



Dr Alexandra Muthu

Air New Zealand Aviation Medicine Unit
Auckland

Managing Pilots in Your Practice - Concurrent Workshop Repeated

Friday, 21 June 2013

Start 2:00pm

Duration: 55mins

Da Vinci

Start 3:05pm

Duration: 55mins

Da Vinci



 **Rotorua GP CME 2013** 
New Zealand Medical Association

General Practice Conference & Medical Exhibition

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Managing Pilots In Your Practice



Dr Alexandra Muthu
Air New Zealand Aviation Medicine Unit
Occupational and Environmental Medicine



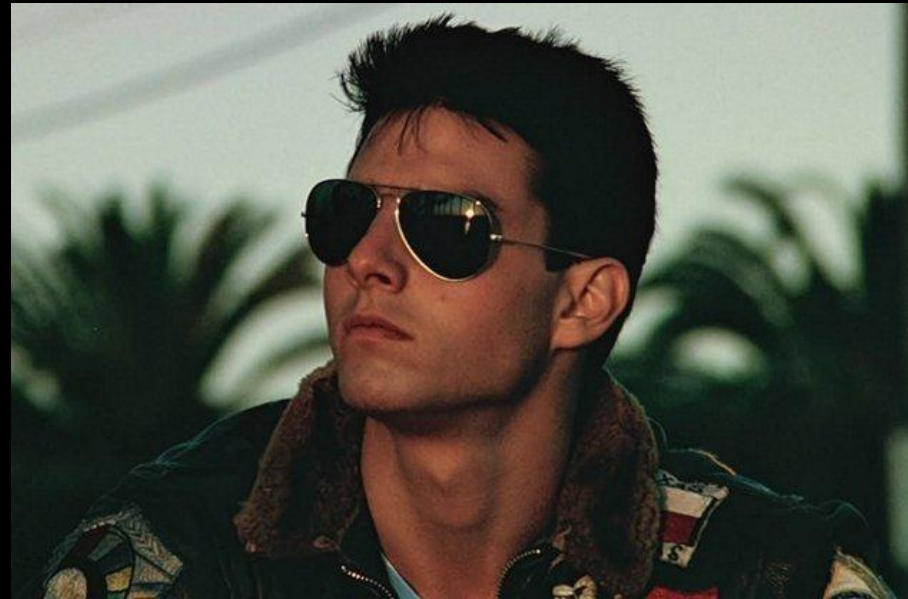
Outline

- Why are pilots special?
- Your legal obligations
- What medical issues matter?
- Medications
- Can pilots do 'light duties'?
- Clinical Scenarios



Why are Pilots Special?

- Risk to public safety
- Statutory requirements
- Work environment has unique physiological risks
- Complex functional requirements



19 December 1997





Regulatory Framework

- Civil Aviation Act 1990
 - Regulations
 - Medical Certificates, Classes 1, 2 and 3
- Aviation Medical Examiners and Assessors
- Recreational Pilot Licence



Your legal obligations

‘Medical practitioners must report to the CAA any pilot or air traffic controller who has a medical condition that may interfere with aviation safety. This is a public safety responsibility held by all New Zealand registered medical practitioners.’

[CAA Medical Information Fact Sheet 002 ‘Medical Practitioner Obligations’](#)



Civil Aviation Act 1990

- Section 27C(3):
 - Medical practitioner must inform director if:
‘....is aware, or has reasonable grounds to suspect, that the licence holder has a medical condition that may interfere with the safe exercise.....’



Civil Aviation Act 1990

- Section 27C(4):
 - A medical practitioner is not subject to any civil or criminal liability for doing an indemnified act by informing the Director or answering questions put by the Director



Civil Aviation Act 1990

- Section 27C(5):
 - Defines ‘indemnified act’ for the purposes of section 27C, which includes informing the Director that there may be a safety concern, and
 - That the concern is due to a medical issue, and
 - The nature of that medical issue



Which Pilots Does this Apply to?

- Applies to all licence holders as defined in section 27A of the Civil Aviation Act
 - Essentially includes all who are required to hold a CAA medical certificate
- May exclude some:
 - Balloonists and parachutists
 - Glider pilots
 - Hang glider and micro-light pilots



How do I Inform the CAA?

- You can inform the pilot's Aviation Medical Examiner, if you know who that is
 - For Air New Zealand don't assume this is necessarily the Air New Zealand Medical Unit
- Otherwise inform the CAA medical unit directly



CAA Medical Unit

Tel: +64-4-560 9466

Fax: +64-4-560 9470

Email: med@caa.govt.nz

web site: www.caa.govt.nz

Post:

– CAA Central Medical Unit, P O Box 31-441,
Lower Hutt, New Zealand



What Do I Tell My Patient?

- Communicate openly to the patient that you will be advising the CAA, and of your reasons why
- Clearly document your decision and the reasons in the patient record



What medical issues matter?

- Anything with the potential to:
 - Result in behavioural changes;
 - Lead to increased risk of incapacitation (sudden, gradual, subtle, partial etc);
 - Result in a reduction or impairment in physical or cognitive capacity;
 - Lead to a reduction in the capacity for decision-making, attention, or concentration.



Exceptions

- Where the pilot appropriately takes sick leave for minor self-limiting illnesses of short duration (e.g. 1 week)



What About Medications?

- No list, judgement required
- For a pilot to fly while taking medication consider:
 - A. Is it approved by their aviation medical examiner?
 - R. What is the reason for taking it?
 - T. Have adverse effects been excluded through a trial period on the ground?



Exceptions

- Repeat medications that have already been declared to CAA
- Meds taken for minor conditions while pilot has appropriately taken sick-leave for short periods of time



Can Pilots do ‘Light Duties’?

- Pilots may be provided alternative duties by their employer if they are unable to fly due to an injury or illness
- Many airline pilots have secondary responsibilities as managers, instructors or project team members



Clinical Scenarios





Scenario One

- Joe, 49 year old male airline pilot has 5-10% CVD risk estimate
- Includes strong family history
- Requests referral for ETT in private due to concern about family history
- Asymptomatic



Scenario One

- Cardiologist reports: 'The ETT result is probably normal, suspicion for significant CVD is low, however due to his work as an airline pilot I recommend he undergo an exercise stress echocardiogram'
- Joe says: 'No, I don't want to get offside with CAA'



Scenario Two

- Richie: Owner operator of helicopter tourist flight operation (single pilot flights)
- Employs one other part time contract pilot
- Business in financial difficulty
- Requests short term medication to 'calm me down'



Scenario Two

- On further questioning he admits he is not sleeping and he had a panic attack while driving to work yesterday



Scenario Three

- Barbara: 50 year old airline pilot, injures right rotator cuff working in the garden.
- Requests ACC work certificate for employer



Scenario Four

- Jimmy: 24 year old flying for local tourist skydiving operation (single pilot)
- His partner mentions her dissatisfaction with his regular cannabis use
- What will you do?



Scenario Five

- Frank: 70 year old long-haul airline pilot, comes in to see you for his 'annual general health check-up'
- Given he has annual pilot medicals also, what else do you need to do?



Scenario Six

- Mark: 45 years old, flying for a small regional airline (two pilot).
- Incidental finding of BP 150/100
- Obese BMI 35



Take-Home Messages

- Unique issues with managing pilots
- The law requires pilots and doctors to disclose health issues which may affect flight safety
- The law protects doctors for disclosure made in good faith



Take-Home Messages

- Not all pilots subject to CAA requirements
- If unsure, ask the CAA
- Common medical conditions and medications may affect flight safety
- Pilots can do alternative duties