

# United Kingdom Overseas Territories Aviation Circular

OTAC 67-1

## Medical Examiner Approvals

Issue 2.00

14 November 2022

Effective: On Issue

### 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 Medical Examiner Approvals.

### RELATED REQUIREMENTS

This Circular relates to OTAR Part 67.

### CHANGE INFORMATION

In line with ICAO Annex 1 Personnel Licensing, changes in terminology: from Aeromedical Examiner and Aeromedical Ophthalmologist to one single term Medical Examiner, and from Medical Certificate to Medical Assessment.

Amendment to the list of primary ICAO States acceptable as the basis to issue an Overseas Territories Medical Examiner Approval.

Updates to the Overseas Territories Aviation Authorities (OTAAAs) contact details and other general grammatical amendments.

### 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](http://www.airsafety.aero) or to the appropriate Overseas Territory Aviation Authority.

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## 1 Introduction

- 1.1 The requirements for approval of Medical Examiners 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 Medical Examiner Approval an applicant must hold a Medical Approval/Authorisation from one of the following:
- United Kingdom Civil Aviation Authority (UKCAA)
  - European Aviation Safety Authority (EASA)
  - US Federal Aviation Administration (FAA)
  - Transport Canada (TC).
  - South African Civil Aviation Authority (SACAA)
- 1.3 Any restrictions or limitations on the original State issued Approval/Authorisation will be reflected in the OTAR Part 67 Medical approval.
- 1.4 Applicants holding a Medical Examiner 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 original State issued 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 a Medical Examiner 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 the UKCAA, EASA, FAA, TC or SACAA or from a State agreed by an OTAA in paragraph 1.4
  - Completed relevant refresher training and the appropriate number of medical examinations as required by the current Approval/Authorisation
  - Have access to 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 Medical premises form (example at Appendix B)
  - A copy of the primary medical qualification
  - A copy of the aviation medical qualification
  - A copy of the State issued Approval/Authorisation
  - Local Medical Council registration document
  - A copy of their passport (for confirmation of identity purposes)

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 medical examiner approval applications will be verified with the State of original issue. A response is required before any further action can be taken.

### **3 Issue of a Medical Examiner 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 assessments; for a period not exceeding five years
- A unique AME reference number
- A template for the medical assessment application form
- The medical examination checklist
- Guidance on the medical assessment process
- A template for the aviation medical assessment

### **4 Maintenance of Approval**

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

- Retention of an unchanged Approval/Authorisation from the original State of issue
- Completion of refresher training as required by the original State of Issue
- Any additional 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 original State of issue 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 Medical 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 the original State of issue
- Evidence of completed refresher training as required by the original State of issue
- 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 Medical approval:

- Loss of the Approval/Authorisation from the original State of issue
- Amendment of the original State of issue Approval/Authorisation not being notified to the relevant OTAA(s)
- Failure to complete refresher training as required by original State of issue
- Loss of the local Medical Council Registration
- No personnel licence holders requiring medical certification within the relevant OT
- 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 330 138 3363 Email: <a href="mailto:enquiries@airsafety.aero">enquiries@airsafety.aero</a> Website: <a href="http://www.airsafety.aero">www.airsafety.aero</a>
Bermuda	Civil Aviation Authority Tel: 001 441 293 1640 Fax: 001 441 293 2417 Email: <a href="mailto:info@bcaa.bm">info@bcaa.bm</a> Website: <a href="http://www.bcaa.bm">www.bcaa.bm</a>
Cayman Islands	Civil Aviation Authority of the Cayman Islands Tel: 001 345 949 7811 Email: <a href="mailto:civil.aviation@caacayman.com">civil.aviation@caacayman.com</a> Website: <a href="http://www.caacayman.com">www.caacayman.com</a>

Falkland Islands	Falkland Islands Civil Aviation Department Tel: 00 500 27300 Website: <a href="http://www.fig.gov.fk/civilaviation">www.fig.gov.fk/civilaviation</a>
Turks & Caicos Islands	Turks & Caicos Islands Civil Aviation Authority Tel: 001 649 941 8085 (Providenciales) Tel: 001 649 946 2137 (Grand Turk) Website: <a href="http://www.tcicaa.org">www.tcicaa.org</a>

## APPENDIX 1

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

# Application Form for UK Overseas Territories Medical Examiner Approval



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

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

All dates to be formatted as DD/MM/YYYY

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

<b>2 MEDICAL REGISTRATION &amp; LICENSING</b>	
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/Specialty	<.....>
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	<.....> <.....>

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

<b>9 AVIATION MEDICINE EXAMINER CERTIFICATION HELD WITH OTHER REGULATORY AUTHORITIES (UK, EASA, FAA, TC, SA)</b>	
Aviation Authority/ State	<.....>
Date of Initial Issue	<.....>
Current Certification Date	<.....>

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

<b>11 PROFESSIONAL HISTORY</b>	
Have you ever been subject to an investigation by the authority or had your medical examiner 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

<b>12 DECLARATION BY APPLICANT</b>
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.
<b>I hereby declare that the statements made are to the best of my belief correct.</b>
<b>Signature:</b> ..... <b>Date:</b> .....

<b>13 DOCUMENTATION REQUIRED FOR THIS APPLICATION</b>				
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 Medical Premises Form	✓		As Appropriate	
Evidence of Medical Refresher Training		✓		

<b>14 SUBMISSION INSTRUCTIONS</b>	
The completed form and documentation requested at Section 13 should be sent to:	
By Post to:	Air Safety Support International Floor 2, The Portland Building, 25 High Street Crawley, West Sussex RH10 1BG UNITED KINGDOM
By Email to:	Licensing email <a href="mailto:licensing@airsafety.aero">licensing@airsafety.aero</a>

<b>15 FORM IDENTIFICATION</b>	
Form Number	PEL-FRM-015
Issue	3
Last Amended	01/10/2022
Number of Pages	4

## APPENDIX 2

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

## Assessment of UK Overseas Territories Medical Examiner Premises



Prior to a Medical Examiner (ME) undertaking UK OT medical examinations at any new premises, please complete this form and return it to Air Safety Support International. A separate form is required for each new premises at which an ME wishes to practice.

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

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

Please refer to the published regulatory response times as appropriate.

**AME NAME:**

**OT ME NUMBER (if known):**

**DATE FORM COMPLETED BY ME:**

**ME SIGNATURE:**

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

INFORMATION REQUIRED	INFORMATION PROVIDED BY ME	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?		
<b>Medical Examination Room (Please provide details for the following areas)</b>		
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:	

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

<b>INFORMATION REQUIRED</b>	<b>INFORMATION PROVIDED BY AME</b>	<b>SUPPORTING DOCUMENTS (INC. PHOTOGRAPHIC EVIDENCE AS APPROPRIATE)</b>
What other local specialists do you have access to for referrals?	<.....> <.....> <.....> <.....>	
<b>Additional Information (Please provide details for the following areas)</b>		
Provide any further information relating to other equipment/facilities, policies, procedures, documentation, etc  <b>Attach additional page if necessary.</b>		

<b>DECLARATION BY APPLICANT</b>
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.
<b>I hereby declare that the statements made are to the best of my belief correct.</b>
<b>Signature:</b> ..... <b>Date:</b> .....

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By Email to:	Licensing email <a href="mailto:licensing@airsafety.aero">licensing@airsafety.aero</a>

<b>FORM IDENTIFICATION</b>	
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