

# The Medical Examiner

No. 1/2002

February 2002

A Newsletter from the Civil Aviation Authority Medical Section

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CAA Medical Help Line

(04) 560 9466

## Welcome to this issue!

Happy new year.

Welcome to the second issue of the *Medical Examiner*, also the first issue for the year 2002. The purpose of this newsletter is to share with you at the "front line" some of the issues that face us all in regulatory civil aviation medicine in New Zealand.

While we intend that the *Medical Examiner* will be a regular quarterly publication, you can anticipate more frequent editions until the new system is fully implemented and running smoothly.

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### Progress towards the new system.

On 24 October 2001 the *Civil Aviation (Medical Certification) Amendment Act 2001* passed into law. The Act changes our civil aviation medical regulatory system although its provisions will not come into effect until 1 April 2002.

A series of discussion and consultation meetings between the Ministry of Transport (MoT), the Civil Aviation Authority (CAA), and representatives of the New Zealand aviation community (including AMSANZ) has recently concluded. The meetings have been very useful and constructive and have provided us all with the 'way ahead'. Some details of the proposed new system are outlined below.

The first steps involve the Minister establishing criteria such as the requirements to become a medical examiner, and the delegation arrangements. These are contained in 'Transitional Provisions'. The provisions will be in place until the requirements are written into the new Part 67 which is being rewritten.

### The structure of the new system

While the new Act comes into force on 01 April 2002 the new system will not be completely implemented until 01 April 2005. A transition period, of three steps over three years, is being developed with the intention of minimising the impact of the changes on

pilots, air traffic controllers, and you, the medical practitioners working within the new system.

In the new system the terms AMA and DME will disappear and be replaced with *Medical Examiner* (ME). The new system has two groups of MEs:

ME1s (Medical Examiner Class 1) may examine and assess all applicants (Classes 1, 2, 3, & 4);

ME2s (Medical Examiner Class 2) may examine and assess all non-professional applicants (Classes 2, & 4).

The new system provides for applicants to obtain a medical certificate from the doctor they visit for examination. It doesn't provide for one doctor to examine and another to assess an applicant ... although this does occur during the first and second transition phases.

The system also requires MEs to undertake regulatory training before they can be granted an aviation document to conduct examinations and be delegated the Director's power to conduct assessments. Details for the first course are provided below.

The new system incorporates a requirement that all MEs have some sort of acceptable aviation medicine training. The details of this requirement are still under discussion and will be forwarded once they're finalised

Another important change in the new system is the statutory power of the Director to make

*General Directions* to provide process and assessment direction to the MEs. These medical General Directions are to be incorporated into the Medical Manual and will provide certification processes for cases that lie outside of the medical standards published in Rule Part 67.

In the final version of the new system, every ME1 and ME2 will be delegated the power to issue medical certificates to applicants who meet the standards in Rule Part 67 in accordance with the General Directions. This will enable MEs to perform substantially more assessments than AMAs can at the moment. This leaves the CAA Medical Section function as being a combination of:

Standards and policy development and maintenance;

Management oversight of the medical system;

Regulatory training of MEs;

Monitoring of ME performance;

Collegial accredited medical conclusion for cases that lie outside of the Rule Part 67 standards.

### **Transition to the new system**

The transition period is from now until 31 March 2005, and introduces the changes incrementally.

#### **Now – 31 March 2003**

Current system AMAs will, upon completion of regulatory training, be issued ME1 certificates (provided the Director is satisfied of the matters set out in section 9 of the Civil Aviation Act 1990) and will be delegated the Director's power to issue medical certificates for all classes.

Current system DMEs will be issued ME2 certificates (provided the Director is satisfied of the matters set out in section 9 of the Civil Aviation Act 1990) and will be entitled to

examine applicants for all classes of medical certificate.

Examinations performed by ME2s will be assessed by ME1s or those ME2s that have also been delegated the Director's power to assess.

Upon completion of the regulatory training, and fulfilment of other selection criteria, current system DMEs will be able to be delegated the power to issue medical certificates for non-professional applicants.

#### **01 April 2003 – 31 March 2004**

ME1s will continue to examine and assess applicants for all classes of medical certificate.

Some ME2s who have completed the regulatory training and other selection criteria will be able to examine and assess all non-professional applicants.

ME2s who have not met the selection criteria to be delegated the power to issue certificates, but are actively pursuing this, will be delegated a limited or restricted power covering non-professional applicants.

Examinations performed by ME2s, who have not been delegated the power to issue certificates, will be assessed by ME1s or ME2s who have been delegated the power to issue medical certificates.

