



European Aviation Safety Agency — Rulemaking Directorate
Comment-Response Document 2012-18 (B.II(a))

Licensing and medical certification of air traffic controllers
(Part-ATCO.MED)

CRD to NPA 2012-18 (B.II(a)) — RMT.0153 (ATM.003(a)) & RMT.0154 (ATM.003(b)) —
02/10/2013

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1. Individual comments and responses

In responding to comments, a standard terminology has been applied to attest the Agency's position. This terminology is as follows:

- (a) **Accepted** — The Agency agrees with the comment and any proposed amendment is wholly transferred to the revised text.
- (b) **Partially accepted** — The Agency either agrees partially with the comment, or agrees with it but the proposed amendment is only partially transferred to the revised text.
- (c) **Noted** — The Agency acknowledges the comment but no change to the existing text is considered necessary.
- (d) **Not accepted** — The comment or proposed amendment is not shared by the Agency.

(General Comments)

-

comment

2

comment by: *European HF Advisory group*

General Comment on how is the oversight of AMEs performed.

[How is the oversight of AMEs performed? It seems that audits and inspections are not part of the oversight tools for these professionals. The impression that one gets is that the oversight of AMEs is based solely on the "AME's honour".](#)

response

Noted

Oversight of AMEs and AeMCs is outlined in Part-ARA of the Aircrew Regulation.

comment

298

comment by: *Ries Simons*

The NPA is not in keeping with the design and wording of Class I and Class II requirements and therefore it is an unbalanced and sometimes illogical document. See, for instance, ATCO.MED.B.040 Infectious disease(b): three specific infectious diseases are mentioned (there are many more incapacitating infectious diseases) and point 4 is "tropical diseases". What is special about tropical diseases? What is the definition? Are risks of tropical infectious diseases different from other infectious diseases?

response

Noted

The list of infectious diseases is incomplete, indicated by the words 'such as' followed by the list of diseases. Tropical disease was considered to be necessary because the number of cases of tropical diseases is on the rise due to the fact that more and more people travel to tropical regions. The AME should be made aware that signs and symptoms reported by an ATCO could point to a tropical disease although this may not be expected in an ATCO.

comment	299	comment by: <i>Ries Simons</i>
	<p>More attention should be paid to the specific work and work environment of ATCOs. See the ICAO Manual of Civil Aviation Medicine Third Edition — 2012 for an example of a more detailed description, which emphasizes the requirements and stresses of the ATCO-job. This information is particularly important in the process of risk assessment (see also point 6).</p>	
response	<p><i>Noted</i></p> <p>The AME training includes specific modules on the work environment of ATCOs.</p>	
comment	300	comment by: <i>Ries Simons</i>
	<p>It should be stressed that medical examiners of ATCOs should know the working environment. In this respect a good occupational physician may do better than an AME.</p>	
response	<p><i>Noted</i></p> <p>The AME training includes specific modules on the work environment of ATCOs.</p>	
comment	301	comment by: <i>Ries Simons</i>
	<p>Some conditions are not mentioned, i.e. cerebrovascular diseases.</p>	
response	<p><i>Accepted</i></p> <p>The conditions in question are now mentioned. Please refer to comments under segment 26 on <i>MED.B.065 Neurology</i>.</p>	
comment	302	comment by: <i>Ries Simons</i>
	<p>Some requirements refer to the hypobaric environment of pilots. E.g. emphasis is placed on pneumothorax (B.015) and herniae (B.020): risks for sudden incapacitation due to pneumothorax or acute incarceration of a hernia are the same for ATCOs as for non-pilots.</p>	
response	<p><i>Noted</i></p> <p>The Agency takes this information into consideration.</p>	
comment	303	comment by: <i>Ries Simons</i>

response

What risk level is accepted in ATCOs? This, nor the 1% rule, are mentioned. It should, for example, be taken into account that in case of incapacitation an ATCO may easier be replaced than a pilot. Guidelines for proper risk assessment should be given in this NPA.

Noted

Guidance on numeric risk assessments will be developed in a future rulemaking task. Until then best medical practice is applied.

comment

313

comment by: EUROCONTROL

Is the oversight of AME according to ATCO.AR.C.001? If so, a link would be useful as it is in a different document. If it is a different oversight, the clarification would be welcome.

response

Noted

The AME training includes specific modules on the work environment of ATCOs.

comment

417

comment by: Federal Office of Civil Aviation FOCA

Article:

general remark

Comment / Issue / Suggestion:

it is recognised that the workplace and the work conditions and the tasks of ATCOs are very different from those of the pilots. However, medical conclusions concentrate on the same or similar criteria which are risk of sudden incapacitation, the special importance of visual and auditory functions, neurological, cardiological and psychiatric conditions. Therefore the target should be to align and adapt those parts of the ATCO MED with the FCL MED where ever possible in order to guarantee consistency and to adapt both parts simultaneously to progress in modern medicine.

Justification:

consistency and updating process

response

Noted

The AME training includes specific modules on the work environment of ATCOs.

NPA 2012-18 (B.II) 'Part-ATCO.MED' – General comments

p. 1-2

comment

1

comment by: Douglas Cairns

	<p>Dear Sir/Madam,</p> <p>With respect to the NPA for PartMED relating to ATCOs, please accept my following comments:</p> <p>I'd like to convey a number of concerns over the statement in PartMED that ATCOs with insulin-treated diabetes 'shall be assessed as unfit, specifically:</p> <ol style="list-style-type: none"> 1) On what actual grounds does EASA justify the position as stated in PartMED that insulin-treated diabetes renders any applicant as medically unfit for duty? 2) PartMED advocates a blanket approach rather than individual assessment of relevant factors such medical history, hypoglycaemic warning symptoms, etc. This would appear to be in clear contravention of Art 14 of the European Convention on Human Rights. 3) PartMED also appears to be based at least in part on ICAO's position on insulin-treated diabetes. The ICAO Manual of Aviation Medicine (3rd Ed, 2012) raises a number of concerns does not actually specify the reason why insulin-treated diabetic applicants should be assessed as unfit. 4) ICAO has not altered its position on insulin-treated diabetes since its inception, despite significant advances in the treatment of diabetes, particularly blood-glucose testing. 5) ICAO in any case only sets out minimum standards. Any member state is at liberty to file a difference, as indeed Canada has done with regard to insulin-treated diabetes. 6) With respect to the above, if EASA bans insulin-treated diabetics as a group from ATCO duties, this will mean that citizens of member states will suffer discrimination in the workplace, whilst foreign (Canadian) national will be permitted to occupy the cockpit of commercial airliner, potential flying through the airspace of its member states and landing at its major commercial airports. How does EASA justify this inequality? <p>Yours sincerely, Douglas Cairns</p>
response	<p><i>Noted</i></p> <p>The decision on how to proceed with the medical assessment of applicants with IDTM (insulin treated diabetes mellitus) will be taken after a dedicated European Panel on Diabetes Mellitus with specialists in the field. This Panel will take place in February 2014 and the outcome, together with a risk assessment, will be presented to the EASA Advisory Bodies to decide whether a rulemaking task on IDTM should be started. Until then the rules will remain ICAO compliant, meaning that IDTM cannot be accepted.</p>
comment	<p>66</p> <p>comment by: <i>Belgocontrol</i></p> <p>These new rules did surprise me. In the aero-medical requirements task force, medicines from different AME and AMC did participate and made an evaluation on the necessary requirements for ATCOs. This taking into account the ATCO job and the ATCO environment.</p> <p>The new regulation is a copy paste from what exist for aircrew and is by this not adapted to the ATCO situation. Better guidelines for ATCOs should also be written down, by this they can themselves easily make sure they are working according the rules.</p>
response	<p><i>Noted</i></p>

The medical rules are based on the EUROCONTROL Guidelines, the format corresponds to Part-MED to make it easier for AMEs who assess ATCOs and pilots.

comment

85

comment by: CAA-NL

This is to notify that the comments on NPA 2012-18 (B.I) under the header 'CAA-NL' are issued by CAA-NL and Air Traffic Control The Netherlands/Luchtverkeersleiding Nederland (LVNL) together.

response

Noted

comment

89

comment by: NATS National Air Traffic Services Limited

General comment

There are many references to 'licensing authority' which are totally unnecessary and bring confusion to the status of the authority over the application of these provisions. Whilst there is a definition which states that 'licensing authority' is the 'competent authority' this different term is needless. All other references in this regulation (except Part MED) refer to 'competent authority' so this term should be retained throughout.

These are inconsistent terms which may cause confusion to the authority over the provisions within this regulation.

Recommend changing all references to '**licensing authority**' to read '**competent authority**'

response

Not accepted

The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.

comment

142

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)Section: [ATCO.MED](#)

Page: General comment

Comment:

This NPA for Part-ATCO.MED is mainly based on the first version of Part-MED for Aircrew. Part-MED for Aircrew is currently under revision through RMT.0287/8 and the text for an amended Part-MED for aircrew has recently been finalised by the Rulemaking Group. The NPA for Part-MED for aircrew is supposed to be published shortly.

The main users of both Part-MED for aircrew and Part-ATCO.MED are the Aero-Medical Examiners and the Aero-Medical Centers. Differences between Part-MED for aircrew and Part-ATCO.MED with regards to structure, wordings used and the medical standards will create difficulties in interpretation for the users with risks of mistakes in medical assessments of pilots and ATCOs. A harmonisation, as far as possible, of the structure, wordings used and the medical standards of the amended Part-MED for aircrew and Part-ATCO.MED will simplify the work of the AMEs and AeMCs and reduce the risk for incorrect medical assessments.

Proposal:

Cross-check the whole Part-ATCO.MED with the proposed text of the upcoming NPA for Part-MED for aircrew to create a harmonised structure, wording and medical standards wherever possible.

response *Partially accepted*

The Agency supports this comment. During the drafting phase the intention was to align the general rules as well as the rules for AMEs, AeMCs and medical fitness of pilots and ATCOs as far as reasonable.

However, an alignment of the rules, even where the very same individuals are concerned, was only marginally possible.

A wider agreement has to be reached before a set of harmonised rules can be created, but in some cases changes it will be done into this direction.

comment

154

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.B](#)

Page: General comment

Comment:

Several paragraphs have medical conditions listed in subparagraphs separating the conditions into groups as 'shall be assessed as unfit', 'may be assessed as fit after...', 'may be assessed as fit.' However, the order of the subparagraphs is not consistent which makes the text unnecessarily difficult to interpret with risk for incorrect medical assessments. The most commonly used order, which is also the most logical order, would be to list the most restrictive requirement, e.g. 'unfit', in the first subparagraph followed by other

response	<div data-bbox="365 215 1437 255">subparagraphs in descending order of restrictiveness.</div> <div data-bbox="365 264 1437 394"> Proposal: Check for consistency of order of subparagraphs, listing the most restrictive requirement, e.g. 'unfit', in the first subparagraph followed by other subparagraphs in descending order of restrictiveness. </div> <div data-bbox="365 479 1437 506"><i>Partially accepted</i></div> <div data-bbox="365 667 1437 891"> <p>The Agency supports this comment. During the drafting phase the intention was to align the general rules as well as the rules for AMEs, AeMCs and medical fitness of pilots and ATCOs as far as reasonable.</p> <p>However, an alignment of the rules, even where the very same individuals are concerned, was only marginally possible.</p> <p>A wider agreement has to be reached before a set of harmonised rules can be created, but in some cases changes it will be done into this direction.</p> </div>
comment	<div data-bbox="365 1039 1437 1106"> 155 comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i> </div> <div data-bbox="365 1160 1437 1536"> <div data-bbox="365 1169 1437 1205">Section: ATCO.MED.B</div> <div data-bbox="365 1214 1437 1249">Page: General comment</div> <div data-bbox="365 1258 1437 1420"> Comment: In general, the wording used for a possible fit assessment after investigation is 'a fit assessment <u>may</u> be considered if ...'. However, in some paragraphs another wording is used, 'a fit assessment <u>can</u> be considered', which might incorrectly be interpreted that a fit assessment <u>shall</u> be made. </div> <div data-bbox="365 1429 1437 1527"> Proposal: Use the wording 'a fit assessment <u>may</u> be considered' consistently throughout the document. </div> </div> <div data-bbox="365 1608 1437 1635"><i>Accepted</i></div>
comment	<div data-bbox="365 1818 1437 1845">260 comment by: <i>swissatca</i></div> <div data-bbox="365 1904 1437 1993"> General comment: an ATCO's remit and work is more than just flight safety. Therefore we suggest to remove the work "flight" and leave safety, throughout the document. </div>

response *Partially accepted*

'Flight safety' is the term used in the flexibility clause in ICAO Annex 1 para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '...not to be likely to jeopardise the safe exercise of the privileges of the licence'.

comment 296

comment by: *Civil Aviation Authority Norway*

Medical expert comments:

General comments:

1. Definitions and text should be equal to the words and phrases used in Part-MED in Aircrew regulation wherever possible and where there are no crucial differences in the principles of assessment or administrative procedures. At current the text is derived mostly from Part-MED where possible and this comment is to counteract suggestions from other stakeholders which could propose improvements. These improvements should rather be saved for later and proposed, if possible, as changes to both sets of rules (Part-MED and Part-ATCO.MED) at the same time.

response *Partially accepted*

The Agency supports this comment. During the drafting phase the intention was to align the general rules as well as the rules for AMEs, AeMCs and medical fitness of pilots and ATCOs as far as reasonable.

However, an alignment of the rules, even where the very same individuals are concerned, was only marginally possible.

A wider agreement has to be reached before a set of harmonised rules can be created, but in some cases changes it will be done into this direction.

comment 316

comment by: *NATS National Air Traffic Services Limited*

General comment

There are many IRs that use the term 'flight safety'. The term 'flight safety' is not broad enough to encompass the full range of safety critical or 'safety related' ATCO activities. This is the same comment for all references to 'flight safety'. The definition of flight has strict parameters in law and there are many safety tasks that an ATCO undertakes in addition to 'flight'

Suggest changing all references to '**flight safety**' to '**safety**'.

response *Partially accepted*

'Flight safety' is the term used in the flexibility clause in ICAO Annex 1 para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '...not to be likely to jeopardise the safe exercise of the privileges of the licence'.

comment 367

comment by: FAA

1. Consider the overall probability of aeromedical significance when deciding whether to specifically mandate certain routine or periodic testing, medical specialty testing, and disqualifying medical conditions such as those listed below. Rather than mandates, it would be just as effective to use these as guidelines, based on clinical indication during the individual, case-by-case medical examination of the applicant.

Routine or periodic testing:

- urinalysis
- tonometry
- pulmonary function testing
- ophthalmic examination, in cases where the distant visual standards can only be reached with corrective lenses

Medical specialty testing:

- comprehensive eye examination
- comprehensive otorhinolaryngology

Disqualifying medical condition:

- Limiting the validity of the medical certificate to the end of the 34th week of gestation

2. Similarly, consider requirements for spare vision correction based on clinical indication rather than imposing a specific mandate.

response Noted

The testing has to be done, it is case finding. Please refer also to the individual comments which are addressed under the corresponding paragraphs.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 1
GENERAL — ATCO.MED.A.001 Competent authority**

p. 3

comment 88

comment by: DFS Deutsche Flugsicherung GmbH

ATCO.MED.A and B General comment:

Following a discussion with Dr. Vermeeren at the EASA Workshop on the ATCO IR in January 2013 on the risk of sudden incapacitation due to specific medical indications, it was explained that the Medical criteria basically follow 2 aims:

1. ensuring the functional ability of license holders to exercise the privileges....
 2. avoiding or minimizing the risk of any incapacitation leading to a safety risk.
- All explicit references to the risk of a (sudden) incapacitation as currently contained in "Class 3" have been deleted in the NPA. These two aims (as mentioned above and explained in Cologne) of the medical requirements shall be explicitly elaborated in the introductory parts of the IR/AMC. This would help all involved (authorities, AME/ AMC's, employers, license holders) to have a common view on the purpose of the requirements and their implementation. This, in turn, supports the earlier comment on the need and function of different criteria for initial vs. revalidation examinations.

response *Not accepted*

The risk of incapacitation will be added as Guidance Material in a separate rulemaking task, not yet determined for ATCOs but for pilots. Until then the AME or AeMC will have to use medical best practice as is presently the case.

comment

143

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.A.001 \(b\)\(2\)](#)

Comment:

The wording 'he/she' should be avoided, and Part-MED is using 'the AME' in the same sentence. The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.A.001 (b)(2):

'... to which the AME applies for the issue of the certificate.'

response *Accepted*

Editorial change.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 1
GENERAL — ATCO.MED.A.005 Scope**

p. 3

comment

5

comment by: *LPS SR*

**ATCO.MED.A.005
(a)**

the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, **with the exception of STD1;**

The STD1 do not need a medical certificate, even though their endorsement is on their licence and they are exercising the privileges of the rating in that licence.

response *Accepted*

comment 16 comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.A.005

Comment :

The STDI do not need a medical certificate, even though their endorsement is on their licence and they are exercising the privileges of the rating in that licence.

Proposal :

ATCO.MED.A.005 Scope

This Part establishes the requirements for:

(a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence **with the exception of STDI**; and

response *Accepted*

comment 50 comment by: *skyguide Corporate Regulation Management*

ATCO.MED.A.001 (b)1

18 months(+6 for §4, 6, 8-12)

This is half the competence cycle. There will be problems implementing within this timeframe.

... the authority designated by the Member State where the AMEs ~~has~~ have their principal place of practice...

Grammatical: AME in singular

response *Not accepted*

The first part of the comment is not understood, it may belong to another paragraph.

Singular/plural: The change would not change the meaning and the intention was to avoid the combination of singular (AME) and plural (their) in one sentence.

comment 51 comment by: *skyguide Corporate Regulation Management*

ATCO.MED.A.005 (a)

the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, ~~with the exception of STDI~~;

The STDI do not need a medical certificate, even though their endorsement is

response	<p>on their licence and they are exercising the privileges of the rating in that licence.</p> <p><i>Accepted</i></p>
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comment	<p>100 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to ATCO.MED.A.005 (a): <i>the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, with the exception of STDI;</i> The STDI do not need a medical certificate, even though their endorsement is on their licence and they are exercising the privileges of the rating in that licence.</p> <p>response <i>Accepted</i></p>
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comment	<p>183 comment by: <i>HungaroControl</i></p> <p>ATCO.MED.A.005 (a): the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, <u>with the exception of STDI;</u> The STDI does not need a medical certificate.</p> <p>response <i>Accepted</i></p>
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comment	<p>211 comment by: <i>ATCEUC- Air Traffic Controllers European Unions Coordination</i></p> <p>Attachment #1</p> <p>ATCO.MED.A.005 (a)</p> <p>Comment:</p> <p>ATCEUC proposes this change to exempt the STDI from the requirement to hold a medical certificate since STDI privileges don't grant right to provide pre-OJT and OJT, so it's clearly unnecessary to fulfil medical requirements.</p> <p>ATCO.MED.A.005 new text</p> <p>(a) <i>the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, <u>with the exception of STDI;</u></i></p>
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response	Accepted	
comment	228	comment by: Federazione ATM-PP
	<p>Federazione ATM-PP proposal on ATCO.MED.A.005 is to change as follows: <i>the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, <u>with the exception of STDI</u>;</i> We think there is no needs, for the STDI, to have a medical certificate</p>	
response	Accepted	
comment	241	comment by: European Transport Workers Federation - ETF
	<p>ATCO.MED.A.005(a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, <u>with the exception of STDI</u>;</p> <p>ETF proposes to add the exception of STDI because do not need a medical certificate, even though their endorsement is on their licence and they are exercising the privileges of the rating in that licence</p>	
response	Accepted	
comment	247	comment by: SINCTA - Portuguese Air Traffic Controllers' Union
	<p>ATCO.MED.A.005(a) <i>The STDIs don't need a medical certificate, even though their endorsement is on their licence and they are exercising the privileges of the rating in that licence. SINCTA proposes this change in order to align the entire document.</i> <i>Proposed text:</i> <i>This Part establishes the requirements for:the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence <u>with the exception of STDI</u>; and</i></p>	
response	Accepted	
comment	263	comment by: USCA
	<p>ATCO.MED.A.005(a) The STDI do not need a medical certificate, even though their endorsement is</p>	

	on their licence and they are exercising the privileges of the rating in that licence. (a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence <u>with the exception of STDI</u>
response	Accepted

comment	286	comment by: ICEATCA
	ICEATCA thinks that STDI should be excluded here.	
response	Accepted	

comment	297	comment by: Civil Aviation Authority Norway
	ATCO.MED.A.005 (b) and entire Subpart C – If possible, section on aero-medical examiners (AMEs) should be identical to Subpart D in Part-MED but contain some written exceptions such as requirements for having completed training courses including specific modules for medical assessment of air traffic controllers and the specific environment. Reference to ATCO.AR.F.005 eventually ATCO.OR.E.001 in B.I	
response	Noted	
	The aim was from the start to align Subpart C in ATCO MED and Subpart D in Part-MED (FCL) as far as possible. We will continue to do so. Please refer to the comments on Subpart C.	

comment	304	comment by: comments provided on behalf of FIT/CISL italian trade union
	FIT/CISL proposes to add the exception of STDI because they do not need a medical certificate, even though their endorsement is on their licence and they are exercising the privileges of the rating in that licence; we propose to rephrase the ATCO.MED.A.005(a) as follows: "the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, <u>with the exception of STDI</u> "	
response	Accepted	

comment	317	comment by: NATS National Air Traffic Services Limited
	<p>ATCO.MED.A.005 (a) STDIs do not need a medical certificate, even though their endorsement is on their licence and they are exercising the privileges of the rating in that licence Suggested amendment: '(a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, with the exception of STDI;'</p>	
response	Accepted	

comment	350	comment by: ENAV
	<p>ATCO.MED.A.005 (a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence, with the exception of STDI; Comment: The STDI do not need a medical certificate, even though their endorsement is on their licence and they are exercising the privileges of the rating in that licence.</p>	
response	Accepted	

comment	384	comment by: Federal Office of Civil Aviation FOCA
	<p>Article: ATCO.MED.A.005 a Comment / Issue / Suggestion: ... of an air traffic controller licence or of a student air traffic controller licence with the exception of the STDI Justification: as the STDI does not need to have a valid unit endorsement he/she is not forced to have a medical certificate</p>	
response	Accepted	

comment 3

comment by: LPS SR

**ATCO.MED.A.010
Definitions**

~~'Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part.~~

We suggest deleting licensing authority as such, because it is a new term and not needed. It can bring only confusion. Competent authority is used in other text of this part, which is known and understood.

response *Not accepted*

The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.

comment 13

comment by: Direction de la sécurité de l'aviation civile (DSAC)

ATCO MED .A.010 Licensing authorityComment :

The term competent authority is systematically used throughout the NPA IRT ATCO. There is no particular reason to change it in the medical field. Referring to that and to be consistent with all the NPA ATCO, DGAC FR considers that it is preferable to use the term "competent authority" as indicated in article 4 of NPA 2012-18 (BI).

Proposal :

~~'Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part.~~

Replace systematically "licensing authority" by "competent authority"

response

throughout NPA 2012-18 (BII) Part-ATCO.MED

Not accepted

The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.

comment

17

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

"Investigation"

Comment :

As, according to the definition above, an assessment is a conclusion, suggest to adapt this definition.

Proposal :

'Investigation' means **the method by which** the assessment of a suspected pathological condition of an applicant is reached, by means of examinations and tests to verify the presence or absence of a medical condition.

response

Not accepted

The definition is considered to be clear the way it is written, because the assessment is the conclusion on the medical fitness of an applicant with a pathological condition that is investigated by means of ...

comment

52

comment by: *skyguide Corporate Regulation Management***ATCO.MED.A.010**

~~'Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part~~

Why is licensing authority introduced when it is, to all intents and purposes, the competent authority as defined in the BR? We suggest to delete and use "Competent authority" throughout the document.

