This document is acceptable to the Director under Part 67.163(b) to be used as part of a Medical Examiner’s exposition to meet the requirements of Part 67.163(a).

|  |
| --- |
| **Exposition information** |
| Medical examiner name: |  | Medical examiner ID: |  |
| Email address: |  | Contact number: |  |
| Is this an update to a previous exposition? |[x]  Yes |[ ]  No | Date of this exposition: |  |
| If this is an update, summarise the change(s) since the last exposition: |  |

| **Scope of my current and/or planned aviation medical practice -** Part 67.163(a)(2) |
| --- |
|[ ]  Yes |[ ]  No | Class 1, 2, and 3 Examination only |
|[ ]  Yes |[ ]  No | Class 1, 2, and 3 Examination and Assessment |
|[ ]  Yes |[ ]  No | Airline or Airforce Medical Officer  |
|[ ]  Yes |[ ]  No | Medical Examiner Safe Haven (MESH)  |
|[ ]  Yes |[ ]  No | Other (specify):  |  |
| Means of ensuring continued compliance requirements - Part 67.203 |
| Part 67.203(a)(5) prescribes requirements for continued compliance by Medical Examiners, including attending ongoing training courses in aviation medicine and aviation regulation, as may reasonably be required by the Director. | My intended aviation education CME / conferences: |

| **Locations where I practice aviation medicine -** Part 67.163(a)(5) |
| --- |
| **Practice 1 (primary) location** |
| **Name and address** |  | **Practice number** |  |
| **ME mobile** |  |
| **Secured email address** |  |
| **Practice 2 location** |
| **Name and address** |  | **Practice number** |  |
| **ME mobile** |  |
| **Secured email address** |  |
| **Practice 3 location** |
| **Name and address** |  | **Practice number** |  |
| **ME mobile** |  |
| **Secured email address** |  |
| **Itinerant practice location** |
| **Name and address** |  | **Practice number** |  |
| **ME mobile** |  |
| **Secured email address** |  |
| **Itinerant practice location** |
| **Name and address** |  | **Practice number** |  |
| **ME mobile** |  |
| **Secured email address** |  |
| **Home address** |
| **Name and address** |  | **Practice number** |  |
| **ME mobile** |  |
| **Secured email address** |  |

| **Other personnel involved in aviation medical practice -** Part 67.163(a)(3) and (4) |
| --- |
| **Title and name** | **Duties and responsibilities** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| **My access to facilities adequate for conducting aviation medical examinations to the required standard in accordance with the medical manual -** Part 67.163(a)(6) |
| --- |
| Summary of my **clinical facility** |  |
| Description of administrative support for my **administrative facilities** |  |
| Description of my available **communication facilities** |[ ]  Landline phone |[ ]  Internet access to the CAA website  |
|  |[ ]  Mobile phone |[ ]  Secured email as indicated above |
|  |[ ]  Core Share |[ ]  Other: |  |
|  |  |

| **Equipment used for examination** Leave details empty if the equipment does not apply to your practice |
| --- |
| **General equipment** | **Comments / details**  |
|[ ]  Weighing measurement | Last calibration date:  |
|[ ]  Height measurement |  |
| **Vision testing equipment** | **Comments / details**  |
| Distance vision chart: |  |  |
|[ ]  3m with mirror  |[ ]  Snellen printed  |
|[ ]  6m |[ ]  Snellen backlit |
|  |  |[ ]  Other (specify device):  |
|[ ]  Near vision charts | Specify:  |
|[ ]  Ishihara colour vision plates | Number of plates: Edition date:  |
|[ ]  Visual field testing | Confrontation (or name of device):  |
|[ ]  Lighting: day light and Phillips65 or equivalent | If equivalent, give details:  |
| Communication of results |[ ]  Incorporated in GME |
|  |[ ]  Other (specify):  |
| **Audiometry equipment** | **Comments / details**  |
| Not outsourced: |  |
|[ ]  Apparatus | Brand and model:  |
|[ ]  Calibration | Calibration date: By:  |
|[ ]  Outsourced | To:  |
| Method of interpretation of results and notification to CAA |[ ]  Incorporated with GME |
|  |[ ]  Self-interpretation against the reference standards |
|  |[ ]  Audiologist or specialist interpretation  |
| **Spirometer equipment** | **Comments / details**  |
| Not outsourced: |  |
|[ ]  Apparatus | Type and model:  |
|[ ]  Calibration | Calibration date: By:  |
|[ ]  Outsourced | To:  |
| Method of interpretation of results and notification to CAA |[ ]  Report incorporated with GME |
|  |[ ]  Self-interpretation against the reference standards |
|  |[ ]  Automatic reporting of interpretation |
|  |[ ]  Specialist review |

