

Aeromedical Examiner & Aeromedical Ophthalmologist Approvals

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GENERAL

Overseas Territories Aviation Circulars are issued to provide advice, guidance and information on standards, practices and procedures necessary to support Overseas Territory Aviation Requirements. They are not in themselves law but may amplify a provision of the Air Navigation (Overseas Territories) Order or provide practical guidance on meeting a requirement contained in the Overseas Territories Aviation Requirements.

PURPOSE

This Circular provides information on the process for the issue, maintenance, renewal and amendment of Aeromedical Examiner and Aeromedical Ophthalmologist approvals.

RELATED REQUIREMENTS

This Circular relates to OTAR Part 67.

CHANGE INFORMATION

First issue.

ENQUIRIES

Enquiries regarding the content of this Circular should be addressed to Air Safety Support International at the address on the ASSI website www.airsafety.aero or to the appropriate Overseas Territory Aviation Authority.

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1 Introduction

- 1.1 The requirements for approval of Aeromedical Examiners and Aeromedical Ophthalmologists are set out in OTAR Part 67, and these apply to all Territories. The information within this OTAC should assist in understanding of what is required for the initial application, continued maintenance and renewal of approval and the process that is to be followed.
- 1.2 To apply for an OTAR Part 67 Aeromedical approval an applicant must hold an Aeromedical approval/authorisation from one of the following:
- European Aviation Safety Authority (EASA)
 - US Federal Aviation Administration (FAA)
 - Transport Canada (TC).
- 1.3 Any restrictions or limitations on the EASA, FAA or TC approval/authorisation will be reflected in the OTAR Part 67 Aeromedical approval.
- 1.4 Applicants only holding an Aeromedical approval/authorisation from an ICAO contracting State other than one of those above should contact the relevant OTAA (see information in para 8).
- 1.5 The EASA, FAA or TC approval/authorisation must be current at the time of OTAR Part 67 approval and remain current throughout the period of the approval.

2 Application for the issue of an Aeromedical Examiner or Aeromedical Ophthalmologist approval

- 2.1 The applicant must have met the following criteria:
- Completed a recognised course of aviation medical training
 - Hold an approval/authorisation from either EASA, FAA or TC
 - Completed relevant refresher training and the appropriate number of medical examinations as required by the current approval/authorization
 - Have appropriate facilities to conduct the medical examinations
 - Hold a local Medical Council approval for where the medical examinations are to be conducted
- 2.2 An applicant must submit the following documentation:
- A completed application form (example at Appendix A)
 - A completed assessment of Aeromedical premises form (example at Appendix B)
 - A copy of the primary medical qualification
 - A copy of the aviation medical qualification
 - A copy of the EASA, FAA or TC approval/authorisation
 - Local Medical Council registration document
 - A copy of the passport

The original documentation and the proposed medical examination premises may be inspected as part of the application process.

2.3 Applications will be considered against the number of local aviation medical examinations required.

2.4 All aeromedical approval applications will be verified with EASA, FAA or TC as applicable. A response is required before any further action can be taken.

3 Issue of an Aeromedical Examiner or Aeromedical Ophthalmologist approval

On successful completion and submission of the requirements in para 2 above the applicant will receive:

- Approval to conduct examinations for the issue of applicable UK Overseas Territories medical certificates; for a period not exceeding five years
- A unique AME reference number
- A template for the medical examination application form
- The medical examination checklist
- Guidance on the medical certification process
- A template for the aviation medical certificate

4 Maintenance of approval

During the periodicity of the approval the following items must be adhered to:

- Retention of an unchanged approval/authorisation from EASA, FAA or TC
- Completion of refresher training as required by EASA, FAA or TC, as appropriate
- Refresher training as required by the relevant OTAA
- Retention of registration from the local Medical Council
- Submission of medical examination reports to the OTAA within the defined timescales

5 Amendments to approval

If any element of the approval should require amendment (including but not limited to change of EASA, FAA, TC approval/authorisation conditions or relocation/closure of medical examination premises) the following should be submitted:

- A completed application form indicating the relevant amendment required
- A completed assessment of Aeromedical premises form, if this has changed from the previous application
- Documentary evidence to support the requested amendment.

