Message from the Chief Medical Officer

Dear AME

Spring is never a quiet time in Medical Department but the past couple of weeks have been exceptionally busy dealing with the consequences of the Icelandic volcanic eruption. The Aeromedical Section urgently organised an exemption to the ANO allowing deferral of medical re-examination for pilots whose medical certificates were due to expire and who were unable to reach a local AME and undertake a revalidation examination in time. The Aviation Health Unit was able to direct enquirers to the Health Protection Agency who were the lead for health advice.

You will, no doubt, have seen in the media that the CAA had to act very quickly and undertook an extensive risk assessment on flying in airspace with varying levels of ash contamination. The episode was unprecedented and served to remind us of the core function of the Safety Regulation Group. I was certainly enormously impressed with the sheer dedication and professionalism of my colleagues.

I hope that most of you were unaffected by the travel disruption. I know all of you will have understood the safety concerns which caused it.

The first of our AME Seminars for this year was held at Gatwick a few weeks ago. The seminar content will be broadly the same at each location but the EASA presentation will be amended to reflect ongoing developments. Please note that EASA's Comment Response Document (CRD) on Part FCL (NPA 17-b) 2008 has now been published and if you submitted any comments to EASA on that NPA, please do check the CRD to ensure that EASA has responded to your comment. If you feel the response is inappropriate, or you feel your original comment has been misinterpreted,

it is important that you respond to EASA before the closing date for comments on the CRD which is 21 May 2010.

We will keep you updated about the publication of EASA's CRD on Part Medical which is due at the end of May.

Kind regards

Sally

<u>Audit</u>

AME Annual Return

The closing date for the annual returns has now passed and I am pleased to say that we received a higher number of returns than last year. I hope you found the change in the format of the form useful, and I would be happy to receive any feedback you may have for next year's form. In the meantime the preparation for your individual letters is well underway and we hope to be posting these out to you within the next few weeks. For those who did not submit a return on time, we are not accepting any more forms and we will not be able to provide a letter for CPD purposes this year.

JAR-FCL 3

One of the recurring findings during audit visits is the use of out of date versions of JAR-FCL 3. Amendment 5 is current, but since the JAA have now archived their website the best place to obtain the latest information is from our website under Guidance Documents in the AME Area. Please ensure that when you are advising applicants and making decisions on certification you refer to this document.

AME Seminars

The first of the planned AME Seminars was held at Gatwick on the 9th April. The programme included ECG reading, Cardiovascular Risk Assessment, Aeromedical aspects of Hypertension, Diabetes, Colour Vision testing,

Refractive Surgery and Substance Misuse as well as an update on EASA. Six hours of CPD were credited to the attendees.

60 AMEs attended having travelled from as far as Kuwait, UAE and Canada. We are now in the progress of arranging further seminars around the UK to be held over the next few months.

AME Online

Read Codes for Previous Medical History

Please take care when you are selecting read codes relating to an applicants family history eg, for blood pressure or diabetes, that you select the right code. Whilst searching this data we have come across cases where it appeared that the pilot had a history of diabetes, with implications for their certification, but on closer investigation it turned out that it was actually a family history of diabetes and the applicant was disease free.

Medication

There have been some issues when users have tried adding a "stopped" or "end" date to an applicant's medication entry on the system.

If you are entering details of a medical for an applicant and some medication details are shown, but he has since stopped taking the drug, click on "update". This will enable you to enter an "End Date" in the second white box to show when it was stopped. Tick the next (small) box and then click "update" again. There will now be an end date entered, and the "Stopped" field will have changed to TRUE.

Technical issues

Please address any issues or technical problems relating to AME Online to ameonline@caa.co.uk and do not send them to individual's e-mail addresses.

Web

Since the last newsletter (January 2010) the following pages have been added/updated on our website:

The Medical Appeals Procedure was updated in February:

http://www.caa.co.uk/default.aspx?catid=49&pagetype=90&pageid=9173

In March the first minutes of the new Cardiovascular Review Panel (previously the Medical Advisory Panel or MAP) were uploaded to the web:

http://www.caa.co.uk/default.aspx?catid=49&pagetype=90&pageid=11270.