| **Equipment used for examination** Leave details empty if the equipment does not apply to your practice |
| --- |
| **Blood pressure measuring equipment** | **Comments / details**  |
|[ ]  Apparatus | Brand and model:  |
|[ ]  Calibration (unless mercury sphygmomanometer) | Calibration date: By:  |
| Method of interpretation of results and notification to CAA |[ ]  Incorporated with GME |
|  |[ ]  Interpretation in accordance with general directions and official guidelines |
| **ECG machine** | **Comments / details**  |
|[ ]  Apparatus | Brand and model:  |
|[ ]  Calibration (unless self-calibrating) | Calibration date: By:  |
|[ ]  Outsourced | To:  |
| Method of interpretation of results and notification to CAA |[ ]  Tracing and report incorporated with GME |
|  |[ ]  Interpretation in accordance with best practice, the general directions and the medical manual |
|  |[ ]  Other (detail):  |
| **Urine testing equipment** | **Comments / details**  |
|[ ]  Urine dip sticks |  |
|[ ]  Outsourced | To:  |
| Method of interpretation of results and notification to CAA |[ ]  Incorporated with GME |
|  |[ ]  Interpretation in accordance with best practice, the general directions and the medical manual |
|  |[ ]  Other (detail):  |
| **Urine/saliva drug testing equipment** | **Comments / details**  |
|[ ]  Held at rooms | Provide details of any drug testing training  |
|  |  |  |
|[ ]  Kit certified under ASNZ4308  | Provide details of procedure for non-negative test results |
|  |  |  |
|[ ]  Outsourced | To:  |
| Method of communicating results to applicant and CAA |[ ]  Non-negative results sent to CAA without delay |
|  |[ ]  Result communicated to applicant at time of testing |
|  |[ ]  Other (detail):  |
| **Blood testing equipment** | **Comments / details**  |
|[ ]  Outsourced | To:  |
|[ ]  Point of contact blood testing device for routine blood lipids and HbA1c | Provide a detailed procedure for POC testing, including calibration and auditing |
|  |  |  |
| Method of interpretation of results and notification to CAA |[ ]  Incorporated with GME |
|  |[ ]  Non-negative results forwarded to CAA immediately |
|  |[ ]  Other (detail):  |

|  |
| --- |
| **Declaration** |
| Part 67.163(a)(7) to (12) |
| I agree to – |
| [ ]  | meet Part 67.163(a)(7) to (12) by describing my own procedures in Annex A, **OR** |
| [ ]  | meet Part 67.163(a)(7) to (12) by using the procedures provided by CAA in Annex B. |
| Part 67.203(a)(1) and (3) |
| I declare that – |
| [ ]  | each of the locations specified in this document hold at least one complete and current copy of this exposition, and |
| [ ]  | every applicable part of this exposition is available to personnel who require it to carry out their duties. |

|  |
| --- |
| Medical examiner’s statement Part 67.163(a)(1) |
| I confirm that –  |
|[ ]  this exposition accurately describes my aviation medical practice and demonstrates my means and methods of ensuring ongoing compliance with Part 67.161; and |
|[ ]  I, and any personnel involved in my aviation medical practice, will comply with this exposition at all times. |

|  |
| --- |
| **Signature** |
| ***To add an electronic signature:***1. *Right click the X and select sign from the drop-down list*

