



Update ME

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A brief update from the
Civil Aviation Authority
Central Medical Unit

9 June 2014

Welcome to this ME update.

CAA CME & AMSNZ Conference 6–7 September at the Trailways Hotel - Nelson.

CAA will run a half day CME on Saturday afternoon 6 September 2014. You may like to register for the full 2-day meeting or for the CAA session only, the CAA session is free.

To register for the conference or the CAA session please contact Brian Spackman at AMSNZ fredspoos@xtra.co.nz who has kindly offered to take all registrations to simplify coordination of the two parts of the meeting. The registration is not open yet. However you are welcome to notify CAA of your intentions but do not omit to register in due course. We hope to see you there.

Applicant signature

This must be done in your presence. If the application has already been signed, kindly ask the applicant to sign again.

Sending completed Assessment

We request that assessments are sent within 5 working days of completion. This is a requirement under your delegation. A recent simple expiry date typographic error meant that a pilot could not work while the ME was on holiday. CAA had not received the assessment and we were not in a good position to help. .

Medical Examiners Absences

If you are going to be away for any length of time please ensure that you have cover for your assessments and notify this office of your ME1 replacement. This is to avoid applicants being left waiting for your return.

“Unable” Accredited Medical Conclusion.

While effectively preventing the issue of a medical certificate, an “unable” AMC is not a decision. The ME must still complete the assessment, inform the applicant of the outcome and their right of review. Only then can the applicant seek review of the decision. The process is only completed once the paperwork has been sent to CAA.

New Medical Information Sheet on OSA

See draft on

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

New Form

A new “In flight Hearing Assessment Report” form has been placed on the website to facilitate and standardise the evaluation of pilots with hearing impairment who fail to perform on a speech discrimination test. <http://www.caa.govt.nz/Forms/24067-204.pdf>

Medical Manual

The Ophthalmology chapter is on its final phase of editing. We hope to have this chapter on the web by July. The Otolaryngology, Respiratory and Neurology chapters have been drafted. Anyone wanting to see a draft to comment on is welcome. E-mail claud.preitner@caa.govt.nz to request a copy.

Diabetes and aeromedical significance

The CAR Part 67 makes it quite easy. If there is absence of end organ damage and a CV risk below 10%:

- 1) Controlled diabetes on diet is not of aeromedical significance:
- 2) Controlled diabetes on oral medication is not of aeromedical significance provided that surveillance is undertaken (i.e. surveillance conditions); **and**
- 3) The medication used either individually or in combination is not likely to interfere with the safe exercise of the privileges. Thus the use of Sulphonylurea such as Gliclazide is of aeromedical significance. Applicants on this medication must be assessed via the flexibility process, as is the case if Insulin is used.

Multifocal contact lenses and IOLs:

These devices are gaining in popularity. Currently these are not considered a routinely acceptable way of achieving the standards. Applicants using multifocal contacts lenses IOLs should be handled via the flexibility pathway.

Best wishes from the Av Med Team.