abnormality, or result of disease or surgical operation, affecting the lungs, mediastinum, pleura, chest wall or respiratory passages of a severity likely to cause infection, functional disorder or sudden incapacity at altitude. Radiographic examinations will be required for the initial issue of a Class 1 medical certificate:

(6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical operation, which affects the heart or circulatory system and is of a severity likely to cause functional disorder or sudden incapacity. Evidence of myocardial ischaemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including the presence of excessive cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:

(7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any antidiabetic drug may be assessed as fit:

(8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to impede the safe use of the licence or cause sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:

(9) **Genitourinary:** any disease or abnormality, or result of disease or surgical operation, affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to impede the safe use of the licence or cause sudden incapacity such that the applicant will be unable to safely use the licence.

Visual standards

(c) **General:** An applicant shall not have:

(1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:

(2) any abnormality of visual fields or significant defect of binocular function:

(3) any manifest squint, or large error of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:

(4) any anatomical or functional monocularity or substandard vision in one eye at initial issue of a Class 1 medical certificate. However, accredited medical conclusion may permit experienced licence holders who develop monocularity or substandard vision to be granted a medical certificate with appropriate restrictions following a period sufficient to permit adjustment to this condition.

Monocularity means that either an eye is absent, or its vision cannot be corrected to better than 6/60.

Substandard vision in one eye means central vision better than 6/60 but worse than 6/9, with normal visual fields.

For monocularity, the appropriate minimum restrictions initially shall be as follows:

Protective spectacles must be worn (and if flying open cockpit aircraft, protective goggles not restricting visual field must be worn). [173]
[This shall remain as a permanent restriction]

Any accompanying pilot must be made aware of the holder's monocular vision. [174]
[This shall remain as a permanent restriction]

Not valid for flight as pilot-in-command by day or night until a satisfactory flight test has been completed with a flight examiner in each case. [171]
[This restriction may be removed at subsequent assessment, according to the results of the flight test, or amended to the endorsement [172] below]

Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner. [172]
[This restriction may be removed at subsequent assessment, according to the results of the flight test]

For substandard vision in one eye, the appropriate minimum restrictions shall be as follows:

Any accompanying pilot must be made aware of the holder's substandard vision in one eye. [75]
[This must remain as a permanent restriction]

Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner. [72]
[This restriction may be removed at subsequent assessment, according to the results of the flight test]

(d) **NEAR AND INTERMEDIATE VISION:** Applicants shall be able to read N5 at a distance of 33 centimetres and N14 at a distance of 100 centimetres or have equivalent visual acuity for these distances (6/12, 20/40 at 33 cm; 6/24, 20/80 at 100 cm). An applicant who meets this standard only by use of spectacles may be granted a medical certificate provided this is endorsed with the limitation:

Half spectacles must be readily available. [04]

This means that these must be available for immediate use when using the licence. This limitation may be satisfied by the availability of appropriate bifocal or trifocal spectacles which permit the reading of instruments and a chart or manual held in one hand, without impeding the use of distance vision through the windscreen when wearing the spectacles. Single-vision near correction (full lenses of one power only, appropriate to reading) shall not be acceptable, since wearing these significantly reduces distance visual acuity.

(e) **DISTANCE VISION:** Applicants shall have a distance visual acuity of not worse than 6/9 or its equivalent (20/30, 0.66) in each eye separately, with or without correcting lenses. When this standard can be met only by the use of correcting lenses, an applicant may be granted a medical certificate provided this is endorsed with the limitation:

Correcting lenses must be worn for distance vision. [01]

An applicant with uncorrected distance visual acuity of 6/36 or its equivalent (20/120, 0.12) or worse in either eye shall also be subject to the limitation endorsed on the medical certificate:

Spare spectacles must be readily available. [07]

In such cases the visual acuity, with and without correction, shall be recorded at each re-examination.

(f) **COMBINED DISTANCE AND NEAR VISION CORRECTION:** Applicants requiring distance vision correction shall have a near point of accommodation not greater than 33 centimetres, as measured while wearing the required distance vision correcting lenses. Suitable correction for near and intermediate range vision may be necessary in addition to distance vision correction. Applicants who are to be required to wear spectacles for combined near and distance vision defect shall be issued a medical certificate bearing the endorsement:

Bifocal spectacles must be worn. [02]

or

Trifocal spectacles must be worn. [03]

Where relevant, the endorsement:

Trifocal spectacles must be worn (progressive focus lenses permitted). [10]

may be used.

Applicants authorised to wear contact lenses and in addition needing near vision correction shall, instead of the provisions of paragraph (g), be issued a Medical Certificate bearing the following endorsements:

Half spectacles must be readily available. [04]

and

Spare bifocal spectacles must be readily available. [08]

except that when the correcting power of such contact lenses exceeds the dioptre limits specified in paragraph (h), certification shall only be under special medical assessment by the Director.

(g) **CONTACT LENSES:** Accredited medical conclusion may permit acceptance of contact lenses where only distance vision correction is needed to meet this standard. The minimum endorsement on the medical certificate shall be:

Correcting lenses must be worn for distance vision (contact lenses permitted, provided distance spectacles are readily available). [05]

Other appropriate endorsements may be required as provided in paragraph (f) where not only distance vision correction is needed.

(h) **DIOPTRE LIMITS:** A need for correcting lenses for either eye within the range of plus or minus 3 dioptres (spherical equivalent) may be accepted, provided that the distance visual acuity without correction is not worse than 6/60 or its equivalent (20/200, 0.1) in each eye separately. Spectacle lenses outside this range are not acceptable, but accredited medical conclusion may permit an applicant using contact lenses to be assessed as fit on production of satisfactory specialist reports. The medical certificate will be endorsed:

Contact lenses must be worn. [06]

and

Spare spectacles must be readily available. [07]

but the use of such spare spectacles is permitted only in emergencies.