*or*1. *Click the “View Signatures” pop-up under the Ribbon, click Signer 1, and select sign from the drop-down list*
2. *Follow the instructions to sign*
 | **Signature** |  |
| **Date** |  |

|  |
| --- |
| **CAA acceptance** Part 67.163(b) **CAA office only to complete** |
| Comments: |  |
| Reviewed and approved by: |  | Date: |  |

# Annex A: Procedures developed by Medical Examiner

Leave blank if ME is using the CAA developed procedures in Annex B

|  |
| --- |
| **Procedures for communicating with the Director, including –** Part 67.163(a)(7) |
| 1. The referral of applications for medical certificate to the Director for assessments
 |  |
| 1. Where applicable, the reporting of changes in medical conditions that may interfere with the safe exercise of privileges
 |  |
| 1. The prior notification of every proposed change to any details specified under 163 (a)(2), (a)(3), (a)(4), (a)(5)
 |  |

|  |
| --- |
| **Details of means of ensuring continued compliance with requirements in Part 67.203 –** Part 67.163(a)(8) |
| 1. Hold at least one complete and current copy of the certificate holder’s exposition at each location of the practice specified in the exposition; and
 |  |
| 1. Comply with all procedures, systems and programmes detailed in the certificate holder’s exposition, including those relating to conflicts of interest; and
 |  |
| 1. Make every applicable part of the exposition available to personnel who require it to carry out their duties; and
 |  |
| 1. Continue to meet and comply with the requirements prescribed for medical examiner certification under Subpart D; and
 |  |
| 1. Attend ongoing training courses in aviation medicine and aviation regulation, as may reasonably be required by the Director; and
 |  |
| 1. Comply with general directions and emergency directives issued under section 27G of the Act; and
 |  |
| 1. Hold an up-to-date copy of the medical manual; and
 |  |
| 1. Ensure that an accurate record is kept of every examination of every applicant for a medical certificate; and
 |  |
| 1. Notify the Director of any change of address for service, telephone number, or facsimile number within 28 days of the change
 |  |

|  |
| --- |
| **Details of systems and procedures to ensure the adequate –** Part 67.163(a)(9) |
| 1. Control, inspection, testing, and calibration of equipment
 |  |
| 1. Control and amendment of documentation relevant to the aviation medical practice
 |  |
| 1. Identification, collection, indexing, storage, maintenance and disposal of records
 |  |
| 1. Training, assessment and authorisation of any personnel to carry out the functions in 9(i), 9(ii) and 9(iii)
 |  |

|  |
| --- |
| **Details of procedures for identifying and managing any conflict of interest arising out professional obligations –** Part 67.163(a)(10) |
|  |

|  |
| --- |
| **Details of an annual internal quality assurance audit programme to ensure conformity of aviation medical practice with procedures in the exposition –** Part 67.163(a)(11) |
|  |

|  |
| --- |
| **Details of procedures to –** Part 67.163(a)(12) |
| 1. Control and amend the exposition
 |  |
| 1. Ensure that it meets the applicable requirements of this Part
 |  |
| 1. Ensure that the Director is provided with a copy of every amendment to the exposition as soon as practicable after the incorporation into the exposition.
 |  |
| 1. Distribute the exposition to personnel
 |  |

# Annex B: Procedures developed by CAA

This annex is acceptable to the Director under Part 67.163(b) to be used as part of a Medical Examiner’s exposition to meet the requirements of Part 67.163(a).

