

Update ME

A brief update from the
Civil Aviation Authority
Central Medical Unit



20 October 2008

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

It has been quite a while since the last issue of *Update ME* was published. Now that our Medical Officer staffing is starting to look up, and a few other time consuming matters have been resolved, we are able to get back to the more regular publication of this newsletter.

What would be most useful to you?

We try to ensure that these *Update ME* newsletters contain a variety of material that will be of interest and assistance to CAA Medical Examiners. This material includes a mix of: regulatory medical updates (legislation, processes, forms and process & other documents); reminders concerning problem areas of regulatory practice (e.g. common errors); information concerning appeals and reviews; updates from the general and aviation medical literature; and occasional general interest items.

Your feedback and advice would be very welcome and would serve to help us make this newsletter more useful to you. Is the information provided relevant and appropriate to your practice as a CAA ME? Would other material be useful?

Medical Information Sheets

A number of Medical Information Sheets (MIS) have been available on the CAA website¹. These MIS are intended to provide information to pilots, ATCs, and others on aspects of our medical regulatory system. They are also intended to be easily printed and made available to clients that attend your rooms.

The current MIS are titled “Accredited Medical Conclusion”, “Medical Practitioner Obligations”, and “Your Doctor Must Advise the CAA”.

Medical Information Sheets can be downloaded from the CAA website.

Several new MIS are currently being drafted:

- What are my review options?
- Colour Vision;
- Cardiovascular Risk;

- Heart Attacks and Stents; and
- Laser Eye Surgery.

If you would like to review any of these draft MIS please let us know and we'll send you a copy for comment.

These new MIS are likely to start being posted on the CAA website during the next few weeks.

Reminder: Conditions on Certificates

From time-to-time CAA receives complaints from applicants who have had a medical diagnosis mentioned in the conditions placed on their medical certificate.

Whenever we review these situations we find that it would have been possible to implement the conditions required without explicit mention of the medical condition in question.

A medical certificate condition that reads “059—Surveillance for Crohn’s Disease” could be replaced with “059 Subject to medical surveillance as specified in Medical Examiner’s letter dated [DATE]” and the letter could contain a requirement for (for example) a six-monthly report from a gastroenterologist.

Taking this approach avoids mentioning any actual diagnoses on documents that might be viewed by people other than the medical certificate holder, and also provides a degree of additional privacy by not mentioning actual medical surveillance details (e.g. The nature of a specialist opinion that is required) directly on the medical certificate document.

Try to avoid mentioning specific medical conditions in medical certificate endorsements.

On a related matter MEs are sometimes uncertain whether to place a surveillance requirement on a medical certificate or not.

The general advice here is that if the surveillance is required during the duration of the medical certificate then it needs to be placed as a condition on that certificate, or in a letter that is referred-to via a “059” endorsement (see above).

One benefit of placing such an endorsement on the medical certificate is that the certifi-

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

cate loses currency if / when the endorsement is not complied with.

Conversely if the surveillance requirement is something that should be provided at the time of the next medical certificate application then it should not be handled via a medical certificate endorsement. For example, asking an applicant to have a repeat stress-ECG in preparation for their next application should be documented under the "Advisory for Next Assessment" section of the Medical Assessment Report.

If a surveillance provision is required during the duration of a medical certificate the requirement needs to be endorsed on the medical certificate: directly or by a "059" cross-reference to a letter or the MAR.

Reminder: Getting tests done

From time-to-time routine or other tests / examinations are missed during the workup of a medical certificate application. Missing a required test or examination often causes significant inconvenience and sometimes expense for the applicant.

The most commonly missed examinations are:

- Routine audiometry for class 2 applicants;
- Cardiovascular Risk calculations;
- Stress ECG (or similar) following-up on elevated cardiovascular risk.

Routine audiometry is required for class 2 applicants aged 52 and over, on a four yearly cycle (age 52, 56, 60 etc). This requirement stems from the provisions of the *Timing of Routine Examinations* GD³.

Formal cardiovascular risk assessment is required: annually for class 1 applicants aged 35 and over (ages 35, 36, 37 etc); alternate yearly for class 2 applicants aged 40 and over (ages 40, 42, 44 etc); alternate yearly for class 3 applicants aged 36 and over (ages 36, 38, 40 etc). This requirement stems directly from the provisions of the *Timing of Routine Examinations* GD² and the medical standards that require applicants to "have no excessive cardio-

vascular risk factors unless normal myocardial perfusion can be demonstrated". Details on the performance and interpretation of the routine cardiovascular risk assessment can be found in the *Examination Procedures* GD³.

An applicant cannot be assessed as meeting the medical standards if their 5-year cardiovascular risk is 10% or greater (in the 10-15% group or higher per NZ Guidelines Group tool⁴). To issue a medical certificate in this situation an ME must either demonstrate normal myocardial perfusion or seek to use statutory flexibility and request an AMC.

Elevated cardiovascular risk (10% 5-year risk or greater) means an applicant does not meet the medical standards unless normal myocardial perfusion has been demonstrated.

Exercise stressed electrocardiography is the examination usually used to demonstrate "normal myocardial perfusion" when an applicant's cardiovascular risk is elevated. If an applicant's 5-year cardiovascular risk has moved to 10% or higher for the first time they will almost certainly need a stress test to demonstrate normal myocardial perfusion. It would probably be worthwhile encouraging the applicant to seek to make an appointment for a stress test and consider discussing the details with the CAA medical unit. If the applicant has previously been identified as having elevated cardiovascular risk and has had a stress test in the past then it would be worthwhile discussing the timing of further stress testing with the CAA medical unit.

Reminder: Doing CVS Risk Assessments

Some MEs are still having difficulty correctly using the NZGG CVS risk assessment tool. A common problem is applying the wrong age category ... For example a 65 year old applicant is assessed in the "age 70" category.

A detailed explanation of this tool was contained in the December 2005 issue of this newsletter⁵ and may be worth further review if you are experiencing difficulty with the CVS risk assessment tool.

2. When a condition is placed that has the potential to result in a medical certificate becoming non-current (Rule 61.35) it is important that the ME advise the applicant of that possibility. If you do not already have any standard wording for this purpose please contact CAA medical unit staff for suggestions.
3. http://www.caa.govt.nz/medical/General_Directions_home.htm
4. Best Practice Evidence-Based Guideline: The Assessment and Management of Cardiovascular Risk, downloadable from http://www.nzgg.org.nz/guidelines/dsp_guideline_popup.cfm?guidelineCatID=3&guidelineID=35
5. http://www.caa.govt.nz/medical/ME_Newsletters/Med_news_11_05.pdf

CAA Medical Help

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