

## Medical Manual

Parts 1 and 2 of the Medical Manual (Introduction & the Medical Certification System) are now available online.

[www.caa.govt.nz/medical/Medical\\_Manual.htm](http://www.caa.govt.nz/medical/Medical_Manual.htm)

We suggest that you refer to this document whenever you need answers to any process question that you may have. Should the best approach not be clear from the Medical Manual then please still free to contact us for further discussion and advice. Feedback on the manual content is welcome should you find anything to be unclear.

## GME cannot be used after 90 days

Part 67 of the Civil Aviation Rules (67.57) places a validity period of 90 days on the General Medical Examination (GME). Unfortunately there have been a number of cases where a medical certificate had been issued based on a GME that was well past this 90-day “use by date” date, on occasions months later. When issuing a medical certificate, please take care to check the date of your GME and confirm this was done within 90 days.

## Application shortcuts

Applicants should be reminded to avoid the wording ‘as previously declared’. It is not unusual for us to find no previous documentation of the medical condition supposed to have been ‘previously declared’. Even if such information had been previously declared it is not necessarily readily available to the ME who is undertaking the current assessment. So, if you see a “previously declared” on an application form you should ask the applicant to provide the specific details needed.

## Request for Identification of experts

The identification of experts, for the purpose of reaching an Accredited Medical Conclusion (AMC) is an important procedure in our regulatory system. If the requesting ME provides all the relevant information, when requesting the identification of experts, the process is made easier, quicker, and more appropriate.

It is sometimes difficult for us to decide who should be the expert for a particular case in the absence of the relevant information. If the information is sent separately by snail mail, please indicate this on the request. Thanks to the many of you who actually do this very well.

## Reminder: Exercise stress ECGs

To ensure consistent assessment of applicants we have all stress ECGs reviewed in house: The actual tracings as well as the report. Most MEs as, and many cardiology consultants, are well aware of this requirements and routinely forward the full tracings to us. Unfortunately we still receive the occasional incomplete (or absent) tracing. This may result in unnecessary delays for the applicant as we chase-up the tracing. We would appreciate your further effort in ensuring the stress ECG tracings are forwarded in the first instance.

## Use of alcohol

Given that one can of beer or one glass of wine often measures up to more than one unit of alcohol [10g], the application form declaration may underestimate the total amount of alcohol being consumed. MEs should remain alert, and probe applicants when in doubt, to identify excessive drinking.

Some applicants, in their application forms, occasionally disclose relatively large amount of alcohol consumption levels. In such cases the ME should investigate whether the pattern of use is safe and should provide relevant advice regarding alcohol and flying safety.

We ask MEs to remain alert and, when in doubt, to question applicants further to ensure their drinking behaviors do not threaten to jeopardize aviation safety. There have been a few cases of certificates being issued without further consideration despite the applicant declaring 30 or even 40 units per week. Unfortunately such cases force CAA to take action after the certificates were issued, an undesirable situation for all concerned.

## Refractive Laser Surgery

Current policy calls for 6 monthly optometrist reports for two years post laser surgery and annual reports for another 3 years. We have found a number of cases where such surveillance had been discontinued prematurely without such decision being justified.

Such an early discontinuation may be appropriate in some case where a mild refractive error was present prior to surgery and there is well documented post-procedure stability. However, we usually ask MEs to apply the long standing policy. Departures from that policy should be well justified, preferably after a case discussion with the medical unit personnel.

## Funding review

The CAA funding alternatives consultation will close on 23 November 2010. You may like to consider the proposal and make comments. Further information can be obtained for the CAA website.

<http://www.caa.govt.nz/funding/index.html>

## Well Done

The advisers report a decrease in the number of critical errors. This is a very pleasing trend. Thanks to all for your efforts and diligence.

## We are moving

Santa will come to town on 24 December, and CAA will follow on 22 January 2011, leaving Petone for a more downtown location in Wellington. Our postal address will not change, while our new street address will be 55 Featherston St, Wellington.

The postal address is unchanged.

## CAA Medical Help

Tel: +64-4-560 9466 Fax: +64-4-560 9470  
Email: [med@caa.govt.nz](mailto:med@caa.govt.nz) web site: [www.caa.govt.nz](http://www.caa.govt.nz)