



Update ME

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A brief update from the
Civil Aviation Authority
Central Medical Unit

16 June 2006

Reminder: Certificate expiry dates

The new Part 67 provides a *grace period* that allows for a new medical certificate to be issued before expiry of the old certificate without any loss of time. For example: If a 30 year old applicant who holds a class 1 medical certificate, that is scheduled to expire on 01 July 2007, applies and presents for an examination on 15 June 2007; and if the ME is happy that the applicant meets the medical standards; then the ME can issue a new medical certificate (on 15 June 2007) scheduled to expire on 01 July 2008. Rules 67.61(a)(ii) and 67.61(c) apply.

But what happens if that same applicant also holds a class 2 medical certificate that is scheduled to expire on 01 July 2011?

On 15 June 2007 this class 2 medical certificate will not be within 30 days of expiry so rule 67.61(c) does not apply. The ME is faced with a choice between two options: (1) Only consider an application for a new class 1 medical certificate; (2) Consider an application for both a new class 1 and a new class 2 medical certificate.

- (1) If the ME considers only the class 1 application then the existing class 2 medical certificate will continue to exist unchanged, and will expire on 01 July 2011.
- (2) If the ME consider the application for both class 1 and 2 medical certificates, and issues both, then the new class 2 expiry date would be 15 June 2012 (**not** 01 July 2012).

From the literature: thrombogenesis of hypoxia

A recently reported single-blind, cross-over study¹, using a hypobaric chamber concludes “Our findings do not support the hypothesis that hypobaric hypoxia, of the degree that might be

¹ [Effect of hypobaric hypoxia, simulating conditions during long-haul air travel, on coagulation, fibrinolysis, platelet function, and endothelial activation.](#) Toff WD et al. JAMA. 295(19):2251-61, 17 May 2006.

(Editorial) [How thrombogenic is hypoxia?](#) Bartsch P. JAMA. 295(19):2297-9, 17 May 2006.

encountered during long-haul air travel, is associated with prothrombotic alterations in the haemostatic system in healthy individuals at low risk of venous thromboembolism”.

In the courts: Coroner’s Court

The Christchurch Coroner recently released his report into the 06 June 2003, *controlled flight into terrain*, accident of the Piper Navajo Chieftain ZK-NCA near Christchurch Aerodrome². The aircraft was destroyed and the accident resulted in the death of the pilot and seven of the nine passengers. The accident was also subject to a previous TAIC aircraft accident investigation³.

During the coronial inquest a number of medical matters were investigated in depth, although there was never any suggestion that medical factors caused or contributed to the accident. Prominent amongst these medical enquiries were cardiovascular matters (autopsy of the pilot revealed the presence of substantial atheromatous coronary artery disease) and issues relating to the pilot’s use and purchase (possibly over-the-counter) of reading spectacles.

The coroner noted that the accident is the equal-seventh worst non-military aircraft accident in terms of persons killed, and concludes his report with 31 formal recommendations. None of those 31 recommendations relate to the medical certification process or any medical matters.

CASA PMO position

The Australian civil aviation safety regulatory authority, CASA, has recently announced the hiring of Dr Ian Hosegood as their new Principal Medical Officer. Dr Hosegood will leave Emirates airline, based in Dubai, to join the CASA team later this year.

² Christchurch Coroner’s report on Piper Chieftain accident on 06 June 2003: R McElrea, 30 May 2006.

³ [TAIC investigation 03-004](#), Piper PA 31-350 Navajo Chieftain ZK-NCA, controlled flight into terrain, near Christchurch Aerodrome, 06 June 2003.

CAA Medical Help

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