



It's three years since the major medical certification changes to the Civil Aviation Act 1990. The transition is not yet complete as we await the new Civil Aviation Rule Part 67 and a suite of general directions to complete the legislative structure for our system.

Three years into 'new' system

The 01 April 2002 (Medical Certification) legislative amendment enacted some major changes to our medical certification system. These changes included:

Clarity with respect to the role and authority of the Director of Civil Aviation for the issue of medical certificates;

Establishment of the convener review process;

Provision for appeal, in respect to medical certification decisions, to the District court (see "In the courts" below);

Inclusion of the 'flexibility' option, including the use of Accredited Medical Conclusion, which can be applied to applicants who do not meet the medical standards (The new AMC process closely mirrors the international legislation found in Annex 1 of the Chicago Convention).

From the (draft) new Part 67

The draft re-issue of Part 67¹ (Medical Standards and certification), presently under development by the Ministry of Transport, contains a number of new provisions when compared to the current rule.

One such change, which is likely to please most participants, can be found at (draft) rule 67.61(c). This rule provides for a transition period between an old medical certificate and a new one. This means that, in certain circumstances, there is no certification time lost by applicants who apply for and are issued a new medical certificate before their previous certificate expires.

The new Rule Part 67 provides a solution to the certification 'creep' problem where time is lost between new and previous medical certificates

In the courts

A recent District Court judgement upheld the appeal against a medical certification decision. The case relates to an airline pilot with recurrent

neurocardiogenic syncope. The Director of Civil Aviation will appeal to the High Court in respect to this judgement².

Colour vision

Colour vision is a topic of frequent debate in aeromedical circles. Those with an interest in this topic may wish to read the NTSB report into the 26 July 2002 "Tallahassee" Boeing 727 accident³. This report concludes, amongst other things, that the first officer's colour vision deficiency contributed to the accident.

The *Tallahassee* first officer had severely deuteranomalous colour vision.

For argument's sake

Dicto simpliciter is the fallacy of sweeping generalization⁴. It consists of the application of a broad general rule to an individual case whose special features might make it exceptional. To insist that the generalisation must apply to each and every case, regardless of individual differences, is to commit the fallacy of *dicto simpliciter*.

An example can be found in "We all know that children are smaller than their parents. Well, now that I'm fifty and Dad is eighty, I've noticed that I'm quite a bit taller. Maybe he isn't my real father."

Reminder: Those new forms

The two new forms mentioned in January "Update ME" newsletter should be used instead of the previous *Special Eye* and the *Audiometry* forms. Please discard old forms and use only the most recent documents.

The new Special Eye Report and Audiometry Report forms should be used.

These two new forms can be downloaded from the CAA website⁵.

¹ <http://www.transport.govt.nz/business/aviation/nprm.php>

² [Appeal lodged by the CAA from District Court Decision.](#)

³ [NTSB AAR 04/02](#)

⁴ Pirie, M. Book of the Fallacy: A Training Manual for Intellectual Subversives. Routledge & Kegan Paul Books Ltd (1985).

⁵ [http://www.caa.govt.nz/Medical/Forms for Medical Certification](http://www.caa.govt.nz/Medical/Forms%20for%20Medical%20Certification)

CAA Medical Help

Tel: +64-4-560 9466 Fax: +64-4-560 9470
Email: med@caa.govt.nz web site: www.caa.govt.nz