Colour perception standards

(i) Applicants shall demonstrate ability to perceive readily those colours the perception of which is necessary for the safe performance of duties. The use of tinted lenses to obtain adequate colour perception is not permitted.

(j) A medical certificate may be issued if accredited medical conclusion indicates that the applicant has a minor colour perception defect which is compatible with safe use of the licence provided the certificate is endorsed with the following limitations:

Not valid for night flying. [85]

Not valid for -

(i) flight in the vicinity of a controlled aerodrome (unless the aircraft is in radio contact with aerodrome control), or

(ii) air transport operations. [81]
[Such endorsements may be removed only after special medical assessment]

Ear, nose and throat and hearing standards

(k) Applicants shall have no established medical history or clinical diagnosis of the following -

(1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:

(2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent compliance with the hearing standards:

(3) any chronic or serious recurrent obstruction of the Eustachian tubes:

(4) any serious or recurrent disturbance of the vestibular system:

(5) any obstruction to free nasal air entry on both sides:

(6) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract: or

(7) any speech defect likely to interfere with the safe performance of duties in using a licence.

(l) Applicants shall be free from any hearing defect which would interfere with the safe use of a licence. Routine audiometry is required at intervals not exceeding four years. Applicants shall not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves 90 percent or better discrimination when speech audiometry is tested.

Electrocardiographic standards

(m) Electrocardiography shall form part of the cardiovascular examination for the initial issue of a Class 1 medical certificate, and at recertification at the following intervals:

At the first examination after the ages of 25, 30, 35, 38, 40, and annually thereafter.

67.57 Class 2 Medical Certificate

(a) To be eligible for a Class 2 medical certificate an applicant must comply with 67.53 and paragraphs (b) to (n) of this rule. In this rule, references to the use of a licence include the act of flying an aircraft solo under 61.105.

Physical and mental standards

(b) Applicants shall have no established medical history or clinical diagnosis of —

(1) **PSYCHIATRIC:** any of the following conditions that are of a severity which makes the applicant currently unable safely to use the licence, or makes it likely that within 2 years of the assessment the applicant will be unable safely to use the licence:

(i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:

(ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):

(iii) drug dependence:

(iv) character or behaviour disorder, severe enough to have resulted in an overt act:

(v) mental abnormality or psychoneurosis of a significant degree:

Except that an applicant who has a history of alcohol abuse or dependence may apply for an exemption under 67.15 if the following circumstances exist:

- the applicant has been under medical treatment for alcohol abuse and the medical practitioner concerned certifies that the applicant is free from the effects of alcohol abuse:

- the applicant provides the name of a sponsor who is prepared to certify that the applicant no longer takes alcohol in any form. Such a sponsor shall be a person acceptable to the Director for this purpose:

- the applicant signs an undertaking not to take alcohol while holding a current flight crew licence or flying under 61.105.

(2) **NEUROLOGICAL:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:

(i) epileptic seizure:

(ii) any disturbance of consciousness without satisfactory medical explanation of the cause:

(iii) brain injury:

(3) **MUSCULOSKELETAL:** any active disease of the bones, joints, muscles, or tendons, or any significant functional limitation arising from previous congenital or acquired disease or injury. Functional abnormalities affecting the bones, joints, muscles, or tendons, compatible with the safe use of the certificate, may be assessed as fit, following an appropriate demonstration of ability via flight test:

(4) **GASTROINTESTINAL:** any disease or abnormality or result of disease or surgical operation affecting the digestive tract and its attachments, including the biliary system and hernial orifices, of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:

(5) **Respiratory:** any disease or abnormality, or result of disease or surgical operation, affecting the lungs, mediastinum, pleura, chest wall or respiratory passages of a severity likely to cause infection, functional disorder or sudden incapacity at altitude. Radiographic examinations may be required for some applicants for the initial issue of a Class 2 medical certificate:

(6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical operation which affects the heart or circulatory system and is of a severity likely to cause functional disorder or sudden incapacity. Evidence of myocardial ischaemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including the presence of cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:

(7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any antidiabetic drug may be assessed as fit. Cases of diabetes mellitus shown to be satisfactorily controlled by the use of approved oral antidiabetic drugs may be assessed as fit, provided that these drugs are administered under conditions which permit appropriate medical supervision and control compatible with the safe use of the licence. In such cases, the drugs used shall be compatible with the safe use of the licence:

(8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to cause functional impairment or sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:

(9) **Genitourinary:** any disease or abnormality, or result of disease or surgical operation, affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to cause functional impairment or sudden incapacity such that the applicant will be unable to safely use the licence.

Visual standards

(c) **General:** An applicant shall not have:

(1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:

(2) any abnormality of visual fields or binocular function:

(3) any manifest squint, or large errors of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:

(4) any anatomical or functional monocularity or substandard vision in one eye at the initial issue of a Class 2 medical certificate. However, accredited medical conclusion may permit experienced licence holders who develop monocularity or substandard vision to be granted a medical certificate with appropriate restrictions following a period sufficient to permit adjustment to this condition.

Monocularity means that either an eye is absent, or its vision cannot be corrected to better than 6/60.

Substandard vision in one eye means central vision better than 6/60 but worse than 6/12, with normal visual fields.

