

January 8<sup>th</sup> 2014

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Dear Sir/Madam,

I am writing to you as a General Medical Practitioner and a Civil Aviation Safety Authority (CASA) Designated Aviation Medical Examiner (DAME) of 20 years. I also hold the medical portfolio for the Aircraft Owners and Pilots Association (AOPA).

In the carrying out of these duties I have come across many complaints about the Aviation Medicine Section of CASA (AVMED). I am the first to admit that pilots get very passionate about having the ability to continue to fly and complaints are inevitable but these complaints have been escalating fairly dramatically over the last several years.

Briefly they can be summarized as:

- Excessive delays in processing applications for medical certificates
- Excessive and expensive investigations and requirements
- Not taking sufficient notice of the pilot's DAME or his treating specialist

I'm sure that you would have had multiple submissions from other individuals and organisations with these factors involved.

While safety is of course a primary requisite I feel that more use could be made of the pilot's DAME in issuing certificates and making some decisions particularly for the Class 2 (Private) medical certificate.

I have appended an article from a very experienced Aviation Medical Examiner in the USA who explains how the FAA that much more issues can be handled by the aviation medical examiners who do have special training in the discipline of Aerospace Medicine.

CASA AVMED currently have an investigation proceeding into possibly permitting DAME's to issue Class 2 medical certificates in uncomplicated cases without CASA involvement although there would still be some degree of oversight. Judging by what is happening in the USA I feel that this is achievable while still retaining the same degree of safety.

I hope that you will take this information into your considerations and that the Review panel will see fit to recommend the initiative.

Yours Sincerely,

Anthony van der Spek

MBBS, FRACGP, ACCAM. DAME

# FAA's Medical Division Changing with the Times

by Dr. Jerrold Seckler

Back in the 60s when I got my first medical, the FAA was quite inflexible in their interpretation of the medical standards. If you had one of the disqualifying conditions listed in Part 67; that was it. You simply were not eligible for a medical. Other standards were also very strict. Vision requirements for first- and second-class certificates required essentially normal uncorrected vision. Back then, if you wore glasses you needed to get a Statement of Demonstrated Ability (SODA), otherwise known as a waiver, to obtain your medical. Eventually the FAA realized that virtually everyone who wore glasses that corrected to 20/20 qualified for the waiver, so they changed the rules to allow issuance as long as one's corrected vision met the standard. This saved the FAA from lots of paperwork and it made life easier for pilots.

Over the last 20 or so years, the FAA has become progressively more flexible in dealing with conditions that previously were absolutely disqualifying. As medical science has progressed, the FAA has changed its stance on certification of pilots with many of these "disqualifying" conditions. That led to the special issuance program whereby pilots could present the FAA with documentation that their condition was stable and they could safely exercise the requirements of pilot in command. This program allowed the FAA (NOT the AME) to make an initial determination as to whether a pilot was fit to fly. If a special issuance was approved, it came with an expiration date and a list of what testing needed to be completed in order to renew. Eventually, instead of the FAA requiring each renewal to go through the FAA itself, it delegated the ability to renew to the AME using the AASI (AME Assisted Special Issuance) procedure. Once you had the Special Issuance (SI), you could, in most cases, renew

by presenting the AME with the FAA required information stated in the SI Letter.

Just as with vision, it has become more and more obvious to the FAA that virtually all pilots with certain conditions who applied for a Special Issuance received it and that naturally led to the question of whether the SI process could be streamlined.

A few months ago, the FAA developed the CACI (Conditions the AME Can Issue) program. This program allows the AME to issue a medical certificate at the time of the pilot's visit to a pilot with a potentially disqualifying condition without having to first get approval from the FAA.

Currently the conditions covered by the program are: arthritis, asthma, glaucoma, hepatitis C, hypertension, hypothyroidism, migraine and chronic headaches, pre-diabetes (metabolic syndrome, impaired fasting glucose, insulin resistance, glucose elevation/intolerance), and renal cancer. The FAA has indicated that over the next few months a number of other diagnoses will be added to the program. These include: kidney stones, carotid artery stenosis, colitis and irritable bowel syndrome, colon cancer, bladder cancer, leukemia, and Hodgkin lymphoma. I suspect a number of additional diagnoses will be added in the near future.

