PMO’s COLUMN

Where did the last four months go?
There has been a lot of water under the bridge since the last newsletter, and I was looking at the last newsletter to try and see if there was a format, when I found that some of what I reported last time was no longer true!

Easy Come Easy go!
Yes, I am talking about Dr Michael Dodson. As you would recall, he topped the av med course, did his MRO course and was settling into his role at CASA. So what happened? Well ASAM happened. We took Michael with us to ASAM and he attended all the sessions. When we came back, he took me aside and told me he felt that aviation medicine wasn’t the right career choice for him. When I asked him why, he had an interesting answer. He said that every person he had met at ASAM was so passionate about aviation and av med, that he felt out of place. I agreed that one thing that binds us all is a common feeling for aviation and aviation medicine. I offered him the opportunity to “get the bug” by doing some flying at CASA cost, but it wasn’t to be. Although disappointed to see him go, I can understand his perspective and I agreed that he needed to do whatever gave him a buzz. Michael left in early December, and went back to the TGA in a new capacity.

Speaking of passions…
We all have passion for what we do, and we sometimes believe firmly that we are right. This is as it should be and I have many conversations every week with doctors (DAMEs and consultants) about controversial cases. I never cease to be amazed at the generosity of the DAMEs and other consultants who give willingly of their time and expertise when talk about an issue. Many of these might be described as robust, but I find these discussions invaluable – for our mutual learning and for the case concerned. Sadly, not all of us choose to engage openly on the issue, choosing instead to go behind our backs to make derogatory and even defamatory comments to third parties. While this does nothing for the relationships, what is even more unfortunate is that this lack of engagement hurts the learning process, and the actual decision making, which loses the opportunity of being challenged. As John Milton has said, “Give me the liberty to know, to utter, and to argue freely according to conscience, above all liberties……Where there is much desire to learn, there of necessity will be much arguing, much writing, many opinions; for opinion in good men is but knowledge in the making.”

Speaking of what we are doing wrong…
My apologies to those of you who were the victims of poor service delivery around Christmas. As I had told you in my last newsletter, another area of CASA is handling the scanning of medicals, emails faxes and correspondence, and this section has had more than its share of problems over the last 6 months. Matters came to a head around Christmas, and we issued many tens of interim certificates for people who had applied but we had not got to because it not having reached us. This was and is completely unacceptable, and the crisis around Christmas required a crisis response. The good news is that we are up to date, and there is a high level of interest and a close oversight of the permission processing, and we will hope that services are maintained at an acceptable level.
MRS down!
It was too good to last. Since the last newsletter we have had 3-4 days of down time with the MRS. Some of the servers were changed around and a single address line in the code was not changed. This was all done over the Christmas break, and so there was no one available to do anything about it (I think Walid needs some time off every year!). So it had to wait until the complete team was back, and then it was fixed very quickly indeed. The good news – it's been good since then.

ASAM regional meetings
There aren't any! As most of you know, the ICASM is in Melbourne this year, and so ASAM has decided to call off any regional meetings this year. As a result, CASA will not be providing any DAME education modules as we did last year.

E-learning modules
We recently had a strategic planning session and we decided that we should explore e-learning for some of the education that we do. This might reduce, but not eliminate, the need for face to face modules. I firmly believe that the most important part of education comes from the questions that get asked and the discussions that ensue, and this is a critical shortcoming of e-learning but – I recognise the reality of remote practices, and it's worth trying to get something going. It is early days yet, so we still have to get budget, etc, and its at least 18 months away, but its now on our plan, I shall keep you posted as to progress.

Policy Changes
CASA has changed its policy about DM, and its detection, and there is a write up about this separately. The change is around the levels at which we require further investigation, and many of you would have become aware of this via the letters we are sending to applicants. CASA is also no longer allowing insulin pumps in flight (as those of you who attended the ASAM meeting in Newcastle know, there are issues about pressure changes and the performance of pumps (Insert reference)), and that means that Type 1 diabetics will need to have an alternate regime for the flights that they are planning.