For monocularity, the appropriate minimum restrictions initially shall be as follows:

*Protective spectacles must be worn (and if flying open cockpit aircraft, protective goggles not restricting visual field must be worn). **[173]***
[This must remain as a permanent restriction]

*Any accompanying pilot must be made aware of the holder's monocular vision. **[174]***
[This must remain as a permanent restriction]

Not valid for flight as pilot-in-command by day or night until a satisfactory flight test has been completed with a flight examiner in each case. [171]
[This restriction may be removed at subsequent assessment, according to the results of the flight test, or amended to the endorsement [172] below]

Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner. [172]
[This restriction may be removed at subsequent assessment, according to the results of the flight test]

For substandard vision in one eye, the appropriate minimum restrictions initially shall be as follows:

Any accompanying pilot must be made aware of the holder's substandard vision in one eye. [75]
[This must remain as a permanent restriction]

Not valid for flight as pilot-in-command by night until a satisfactory flight test has been completed with a flight examiner. [72]
[This restriction may be removed at subsequent assessment, according to the results of the flight test]

(d) **Near and intermediate vision:** Applicants shall be able to read N5 at a distance of 33 centimetres and N14 at a distance of 100 centimetres or have equivalent visual acuity for these distances (6/12, 20/40 at 33 cm; 6/24, 20/80 at 100 cm). An applicant who meets this standard only by use of spectacles may be granted a medical certificate provided this is endorsed with the limitation:

Half spectacles must be readily available. [04]

This means that these must be available for immediate use when using the licence. This limitation may be satisfied by the availability of appropriate bifocal or trifocal spectacles which permit the reading of instruments and a chart or manual held in one hand, without impeding the use of distance vision through the windscreen when wearing the spectacles. Single vision near correction (full lenses of one power only, appropriate to reading) shall not be acceptable, since wearing these significantly reduces distance visual acuity.

(e) **Distance vision:** Applicants shall have distance visual acuity of not worse than 6/12 or its equivalent (20/40, 0.5) in each eye separately, with or without correcting lenses. When this standard can be met only by the use of correcting lenses, an applicant may be assessed as fit but the medical certificate shall bear the endorsement:

Spectacles (distance vision) must be worn. [01]

An applicant with uncorrected distance visual acuity of 6/36 or its equivalent (20/120, 0.12) or worse in either eye shall also be subject to the limitation endorsed on the medical certificate:

Spare spectacles must be readily available. [07]

In such cases the visual acuity, with and without correction, shall be recorded at each re-examination.

(f) **Combined distance and near vision correction:** Applicants requiring distance vision correction shall have a near point of accommodation not greater than 33 centimetres, as measured while wearing the required distance vision correcting lenses. Suitable correction for near and intermediate range vision may be necessary in addition to distance vision correction. Applicants who are to be required to wear spectacles for combined near and distance vision defect shall be issued a medical certificate bearing the endorsement:

Bifocal spectacles must be worn. [02]

or

Trifocal spectacles must be worn. [03]

Where relevant, the endorsement:

Trifocal spectacles must be worn (progressive focus lenses permitted). [10]

may be used.

Applicants authorised to wear contact lenses and in addition needing near vision correction shall, instead of the provisions of paragraph (g), be issued a Medical Certificate bearing the following endorsements:

Half spectacles must be readily available. [04]

and

Spare bifocal spectacles must be readily available. [08]

except that when the correcting power of such contact lenses exceeds the dioptre limits specified in paragraph (h), certification shall only be under special medical assessment by the Director.

(g) **CONTACT LENSES:** Accredited medical conclusion may permit acceptance of contact lenses where only distance vision correction is needed to meet this standard. The minimum endorsement on the medical certificate shall be:

Correcting lenses must be worn for distance vision (contact lenses permitted, provided distance spectacles are readily available). [05]

Other appropriate endorsements may also be required as provided in paragraph (f) where not only distance vision correction is needed.

(h) **DIOPTRE LIMITS:** A need for correcting lenses for either eye within the range of plus or minus 5 dioptres (spherical equivalent) may be accepted, provided that the visual acuity without correction is not worse than 6/60 or its equivalent (20/200, 0.1) in each eye separately. Spectacle lenses outside this range are not acceptable, but accredited medical conclusion may permit an applicant using contact lenses to be assessed as fit on production of satisfactory specialist reports. The medical certificate will be endorsed:

Contact lenses must be worn. [06]

and

Spare spectacles must be readily available. [07]

but the use of such spare spectacles is permitted only in emergencies.

Colour perception standards

(i) Applicants shall demonstrate ability to perceive readily those colours the perception of which is necessary for the safe performance of duties. The use of tinted lenses to obtain adequate colour perception is not permitted.

(j) A medical certificate may be issued if accredited medical conclusion indicates that the applicant has a minor colour perception defect which is compatible with safe use of the licence provided the certificate is endorsed with the following limitations:

Not valid for flight in the vicinity of a controlled aerodrome (unless the aircraft is in radio contact with aerodrome control). [82]

Not valid for night flying. [85]

Such endorsements may be removed only after special medical assessment.

Ear, nose and throat and hearing standards

(k) Applicants shall have no established medical history or clinical diagnosis of the following:

(1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:

(2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent compliance with the hearing standards:

(3) any chronic or serious recurrent obstruction of the Eustachian tubes:

(4) any serious or recurrent disturbance of the vestibular system:

(5) any obstruction to free nasal air entry on both sides:

(6) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract:

(7) any speech defect likely to interfere with the safe performance of duties in using a licence.

(l) Applicants shall be free from any hearing defect which would interfere with the safe use of the licence. Applicants shall be able to hear an average conversational voice in a quiet room using both ears at a distance of 2000 millimetres from the examiner, and with the back turned to the examiner. Hearing aids are not acceptable. Applicants failing to meet this standard shall be examined by an Ear, nose and throat specialist or approved audiologist, in order to submit an audiogram recorded in a quiet room.

(m) Pilots with a private pilot licence instrument rating shall have routine audiometry at intervals not exceeding 5 years under the age of 40 and every 4 years over 40 years of age. Applicants shall not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves 90 percent or better discrimination when speech audiometry is tested.

Electrocardiographic standards

(n) Electrocardiography shall form part of the cardiovascular examination for the initial issue of a Class 2 medical certificate and at recertification at the following intervals:

at the first examination after the ages of 40, 44, 48, 52, 54, 56, 58, 60, and annually thereafter.

67.59 Class 3 Medical Certificate

(a) To be eligible for a Class 3 medical certificate an applicant must comply with 67.53 and paragraphs (b) to (l) of this rule.