ATCO.MED.A 010 licensing authority ATCO.MED.A.040

Remove the term licensing authority from the whole NPA

Reason for comment

Use the existing term competent authority as licensing authority is a new term used only in the part MED which brings confusion, particularly as the licensing

	<p>authority issues medical certificates and not licences. It does not reflect their medical expertise. Aircrew licence refers to CA and not licensing authority. (reg1178/2011 part MED.A.001)</p> <p>ATCO.MED.A.010</p> <p>'Investigation' means the method by which the assessment of a suspected pathological condition of an applicant is reached, by means of examinations and tests to verify the presence or absence of a medical condition.</p> <p>Change proposed as, according to the definition above, an assessment is a conclusion. We suggest to adapt this definition.</p>
response	<p><i>Not accepted</i></p> <p>Comment 1 in this field: The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.</p> <p>Comment 2 in this field: The definition is considered to be clear the way it is written, because the assessment is the conclusion on the medical fitness of an applicant with a pathological condition that is <u>investigated by means</u> of ...</p>
comment	<p>86 comment by: CAA-NL</p> <p>We found that the definitions of 'Examination' is different than the one concluded after an extensive debate in the EASA-committee. We suggest to include the definition from the Part MED.A.010: 'Examination' means an inspection, palpation, percussion, auscultation or other means of investigation especially for diagnosing disease, Further we noticed that it is in this case not possible to put a limitation on the ATCO license, only on the Medical certificate, contraire with Part MED.A.010. we wonder if this is not a usable option.</p>
response	<p><i>Accepted</i></p> <p>The definition 'examination' as is presently in Part-MED (Aircrew Regulation) is considered inappropriate because it is not the aim of the (aero-)medical examination to diagnose disease but to determine medical fitness for duty. The same definition as proposed for Part-MED (ATCO) will be proposed for Part-MED (FCL). 'licence' will be deleted from Part-MED, also for pilots it is not possible to put a medical limitation on a licence.</p>

comment	90	comment by: NATS National Air Traffic Services Limited
	<p>ATCO.MED.A.010 Definitions 'Licensing authority'</p> <p>This definition states that the 'licensing authority' is the 'competent authority'. This different term is unnecessary. All other references in this regulation (except Part MED) refer to 'competent authority' so this term (competent authority) should be retained throughout.</p> <p>Suggest removing the definition of 'Licensing authority':</p> <p>"Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part."</p>	
response	<p><i>Not accepted</i></p> <p>The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.</p>	
comment	91	comment by: NATS National Air Traffic Services Limited
	<p>ATCO. MED.A.010</p> <p>NATS is very supportive of this IR, we welcome the fact that operational experts can now be consulted. In the past some doctors have made assessments with limited information about the working environment</p>	
response	<p><i>Noted</i></p>	
comment	98	comment by: CANSO Civil Air Navigation Services Organization
	<p>CANSO proposes to delete the following paragraph from ATCO.MED.A.010:</p> <p>'Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part.</p> <p>Use the existing terms of AMS and competent authority as this is a new term used only in the part MED which brings confusion, particularly as the licensing authority may issue medical certificates. It is not understood what medical expertise they have. Aircrew licence refers to CA and not licensing authority.</p>	

response	<p>(reg1178/2011 part MED.A.001)</p> <p><i>Not accepted</i></p> <p>The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.</p>
comment	<p>101 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to the paragraph on 'investigation' in ATCO.MED.A.010: <i>'Investigation' means the method by which the assessment of a suspected pathological condition of an applicant is reached, by means of examinations and tests to verify the presence or absence of a medical condition.</i> As, according to the definition above, an assessment is a conclusion, suggest to adapt this in the definition.</p>
response	<p><i>Not accepted</i></p> <p>The definition is considered to be clear the way it is written, because the assessment is the conclusion on the medical fitness of an applicant with a pathological condition that is <u>investigated by means of ...</u></p>
comment	<p>103 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to ATCO.MED.A.020 (a) (2): <i>take or use any prescribed or non-prescribed medication which they believe is likely to interfere with the safe exercise of the privileges of the licence</i> Needs to be re-worded as an ATCO may not know whether the medication will affect them or not.</p>
response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.</p>

comment

145

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*Section: [ATCO.MED.A.010](#)**Comment:**

Part-MED has been amended with a change of 'a person' to 'an applicant' in the definition of 'Assessment', and a new definition of 'significant' has been added.

The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.A.010:

"Assessment": change 'a person' to 'an applicant'

'Significant' means a degree of a medical condition, the effect of which would prevent the safe exercise of the privileges of the licence.'

response

Accepted

1. Editorial change for consistency.
2. Addition for clarity.

comment

181

comment by: *HungaroControl***ATCO.MED.A.010 Definitions:**

~~'Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part.~~
Use the term 'competent authority'.

response

Not accepted

The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.

comment	184	comment by: HungaroControl
	<p>ATCO.MED.A.010: Investigation' means <u>the method by which</u> the assessment of a suspected pathological condition of an applicant is reached, by means of examinations and tests to verify the presence or absence of a medical condition. For better understanding.</p>	
response	<p><i>Not accepted</i></p> <p>The definition is considered to be clear the way it is written, because the assessment is the conclusion on the medical fitness of an applicant with a pathological condition that is <u>investigated by means</u> of ...</p>	
comment	259	comment by: swissatca
	<p>The Licensig authority appears to be the competent authority as defined in the BR We suggest to delete and use "Competent authority" throughout the document 'Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part</p>	
response	<p><i>Not accepted</i></p> <p>The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.</p>	
comment	279	comment by: IFATCA

59	NPA 2012- 18 (BII)	ATCO.MED.A.010 Definitions	'Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part.	Why is this defined here?
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response *Not accepted*

The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.

comment 280

comment by: IFATCA

60	NPA 2012- 18 (BII)	NEW ATCO.MED.A.060 SUDDEN INCAPACITATION or DEFINITION	Suggestion of IFATCA to include Sudden incapacitation as defined by Requirements for European Class 3 Medical Certification of Air Traffic Controllers
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response *Not accepted*

The wording 'sudden incapacitation' is considered to be clear without definition.

comment	295	comment by: Civil Aviation Authority Norway
	<p><i>Medical expert comment:</i> Definition of secondary-review should be included. Suggestion: 'Secondary-review' means a procedure to have a second-opinion of the medical assessment either by the authority or other competent personnel</p>	
response	<p><i>Partially accepted</i></p> <p>The term 'secondary review' has been deleted.</p>	

comment	318	comment by: NATS National Air Traffic Services Limited
	<p>ATCO.MED.A.010 Definitions As, according to the definitions 'Investigation' means the assessment' and an 'Assessment' means the conclusion'. This is not logical as an Investigation can be on-going and not a conclusion. It is suggested that the definition of 'Investigation' is amended. Suggested amendment: "Investigation' means the method by which the assessment of a suspected pathological condition of an applicant is reached, by means of examinations and tests to verify the presence or absence of a medical condition.'</p>	
response	<p><i>Not accepted</i></p> <p>The definition is considered to be clear the way it is written, because the assessment is the conclusion on the medical fitness of an applicant with a pathological condition that is <u>investigated by means</u> of ...</p>	

comment	348	comment by: ENAV
	<p>Licensing authority' means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part. Comment: Use the existing terms of AMS and competent authority as this is a new term used only in the part MED which brings confusion, particularly as the licensing authority may issue medical certificates. It is not understood what medical expertise they have. Aircrew licence refers to CA and not licensing authority. (reg1178/2011 part MED.A.001)</p>	
response	<p><i>Not accepted</i></p> <p>The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the</p>	

authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made. Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.

comment

351

comment by: ENAV

ATCO.MED.A.010

'Investigation' means the method by which the assessment of a suspected pathological condition of an applicant is reached, by means of examinations and tests to verify the presence or absence of a medical condition.

Comment: As, according to the definition above, an assessment is a conclusion, suggest to adapt this definition

response

Not accepted

The definition is considered to be clear the way it is written, because the assessment is the conclusion on the medical fitness of an applicant with a pathological condition that is investigated by means of ...

comment

385

comment by: Federal Office of Civil Aviation FOCA

Article:

ATCO.MED.A.010

Comment / Issue / Suggestion:

remove 'licensing authority' and replace it with 'competent authority' throughout the whole document

Justification:

as the BR and the Cover Regulation use the term 'competent authority' - there is no reason to introduce a new term here.

Alternatively the use of the term "licensing authority" should be moved to the IR definitions and used accordingly throughout the document.

response

Not accepted

The term 'licensing authority' is used to ensure that it is clear to the AME where to send the documentation of the medical examination and assessment. The AME in country A receives his/her certificate from the authority in country A which is his/her competent authority. If the AME examines an ATCO from country B the AME has to send the documentation of the assessment to the authority in country B. If the term 'competent authority' would be used, the AME may not be sure which competent authority the documents should be sent to, his/her own, or the one of the ATCO. The possibility to say 'the competent authority that issued the ATCO licence, or, in the case of a student air traffic controller, the authority that is to issue the licence' is considered to be too long to be inserted in all cases where reference to the licensing authority is made.

Therefore, the term 'licensing authority' has been introduced. A definition is in ATCO.MED.A.010 to make sure that the term is understood correctly.

comment

386

comment by: *Federal Office of Civil Aviation FOCA*

Article:

ATCO.MED.A.010

Comment / Issue / Suggestion:

'Investigation' means the method by which ...

Justification:

an 'assessment' is a conclusion and the investigation' is the process to reach the assessment

response

Not accepted

The definition is considered to be clear the way it is written, because the assessment is the conclusion on the medical fitness of an applicant with a pathological condition that is investigated by means of ...

**PART-ATCO.MED – MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS – SUBPART A – GENERAL REQUIREMENTS – SECTION 1
GENERAL – ATCO.MED.A.015 Medical confidentiality**

p. 4

comment

146

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*Section: [ATCO.MED.A.015](#)**Comment:**

Part-MED has been amended with a change of 'medical examination' to 'aero-medical examination' for clarity.

The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.A.015:

'All persons involved in aero-medical examination ...'

response

Partially accepted

Part-MED will be amended to read 'medical examination'. Medical confidentiality covers a broader aspect than medical examinations for the issue

of a medical certificate for ATCOs or pilots.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 1
GENERAL — ATCO.MED.A.020 Decrease in medical fitness**

p. 4

comment 4

comment by: LPS SR

**ATCO.MED.A.020 (b)
(5) decrease in
medical fitness**

When they are pregnant
to be replaced with when
they **are aware / know**
that they are pregnant

Certain time elapses and
test is needed to confirm
the condition. We
suggest rewording.

response *Not accepted*

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment 6

comment by: LPS SR

**ATCO.MED.A.020
(a)(2)**

take or use any prescribed
or non-prescribed
medication which **they**
believe is likely to
interfere with the safe
exercise of the privileges
of the licence

This provision needs to be re-
worded as an ATCO may not
know whether the medication
will affect them or not, even
doctors may have problems
to be sure about the
influence.

response *Not accepted*

Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.

comment 7

comment by: LPS SR

ATCO.MED.A.020 (b)

In addition, licence holders shall, without undue delay, before exercising the privileges of their licence, seek aero-medical advice from an aero-medical examiner or aero-medical centre when they...

Undue delay is unclear.
The definition of aero-medical advice does not exist

response Partially accepted

'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.
An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.

comment 15

comment by: Direction de la sécurité de l'aviation civile (DSAC)

ATCO.MED.A.020 (b) (5) decrease in medical fitnessComment :

It is not possible for a woman to know with absence of doubt that she is pregnant from the moment of conception. Usually a certain time elapses and test need to be made to confirm the condition.

Proposal :

When they are pregnant/ **or when they know they are pregnant.**

response Not accepted

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if

suspected this confirmation will be sought soon enough.

comment 18 comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.A.020 Decrease in medical fitness

Comment :

The term "licence" should be understood in its general meaning. As this regard, the sentence should be read as corrected :

Proposal :

ATCO.MED.A.020 Decrease in medical fitness

(a) Licence holders shall not exercise the privileges of their licence ~~and related ratings or certificates at any time when they:~~

response *Partially accepted*

'and related ratings or certificates' will be deleted.

'at any time when they' will be kept because otherwise the sentence is not complete and an important point would be missing.

comment 19 comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.A.20 (b) "Without undue delay"

Comment :

Undue delay is unclear and they should ask before starting work again. Wording it like this lends clarity to the chronology of the events. "in addition" lacks clarity as to what it refers to.

The definition of aero-medical advice does not exist.

Proposal :

In addition, licence holders shall, ~~without undue delay,~~ before exercising the privileges of their licence, seek ~~aero-medical advice from an aero-medical examiner or aero-medical centre~~ when they...

response *Partially accepted*

'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.

An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.

comment 53 comment by: *skyguide Corporate Regulation Management*

ATCO.MED.A.020 (a)

Licence holders shall not exercise the privileges of their licence ~~and related ratings or certificates at any...~~

Either mention should be made of the endorsements in order to be complete, or

else (preferred option, as more complete) the sentence should read as corrected.

ATCO.MED.A.020 (a)(2)

...take or use any prescribed or non-prescribed medication which they believe is likely to interfere with the safe exercise of the privileges of the licence.

The ATCO may not know whether the medication will interfere with the safe exercise of the privileges of the licence. We suggest to introduce the words "they believe" or "they know".

ATCO.MED.A.020 (b)

In addition, licence holders shall, ~~without undue delay~~, before exercising the privileges of their licence, seek medical advice in relation to exercising the privileges of their licence from an AeMC or AME...

Undue delay is unclear and they should ask before starting work again. However, this whole paragraph needs re-wording.

The definition of aero-medical advice does not exist and the sentence would read better as suggested as this lends clarity.

ATCO.MED.A.020 (b) 5

First know they are pregnant

It may take some months for a lady to know that she is pregnant

response *Partially accepted*

Comment 1 in this field:

'and related ratings or certificates' will be deleted.

Comment 2 in this field:

Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.

Comment 3 in this field:

'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.

An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.

Comment 4 in this field:

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment 67

comment by: Aaron Curtis Prospect ATCOs' Branch UK

It is unreasonable to require individuals to seek aero medical advice when they

	<p>'are pregnant as they may not be aware of being pregnant straight away.</p> <p>We propose a re wording to:</p> <p>(b) In addition, licence holders shall, without undue delay, seek aero-medical advice when they:</p> <p>(5) are <u>aware of being</u> pregnant</p>
response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.</p>
comment	<p>99 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to ATCO.MED.A.020 (b) (5) decrease in medical fitness: <i>When they are pregnant to be replaced with when they are aware / know that they are pregnant</i></p> <p>It is not a given for a woman to know that she is pregnant from the moment of conception. Usually a certain time elapses and test need to be made to confirm the condition.</p>
response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.</p>
comment	<p>102 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>With regards to ATCO.MED.A.020 (a), either mention should be made of the endorsements as well or else (preferred option, as more complete) the sentence should read as corrected: <i>Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any...</i></p>
response	<p><i>Accepted</i></p> <p>'and related ratings or certificates' will be deleted.</p>
comment	<p>104 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to ATM.MED.A.020 (b):</p>

	<p><i>In addition, licence holders shall, without undue delay, before exercising the privileges of their licence, seek aero-medical advice from an aero-medical examiner or aero-medical centre when they...</i></p> <p>Undue delay is unclear and they should ask before starting work again. Wording it like this lends clarity to the chronology of the events. "in addition" lacks clarity as to what it refers to.</p> <p>The definition of aero-medical advice does not exist</p>
response	<p><i>Partially accepted</i></p> <p>'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.</p> <p>An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.</p>

comment	<p>108</p> <p>comment by: UK CAA</p>
	<p>Page No: 4</p> <p>Paragraph No: ATCO.MED.A.020</p> <p>Comment: There is no mention of notification of unfitness to the ANSP as in Article 17 of Regulation 805/2011.</p> <p>Proposed Text: ATCO.MED.A.020 add new paragraph "(c) Licence holders shall notify the relevant air navigation service provider that they are becoming aware of any decrease in medical fitness or are under the influence of any psychoactive substance or medicines which might render them unable to safely exercise the privileges of the licence."</p>
response	<p><i>Not accepted</i></p> <p>This is an employment issue and not related to the content of Part-ATCO.MED. The ATCO will call in sick and follow the employer's procedure. In addition, in many countries it is against data protection rules to be asked to provide the employer with details of the sickness.</p>

comment	<p>147</p> <p>comment by: Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</p>
	<p>Section: ATCO.MED.A.020</p> <p>Comment: In (b) 'licence holders' should be changed to 'holders of a class 3 medical certificate' to include also ATCO students prior to practical training. Part-MED has been amended to give more clarity to the requirements. The text should be amended to be consistent with Part-MED.</p> <p>Proposal: Amend ATCO.MED.A.020: (b) 'In addition, holders of a class 3 medical certificate shall...'</p>

response	<div data-bbox="352 192 1455 394" style="border: 1px solid black; padding: 5px;"> <p>After (7): 'In the cases referred to in (b) holders of a class 3 medical certificate shall seek the advice of an AeMC or AME. The AeMC or AME shall assess their medical fitness and decide whether they are fit to resume the exercise of their privileges.'</p> </div> <p><i>Partially accepted</i></p> <p>'licence holder' changed to 'holders of a class 3 medical certificate' to include student ATCOs. In the last paragraph student ATCOs is added for clarification. No further alignment with Part-MED because it is already stated in the first subparagraph under (b) that aero-medical advice shall be sought and this should not be repeated.</p>
comment	<div data-bbox="352 976 1455 1032"> <p>182 comment by: HungaroControl</p> </div> <p>ATCO.MED.A.020 (b) (5) decrease in medical fitness: When they are pregnant to be replaced with when they <u>are aware / know that</u> they are pregnant</p>
response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.</p>
comment	<div data-bbox="352 1489 1455 1545"> <p>185 comment by: HungaroControl</p> </div> <p>ATCO.MED.A.020 (a): Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any...</p>
response	<p><i>Accepted</i></p> <p>'and related ratings or certificates' will be deleted.</p>
comment	<div data-bbox="352 1906 1455 1962"> <p>186 comment by: HungaroControl</p> </div>

	<p>ATCO.MED.A.020 (a)(2): take or use any prescribed or non-prescribed medication which <u>they believe</u> is likely to interfere with the safe exercise of the privileges of the licence An ATCO may not know whether the medication will affect them or not.</p>
response	<p><i>Not accepted</i></p> <p>Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.</p>
comment	<p>187 comment by: HungaroControl</p>
	<p>ATCO.MED.A.020 (b): In addition, licence holders shall, without undue delay, <u>before exercising the privileges of their licence</u>, seek aero-medical advice <u>from an aero-medical examiner or aero-medical centre</u> when they... Undue delay is unclear. What is an aero-medical advice? It is unclear.</p>
response	<p><i>Partially accepted</i></p> <p>'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice. An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.</p>
comment	<p>212 comment by: ATCEUC- Air Traffic Controllers European Unions Coordination</p>
	<p>ATCO.MED.A.020(a)</p> <p>Comment:</p> <p>When someone is not able to exercise the privileges of his licence, none of those privileges included in the licence are to be exercised.</p> <p>ATCEUC proposes:</p> <p>ATCO.MED.A.020 new text</p> <p>(a) <i>Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they</i></p>

response	<p><i>Accepted</i></p> <p>'and related ratings or certificates' will be deleted.</p>
comment	<p>213 comment by: <i>ATCEUC- Air Traffic Controllers European Unions Coordination</i></p> <p>ATCO.MED.A.020(a)(2)</p> <p>Comment:</p> <p>The ATCO may not know if a particular medication interferes with the safe exercise of the privileges of the licence.</p> <p>ATCEUC proposes:</p> <p>ATCO.MED.A.020(a) new text</p> <p>(2) <i>take or use any prescribed or non-prescribed medication which <u>they believe</u> is likely to interfere with the safe exercise of the privileges of the licence</i></p>
response	<p><i>Not accepted</i></p> <p>Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.</p>
comment	<p>214 comment by: <i>ATCEUC- Air Traffic Controllers European Unions Coordination</i></p> <p>ATCO.MED.A.020(b)</p> <p>Comment:</p> <p>This clarifies the need to seek for a medical advice before exercising the privileges.</p> <p>ATCEUC proposal:</p> <p>ATCO.MED.A.020 new text</p> <p>(b) <i>In addition, licence holders shall, without undue delay, <u>before exercising the privileges of their licence</u>, seek aero-medical advice <u>from an aero-medical examiner or aero-medical centre</u> when they:</i></p>
response	<p><i>Partially accepted</i></p>

'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.
An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.

comment

215

comment by: *ATCEUC- Air Traffic Controllers European Unions Coordination***ATCO.MED.A.020(b)(5)****Comment:**

Licence holders shall seek medical advice when they are pregnant? Only when she knows...

ATCEUC proposal:

ATCO.MED.A.020(b) *new text*
(5) are aware of being pregnant;

response

Not accepted

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment

225

comment by: *Laurent BERTIN UNSA-ICNA*

(a) (2) : take or use any prescribed or non prescribed medication which **they believe** is likely to to interfere...

response

Not accepted

Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.

comment

226

comment by: *Laurent BERTIN UNSA-ICNA*

(b) (5): are **aware of being** pregnant.

response *Not accepted*

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment 230

comment by: *Federazione ATM-PP*

Federazione ATM-PP proposal, on ATCO.MED.A.020 (a) is to change as follows:
Licence holders shall not exercise the privileges of their licence ~~and related ratings or certificates~~ at any time when they:

response *Accepted*

'and related ratings or certificates' will be deleted.

comment 231

comment by: *Federazione ATM-PP*

Federazione ATM-PP proposal on ATCO.MED.A 020 (a) (2) is to change as follows:

take or use any prescribed or non-prescribed medication which they believe is likely to interfere with the safe exercise of the privileges of the licence

This because an ATCO is not a doctor and he doesn't know exactly if a medication can interfere with his physical state

response *Not accepted*

Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.

comment 232

comment by: *Federazione ATM-PP*

Federazione ATM-PP proposal is to change ATCO.MED.A.020 (b) as follows:

In addition, licence holders shall, ~~without undue delay~~, before exercising the privileges of their licence, seek ~~aero-medical advice~~ from an aero-medical examiner or aero-medical centre when they:

This clarifies the need to seek for a medical advice before exercising the privileges.

response *Partially accepted*

'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME

whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.
An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.

comment

233

comment by: *Federazione ATM-PP*

Federazione ATM-PP proposal on ATCO.MED.A.020 (b)(5) is to change as follows:

are aware of being pregnant;

response

Not accepted

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment

242

comment by: *European Transport Workers Federation - ETF***ATCO.MED.A.020(a)(2)**

take or use any prescribed or non-prescribed medication which they believe is likely to interfere with the safe exercise of the privileges of the licence;

ETF proposes to re-word as an ATCO may not know whether the medication will affect them or not.

response

Not accepted

Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.

comment

243

comment by: *European Transport Workers Federation - ETF***ATCO.MED.A.020(b)(5)**

"(b) In addition, licence holders shall, without undue delay, seek aero-medical advice when they:

(5) are aware of being pregnant;"

Licence holders shall seek aero-medical advice when they are pregnant? Only when she knows...

response *Not accepted*

The question 'Are you pregnant' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment 248 comment by: *SINCTA - Portuguese Air Traffic Controllers' Union*

ATCO.MED.A.020(a)

SINCTA proposes a text change just to clarify because the privileges of the licence include the privileges of the ratings and certificates contained therein.

Proposed text:

Licence holders shall not exercise the privileges of their licence ~~and related ratings or certificates~~ at any time when they:

response *Accepted*

'and related ratings or certificates' will be deleted.

comment 250 comment by: *SINCTA - Portuguese Air Traffic Controllers' Union*

ATCO.MED.A.020(a)(a)

Needs to be re-worded as an ATCO may not know whether the medication will affect them or not and **SINCTA** thinks this is an important detail.

Proposed text:

take or use any prescribed or non-prescribed medication which they believe is likely to interfere with the safe exercise of the privileges of the licence;

response *Not accepted*

Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.

comment 251 comment by: *SINCTA - Portuguese Air Traffic Controllers' Union*

ATCO.MED.A.020(b)

SINCTA believes undue delay is unclear and ATCOs should ask for advice before starting to work again.

Proposed text:

In addition, licence holders shall, ~~without undue delay~~, before exercising the privileges of their licence, seek aero-medical advice from an aero-medical examiner or aero-medical centre when they:

response *Partially accepted*

'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.
An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.

comment 252 comment by: *SINCTA - Portuguese Air Traffic Controllers' Union*

ATCO.MED.A.020(b)(5)
Licence holders shall seek aero-medical advice when they are pregnant? In **SINCTA's** opinion it is only when she knows...
Proposed text:
are aware of being pregnant;

response *Not accepted*

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment 256 comment by: *DATCA*

Ref. ATCO.MED.A.020 (a2 and b)

a2) The wording is very strict, the controller may not know the medications data.

b) Ambiguous wording, what is "without undue delay"?

response *Partially accepted*

'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.
An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.

comment 261 comment by: *swissatca*

(a)(2) As the ATCO is not proficient in medicine, they may not know whether

response	<p>the medication taken is likely to interfere with the safe exercises of the privileges of the licence. It would be better to introduce the words "they believe" or "they know".</p> <p><i>...take or use any prescribed or non-prescribed medication which they believe-is likely to interfere with the safe exercise of the privileges of the licence</i></p> <p><i>Not accepted</i></p> <p>Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.</p>
comment	<p>262 comment by: USAC-CGT</p>
response	<p>USAC-CGT considers that this paragraph shall be reviewed not to interfere with the notion of provisional inability after our proposal has been studied.</p> <p>(a)(1) especially when the decrease is clearly temporary, this provision is too stringent.</p> <p><i>Partially accepted</i></p> <p>The paragraph on provisional inability has been amended to avoid an overlap of these paragraphs.</p> <p>The AME should decide whether a decrease in medical fitness is temporary or not. In some cases this can be done by telephone. No change to the rule.</p>
comment	<p>264 comment by: USCA</p>
response	<p>ATCO.MED.A.020(a)</p> <p>Just to clarify</p> <p><i>(a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they:</i></p> <p><i>Accepted</i></p>
	<p>'and related ratings or certificates' will be deleted.</p>
comment	<p>265 comment by: USCA</p>
	<p>ATCO.MED.A.020(a)(2)</p> <p>Needs re-wording as an ATCO may not know whether the medication will affect them or not</p> <p><i>(2) take or use any prescribed or non-prescribed medication which <u>they believe</u> is likely to interfere with the safe exercise of the privileges of the licence;</i></p>

response *Not accepted*

Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.

comment 266

comment by: USCA

ATCO.MED.A.020(b)

"Undue delay" is not clear and they should ask before they start to work again
(b) In addition, licence holders shall, ~~without undue delay,~~ before exercising the privileges of their licence, seek aero-medical advice from an aero-medical examiner or aero-medical centre when they:

response *Partially accepted*

'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.
An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.

comment 267

comment by: USCA

ATCO.MED.A.020(b)(5)

Just common sense...

