
PROCEDURES FOR AUDITING MEDICAL ASSESSMENT

1.0 PURPOSE

1.1 This Order is issued to provide guidelines for Auditing Medical Assessment. By definition as contained in the Manual of Standards for Aviation Medical Examiners, “Medical Assessment” – means, “the evidence issued by a Contracting State that the holder meets specific requirements of medical fitness. It is issued following an evaluation by the Licensing Authority of the report submitted by the designated medical examiner who conducted the examination of the applicant for the license”.

2.0 REFERENCES

- 2.1 Civil Aviation (Personnel Licensing) Regulations
- 2.2 ICAO Doc 8984, Manual of Civil Aviation Medicine
- 2.3 ICAO Annex I (Personnel Licensing)

3.0 GUIDANCE AND PROCEDURES

3.1 As a corollary, “Auditing Medical Assessment” means Audit of “the evidence issued by the Contracting State” against the “Standard” as laid out. Put in common language what this means is that the following issues would be looked at:

- (1) The Licence issued by the Authority against the requirements laid out for the same licence and documenting the result
- (2) Does the license conform to the requirements?
 - a) If the answer is “YES” the Assessor on behalf of the Authority endorses the Medical Assessment;
 - b) If it does not conform and this is as a result of an error by AME, the Assessor will need to notify the Licensing office so that correction is undertaken;
 - c) If it is not an error; has this been reached following “Accredited Medical Conclusion” (AMC) as spelt out in Annex 1?
 - i. If “YES” the Assessor endorses the Medical Assessment on behalf of the Authority for continuing to hold the awarded Assessment.

- ii. If “NOT” then the Assessor will need to initiate and see the AMC Process to conclusion as outlined below.
- d) The AMA acknowledges to the AME and the Authority that an AMC is required and calls for a Medical Board consisting of three AMEs, himself included;
- e) The AMA on behalf of the Authority chairs the Medical Board for the AMC. The Board is free to call the AME in charge of the case and any other Specialists as it may find necessary;
- f) At the end of the deliberations the Board issues an AMC which is conveyed to the Authority by the Board;
- g) The Authority at its discretion issues its final “ Medical Assessment “ to the Applicant as it deems fit in the interest of flight safety.

3.2 **Assessment**

The Aviation Medicine examination is detailed in the Civil Aviation (Personnel Licensing) Regulations and an Aviation Medical Examiner (AME) should recognise easily whether an individual clearly meets the requirements. If however, an individual does not meet a requirement, or is marginal under several of them, the AME shall discuss the matter further with the Authority, i.e. the Aviation Medicine Section (AMS), which may provide or have access to further opinion and create ‘accredited medical conclusion’. In all cases where an AME has refused or referred an assessment, the relevant data will be forwarded to the AMS in order that such data may be reviewed or made available to Aviation Medicine Centres (AMCs) and AMEs in other member States, should the individual decide to apply for a certificate elsewhere (see ‘Review Procedures’).

3.3 **Special Investigations**

Not all special investigations allow for specific measurement and in many cases their interpretation is subjective. Under such circumstances it will be necessary for the AMS to request the raw data or ‘hard copy’ as well as a specialist’s report so that a further review can be made by external specialists briefed on Aviation Medicine risk management.

3.4 **Aviation Medicine Limitations**

- 3.4.1 In some cases an applicant will require assistance to meet the requirements, for example using contact lenses or spectacles. Under these circumstances a respective limitation should be placed upon the medical certificate and may be transferred to the licence. If an applicant is assessed as requiring correction to meet the visual standards at initial assessment and therefore require a ‘VDL’ or ‘VNL’ limitation, it is possible that his vision may improve. An AME should not however add or remove that limitation without verifying the position with the AMS and normally a further full refraction will be required before a visual limitation can be changed. One exception here should be a normal progression into presbyopia which requires a simple reading addition and only requires spectacles to be available – under these circumstances the AMS should not require consultation.
- 3.4.2 Some limitations are operationally related e.g. ‘as or with qualified co-pilot’ and if maintained for longer than 6 to 12 months, should be transferred to the licence. If such action is taken the medical certificate should indicate this e.g. ‘Refer to limitations on the licence’.
- 3.4.3 If an applicant does not fully meet the requirements for a Class 1 medical certificate, but is considered by the AMS to be within the acceptable risk of incapacitation, according to accredited medical conclusion, the AMS may assess him as fit in a multi-pilot environment. The affected pilot can be either pilot or co-pilot. In case of an incapacitation the other pilot can take over. The multi-pilot (Class 1 ‘OML’) limitation “valid only as or with qualified co-pilot” has to be added.

The safety pilot (Class 2 ‘OSL’) limitation is a similar limitation applying to Class 2 applicants. The affected applicants have to fly in an aircraft with dual controls. The safety pilot can take over control, if the pilot should become incapacitated. For both limitations the essential element is the availability of a second qualified pilot in the unlikely event of an incapacitation of the one with the limitation.