6 Renewal of approval

6.1 One month prior to the expiry of the approval an applicant must submit:

- A completed application form for the renewal of approval
- A copy of the unchanged approval/authorisation from EASA, FAA or TC
- Evidence of completed refresher training as required by EASA, FAA or TC, as appropriate
- A copy of the local Medical Council registration document

6.2 Verification of information may be sought from EASA, FAA or TC, as appropriate.

6.3 A new approval will be issued from the expiry date of the previous approval provided that all relevant information has been supplied in time.

7 Revocation of approval

7.1 The following may lead to revocation of the OTAR Part 67 Aeromedical approval:

- Loss of the approval/authorisation from EASA, FAA or TC
- Amendment of the EASA, FAA or TC approval/authorisation not being notified to the relevant OTAA
- Failure to complete refresher training as required by EASA, FAA or TC
- Loss of the local Medical Council Registration
- No personnel licence holders requiring medical certification within the relevant Territory
- Failure to submit medical examination reports to the OTAA within the required timescales.

8 UK Overseas Territories Contact Details

For further information relating to the approval process and continued maintenance of an approval in these Territories please contact the following:

| | |
|--|---|
| Anguilla, British Virgin Islands, Montserrat | Air Safety Support International Tel: 0044 1293 897000 Fax: 0044 1293 897049 Website: www.airsafety.aero |
| Bermuda | Department of Civil Aviation Tel: 001 441 293 1640 Fax: 001 441 293 2417 Website: www.dca.gov.bm |
| Cayman Islands | Civil Aviation Authority of the Cayman Islands Tel: 001 345 949 7811 Fax: 001 345 949 0761 Website: www.caacayman.com |

| | |
|---------------------------|--|
| Falkland Islands | Falkland Islands Government Regulatory Services Tel: 00 500 27300 Fax: 00 500 27302 |
| Turks & Caicos Islands | Turks & Caicos Islands Civil Aviation Authority Tel: 001 649 946 1607 Fax: 001 649 946 2903 Website: www.tcicaa.org |

APPENDIX 1

Sample form - Application form for the Approval of a UK Overseas Territories Aeromedical Examiner or Aeromedical Ophthalmologist. Original form available from the relevant contact address at paragraph 8.

Application Form for UK Overseas Territories Aeromedical Examiner or Aeromedical Ophthalmologist Approval

Please annotate with a cross to indicate if your application is an initial issue, a renewal or an amendment of an aeromedical examiner or aeromedical ophthalmologist Approval.

| | | | | | |
|---------|--|---------|--|-----------|--|
| Initial | | Renewal | | Amendment | |
|---------|--|---------|--|-----------|--|

All dates to be formatted as DD/MM/YYYY

| 1 PERSONAL DETAILS | |
|------------------------------------|-------------------------------|
| Surname | <.....> |
| Forename(s) | <.....> |
| Birth Date | <.....> |
| Correspondence Address | <.....> <.....> <.....> |
| Current Principal Business Address | <.....> <.....> <.....> |
| Telephone number(s) | <.....> <.....> |
| E-mail | <.....> |
| Website | <.....> |

| 2 MEDICAL REGISTRATION & LICENSING | |
|---|--------------------|
| Country of Medical Registration | <.....> <.....> |
| Medical Registration Number | <.....> <.....> |
| Date Gained Full Medical Registration | <.....> <.....> |
| Date of next Medical Registration renewal | <.....> <.....> |

3 PRIMARY MEDICAL QUALIFICATION

| | |
|------------------------|---------|
| Primary Medical Degree | <.....> |
| Awarding Body | <.....> |
| Date Awarded | <.....> |

4 CERTIFICATE OF COMPLETION OF GENERAL PRACTICE OR SPECIALIST TRAINING

| | |
|-----------------------------|---------|
| General Practice/Speciality | <.....> |
| Awarding Body | <.....> |
| Date Awarded | <.....> |

5 CURRENT EMPLOYMENT

Please provide details of your current employment with a brief summary of responsibilities.

| | |
|--------------------------------|---------|
| Job Title | <.....> |
| Employer | <.....> |
| Dates of employment | <.....> |
| Summary of Clinical Activities | <.....> |
| | <.....> |
| | <.....> |