Procedure contents

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[16. Identifying and managing conflict of interest 31](#_Toc200648107)

[17. Annual internal quality assurance audit programme 32](#_Toc200648108)

### Glossary

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| AMC | Accredited Medical Conclusion |
| CAA | Civil Aviation Authority |
| CMU | Central Medical Unit |
| GDs | General Directions |
| GME | General Medical Examination |
| MAR | Medical Assessment Report |
| ME | Medical Examiner  |
| MER | Medical Examination Report |
|  |  |

### Associated links and documents

This procedure is linked to the following:

* [Part 67](https://infohub.aviation.govt.nz/otcsdav/nodes/62534712/Part%2067___________________)
* [General Directions](https://www.aviation.govt.nz/licensing-and-certification/medical-certification/general-directions/)
* [Medical Manual](https://www.aviation.govt.nz/licensing-and-certification/medical-certification/medical-manual/)
* [Annex 1 to the Convention on International Civil Aviation — Personnel Licensing](https://www.icao.int/safety/aviation-medicine/Pages/pub.aspx)

**Relevant forms:**

* [Application for a medical certificate](https://www.aviation.govt.nz/assets/forms/24067-001.pdf) Form CAA 24067­­­-001
* [Medical examination report](https://www.aviation.govt.nz/assets/forms/24067_002.pdf) Form CAA 24067-002
* [Medical assessment report](https://www.aviation.govt.nz/assets/forms/24067-003.pdf) Form CAA 24067-003
* [Part 67 Accredited Medical Conclusion - request for Identification of experts (pdf version)](https://www.aviation.govt.nz/assets/forms/24067-300.pdf) or

[Part 67 Accredited Medical Conclusion - request for Identification of experts (Word version)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.aviation.govt.nz%2Fassets%2Fforms%2F24067-300.docx&wdOrigin=BROWSELINK)Form CAA 24067-300

### Amending the exposition

The exposition will remain current. Updates will be made as required, and a copy of each amended exposition will be sent electronically to CAA for review and filing within 10 working days (to meet the requirements under Part 67.163(a)(12)(iii)).

Under Part 67.163(a)(7)(iii), CAA must be notified **prior** to changes to an exposition regarding the:

* scope of aviation medical practice,
* titles, names, duties, and/or responsibilities of personnel involved in the aviation medical practice, or
* list of locations where aviation medicine is practiced.

CAA will be notified through the submission of a dated, updated exposition, which includes a summary of changes.

CAA will acknowledge notification and reassess whether the exposition remains acceptable to the Director (Part 67.163(b)).

The exposition will be updated at least once every 3 years when applying for a renewal of a delegation and designation. The exposition will also be amended as required by the Director when considered necessary in the interests of aviation safety (Part 67.203(c)(3)).

### Referring applications for medical certificates

|  |
| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
| Part 67.163(a)(7)(i) | Part 67.163(a)(7)(i) | Application for a medical certificate | [Part 67 Application for a medical certificate](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24067-001) (CAA form 24067-001) |

**Process**

* The application for a medical certificate must occur prior to any questioning or examination
* An applicant must fill in the appropriate CAA application form with no omission. An ME cannot complete the form on behalf of an applicant
* An applicant can expand on any ‘yes’ answers in the spaces provided within the appropriate CAA application form, or on additional pages as necessary
* The Practice administrator or Practice nurse or ME is to ensure all documentation is completed and received
* Before starting an examination, an ME must:
	+ check the applicant has paid the correct fee,
	+ ensure the applicant has completed the application form,
	+ have identified the applicant and witnessed them signing their filled-in application form, and
	+ have signed the application form
* The next process is the examination by an ME