3.5 **Medical Flight Tests**

- 3.5.1 Where a physical deficiency is noted a cockpit check or medical flight test may be required. A cockpit check is appropriate where stature or deformity may be a consideration – for example, obesity can be a problem in smaller aircraft, particularly with floor mounted controls. Where fine movement and strength may be a concern, for example in an amputee, a medical flight test is appropriate and the AMS should brief the examiner concerning the problems that may be expected. In the case of lower leg amputation, toe brake operation may not be possible and with a forearm amputation, it may be necessary to specify which seat may be used. Any arm or hand disability must be carefully considered as the applicant must be able to maintain continuous control of primary flight control surfaces at critical flight phases i.e., at landing or take-off.
- 3.5.2 Simulators may be used instead of aircraft when the characteristics and cockpits accurately represent that aircraft and may allow more extensive challenge to the applicant than would be possible in actual flight. If an applicant is considered fit for a medical certificate following medical flight test a report should be made to the AMS and recommendation made by them to the Authority for any appropriate conditions such as ‘restricted to demonstrated type’.
- 3.5.3 Given such procedures, flexibility may be applied to the requirements in a uniform manner and under varied operational conditions. By applying common assessment policies based on Aviation Medicine risk assessment, flight safety should not be compromised and thus maintain the original concept of ICAO Annex I.

3.6 **Review Procedures by AME**

3.6.1 **The Assessment**

The Civil Aviation (Personnel Licensing) Regulations and Technical Guidance Materials provide direction to Aviation Medical Examiners (AMEs) in assessment and also indicate whether decisions should be referred to their national Authority, i.e. Aviation Medicine Section (AMS) for further consideration. This approach encourages the use of ‘accredited medical conclusion’ as it broadens the basis of what may, in many cases, be rather intangible risk management.

3.6.2 **Refusal**

The Aviation Medical Examiner (AME) is therefore primarily responsible for deciding whether an applicant is within the Requirements (initial Class 2) or remains within the Requirements (revalidation or renewal Class 1 or Class 2). Any applicant who presents for examination must be examined unless the immediate history (epilepsy, psychosis or insulin dependent diabetes for example) obviously precludes any kind of certification. If full examination indicates that an applicant does not clearly meet the requirements, the AME must advise him of the area of concern and that a report of the refusal/referral will be forwarded to the national AMS without delay. Any applicant rejected by an AME or Aviation Medicine Centre (AMC) will have his data forwarded to the AMS and may then request further review. Such a request will be treated in the same manner as a referral.

3.7 **Review Procedure by AMS**

- 3.7.1 Any case referred to the AMS nationally must be reconsidered against the Requirements, Appendices and, if necessary, the AMC. If further investigation or opinion is required the applicant should be advised of this need and how it may be achieved. While applicants should be

free to choose their physician advisers, it is expected that the AMS will maintain a list of medical specialists with particular Aviation Medicine interest or experience. On occasion it may be necessary for the AMS to direct the applicant to a specific physician for a further opinion. In all such cases relevant documentation must be provided to the specialist. The AMS may assess applicants being outside the requirements of Subparts B or C, but within the requirements of the Appendices, as fit. Such fit assessments may be delegated to the AMC or the AME at the discretion of the AMS. In case of such fit assessments the AMS shall be informed of the details of such assessment. The AMS may create a list of conditions (subject to delegation or not). Furthermore, the AMS may revoke such a fit assessment, if it is established that it has not met, or no longer meets, the requirements of relevant national law.

3.7.2 **Secondary Review**

Upon completion of their review the AMS should make an assessment and advise the applicant in writing of that decision. In most cases the AMS will have sufficient additional expertise and operational experience to make a decision. However, some cases require careful consideration of complex studies, for example coronary angiograms. In such cases it may be advantageous for the AMS to bring together several cardiologists in order to gain consensus concerning interpretation of this data. A national Aviation Medicine Advisory group of this type will normally be chaired by a senior member of the AMS and may include medical representatives of the airline industry and aircrew associations with further operational expertise available. The assessments can then be demonstrated as having been given full consideration. The AMS does not delegate its authority to such medical advisers but may find their support invaluable. Any certificate issued under the Appendices and AMCs must be annotated as such and carry any appropriate limitations. The AMS shall indicate where and when further examination is required.

3.7.3 **Standardisation**

All cases which are outside the Requirements and require consideration by the AMS shall be filled and collected in AMS. The file shall include identification details, age; type of licence held or requested medical condition.

The AME shall provide Annex 1 Standard or Appendix referred to, and assessment recommended by himself including any Limitations applied. A short narrative indicating the clinical summary is required in order to follow the reasoning applied. Proper compilation of this data should support audit of the Requirements and Appendices and enable continuing review of the AMS's function. At least an annual summary of all review procedures should be forwarded to the Director Aviation Standards and Regulations.

3.7.4 **Amendment of Common Policy**

Some cases may be outside the Requirements and Appendices but may still be considered a reasonable risk by an AMS. Such cases should be presented to the Director Aviation Standards and Regulations with all supporting data and if favourably assessed may lead to an exemption or amendment of Requirements, Appendices or Manual of Civil Aviation Medicine.

Civil Aviation Authority