6 AVIATION MEDICINE TRAINING COURSES (BASIC, ADVANCED, ETC)

| | |
|-------------------|---------|
| Course Name(s) | <.....> |
| | <.....> |
| Organisation(s) | <.....> |
| | <.....> |
| Date(s) Completed | <.....> |
| | <.....> |
| Grade(s) Achieved | <.....> |
| | <.....> |

7 AVIATION MEDICINE QUALIFICATIONS (DIPLOMA/MSC IN AVIATION MEDICINE)

| | |
|------------------|---------|
| Qualification(s) | <.....> |
| | <.....> |
| Awarding Body | <.....> |
| | <.....> |
| Date(s) Awarded | <.....> |
| | <.....> |

| |
|--|
| 8 AVIATION MEDICINE EXPERIENCE |
| Please provide details for example, nature, duration and frequency of work, exact dates undertaken and with which organisation [use additional pages if required]. |
| |

| | |
|--|---------|
| 9 AVIATION MEDICINE EXAMINER/OPHTHALMOLOGIST CERTIFICATION HELD WITH OTHER REGULATORY AUTHORITIES (EASA, FAA, TRANSPORT CANADA) | |
| Aviation Authority/ State | <.....> |
| Date of Initial Issue | <.....> |
| Current Certification Date | <.....> |

| | |
|--|-------------------------------|
| 10 LOCAL MEDICAL COUNCIL REGISTRATION | |
| Please provide details of your current local Medical Council Registration. | |
| Name & Address of Designated Body | <.....> <.....> <.....> |
| Name & Contact Details of Responsible Officer | <.....> <.....> <.....> |
| Revalidation Date | <.....> |

| | |
|--|--|
| 11 PROFESSIONAL HISTORY | |
| Have you ever been subject to an investigation by the authority or had your AME/Ophthalmologist certificate suspended/revoked? | YES/NO* If Yes, provide details on separate sheet |
| Do you hold current, valid medical registration, without any conditions or restrictions? | YES/NO* If No, provide details on separate sheet |
| Have you ever been the subject of disciplinary action arising from your professional practice? | YES/NO* If Yes, provide details on separate sheet |
| Have you ever been subject to an inquiry, investigation or hearing by a registration body or had any conditions imposed on your practice, been suspended or erased from the medical register in any country? | YES/NO* If Yes, provide details on separate sheet |

* delete as appropriate

12 DECLARATION BY APPLICANT

Article 173 of the Air Navigation (Overseas Territories) Order 2013 (as amended) provides that a person shall not make any false representation for procuring for himself or any other person, the grant, issue, renewal or re-certification of any certificate or licence.

I hereby declare that the statements made are to the best of my belief correct.

Signature: **Date:**

13 DOCUMENTATION REQUIRED FOR THIS APPLICATION

Please use the checklist below to ensure ALL appropriate documents are attached to expedite processing of your application. Only photocopies should be sent with your application. Originals may be requested later if required.

| Documents | Initial | Renewal | Amendment | Tick When Enclosed |
|--|---------|---------|-------------------|--------------------|
| Completed Application Form | ✓ | ✓ | ✓ | |
| Copy of Photo ID (Passport/Driving Licence) | ✓ | | As Appropriate | |
| Copy of Valid Current Medical Registration Document | ✓ | ✓ | As Appropriate | |
| Copies of Primary Medical Degree/ Postgraduate Degrees | ✓ | | | |
| Copy of EASA, FAA or Transport Canada Approval/Authorisation | ✓ | ✓ | As Appropriate | |
| Copies of Aviation Medicine Course Certificates | ✓ | | | |
| Copies of Aviation Medicine Degrees | ✓ | | | |
| Copy of Local Medical Registration Document | ✓ | ✓ | As Appropriate | |
| Completed Aeromedical Premises Form | ✓ | | As Appropriate | |
| Evidence of Aeromedical Refresher Training | | ✓ | | |

14 SUBMISSION INSTRUCTIONS

The completed form and documentation requested at Section 13 should be sent to:

By Post to: *Overseas Territory Aviation Authority
As appropriate*

By Fax to:

By Email to:

15 FORM IDENTIFICATION

| | |
|-----------------|-------------|
| Form Number | PEL-FRM-015 |
| Issue | 1 |
| Last Amended | 01/01/2014 |
| Number of Pages | 4 |

APPENDIX 2

Sample form - Application form for the Assessment of the Premises of a UK Overseas Territories Aeromedical Examiner or Aeromedical Ophthalmologist. Original form available from the relevant contact address at paragraph 8.