"(b) In addition, licence holders shall, without undue delay, seek aero-medical advice when they:
(5) are aware of being pregnant;"

response *Not accepted*

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment 277

comment by: USAC-CGT

ATCO.MED.A.020 (b) (5)

Replace "are pregnant" by "are aware of being pregnant".

response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.</p>	
comment	287	comment by: ICEATCA
	<p>(a)(2) ICEATCA would like to add the words "they believe" into this sentence so that this paragraph would read: take or use any prescribed or non-prescribed medication they believe is likely to interfere with the safe exercise of the privileges of the licence. ATCOs might not know if a particular medication interferes with the safe exercise of the privileges of the licence.</p>	
response	<p><i>Not accepted</i></p> <p>Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.</p>	
comment	288	comment by: ICEATCA
	<p>(b) ICEATCA thinks that it should not be necessary to seek aero-medical advice without delay. To seek aero-medical advice before exercising the privileges of their licence would be more correct here.</p>	
response	<p><i>Partially accepted</i></p> <p>'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice. An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.</p>	
comment	289	comment by: ICEATCA
	<p>(b)(5) ICEATCA thinks that this should read: are aware of being pregnant.</p>	
response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a</p>	

rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment

305

comment by: *comments provided on behalf of FIT/CISL italian trade union*

FIT/CISL proposes to re-word **ATCO.MED.A.020(a)(2)** as an ATCO may not know whether the medication will affect them or not:

"take or use any prescribed or non-prescribed medication which they believe is likely to interfere with the safe exercise of the privileges of the licence"

response

Not accepted

Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.

comment

306

comment by: *comments provided on behalf of FIT/CISL italian trade union*

In reference to the **ATCO.MED.A.020(b)(5)** FIT/CISL thinks that a licence holder shall seek aero-medical advice when there is full awareness of the decrease in medical fitness especially in the case of pregnancy, so proposes to change as follows:

"are aware of being pregnant"

response

Not accepted

The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

comment

319

comment by: *NATS National Air Traffic Services Limited*

ATCO.MED.A.020 (a)

Exercising the privileges of the licence means any of the components thereof i.e. Ratings, Rating Endorsements, Licence Endorsements and Unit Endorsements. Therefore there is no need to specify related ratings or certificates.

Suggested amendment:

'(a) Licence holders shall not exercise the privileges of their licence at any time when they:.....'

response	<p><i>Accepted</i></p> <p>'and related ratings or certificates' will be deleted.</p>
comment	<p>320 <i>comment by: NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.020 (a)(2) This provision needs to be re-worded as an ATCO may not know whether the medication will affect them or not. Suggested amendment: '(2) stake or use any prescribed or non-prescribed medication which they believe is likely to interfere with the safe exercise of the privileges of the licence'</p>
response	<p><i>Not accepted</i></p> <p>Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.</p>
comment	<p>321 <i>comment by: NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.020 (b) The term 'undue delay' is unclear and ATCOs should seek confirmation before starting exercising the privileges of the licence. Suggested wording lends clarity to the chronology of the events. Furthermore the term 'in addition' lacks clarity as to what it refers to. The definition of aero-medical advice does not exist. Suggested amendment: '(b) Licence holders shall, before exercising the privileges of their licence, seek medical advice from an aero-medical examiner or aero-medical centre when they:.....'</p>
response	<p><i>Partially accepted</i></p> <p>'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice. An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.</p>
comment	<p>322 <i>comment by: NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.020 Decrease in medical fitness (b) (5)</p>

	<p>It is not a given for a woman to know that she is pregnant from the moment of conception. Usually a certain time elapses and tests need to be made to confirm the condition. Suggested amendment: '(5) are aware they are pregnant'</p>
response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.</p>
comment	<p>349 comment by: ENAV</p>
	<p>ATCO.MED.A.020 (b) (5) decrease in medical fitness When they are pregnant to be replaced with when they are aware / know that they are pregnant Comment: It is not a given for a woman to know that she is pregnant from the moment of conception. Usually a certain time elapses and test need to be made to confirm the condition</p>
response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant' is the normal question, e.g. before an X-ray is taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.</p>
comment	<p>352 comment by: ENAV</p>
	<p>ATCO.MED.A.020 (a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any... Comment: Either mention should be made of the endorsements as well or else (preferred option, as more complete) the sentence should read as corrected:</p>
response	<p><i>Accepted</i></p> <p>'and related ratings or certificates' will be deleted.</p>
comment	<p>353 comment by: ENAV</p>
	<p>ATCO.MED.A.020 (a)(2) take or use any prescribed or non-prescribed medication which they believe is likely to interfere with the safe exercise of the privileges of the licence</p>

	Comment: Needs to be re-worded as an ATCO may not know whether the medication will affect them or not.
response	<p><i>Not accepted</i></p> <p>Adding the expression 'they believe' opens the possibility for an ATCO to say that he/she 'did not believe' that any medication they are taking is likely to interfere with the safe exercise of the licence. This would render the rule almost useless. An ATCO who is unsure about medication should contact the AME whether or not they believe that there may be unwanted side effects.</p>

comment	<p>354</p> <p>comment by: ENAV</p>
	<p>ATCO.MED.A.020 (b)</p> <p>In addition, licence holders shall, without undue delay, before exercising the privileges of their licence, seek aero-medical advice from an aero-medical examiner or aero-medical centre when they...</p> <p>Comment:</p> <p>Undue delay is unclear and they should ask before starting work again. Wording it like this lends clarity to the chronology of the events. "in addition" lacks clarity as to what it refers to.</p> <p>The definition of aero-medical advice does not exist</p>
response	<p><i>Partially accepted</i></p> <p>'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice.</p> <p>An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.</p>

comment	<p>387</p> <p>comment by: Federal Office of Civil Aviation FOCA</p>
	<p>Article:</p> <p>ATCO.MED.A.020 a</p> <p>Comment / Issue / Suggestion:</p> <p>... of their licence and related ratings or certificates at any time when they:</p> <p>Justification:</p> <p>'licence' does cover all kind of certificates</p>
response	<p><i>Noted</i></p> <p>'and related ratings or certificates' will be deleted.</p>

comment	<p>388</p> <p>comment by: Federal Office of Civil Aviation FOCA</p>
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	<p>Article: ATCO.MED.A.020 b Comment / Issue / Suggestion: ... seek aero-medical advice when they - medical advice from a AME and AeMC Justification: 'aero-medical advice' is not defined</p>
response	<p><i>Partially accepted</i></p> <p>'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice. An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.</p>
comment	<p>389 comment by: <i>Federal Office of Civil Aviation FOCA</i></p> <p>Article: ATCO.MED.A.020 b Comment / Issue / Suggestion: ... without undue delay ... - prior excercising the privileges of the concerned licence Justification: 'undue delay' is not definde as well</p>
response	<p><i>Partially accepted</i></p> <p>'undue delay' is kept to make the ATCO understand that they should not wait until they think they can go back to duty and only then check with the AME whether this is acceptable, but that the advice should be sought at an early stage in order to be able to follow the specific advice during the time they cannot work. The specific advice is aero-medical advice. An addition has been made to clarify that the ATCO has contacted the AME before resuming their duties.</p>
comment	<p>390 comment by: <i>Federal Office of Civil Aviation FOCA</i></p> <p>Article: ATCO.MED.A.020 b 5 Comment / Issue / Suggestion: <u>first know they</u> are pregnant Justification: a woman first has to know that she is pregnant which could take several months</p>
response	<p><i>Not accepted</i></p> <p>The question 'Are you pregnant?' is the normal question, e.g. before an X-ray is</p>

taken or specific medication prescribed. The proposed change is too open for a rule. There is a moment where a pregnancy has not yet been confirmed but if suspected this confirmation will be sought soon enough.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 1
GENERAL — ATCO.MED.A.025 Obligations of AeMC and AME**

p. 4-5

comment

8

comment by: LPS SR

**ATCO.MED.A.025
(b) 3**

if the person has been assessed
as unfit, inform him/her of
his/her right of ~~a secondary
review~~ **a second assessment**

"Second assessment"
better fulfill the need
of this provision.

response

Partially accepted

The word 'secondary' has been deleted, 'review' is kept.

comment

11

comment by: Direction de la sécurité de l'aviation civile (DSAC)

Comment :

ATCO. MRD.A.025

b) (3) "Secondary review"

The term " secondary review" is not clear as it can be understood as a "second review" of the medical case or as an "appeal procedure".

At the light of the feed back of the application of the Aircrew Regulation where the "secondary review" is already in use, it is preferable to clarify it.

Proposal :

It is proposed to replace "secondary review" by "appeal procedure"

response

Partially accepted

The word 'secondary' has been deleted, 'review' is kept.

The ATCO has a right to have his/her case reviewed and the authority shall have a process in place detailing how and by whom this review should be done, e.g. by a Medical Board.

An appeal procedure is a court case. This is not regulated in Part-ATCO.MED which is on assessing the fitness, or not, of an ATCO.

comment	20	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
	<p>ATCO.MED.A.025 (b) 2</p> <p><u>Comment :</u> How can the AME foresee the consequences of a limitation, particularly the employment consequences?</p> <p><u>Proposal :</u> inform the person of the medical consequences of any limitation placed on the medical certificate.</p>	
response	<p><i>Not accepted</i></p> <p>The limitations that can be imposed by an AME are in AMC.ATCO.MED.B.001. Any operational limitations will be imposed by the licensing authority in conjunction with the service provider (ATCO.MED.B.001(c)). The consequence of e.g. being short-sighted is that a limitation for spectacles will be imposed by the AME. This is considered to be a limitation and the wording 'medical limitation' does not seem to be appropriate.</p>	
comment	21	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
	<p>ATCO.MED.A.025 b) 3</p> <p><u>Comment :</u> The term "Secondary review " is not clear and can be understood in different ways.</p> <p>First understanding : A review is a second time (re). Secondary can be considered with the meaning of minor, less important, inferior... second would probably better fulfil the purpose here with the observation that if it is the correct interpretation there is no process defined if the second opinion differs to the first. Does the licence holder decide which opinion he prefers, or does he have to refer to the CA? It is really unclear.</p> <p>Second understanding : "Secondary review" can also be understood as the right of " a medical appeal" . In the light of the application of the Aircrew regulation as of april 2012, the "secondary review" notion should be clarified.</p> <p>Two proposals : Option 1 : If the person has been assessed as unfit, inform him/her of his/her right of secondary review an appeal procedure.</p> <p>Option 2 : If the person has been assessed as unfit, inform him/her of his/her right of a secondary review a second opinion (or second assessment)</p>	
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>	
comment	22	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>

	<p>ATCO.MED.A.025 (c)</p> <p><u>Comment :</u> Grammatical (that changes the meaning): need a comma after records and after results.</p> <p><u>Proposal :</u> AeMCs and AMEs shall maintain records, with details of medical examinations and assessments performed in accordance with this Part and their results, in accordance with national legislation</p>
response	<p><i>Partially accepted</i></p> <p>This subparagraph has been reworded and checked by linguists for punctuation.</p>

comment	<p>54 comment by: skyguide Corporate Regulation Management</p>
	<p>ATCO.MED.A.025 (b) 2 inform the person of the consequences medical requirements of any limitation limiting placed on the medical certificate or inform the person of the medical consequences of any limitation placed on the medical certificate. How can the AME foresee the all consequences of a limitation, particularly the employment consequences?</p> <p>ATCO.MED.A.025 (b) 3 if the person has been assessed as unfit, inform him/her of his/her right of a secondary review a second assessment. A review is a second time (re). Secondary means minor, less important, inferior... second would probably better fit the purpose here. Second assessment It would be helpful to have a definition of second assessment. Is it the same examination and investigation as for the first? When the ATCO has the 2 assessments and they differ, which assessment prevails?</p> <p>ATCO.MED.A.025 (c) AeMCs and AMEs shall maintain records, with details of medical examinations and assessments performed in accordance with this Part and their results, in accordance with national legislation. A grammatical amendment (that changes the meaning): a comma after records and after results</p> <p>ATCO.MED.A.025 (d) When required for medical certification and/or oversight functions On request,... This should not be limited to medical certification and / or oversight It is simpler to state: "on request" This also ensures coherence with part ATCO.OR and ATCO.AR.</p>
response	<p><i>Partially accepted</i></p> <p>ATCO.MED.A.025(b)(2)</p> <p>The limitations that can be imposed by an AME are in AMC.ATCO.MED.B.001. Any operational limitations will be imposed by the licensing authority in conjunction with the service provider (ATCO.MED.B.001(c)).</p> <p>The consequence of e.g. being short-sighted is that a limitation for spectacles will be imposed by the AME. This is considered to be a limitation and the</p>

wording 'medical limitation' does not seem to be appropriate.

ATCO.MED.A.025(b)(3)

The word 'secondary' has been deleted, 'review' is kept.

ATCO.MED.A.025(c)

This subparagraph has been reworded and checked by linguists for punctuation.

ATCO.MED.A.025(d)

Data protection laws require a clear reason to disclose medical data. In this case the reason is medical certification and oversight.

comment

68

comment by: Aaron Curtis Prospect ATCOs' Branch UK

In respect of (b) (3)

A secondary review does not provide the required level of consideration and is different from accepted medical practice in cases when the initial medical opinion is disputed.

We propose a re word to:

If the person has been assessed as unfit, inform him/her of his/her right of a second opinion and/or appeal process.

Second opinion and appeal processes should be documented in appropriate AMC.

response

Partially accepted

The word 'secondary' has been deleted, 'review' is kept.

comment

105

comment by: CANSO Civil Air Navigation Services Organization

CANSO proposes the following change to ATCO.MED.A.025 (b) 2:

*inform the person of the **medical** consequences of any limitation placed on the medical certificate.*

How can the AME foresee the consequences of a limitation, particularly the employment consequences?

response

Not accepted

The limitations that can be imposed by an AME are in AMC.ATCO.MED.B.001. Any operational limitations will be imposed by the licensing authority in conjunction with the service provider (ATCO.MED.B.001(c)).

The consequence of e.g. being short-sighted is that a limitation for spectacles will be imposed by the AME. This is considered to be a limitation and the wording 'medical limitation' does not seem to be appropriate.

comment	106	comment by: <i>CANSO Civil Air Navigation Services Organization</i>
	<p>CANSO proposes the following change to ATCO.MED.A.025 (b) 3: <i>if the person has been assessed as unfit, inform him/her of his/her right of a secondary review a second opinion (or second assessment)</i></p> <p>A review is a second time (re). Secondary means minor, less important, inferior... second would probably better fulfil the purpose here. With regards to a <i>second opinion</i>, CANSO considers that there is no process defined if the second opinion differs to the first. Does the licence holder decide which opinion he prefers, or does he have to refer to the CA?</p>	
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>	

comment	107	comment by: <i>CANSO Civil Air Navigation Services Organization</i>
	<p>CANSO proposes the following grammatical change to ATCO.MED.A.025 (c): <i>AeMCs and AMEs shall maintain records, with details of medical examinations and assessments performed in accordance with this Part and their results, in accordance with national legislation</i></p> <p>This proposal changes the meaning; its needs for a comma after records and after results.</p>	
response	<p><i>Partially accepted</i></p> <p>This subparagraph has been reworded and checked by linguists for punctuation.</p>	

comment	110	comment by: <i>CANSO Civil Air Navigation Services Organization</i>
	<p>CANSO proposes the following change to ATCO.MED.A.025 (d): When required for medical certification and/or oversight functions <i>On request, AeMCs and AMEs shall submit to the medical assessor of the competent authority upon request all aero-medical records and reports, and any other relevant information.</i></p> <p>Why is this limited to medical certification and / or oversight? Why not simply "on request"? This also ensures coherence with part ATCO.OR and ATCO.AR.</p>	
response	<p><i>Not accepted</i></p> <p>Data protection laws require a clear reason to disclose medical data. In this case the reason is medical certification and oversight.</p>	

comment	148	comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i>
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Section: [ATCO.MED.A.025](#)

Comment:

Part-MED has been considerably amended to give more clarity to the requirements.

The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.A.025:

(a) The AeMC and AME shall:

- (1) ensure that communication with the applicant can be established without language barriers;**
- (2) make the applicant aware of the consequences of providing incomplete, inaccurate or false statements on their medical history;**
- (3) notify the licensing authority if the applicant provides incomplete, inaccurate or false statements on their medical history;**
- (4) notify the licensing authority if an applicant withdraws the application for a medical certificate at any stage of the process.**

(b) After completion of the aero-medical examinations and assessments, the AeMC and AME shall:

- (1) advise the applicant whether fit, unfit or referred to the licensing authority or an AeMC as applicable;**
- (2) inform the applicant of the consequences of any limitation placed on the medical certificate;**
- (3) submit without delay a signed, or electronically authenticated, application form for a medical certificate, medical examination report form and a copy of the medical certificate to the licensing authority; and**
- (4) inform the applicant of their responsibilities in case of decrease in medical fitness, as specified in ATCO.MED.A.020.**

(c) AeMCs and AMEs shall maintain records with details of aero-medical examinations and assessments and their results. The records shall be kept for a minimum of 10 years or for a period as determined by national legislation if this is longer.

(d) AeMCs and AMEs shall submit to the medical assessor of the competent authority, upon request, all aero-medical records and reports, and any other relevant information when required for:

- (i) medical certification;**
- (ii) oversight functions.**

response *Accepted*

The text will be amended for the reason provided.

comment 188

comment by: *HungaroControl*

ATCO.MED.A.025 (b) 2:

	<p>inform the person of the medical consequences of any limitation placed on the medical certificate. AeMC/AME cannot foresee all the consequences of the limitation.</p>
response	<p><i>Not accepted</i></p> <p>The limitations that can be imposed by an AME are in AMC.ATCO.MED.B.001. Any operational limitations will be imposed by the licensing authority in conjunction with the service provider (ATCO.MED.B.001(c)). The consequence of e.g. being short-sighted is that a limitation for spectacles will be imposed by the AME. This is considered to be a limitation and the wording 'medical limitation' does not seem to be appropriate.</p>
comment	<p>189 comment by: HungaroControl</p>
	<p>ATCO.MED.A.025 (b) 3: if the person has been assessed as unfit, inform him/her of his/her right of a secondary review a second opinion (or second assessment) Rewording is necessary because of the different meanings.</p>
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>
comment	<p>190 comment by: HungaroControl</p>
	<p>ATCO.MED.A.025(b)3: Second opinion There is no process defined if the second opinion differs to the first. Does the licence holder decide which opinion he prefers, or does he have to refer to the CA?</p>
response	<p><i>Noted</i></p> <p>If an ATCO has been assessed as unfit he/she has the right to undergo a review. The decision is made by the ATCO. The authority has to put a review procedure in place, e.g. a Medical Board. This will be in the authority requirements (AR).</p>
comment	<p>191 comment by: HungaroControl</p>
	<p>ATCO.MED.A.025 (c): AeMCs and AMEs shall maintain records, with details of medical examinations and assessments performed in accordance with this Part and their results, in accordance with national legislation. Grammatical changes.</p>

response	<p><i>Partially accepted</i></p> <p>This subparagraph has been reworded and checked by linguists for punctuation.</p>	
comment	192	comment by: <i>HungaroControl</i>
	<p>ATCO.MED.A.025 (d): When required for medical certification and/or oversight functions On request, AeMCs and AMEs shall submit to the medical assessor of the competent authority upon request all aero-medical records and reports, and any other relevant information. This also ensures coherence with part ATCO.OR and ATCO.AR</p>	
response	<p><i>Not accepted</i></p> <p>Data protection laws require a clear reason to disclose medical data. In this case the reason is medical certification and oversight.</p>	
comment	216	comment by: <i>ATCEUC- Air Traffic Controllers European Unions Coordination</i>
	<p>ATCO.MED.A.025 (b)(3) Comment: The appeal procedure was not considered for a medical assessment. ATCEUC proposal: ATCO.MED.A.025 (b) <i>new text</i> (3) <i>if the person has been assessed as unfit, inform him/her of his/her right of a secondary review <u>and of the appeal procedure</u>; and</i></p>	
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>	
comment	223	comment by: <i>swissatca</i>
	<p>We don't consider that this is the role of the AME to assess/evaluate the consequences of a limitation. How could an AME evaluate the consequences, in particular related to the license holder's employment?</p>	

response *Not accepted*

The limitations that can be imposed by an AME are in AMC.ATCO.MED.B.001. Any operational limitations will be imposed by the licensing authority in conjunction with the service provider (ATCO.MED.B.001(c)). The consequence of e.g. being short-sighted is that a limitation for spectacles will be imposed by the AME. This is considered to be a limitation and the wording 'medical limitation' does not seem to be appropriate.

comment 234

comment by: *Federazione ATM-PP*

Federazione ATM-PP proposal on ATCO.MED.A.025 (b) (3) is to change as follows:
if the person has been assessed as unfit, inform him/her of his/her right of a secondary review and of the appeal procedure; and
 to be sure the atco knows his/her right to have an appeal procedure

response *Partially accepted*

The word 'secondary' has been deleted, 'review' is kept.

comment 244

comment by: *European Transport Workers Federation - ETF*

ATCO.MED.A.025 (b)(3)

"if the person has been assessed as unfit, inform him/her of his/her right of a secondary review and of the appeal procedure; and"

The appeal procedure was not considered for a medical assessment.

response *Partially accepted*

The word 'secondary' has been deleted, 'review' is kept.

comment 253

comment by: *SINCTA - Portuguese Air Traffic Controllers' Union*

ATCO.MED.A.025

The appeal procedure was not considered for a medical assessment and **SINCTA** believes this is the right place to do it.