Physical and mental standards

(b) Applicants shall have no established medical history or clinical diagnosis of —

(1) **PSYCHIATRIC:** any of the following conditions that are of a severity which makes the applicant currently unable safely to use the licence, or makes it likely that within 2 years of the assessment the applicant will be unable safely to use the licence:

(i) a psychosis, unless the psychosis was of toxic origin and there has been complete recovery:

(ii) alcohol abuse or dependence (defined as an intake of alcohol great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning):

(iii) drug dependence:

(iv) character or behaviour disorder, severe enough to have resulted in an overt act:

(v) mental abnormality or psychoneurosis of a significant degree:

Except that an applicant who has a history of alcohol abuse or dependence may apply for an exemption under 67.15 if the following circumstances exist:

- the applicant has been under medical treatment for alcohol abuse and the medical practitioner concerned certifies that the applicant is free from the effects of alcohol abuse:
- the applicant provides the name of a sponsor who is prepared to certify that the applicant no longer takes alcohol in any form. Such a sponsor shall be a person acceptable to the Director for this purpose:
- the applicant signs an undertaking not to take alcohol while holding an air traffic controller licence.

(2) **NEUROLOGICAL:** any disease or abnormality of the nervous system, the effects of which, according to accredited medical conclusion, are likely to interfere with the safe use of the licence or cause sudden incapacity or impairment. In particular, the following are not acceptable:

(i) epileptic seizure:

(ii) any disturbance of consciousness without satisfactory medical explanation of the cause:

(iii) significant brain injury:

(3) **MUSCULOSKELETAL:** any active disease of the bones, joints, muscles, or tendons, or any significant functional limitation arising from previous congenital or acquired disease or injury:

(4) **GASTROINTESTINAL:** any disease or abnormality, or result of disease or surgical operation, affecting the digestive tract and its attachments including the biliary system and hernial orifices of a severity likely to cause obstruction, significant functional disorder or infection, or sudden incapacity:

(5) **Respiratory:** any disease or abnormality, or result of disease or surgical operation, affecting the lungs, mediastinum, pleura, chest wall or respiratory passages of a severity likely to cause infection, functional disorder or sudden incapacity. Radiographic examinations may be required for the initial issue of a Class 3 medical certificate:

(6) **Cardiovascular:** any disease or abnormality, or result of disease or surgical operation, which affects the heart or circulatory system and is of a severity likely to cause functional disorder or sudden incapacity. Evidence of myocardial ischaemia or infarction, or significant hypertension, shall be disqualifying unless acceptable and effective treatment has controlled any additional risk of functional disorder or sudden incapacity. Disorders of cardiac rhythm requiring a pacemaker shall be disqualifying. Applicants with evidence strongly suggestive of coronary artery disease, including the presence of cardiovascular risk factors, shall be assessed as unfit unless normal myocardial perfusion can be demonstrated:

(7) **Metabolic:** any metabolic, nutritional or endocrine disorders likely to interfere with the safe use of the licence, or to cause sudden incapacity. Proven cases of diabetes mellitus shown to be satisfactorily controlled without the use of any antidiabetic drug may be assessed as fit:

(8) **Haematologic and immunological:** any active disease of the lymphatic system or of the blood. Those with chronic diseases of these systems in a state of remission may be assessed as fit, provided appropriate specialist reports permit accredited medical conclusion that the condition is not likely to affect the safe use of the licence. Applicants with any infectious diseases, the effects of which are likely to cause functional impairment or sudden incapacity, shall be assessed as unfit until such time as effective and acceptable treatment removes such effects:

(9) **Genitourinary:** any disease or abnormality or result of disease or surgical operation affecting the kidneys, urine, urinary tract, menstrual function or genital organs, to a degree likely to cause functional impairment or sudden incapacity such that the applicant will be unable to safely use the licence.

Visual standards

(c) **General:** An applicant shall not have:

(1) any condition or congenital abnormality of either eye or its attachments likely to impede the safe use of the licence:

(2) any abnormality of visual fields or binocular function:

(3) any manifest squint, or large errors of eye muscle balance (phoria). The acceptable limits for ocular muscle balance are 12 prism dioptres for exophoria, 6 dioptres for esophoria, and one dioptre for hyperphoria:

(4) any anatomical or functional monocularity at the initial issue of a Class 3 medical certificate. However, accredited medical conclusion may permit experienced licence holders who become anatomically or functionally monocular to be granted a medical certificate with appropriate restrictions, following a period sufficient to permit adjustment to the monocular state.

Monocularity means that either an eye is absent, or its vision cannot be corrected to better than 6/60.

(d) **Near and intermediate vision:** Applicants shall be able to read N5 at a distance of 33 centimetres and N14 at a distance of 100 centimetres or have equivalent visual acuity for these distances (6/12, 20/40 at 33 cm; 6/24, 20/80 at 100 cm). An applicant meeting the standard only by use of spectacles may be granted a medical certificate provided this is endorsed with the limitation:

Half spectacles must be readily available. [04]

This means that these must be available for immediate use when using the licence. This limitation may be satisfied by the availability of appropriate bifocal or trifocal spectacles which permit the reading of displays and a chart or manual held in one hand, without impeding the use of distance vision when wearing the spectacles. The wearing of single vision near correction (full lenses of one power only, appropriate to reading) significantly reduces distance visual acuity, and shall not be acceptable in a control tower. Nevertheless, full lenses may be acceptable in a radar room (as provided in the employer's operations manual) in which case the medical certificate shall be endorsed:

Half spectacles must be readily available (full lenses permitted in radar room). [69]

to indicate this option has been permitted. Whenever there is a requirement to obtain or renew correcting lenses, an applicant shall advise the refractionist of reading distances for the work station in which the applicant is likely to function.

(e) **Distance vision:** Applicants shall have distance visual acuity of not worse than 6/9 or its equivalent (20/30, 0.66) in each eye separately, with or without correcting lenses. When this standard can be obtained only by the use of correcting lenses, an applicant may be assessed as fit subject to the endorsement on the medical certificate:

Spectacles (distance vision) must be worn. [01]

This endorsement shall mean that these spectacles shall be worn when the applicant uses the licence (except as provided in the employer's operations manual).