The HIV Guidelines were published to the Documents for Download area at the end of March:

http://www.caa.co.uk/default.aspx?categoryid=4 9&pagetype=90&pageid=11267

The following algorithms have been uploaded this month:

Sarcoid algorithm – Feb 2010

Brugada algorithm – Feb 2010

Ectopy (JAA) algorithm – Feb 2010

Ectopy (E3 only) algorithm – Feb 2010

As mentioned previously, information on the original JAA website has now been archived. Consequently our website has had to be updated and all links to JAA pages and/or documents have been amended/removed. For example, the links to JAR-FCL 3 and The Manual of Civil Aviation Medicine have now been removed from the Guidance Documents page. Links within algorithms that previously went to the list of JAA Mutually Recognised States now go to our schedule:

http://www.caa.co.uk/default.aspx?catid=49&pagetype=90&pageid=11173



And finally, a notification and copy of the Exemption document, in relation to the problems encountered due to the Icelandic volcano, was posted in the What's New area:

http://www.caa.co.uk/default.aspx?catid=4 9&pagetype=87

Remember if you sign up for RSS feeds you can keep up-to-date with all the important changes to our site.

NB: Notifications are only sent for relevant updates, not for grammatical or aesthetic changes.

<u>Other</u>

Medicals performed on behalf of other European states

Aircrew

Following on from the recent notification regarding medical assessment of non-UK applicants, there have been a few gueries on whether we have a list of addresses for other aviation authorities. Unfortunately this is not something we have published, as it would be difficult to maintain. However, as per the original notification, if an applicant holds a licence issued by another Member State, you should request the contact details of the other Member State's National Aviation Authority AMS from the applicant prior to undertaking the medical assessment, to ensure that you are able to submit the paperwork to the correct Aeromedical Section.

ATCOs

E3 certificates differ from JAA certificates in that they are legislated for by EU law. So

although not all EU states are issuing E3 certificates, we will accept them from those countries that are and you will therefore be able to revalidate or renew them.

Medical Review Process

This process has now been updated as follows.

Fit/Temporarily Unfit (TU) Process

If a Pilot/ATCO is considered by an AME to be unfit, the AMS must be advised and a "temporarily unfit" (TU) letter will be issued. When an AME is satisfied with a Pilot/ATCO's fitness at a medical examination and wishes a "temporarily unfit" assessment to be reversed, they should telephone the AMS to discuss the case with an Aeromedical Advisor (AMA). A "fit" letter can then be actioned by the AMS.

<u>TU2 Procedure for minor and symptom-based</u> conditions

When a Pilot/ATCO inform the AMS that they have a medical condition that renders them unfit to fly/control, we may decide not to issue a TU letter. In these cases we may instruct the pilot/ATCO that they are assessed as "temporarily unfit" to exercise the privileges of their licence. However, when they or their doctor think that they are fit to resume flying/controlling they may do so without the need to contact us.

In cases of doubt the pilot/ATCO is asked to contact their AME in the first instance. A TU2 letter will be issued after initial contact but a formal "fit" letter does not have to be issued by the AMS once they are fit to return to flying/controlling.

Conditions that this may apply to include minor symptoms and minor surgical procedures. Examples include some upper respiratory tract infections, minor fractures, arthroscopies, soft tissue injuries, day case surgery eg, varicose veins, hernia repair and gynaecological procedures such as D & Cs.

Call Centre

Once again, we would like to remind you that all calls to Medical Department should be routing through the call centre number +44 (0)1293 573700. Further information on this can be found at **Call Centre**.

Finally

If there is anything that you would like to see featured in the newsletter then please let us know so that we can endeavour to include it in future issues.

Links

Guidance Documents ameonline@caa.co.uk **Medical Appeals Procedure** Cardiovascular Review Panel **HIV Guidelines** Sarcoid algorithm Brugada algorithm Ectopy (JAA) algorithm Ectopy (E3 only) algorithm JAA Member States - Schedule **Notification Index** Notification Index (Archive) **RSS Feeds Call Centre**