**Information to support completing the appropriate CAA form**

| **Step table for Part 67 application for a medical certificate**  |
| --- |
| **Section/description** | **Responsible** | **Verified by** | **Check point(s)** |
| **Page 1** |
| Receipt number | Applicant | ME | **Must** complete receipt number and payment date and provide physical copy, ME to verify |
| Title | Applicant | Practice admin/ Nurse/ ME | **Must** have the appropriate title ticked |
| First names | Applicant | ME/ Practice nurse | Evidence of given names are supported by identification |
| Surname | Applicant | Practice admin/ Nurse/ ME | **Must** have completed |
| Known as | Applicant | ME/ Practice nurse | Optional if wanting to be referred by a shortened or other name |
| CAA participant number  | Applicant | ME/ Practice nurse | **Identify** and write in the box |
| Age | Applicant | ME/ Practice nurse | **Must** be recorded as per identification |
| Date of birth | Applicant | ME/ Practice nurse | **Must** be recorded as per identification |
| Gender | Applicant | ME/ Practice nurse | **Must** identify M = Male or F = Female |
| Address for service | Applicant | ME/ Practice nurse | **Must** be a physical address i**n New Zealand**. Cannot be an overseas address |
| Postal address | Applicant | ME/ Practice nurse | **May** have a different address to the address for service |
| Telephone (business/private) | Applicant | ME/ Practice nurse | **Must** have a recorded contact telephone number be it work and/or home  |
| Mobile | Applicant | ME/ Practice nurse | **Must** record a mobile number |
| Email | Applicant | ME/ Practice nurse | **Must** record an email address |
| Certificate applied for | Applicant | ME | **Must** tick the appropriate selection(s) |
| New Zealand Aviation document currently held | Applicant | ME | **Must** tick the appropriate selection(s) |
| Other or previous licences | Applicant | ME | **Must** answer IF applicant holds other CAA certification |
| Employer, Aero Club/ Training facility, Occupation | Applicant | ME | Complete if applicable |
| Aircraft types flown recently, hours flown | Applicant | ME | Complete if applicable |
| General practitioner, Practice | Applicant | ME | **Must** complete  |
| **Page 2** |
| 1 Medical history | Applicant | ME | **Must** answer **all** questions, either Y (yes) or N (no) |
| **Page 3** |  |  |  |
| 2 Certificate history  | Applicant | ME | **Must** answer Y (yes) or N (no) |
| 3 Conviction | Applicant | ME | **Must** answer Y (yes) or N (no) |
| 4 Schedule 2 clauses 10-15 | Applicant | ME | **Must** answer Y (yes) or N (no) |
| 5 Family history | Applicant | ME | **Must** answer Y (yes) or N (no). If Y (yes), include detail(s) in space provided |
| 6 Smoking | Applicant | ME | **Must** answer Y (yes) or N (no). If Y (yes), include detail(s) in space provided |
| 7 – 10 Alcohol | Applicant | ME | **Must** tick appropriate options and detail number of units per week |
| 11 Visit to a health professional | Applicant | ME | **Must** answer Y (yes) or N (no). If Y (yes), include detail(s) in space provided |
| 12 Medication | Applicant | ME | **Must** answer Y (yes) or N (no). If Y (yes), include detail(s) in space provided |
| Details | Applicant | ME | **Must** provide details if Y (yes) has been identified |
| **Page 4** |
| Consent and acknowledgement | Applicant/ ME | ME | **Must** be signed by applicant and witnessed by ME |
|  |  |  |  |



### Examination by Medical Examiner

|  |
| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
|  | Part 67.55-59 | Application for a medical certificateExamination by the Medical Examiner | [Part 67 Medical examination report](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24067-002)  (CAA form 24067-002) |

**Process**

* This process can only occur after:
	+ an applicant has paid the correct fee,
	+ the appropriate CAA application form has been signed by the applicant and ME, and
	+ the ME has identified the applicant and verified their identification
* An ME must fill in the appropriate CAA Medical examination report form in full, inclusive of any details regarding positive answers, and attach any other relevant documentation
* An ME is not to comment further on any positive answer
* An ME should forward to CMU the first page of the application within 5 working days
* If an ME is satisfied with the examination, the next process is to assess and issue a certificate