Proposed text:

if the person has been assessed as unfit, inform him/her of his/her right of a

response	<p><i>secondary review <u>and of the appeal procedure</u>; and</i></p> <p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>
comment	<p>268 comment by: USCA</p> <p style="text-align: center;">ATCO.MED.A.025</p> <p>The appeal procedure, that is fundamental and a basic right, was not considered for a medical assessment, so the article should be changed into: <i>"if the person has been assessed as unfit, inform him/her of his/her right of a secondary review <u>and of the appeal procedure</u>; and"</i></p>
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>
comment	<p>269 comment by: USCA</p> <p style="text-align: center;">ATCO.MED.B.025(c) - EN 224</p> <p>The issue here is the risk of hypoglycaemia which can lead to subtle incapacitation. USCA does not oppose to the establishment of a certain protocol, but the issue is still too technical and medical-related, so a debate among experts is essential.</p>
response	<p><i>Noted</i></p> <p>The decision will depend on whether or not wider acceptance of specialists can be found. If so, a separate, specific rulemaking task will be created. The decision will be taken based on the result of the European Diabetes Panel to be held in February 2014.</p>
comment	<p>275 comment by: USAC-CGT</p> <p>It is important for USAC-CGT that AMEs do not make operational decisions by putting limitations on certificates that cannot be applied. A provision to limit the power of AMEs to medical statements could be added.</p>
response	<p><i>Noted</i></p> <p>Please see paragraph ATCO.MED.B.001(c) on operational limitations.</p>
comment	<p>278 comment by: USAC-CGT</p>

	<p>ATCO.MED.A.025 (b)(3) What is a secondary review ? Is it a second assessment by a different AME or body of several AMEs which result is the one to be applied ? That is the way we want this to be understood at least : a sort of appeal process.</p>
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>

comment	<p>307 comment by: <i>comments provided on behalf of FIT/CISL italian trade union</i></p>
	<p>In reference to the ATCO.MED.A.025(b)(3) FIT/CISL thinks that an appeal procedure is more important than a secondary review so proposes to change as follows:</p> <p>"if the person has been assessed as unfit, inform him/her of his/her right of a secondary review <u>and of the appeal procedure</u>; and"</p>
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>

comment	<p>323 comment by: <i>NATS National Air Traffic Services Limited</i></p>
	<p>ATCO.MED.A.025 (b) (2) The AeMC and AME cannot foresee all of the consequences of a limitation placed on the medical certificate. They are only qualified to determine the medical consequences and not issues such as employment consequences. Suggested amendment: '(2) inform the person of the medical consequences of any limitation placed on the medical certificate.'</p>
response	<p><i>Not accepted</i></p> <p>The limitations that can be imposed by an AME are in AMC.ATCO.MED.B.001. Any operational limitations will be imposed by the licensing authority in conjunction with the service provider (ATCO.MED.B.001(c)). The consequence of e.g. being short-sighted is that a limitation for spectacles will be imposed by the AME. This is considered to be a limitation and the wording 'medical limitation' does not seem to be appropriate.</p>

comment	<p>324 comment by: <i>NATS National Air Traffic Services Limited</i></p>
	<p>ATCO.MED.A.025 (b) (3) 'Secondary' means minor, less important or inferior and a 'review' is a an</p>

	<p>appraisal of the same evidence again. The term 'second opinion' would fulfil the purpose of this rule by making it clear that another aero-medical examination of equal status may be done by another AeMC or AME.</p> <p>Suggested amendment: '(3) if the person has been assessed as unfit, inform him/her of his/her right to a second opinion.' (or second aero-medical examination).</p>
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>

comment	<p>325 <i>comment by: NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.025 (b) (3) There is no process defined if the 'second opinion' differs to the first. A process should determine which opinion has primacy and the method by which that decision is made. The suggested resolution is the development of a process to determine which opinion has primacy and the method by which the decision is made. It could be made by referral to the competent authority.</p>
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>

comment	<p>326 <i>comment by: NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.025 (c) Grammatical error that changes the meaning of the rule. The rule needs a comma after 'records' and after 'results'. Suggested amendment: '(c) AeMCs and AMEs shall maintain records, with details of medical examinations and assessments performed in accordance with this Part and their results, in accordance with national legislation'</p>
response	<p><i>Partially accepted</i></p> <p>This subparagraph has been reworded and checked by linguists for punctuation.</p>

comment	<p>327 <i>comment by: NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.025 (d) This rule should not just be limited to medical certification and/or oversight. It should be just on request. This also ensures coherence with part ATCO.OR and ATCO.AR. Suggested amendment: '(d) On request, AeMCs and AMEs shall submit to the medical assessor</p>
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	of the competent authority all aero-medical records and reports, and any other relevant information.
response	<i>Not accepted</i>
	Data protection laws require a clear reason to disclose medical data. In this case the reason is medical certification and oversight.

comment	355 comment by: ENAV
	<p>ATCO.MED.A.025 (b) 2 inform the person of the medical consequences of any limitation placed on the medical certificate. Comment: How can the AME foresee the consequences of a limitation, particularly the employment consequences?</p>
response	<i>Not accepted</i>
	<p>The limitations that can be imposed by an AME are in AMC.ATCO.MED.B.001. Any operational limitations will be imposed by the licensing authority in conjunction with the service provider (ATCO.MED.B.001(c)). The consequence of e.g. being short-sighted is that a limitation for spectacles will be imposed by the AME. This is considered to be a limitation and the wording 'medical limitation' does not seem to be appropriate.</p>

comment	356 comment by: ENAV
	<p>ATCO.MED.A.025 (b) 3 if the person has been assessed as unfit, inform him/her of his/her right of a secondary review a second opinion (or second assessment) Comment: A review is a second time (re). Secondary means minor, less important, inferior... second would probably better fulfil the purpose here.</p> <p>ATCO.MED.A.025(b)3 Second opinion Comment: There is no process defined if the second opinion differs to the first. Does the licence holder decide which opinion he prefers, or does he have to refer to the CA?</p>
response	<i>Partially accepted</i>
	<p>The word 'secondary' has been deleted, 'review' is kept. If an ATCO has been assessed as unfit he/she has the right to undergo a review. The decision is made by the ATCO. The authority has to put a review procedure in place, e.g. a Medical Board. This will be in the authority requirements (AR).</p>

comment	357	comment by: ENAV
	<p>ATCO.MED.A.025 (c) AeMCs and AMEs shall maintain records, with details of medical examinations and assessments performed in accordance with this Part and their results, in accordance with national legislation Comment: Grammatical (that changes the meaning): need a comma after records and after results.</p>	
response	<p><i>Partially accepted</i></p> <p>This subparagraph has been reworded and checked by linguists for punctuation.</p>	
comment	358	comment by: ENAV
	<p>ATCO.MED.A.025 (d) When required for medical certification and/or oversight functions On request, AeMCs and AMEs shall submit to the medical assessor of the competent authority upon request all aero-medical records and reports, and any other relevant information. Comment: Why is this limited to medical certification and / or oversight? Why not simply "on request"? This also ensures coherence with part ATCO.OR and ATCO.AR.</p>	
response	<p><i>Not accepted</i></p> <p>Data protection laws require a clear reason to disclose medical data. In this case the reason is medical certification and oversight.</p>	
comment	391	comment by: Federal Office of Civil Aviation FOCA
	<p>Article: ATCO.MED.A.025 b 2 Comment / Issue / Suggestion: inform the person of the medical requirements limiting the medical certificate Justification: the medical examiner does not know the circumstances at the working position and the employment consequences</p>	
response	<p><i>Not accepted</i></p> <p>The limitations that can be imposed by an AME are in AMC.ATCO.MED.B.001. Any operational limitations will be imposed by the licensing authority in conjunction with the service provider (ATCO.MED.B.001(c)). The consequence of e.g. being short-sighted is that a limitation for spectacles will be imposed by the AME. This is considered to be a limitation and the wording 'medical limitation' does not seem to be appropriate.</p>	

comment	392	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.A.025 b 3 Comment / Issue / Suggestion: if the person has been assessed as unfit, inform him/her of his/her right of a <u>second investigation</u>; and Justification: 1. secondary means "smaller than / less important than" 2. review is already another opinion</p>	
response	<p><i>Partially accepted</i></p> <p>The word 'secondary' has been deleted, 'review' is kept.</p>	

comment	393	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.A.025 d Comment / Issue / Suggestion: When required for medical certification and/or oversight functions, AeMCs and AMEs shall submit to the medical assessor of the competent authority upon request all aero-medical records and reports, and any other relevant information. Justification: 1. coherence with ATCO Part OR and AR 2. why a limitation of the request occasions</p>	
response	<p><i>Not accepted</i></p> <p>Data protection laws require a clear reason to disclose medical data. In this case the reason is medical certification and oversight.</p>	

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 2 REQUIREMENTS FOR MEDICAL CERTIFICATES — ATCO.MED.A.030 Medical certificates

p. 5

comment	55	comment by: <i>skyguide Corporate Regulation Management</i>
	<p>ATCO.MED.A.030(a) Applicants for and holders of an air traffic controller licence, or student air traffic controller licence, shall hold a Class 3 medical certificate This sentence does not bring any added value as this is already in the scope. ATCO.MED.A.030(b) A licence holder shall not at any time hold more than one class 3 medical</p>	

	certificate issued in accordance with this Part. Clarity is needed here to avoid confusion. An ATCO may also be a pilot and hold 2 certificates, one for his piloting activities and the other for his ATCO licence.
response	<i>Partially accepted</i>
	Comment 55/1: not accepted because it has to be stated that ATCOs and student ATCOs need a medical certificate. Comment 55/2: accepted.

comment	394 comment by: <i>Federal Office of Civil Aviation FOCA</i>
	Article: ATCO.MED.A.030 a Comment / Issue / Suggestion: remove Justification: no added value
response	<i>Not accepted</i>
	Not accepted because it has to be stated that ATCOs and student ATCOs need a medical certificate.

comment	395 comment by: <i>Federal Office of Civil Aviation FOCA</i>
	Article: ATCO.MED.A.030 b Comment / Issue / Suggestion: A licence holder shall not at any time hold more than one <u>class 3</u> medical certificate issued in accordance with this Part. Justification: the licence holder could also own a pilot licence
response	<i>Accepted</i>

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 2
REQUIREMENTS FOR MEDICAL CERTIFICATES — ATCO.MED.A.035
Application for a medical certificate

p. 5

comment	23 comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
	ATCO.MED.A.035

	<p>Comment : Does this really mean format, or does it mean "...in accordance with a process established..."? This aligns the terminology with the rest of the IR</p> <p>Proposal :</p> <p>... made in accordance with a process format established by the competent authority</p>
response	<p><i>Not accepted</i></p> <p>'Format' means the format of the application form. The format of the application form is in an AMC in Part-ARA and will be made available to the AME by the competent authority. The applicants have to complete the form.</p> <p>No text change.</p>

comment	<p>56 <i>comment by: skyguide Corporate Regulation Management</i></p> <p>ATCO.MED.A.035 (a)</p> <p>... made in accordance with a process format established by the competent authority</p> <p>Does this refer to aero-medical certificates only, or to any medical certificate (e.g. train driver, taxi driver,)? This provision could benefit by being clarified.</p> <p>ATCO.MED.A.035 (b) (2)(ii) and (iii)</p> <p>as to whether they have previously undergone an examination for a medical certificate and, if so, by whom and with what result;</p> <p>as to whether they have ever been assessed as unfit or had a medical certificate suspended or revoked.</p> <p>Does this refer to aero-medical certificates only, or to any medical certificate (e.g. train driver, taxi driver,)? This provision could benefit by being clarified.</p>
response	<p><i>Not accepted</i></p> <p>Comment 56/1 in this field:</p> <p>'Format' means the format of the application form. The format of the application form is in an AMC in Part-ARA and will be made available to the AME by the competent authority. The applicants have to complete the form.</p> <p>Comment 56/2 in this field:</p> <p>The Regulation deals only with medical fitness of ATCOs and certification of AMEs for the privilege to examine and assess applicants for a class 3 medical certificate. This can be seen e.g. from the title of Part-ATCO.MED, but also from the individual paragraph titles which start with 'ATCO.MED'. Last but not least, the scope of the Regulation is laid down in paragraph 'ATCO.MED.005 Scope'. Normally, a regulation is only applicable within the given scope and this is also true for a regulation for air traffic controllers.</p>

comment	<p>116 <i>comment by: CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to ATCO.MED.A.035 (a)</p> <p>... made in accordance with a process format established by the competent authority</p>
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response

Does this really mean format, or does it mean "...in accordance with a process established..."? This aligns the terminology with the rest of the IR.

Not accepted

'Format' means the format of the application form. The format of the application form is in an AMC in Part-ARA and will be made available to the AME by the competent authority. The applicants have to complete the form.
No text change.

comment

149

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.A.035 \(b\)\(2\)\(ii\)](#)

Comment:

Part-MED has been amended with an addition of 'applied for a medical certificate, or have...'

The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.A.035 (b)(2)(ii):

'as to whether they have previously applied for a medical certificate or have undergone an examination for a medical certificate and, if so, by whom and with what result;'

response

Accepted

Accepted for the reason provided.

comment

193

comment by: *HungaroControl*

ATCO.MED.A.035 (a):

... made in accordance with a process format established by the competent authority

This aligns the terminology with the rest of the IR.

response

Not accepted

'Format' means the format of the application form. The format of the application form is in an AMC in Part-ARA and will be made available to the AME by the competent authority. The applicants have to complete the form.
No text change.

comment	<p>315 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to ATCO.MED.A.035 (f) <i>The licensing authority may issue or reissue a medical certificate, as applicable, if:</i> Issue is sufficient and we do not need to introduce a new term. (This comment is also valid for ATCO.AR.D.005).</p>
response	<p><i>Not accepted</i></p> <p>It has to be stated in the rules in which cases a medical certificate can be issued by the authority. 'Reissue' means to replace a medical certificate by a new one in cases where the AME either made a mistake or if there is an error, such as a typo for example. No text change.</p>
comment	<p>328 comment by: <i>NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.035 (a) It is suspected that this rule doesn't mean 'format'. It is presumed to mean in accordance with a process established by the competent authority. If this is the case it aligns the terminology with the rest of the IR. Suggested amendment: '(a) Applications for a medical certificate shall be made in in accordance with a process established by the competent authority.'</p>
response	<p><i>Not accepted</i></p> <p>'Format' means the format of the application form. The format of the application form is in an AMC in Part-ARA and will be made available to the AME by the competent authority. The applicants have to complete the form. No text change.</p>
comment	<p>359 comment by: <i>ENAV</i></p> <p>ATCO.MED.A.035 (a) ... made in accordance with a process format established by the competent authority Comment: Does this really mean format, or does it mean "...in accordance with a process established..."? This aligns the terminology with the rest of the IR</p>
response	<p><i>Not accepted</i></p> <p>'Format' means the format of the application form. The format of the application form is in an AMC in Part-ARA and will be made available to the AME by the competent authority. The applicants have to complete the form. No text change.</p>

comment	396	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.A.035 a Comment / Issue / Suggestion: .. shall be made in accordance with a process established ... Justification: it is more a process than a format</p>	
response	<p><i>Not accepted</i></p> <p>'Format' means the format of the application form. The format of the application form is in an AMC in Part-ARA and will be made available to the AME by the competent authority. The applicants have to complete the form. No text change.</p>	

comment	397	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.A.035 b 2 ii and iii Comment / Issue / Suggestion: not clear Justification: clarification of the concerned types of medical certificates</p>	
response	<p><i>Noted</i></p> <p>It is suggested to read <i>ATCO.MED.005 Scope</i>, subparagraph (a). The text is provided here for easier reference:</p> <p>'This Part establishes the requirements for: (a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of an air traffic controller licence or of a student air traffic controller licence.'</p> <p>If other types of medical certificates were to be included in this Regulation, paragraph ATCO.MED.005(a) has to be amended. This may be considered at a later stage in order to merge the medical requirements for class 1, 2 and 3, as well as those for LAPL (light aircraft pilot licence) and cabin crew into one regulation.</p>	

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 2 REQUIREMENTS FOR MEDICAL CERTIFICATES — ATCO.MED.A.040 Issue, revalidation and renewal of medical certificates

p. 5-6

comment	24	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
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response	<p>ATCO.MED.A.040 (a) <u>Comment :</u> Grammatically, it cannot be said that an assessment is fit, however the applicant is assessed as being fit. <u>Proposal :</u> ... and a fit assessment is made the applicant is assessed as being fit...</p> <p><i>Not accepted</i></p> <p>The Agency believes that the wording is correct and it is identical to the one published and in force in Part-MED (Annex IV to the Aircrew Regulation).</p>
comment	<p>25 comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i></p> <p>ATCO .MED.A.040 Issue, revalidation and renewal of medical certificates and ATCO .AR.D.005 <u>Comment :</u> Issue is sufficient and we do not need to introduce a new term. <u>Proposal :</u> The licensing authority may issue or re-issue a medical certificate, as applicable, if:</p>
response	<p><i>Accepted</i></p> <p>Text will be amended for the reason provided.</p>
comment	<p>57 comment by: <i>skyguide Corporate Regulation Management</i></p> <p>ATCO.MED.A.040 (a) ... and a fit assessment is made the applicant is assessed as being fit... Grammar: the applicant is fit (or unfit), not the assessment ATCO.MED.A.040 (d) (2) ... the AeMC or AME have has... Grammatical: ... AeMC or AME has... ATCO.MED.A.040 (f) .. may issue or re-issue ... Or .. may issue or re-issue ... A definition of re-issue would be useful. It could also be useful for the part ATCO. Otherwise it is best to remove the word as it introduces a new concept that has not been defined elsewhere.</p>
response	<p><i>Not accepted</i></p> <p>The Agency believes that the wording is correct and it is identical to the one published and in force in Part-MED (Annex IV to the Aircrew Regulation).</p>
comment	<p>122 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p>

response

CANSO proposes the following change to ATCO.MED.A.040 (a):
~~... and a fit assessment is made the applicant is assessed as being fit...~~
 An assessment is not fit, however the applicant is assessed as being fit. (this comment also is applicable to ATCO AR.D.005)

Not accepted

The Agency believes that the wording is correct and it is identical to the one published and in force in Part-MED (Annex IV to the Aircrew Regulation).

comment

150

comment by: Swedish Transport Agency, Civil Aviation Department
 (Transportstyrelsen, Luftfartsavdelningen)

Section: [ATCO.MED.A.040](#)

Comment:

Part-MED has been amended in (a), (e) and (f)(2) to give more clarity to the requirements.

The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.A.040:

(a) 'A medical certificate shall only be issued, revalidated or renewed once the required aero-medical examinations and assessments, including assessments after referral to the licensing authority where applicable, have been completed and a fit assessment is made.'

(e) 'The AME, AeMC or, in the case of referral, the licensing authority, may require the applicant to undergo additional medical examinations and investigations when clinically indicated before the medical certificate is issued, revalidated or renewed.'

(f) (2) 'it has identified that corrections to the information on the certificate are necessary in which case the medical certificate that was to be corrected shall be revoked.'

response

Accepted

Text will be amended for the reason provided.

comment

195

comment by: HungaroControl

ATCO.MED.A.040 (a):

~~... and a fit assessment is made~~ **the applicant is assessed as being fit...**

An assessment is not fit, however the applicant is assessed as being fit.

response *Not accepted*

The Agency believes that the wording is correct and it is identical to the one published and in force in Part-MED (Annex IV to the Aircrew Regulation).

comment 312

comment by: *Finnish Transport Safety Agency*

Finland has the opinion that the ATCO Medical Certificates and requirements should be closely linked to the ATPL Class I medical certificates. Furthermore, the role of the AeMCs when granting ATCO medical certificates should equally be closely linked and similar to their role in relation to the ATPL Class I medical certificates and requirements.

The justification to this opinion is to avoid a complicated system and creating a new type and "class" of medical certificates within the professional aviation community. Connected to this, Finland has the opinion that AME1 and AME2 should handle the medical certificate issues of the ATC personnel as has been the custom thus far. Therefore we do not support the idea of AME3.

response *Partially accepted*

The Agency would agree with this approach. However, the original plan of the Agency to create only one Part-MED to include all medical requirements for pilots, ATCOs and cabin crew was discussed in 2010 and not all stakeholders agreed on that. The intention now is to align the general rules in Subpart A and those for AMEs as far as possible to support AMEs who examine and assess ATCOs and pilots. Common rules are presently proposed with regard to authority and organisation requirements where reference is made to the Aircrew Regulation.

comment 329

comment by: *NATS National Air Traffic Services Limited*

ATCO.MED.A.040 (a)

An assessment is not fit, however the applicant is assessed as being fit.

Suggested amendment:

'(a) A medical certificate shall only be issued, revalidated or renewed once the required medical examinations and assessments have been completed and the applicant is assessed as being fit.'

response *Not accepted*

The Agency believes that the wording is correct and it is identical to the one published and in force in Part-MED (Annex IV to the Aircrew Regulation).

comment 330

comment by: *NATS National Air Traffic Services Limited*

ATCO.MED.A.040 Issue, revalidation and renewal of medical certificates (f)

The term 'issue' is sufficient to cover these circumstances and there is no need

	<p>to introduce a new term. Suggested amendment: '(f) The licensing authority may issue a medical certificate, as applicable, if:.....'</p>
response	<p><i>Accepted</i></p> <p>Text will be amended for the reason provided.</p>

comment	<p>360 comment by: ENAV</p> <p>ATCO.MED.A.040 (a) ... and a fit assessment is made the applicant is assessed as being fit...</p> <p>Comment: An assessment is not fit, however the applicant is assessed as being fit</p>
response	<p><i>Not accepted</i></p> <p>The Agency believes that the wording is correct and it is identical to the one published and in force in Part-MED (Annex IV to the Aircrew Regulation).</p>

comment	<p>361 comment by: ENAV</p> <p>ATCO.MED.A.040 Issue, revalidation and renewal of medical certificates (F)</p> <p>The licensing authority may issue or reissue a medical certificate, as applicable, if</p> <p>Comment: Issue is sufficient and we do not need to introduce a new term. (see also comment on ATCO.AR.D.005 B.I pg 44)</p>
response	<p><i>Accepted</i></p> <p>Text will be amended for the reason provided.</p>

comment	<p>398 comment by: Federal Office of Civil Aviation FOCA</p> <p>Article: ATCO.MED.A.040 a</p> <p>Comment / Issue / Suggestion: ... a fit assessment the applicant is assessed as being fit</p> <p>Justification: a 'fit' assessment does not exist</p>
response	<p><i>Not accepted</i></p> <p>The Agency believes that the wording is correct and it is identical to the one published and in force in Part-MED (Annex IV to the Aircrew Regulation).</p>

comment	399	comment by: Federal Office of Civil Aviation FOCA
	Article: ATCO.MED.A.040 f Comment / Issue / Suggestion: reissue is not defined Justification: define	
response	Accepted Text will be amended for the reason provided.	

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 2 REQUIREMENTS FOR MEDICAL CERTIFICATES — ATCO.MED.A.045 Validity, revalidation and renewal of medical certificates

p. 6

comment	9	comment by: LPS SR			
	<table border="1"> <tr> <td>ATCO.MED.A.045 (c)</td><td> Renewal: (1) If the holder of a medical certificate does not comply with (b), a renewal examination and assessment shall be required " When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate, a renewal examination and assessment shall be required" </td><td> Both, examination and assessment is really needed? Maybe assessment should be sufficient. We suggest rewording </td></tr> </table>		ATCO.MED.A.045 (c)	Renewal: (1) If the holder of a medical certificate does not comply with (b), a renewal examination and assessment shall be required " When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate, a renewal examination and assessment shall be required"	Both, examination and assessment is really needed? Maybe assessment should be sufficient. We suggest rewording
ATCO.MED.A.045 (c)	Renewal: (1) If the holder of a medical certificate does not comply with (b), a renewal examination and assessment shall be required " When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate, a renewal examination and assessment shall be required"	Both, examination and assessment is really needed? Maybe assessment should be sufficient. We suggest rewording			
response	Not accepted <p>An applicant for a class 3 medical certificate has to be examined for each revalidation of the certificate and the fit or unfit assessment is based on the result of the examination.</p> <p>If the applicant does not go to an AME within the 45-day period prior to the expiry of the medical certificate, the certificate is no longer valid as from the date of expiry, a revalidation can no longer be made and the certificate has to</p>				

be renewed. This is the same principle as for the licence.
 There is no reason to exempt an applicant from any rule just because they let their certificate/licence expire. This is why the medical examination has to be done.
 No text change for consistency reasons.

comment

26

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED. A.045 (b)

Comment :

The words "up to" do not convey the essence of the grace period.
 Furthermore, what happens when this is the case and when this is not the case?

It would be suggested to re-word the sentence as follow.

Proposal :

Revalidation:

When examinations and assessments for the revalidation of a medical certificate are undertaken within 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from the expiry date of the previous medical certificate. When the examinations and assessments for the revalidation of a medical certificate are undertaken more than 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from that date"

response

Not accepted

The proposed wording results in the same meaning as the text provided in the NPA. One of the principles when drafting the NPA was to keep the text, and specifically the text of Subpart A, as close as possible to Subpart A of Mart-MED (Annex IV to the Aircrew Regulation).
 Changing the text would be difficult for AMEs who have the privilege to issue medical certificates for pilots and ATCOs. Therefore, no text change.

comment

27

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.A.045 (c)

Comment :

Again, and in reference to the comment to ATCO.MED.A.045(b), a better wording could be as suggested.

Do we need examination and assessment? Assessment should be sufficient as it is the conclusion.

Is it singular or should it be plural (as in (b))?

Proposal :

Renewal: (1) If the holder of a medical certificate does not comply with (b), a renewal examination and assessment shall be required

" When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate and

response

before 45 days prior, a renewal examination and assessment shall be required"

Not accepted

An applicant for a class 3 medical certificate has to be examined for each revalidation of the certificate and the fit or unfit assessment is based on the result of the examination.

If the applicant does not go to an AME within the 45-day period prior to the expiry of the medical certificate, the certificate is no longer valid as from the date of expiry, a revalidation can no longer be made and the certificate has to be renewed. This is the same principle as for the licence.

There is no reason to exempt an applicant from any rule just because they let their certificate/licence expire. This is why the medical examination has to be done.

No text change for consistency reasons.

comment

28

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO. MED.A 045 2 ii)

Comment :

The following sentence is not clear and requires explanations :

" More than 2 years, the AeMC or AME shall only conduct the renewal examination after assessment of the aero-medical records of the applicant;"

response

Noted

The text means that if the medical certificate has expired/was no longer valid for more than 2 years and a new application for a medical certificate is made, the AeMC or AME shall assess the medical records of the applicants that exist from previous examinations in order to find out whether there was a specific medical reason that led to non-revalidation of the medical certificate. Only after that the examination and assessment shall be done.

comment

58

comment by: *skyguide Corporate Regulation Management*

ATCO.MED.A.045 (b)

Revalidation:

When examinations and assessments for the revalidation of a medical certificate are undertaken within 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from the expiry date of the previous medical certificate. When the examinations and assessments for the revalidation of a medical certificate are undertaken more than 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from that date

The words "up to" do not convey the essence of the grace period.

Furthermore, there should be provision for what happens when it is outside the grace period. Suggest re-wording.