And speaking of policy changes, should any of your applicants need cataract surgery, please remind them that CASA does not accept multifocal lenses, or monovision. If in doubt, let them contact you (or CASA) before the surgery. If the surgery has already been done, CASA will need details of what lens has been inserted, so it will be helpful to get that information at certification time.

Aging...
Is inevitable! But Australia is one of the few jurisdictions where there is no upper age limit for professional pilots. We all know that some of us are old at 50, and others are young at 90. The question is how we separate the two categories. Last November, we had a meeting attended by CAA (NZ), GAPAN, AOPA, Qantas, Virgin, and ASAM and DAME representatives. We had an experienced occupational physician who wrote the rail standards, a geriatrician, a neurologist with an interest in aging, a cardiologist, an optometrist and a neurophysiologist in attendance. Interestingly, the issues raised were hearing, vision, cardiovascular risk, AF, and dementia. What this will mean to our day to day practice is that there will be some additional testing needed for us as we become more mature. We are currently working with the details and will follow up with a detailed communications process so as to explain the reasons and details.
AAT Decisions

There have been a number of decisions handed down recently which have been supportive of CASA’s approach to aeromedical decision making. In most cases, CASA’s decisions have been either affirmed, or modified very slightly, and CASA has been very satisfied with the outcomes.

In cases where CASA’s decision has been modified, this is generally due to information or evidence which has become available during the AAT process and which was not made available to CASA at the time when its initial decision was made. This is because the AAT does not review the decision as on the day it is made by CASA. The AAT makes its decision based upon all the evidence available to it on the day of the hearing. That means that often there is a change in the condition, or more investigations etc, which can lead to changes in the outcome for the certificate applicant.

Those of you who attended Newcastle would recall the questions about what happens after the AAT makes a decision. In this regard it is important to understand that the decisions of the AAT are not binding on CASA in relation to future applications.

Therefore, if a similar fact situation arises in future (either the same applicant or a case involving similar facts), CASA medical officers must consider all the relevant factors and make the best decision they can.

Whilst CASA always has regard to the content and findings recorded in AAT decision as part of its decision-making process, aeromedical decisions must ultimately be based on aeromedical factors – not on a consideration of whether or not the AAT will uphold the CASA decision.

In the case that was discussed in Newcastle, CASA made a decision to refuse a certificate, which was subsequently overturned by the AAT. CASA issued the certificate as directed, and undertook a medical review of the literature. The review was received, and applied to the case in point by asking the best consultants in Australia to opine on the risk. The review took about a year, and the specialist review took another 4-5 months. CASA then reviewed all of the relevant material (including the previous AAT decision), and made an aeromedical decision. In the meantime, the medical certificate had come up for renewal, and interim certificates were issued to allow the individual to continue flying pending the final outcome.

This is the process that is required of us in law. We did consider all the medical evidence that we had to hand (via literature review, the medical opinions before the AAT and the ultimate decision of the AAT etc).

However, the previous decision of the AAT could not dictate the outcome of the individual’s subsequent application for a medical certificate. Determination of that application required CASA to make the best medical decision that we can based on all relevant considerations and evidence then available.

In this context, it is important to keep in mind that reasonable minds acting in good faith can come to different conclusions about the appropriate way to deal with a particular fact situation. This is one of the reasons why medical certificate applicants have access to an independent forum (the AAT) in which to seek review of CASA’s decisions!

Thank you for all the feedback and your responses to questions asked in the last newsletter. The feedback is appreciated.

Regards

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Diabetes: Screening OR Certification

We have had enquiries about the reasons and methods for diabetes screening. The epidemic of diabetes and significant impact this has on personal health means we need to be abreast of the aeromedical risks associated with the diagnosis. In addition, there is now a realisation that people do not suddenly become sick above a defined level, but that there is a continuum of adverse effects increasing commensurate with the degree of hyperglycaemia. Concerning the significance of impaired fasting glucose and impaired glucose tolerance, the guidelines state: “...it is likely that any degree of post-challenge hyperglycaemia is associated with the development of premature CVD.”