An applicant with uncorrected distance visual acuity of 6/36 or its equivalent (20/120, 0.12) or worse in either eye shall also be subject to the limitation endorsed on the medical certificate:

Spare spectacles must be readily available. [07]

In such cases the visual acuity, with and without correction, shall be recorded at each examination.

(f) **Combined distance and near vision correction:** Applicants requiring distance vision correction shall have a near point of accommodation not greater than 33 centimetres, as measured while wearing the required distance vision correcting lenses. Suitable correction for near and intermediate range vision may be necessary in addition to distance vision correction, and the applicant will be required to wear spectacles for combined near and distance vision defect which shall be indicated by the endorsement:

Bifocal spectacles must be worn. [02]

or

Trifocal spectacles must be worn. [03]

on the medical certificate.

Where relevant, the endorsement

Trifocal spectacles must be worn (progressive focus lenses permitted). [10]

may be used.

A controller requiring near visual correction who is authorised to wear contact lenses and in addition needing near vision correction shall, instead of the provisions of paragraph (g), be issued a medical certificate bearing the following endorsements:

Half spectacles must be readily available. [04]

and

Spare bifocal spectacles must be readily available. [08]

except that when the correcting power of such contact lenses exceeds the dioptre limits specified in paragraph (h), certification shall only be under special medical assessment by the Director.

(g) **Contact lenses:** Accredited medical conclusion may permit acceptance of contact lenses where only distance vision correction is needed to meet this standard. The minimum endorsement on the medical certificate shall be:

Correcting lenses must be worn for distance vision (contact lenses permitted, provided distance spectacles readily available). [05]

Other appropriate endorsements may also be required as provided in paragraph (f) where not only distance vision correction is needed.

(h) **Dioptre limits:** A need for correcting lenses for either eye within the range of plus or minus 3 dioptres (spherical equivalent) may be accepted, provided that the visual acuity without correction is not worse than 6/60 or its equivalent (20/200, 0.1) in each eye separately. Spectacle lenses outside this range are not acceptable, but accredited medical conclusion may permit an applicant using contact lenses to be assessed as fit on production of satisfactory specialist reports. The medical certificate will be endorsed:

Contact lenses only must be worn. [06]

and

Spare spectacles shall be readily available. [07]

but the use of such spare spectacles is permitted only in emergencies.

Colour perception standards

(i) Applicants shall demonstrate ability to perceive readily those colours the perception of which is necessary for the safe performance of duties. The use of tinted lenses to obtain adequate colour perception is not permitted.

Ear, nose and throat and hearing standards

(j) Applicants shall have no established medical history or clinical diagnosis of the following —

(1) any pathological process, acute or chronic, of the internal ear or middle ear cavities:

(2) any unhealed (unclosed) perforation of the tympanic membranes, except that an applicant with a single dry perforation may be eligible for a certificate if the defect does not prevent compliance with the hearing standards:

(3) (reserved)

(4) any serious or recurrent disturbance of the vestibular system:

(5) (reserved)

(6) any serious malformation, or serious acute or chronic condition of the buccal cavity or upper respiratory tract:

(7) any speech defect likely to interfere with the safe performance of duties in using a licence.

(k) Applicants shall be free from any hearing defect which would interfere with the safe use of the certificate. Routine audiometry is required at intervals of not less than every 4 years. Applicants shall not have a hearing loss at 500, 1000, 1500 and 2000 Hz which exceeds 35 dB at each frequency, or at 3000 Hz which exceeds 50 dB, in each ear separately. Applicants failing to comply with this standard in either ear may be assessed fit if the hearing loss for both ears when averaged at each frequency does not exceed the stated limit, and the applicant achieves ninety percent or better discrimination when speech audiometry is tested.

Electrocardiographic standards

(l) Electrocardiography shall form part of the cardiovascular examination for the initial issue of a Class 3 medical certificate and at recertification at the following intervals:

at the first examination after the ages of 25, 30, 35, 38, 40, and annually thereafter.

CONSULTATION DETAILS AND TRANSITIONAL ARRANGEMENTS

(This statement does not form part of the Rules contained in Part 67. It provides details of consultation undertaken in making the rules and also explains transitional arrangements.)

Background to the Rules

In April 1988 the Swedavia - McGregor Report on Civil Aviation Regulation in New Zealand was completed. Following the recommendations contained in that report the Air Transport Division of the Ministry of Transport is undertaking a complete review of all existing civil aviation legislation.

Considerable research was carried out to determine the format for the new legislation. It was decided that the most suitable legislative framework should incorporate the advantages from the system being developed by the European Joint Aviation Authorities and published as Joint Aviation Requirements (JAR), and from the Federal Aviation Regulations (FAR) developed by the Federal Aviation Administration (FAA) of the United States of America. The Australian Civil Aviation Authority is also undertaking a similar project of legislative review and it is intended that both Australia and New Zealand harmonise their regulatory requirements.

New Zealand's revised legislation will be published as Civil Aviation Rules (CAR) divided into several Parts. Each Part will enunciate a series of individual rules which relate to a particular aviation activity. As with these rules, some Parts may be developed by using a number of smaller units called Subparts. Part 67 comprises two such Subparts.

Accompanying the CAR there will be, at least, one associated Advisory Circular (AC) which will explain how the specific requirements of the CAR can be achieved. The information will offer an acceptable means of compliance.

The CAR numbering system is based on the FAR system. As a general principle the subject matter of a rule Part or Subpart will be the same or similar to the FAR, although the title may differ to suit New Zealand terminology. Where a CAR does not readily equate with a FAR number code a number has been selected that does not conflict with any existing FAR Part.

The FAR has been used as the start point for the development of many of the CAR, but there are likely to be significant differences in the content of each Part of the rules. Changes have been made to conform to New Zealand legal practices and terminology.