	<p>ATCO.MED.A.045 (c) Renewal: (1) If the holder of a medical certificate does not comply with (b), a renewal examination and assessment shall be required " When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate, a renewal examination and assessment shall be required" Reference to the comment to ATCO.MED.A.045(b): suggest re-wording: Do we need examination and assessment? Assessment should be sufficient as it is the conclusion. For coherence, it should it be plural (as in (b))</p>
response	<p><i>Not accepted</i></p> <p>(b) The proposed wording results in the same meaning as the text provided in the NPA. One of the principles when drafting the NPA was to keep the text, and specifically the text of Subpart A, as close as possible to Subpart A of Part-MED (Annex IV to the Aircrew Regulation). Changing the text would be difficult for AMEs who have the privilege to issue medical certificates for pilots and ATCOs. Therefore, no text change. (c) An applicant for a class 3 medical certificate has to be examined for each revalidation of the certificate and the fit or unfit assessment is based on the result of the examination. If the applicant does not go to an AME within the 45-day period prior to the expiry of the medical certificate, the certificate is no longer valid as from the date of expiry, a revalidation can no longer be made and the certificate has to be renewed. This is the same principle as for the licence. There is no reason to exempt an applicant from any rule just because they let their certificate/licence expire. This is why the medical examination has to be done. No text change for consistency reasons.</p>
comment	<p>69 <i>comment by: Aaron Curtis Prospect ATCOs' Branch UK</i></p> <p>(b) Revalidation.</p> <p>45 days is a different time period to those surrounding other requirements in ATCO licencing. In order to achieve more commonality and reduce the risk of error it is suggested that the 45 days is increased to 90 days.</p>
response	<p><i>Not accepted</i></p> <p>This would be against the ICAO Standard 1.2.4.3.1. However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.</p>
comment	<p>124 <i>comment by: CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to ATCO.MED.A.045 (b): <i>Revalidation:</i></p>

	<p>When examinations and assessments for the revalidation of a medical certificate are undertaken within 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from the expiry date of the previous medical certificate. When the examinations and assessments for the revalidation of a medical certificate are undertaken more than 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from that date"</p> <p>The words "up to" do not convey the essence of the grace period. Furthermore, what happens when this is the case and when this is not the case? Suggest re-wording.</p>
response	<p><i>Not accepted</i></p> <p>The proposed wording results in the same meaning as the text provided in the NPA. One of the principles when drafting the NPA was to keep the text, and specifically the text of Subpart A, as close as possible to Subpart A of Mart-MED (Annex IV to the Aircrew Regulation). Changing the text would be difficult for AMEs who have the privilege to issue medical certificates for pilots and ATCOs. Therefore, no text change.</p>
comment	<p>125 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>CANSO proposes the following change to ATCO.MED.A.045 (c): <i>Renewal: (1) If the holder of a medical certificate does not comply with (b), a renewal examination and assessment shall be required</i> <i>" When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate, a renewal examination and assessment shall be required"</i></p> <p>Again, and in reference to the comment to ATCO.MED.A.045(b): better wording could be as suggested: Do we need examination and assessment? Assessment should be sufficient as it is the conclusion. Is it singular or should it be plural (as in (b))?</p>
response	<p><i>Not accepted</i></p> <p>An applicant for a class 3 medical certificate has to be examined for each revalidation of the certificate and the fit or unfit assessment is based on the result of the examination. If the applicant does not go to an AME within the 45-day period prior to the expiry of the medical certificate, the certificate is no longer valid as from the date of expiry, a revalidation can no longer be made and the certificate has to be renewed. This is the same principle as for the licence. There is no reason to exempt an applicant from any rule just because they let their certificate/licence expire. This is why the medical examination has to be done. No text change for consistency reasons.</p>
comment	<p>151 comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i></p>

response	<div data-bbox="363 215 1436 701"> <p>Section: ATCO.MED.A.045</p> <p>Comment: Part-MED has been amended in (a)(3)(i), (a)(3)(ii), and (c)(2)(i) to give more clarity to the requirements. 'Medical examination' has been changed to 'aero-medical examination' The text should be amended to be consistent with Part-MED.</p> <p>Proposal: Amend ATCO.MED.A.045: (5) (a)(3) (i) 'determined by the age of the applicant at the date when the aero-medical examination takes place; and' (a)(3)(ii) 'calculated from the date of the aero-medical examination in the case of initial issue and renewal...' (c)(2)(i) 'less than 2 years, a routine revalidation examination shall be performed;'</p> </div> <p><i>Noted</i></p> <p>No change needed, the text of Part-MED and Part-ATCO.MED is aligned.</p>
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comment	<p>152 comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i></p> <div data-bbox="363 1265 1436 1662"> <p>Section: ATCO.MED.A.046</p> <p>Comment: Part-MED has been amended with an addition of a new paragraph covering suspension and revocation of medical certificates. The text should be amended to be consistent with Part-MED.</p> <p>Proposal: Add a new paragraph ATCO.MED.A.046: ATCO.MED.A.046 Suspension and revocation of medical certificates Upon suspension or revocation of the medical certificate the holder shall immediately return the medical certificate to the licensing authority.</p> </div> <p><i>Accepted</i></p> <p>Paragraph will be added for the reason provided and to cover the gap.</p>
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comment	<p>196</p> <p>comment by: HungaroControl</p> <p>ATCO.MED.A.045 (b): <u>When examinations and assessments for the revalidation of a medical certificate are may be undertaken within up to 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from the expiry date of the previous medical certificate.</u> <u>When the examinations and assessments for the revalidation of a medical certificate are undertaken more than 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from that date"</u> For clarification it needs rewording.</p>
response	<p><i>Not accepted</i></p> <p>The proposed wording results in the same meaning as the text provided in the NPA. One of the principles when drafting the NPA was to keep the text, and specifically the text of Subpart A, as close as possible to Subpart A of Part-MED (Annex IV to the Aircrew Regulation). Changing the text would be difficult for AMEs who have the privilege to issue medical certificates for pilots and ATCOs. Therefore, no text change.</p>
comment	<p>197</p> <p>comment by: HungaroControl</p> <p>ATCO.MED.A.045 (c): Renewal: (1) If the holder of a medical certificate does not comply with (b), a renewal examination and assessment shall be required <u>" When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate, a renewal examination and assessment shall be required"</u> Better wording is suggested: Do we need examination and assessment? Assessment should be sufficient as it is the conclusion. Is it singular or should it be plural (as in (b))?</p>
response	<p><i>Not accepted</i></p> <p>An applicant for a class 3 medical certificate has to be examined for each revalidation of the certificate and the fit or unfit assessment is based on the result of the examination. If the applicant does not go to an AME within the 45-day period prior to the expiry of the medical certificate, the certificate is no longer valid as from the date of expiry, a revalidation can no longer be made and the certificate has to be renewed. This is the same principle as for the licence. There is no reason to exempt an applicant from any rule just because they let their certificate/licence expire. This is why the medical examination has to be done. No text change for consistency reasons.</p>

comment	<p>218 comment by: <i>ATCEUC- Air Traffic Controllers European Unions Coordination</i></p> <p>ATCO.MED.A.045 (b)</p> <p>Comment:</p> <p>ATCEUC proposes a change from 45 to 90 days in order to be more flexible to prevent vacation circumstances.</p> <p>ATCO.MED.A.045 new text</p> <p>(b) <i>Revalidation - Examinations and assessments for the revalidation of a medical certificate may be undertaken up to 45 90 days prior to the expiry date of the medical certificate.</i></p>
response	<p><i>Not accepted</i></p> <p>This would be against the ICAO Standard 1.2.4.3.1. However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.</p>
comment	<p>227 comment by: <i>Laurent BERTIN UNSA-ICNA</i></p> <p>(b) revalidation: extend period up to 90 days to be more flexible.</p>
response	<p><i>Not accepted</i></p> <p>This would be against the ICAO Standard 1.2.4.3.1. However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.</p>
comment	<p>235 comment by: <i>Federazione ATM-PP</i></p> <p>Federazione ATM-PP proposal on ATCO.MED.A.045 (b) is to change as follows: <i>Examinations and assessments for the revalidation of a medical certificate may be undertaken up to 45 90 days prior to the expiry date of the medical certificate.</i> in order to be more flexible and prevent problems during summer season and/or other circumstances.</p>
response	<p><i>Not accepted</i></p> <p>This would be against the ICAO Standard 1.2.4.3.1. However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.</p>

comment	245	comment by: <i>European Transport Workers Federation - ETF</i>
	<p>ATCO.MED.A.045 (b) “Revalidation - Examinations and assessments for the revalidation of a medical certificate may be undertaken up to 45 <u>90</u> days prior to the expiry date of the medical certificate.”</p> <p>ETF proposes to change 45 to 90 days to align all administrative deadlines regarding certificates related to the ATCO licence and in order to be more flexible allowing circumstances like holiday seasons.</p>	
response	<p><i>Not accepted</i></p> <p>This would be against the ICAO Standard 1.2.4.3.1. However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.</p>	
comment	254	comment by: <i>SINCTA - Portuguese Air Traffic Controllers' Union</i>
	<p>ATCO.MED.A.045(b) SINCTA propose to change 45 to 90 days in order to be more flexible allowing circumstances like holiday seasons. Proposed text: <i>Revalidation - Examinations and assessments for the revalidation of a medical certificate may be undertaken up to 45 <u>90</u> days prior to the expiry date of the medical certificate</i></p>	
response	<p><i>Not accepted</i></p> <p>This would be against the ICAO Standard 1.2.4.3.1. However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.</p>	
comment	257	comment by: <i>DATCA</i>
	<p>Ref ATCO.MED.A.045 (b)</p> <p>We feel 45 days may be to little more flexibility is need for vacation and other forms of leave.</p>	
response	<p><i>Not accepted</i></p> <p>This would be against the ICAO Standard 1.2.4.3.1. However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry</p>	

date is then calculated from the day of this revalidation examination.

comment 270

comment by: USCA

ATCO.MED.A.045(b)

USCA proposes to change 45 to 90 days in order to be more flexible allowing circumstances like holiday seasons:

"Revalidation - Examinations and assessments for the revalidation of a medical certificate may be undertaken up to 45 90 days prior to the expiry date of the medical certificate."

response Not accepted

This would be against the ICAO Standard 1.2.4.3.1.

However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.

comment 276

comment by: USAC-CGT

ATCO.MED.A.045 (b)

We encourage EASA to harmonize all administrative delays to 90 days.

response Not accepted

This would be against the ICAO Standard 1.2.4.3.1.

However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.

comment 290

comment by: ICEATCA

(b) ICEATCA thinks that it would be better allow up to 90 days prior to the expiry date, i.e. to prevent vacation circumstances

response Not accepted

This would be against the ICAO Standard 1.2.4.3.1.

However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.

comment 308

comment by: comments provided on behalf of FIT/CISL italian trade union

	<p>In reference to the ATCO.MED.A.045(b) FIT/CISL proposes to change 45 to 90 days in order to be more flexible allowing circumstances like holiday seasons for example so it could be rephrased as follows:</p> <p>"Examinations and assessments for the revalidation of a medical certificate may be undertaken up to 45 <u>90</u> days prior to the expiry date of the medical certificate."</p>
response	<p><i>Not accepted</i></p> <p>This would be against the ICAO Standard 1.2.4.3.1. However, nothing prevents an applicant for a medical certificate to apply for the revalidation of the certificate 90 days prior to its expiry date. The new expiry date is then calculated from the day of this revalidation examination.</p>

comment	<p>331 <i>comment by: NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.045 (b) The term 'up to' does not convey the essence of the grace period. Furthermore, it is not stipulated what the expiry date is, both when this is complied with and when it is not. Suggested amendment: '(b) Revalidation (1) When examinations and assessments for the revalidation of a medical certificate are undertaken within 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from the expiry date of the previous medical certificate. (2) When the examinations and assessments for the revalidation of a medical certificate are undertaken more than 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from the examination or assessment.'</p>
response	<p><i>Not accepted</i></p> <p>The proposed wording results in the same meaning as the text provided in the NPA. One of the principles when drafting the NPA was to keep the text, and specifically the text of Subpart A, as close as possible to Subpart A of Mart-MED (Annex IV to the Aircrew Regulation). Changing the text would be difficult for AMEs who have the privilege to issue medical certificates for pilots and ATCOs. Therefore, no text change.</p>

comment	<p>332 <i>comment by: NATS National Air Traffic Services Limited</i></p> <p>ATCO.MED.A.045 (c) (1) This 'renewal' rule is unclear in relation to the 'revalidation' in ATCO.MED.A.045 (b). Suggest rewording for clarity. Suggested amendment: '(1) When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate, a renewal examination and assessment shall be required'</p>
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response *Not accepted*

An applicant for a class 3 medical certificate has to be examined for each revalidation of the certificate and the fit or unfit assessment is based on the result of the examination.

If the applicant does not go to an AME within the 45-day period prior to the expiry of the medical certificate, the certificate is no longer valid as from the date of expiry, a revalidation can no longer be made and the certificate has to be renewed. This is the same principle as for the licence.

There is no reason to exempt an applicant from any rule just because they let their certificate/licence expire. This is why the medical examination has to be done.

No text change for consistency reasons.

comment 362

comment by: ENAV

ATCO.MED.A.045 (b)

Revalidation:

When examinations and assessments for the revalidation of a medical certificate are undertaken within 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from the expiry date of the previous medical certificate. When the examinations and assessments for the revalidation of a medical certificate are undertaken more than 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from that date"

Comment:

The words "up to" do not convey the essence of the grace period.

Furthermore, what happens when this is the case and when this is not the case? Suggest re-wording.

response *Not accepted*

The proposed wording results in the same meaning as the text provided in the NPA. One of the principles when drafting the NPA was to keep the text, and specifically the text of Subpart A, as close as possible to Subpart A of Mart-MED (Annex IV to the Aircrew Regulation).

Changing the text would be difficult for AMEs who have the privilege to issue medical certificates for pilots and ATCOs. Therefore, no text change.

comment 363

comment by: ENAV

ATCO.MED.A.045 (c)

Renewal: (1) If the holder of a medical certificate does not comply with (b), a renewal examination and assessment shall be required

" When examinations and assessments for the revalidation of a medical certificate are undertaken after the expiry date of the medical certificate, a renewal examination and assessment shall be required"

Comment:

Again, and in reference to the comment to ATCO.MED.A.045(b): better wording

response

could be as suggested:
Do we need examination and assessment? Assessment should be sufficient as it is the conclusion.
Is it singular or should it be plural (as in (b))?

Not accepted

An applicant for a class 3 medical certificate has to be examined for each revalidation of the certificate and the fit or unfit assessment is based on the result of the examination.

If the applicant does not go to an AME within the 45-day period prior to the expiry of the medical certificate, the certificate is no longer valid as from the date of expiry, a revalidation can no longer be made and the certificate has to be renewed. This is the same principle as for the licence.

There is no reason to exempt an applicant from any rule just because they let their certificate/licence expire. This is why the medical examination has to be done.

No text change for consistency reasons.

comment

400

comment by: *Federal Office of Civil Aviation FOCA*

Article:

ATCO.MED.A.045 b

Comment / Issue / Suggestion:

When examinations and assessments for the revalidation of a medical certificate are undertaken within 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from the expiry date of the previous medical certificate. When the examinations and assessments for the revalidation of a medical certificate are undertaken more than 45 days prior to the expiry date of the medical certificate, the validity of the medical certificate is calculated from that date"

Justification:

harmonisation of the terminology used

response

Not accepted

The proposed wording results in the same meaning as the text provided in the NPA. One of the principles when drafting the NPA was to keep the text, and specifically the text of Subpart A, as close as possible to Subpart A of Part-MED (Annex IV to the Aircrew Regulation).

Changing the text would be difficult for AMEs who have the privilege to issue medical certificates for pilots and ATCOs. Therefore, no text change.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART A — GENERAL REQUIREMENTS — SECTION 2
REQUIREMENTS FOR MEDICAL CERTIFICATES — ATCO.MED.A.050 Referral**

p. 7

comment	12	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
	<p>ATCO.MED.A.050 Referral</p> <p><u>Comment :</u></p> <p>In the french medical organisation, military AeMCs are fitted with very highly qualified medical staff and modern equipment. Due to that, AEMCs are generally in better position than the medical assessor to assess the medical cases identified in the NPA ATCO as 'referral cases'.</p>	
response	<p><i>Noted</i></p> <p>Nothing prevents the Medical Assessor to ask for the opinion of an Aero-medical Centre on a specific case; also the examinations, if needed, can be done in that Centre. However, the final decision should be made in agreement with the Medical Assessor.</p>	
comment	59	comment by: <i>skyguide Corporate Regulation Management</i>
	<p>Referral : A definition would be appreciated</p>	
response	<p><i>Not accepted</i></p> <p>The word 'referral' should be clear enough for AMEs to understand what they have to do. No definition needed.</p>	
comment	153	comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i>
	<p>Section: ATCO.MED.A.050</p> <p>Comment:</p> <p>Applicants shall be referred to the licensing authority in a number of serious cases, and not only in cases requiring a limitation. The reference to ATCO.MED.B.001 therefore is irrelevant and should be deleted.</p> <p>Proposal:</p> <p>Amend ATCO.MED.A.050:</p> <p>'If an applicant for a Class 3 medical certificate is referred to the licensing authority, the AeMC or AME shall transfer the relevant medical documentation to the licensing authority.'</p>	
response	<p><i>Not accepted</i></p>	

MED.B.001 states that an applicant shall be referred to the licensing authority where indicated in Subpart B. In all other cases the AME has the right to assess the applicant without referral to the authority.

comment 381 comment by: *ERAC European Regional Aerodrome Community*

In some european countries it is not allowed to send medical documentation of individuals to authorities to retain medical confidentiality.

response *Noted*

The reason for sending the documents is to ensure that medical assessments are made with the necessary background information. If an AME needs medical information of an applicant whom he/she sees for the first time he/she can get this information from the licensing authority. This may be necessary if an applicant went to different AMEs in one country or even in several countries. Also oversight is an important argument for the rule which is in ICAO Annex 1.

comment 401 comment by: *Federal Office of Civil Aviation FOCA*

Article:
ATCO.MED.A.050
Comment / Issue / Suggestion:
Referral was not defined throughout the document
Justification:
define

response *Not accepted*

The word 'referral' should be clear enough for AMEs to understand what they have to do. No definition needed.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 1 GENERAL — ATCO.MED.B.001 Limitations to medical certificates

p. 8

comment 10 comment by: *LPS SR*

**ATCO.MED.B.001
(b) (2)**

~~(2) the applicant's
ability, skill and~~

Aero-medical centers and aero-
medical examiners are not

response *Not accepted*

~~experience relevant to the operation to be performed~~

qualified to judge the ability, skill and experience relevant to the operation to be performed.

The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.
ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment

29

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.B.001 (a) (1) (iii)

Comment :

"Shall" followed by "may". The shall in the leading sentence is the term to be used.

Proposal :

the AeMC or AME shall:...

(iii) ~~The AeMC or AME may~~ revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority

response

Partially accepted

The subparagraphs have been renumbered; there was an editorial error in the NPA. (a)(1)(iii) is now renumbered to (a)(2).

comment

30

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.B.001 (a) (2)

Comment :

response	<p>The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the competent authority</p> <p><u>Proposal :</u></p> <p>make a new paragraph (iii) en (2).</p> <p><i>Partially accepted</i></p> <p>'licensing authority' will be kept to clarify that we speak about the authority that issued the ATCO licence. This is important in cases where an ATCO undergoes his/her aero-medical examination in Member State A while his/her licence was issued in Member State B.</p> <p>Renumbering accepted.</p>
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comment	<p>31 <i>comment by: Direction de la sécurité de l'aviation civile (DSAC)</i></p> <p>ATCO.MED.B.001 (b) (1)</p> <p><u>Comment :</u></p> <p>We have a definition for "assessment", but not for "accredited medical conclusion".</p> <p>The person may already have a licence and not be applying for it.</p> <p>Flight safety, see comment to ATCO.MED.B.001(a)(1)</p> <p><u>Proposal :</u></p> <p>whether accredited medical conclusion assessment indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;</p> <p>response <i>Not accepted</i></p> <p>The definition for 'accredited medical conclusion' is in ATCO.MED.A.010; it is broader than 'assessment'.</p>
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comment	<p>32 <i>comment by: Direction de la sécurité de l'aviation civile (DSAC)</i></p> <p>ATCO.MED.B.001 (b) (2)</p> <p><u>Comment :</u></p> <p>AeMC's and AMEs are not qualified to judge the ability, skill and experience relevant to the operation to be performed. BR 216 states that only assessors (i.e. ATCOs with an assessor endorsement as in part ATCO) may judge the skills of the ATCO.</p> <p><u>Proposal:</u></p>
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	<p>(2) the applicant's ability, skill and experience relevant to the operation to be performed</p> <p>. When assessing whether a medical limitation is necessary, particular consideration shall be given to:</p> <p>. (1) whether assessment indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise -- safety;</p> <p>. (2) the applicant's ability, skill and experience relevant to the operation to be performed.</p>
response	<p><i>Partially accepted</i></p> <p>'medical limitation':</p> <p>Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.</p> <p>AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.</p> <p>Assessment:</p> <p>The definition for 'accredited medical conclusion' is in ATCO.MED.A.010; it is broader than 'assessment'.</p> <p>Ability of AME:</p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.</p> <p>ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...</p> <p>Flight safety:</p> <p>'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.</p>

comment 60 comment by: skyguide Corporate Regulation Management

ATCO.MED.B.001 (a) (1)

... to be not likely to jeopardise flight safety ...

"...but is considered able, under certain conditions to exercise the privileges of

the licence, ..."

or

"... but is considered to be not likely to adversely affect safety..."

As discussed early 2012 (and accepted for ATCO.MED.A.020), flight safety is not broad enough to encompass the full range of ATCO activities. Same comment for all references to flight safety throughout the document.

ATCO.MED.B.001 (a) (1) (iii)

the AeMC or AME shall:...

(iii) ~~The AeMC or AME may~~ revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority, **where indicated.**

This reads "shall" followed by "may". It would make more sense to have paragraph (iii) as (ii).

ATCO.MED.B.001 (b) (1)

~~... to be not likely to jeopardise flight safety...~~

As discussed early 2012 (and accepted for ATCO.MED.A.020, flight safety is not broad enough to encompass the full range of ATCO activities.

~~(1) whether accredited medical conclusion~~ assessment indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence ~~applied for~~ is not likely to affect flight safety.

We do not have a definition of "accredited medical conclusion", but we do have one for "assessment". It is not the licence that is being applied for, but the medical certificate. Suggest deleting applied for in this line.

ATCO.MED.B.001 (b) (2) ~~(2) the applicant's ability, skill and experience relevant to the operation to be performed~~

According to the BR216, only assessors (holding or having held an ATCO licence) may judge the ability, skill and experience of an ATCO with regards to their exercising the privileges of the licence. AeMC's and AMEs are not qualified to judge this.

ATCO.MED.B.001 (d)

(d) Any other medical limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required.

As with the comment to ATCO.B.001(b)(2), the AME or AeMC may not judge the operational skills, ability and experience of the ATCO and there may be operational limitations that have nothing to do with the medical status of the ATCO. The AME or AeMC would be placing medical limitations on the medical certificate.

ATCO.MED.B.001 (e)

~~Any medical limitation relevant to exercising the privileges of the licence imposed on the holder of a medical certificate shall be specified therein in the medical certificate~~Any limitation imposed by an AME or AeMC should be of medical nature and stated in the medical certificate

response *Partially accepted*

Comment 60/1 (a)(1): 'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.

Comment 60/2 (a)(1)(iii): This was an editorial error that has been solved by

renumbering (a)(1)(iii) to (a)(2).

Comment 60/3 (b)(1): Flight safety: please see answer to comment 60/1. Accredited medical conclusion is defined in ATCO.MED.A.010.

Comment 60/4 (b)(2): The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (normally positive) impact of e.g. experience on medical fitness when assessing the applicant.

Comment 60/5 (d): Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

Comment 60/6 (e): All limitations that are imposed due to a medical condition are made for medical reasons, and must be stated on the medical certificate, and be imposed by either the AME or the (Medical Assessor of the) licensing authority. If non-medical limitations exist they cannot be on the medical certificate as this would be outside the scope of Part-ATCO.MED (see paragraph ATCO.MED.005).

comment

70

comment by: *Aaron Curtis Prospect ATCOs' Branch UK*

(b) (2)

The AME has no competence to judge if the applicant has the relevant ability, skill or experience in the operation to be performed, as they do not have the technical competence of the ATCO environment.

It is proposed to delete (b) (2)

response

Not accepted

The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.

ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment

71

comment by: *DSAC - French NSA*

Paragraph

ATCO.MED.B.001 (c)

response	<p><u>Alternative proposal</u> Keep the requirement in the NPA.</p> <p><u>Justification</u> The requirements for the operational limitations on the medical certificate are fully satisfying as written in the regulation. - It is necessary for the operational limitations to be defined in conjunction with the air navigation service provider by the competent authority.</p>
	<p><i>Noted</i></p> <p>Thank you for the comment.</p>

comment	<p>74</p> <p>comment by: DSAC - French NSA</p>
	<p><u>Paragraph</u> ATCO.MED.B.001 (b) (1) <u>Alternative proposal</u> (1) whether accredited medical conclusion <u>medical assessment by the competent authority (?)</u> indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety; <u>Justification</u> - accredited medical conclusion is not defined - this situation may arise in other circumstances when a licence is applied for - For ATC, "safety" is promoted and not "flight safety".</p>
response	<p><i>Partially accepted</i></p> <p>Not accepted: 'accredited medical conclusion': the term is defined in ATCO.MED.A.010 and goes beyond 'assessment'.</p> <p>Accepted: 'applied for' will be deleted.</p> <p>Accepted: 'flight safety': 'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.</p>

comment	<p>75</p> <p>comment by: DSAC - French NSA</p>
	<p><u>Paragraph</u> ATCO.MED.B.001 (a) (1) <u>Alternative proposal</u> (a) <i>Limitations to Class 3 medical certificates</i> (1) If the applicant does not fully comply with the requirements for a Class 3 medical certificate but is considered to be not likely to jeopardise flight safety, the AeMC or AEMC shall: (i) refer the decision on fitness of the applicant to the licensing authority as indicated in this Subpart; or</p>

	<p>(ii) in cases where a referral to the licensing authority is not indicated in this Subpart, evaluate whether the applicant is able to perform his/her duties safely when complying with one or more limitations endorsed on the medical certificate, and issue the medical certificate with limitation(s) as necessary.</p> <p>(iii) (2) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority.</p> <p><u>Justification</u></p> <p>Edition error leading to a statement with "shall" leading to a requirement in "may".</p>
response	<p><i>Partially accepted</i></p> <p>'licensing authority' will be kept to clarify that we speak about the authority that issued the ATCO licence. This is important in cases where an ATCO undergoes his/her aero-medical examination in Member State A while his/her licence was issued in Member State B.</p> <p>Renumbering accepted.</p>
comment	<p>77</p> <p>comment by: DSAC - French NSA</p> <p>Paragraph ATCO.MED.B.001 (b) <u>Alternative proposal</u> (b) When assessing whether a <u>medical</u> limitation is necessary, particular consideration shall be given to:</p>
response	<p><i>Not accepted</i></p> <p>Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.</p> <p>AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.</p>
comment	<p>126</p> <p>comment by: CANSO Civil Air Navigation Services Organization</p> <p>CANSO proposes to change ATCO.MED.B.001 (a) (1) following one of the 2 options: ... to be not likely to jeopardise flight safety ... "...but is considered able, under certain conditions to exercise the privileges of the licence, ..." or "... but is considered to be not likely to affect safety..."</p> <p>Flight safety is not broad enough to encompass the full range of ATCO activities. Same comment for all references to flight safety.</p>
response	<p><i>Partially accepted</i></p>

'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.

comment 127 comment by: *CANSO Civil Air Navigation Services Organization*

CANSO proposes the following change to ATCO.MED.B.001 (a) (1) (iii):
~~the AeMC or AME shall:...~~

~~(iii) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority~~
 "Shall" followed by "may". The shall in the leading sentence is the term to be used.

response *Partially accepted*

The subparagraphs have been renumbered, there was an editorial error in the NPA. (a)(1)(iii) is now renumbered to (a)(2).

comment 128 comment by: *CANSO Civil Air Navigation Services Organization*

CANSO proposes the following change to ATCO.MED.B.001 (b) (1):

~~whether accredited medical conclusion~~ **assessment** *indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;*

We have a definition for "assessment", but not for "accredited medical conclusion".

The person may already have a licence and not be applying for it.

Flight safety, see comment to ATCO.MED.B.001(a)(1)

response *Not accepted*

The definition for 'accredited medical conclusion' is in ATCO.MED.A.010; it is broader than 'assessment'.

comment 129 comment by: *CANSO Civil Air Navigation Services Organization*

CANSO proposes the deletion of the provision ATCO.MED.B.001 (b) (2):

~~(2) the applicant's ability, skill and experience relevant to the operation to be performed~~

AeMC's and AMEs are not qualified to judge the ability, skill and experience relevant to the operation to be performed. BR 216 states that only assessors (i.e. ATCOs with an assessor endorsement as in part ATCO) may judge the skills of the ATCO.

response *Not accepted*

The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.
ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment **131** comment by: *CANSO Civil Air Navigation Services Organization*

CANSO proposes the following change to ATCO MED.B.001 (d):
(d) Any other **medical** limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required
There may be operational limitations that have nothing to do with the medical status of the ATCO and these would then not be imposed by the AME or AeMC.

response *Not accepted*

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.
AMC.ATCO.B.001(c)(1) clarifies exactly which limitations AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment **132** comment by: *CANSO Civil Air Navigation Services Organization*

CANSO proposes the following change to ATCO.MED.B.001 (e):
~~Any **medical** limitation relevant to exercising the privileges of the licence imposed on the holder of a medical certificate shall be specified therein in the medical certificate~~
Limitations in this section shall be of medical nature only and the limitation stated in the medical certificate should only be with reference to exercising the privileges and not general.

response *Not accepted*

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.
AMC.ATCO.B.001(c)(1) clarifies exactly which limitations AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and

(c)(3) determines which limitations can only be imposed by the licensing authority.

comment	133	comment by: <i>CANSO Civil Air Navigation Services Organization</i>
	CANSO considers that the provision ATCO.MED.C.001 (c) (3) ' <i>received a briefing from the competent authority</i> ', does not elaborate enough on the content of the briefing and its purpose. Suggest to define the contents of the briefing at least in AMC with a minimum list of subjects or topics to be covered.	
response	<p><i>Not accepted</i></p> <p>The briefing will be decided by the national authority.</p>	

comment	156	comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i>
	<p>Section: ATCO.MED.B.001 (c)(1)</p> <p>Comment: In line with ATCO.MED.B.001 (a) and other paragraphs the operational limitations shall be determined by the licensing authority, not by the competent authority which might be different from the licensing authority of the ATCO.</p> <p>Proposal: Amend ATCO.MED.B.001 (c)(1): 'The licensing authority, in conjunction with...'</p>	
response	<p><i>Not accepted</i></p> <p>It is correct that the licensing authority of an ATCO in country A may not have the necessary knowledge of the operational environment in country B where the ATCO is working. Therefore, the competent authority of the Member State where the air navigation service provider (and the workplace of the ATCO) is located should take that decision.</p>	

comment	157	comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i>
	<p>Section: ATCO.MED.B.001 (d)</p>	

Comment:

Any other limitation might also be imposed by the licensing authority, which might even be the rule when applying the limitation code 'SSL' in cases requiring thorough evaluation by the licensing authority.

To be consistent with Part-MED 'limitation' should be in singular, 'by an AME or AeMC' should be deleted, and 'to ensure flight safety' should be added.

Proposal:

Amend ATCO.MED.B.001 (d):

'Any other limitation may be imposed on the holder of a medical certificate if required to ensure flight safety'.

response *Partially accepted*

The paragraph has been reworded: Any other limitation may be imposed on the holder of a medical certificate if required to ensure the safe exercise of the privileges of the licence.

'to ensure flight safety' has not been introduced because the specialists for ATCO licensing are of the opinion that 'flight safety' does not correctly reflect the work of ATCOs.

comment 198

comment by: *HungaroControl*

ATCO.MED.B.001 (a) (1) (iii):

the AeMC or AME shall:...

(iii) ~~The AeMC or AME may~~ revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority
"Shall" followed by "may".

response *Partially accepted*

The subparagraphs have been renumbered, there was an editorial error in the NPA. (a)(1)(iii) is now renumbered to (a)(2).

comment 199

comment by: *HungaroControl*

ATCO.MED.B.001 (b) (1):

whether ~~accredited medical conclusion~~ **assessment** indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence ~~applied for~~ is not likely to jeopardise flight safety;

"Accredited medical conclusion" is not defined.

The person may already have a licence and not be applying for it.

response	<p><i>Not accepted</i></p> <p>The definition for 'accredited medical conclusion' is in ATCO.MED.A.010; it is broader than 'assessment'.</p>	
comment	200	comment by: HungaroControl
	<p>ATCO.MED.B.001 (b) (2): (2) the applicant's ability, skill and experience relevant to the operation to be performed Only assessors can judge the skill and ability.</p>	
response	<p><i>Not accepted</i></p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment. ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...</p>	
comment	219	comment by: ATCEUC- Air Traffic Controllers European Unions Coordination
	<p>ATCO.MED.B.001(a)(1)</p> <p>Comment:</p> <p>This sentence shouldn't include flight safety. ATCEUC proposes:</p> <p>ATCO.MED.B.001(a) new text</p> <p>(1) If the applicant does not fully comply with the requirements for a Class 3 medical certificate but is considered to be not likely to jeopardise flight affect safety, the AeMC or AME shall:</p>	
response	<p><i>Partially accepted</i></p> <p>'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.</p>	

comment

220

comment by: ATCEUC- Air Traffic Controllers European Unions
Coordination**ATCO.MED.B.001(b)(2)****Comment:**

AeMCs and AMEs are not able to assess ATCOs ability, skill and experience.

ATCEUC proposal:

ATCO.MED.B.001(b) new text

(2) ~~the applicant's ability, skill and experience relevant to the operation to be performed~~

response

Not accepted

The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.

ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment

221

comment by: ATCEUC- Air Traffic Controllers European Unions
Coordination**ATCO.MED.B.001(d)****Comment:**

AME or AeMC should only impose medical limitations.

ATCEUC proposes:

ATCO.MED.B.001 new text

(d) Any other medical limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required

response

Not accepted

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and

(c)(3) determines which limitations can only be imposed by the licensing authority.

comment

222

comment by: *ATCEUC- Air Traffic Controllers European Unions Coordination*

ATCO.MED.B.001(e)

Comment:

Medical certificate limitations are only to be of medical nature.

ATCEUC proposes:

ATCO.MED.B.001 *new text*

(e) Any medical limitation relevant to exercising the privileges of the licence imposed on the holder of a medical certificate shall be specified therein in the medical certificate

response

Not accepted

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment

224

comment by: *swissatca*

B001 (b) (2) The assessors (with ATCO licence) may judge the ability of an ATCO to exercise the privileges of his license. AME are not qualified and not entitled to perform this task.

B001 (d) Same as above, ops limitations should be clearly separated from medical status. There should be a clear distinction between medical limitations (due to medical status) and ops limitations (due to various other factors not related to medical status).

response

Noted

A medical condition can lead to an operational limitation. Please see response to comment number 10 in this segment.

comment

229

comment by: *Laurent BERTIN UNSA-ICNA*

response	<p>(b) (2): to be removed. how an AME can be such an expert in operational skills?</p> <p><i>Not accepted</i></p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.</p> <p>ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...</p>
comment	<p>236</p> <p>comment by: <i>Federazione ATM-PP</i></p> <p>Federazione ATM-PP proposal on ATCO. MED.B.001 (a)(1) is to change as follows: <i>If the applicant does not fully comply with the requirements for a Class 3 medical certificate but is considered to be not likely to jeopardise flight-affect safety, the AeMC or AME shall:</i></p>
response	<p><i>Partially accepted</i></p> <p>'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.</p>
comment	<p>237</p> <p>comment by: <i>Federazione ATM-PP</i></p> <p>Federazione ATM-PP proposal on ATCO. MED.B.001 (b)(2) is to erase the comment as follows: <i>the applicant's ability, skill and experience relevant to the operation to be performed</i> This because AME and/or AeMCs are not able to assess ability, skill and experience of an ATCO</p>
response	<p><i>Not accepted</i></p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.</p> <p>ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical</p>

Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment 238 comment by: *Federazione ATM-PP*

Federazione ATM-PP proposal on ATCO.MED.B.001 (d) is to change as follows:
Any other medical limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required
 to avoid any misunderstanding, AME and AeMCs can only impose medical limitation

response *Not accepted*

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.
 AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment 239 comment by: *Federazione ATM-PP*

Federazione ATM-PP position on ATCO. MED.B.001 (e) is to change as follows:
Any medical limitation relevant to exercising the privileges of the licence imposed on the holder of a medical certificate shall be specified therein in the medical certificate
 Medical certificate limitations can only be of medical nature.

response *Not accepted*

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.
 AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment 246 comment by: *European Transport Workers Federation - ETF*

ATCO.MED.B.001(b)(2)
 Deletion

ETF doesn't understand how an AME is able to assess ATCO's ability, skill and

response	<p>experience.</p> <p><i>Not accepted</i></p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment. ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...</p>
comment	<p>255 comment by: <i>SINCTA - Portuguese Air Traffic Controllers' Union</i></p> <p>ATCO.MED.B.001(b)(2) SINCTA doesn't understand how a AME is able to assess ATCO's ability, skill and experience. Proposed text: the applicant's ability, skill and experience relevant to the operation to be performed.</p>
response	<p><i>Not accepted</i></p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment. ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...</p>
comment	<p>258 comment by: <i>DATCA</i></p> <p>Ref ATCO.MED.B.001 (b2 and d)</p> <p>b2) We do not think AeMC or AME can be the judge of our professional skills</p> <p>d) Align with b2) AeMC or AME should not imposed professional restrictions.</p>
response	<p><i>Not accepted</i></p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement</p>

whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.
ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment

271

comment by: USCA

ATCO.MED.B.001(a)(1)

This sentence shouldn't include only flight safety

"If the applicant does not fully comply with the requirements for a Class 3 medical certificate but is considered to be not likely to ~~jeopardise flight~~ affect safety, the AeMC or AME shall:... to be not likely to jeopardise ~~flight~~ safety the AeMC or AME shall:"

response

Partially accepted

'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.

comment

272

comment by: USCA

ATCO.MED.B.001(b)(2)

We don't agree with the idea that an AME is able to assess ATCO's ability, skill and experience.

~~(b)(2) the applicant's ability, skill and experience relevant to the operation to be performed~~

response

Not accepted

The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.

ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment

273

comment by: USCA

	<p style="text-align: center;">ATCO.MED.B.001(d)</p> <p>AME or AeMC should only impose medical limitations "Any other <u>medical</u> limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required"</p>					
response	<p><i>Not accepted</i></p> <p>Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations. AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.</p>					
comment	<div>274<div>comment by: USCA</div></div> <p style="text-align: center;">ATCO.MED.B.001(e)</p> <p>Medical certificate limitations are only to be of medical nature "Any <u>medical</u> limitation <u>relevant to exercising the privileges of the licence imposed on the holder of a medical certificate shall be specified therein in the medical certificate</u>"</p>					
response	<p><i>Not accepted</i></p> <p>Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations. AMC.ATCO.B.001(c)(1) clarifies exactly which limitations AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.</p>					
comment	<div>281<div>comment by: IFATCA</div></div> <table><tr><td>62</td><td>NPA 2012-18 (BII)</td><td>ATCO.MED.B.001 Limitations to medical certificates</td><td>(d) Any other medical limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required.</td><td>Should there not be a medical inserted</td></tr></table>	62	NPA 2012-18 (BII)	ATCO.MED.B.001 Limitations to medical certificates	(d) Any other medical limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required.	Should there not be a medical inserted
62	NPA 2012-18 (BII)	ATCO.MED.B.001 Limitations to medical certificates	(d) Any other medical limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required.	Should there not be a medical inserted		
response	<p><i>Not accepted</i></p>					

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment 282

comment by: IFATCA

61	NPA 2012- 18 (BII)	ATCO.MED.B.001 Limitations to medical certificates	(b) When assessing whether a limitation is necessary, particular consideration shall be given to: (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety;	Is this enough? An ATCO's job might have more impact than just on flight safety. This seems more adequate for pilots – less for ATCOs.
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response *Partially accepted*

'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.

comment 291

comment by: ICEATCA

(b)(2) ICEATCA thinks that this should be removed since AMEs are not able to assess ATCOs ability, skill and experience

response *Not accepted*

The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.

ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment 292

comment by: ICEATCA

(d) ICEATCA thinks that it needs to be clarified that this only imposes medical limitations.

response *Noted*

All limitations on a medical certificate are made for medical reasons. A limitation can be a very individual limitation depending on the medical condition and paragraph (d) confirms this. In addition, please see answer to comment number 32 in this segment.

comment 293

comment by: ICEATCA

(e) ICEATCA thinks it need to be clarified that this only regards medical limitations

response *Not accepted*

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment 309

comment by: comments provided on behalf of FIT/CISL italian trade union

Referring to the **ATCO.MED.B.001(b)(2)** FIT/CISL doesn't understand how an AME is able to assess ATCO's ability, skill and experience as these features have no relevance to the medical but only to the operational situation, so

response

proposes to delete as follows:

~~"the applicant's ability, skill and experience relevant to the operation to be performed"~~

Not accepted

The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.

ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment

310

comment by: *comments provided on behalf of FIT/CISL italian trade union*

In reference to the **ATCO.MED.B.001(d)** FIT/CISL thinks that an AME or AeMC can impose only medical limitations on the holder of a medical certificate so it's important to specify it in the regulation as follows:

"Any other medical limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required"

response

Not accepted

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment

311

comment by: *comments provided on behalf of FIT/CISL italian trade union*

Referring to the **ATCO.MED.B.001(e)** FIT/CISL underlines that the limitations in this section shall be of medical nature only and the limitation stated in the medical certificate should only be with reference to exercising the privileges and not general, so proposes to change it as follows:

"Any medical limitation relevant to exercising the privileges of the licence ~~imposed on the holder of a medical certificate~~ shall be specified ~~therein~~ in the medical certificate"

response *Not accepted*

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment 314

comment by: EUROCONTROL

ATCO.MED.B.001 (b)(1):
What is the meaning of "numerical"?

response *Noted*

'numerical' means 'number'. E.g., blood pressure shall be not higher than 140/90 mmHg. A numerical deviation would be 150/95 mmHg. If, under certain conditions, e.g. good treatment, this person does not jeopardise flight safety, he/she can be issued with a medical certificate with the limitation of 'regular blood pressure control'.

comment 333

comment by: NATS National Air Traffic Services Limited

ATCO.MED.B.001 (a) (1)

The term 'flight safety' is not broad enough to encompass the full range of safety critical or 'safety related' ATCO activities. This is the same comment for all references to 'flight safety'. The definition of flight has strict parameters in law and there are many safety tasks that an ATCO undertakes in addition to 'flight'

Change all references to '**flight safety**' to '**safety**'.

response *Partially accepted*

'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.

comment 334

comment by: NATS National Air Traffic Services Limited

ATCO.MED.B.001 (a) (1) (iii)

The text in (1) and (1)(iii) does not align

Suggested amendment:

	<p>‘(iii) Revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority’ Alternatively (1) the word ‘shall’ is deleted and (i) and (ii) start with the word ‘shall’ and (iii) starts with the word ‘may’.</p>
response	<p><i>Partially accepted</i></p> <p>The subparagraphs have been renumbered, there was an editorial error in the NPA. (a)(1)(iii) is now renumbered to (a)(2).</p>

comment	<p>335 <i>comment by: NATS National Air Traffic Services Limited</i></p>
	<p>ATCO.MED.B.001 (b) (1) Introduction of a new term ‘accredited medical conclusion’ without a definition. In addition the person may already have a licence and not be applying for it. Suggested amendment: ‘(1) whether the assessment indicates that in special circumstances the applicant’s failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence is not likely to jeopardise safety;’</p>
response	<p><i>Partially accepted</i></p> <p>The definition for ‘accredited medical conclusion’ is in ATCO.MED.A.010; it is broader than ‘assessment’. ‘Flight safety’ is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using ‘safety’ alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: ‘... not to be likely to jeopardise the safe exercise of the privileges of the licence’.</p>

comment	<p>336 <i>comment by: NATS National Air Traffic Services Limited</i></p>
	<p>ATCO.MED.B.001 (b) (2) AeMCs and AMEs are not qualified to judge the ability, skill and experience relevant to the operation to be performed. BR 216 states that only assessors (i.e. ATCOs with an assessor endorsement as in part ATCO) may judge the skills of the ATCO. This requirement sits outside the AeMC and AME remit. Suggest delete paragraph ‘(2)’</p>
response	<p><i>Not accepted</i></p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment. ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are</p>

fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment 337 comment by: NATS National Air Traffic Services Limited

ATCO.MED.B.001 (d)

There may be operational limitations that need to be imposed that have nothing to do with the medical status of the ATCO and these would then not fall within the remit of the AME or AeMC.

Suggested amendment:

'(d) Any other medical limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required'

response Noted

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

Operational limitations that are not based on a medical condition will not be entered on a medical certificate. Part-ATCO.MED only refers to medical requirements, issue of medical certificates and AME training and certification (see paragraph ATCO.MED.A.005) and therefore operational limitation for reasons other than medical are outside the remit of this Part.

comment 338 comment by: NATS National Air Traffic Services Limited

ATCO.MED.B.001 (e)

Limitations in this section shall be of medical nature only and the limitation stated in the medical certificate should only be with reference to exercising the privileges and not general.

Suggested amendment:

'(e) Any medical limitation relevant to exercising the privileges of the licence shall be specified in the medical certificate'

response Noted

Considering the scope of Part-ATCO.MED (see ATCO.MED.A.005) there is no possibility to enter limitations on a medical certificate that are not linked to a medical condition. Other limitations (if they exist) must be placed on the licence.

comment 364 comment by: ENAV

	<p>ATCO.MED.B.001 (a) (1) ... to be not likely to jeopardise flight safety ... "...but is considered able, under certain conditions to exercise the privileges of the licence, ..." or "... but is considered to be not likely to affect safety..." Comment: Flight safety is not broad enough to encompass the full range of ATCO activities. Same comment for all references to flight safety.</p>
response	<p><i>Partially accepted</i></p> <p>'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.</p>
comment	<p>365 comment by: ENAV</p>
	<p>ATCO.MED.B.001 (a) (1) (iii) the AeMC or AME shall:... (iii) The AeMC or AME may revalidate or renew a medical certificate with the same limitation without referring the applicant to the licensing authority Comment: "Shall" followed by "may". The shall in the leading sentence is the term to be used.</p>
response	<p><i>Partially accepted</i></p> <p>The subparagraphs have been renumbered, there was an editorial error in the NPA. (a)(1)(iii) is now renumbered to (a)(2).</p>
comment	<p>366 comment by: ENAV</p>
	<p>ATCO.MED.B.001 (b) (1) whether accredited medical conclusion assessment indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence applied for is not likely to jeopardise flight safety; Comment: We have a definition for "assessment", but not for "accredited medical conclusion". The person may already have a licence and not be applying for it. Flight safety, see comment to ATCO.MED.B.001(a)(1)</p>
response	<p><i>Partially accepted</i></p> <p>The definition for 'accredited medical conclusion' is in ATCO.MED.A.010; it is broader than 'assessment'. 'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside</p>

aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.

comment

368

comment by: ENAV

ATCO.MED.B.001 (b) (2)

~~(2) the applicant's ability, skill and experience relevant to the operation to be performed~~

Comment:

AeMC's and AMEs are not qualified to judge the ability, skill and experience relevant to the operation to be performed. BR 216 states that only assessors (i.e. ATCOs with an assessor endorsement as in part ATCO) may judge the skills of the ATCO.

response

Not accepted

The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment.

ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...

comment

369

comment by: ENAV

ATCO.MED.B.001 (d) Any other **medical** limitations may be imposed on the holder of a medical certificate by an AME or AeMC if required

Comment: There may be operational limitations that have nothing to do with the medical status of the ATCO and these would then not be imposed by the AME or AeMC.

response

Noted

An example for an operational limitation could be that a work station must be equipped in a way that a person with only musculoskeletal disability can work safely. It is for the ANS to propose a solution and for the AME to determine whether this is acceptable considering the medical condition of the person. Also see answer to comment number 32 in this segment.

comment

370

comment by: ENAV

ATCO.MED.B.001 (e) Any **medical** limitation relevant to exercising the privileges of the licence ~~imposed on the holder of a medical certificate shall be specified therein~~ in the medical certificate

	<p>Comment: Limitations in this section shall be of medical nature only and the limitation stated in the medical certificate should only be with reference to exercising the privileges and not general.</p>
response	<p><i>Not accepted</i></p> <p>Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.</p> <p>AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.</p>
comment	<p>402 comment by: <i>Federal Office of Civil Aviation FOCA</i></p>
	<p>Article: ATCO.MED.B.001 Comment / Issue / Suggestion: ...flight safety... [all the terms 'flight safety' mentioned shall be corrected in this way] Justification: the applicant does not only have to care about flight safety, but safety in general</p>
response	<p><i>Partially accepted</i></p> <p>'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.</p>
comment	<p>403 comment by: <i>Federal Office of Civil Aviation FOCA</i></p>
	<p>Article: ATCO.MED.B.001 a iii Comment / Issue / Suggestion: The AeMC or AME may In cases where the AeMC or AME revalidates or renews... Justification: to be consistent with the main part (1) where 'shall' is used</p>
response	<p><i>Partially accepted</i></p> <p>The subparagraphs have been renumbered, there was an editorial error in the NPA. (a)(1)(iii) is now renumbered to (a)(2).</p>

comment	404	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.B.001 b 1 Comment / Issue / Suggestion: ... of the licence applied for is not likely to jeopardise flight safety; Justification: the applicant does not apply for a certain licence but the medical one.</p>	
response	<p><i>Partially accepted</i></p> <p>'Flight safety' is the term used in the flexibility clause in ICAO Annex 1, para 1.2.4.9 a), which is valid for ATCOs, and it is used here with the same intent. Using 'safety' alone is too broad because it applies to many areas, also outside aviation. However, the text will be changed to read: '... not to be likely to jeopardise the safe exercise of the privileges of the licence'.</p>	
comment	405	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.B.001 b 2 Comment / Issue / Suggestion: delete the whole subpart Justification: AeMC's and AMEs are not qualified to judge the ability, skill and experience relevant to the operation to be performed. BR 216 states that only assessors (i.e. ATCOs with an assessor endorsement as in part ATCO) may judge the skills of the ATCO.</p>	
response	<p><i>Not accepted</i></p> <p>The AME does not technically judge the ability, skill and experience of an ATCO, he/she judges the (positive) impact of ability, skill and experience when assessing the medical fitness. The AMEs are trained to make the judgement whether or not certain tasks can be performed and taking the ability, skill and experience into account may help to make a fit assessment. ICAO Annex 1, 1.2.4.9., states: If the prescribed medical standards prescribed in Chapter 6 for a particular licence are not met, the appropriate Medical Assessment shall not be issued or renewed unless the following conditions are fulfilled: ... b) relevant ability, skill and experience of the applicant and operational conditions have been given due consideration and...</p>	
comment	406	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.B.001 d Comment / Issue / Suggestion: Any other <u>medical</u> limitations... Justification: as the AME or AeMC is only concerned with the medical history of the applicant</p>	

response *Not accepted*

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

comment 407

comment by: *Federal Office of Civil Aviation FOCA*

Article:

ATCO.MED.B.001 e

Comment / Issue / Suggestion:

Reword: Any medical limitations relevant to exercising the privileges of the licence shall be specified in the medical certificate

Justification:

as medical limitations only concern the medical certificate

response *Not accepted*

Limitations on a medical certificate have always a medical background and also an operational limitation is imposed because of a medical condition. Adding 'medical' to the text may lead to confusion and the need for definition of several kinds of limitations.

AMC.ATCO.B.001(c)(1) clarifies exactly which limitations an AME is allowed to impose himself/herself, (c)(2) asks for the input from the service provider, and (c)(3) determines which limitations can only be imposed by the licensing authority.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC
CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL
REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.005
General**

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comment 79

comment by: *DSAC - French NSA*

Paragraph

ATCO.MED.C.005 (b) (1)

Alternative proposal

(b) Applicants for an AME certificate shall provide the competent authority with:
(1) ~~personal~~ administrative details and professional address;

response *Not accepted*

There are also personal details involved such as date of birth.

comment 80

comment by: DSAC - French NSA

Paragraph

ATCO.MED.C.005 (c)

Alternative proposal

(c) When the AME undertakes aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations and practice facilities that are included in the scope of the oversight for the AME certificate.

response *Not accepted*

There is no need to amend the rule because the word 'relevant' already covers what is in the proposed addition.

comment

158

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)

Section: [ATCO.MED.B.005 \(a\)](#)

Comment:

The last sentence is complex and should be shortened to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.B.005 (a), last sentence:

'...that would entail a degree of functional incapacity which is likely to interfere with the safe performance of duties'.

response *Accepted*

Accepted for the reason provided.

comment 382

comment by: ERAC European Regional Aerodrome Community

(b)

to maintain medical confidentiality the AME should send the documents of the

	applicant directly to the AeMC
response	<i>Not accepted</i>
	<p>It is unclear to which paragraph this comment belongs. Nevertheless, it is rejected because AMEs do not send documents to AeMCs on a general basis although they could consult with an AeMC. But this is rather unlikely and not regulated.</p>

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.010 Cardiovascular system

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comment	<p>43 comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i></p>
	<p>ATCO.MED.B.010 (ii) significant functional abnormality of any of the heart valves; Comment This requires a treatment that depends on the valve affected and the type and severity of the valve disease . Proposal (ii) significant functional symptomatic abnormality of any of the heart valves</p>
response	<i>Partially accepted</i>
	<p>'Significant functional' will be kept, but 'symptomatic' will be added. An applicant with this condition will be assessed as unfit until after successful treatment.</p>

comment	<p>92 comment by: <i>NATS National Air Traffic Services Limited</i></p>
	<p>ATCO. MED.B.010 (c) (1) There is no need to check blood pressure in both arms at each examination. This has never been required previously and unlikely to add any benefit. This leads to time wasted during the medical which could be spent on other more useful things. Online systems are set up for 1 BP reading only not 2 so would need to be reconfigured. Suggest wording: 'Blood pressure should be recorded at each examination'</p>
response	<i>Accepted</i>
	<p>It is sufficient to have blood pressure readings on one arm only. In cases where</p>

blood pressure is outside the accepted values the AME may still consider to check on the other arm.

comment

109

comment by: UK CAA

Page No: 10**Paragraph No:** ATCO.MED.B.010 (c)(1)**Comment:** Delete 'on both arms'**Justification:** Blood pressure does not need to be measured in both arms at each examination unless there is a clinical reason to do so.**Proposed Text:** "(1) Blood pressure shall be recorded ~~on both arms~~ at each examination."

response

Accepted

It is sufficient to have blood pressure readings on one arm only. In cases where blood pressure is outside the accepted values the AME may still consider to check on the other arm.

comment

159

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)Section: [ATCO.MED.B.010 \(a\)\(1\)\(iii\)](#)**Comment:**

'On clinical indication' is incorrectly used synonymously with 'when clinically indicated' creating an inconsistency.

Proposal:Amend ATCO.MED.B.010 (a)(1)(iii):
'when clinically indicated'.

response

Accepted

Consistency.

comment

160

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)Section: [ATCO.MED.B.010 \(b\)\(2\), \(d\)\(1\), \(d\)\(3\), \(e\)\(1\), \(e\)\(3\)](#)**Comment:**

response

Here the wording 'a fit assessment can be considered' is used, which might incorrectly be interpreted that a fit assessment shall be made. .

Proposal:

Amend ATCO.MED.B.010 (b)(2), (d)(1), (d)(3), (e)(1), (e)(3) using the wording:

'a fit assessment may be considered'.

Accepted

Accepted for the reason provided.

comment

161

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)

Section: ATCO.MED.B.010 (b)(1)(i) and (b)(2)(ii)

Comment:

In Part-MED the outcome of aneurysm of the aorta has been rewritten to separate pre- and postoperative assessment criteria and to permit a fit assessment of aneurysms of the infrarenal aorta before surgery. The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.B.010 (b)(1)(i):

'aneurysm of the thoracic or supra-renal aorta, before surgery'

Amend ATCO.MED.B.010 (b)(2)(ii):

'aneurysm of the thoracic or abdominal aorta, after surgery'

response

Accepted

comment

162

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)

Section: ATCO.MED.B.010 (c)(1) and (c)(2)

Comment:

There is no clinical reason to always request blood pressure recordings of both arms. In (b) 'The' is missing (*editorial*)

The text should be amended to be consistent with Part-MED.

Proposal:

response

Amend ATCO.MED.B.010 (c)(1):
'Blood pressure shall be recorded at each examination.'
 Amend ATCO.MED.B.010 (c)(2):
'The applicant's blood pressure shall be within normal limits.'

Accepted

It is sufficient to have blood pressure readings on one arm only. In cases where blood pressure is outside the accepted values the AME may still consider to check on the other arm.

comment

163

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*

Section: ATCO.MED.B.010 (d)(1) and (d)(2)

Comment:

The order of subparagraphs should start with the most restrictive requirement 'shall be assessed as unfit'. To achieve this, (d)(1) and (d)(2) should change places.

Proposal:

Amend ATCO.MED.B.010: **let (d)(1) and (d)(2) change places.**

response

Accepted

Accepted for the reason provided.

comment

164

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*

Section: ATCO.MED.B.010 (e)(1)(i)

Comment:

In Part-MED the text has been amended to specify both intermittent and established sinoatrial dysfunction. The text should be amended to be consistent with Part-MED.

response

Proposal:

ATCO.MED.B.010 (e)(1)(i):

'disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, ...'*Accepted*

Accepted for the reason provided.

comment

165

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*

Section: ATCO.MED.B.010 (e)(1) and (e)(4)

Comment:

The order of subparagraphs should start with the most restrictive requirement 'shall be assessed as unfit'. To achieve this, (e)(4) should be placed before (e)(1).

Proposal:

Amend ATCO.MED.B.010:

move (e)(4) before (e)(1) and renumber the subparagraphs accordingly.

response

Accepted

Accepted for the reason provided.

comment

383

comment by: *ERAC European Regional Aerodrome Community*

(3) ii

the licensing authority is not able to perform the cardiological evaluation, it has to be done by an AeMC

response

Noted

This depends on the organisation of the licensing authority. The evaluation will

be done by a cardiologist (within or determined by the LA), and the assessment will be performed by the LA.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.015
Respiratory system

p. 11

comment

93

comment by: NATS National Air Traffic Services Limited

ATCO.MED.B.015

AeMC should be allowed to assess asthma in liaison with respiratory consultants and without need to refer to licensing authority.

AeMCs have more experienced AMEs (as defined by EASA) and also links with hospital consultants (required for AeMC certification). Referral to licensing authority creates unnecessary delay and does not add to safety

Suggested wording:

'(c) Applicants with a history or established diagnosis of:

(1) asthma requiring medication; shall be assessed by an AeMC or by the licensing authority and undergo respiratory evaluation with a satisfactory result before a fit assessment can be considered.

Applicants with a history or established diagnosis of:

(2) active inflammatory disease of the respiratory system;

(3) active sarcoidosis;

(4) pneumothorax;

(5) sleep apnoea syndrome;

(6) major thoracic surgery

shall be referred to the licensing authority and undergo respiratory evaluation with a satisfactory result before a fit assessment can be considered.'

response

Partially accepted

It has been considered that AMEs and AeMCs have the experience and knowledge to assess applicants with asthma requiring medication. Applicants can therefore be assessed by the AME where they presented themselves for the issue of a class 3 medical certificate. Initial applicants have to be assessed at an AeMC (ATCO.MED.A.040(b)) so that the assessment for the initial medical certificate cannot be done by an AME.

If a referral to the licensing authority is not required in the Part, the AME or AeMC have the right to take the final decision on fitness. Consequently 'licensing authority' has been deleted. However, nothing prevents the AME or AeMC to refer an ATCO to the licensing authority in cases of doubt for any disease.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC

p. 12

**CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC
CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL
REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.020
Digestive system**

comment 94

comment by: NATS National Air Traffic Services Limited

ATCO.MED.B.020

AeMC should be allowed to assess digestive symptoms in liaison with consultants as necessary and without need to refer to licensing authority. Reducible hernias are not a risk to flight safety, however those with irreducible hernias may pose a risk.

AeMCs have more experienced AMEs (as defined by EASA) and also links with hospital consultants (required for AeMC certification). Referral to licensing authority creates unnecessary delay and does not add to safety. ATCOs with reducible hernias should be allowed to work whilst waiting for surgery.

Suggest amending to:

'ATCO.MED.B.020 Digestive system

(a) Applicants with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation, in particular any obstruction due to stricture or compression, shall be assessed as unfit.

(b) Applicants shall be free from irreducible herniae that might give rise to incapacitating symptoms.

(c) Applicants with disorders of the gastrointestinal system including:

(1) recurrent dyspeptic disorder requiring medication;

(2) pancreatitis;

(3) symptomatic gallstones;

(4) an established diagnosis or history of chronic inflammatory bowel disease;

(5) herniae that may give rise to complications leading to incapacitation;

(6) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs

shall be referred to an AeMC or the licensing authority.

A fit assessment can be considered subject to a satisfactory gastrointestinal evaluation after successful treatment or full recovery after surgery.'

response Partially accepted

I has been considered that disorders of the gastrointestinal system can be assessed by the AME or AeMC. At initial examination this will be an AeMC (MED.A.040(b)).

Following ATCO.MED.B.001 the medical assessment of an applicant is either done by the AME or AeMC, or the decision is referred to the licensing authority. Following this rule 'licensing authority' has been deleted from the text. However, nothing prevents an AME or AeMC to refer an applicant to the licensing authority in cases of doubt for any disease.

comment

166

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*Section: [ATCO.MED.B.020](#)**Comment:**

In Part-MED the text has been amended to initially declare an unfit assessment for all conditions in (c), and the last sentence of (c) has been rewritten in better English.

Subparagraph (c)(5) is a duplication of (b) and should be deleted. Only the conditions in (c)(2), (c)(4) and (c)(5) need to be referred to the licensing authority.

[The text should be amended to be consistent with Part-MED.](#)

Proposal:

Amend ATCO.MED.B.020:

Delete (c)(5) and renumber (c)(6).

'A fit assessment may be considered after successful treatment or full recovery after surgery and subject to satisfactory gastroenterological evaluation. Applicants with the diagnosis of the conditions specified in (2), (4) and (5) shall be referred to the licensing authority.'

response

Partially accepted

The comment is accepted with regard to the request to align Part-ATCO.MED and Part.MED.

However, contrary to the comment, the text change will be the other way round: Part-MED will be aligned with Part-ATCO.MED.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.025
Metabolic and endocrine systems

p. 12

comment

95

comment by: *NATS National Air Traffic Services Limited*

ATCO.MED.B.025

NATS fully supports the adoption of the Diabetes protocol in Appendix I page 70 of the Explanatory Notes as referred to in paragraph 224 of that document. Otherwise ATCOs on insulin would be excluded. This is unfair discrimination and ATCOs using insulin should be allowed to work subject to appropriate monitoring and control.

response

Suggested resolution: Adopt the Diabetes protocol in Appendix I pages 70 to 73 of the Explanatory Notes as referred to in paragraph 224 of that document

Noted

Any major change will depend on whether or not wider acceptance of specialists can be found. If so, a separate, specific rulemaking task will be created. The decision will be taken based on the result of the European Diabetes Panel to be held in February 2014.

comment

111

comment by: UK CAA

Page No: 12

Paragraph No: ATCO.MED.B.025

Comment: Text as written is outdated.

Justification: Text should reflect current medical practice.

Proposed Text: New text as per UK comment on page 70 of the Explanatory Note. GM is not required at this stage.

"ATCO.MED.B.025 Metabolic and endocrine systems

(a) ...

(b) *Diabetes mellitus*

(1) Applicants with diabetes mellitus requiring medication for blood sugar control shall be referred to the licensing authority. A fit assessment may be considered in individual asymptomatic cases depending on the medication used and if it can be demonstrated that blood sugar control has been achieved and is stable.

(2) Limitation(s), including safe blood sugar testing whilst exercising licence privileges, should be considered by the licensing authority.

AMC1 ATCO.MED.B.025 Metabolic and endocrine systems

(b) *Diabetes mellitus*

Subject to at least annual specialist assessment, absence of complications likely to interfere with licence privileges, evidence of good control of blood sugar with no significant hypoglycaemic episodes, applicants with diabetes mellitus;

(1) not requiring medication may be assessed as fit by the AME or AeMC;

(2) requiring the use of antidiabetic medications other than insulin that are not likely to cause hypoglycaemia may be assessed as fit by the licensing authority;

(3) requiring the use of potentially hypoglycaemic medication(s), may be assessed as fit by the licensing authority with limitation(s), including documented testing whilst exercising licence privileges."

response

Noted

Any major change will depend on whether or not wider acceptance of specialists can be found. If so, a separate, specific rulemaking task will be created. The decision will be taken based on the result of the European Diabetes Panel to be held in February 2014.

comment

217

comment by: ATCEUC- Air Traffic Controllers European Unions
Coordination

Attachment [#2](#)**ATCO.MED.B.025****Comment:**

Stakeholders are specifically invited to provide their opinion on the medical certification of air traffic controllers who present with insulin-treated diabetes mellitus, including the proposed mitigation measures, and to provide justification elements on the possible safety, social, and economic impact of the proposal, supported by medical evidence.

ATCEUC provides a document on this particular issue.

response *Noted*

Thank you for your input.

The decision will depend on whether or not wider acceptance of specialists can be found. If so, a separate, specific rulemaking task will be created.

The decision will be taken based on the result of the European Diabetes Panel to be held in February 2014.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.030
Haematology

p. 12

comment

167

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.B.030](#)

Comment:

The order of subparagraphs should start with the most restrictive requirement 'shall be assessed as unfit'. To achieve this, (c) should be placed before (b) which then needs to be reworded.

In Part-MED the text has been amended to include the expression 'erythrocytosis' in (b)(3) and to delete 'localised or generalised' in (b)(4). The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.B.030:

Move (c) before (b) and renumber the subparagraphs accordingly.
Reword (b): 'Applicants with other haematological conditions, such as:'

Amend (3): '... anemia, erythrocytosis (polycythemia) or ...'
Delete 'localised or generalised' from (4)

response *Accepted*

Same comment to rearrange paragraphs as in Segment 15 (B.010 Cardiology). The paragraphs will be rearranged and this will be considered as an editorial change.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.035
Genito-urinary system

p. 13

comment

168

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.B.035](#)

Comment:

In Part-MED the text has been amended to improve the English and to give more clarity to the requirements.

The text should be amended to be consistent with Part-MED.

The order of subparagraphs should start with the most restrictive requirement 'shall be assessed as unfit'. To achieve this, (d) should be placed before (c).

Proposal:

Amend ATCO.MED.B.035:

(b) 'Applicants with any sequelae of disease or surgical procedures on the genito-urinary system likely to ...'

(c)(2) 'one or more urinary calculi, or a history of renal colic, may be assessed as fit subject to satisfactory renal and urological evaluation, as applicable'

(d) Applicants who have undergone a major surgical operation in the genito-urinary system or its adnexa involving a total or partial excision or a diversion of its organs shall be assessed as unfit. Applicants shall be referred to the licensing authority and a fit assessment may be considered after full recovery.'

response *Accepted*

Editorial change, see same comments in segments 15 (B.010 Cardiology) and 19 (B.030 Haematology).

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.040
Infectious disease

p. 13

comment

169

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.B.040](#)

Comment:

In Part-MED the text after '... specialist evaluation' in (a) and (b) is reflected in an AMC and not in the IR. The wording 'provided the licensing authority etc..' is superfluous.

The text should be amended to be consistent with Part-MED, deleting the text after '... specialist evaluation' in (a) and (b).

Proposal:

Amend ATCO.MED.B.040:

Delete the text after '... specialist evaluation' in (a) and (b).

response

Accepted

The text that is proposed for deletion does not add any information to the rule and can be deleted.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.045
Obstetrics and gynaecology

p. 13

comment

170

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*Section: [ATCO.MED.B.045 \(b\)](#)**Comment:**

The last sentence creates an unnecessary administrative burden, as a suspension can only be made by the licensing authority. The expression 'suspension' should be changed to 'temporary unfit' to permit the AME or AeMC to make the decision.

Proposal:

Amend ATCO.MED.B.045 (b), last sentence:

'After this point the applicant shall be assessed as temporary unfit. A fit assessment may be considered after full recovery following the end of the pregnancy.'

response

Accepted

The text has been aligned with Part-MED.

**PART-ATCO.MED – MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS – SUBPART B – REQUIREMENTS FOR AIR TRAFFIC
CONTROLLER MEDICAL CERTIFICATES – SECTION 2 MEDICAL
REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES – ATCO.MED.B.050
Musculoskeletal system**

p. 14

comment

112

comment by: *UK CAA***Page No:** 14**Paragraph No:** ATCO.MED.B.050

Comment: Static conditions need to be included and 'musculoskeletal and rheumatological' are more inclusive of relevant disorders.

Justification: Improved clarity of text.

Proposed Text: "Applicants shall have satisfactory functional use of the musculoskeletal system. Applicants with **static or progressive musculoskeletal and rheumatological conditions likely to interfere with the safe exercise of licence privileges** shall be referred to the licensing authority. A fit assessment may be considered after satisfactory specialist evaluation."

response

Accepted

comment

171

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*Section: [ATCO.MED.B.050](#)**Comment:**

In Part-MED the text has been amended to give more clarity to the requirements. Details should be elaborated in an AMC, not in the IR. The text should be amended to be consistent with Part-MED,

Proposal:

Amend [ATCO.MED.B.050](#):

'Applicants shall have satisfactory functional use of the musculoskeletal system to enable the safe exercise of the privileges of the licence. In case of doubt, the applicant shall be referred to the licensing authority.'

response

Partially accepted

'...to enable them to safely exercise the privileges of the licence' is added.
Second part of the comment not accepted: In cases of doubt, the AME or AeMC can always refer an applicant to the licensing authority. If this is mentioned for one condition it would have to be added everywhere in the text to confirm this possibility.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.055 Psychiatry

p. 14

comment

172

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*Section: [ATCO.MED.B.055 \(a\)](#)**Comment:**

In Part-MED the text has been amended to give more clarity to the requirements. The text should be amended to be consistent with Part-MED,

Proposal:

Amend [ATCO.MED.B.055 \(a\)](#):

'Applicants with a mental or behavioural disorder due to alcohol or other use or misuse of psychoactive substances shall be assessed as unfit pending recovery and freedom from psychoactive substance use or misuse and subject to satisfactory psychiatric evaluation after successful treatment. Applicants shall be referred to the licensing authority.'

response *Accepted*

Changes accepted with the exception that the NPA text considering 'a period of documented sobriety and freedom from substance use' has been kept in the text as a precondition for an eventual fit assessment.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.060 Psychology

p. 14

comment 113

comment by: UK CAA

Page No: 14

Paragraph No: ATCO.MED.B.060 (a)

Comment: Such a requirement is overly prescriptive.

Justification: Applicants with stress do not need to be referred to the licensing authority. AMEs or AeMCs can manage these issues.

Proposed Text: "(a) Applicants who present with stress-related symptoms that are likely to interfere with their ability to exercise the privileges of the licence safely shall be assessed as unfit. A fit assessment may only be considered after a psychological and/or psychiatric evaluation has demonstrated that the applicant has recovered from stress-related symptoms."

response *Accepted*

Accepted for the reason provided.

comment 283

comment by: IFATCA

63	(BII)	ATCO.MED.B.060 Psychology	ATCO.MED.B.060 Psychology (a) Applicants who present with stress-related symptoms that are likely to interfere with their ability to exercise the privileges of the licence safely shall be referred to the licensing authority. A fit assessment may only be considered after a psychological and/or psychiatric evaluation has demonstrated that the applicant has recovered from stress-related symptoms. (b) A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.	IFATCA would welcome that an indication is being given, that only approved and recognised psychologists are allowed to carry out such assessment. E.g. add to the definition ATCO.MED.A.001 Competent authority Add) c) psychology
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response *Not accepted*

Only AMEs will be certified by the competent authority and they are responsible for the examinations and assessments of ATCOs. This is in ICAO Annex 1 and the Basic Regulation. Psychologists are specialists who evaluate applicants in their field, the same as cardiologists, neurologists, ophthalmologists, etc., and they are recognised in the rules in the same way. The AME (or the licensing authority) have to ensure that suitably qualified persons perform evaluations of applicants in all areas, including psychology. In Europe, only persons who followed the corresponding studies are allowed to carry out psychological evaluations. This is the same as for the other specialities mentioned above.

comment 285

comment by: IFATCA

64	(BII)	AMC1 ATCO.MED.B.060 Psychology	AMC1 ATCO.MED.B.060 Psychology (a) If a psychological evaluation is indicated, it should be carried out by a psychologist taking into account the ATC environment and the associated risks.	IFATCA would welcome that an indication is being given, that only approved and recognised psychologists are allowed to carry out such assessment. E.g. add to the definition ATCO.MED.A.001 Competent authority Add) c) psychology
response	<p><i>Not accepted</i></p> <p>Only AMEs will be certified by the competent authority and they are responsible for the examinations and assessments of ATCOs. This is in ICAO Annex 1 and the Basic Regulation. Psychologists are specialists who evaluate applicants in their field, the same as cardiologists, neurologists, ophthalmologists, etc., and they are recognised in the rules in the same way. The AME (or the licensing authority) have to ensure that suitably qualified persons perform evaluations of applicants in all areas, including psychology. In Europe, only persons who followed the corresponding studies are allowed to carry out psychological evaluations. This is the same as for the other specialities mentioned above. While the working environment is the reason for stress in many cases, the principles of stress therapy are similar for all workplaces. Psychologists are trained for the treatment of stress-related symptoms.</p>			

PART-ATCO.MED – MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS – SUBPART B – REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES – SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES – ATCO.MED.B.065 Neurology

p. 14-15

comment

44

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.B.065

Comment

A stroke can sometimes cause temporary or permanent disabilities,

Complications may include:

Paralysis or loss of muscle movement.

Difficulty talking or swallowing.

Memory loss or thinking difficulties.