#### **01 April 2004 – 31 March 2005**

ME1s will be able to examine and assess for all classes of medical certificate.

Upon completion of the regulatory training, and fulfilment of other selection criteria ME2s will be eligible to be delegated the power to issue medical certificates to non-professional applicants.

ME2s who have not yet met all the selection criteria, but are actively pursuing this, will be delegated a limited or restricted power to issue certificates covering non-professional

applicants. ME2s will not be able to examine professional applicants.

Examinations of non-professional applicants performed by ME2s, who have not been delegated the power of the Director to issue certificates will be assessed by ME1s or those ME2s who have been delegated the power.

### **From 01 April 2005**

ME1s will be able to examine and assess all applicants, and issue all classes of medical certificate.

ME2s will be able to examine and assess all non-professional applicants and issue class 2 and 4 medical certificates.

### **Regulatory training for MEs in the new-system**

The Medical Section is developing a regulatory training course for MEs in the new system with the first three courses, each of two days duration, scheduled to be held at CAA on:

Saturday 16 March - Sunday 17 March 2002;

Friday 22 March - Saturday 23 March 2002;

Sunday 24 March - Monday 25 March 2002.

Attendance at one of these courses should be viewed as a priority for any current system AMA who wishes to hold an ME1 certificate at the commencement of the new system. The transition process is structured so that it will be less imperative for current system DMEs to undertake this course immediately. The courses will, be available to the DMEs but AMAs will be given preference.

Please liaise with Judi Te Huia (TeHuiaJ@caa.govt.nz) to ensure your place on a course that is convenient for you.

The CAA's intention is to develop the regulatory training package into a distance education format so that, prior to the conclusion of the three-year transition, all

DMEs and our international DMEs and AMAs will be able to complete the course and be delegated the Director's powers in the new system.

### **International MEs**

Most of the DMEs and AMAs who are practicing outside of New Zealand will be able to continue their examination role, as an ME2 (note the Director's powers will not be delegated to internationally based MEs in the short term). Those who are able to meet the various selection criteria, and complete the necessary regulatory training (course at CAA or distance education when it is available) are eligible to for an assessment role as either an ME1 or ME2.

### **Possible Class 4 Medical Standards**

In line with the recently released Corkill Janvrin report, the CAA is considering recommending to the Minister that Part 67 establish a Class 4 medical certificate. This new certificate could apply to a future Recreational Pilot Licence (under consideration in the Part 61 review) as well as to the certificates issued by the various organisations managing aviation activities under the 100-series rules, such as gliding, parachuting, microlights, parapente, hang gliding and the like.

### **The Corkill-Janvrin Report**

A review of the Rule Part 67, Medical Standards, and the 1% Rule, by Mr Bruce Corkill (Wellington Barrister) and Dr Simon Janvrin (UK CAA medical), has recently been completed. The report can be found on the MoT website at [http://www.transport.govt.nz/downloads/15\\_aviation\\_final.pdf](http://www.transport.govt.nz/downloads/15_aviation_final.pdf). The report is generally referred to as the Corkill-Janvrin report.

Concerning cardiovascular risk analysis, the Corkill-Janvrin report recommends

(paraphrased, see final report for exact wording):

That FlightFit or National Heart Foundation tables be used to estimate a range around a point estimate of risk in any professional pilot or air traffic controller;

That CVS risk assessment be applied to class 1 and 3 certificate holders over the age of 40;

Certificate holders not meeting the risk criteria should remain certificated, for up to 60 days, while further CVS investigation is undertaken;

That the risk analysis be based on a banded 5 yearly risk score with 0 – 5% 5 yearly risk requiring no further action, 5 – 10% requiring lifestyle change advice, and >10% requiring exercise ECG follow-up;

Some sort of increased periodicity be provided to applicants who have undergone further CVS evaluation.

On 25 January 2002, the CAA released a statement on this subject as follows:

“Cardiovascular risk analysis criterion for medical certification – the so called ‘1% rule’ is being relaxed in response to the release of the report of the Minister of Transport’s review of Civil Aviation Rule Part 67 and the ‘1% rule’. The authors of the report, Wellington Barrister Bruce Corkill and Dr Simon Janvrin of the UK CAA recommended changing the present 1% criterion to one based on a 2% criterion.”

“The new criterion is complex and involves considering risk factors and risk assessment bands rather than relying on a simple cut-off between acceptable and unacceptable risk. As an interim measure, the CAA is relaxing the risk level to 2% while work is completed on the other recommendations in the report. The other recommendations will be covered by the package of changes to the medical standards and risk analysis in Part 67 and the revisions to the Civil Aviation Medical Manual.”

