# **Message from the Chief Medical Officer**

Dear AME

They say that everything that goes around comes around... Those of you who have been AMEs for more than 5 years will remember the periodic newsletters that were mailed to you from Medical Department. We have decided to reintroduce the newsletter in an updated electronic format and I should be grateful for your comments on this style of communication. We intend to produce a newsletter every 3 or 4 months. If we need to let you know of an urgent policy change in-between newsletters we will do so by email. The guidance on our website will be updated as and when new policies are issued, so these will remain the reference policy documents for you. In the interests of transparency and ease of access, we will publish all the newsletters in the AME area of our website. If you have any topics that you think could be usefully included in a future newsletter, please contact Ewan Hutchison at ewan.hutchison@caa.co.uk. Ewan has responsibility for the day-to-day running of the AME network, which includes AME audit and oversight.

As I mentioned at the AAME Conference in April, during the past few months Medical Department has been subject to a financial review, the results of which will be published for consultation in the Autumn. I will let you know when this occurs as you will have the opportunity to comment on the proposals. One of the outcomes of the review is that an annual AME approval charge is likely to be introduced. As the financial review has not yet been completed, I am unable to give you any further information at this stage.

An important point in this newsletter is that all AMEs practising in the UK will, from 16 November 2009, require both to be

registered with the GMC and hold a licence to practice. If you practice in the UK we will be asking you to confirm that you hold a licence to practice in due course.

I would like to wish you and your families a very pleasant Summer holiday.

Kind regards

Sally Evans

Chief Medical Officer

#### <u>Audit</u>

Audit of practice is an essential part of the CAA's oversight of AMEs. This section of the newsletter provides general feedback and in each edition we will focus on a different area of practice covered during the audit process.

## **Security of Medical Records**

The audit process covers the security of medical records. Hard tokens, usernames and passwords are provided on an individual basis and details should NOT be given to any other person. You should treat them as you might your credit/debit card and PIN number. We will check to ensure that you are familiar with the <a href="MME Online Terms">AME Online Terms & Conditions</a>.

Paper medical records should also be stored safely and securely. Our audit visits to AMEs' practices check whether all reasonable steps have been taken. We would recommend that you review your arrangements for keeping medical records on a regular basis. Guidance is available to accompany the Data Protection Act 1998 and from sources such as the GMC, the Royal Colleges and your medical defence union. Please ensure that you are taking all reasonable steps to safeguard the medical records for which you are responsible.

#### **Good AME Practice**

Within the CAA Medical Department we have a system for recording examples of good practice that any of our staff come across. The following are two examples of just that. We hope to share these with you through the newsletter and would be happy to hear any ideas that you have.

An applicant revalidating their JAA Class 1 certificate was deferred to the AMS because of an issue in their declared medical history. Prior to submitting the paperwork from the medical, the AME had written a detailed letter to the applicant's GP requesting further reports. The letter included the 4 main points to be covered by the GP. The GP's response thus provided all the information needed to make a certificatory decision and when this was submitted with the forms from the medical we were able to make a prompt decision and issue the pilot's certificate.

An initial applicant for JAA Class 2 certification had a trace of glucose in their urine. The AME referred the applicant for a glucose tolerance test and they were discovered to have (previously undiagnosed) Type 2 Diabetes Mellitus. The applicant's certification was deferred to the AMS and the AME wrote a detailed referral letter to the applicant's GP, which was also copied to us. The GP wrote directly to us, copied to the AME and we were able to issue a certificate.

If medicals are deferred to us without further specialist or GP reports, there may be a further delay whilst we write to the applicant's doctor and wait for a response. In both examples the cases were so well managed by the AME that the certificates could be issued by the CAA promptly. In cases such as these we try to ensure that the applicants are made aware of the excellent service their AME has provided.

#### **Med 160s**

To prevent a pilot from inadvertently failing to declare a significant medical condition you must ensure that the Med 160 form is properly completed. We find examples where the general and medical history boxes (numbered 101 - 133, 150,151 and 170-179) have been left blank and 'no change' has been written in the 'Remarks' box. This is not acceptable and in situations where we find that the Med 160 form has not been fully completed we will normally return it to you. This may impact on the validity of any medical certificate you have issued so, to ensure best customer service, please ensure that the application form is completed in full before you undertake the medical and that you verify the information declared, as well as prompting additional information during discussion about medical history – even if you do know the pilot well. You may wish to remind them that "...if the applicant refuses to complete the application form fully or refuses to sign the declaration consent to release medical information, you must inform the applicant that you may not issue a medical certificate regardless of the result of the clinical examination."

[JAR-FCL 3 IEM FCL 3.095 (c)(3)].

Please remember that even if you are using AME Online the pilot must complete, date and sign a Med160 form which must be countersigned by you.

**Medical Forms** 

#### **GMC Licensing and Revalidation**

Several AMEs have asked us to confirm the CAA's requirements for AME approval when the new GMC rules come into being later this year. To maintain approval as AMEs, doctors practising in the UK will be required to be registered with the GMC and hold a license to practice. Further information on this is available at GMC Website link.

## **AME Online**

## **Recording of Uncorrected Vision**

Please remember that visual checks on contact lens wearers need to include measuring and recording the current uncorrected visual acuity as required in JAR-FCL 3.215 (c)(2). On occasion we have had to contact AMEs when they have forgotten to record this. Please also remember to ask applicants for initial JAA Class 2 certificates if they wear contact lenses when they book an appointment and if they have gas permeable or hard contact lenses to wear spectacles instead for 48hr before the medical.

#### **ECG interpretative Software**

AME Online users are no longer required to send in an ECG reading fee with their hard copy ECGs, provided they are using ECG reading software included in our approved list. This means they are "Fully Operational" and are invoiced per Class 1 medical performed. Those not using software from the list should continue to send in a reading fee with their Class 1 ECGs.

We would ask you to please notify us immediately should you decide to change to a system that does not use CAA approved software, as your "Operational" status will have to be changed for invoicing purposes.

# **AME Online User Policy**

This has now been uploaded to the web and gives details on who can have access to AME Online, as well as the procedure for AMEs wishing to "locum" at another practice. AME Online User Policy

### Web

On 30 June 2009 the JAA officially closed. However, we are still working to JAR-FCL 3 (Medical) Amendment 5 until the EASA requirements have been established. For reference you can find the links to an electronic copy of the document on the web pages under <u>Guidance Documents</u>.

#### **RSS Feeds**

We would be grateful for any feedback on using the rest feed facility. Since inception in April, 10 items have been sent out and added to our feed list. More information on using RSS feeds can be found on the web site.

#### **Call Centre**

Please be reminded 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 <u>Call Centre</u>.

NB: Please note that some versions of the AME Online manual had a typographical error (Chapter One: Credentials). The number above is correct.

#### **Departmental Changes**

Some new staff members have joined the team over the past year, so an up-to-date organisation chart is appended for your information.

#### Links

AME Online Terms & Conditions

Medical Forms

GMC Website link

Approved list of interpretative ECG reading software

AME Online User Policy

Guidance Documents

RSS feeds

Call Centre

# MEDICAL DEPARTMENT ORGANISATION CHART

(July 2009)