The Swedavia - McGregor Report concluded that the objective of the new rules system must be to strike a balance of responsibility between the Civil Aviation Authority and those who provide services and exercise privileges in the civil aviation system. This balance must enable the Civil Aviation Authority to maintain continuing regulatory control and supervision whilst providing the maximum flexibility for participants to develop their means of compliance.

Notice of Proposed Rule Making

The Air Transport Division, on April 8 1992, issued Notice of Proposed Rule Making 92-4 under Docket Number 1038 NR. This was done to provide public notice of, and opportunity for comment on, the proposed new rules. The notice proposed the introduction of Civil Aviation Rules Part 67 to provide a regulatory boundary for —

(a) medical certification provisions for aviation licences,

(b) the Aviation Medical Assessor scheme, and

(c) medical standards for Classes 1, 2 and 3 medical certificates.

Supplementary Information

All comments made on the Notice of Proposed Rule Making (NPRM) are available in the Rules Docket for examination by interested persons.

Availability of the document

Any person may view a copy of these rules at Aviation House, 1 Market Grove, Lower Hutt. Copies may be obtained from the Civil Aviation Authority, PO Box 31-441, Lower Hutt 6300, Attn. Docket Clerk.

Summary of comments to Docket number 1038 NR NPRM

Eleven written submissions were received making a total of thirty-two comments — all of which have been carefully considered through the rule rewrite process. As a result of amendments some of the paragraph headings in the final rule differ slightly from those referred to in this summary of comments.

A full list of commenters on Docket 1038 NR, with the number of comments each made, follows:

AG Dawson, Chairman, NZ Branch, Aviation Medical Society of Australia & New Zealand. (2)
DJ Forrest, Assistant Director, Massey School of Aviation. (1)
PJ Galloway, Mt Cook. (1)
Phil Hartnell, AVKAIR. (2)
PLH Kidd, Representative, Royal New Zealand Aero Club (Inc.) (3)
John Mooney, Manager Commercial Group, Airways Corporation of New Zealand Ltd. (1)
The New Zealand Air Line Pilots' Association. (8)
M Payne, Quality Assurance Manager, Air New Zealand Engineering Services. (1)
Capt Marty Reeves, Regional Flight Manager, Ansett New Zealand. (1)
Ken Wells, Assistant Chief Pilot, Helicopters (NZ) Ltd. (1)
PR Washbourn, Aircraft Owners' and Pilots' Association (New Zealand) Incorporated. (11)

General Comments on the NPRM

Introduction

The classification of Aviation Medical Assessors as A and B has been changed to Classes 1 and 2. We thought that this would be easier to understand and would avoid any possible future confusion. The abbreviation will now be AMA(1) or AMA(2).

Specific comment

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented that they considered the purposes of this Part "to be vague". They also commented that they "have a real fear" that the costs to aircrew may not be reduced.

CAA reply: The Authority considers that sufficient detail has been provided to a level that shows the purposes of the new Part. This is achieved without overwhelming the reader with vast amounts of information that would not interest, or might confuse, most other readers. The Authority has made repeated use of the principles recommended by Swedavia - McGregor throughout the development of the Part, and believes that the result is consistent with the intentions of the Report.

The New Zealand Air Line Pilots' Association commented "the cost-benefit analysis necessary in respect of the making of any rule ought be such as provides answers to: (a) What objectives ought the proposed rule pursue? and (b) How should the objectives be accomplished? The answers given by an adequate cost-benefit will be, respectively; (a) Those objectives the benefits of which equal or outweigh the cost of achieving them; and (b) The objectives should be accomplished for the lowest possible cost". They conclude "in the Association's opinion, the cost-benefit analysis of NPRM 92-4 is, although cursory, a welcome attempt at establishing that the benefits conferred by the imposition of a rule on rule-making outweigh the likely costs of compliance with that rule".

CAA reply: Although this is not information that is published in the final rule, the Authority has reviewed the cost-benefit analysis between the NPRM and final rule stages.

Subpart A - Medical Certification

67.01 Applicability

No comments.

67.02 Definitions

The New Zealand Air Line Pilots' Association commented "because of the regular use of the word 'applicants' throughout Part 67 to describe both applicants for a medical certificate and holders of such a certificate, the Association recommends the inclusion of the following definition: 'Applicants', where the context permits, includes holders of a current medical certificate:".

CAA reply: This term has not been defined, however, 61.35 (Medical Requirements) clearly details how the certification standards relate to holders of medical certificates.

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented about the definition of "flexibility" that "we support this definition, but it will only be operative if it is allowed to be acted upon".

CAA reply: Defining this term may be taken as confirmation that the policy will be implemented.

All definitions in 67.02 have now been transferred to Part 1

67.03 Application and issue

No comments.

67.05 Aviation medical assessors and designated medical examiners

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented in detail "we query the need for any DME's under the new system" and "we strongly recommend that transitional provisions be inserted that automatically acknowledge and offer the conversion of existing DME's to AMA(B) status without further test or study".

CAA reply: The Authority has considered the suggested options and have decided, as explained in the reply to the following two comments, that the medical examination should be conducted by DME rather than ordinary GP. In addition to this it is felt that there is sufficient need to require additional training in the area of medical assessment and administrative procedure for DME to be upgraded to AMA(2). The required training course will be available through correspondence and could take as little as one month to complete including the test. The test will be the multi-choice open book style of examination.

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented that "our Association therefore applauds and supports the intention that the pilot's own doctor is the best judge of his ability to perform without undue risk to himself, his passengers or the public. We believe reference to any 'higher' authority should be kept to the absolute minimum. We also believe that the function of the Medical Unit at head office, whilst necessary, must be clearly controlled to only those functions in which the State should have an interest. We do not believe this is clearly the case with the document as drafted".

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented further, in detail, that "with respect to the PPL, we see nothing in the stated purpose of the routine examination that can not be undertaken by the average family doctor following guidelines as to the particular aspect to be considered".