“Aviation Medical Assessors (AMAs) who conduct medical assessments are being notified of the change to the ‘1% rule’ by an amendment to the Medical Manual. Pilots and air traffic controllers need to liaise with their AMA to determine how this change will affect them.”

### What you should do.

In order to implement of the Corkill-Janvrin recommendations the Minister will be required to amend the Civil Aviation Rules. Rule amendments will not take place until well after 01 April 2002 when the new system comes into force. In the meantime, an amendment has been prepared for the Medical Manual to implement aspects of the report. The amended paragraph 3.1.2(f)<sup>1</sup> is shown below and is also enclosed, as a replacement page for your Medical Manual.

New paragraph 3.1.2 (f):

A review of the “1% rule” for cardiovascular (CVS) risk was commissioned by the Minister of Transport and carried out by Bruce Corkill and Dr Simon Janvrin in 2001. In keeping with their recommendations, the CAA advises:

CVS risk assessment should be carried out in cases where the applicant for the certificate is below 40 years of age, where risk factors such as strong family history, familial hyperlipidaemia, or other metabolic disorders (diabetes, morbid obesity etc) exist. It should be carried out in all cases where the applicant is over the age of 40.

AMAs may use either the National Heart Foundation tables, the CASA (Civil Aviation Safety Authority Australia) tables, or the Flight Fit Programme. The CAA encourages the use of the Flight Fit software.

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<sup>1</sup> Medical Manual, Volume 2, Chapter 3 (Cardiology), Revision 0 (28 February 1997), PMO:2-3CARD 5, Paragraph 3.1.2 (f)

The CAA has accepted a 1% per annum risk (or 5% per 5 years) as the boundary between good risk and borderline risk, and 2% per annum risk (or 10% per 5 years) as the boundary between borderline risk and unacceptable risk.

AMAs should use their own medical judgement for risks in the “borderline” range (1% or more pa), provided no identified cardiac condition exists. The AMA should provide change of lifestyle advice and put in place a surveillance programme, together with the appropriate endorsement of the medical certificate, to monitor the risk.

In cases where the CVS risk estimate falls in the “unacceptable” range (2% or more pa), the AMA should refer the applicant for a stress ECG and a cardiologist consultation. A 60-day certificate may be issued in the interim.

Please delete the current paragraph 3.1.2(f) in your Medical Manual and replace it with the enclosed amendment page. Please also modify your CAA regulatory medical processes accordingly.

In the usual application of evidence-based medicine to aviation certification, the average risk for the population is compared to the accepted risk threshold. The interpretation of 67.53a is to remain that the maximum acceptable risk of incapacitation for any condition is still 1% per annum. However, the change accepted is that cardiovascular disease in asymptomatic individuals will be considered differently and not until the average risk exceeds 2% on the basis of basic screening, is further testing required.

### **Local briefings in your area**

CAA and Ministry of Transport staff will be visiting locations throughout New Zealand to brief you on recent changes to the medical

system and the review of the pilot licensing rules. This CAA-MoT Medical Certification Consultation *roadshow* will occur during the period 07 – 28 February 2002 and you will be able to obtain up-to-date scheduling information from Roger Crosthwaite (0 4 560 9505) or the website. The most recent draft itinerary is enclosed. We look forward to seeing you at the meeting that is nearest to you.

### **What are my options? (review of decisions)**

We have issued a letter which describes options that are available to applicants who wish to dispute, or desire a review of, any medical certification decision. The text of that letter is enclosed for your information.

Of course the review options will change with the new civil aviation medical certification system in April.

### **A new Notice of Unfitness**

CAA form 24067/011, otherwise known as the *Notice of Unfitness*, has a number of problems and discrepancies that have been pointed out recently. We have modified the form so that it maintains its functionality and is compliant with the Civil Aviation Rules.

The new Notice of Unfitness is enclosed and will soon be available on the CAA website (<http://www.caa.govt.nz/rules/forms.htm>). Please copy the form enclosed and use it instead of the previous form.

CAA does not plan a special print run to provide these replacement Notices of Unfitness with carbon copies so the enclosed form, or downloads from the CAA site, will need to suffice until the new system is in force.