What this means is that a pilot with any of the above conditions can go to his or her AME, present information attesting to the stability of the condition and have the AME issue the medical certificate on the spot.

This raises the question of how the pilot is supposed to know what information the AME will need at the time of the visit. The best recommendation for pilots who have any of




the conditions named above is to call the AME a month or so before the exam and ask what data he or she will need. Then ask your treating physician to give you the necessary information and give it to the AME at the time of the exam.

These changes will make it far easier and less stressful for many pilots to obtain their medical certificates. It may also make it slightly more expensive since many AMEs may decide to charge more for CACI assignments because these changes will require them to spend far more time evaluating the patient's information rather than simply forwarding it to the FAA for their consideration. I think being able to get one's certificate on the spot rather than waiting for an FAA evaluation will be well worth any additional expense.

This program also benefits those pilots who still will need Special Issuances because by eliminating the need for the FAA to review all the applications for conditions listed above, it will free up time and personnel to review those conditions

still requiring FAA approval. This should result in faster turnaround times, making the Special Issuance procedure faster and more efficient.

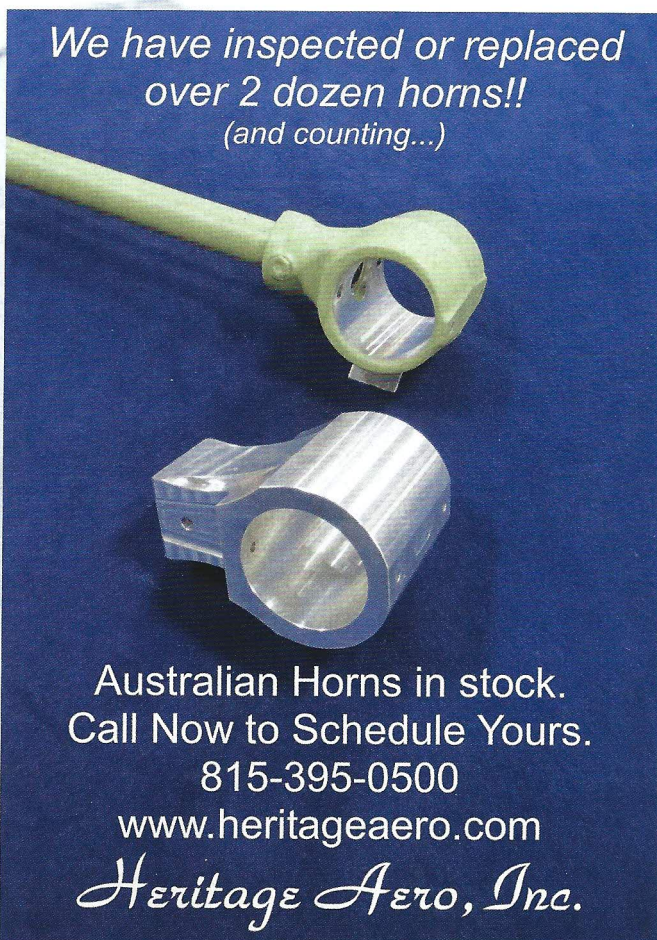
While the FAA, like all government bureaucracies, moves slowly, the FAA Medical Division is changing with the times and with the advances in medical knowledge and treatments. The Aeromedical Branch of the FAA is truly committed to making it easier for pilots to obtain and maintain their medical certification. 

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*About the Author: Dr. Jerrold Seckler recently retired after practicing medicine (urology) for over 40 years and as an active AME for 25 years. He has almost 6,000 total hours, 1,700 of those in his 2001 Cirrus SR22. He is a CFII, former COPA Board Member and a ground instructor at COPA CPPP.*

*Any information given in this article is general in nature and does not constitute medical advice.*

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