**Information to support completing the appropriate CAA form**

| **Part 67 Medical examination report**  |
| --- |
| **Description/ section** | **Responsible** | **Verified by** | **Check point(s)** |
| **Page 1** |
| Name | Practice admin/ Nurse/ ME | Practice nurse/ ME | **Must** be completed |
| Client ID / CAA participant number | Practice nurse/ ME | Practice nurse/ ME | **Enter** the correct participant number from the application form  |
| Comments | Practice nurse/ ME | Practice nurse/ ME | List any history details and **must** list all medication details |
| CVD risk assessment | ME only | Practice nurse/ ME | **Must** be performed if required by GDs |
| Eyes | ME only | Practice nurse/ ME | **Must** be completed |
| **Page 2** |
| ENT | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Heart | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Vascular system | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Lungs and chest | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Abdomen | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Lymphatic system | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Endocrine system | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Genito-urinary system | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Skin | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Locomotor system | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Neurological examination | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Psychiatric examination | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Urinalysis | ME only | Practice nurse/ ME | **Must** have a tick in either the **Yes** or **No** box. Use the notes section if any abnormality has been identified |
| Routine spirometry | ME only | Practice nurse/ ME | **Must** be performed if required by GDs |
| Routine test dates | ME only | Practice nurse/ ME | **Must** be completed with correct dates**Must** include supporting documents |
| Applicant identification | ME only | Practice nurse/ ME | **Must** be completed and evidence provided if not known to the ME |
| Comments | ME  | Practice nurse/ ME | May be used if required |
| Medical Examiners declaration | ME only | Practice nurse/ ME | **Must** be completed by ME, the ME stamp used |



### Assessing and issuing a medical certificate

|  |
| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
|  | Part 67.53-61 | Examination by Medical ExaminerAssessment by Medical ExaminerIssue of medical certificate | [Part 67 Medical assessment report](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24067-003)(CAA form 24067-003) |

**Process**

* An ME should start the assessment as soon as practicable, and consider the complete reports and accompanying documentation
* An ME should obtain any information missing from any of the documents
* An ME may require any other test, examination, or re-examination as considered necessary

**Information to support completing the appropriate CAA form**

|  |
| --- |
| **Part 67 Medical assessment report** |
| **Description/ section** | **Responsible** | **Verified by** | **Check point(s)** |
| Name, CAA participant number/ID, phone, date of birth | Practice admin/ Nurse/ ME | Practice nurse/ ME | **Must** be completedNHI not compulsory to complete |
| Report dates | Practice admin/ Nurse/ ME | Practice nurse/ ME | **Must** be completed |
| Documents sighted | Practice nurse/ ME | Practice nurse/ ME | Tick the appropriate box |
| Medical conditions considered | ME only | Practice nurse/ ME | **Record** if required the CVD risk, any conditions identified including the year and what GD was used |
| Surveillance and other requirements | ME only | Practice nurse/ ME | **Record** any mandatory surveillance and other requirements including their periodicity **Record** any advisory recommendations |
| Duration of certificate and restrictions | ME only | Practice nurse/ ME | Appropriate class(es) **must** be identified and recorded along with any restrictions/endorsements. **Tick** appropriate eligibility box |
| Decision | ME only | Practice nurse/ ME | **Tick** the appropriate box under schedule 2 clause 5 |
| Signature | ME only | Practice nurse/ ME | **Must** be signed by the ME |
| Date completed | ME only | Practice nurse/ ME | **Must** be recorded |
| ME name and ID number | ME only | Practice nurse/ ME | **Must** be completed |



### Assembling documentation

|  |
| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant document(s)** |
|  | Part 67.55-59 | Communication | CAA Document checklist |

**Process**

* An ME must forward the assessment to the CMU within five working days of having determined that an applicant is either eligible or ineligible for a medical certificate
* The preferred order of assessments to be sent to the CMU are:
	+ **Copy** of the stamped and signed medical certificate
	+ The **original or** a **copy** of the stamped and signed Medical assessment report
	+ **Copy** of the client letter
	+ The **original or** a **copy** of the application for a medical certificate
	+ The **original or** a **copy** of the Medical examination form
	+ The **original or** a **copy** of the ECG tracings
	+ **Copy** of any other investigations, results, reports or consultations
	+ **Copy** of any AMC if conducted by the ME
* During the transition period and upon making an assessment decision, an ME should also consider sending a copy of the Medical Assessment report to an ME2 who undertook the applicant’s medical examination