### **Who is doing what?**

The CAA Medical Section presently comprises:

Principal Medical Officer, Dr Dougal Watson;  
Senior Medical Officers, Drs Pooshan Navathe  
and Claude Preitner;

Executive Officer, Judi Te Huia;

Registrars, Drs James Harman, Christine van  
Dalen, & one other position TBA;

Advisors, Vanessa Calnon, Dianne Lassche,  
Dianne Parker, Ngaire Roil, & Suzanne  
Shirtliff (part-time).

Pooshan Navathe has the primary  
responsibility for applicant certification  
matters. Accordingly Pooshan will also be  
responsible for the processing of queries  
directed to us by and about applicants.

Claude Preitner, has responsibility for the  
non-CAA medical officers. Claude will be  
managing the review and audit processes as

well as any educational activities we  
undertake.

Judi Te Huia is responsible for our  
administrative support and the support  
provided to us, and you, by the CAA medical  
Advisor staff.

### **Contacting us.**

The CAA Medical Help Line number is (04)  
560 9466. This number should be used as the  
primary contact for virtually every civil  
aviation medical regulatory matter.

### **Enclosures:**

1. [Replacement paragraph 3.1.2\(f\) for Medical Manual](#)
2. [Draft Itinerary: CAA-MoT Medical Certification Consultation](#)
3. [Dispute of a civil aviation regulatory medical decision: What are my options?](#)
4. [Notice of Unfitness](#)





**Replacement Paragraph 3.1.2(f) for Medical Manual**

Instructions: Delete current page from Medical Manual, (Volume 2, Chapter 3 (Cardiology), Revision 0 (28 February 1997), PMO:2-3CARD 5) and replace with the following page.



### Proposed Itinerary: CAA-MoT Medical Certification Consultation

The Ministry of Transport (MoT), Civil Aviation Authority (CAA) and representatives of the aviation community have been consulting to discuss the framework for medical certification required after the passing of the Medical Certification Amendment Act 2001.

Positive progress has been made in the development of the transitional provisions that need to be in place by 1 April 2002. These transitional provisions come before the rewrite of Rule Part 67 and the Medical Manual. That process has commenced and will incorporate the recommendations of the Corkill Janvrin report.

The MoT and CAA would like to brief the aviation community on where we have got to and provide an opportunity for questions and feedback. The CAA would also like to take the opportunity to provide a briefing on the Part 61 review.

Meetings will be held during February at the following places and times.

<b>North Island Attendees:</b>		Catherine Taylor (CAA GM PLAS), Roger Crosthwaite (CAA Policy Advisor), Dougal Watson (CAA Principal Medical Officer), Hilary Talbot (Principal Legal Advisor)	
<b>Date</b>	<b>Time</b>	<b>Place</b>	<b>Venue</b>
Thursday 7	7pm	Wellington	Wellington Districts Aero Club
Monday 11	7.45 pm	Palmerston North	Manawatu Districts Aero Club
Tuesday 12	12pm	Hastings	Hawkes Bay & East Coast Aero Club
	7pm	Taupo	Taupo Aero Club
Wednesday 13	12pm	Rotorua	Rotorua Aero Club
	7pm	Tauranga	Tauranga Aero Club
Thursday 14	12pm	Hamilton	Waikato Aero Club
	7pm	Ardmore	Auckland Aero Club
Friday 15	12pm	Whangarei	Northland Districts Aero Club
Monday 25	7.45pm	Gisborne	Venue to be advised
Thursday 28	7.45pm	New Plymouth	New Plymouth Aero Club

<b>South Island Attendees:</b>		Catherine Taylor (CAA GM PLAS), Roger Crosthwaite (CAA Policy Advisor), Pooshan Navathe (CAA Senior Medical Officer), Glen-Marie Burns (MoT Senior Advisor)	
<b>Date</b>	<b>Time</b>	<b>Place</b>	<b>Venue</b>
Monday 18	12pm	Blenheim	Marlborough Aero Club
	7pm	Nelson	Nelson Aero Club
Tuesday 19	12pm	Greymouth	Greymouth Aero Club Flight Centre
	7pm	Christchurch	Christchurch Aero Club

Wednesday 20	12pm	Timaru	South Canterbury Aero Club
	7pm	Dunedin	Otago Aero Club
Thursday 21	12pm	Queenstown	Wakatipu Aero Club
	7pm	Invercargill	Southland Aero Club

We would encourage you to attend and look forward to your contribution to the development of the new system.

