

Your doctor must advise the CAA

Medical conditions may interfere with aviation safety

You have probably been given this information sheet because your doctor is planning to advise the CAA in respect of your medical condition.

Why does my doctor have to report to the CAA?

All doctors have a legal obligation to advise the CAA if they believe or suspect that a licence holder has a medical condition that "... may interfere with the safe exercise of the privileges to which the licence holder's medical certificate relates". This obligation is contained in Schedule 2, clause 8(3) of the Civil Aviation Act 2023 (the Act, see 'Looking at the Law' section below).

How bad does my situation have to be for a doctor to report to the CAA?

Medical conditions, or their treatment, have the potential to interfere with aviation safety in a variety of ways. They may:

- result in behavioural changes;
- lead to increased risk of incapacitation (sudden, gradual, profound, subtle, partial etc);
- result in a reduction or impairment in functional (physical, cognitive etc) capacity;
- lead to a reduction in the capacity for decision-making, attention, or concentration.

In considering your medical situation your doctor may either:

- believe or suspect that your medical situation may lead to any of these impairments;
- be unsure that your medical situation cannot lead to any of these impairments;
- be confident that your medical situation cannot lead to any of these impairments.

If your doctor believes or suspects that your medical situation may lead to any of these impairments, then they have a legal obligation to advise the CAA. If your doctor is not sure that your medical situation will not lead to any of these impairments, then they should consult the CAA medical unit to seek further advice. If your doctor is confident that your medical situation cannot lead to any of these impairments, then it's unlikely that the CAA needs to be advised.

Is there anything my doctor does not need to report?

Yes. The CAA has published a General Directions (GD) document titled 'Temporary Medical Conditions'. This GD provides a comprehensive list of exceptions, for temporary medical conditions, to the reporting requirements set out in Schedule 2, clauses 8 and 9 of the Act.

What will the CAA do?

The CAA will acknowledge the doctor's report. The CAA will then review your medical situation in light of the information received. Further information may be sought, and a decision will be made as to whether, or not, further action is appropriate. The nature of any CAA response to this information will depend on the individual circumstances of your case, and you will be kept fully informed throughout the review.

Does this requirement apply to all pilots?

This requirement applies to all pilots (and air traffic controllers) who hold, or are required to hold, a CAA medical certificate. This will include private pilots, commercial pilot, airline pilots, and air traffic controllers as well as some parachutists, ultra-light pilots, balloonists, glider pilots etc.

Does this requirement apply only to pilots?

No, this provision also applies to air traffic controllers.

But I don't consent to this information being passed to the CAA!

Your doctor has a legal obligation to advise the CAA. This is one of the many public safety obligations of doctors. Your doctor does not require your consent to advise the CAA of the information required under Schedule 2, clause 8(3) of the Act.

Do I also have to advise the CAA?

Yes. You also have a legal obligation to advise the CAA (See: 'Looking at the law', Schedule 2, clause 8(1) overleaf). The fact that your doctor is making a report to the CAA does not remove your obligation to also report. Failure to provide the CAA with the information required under Sch 2, cl 8(1) of the Act is an offence and could lead to prosecution.

If your medical situation needs to be reported to the CAA you also have a legal obligation not to fly, or operate as an air traffic controller. Sch 2, cl 8(1) of the Act also requires that you not fly (or operate as an air traffic controller) if you have any change in your medical situation, or if you have any previously undetected medical condition, that may interfere with the safe exercise of the privileges to which your medical certificate relates.

Even if you are planning not to fly, as required in Sch 2, cl 8(1)(b), you still have a legal obligation to inform the CAA.

I don't agree with this decision. What are my appeal or review options?

Doctors, in general, are subject to a wide variety of review and appeal facilities. Your doctor is required to tell you that they will be advising the CAA and should explain their reasons to you. If you do not agree with your doctor's decision to advise the CAA and wish to have this decision reviewed then you should ask your doctor, or medical staff at the CAA Central Medical Unit, about the review and appeal options that are available.

If you do not agree with any subsequent decision that the CAA may make, in response to the information provided by your doctor, you may elect to pursue: review by the Convener; District Court Appeal; and/or Judicial Review. Further information concerning these review options can be obtained from another Medical Information Sheet, titled 'What Are My Review Options?'¹, that can be downloaded from the CAA website.

¹ <https://www.aviation.govt.nz/assets/publications/medical-information-sheets/mis005-what-are-my-review-options.pdf>

Looking at the law

Changes in medical condition of a licence holder

Your doctor's obligations are contained within the Civil Aviation Act 2023. Specifically, Sch 2, cl 8(3) of this Act states:

If a medical practitioner has reasonable grounds to believe that a person is a licence holder and is aware, or has reasonable grounds to suspect, that the licence holder has a medical condition that may interfere with the safe exercise of the privileges to which the licence holder's medical certificate relates, the medical practitioner must, as soon as practicable, —

- (a) inform the licence holder that the Director will be advised of the condition; and
- (b) advise the Director of the condition.

Your obligations, as a licence holder as defined in the Act, are contained within Sch 2, cl 8(1) which states:

If a licence holder is aware of, or has reasonable grounds to suspect, any change in the licence holder's medical condition or the existence of any previously undetected medical condition that may interfere with the safe exercise of the privileges to which the licence holder's medical certificate relates, the licence holder —

- (a) must advise the Director of the change as soon as practicable; and
- (b) must not exercise the privileges to which the licence holder's medical certificate relates.

A **licence holder** is defined in Sch 2, cl 1 of the Act as:

licence holder means a person who—

- (a) holds an aviation document or is permitted under the rules to operate an aircraft solo as a pilot; and
- (b) holds, or is required under the rules to hold, a medical certificate

Temporary Medical Conditions GD

3. Medical conditions to which these general directions applies

(a) These general directions apply only to temporary medical conditions listed in the Table contained in Schedule 1. Under these general directions, a person required to report medical conditions under section 27C of the Act, is not required to report a temporary medical condition specified in the table if characteristics for non-reporting are present. The acceptable characteristics for non-reporting are set out in the table.

(b) If a medical condition falls outside the scope of the temporary medical conditions specified in the table contained in these general directions, the reporting obligations of section 27C of the Act apply.

For example, the Temporary Medical Conditions GD does not require hay fever to be reported (1.1 in Schedule 1) subject to several 'acceptable characteristics' described in the Advisory Appendix. Those characteristics are that: there are no distracting nasal or eye symptoms; and there is only occasional sneezing; and there is no nasal, sinus or Eustachian tube blockage or pain; and there is no history of nasal polyps, nasal or sinus surgery; and there is no wheezing or shortness of breath.

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