CASA follows the diagnostic approach endorsed by the Royal Australian College of General Practitioners and Diabetes Australia. This is regularly updated and the DAME Handbook has been amended to show the most recent criteria. It is available at [hyperlink DAME Handbook]. At present, the fasting plasma glucose, and supplementary glucose tolerance test are retained as the diagnostic tools, with glucose over 5.5mmol being the first action level. In the US, the HbA1c of more than 6.5% has been adopted as a diagnostic level.

It is not the primary role of the aviation regulator to run health promotion campaigns. Plainly however, there are benefits to the individual’s long-term health if diagnosis and treatment are initiated at an early stage. The guidelines emphasise the additional cardiovascular risks, and the need for interventions even with impaired fasting glucose to minimise those risks.

For the purposes of the CASA cardiovascular risk assessment tool, 3 points are added to the score for the diagnosis of diabetes or impaired glucose tolerance. Impaired fasting glucose is treated as normal but needs annual rechecking with fasting plasma glucose.

This is a constantly changing subject. The guidelines are frequently updated and we try to reflect this in the assessment process. Please let us know if you have any queries or suggestions.
Diagnoses/symptoms and applicant/DAME Liability:
A number of instances have occurred when the relevant sections of the medical have been answered ‘no’ when it is quite clear that the relevant pathologies exist. For example, the obstructive sleep apnoea question is answered ‘no’ when it is quite clear the applicant is using CPAP, or ‘diabetes’ is answered ‘no’ when the applicant is on metformin and has been so for years.

Please be aware that the applicant signs the declaration at the end of the medical that they have:

“carefully considered every question the examiner has asked me in relation to the medical certificate I am applying for and I have reviewed the answers in the Medical Questionnaire and Examination form. I have answered every question correctly and completely”

The medical form reminds them that:

“A false statement in relation to the issue of a certificate is an offense punishable by imprisonment for 12 months (see the Criminal Code section 137.1)

Furthermore, 12. Regulation 67.180(7)(a) of the CASR states:

(7) CASA must not issue a medical certificate to an applicant if it is satisfied that the applicant:

(a) has knowingly or recklessly made a false or misleading statement in relation to the application for the medical certificate; or

(b) …
Information in regard to what letters will be coming from assessors now not docs.

Recent policy changes and the development of "standing orders" for the assessors has meant that more letters will be coming out straight from assessors. These will be based on the approved "standing orders" and will include letters in regard to the following:

- Fasting BGL 5.5 and over
- Fast test total over 2

All ECG to CASA

Starting immediately, please send all ECGs to CASA when performed, not only at the previously defined times of; Initial, 25, 30, 36, 40, 45, 50, 55, 62, 64.

OGTT for BGL over 5.4

As you will read elsewhere in the newsletter, applicants with a fasting BGL of 5.5 or over must have an OGTT. To expedite the process for the applicant, please refer them for OGTT and note this on the medical. If there is no notation on the medical to this effect, a letter of reminder will come to the applicant and the DAME to have this performed.

This is in line with the recommendations from Diabetes Australia.

Other things you may have missed.

Serum lipids and Glucose and CRI calculation required from age 60.

Online medical dates.

Those of you using MRS online will be well aware of the fact that the dates of the last age required tests are not always picked up. This is currently being addressed and will hopefully be rectified soon. However, in the meantime, please enter '0' as the value and add a comment on medical that it was not an age requirement. Please only do this if you are sure that the applicant did have the appropriate age requirement when it was actually due.

Eg. Applicant currently 36 and MRS online is wanting audio and bloods for submission. If you are sure that these were attended to at the first medical after the applicants turned 35, then please enter '0' and a comment saying they had them in (date). If the applicant is unsure and you cant confirm, you can ring me and I will confirm.

Increase in Phone Calls

There has been a large increase in the amount of calls to my line from applicants chasing the status of their medicals. The majority of them claim to have been given my number by the DAME. If I am on the phone chasing medicals from calls that should be going to the AvMed enquiry line, DAMEs are going to be finding it more and more difficult to call me for their own issues. Can I request that you not give out my number to pilots for routine medical issues. Any phone calls I receive are now being redirected to our routine helpline.