|  |
| --- |
| **Assembling documentation steps** |
| **Step** | **Description/ section** | **Responsible** | **Verified by** | **Check point(s)** |
| 1 | Medical assessments | Practice admin/ Nurse/ ME  | Practice admin/ Nurse/ ME  | **All** CAA medical assessments are to be forwarded to the CMU. This includes eligible, ineligible and incomplete (eg client elected not to continue with assessment) medical assessments  |
| 2 | CAA document checklist | Practice admin/ Nurse/ ME  | Practice admin/ Nurse/ ME  | Recommended to refer to the CAA Document checklist ensuring all required documents are provided  |
| 3 |  | Practice admin/ Nurse/ ME  | Practice admin/ Nurse/ ME  | If sending via post: staple or clip all documents together If sending electronically: send via email or notification to download to CMU |
|  |  |  |  |  |



### Accredited Medical Conclusion (AMC)

|  |
| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
|  | Part 67.63 | Applicant does not meet the Medical Standards of CAR Part 67Accredited Medical ConclusionCommunication | [Part 67 Accredited Medical Conclusion - request for identification of experts](https://www.aviation.govt.nz/about-us/forms/Filter/?SearchTerm=24067-300) (CAA form 24067-300) |

**Process**

* AMC consent on page 4 of the application form must be **signed** by the applicant
* Complete Accredited Medical Conclusion:
	+ Request for identification of experts form
* Forward to CMU:
	+ Request for identification of experts form
	+ Supporting information

**Information to support completing the CAA form**

| **Part 67 Accredited Medical Conclusion – request for identification of experts** |
| --- |
| **Description/ section** | **Responsible** | **Verified by** | **Check point(s)** |
| AMC consent | Applicant | ME | Applicant **must** be informed of and sign consent on their application form if proceeding to AMC |
| **Page 1** |
| Applicant name | ME | ME | **Must** be completed |
| CAA participant number | ME | ME | **Must** be completed |
| Classes of medical certificate sought | ME | ME | **Must** be class 1 and/or class 2 and/or class 3 |
| Date of application for medical certificate | ME | ME | A **mandatory** requirement and **must** be completed |
| Date of AMC request | ME | ME | A **mandatory** requirement and **must** be completed |
| Condition(s) that do not meet the standards | ME | ME | Medical condition **must** be completed with supporting evidence |
| **Page 2** |
| Available and willing to be expert | ME | ME | **Must** be completed either **Yes** or **No** |
| If I were named expert I would | ME | ME | If willing to be expert **must** be completed with your proposed plan  |
| Medical Examiner name | ME | ME | **Must** be completed |
| ME ID | ME | ME | **Must** be completed |
| Signature | ME | ME | **Must** be signed by ME either electronically or physically  |
| Date of application | ME | ME | **Must** be completed |
| Forward AMC application to CMU | ME | ME | All relevant information **must** be sent with the AMC request form |



### Dispatching documentation to CMU

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| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
|  | Part 67.103(b)  | Communication |  |

**Process**

* The applicant must complete the appropriate application form with no omissions
* Collate documents as per the assembling documentationrequirements
* During the transition period, and upon making an assessment decision, the ME should also send a copy of the Medical assessment report to the ME2 who conducted the applicant’s ME
* Electronically send the complete documentation to CMU within 5 working days of completing the assessment
* Retain original documents in accordance with the retention policy

|  |
| --- |
| **Steps to dispatching documentation to the CMU** |
| **Step** | **Description/ section** | **Responsible** | **Verified by** | **Check point(s)** |
| 1 | Collate documents | Practice admin/ Nurse/ ME | Practice admin/ Nurse/ ME | Collate documentation as per Assemble documentation |
| 2 | Forward to CMU | Practice admin/ Nurse / ME | Practice admin/ Nurse/ ME | Send completed documentation to CMU electronically |
| 3 | Retention | Practice admin/ Nurse / ME | Practice admin/ Nurse / ME | Retain originals  |



### Monitoring outstanding cases

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| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
|  | Part 67.57-63 | Assessment by Medical ExaminerAccredited Medical ConclusionExtension of Medical Certificate |  |