CAA reply to the above two comments: The Authority has taken advice about a previous trial of the use of general practitioners (GP) for medical examination of aircrew. It found that the result of the trial was an unsatisfactory rate of incorrect decisions; the errors included many pilots incorrectly denied medical assessments and those who were incorrectly issued with medical assessments when unfit. The administrative costs of providing information on medical standards and procedures to large numbers of general practitioners would be greater at least by a factor of ten than the current arrangements for 250 Designated Medical Examiners. The proposal does not achieve any efficiencies.

67.07 Medical examinations

No comments.

67.09 Issue of certificates

Air New Zealand Engineering Services commented that "the current wording does not permit issue on the basis of a medical examination report completed by an Aviation Medical Assessor Grade A other than the 'same Medical Assessor Grade A'. We suggest that the second sentence of this paragraph be amended as follows: This may be on the basis of a medical examination report completed by the same Aviation Medical Assessor Grade A, or by another medical practitioner who is an Aviation Medical Assessor Grade A or B, or a Designated Medical Practitioner".

CAA reply: This suggestion has been implemented.

The Royal New Zealand Aero Club commented "wouldn't it be a good idea to include some specific delivery standards for the processing of medical certificates. After all if they are CAA Medical Certificates the CAA should ensure the people paid to deliver the service should complete the task without delay. How about 3 days for a professional licence and 7 days for a non-professional licence".

CAA reply: The Advisory Circular AC 67-2 Civil Aviation Medical Manual will be used to prescribe these delivery standards.

Ansett New Zealand commented "it is gratifying to see that industry doctors will now issue Medical Certificates. Has allowance been made for the Medical Centres need for plastic sealing equipment for the Certificate?"

CAA reply: The certificates will be issued on durable paper like the car driver licences. It will be left to individual discretion to choose to protect the certificate further by plastic lamination.

67.11 Duration of certificates

Helicopters (NZ) Ltd commented about "the six month validity period for professional pilots over the age of 40 years when the majority of countries, and ICAO itself, allow a twelve month validity period" and put three arguments for adopting the same period in New Zealand.

CAA reply: The six-month interval specified for medical certificates for professional pilots over 40 is an ICAO standard for airline transport pilot licences, and an ICAO recommended practice for commercial pilot licences. It is true that both the FAA and Australian CAA allow class one medical intervals of twelve months for commercial pilots over 40 years of age. In New Zealand's case the Authority has decided to comply with both the ICAO standard and recommended practices for CPL over 40 years of age.

An industry pilot commented, suggesting an extension be allowed on the Class 1 medical currency period for CPL holders who are not flying professionally. "This would allow pilots to fly aircraft insured for CPL holders only" because "restricting aircraft to CPL holders considerably reduces the insurance premium because of the known experience level of the pilots" and "there are also a considerable number of CPL holders who don't fly professionally but who are over 40 and feel the 6 monthly medical an excessive burden".

CAA reply: This situation has been addressed in the lifetime licence package. The Class 1 medical certificate will include a Class 2 medical for the extended period. The CPL holder will still hold a valid lifetime CPL after the expiry of the Class 1 medical period but will only be able to exercise PPL privileges. This will give the flying privileges requested. Regarding insurance, the background qualification and experience of the pilot will not have changed, but it is for aircraft operators to negotiate policies with their insurers that reflect the new licence structure.

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented in detail that for the Class 2 medical certificate "we therefore strongly urge that 24 mth currency be for ages 40 to 55, and 12 mths currency thereafter".

CAA reply: The Authority considers the age of 50 to be more appropriate than 55 for more frequent medical examination. This considers the increase in cardiovascular mortality found by New Zealand studies at the age of 50 and above. However, the Authority will delete the requirement for six-monthly examinations for Class 2 applicants over the age of 65 years.

AVKAIR commented with suggestions that "are very pertinent to contacts I have discussed this Part with, who will be affected by this Part 67" proposed the following amendments to duration of medical certificates:

Class 1 (b)(4) "Six months, where the holder was sixty-five or more years of age on the date that the certificate was issued unless the applicant has no identified medical history or condition that would prevent this age limit to be extended to seventy years of age".

Class 2 pilot more than 40. (a)(2)(ii) "Extended Currency:- Not valid for hire and reward operations (alternative statement:- Valid for PPL operations only)".

CAA reply: Above the age of 45, age alone is the strongest single determinant of the risk of incapacitation from cardiovascular disease; there is no rationale for excluding age, the most significant risk factor, unless there were more stringent checks to actively exclude coronary artery disease. Such checks, which include exercise-electrocardiography, cannot be justified from their cost-effectiveness or efficiency. However both these comments have already been addressed in answering the preceding commenters.

67.13 Review assessments

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented in detail that "an applicant denied a special issuance is entitled to have his denial reconsidered by a Medical Appeal Board" consisting "of a chairman appointed by the Director, and two AMA A, one nominated by the PMO, one nominated by the appellant".

The Royal New Zealand Aero Club commented "may I suggest the details of who the Appeal Board will be, should be spelt out in Part 67. It should be persons separate from the people who would have already been involved in the process leading up to the appeal".

CAA reply to the above two comments: The Authority accepts the recommendations in its major part, but retains the right of the Chairperson to co-opt any other specialist advisers onto the Board as required. The Aviation Medical Assessor nominated by the appellant should not be the Assessor asked to assess or examine the appellant at any time. The Appeal Board procedures now appear in the Advisory Circular.

67.15 Special medical assessments

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented "we believe that for non professional, special assessments can be carried out in industry" and "do not think that it should be the role of the PMO or the Authority to even conduct professional Specials" and suggest that this could be tidied up by passing this to an independent AMA (A).

CAA reply: Special medical assessments will only be necessary when —

(a) the AMA is unsure that the grant of an exemption is required by the Director, or

(b) the Authority considers that the grant of an exemption is required by the Director.