If applicants have complaints to make in regard to their medical certification issues they should be given the email contact and put these in writing.

Cataracts

When reporting to CASA on an applicants cataract surgery, please ensure that you include information re the type of lens used.

Eye Examination Forms

Attention DAOs: we continue to receive many of the old Eye examination reports. As the new forms have available now since January 2011 and will no longer be accepted by us from April 1 2012. Any old forms received after that date will be returned to be transcribed to a new form. We will also no longer accept fax or email copies of the eye examination. Please only send original forms.

I would encourage DAOs to make the move to MRS online, the examination form is very easy to complete and is available to CASA for assessment as soon as submitted.

Faxed/Emailed copies of forms

We have had a huge increase in the number of DAME faxing copies of medical examinations to CASA. I am unsure if this is to try and expedite the processing of the medical or not, however, it does the opposite. These medicals will not be assessed and they just add to any backlog in correspondence coming in by fax or email, which in turn delays the reports and the declarations for online medicals making it onto the system promptly.

If you have a reason why you wish to fax or email a medical to AvMed then please make contact with me first.
No spirometry required for medicals.
Please do not routinely perform spirometry for medicals and send them to CASA. They are of course still required for asthmatics.

The practice of doing spirometry crept in when there was a question on the medical in relation to peak flow “Is the Peak Flow Rate of FEV, abnormal?” was asked. As this was removed from the new medical, there is no longer a requirement for it to be done as part of a routine examination.

Phone payments no longer an option
As of March 19th, telephone payments for medicals will not be accepted. This information has been dissipated to pilots through Flight Safety Magazine and other channels, for those who may have missed it; perhaps you could mention this if they opt not to complete the payment form at the medical.

ATPL 6 Month renewal medicals
Confusion reigns supreme!
The ATPL 6 monthly renewal is to be treated as a new medical (it is not a 6 month interim medical) and as such, if the applicant has had a birthday since the last medical, they will require all age requirements; this includes a stress ECG if the CRI is 15 or over.

This is going to mean that there will be some applicants who will need to do the requirement twice in 6 months. So be it. We need to get everyone back on track as there was confusion and some of us, me included, had been taught that the age requirements were only due at the renewal of the Class 1, not at the renewal for ATPL. (so my apology if I gave any of you a bum steer in the past).

If an applicant has a CASA audit or has been asked for reports at 12month renewal, they will not be needed at the ATPL renewal.
### New DAME Reference Chart
A new reference chart has been developed and should be published and out to all DAME; as well as loaded to the website; within the next few weeks. The new chart will include the new requirements for pilots over 65 at all classes for MOCA and Flight test.

### A Reminder to Read your Newsletter!
As the DAME Newsletter is the primary source of keeping DAME updated with changes to policy and other information, please ensure that you always read this publication, or, at the very least have your practice manager read it so that someone in your practice is aware of important policy changes.

### Moving on
For those of you who do not know this yet, our dear Rose has left us. She has decided to retire and move down to Victoria to be with her children and grandchildren. We will all miss her very much.

Ellen Kille whose name many of you will recognise from letters etc over the years is now the Senior Assessor. Ellen has been with CASA for over 20 years (except when off on maternity leave) and has been in Avmed even longer than Rose had.

### Missing ID on ECGs
A surprising number of ECGs arrive at CASA with no id of any description on them.

Until now, we have made an assumption that if it arrives with a medical, it belongs to that applicant. Or, if it arrives with a note attached that says it belongs to a particular applicant, that it does. This is a bit of a stretch and probably not a suitable assumption to make.

It also means that if an error is made and the ECG is not that of the applicant, the culpability lies with the DAME, which I am sure we all want to avoid.

To avoid any issues we ask that you ensure that all documentation, especially ECGs, come to CASA with ID on them. The ID being either name and ARN or Name and DOB.