**Process**

* If awaiting further reports:
	+ Request information/tests as necessary and advise the applicant of 90 day validity of GME
	+ Regular follow up if reports not received (at least every three weeks)
	+ When reports received continue with assessment and send any completed assessment to CMU, assembled as per Assembling the documentation and Dispatching of documents
	+ If reports are not received within 90 days, then send documentation to CMU assembled as per Assembling the documentation and Dispatching of documents
* If awaiting AMC decision:
	+ Advise applicant of AMC process and of the 90 days validity of their GME
	+ Monitor and follow up with CMU if no timely response
	+ Complete the assessment on receiving the AMC
	+ Send documents to CMU, assembled as per Assembling the documentation and Dispatching of documents
* Ensure the ME has signed **all** the appropriate documentation
* Check all documents are attached and assembled as per the preferred order in Assembling the documentation
* Send completed or discontinued assessment to CMU within 5 working days of decision



### Reporting changes in medical condition or previously undetected condition of a licence holder

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| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
| Part 67.163(a)(7)(ii) | the Civil Aviation Act 2023, Schedule 2, clauses 8-9 and 12-15 | Change in medication condition / suspension process |  |

**Process**

* ME to follow requirements of CAA Act Schedule 2 clauses 8-9 and 12-15 and act within the limits of their delegation
* If condition **is** covered by temporary medical conditions GD, then suspension is not necessary; advise participant on conditions for return to operations as per GD
* If condition **is not** covered by temporary medical conditions GD, then initiate suspension or impose conditions as necessary
* Carry out reporting requirements to the Director and licence holder as necessary of any decisions made by the ME



### Ensuring continued compliance with Part 67.203

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| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
| Part 67.163(a)(8) |  |  |  |

***Procedure under development***

### Adequate control, inspection, testing, and calibration of medical equipment

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| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
| Part 67.163(a)(9)(i) |  |  |  |

* All equipment will be maintained and calibrated in accordance with manufacturer’s instructions
* The procedure will be in accordance with the standard laid out in [Aiming for Excellence in Health and Safety update for CORNERSTONE® practices](https://www.rnzcgp.org.nz/gpdocs/New-website/Quality/UPDATE-INDICATOR-20-Aiming-for-Excellence-update-April-2016.pdf), The Royal New Zealand College of General Practitioners

### Adequate control, amendment, and recording of documentation

|  |
| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
| Part 67.163(a)(9)(ii) and (iii) |  |  |  |

**Associations**

This procedure follows the standard laid out in:

* [Aiming for Excellence in Health and Safety update for CORNERSTONE® practices](https://www.rnzcgp.org.nz/gpdocs/New-website/Quality/UPDATE-INDICATOR-20-Aiming-for-Excellence-update-April-2016.pdf), The Royal New Zealand College of General Practitioners
* [Managing patient records](https://www.mcnz.org.nz/assets/standards/0c24a75f7b/Maintenance-patient-records.pdf), Medical Council of New Zealand

### Training, assessing, and authorisation of personnel

|  |
| --- |
| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
| Part 67.163(a)(9)(iv) |  |  |  |

***Procedure under development***

### Identifying and managing conflict of interest

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| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
| Part 67.163(a)(10) |  |  |  |

**Associations**

This procedure follows the standard laid out in:

* [Aiming for Excellence in Health and Safety update for CORNERSTONE® practices](https://www.rnzcgp.org.nz/gpdocs/New-website/Quality/UPDATE-INDICATOR-20-Aiming-for-Excellence-update-April-2016.pdf), The Royal New Zealand College of General Practitioners
* [Conducting medical assessments for third parties](https://www.mcnz.org.nz/assets/standards/6aa7da6e21/Conducting-medical-assessments-third-parties.pdf), Medical Council of New Zealand

### Annual internal quality assurance audit programme

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| **References** |
| **Exposition requirement** | **Related to** | **Medical Manual section(s)** | **Relevant form(s)** |
| Part 67.163(a)(11) |  |  |  |

***Procedure under development***