The criteria for medical conditions that are sufficiently severe so that an exemption is required should only be set by the Authority. The Authority believes that its standard setting role will be exercised most crucially at this level of special medical assessment, and that it can apply consistent policy to a small group of pilots from whom the largest proportion of flight-safety risk arises.

The New Zealand Air Line Pilot's Association commented that "special issuances" of medical certificates should not necessarily be conditional on the imposition of operational restrictions on the certificate, and that any endorsements imposed on a certificate should be open to review by the Aviation Medical Appeal Board if requested by the applicant.

CAA reply: The Authority accepts these recommendations and the special medical assessments procedures have been amended considerably since the NPRM draft.

The New Zealand Air Line Pilot's Association commented in detail that "the Association does not understand how the 'safety pilot' policy is intended to work in relation to student pilots attempting to fulfil the solo hours requirement prior to progressing to the issuance of a private pilot licence".

CAA reply: The detail of the safety-pilot endorsements on medical certificates will be re-examined during the draft of Advisory Circular 67-1.

67.17 Foreign licensees

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented that "our Association has many enquiries from overseas members of our affiliate parent organisation, and we are concerned to note that it is proposed the foreign medical reports etc. 'may' be recognised from signatories to the convention. If New Zealand pilots overseas are to receive favourable recognition in validation of their licences, such an attitude is unlikely to be of any help" and submit the word "may" be amended to "will".

CAA reply: The Authority considers that there are some overseas Authorities whose standards are very different to those of New Zealand. The Authority wishes to accept those reports whose standing is compatible with those of New Zealand. However, it is not in the public interest to give universal acceptance of all overseas reports where the standards cannot be guaranteed. The countries whose medical documentation is acceptable to the Authority will be listed in Advisory Circular 67-1.

67.19 Certificates, reports and records

The New Zealand Air Line Pilot's Association commented in detail about the confidentiality of medical information and recommended the insertion of a new three-paragraph rule dealing specifically with this matter.

CAA reply: A new rule, 67.21 Medical Confidentiality, has been added.

Subpart B - Medical Standards

67.51 Applicability

No comments.

67.53 General requirements

The New Zealand Air Line Pilots Association commented that the requirements relating to major surgery, if retained in the rule, be "worded in mandatory terms in a separate rule which established the various circumstances amounting to mandatory temporary unfitness" and suggested wording.

CAA reply: This has been done. The circumstances amounting to mandatory temporary unfitness for pilots now appear in Part 61 (61.35(b)(2)).

The New Zealand Air Line Pilots Association commented that the paragraph on medication was "far too widely-worded. As it is presently written, the consumption of aspirin or the application of liniment would require approval of the authority. Apart from being unworkable, it represents an unwelcome intrusion into the private lives of applicants." and recommended it be deleted.

CAA reply: This provision has been transferred to Part 61.35(b)(1) to correspond to its position in the FAR, and reworded to address the concerns. It is intended to produce a list in the Advisory Circular 67-1 of acceptable medication. If a particular item is not listed the certificate holder should consult an AMA.

The New Zealand Air Line Pilots Association commented that they continued "to have concern for the provisions relating to 'Drugs and substances of abuse'" firstly in regard to its effectiveness for aviation safety and secondly in regard to the rights of applicants. They suggested a detailed amendment.

CAA reply: This provision has been particularly thoroughly considered and has been transferred to Part 61.13, where it corresponds to its position in the FAR.

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented "why should this country ban persons with pacemakers, when we believe this not to be the case in the United States".

CAA reply: The Authority can find no evidence that any other Authority has a policy for routine acceptance of cardiac pacemakers for pilot licences. It will consider evidence of acceptance by other Authorities when performing special medical assessments for exemptions.

The Aviation Medical Society of Australia and New Zealand commented that they requested clear guidelines for eye, and for ear, nose and throat examinations of candidates where the requirement for routine specialist examinations had been deleted.

CAA reply: This recommendation is incorporated in Advisory Circular 67-2 Aviation Medical Manual for use by Assessors.

67.55 Class 1 certificate

No comments.

67.57 Class 2 certificate

No comments.

67.59 Class 3 certificate

The Airways Corporation of New Zealand Limited commented that the endorsement #33 which read "A suitably qualified replacement ATC specialist must be readily available" should be reworded to read "A suitably qualified replacement ATC specialist must be readily available to provide relief for a pregnant controller for the period ... to the termination of pregnancy and further certification of medical fitness".

CAA reply: The endorsement has been amended to remove the unintended appearance that the employer was under any compulsion to provide a replacement ATC specialist.

General comments

Massey School of Aviation commented "a well presented and written document".

The Aviation Medicine Society of Australia and New Zealand commented "apart from the above reservations this NPRM is excellent, and we are committed to making these changes work for the benefit of the New Zealand Aviation industry - and aircrew in particular".

The Royal New Zealand Aero Club commented "generally this NPRM is seen as a positive change from the existing system of medical certification. This proposed change is to provide to Licence Holders 'improved service delivery and reduced costs of maintaining currency of a licence' and the public 'is not burdened with rules whose costs outweigh their benefits'".

The Aircraft Owners and Pilots Association (New Zealand) Incorporated commented "on behalf of our 400 odd members, we earnestly submit the above comments and trust that the recommendations made can be incorporated to clarify what we look forward to being a good rule".

AVKAIR commented "the remainder of the Rule 67 seems very practical".

Conclusion

The Authority concludes from the comments received that the majority of industry participants are in favour of both the direction and the content of this new Rule. Specific issues which were raised in those comments have been considered and, where appropriate, amendments have been made. The comments and all other background material used in formatting this rule are held on a docket file, and are available for public scrutiny. Persons wishing to view this docket file should call at Aviation House, 1 Market Grove, Lower Hutt, and ask to see Docket file 1005 NR.

Implementation

This rule will come into force 28 days after its notification in the New Zealand Gazette. Applications for medical certificates after that date will be processed under Part 67. Medical validity certificates issued under the Civil Aviation Regulations 1953 will remain valid until their normal expiry dates.