24 January 2002

**Dispute of a civil aviation regulatory medical decision:**  
**What are my options?**

1. This letter outlines options available to you, an aviation licence-holder, in the event of a medical decision affecting your licence. Your options are different depending on who makes that decision, and are set out under the following headings:
  - 1.1 What can I do when an AMA applies conditions or restrictions with which I disagree to my Medical Certificate?
  - 1.2 What can I do when an AMA declines to issue me with a Medical Certificate?
  - 1.3 What can I do when an AMA declines to issue me with a Medical Certificate but does not provide me with a Notice of Unfitness?
  - 1.4 What can I do when the CAA approves exemption to Part 67 with which I disagree?
  - 1.5 What can I do when the CAA declines me an exemption to Part 67 and I believe one is warranted?
2. The Civil Aviation (Medical Certification) Amendment Act 2001 was passed by Parliament in October 2001 and will come into force on 1 April 2002. When it comes into force, that Act will alter the options available to you. This letter advises you of your options before 1 April 2002. If you wish to pursue the review options available in the new system, such as the new right to a review by the Convener, you may decide it would be better to make a fresh application for a medical certificate after 1 April 2002.
3. In addition to the rights set out in this letter, you may have the right to pursue a High Court application for Judicial Review of decisions made pursuant to the Civil Aviation Rules. The CAA cannot provide advice to you on your rights with respect to Judicial Review. You should seek the assistance and advice of a lawyer if you are considering Judicial Review.
4. If you want further information about any of the options discussed below you may phone the CAA Medical Helpline on (04) 560-9466 for assistance.

**What can I do when an AMA applies conditions or restrictions with which I disagree to my Medical Certificate?**

5. An AMA issuing you with a medical certificate must endorse the certificate with any restrictions or conditions necessary in the interests of safety. The Civil Aviation Rules do not outline any formal processes for reviewing conditions an AMA attaches to a medical certificate.
6. If you disagree with the conditions or restrictions applied to your certificate, you should first discuss the matter with your AMA. There are no formal procedures for this: the process will vary from AMA to AMA.

**What can I do when an AMA declines to issue me with a Medical Certificate?**

7. One reason why an AMA may not have issued a medical certificate is that they have not yet received all of the reports or test results they require. If that is the case, you may wish to wait for the AMA to receive that information before taking any other steps.

8. If an AMA formally declines to issue you with a Medical Certificate, you have these options set out in Civil Aviation Rule 67.13:
  - 8.1 Ask the AMA to review their assessment, especially if you believe they may have overlooked some aspect or if you have additional information that you believe is relevant.
  - 8.2 Seek a review of your case by another AMA. You must advise the second AMA of your first assessment.
  - 8.3 Apply to the Director for consideration of an exemption to the applicable medical standards outlined in Rule Part 67. This is achieved by applying for a Special Medical Assessment (SMA). Your AMA, or the CAA Medical section, can advise you how to apply for an SMA.

**What can I do when an AMA declines to issue me with a Medical Certificate but does not provide me with a notice of unfitness?**

9. An AMA who declines to issue a medical certificate to you may also not issue you with a notice of unfitness. If an AMA declines to issue you with a medical certificate, but does not issue a notice of unfitness, you have the options set out in paragraph 8.

**What can I do when the Director issues an exemption to Part 67 which contains conditions and restrictions with which I disagree?**

10. A CAA Special Medical Assessment will result in either the issue of an exemption letter or the CAA advising you that they cannot issue an exemption. An exemption letter may require any of a wide variety of restrictions and requirements. If you disagree with the exemption the CAA issues, you may apply to the CAA for reconsideration of your SMA. You may believe that some aspect of your situation has been overlooked or if you may have relevant new information to provide. To pursue this avenue you simply apply again for an SMA.
11. In the past, the Aviation Medical Review Board was available to review CAA medical decisions. The Board no longer exists.
12. An AMA cannot review a CAA exemption decision. While an AMA may informally advise you concerning any review you seek, an AMA cannot issue a certificate contrary to a CAA exemption decision. On the other hand, an AMA may, decline to issue a certificate even after the CAA has issued an exemption.

**What can I do when the CAA declines me an exemption to Part 67 and I believe one is warranted?**

13. A CAA Special Medical Assessment may result in the CAA advising you that they cannot issue you with an exemption. If you disagree with this decision you have the options set out in paragraph 10.
14. As set out in paragraph 12, an AMA cannot review a CAA exemption decision.

Yours sincerely

Dougal Watson  
Principal Medical Officer

### **Notice of Unfitness**

A copy of the new Notice of Unfitness is enclosed. Use this page to produce additional copies or download from the CAA website (<http://www.caa.govt.nz/rules/forms.htm> under the Part 67 Medical Standards and Certification section).