Assessment of UK Overseas Territories Aeromedical Medical Examiner or Ophthalmologist Premises

Prior to an AME undertaking UK OT aeromedical examinations at any new premises, please complete this form and return it to the *[Insert Name of OTAA]*. A separate form is required for each new premises at which an AME wishes to practice.

If approval for the premises is granted by the Overseas Territory Aviation Authority (OTAA) the AME Practice Address on the OTAA website will be updated.

All AME premises are subject to audit visits by the OTAA.

Please refer to the published regulatory response times as appropriate.

AME NAME:

OT AME NUMBER (if known):

DATE FORM COMPLETED BY AME:

AME SIGNATURE:

| INFORMATION REQUIRED | INFORMATION PROVIDED BY AME |
|---|---|
| New Practice Address | <.....> <.....> <.....> |
| Correspondence Address (if different from above) | <.....> <.....> <.....> |
| Telephone number(s) | <.....> <.....> |
| E-mail | <.....> |
| Fax | <.....> |
| Removal of your previous AME Practice Address? | <.....> <.....> |
| Names/Positions of all staff involved with Aeromedical Certification processes & Aeromedical examinations | <.....> <.....> <.....> <.....> <.....> |

| INFORMATION REQUIRED | INFORMATION PROVIDED BY AME | SUPPORTING DOCUMENTS (INC. PHOTOGRAPHIC EVIDENCE AS APPROPRIATE) |
|--|---|--|
| Are signed Confidentiality Agreements in place? | | |
| What are the arrangements for secure/confidential storage of aeromedical records? | | |
| Is there provision of a waiting area for applicants? | | |
| Aeromedical Examination Room (Please provide details for the following areas) | | |
| Adequate lighting | | |
| Screening/ privacy during the examination | | |
| Examination couch | | |
| Vision Testing Equipment (distancing from applicant) | | |
| ECG machine & Interpretive Software | Type/Brand: Last Calibration Date: | |
| Audiogram Machine | Type/Brand: Last Calibration Date: | |

| INFORMATION REQUIRED | INFORMATION PROVIDED BY AME | SUPPORTING DOCUMENTS (INC. PHOTOGRAPHIC EVIDENCE AS APPROPRIATE) |
|--|--|---|
| If an Audiogram Machine is not available what are the alternative arrangements? | | |
| Blood Testing Arrangements (Please provide details for the following areas) | | |
| Haemoglobin | Type/Brand of Machine: Last Calibration Date: | |
| Lipids | Type/Brand of Machine: Last Calibration Date: | |
| Arrangements for other blood tests | | |
| Urine Testing Facilities (Please provide details for the following areas) | | |
| Onsite | | |
| Offsite | | |
| ECG Readings (Please provide details for the following areas) | | |
| What are the arrangements for local class 2 ECG readings? | | |
| Name, hospital and qualifications of local cardiologist to whom you send ECGs | <.....> <.....> <.....> <.....> | |

| INFORMATION REQUIRED | INFORMATION PROVIDED BY AME | SUPPORTING DOCUMENTS (INC. PHOTOGRAPHIC EVIDENCE AS APPROPRIATE) |
|---|--|--|
| What other local specialists do you have access to for referrals? | <.....> <.....> <.....> <.....> | |

Additional Information (Please provide details for the following areas)

| | | |
|---|--|--|
| Provide any further information relating to other equipment/facilities, policies, procedures, documentation, etc Attach additional page if necessary. | | |
|---|--|--|

DECLARATION BY APPLICANT

Article 173 of the Air Navigation (Overseas Territories) Order 2013 (as amended) provides that a person shall not make any false representation for procuring for himself or any other person, the grant, issue, renewal or re-certification of any certificate or licence.

I hereby declare that the statements made are to the best of my belief correct.

Signature: **Date:**

SUBMISSION INSTRUCTIONS

The completed form and documentation should be sent to:

| | |
|---|---------------------------------|
| By Post to: By Fax to: By Email to: | [insert details as appropriate] |
|---|---------------------------------|

FORM IDENTIFICATION

| | |
|-----------------|-------------|
| Form Number | PEL-FRM-016 |
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