	<p>Proposal</p> <p>Add (8) permanent or transient hemorrhagic stroke and ischemic stroke</p> <p>(b) Applicants with an established history or clinical diagnosis of:</p> <p>(1) epilepsy without recurrence after the age of 5;</p> <p>(2) epilepsy without recurrence and off all treatment for more than 10 years;</p> <p>(3) epileptiform EEG abnormalities and focal slow waves; <i>NPA 2012-18 (B.II) Part-ATCO.MED 15 Nov 2012</i></p> <p>(4) progressive or non-progressive disease of the nervous system;</p> <p>(5) disturbances or loss of consciousness;</p> <p>(6) brain injury;</p> <p>(7) spinal or peripheral nerve injury</p> <p>(8) permanent or transient hemorrhagic stroke and ischemic stroke</p> <p>shall be referred to the licensing authority and undergo further evaluation before a fit assessment can be considered.</p>
response	<p><i>Partially accepted</i></p> <p>The comment is accepted regarding the content. The wording will be: 'disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events'.</p>
comment	<p>173 comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i></p> <p>Section: ATCO.MED.B.065</p> <p>Comment:</p> <p>In Part-MED the text has been amended to give more clarity to the requirements.</p> <p>The text should be amended to be consistent with Part-MED.</p> <p>(a)(3) should be deleted as a fit assessment may be possible in individual cases.</p> <p>(b)(5) should be reworded</p> <p>a (b)(8) should be added</p> <p>Proposal:</p> <p>Amend ATCO.MED.B.065:</p> <p>(a)(3) should be deleted</p> <p>(b)(5): 'a single episode of disturbance of consciousness of uncertain cause'</p> <p>(b)(8): 'disorders of the nervous system due to vascular deficiencies including haemorrhagic and ischaemic events.'</p>
response	<p><i>Partially accepted</i></p> <p>(a)(3) not deleted, it covers a variety of conditions that are not specifically mentioned.</p>

(b)(5) is accepted meaning that 'a single episode of disturbance of consciousness' will be added to the text.
 (b)(8) is accepted and will be added without change.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.070
Visual system

p. 15-16

comment 45 comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.B.070

Comment :

DGAC proposes to re-write ATCO.MED.B.070 in order to be more homogeneous

Proposal :

The applicant shall be referred to the licensing authority **before a fit assessment can be considered**.

(i) Applicants with a clinical diagnosis of keratoconus shall be referred to the licensing authority **before a fit assessment can be considered** to a satisfactory examination by an ophthalmologist

response *Not accepted*

The wording of this paragraph follows the structure of all Subpart B and should therefore not be changed in this paragraph only because this may lead to confusion.

If the ATCO has to be referred to the licensing authority it is the Medical Assessor who takes the decision on fitness. The sentence quoted in the comment continues in the NPA text to say 'subject to a satisfactory examination by an ophthalmologist' which means that this examination is a precondition for a fit assessment.

The expression 'can be considered' is avoided in the text because it could be interpreted as similar as to 'shall be considered' and is therefore changed to 'may be considered'.

comment 96 comment by: *NATS National Air Traffic Services Limited*

ATCO.MED.B.070(f)

This statement: 'Applicants shall have a visual acuity of at least 7/10 (6/9) at 30–50 cm and 60–100 cm distance, if necessary with the aid of correction.' is confusing and could lead to error. It is noted that table in the Acceptable Means of Compliance and Guidance Material but this adds to the confusion

Current Eurocontrol regulations state: The applicant must be capable of reading

	<p>the Parinaud 2 chart, N5 (or equivalent) at 30-50 cm and the Parinaud 6 chart, N14 (or equivalent) at 100 cm distance, if necessary with the aid of correction. Suggested resolution is to copy Eurocontrol regulations: 'The applicant must be capable of reading the Parinaud 2 chart, N5 (or equivalent) at 30-50 cm and the Parinaud 6 chart, N14 (or equivalent) at 100 cm distance, if necessary with the aid of correction.'</p>
response	<p><i>Partially accepted</i></p> <p>The EUROCONTROL Specifications say: '13.1.(d) Where at revalidation or renewal examinations the functional performance show significant changes or the standards (6/9 (0,7) 6/9 (0,7), 6/6 (1,0), N14, N5) can only be reached with corrective lenses...'. This standard is otherwise not mentioned in the text published by EUROCONTROL. However, there may be national versions. However, the text has been amended for clarification: 'Applicants shall be able to read an N5 chart or equivalent at 30–50 cm and an N14 chart or equivalent at 100 cm, if necessary with correction.' Only N5 and N14 charts are mentioned in the rule because they are the ones that are most widely used. Equivalent charts are explained in the table in the AMC.</p>

comment	<p>114 comment by: UK CAA</p> <p>Page No: 15 Paragraph No: ATCO.MED.B.070 (b)(3) Comment: Delete requirement for tonometry over 40 Justification: Routine screening of low-risk applicants is not warranted. Proposed Text: "(3) Applicants shall undergo tonometry on clinical indication and if indicated considering the family history."</p>
response	<p><i>Accepted</i></p>

comment	<p>115 comment by: UK CAA</p> <p>Page No: 15 Paragraph No: ATCO.MED.070 (d) and (e) Comment: Initial and renewal standards are different. Justification: There is no justification for different initial and renewal standards if functional performance is not impaired. Individuals who acquire vision defects are more likely to have problems than those who have had the abnormality since childhood Proposed Text:</p>
	<p>"(d) Applicants with monocular or functional monocular vision including eye muscle balance problems shall be assessed as unfit. Applicants may be assessed as fit provided that an ophthalmological examination is satisfactory, and any functional defect is not likely to interfere with the safe exercise of licence privileges. The applicant shall be referred to the licensing authority. (e) Applicants with acquired substandard vision in one eye shall be assessed as unfit. Applicants shall be referred to the licensing authority and may be assessed as fit provided that an ophthalmological examination is satisfactory,</p>

	and any functional defect is not likely to interfere with the safe exercise of licence privileges."
response	<p><i>Not accepted</i></p> <p>In the case of monocularly the functional performance is impaired because the visual field is reduced. In the case of functional monocularly the functionality is also reduced. ATCOs with a high work experience may compensate for this reduction, which is not the case for initial applicants. An initial applicant with a vision of 6/9 has already a reduced vision and function. An acquired reduced vision in one eye to below 6/9 leads to even more functional deficits. These cases should be assessed in individual cases of experienced ATCOs with the possibility of compensation.</p>
comment	<p>117 comment by: UK CAA</p>
	<p>Page No: 15 Paragraph No: ATCO. MED.B.070 (f) Comment: Paragraph (f) states : "Applicants shall have a visual acuity of at least 7/10 (6/9) at 30–50 cm and 60–100 cm distance, if necessary with the aid of correction." The requirement should state acceptable acuity in N-format. Justification: Clarity, as otherwise AMEs will be confused. Proposed Text: "(f) Applicants shall have a visual acuity of at least N5 at 30–50 cm and N14 at 60–100 cm distance, if necessary with the aid of correction."</p>
response	<p><i>Accepted</i></p> <p>The comment is accepted with the addition of 'or equivalent' with regard to the N5 and N14 charts taking into account that there are also other charts that may be used.</p>
comment	<p>118 comment by: UK CAA</p>
	<p>Page No: 15 Paragraph No: ATCO.MED.B.070 (g) Comment: The paragraph states: "(g) Applicants shall have normal fields of vision and normal binocular function." Minor field defects and defects of binocular vision of no functional significance should be considered acceptable Justification: Some minor unilateral field defects may not have an effect on visual performance. Normal binocular function is not well defined and of uncertain significance. Proposed Text: "(g) Applicants shall have a normal field of vision and acceptable binocular function."</p>
response	<p><i>Not accepted</i></p> <p>In the case of monocularly the functional performance is impaired because the visual field is reduced. In the case of functional monocularly the functionality is</p>

also reduced. ATCOs with a high work experience may compensate for this reduction, which is not the case for initial applicants. An initial applicant with a vision of 6/9 has already a reduced vision and function. An acquired reduced vision in one eye to below 6/9 leads to even more functional deficits. These cases should be assessed in individual cases of experienced ATCOs with the possibility of compensation.

comment

119

comment by: UK CAA

Page No: 16**Paragraph No:** ATCO.MED.B.070 (k)(3)**Comment:** Having a spare set of glasses has not been required previously.**Justification:** There is no evidence that this has resulted in safety concerns. This therefore would increase the cost to industry without demonstrated safety benefit. There is a difference in the environment between an ATCO and a Pilot where loss of glasses would be safety critical**Proposed Text:** Delete paragraph (k)(3)

response

Not accepted

Having a spare pair set of suitable spectacles is an ICAO Standard for class 3 medical certificate. Please see Annex 1, paragraph 6.5.3.2 '...b) in addition, a pair of suitable correcting spectacles is kept readily available during the exercise of the privileges of the applicant's licence.'

Also contact lens wearers need a spare set of glasses. This is because it may happen that the contact lenses have to be taken out if foreign particles (e.g. an eye lash) get under a lens resulting in eye pain and irritation.

comment

130

comment by: Eduardo Taboada

ATCO.MED.B.070 Visual system d) & e)

AMC1 ATCO.MED.B.070 Visual system g) 2

There is an inconsistency between the rationale applied for initial and renewal or revalidation.

Initials should be assess as fitness if "AMC1 ATCO.MED.B.070 g) 2" is confirmed. Testing should be done after the applicant has successfully accomplished the initial training.

Commission Regulation (EU) 805/2011 does not require medical certification for the initial training, so a medical assessment after the initial training could take into account the experienced gained and capabilities achieved after the initial training.

Dr. Claudia Stern (advisor on ophthalmological requirements to "Requirements for European Class 3 Medical Certification of Air Traffic Controllers Edition 2.0 - Eurocontrol") was asked in relation to functional testing for an initial applicant. She said "Work experience helps a lot in compensating problems. Simulation is not possible in the work environment for an initial, because he/she was not trained and he/she looks and thinks differently compared to an ATCO".

So, after initial training, testing shall be possible as he/she looks and thinks as an ATCO.

	<p>Commission Regulation (EU) 805/2011 Annex II Part A:</p> <p><i>"The initial training shall ensure that student air traffic controllers satisfy at least the objectives for basic and rating training,...,so that air traffic controllers are capable of handling air traffic in a safe, quick and efficient way."</i></p> <p>In a similar situation, concerning medical requirements for pilots, EASA via the CRD to NPA 2008-17C, in response to a comment, said that <i>"initial class 1 certification is not possible because a pilot with monocular vision would need an OML limitation, but to get the licence needs to fly solo, which is incompatible"</i>. This rationale that precludes fitness for an initial applicant should not be applicable to ATCOs, as their training is different.</p> <p>In addition, medical requirements do not take into account the big difference between TWR work and ACC work in relation to the visual performance needed and the different ratings on a licence. There should be two different medical standards, one for ACC work and other for TWR work.</p> <p>According to ICAO Doc 8984, Manual of Civil Aviation Medicine – Third Edition-2012:</p> <p><i>"11.6.5 In general, monocularity does not pose a significant problem for air traffic controllers. For those working at electronic display terminals, care must be taken to ensure that fixed secondary displays such as map boards and weather radar screens are located comfortably inside the operator's monocular field of vision."</i></p>
response	<p><i>Not accepted</i></p> <p>A student ATCO needs a medical certificate.</p>
comment	<p>174 comment by: Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</p> <div> <p>Section: ATCO.MED.B.070 (a)</p> <p>Comment: The general text in (a) is covered by ATCO.MED.B.005 and has been deleted from all other paragraphs. For consistency, (a) should be deleted.</p> <p>Proposal: Amend ATCO.MED.B.070 (a): Delete (a).</p> </div>
response	<p><i>Accepted</i></p> <p>Accepted for the reason provided.</p>

comment

175

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)

Section: [ATCO.MED.B.070](#)

Comment:

In Part-MED the text has been thoroughly revised to give more clarity to the requirements. A corresponding revision is also made in the AMC.

The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.B.070:

(a) Examination

(1) a comprehensive eye examination shall form part of the initial examination and be undertaken periodically depending on the refraction and the functional performance of the eye;

(2) a comprehensive eye examination shall be undertaken when clinically indicated; and

(3) a routine eye examination shall form part of all revalidation and renewal examinations.

(b) Visual acuity – Substandard vision in one eye

(1) Distant visual acuity, with or without correction, shall be:

6/9 (0,7) or better in each eye separately and visual acuity with both eyes shall be 6/6 (1,0) or better;

(2) applicants for an initial class 3 medical certificate with substandard vision in one eye shall be assessed as unfit. At revalidation and renewal, applicants with acquired substandard vision in one eye or acquired monocular vision shall be referred to the licensing authority and may be assessed as fit if it is unlikely to interfere with safe exercise of the licence held;

(3) An applicant shall have a visual acuity of at least 7/10 (6/9) at 30-50 cm and 60-100 cm distance, if necessary with the aid of correction.

(c) Refractive error and anisometropia

(1) Applicants with:

(i) refractive errors;

(ii) anisometropia;

may be assessed as fit subject to satisfactory ophthalmic evaluation.

(2) Applicants with a clinical diagnosis of keratoconus shall be referred to the licensing authority. A fit assessment may be considered subject to a satisfactory examination by an ophthalmologist.

(d) Binocular function

(1) Applicants with diplopia shall be assessed as unfit.

(2) Applicants for an initial class 3 medical certificate shall have normal binocular function.

(e) Visual fields

Applicants for an initial class 3 medical certificate shall have normal fields of vision.

(f) Spectacles and contact lenses

(1) If satisfactory visual function is achieved only with the use of correction, The spectacles or contact lenses shall provide optimal visual function, be well-tolerated and suitable for aviation purposes.

(2) No more than one pair of spectacles shall be used to meet the visual requirements when exercising the privileges of the licence.

(3)

(i) For distant vision, spectacles or contact lenses shall be worn when exercising the privileges of the licence.
(ii) For near vision, a pair of spectacles for near use shall be kept available when exercising the privileges of the licence.
(4) A spare set of similarly correcting spectacles shall be readily available for immediate use when exercising the privileges of the licence.
(5) If contact lenses are worn when exercising the privileges of the licence, they shall be for distant vision, monofocal and non-tinted.
(6) Applicants with a large refractive error shall use contact lenses or high-index spectacle lenses.
(7) Orthokeratological lenses shall not be used.
(g) *Eye surgery*
Applicants who have undergone eye surgery shall be assessed as unfit until full recovery of visual function. A fit assessment may be considered subject to satisfactory ophthalmological evaluation.

response *Partially accepted*

The comment is taken into account for a future review because it would constitute a full rewrite of the rule. However, the time to consult on this proposal with the appropriate specialists was too short to find a satisfactory solution. For this reason, the comment has been put on hold for further review, if possible for the Opinion resulting from this NPA. If this is not possible it will be reviewed at the first revision of the rules.

comment 294

comment by: IFATCA

65	(BIV)	AMC1 ATCO.MED.B.070 Visual system	AMC1 ATCO.MED.B.070 Visual system	IFATCA is unclear if the change versus the Eurocontrol ATCO Medical Requirement Class 3 (with different values between initial and revalidation) will create a sudden difference in the level of candidates or current ATCOs. It seems that the new proposal could be less adequate for the job as ATCO and stems from the pilot requirement.
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response *Noted*

This comment refers to the AMC only and will be answered there.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.075
Colour vision

p. 16

comment 120

comment by: UK CAA

Page No: 16

Paragraph No: ATCO.MED.B.075

Comment: The requirement to be normal trichromats is not evidence based and is in excess of the ICAO standard. Excluding the use of pseudoisochromatic plates is not ICAO compliant.

Justification: Many international states have used colour lanterns and other methods to determine 'colour safe' in ATCOs with no apparent detriment to flight safety. Despite their shortcomings, it is reasonable to continue to accept a pass on Ishihara (or equivalent) for ATCO duties.

Proposed Text:

" (a) Applicants shall be required to demonstrate the ability to perceive readily the colours that are necessary for the safe performance of duties.

(b) *Examination*

(1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.

(2) Applicants who fail to pass in the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe."

response *Not accepted*

The rule for normal trichromacy was taken over from the EUROCONTROL Guidelines and has not been contested otherwise. As this would constitute a significant change to the presently valid standards, the comment is presently not accepted.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL

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REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.080
Otorhinolaryngology

comment	46	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
	<p>ATCO.MED.B.080 (a) (4) Pure-tone audiometry Comment : There can be no difference Proposal : (iv) Applicants who do not meet the hearing criteria for a revalidation or renewal of a medical certificate shall undergo a functional hearing test in the operational environment and specialist assessment including a speech discrimination test before a fit assessment can be considered.</p>	
response	<p><i>Partially accepted</i></p> <p>Paragraph (a)(4) has been reworded to abolish the difference between initial and revalidation criteria. The revalidation criteria and the ones provided for in ICAO Annex 1, paragraph 6.5.4.1. If these criteria are not met: Initial applicants shall undergo a functional hearing test. Applicants for a revalidation of a medical certificate shall undergo a speech discrimination test in the operational environment.</p>	
comment	47	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
	<p>ATCO MED B 080 (a) (5) Comment there is an editorial mistake as (5) is quoted at the place of (4). Propsal (5) Applicants who do not meet the hearing criteria in (4) (ii) or (iv) respectively shall be referred to the licensing authority.</p>	
response	<p><i>Noted</i></p> <p>Paragraph (a)(5) has been deleted.</p>	
comment	48	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
	<p>ATCO MED B 080 (b) (1) Comment It is the responsibility of the AME or AeMC to assess the hearing condition. It is too binding and does not improve safety Proposal (1) an active chronic pathological process, acute or chronic of the internal or middle ear;</p>	

response	<p><i>Accepted</i></p> <p>Hearing capabilities may be adversely effected during an acute pathological process of the internal or middle ear. The applicant has to contact the AME (<i>MED.A.020 Decrease in medical fitness</i>) and can be assessed as fit once the acute pathological process is healed and hearing capabilities returned to normal. If the process develops into a chronic process the licensing authority has to be involved.</p>	
comment	49	comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i>
	<p>ATCO MED 080 (b) (4) Comment : too binding Proposal : (4) significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract;</p>	
response	<p><i>Accepted</i></p> <p>An applicant with an acute infection falls under <i>MED.A.020 Decrease in medical fitness</i>.</p>	
comment	97	comment by: <i>NATS National Air Traffic Services Limited</i>
	<p>ATCO.MED.B.080 (6) The statement (6) Hearing aids (i) Initial examination: the use of hearing aids entails unfitness Is discriminatory as at revalidation hearing aid is allowed and may be open to legal challenge. Suggested amendment: 'At initial, revalidation and renewal examinations: a fit assessment may be considered if the use of hearing aid(s) or of an appropriate prosthetic aid improves the hearing to achieve a normal standard as assessed by fully functional testing in the operational environment.'</p>	
response	<p><i>Not accepted</i></p> <p>The need for hearing aids to comply with the rule is not acceptable for an initial applicant who cannot have any experience in the operational environment which may compensate for eventual hearing problems. If the comment is maintained it can be reviewed in a revision of the rules.</p>	
comment	121	comment by: <i>UK CAA</i>
	<p>Page No: 16</p>	

response

Paragraph No: ATCO.MED.B.080 (6)(i)**Comment:** There should be no difference between initial and revalidation standards**Justification:** The use of any hearing aids should be acceptable provided that acceptable functional performance can be demonstrated on further testing.**Proposed Text:** Delete paragraph (6)(i).*Not accepted*

The need for hearing aids to comply with the rule is not acceptable for an initial applicant who cannot have any experience in the operational environment which may compensate for eventual hearing problems.

If the comment is maintained it can be reviewed in a revision of the rules.

comment

176

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.B.080](#)**Comment:**

In (a)(1) the word 'routine' should be inserted for clarity.

The difference in hearing criteria between initial and revalidation/renewal has been deleted in Part-MED. The text of (4) and (5) should be amended to be consistent with Part-MED.

For consistency (6)(iii) should be amended with 'when exercising the privileges of the licence'.

Proposal:

Amend ATCO.MED.B.080:

(a)(1) 'A routine otorhinolaryngological examination ...'

(4) Pure-tone audiometry:

'When tested on a pure-tone audiometer, applicants shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Applicants with greater hearing loss shall be referred to the licensing authority and shall demonstrate satisfactory functional hearing ability. A specialist assessment including a speech discrimination test is required.'

(6)(iii): '...shall be available when exercising the privileges of the licence.'

response

Accepted

Comment on (a)(1) accepted.

Comment on (a)(4) accepted considering content. Wording in the CRD is in two paragraphs and slightly different:

'(i) Applicants for a class 3 medical certificate shall not have a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately.

(ii) Applicants who do not meet the hearing criteria above shall be referred to the licensing authority and undergo a specialist assessment before a fit assessment may be considered. Initial applicants shall undergo a speech discrimination test. Applicants for a revalidation or renewal of a class 3 medical certificate shall undergo a functional hearing test in the operational environment.'

Comment on (b)(iii) accepted.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART B — REQUIREMENTS FOR AIR TRAFFIC CONTROLLER MEDICAL CERTIFICATES — SECTION 2 MEDICAL REQUIREMENTS FOR CLASS 3 MEDICAL CERTIFICATES — ATCO.MED.B.090
Oncology

p. 17

comment 123

comment by: UK CAA

Page No: 17

Paragraph No: ATCO.MED.B.090 (a) & (b)

Comment: The text as written is too restrictive.

Justification: There is a need to be able to re-certificate applicants taking adjuvant or maintenance therapy.

Proposed Text: Replace paragraph (a) and (b) with single paragraph (a) as follows:

"(a) Applicants with established primary or secondary malignant disease shall be assessed as unfit, shall be referred to the licensing authority, and shall undergo satisfactory oncological evaluation before a fit assessment can be made."

Renumber paragraph (c) as "(b)".

response Partially accepted

Content of comment accepted, wording will be different to avoid the word 'unfit' in the rule.

comment

177

comment by: Swedish Transport Agency, Civil Aviation Department
 (Transportstyrelsen, Luftfartsavdelningen)

Section: [ATCO.MED.B.090](#)

Comment:

(b) should be amended, as some treatment for malignant disease might be life-long without compromising flight safety.

(c) needs an editorial change.

In Part-MED the text has been amended to give more clarity to the requirements.

The text should be amended to be consistent with Part-MED.

Proposal:

Amend ATCO.MED.B.090:

(b) 'After diagnosis of malignant disease, applicants shall be referred to the licensing authority and shall undergo satisfactory oncological evaluation before a fit assessment may be considered.'

(c) 'Applicants with an established history or clinical diagnosis of intracerebral malignant tumour shall be assessed as unfit.'

response *Accepted*

comment 284

comment by: IFATCA

New	BII	New	Stress prevention and Critical incident stress management	It is well known that in order to increase the well being (safety) of an Air Traffic controller stress prevention needs to be part of the obligation of an ANSPs and the States should make sure that the AME or AeM does set up such programs including CISM as part of their obligation. IFATCA therefore suggest that a new chapter is being introduced allowing for the set-up of such prevention programs.
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response *Partially accepted*

With NPA 2013-08 'Requirements for ATM/ANS providers and the safety oversight thereof' the Agency proposes provisions as regards ATC providers' responsibility to define and implement a policy for the prevention and mitigation of stress, including critical incident stress, together with educational programmes.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART C — AERO-MEDICAL EXAMINERS (AMEs) —
ATCO.MED.C.001 Privileges**

p. 18

comment 34 comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.C.001 (c) (3)

Comment :

This does not elaborate enough on the content of the briefing and its purpose. Suggest to define the contents of the briefing at least in AMC with a minimum list of subjects or topics to be covered.

Proposal :

received a briefing from the competent authority...

AMC proposal : the briefing should comprise at least relevant information on the specific national particularities such as :
authority structure and organisation, legal requirements and any further pertinent information to exercise the privileges of the certificate.

response *Not accepted*

For the time being the content of the briefing should be established by the competent authority according to their individual assessment.

comment 84 comment by: *DSAC - French NSA*

Paragraph

AMC1 ATCO.MED.C.001 (c) (3)

Alternative proposal

The briefing received from the competent authority should at least cover the following items related to the national specificities:

- organisation and structure of the competent authority,
- legal requirements,
- any other relevant information regarding the exercise of the privilege of the certificate

response *Not accepted*

For the time being the content of the briefing should be established by the competent authority according to their individual assessment.

comment 201 comment by: *HungaroControl*

	<p>ATCO.MED.C.001 (c) (3): received a briefing from the competent authority... We suggest to define the content of the briefing in AMC.</p>
response	<p><i>Not accepted</i></p> <p>For the time being the content of the briefing should be established by the competent authority according to their individual assessment.</p>
comment	<p>339 comment by: NATS National Air Traffic Services Limited</p>
	<p>ATCO.MED.C.001 (c) (3) This does not elaborate enough on the content of the briefing and its purpose. It is suggested that the contents of the briefing are defined at least in AMC with a minimum list of subjects or topics to be covered. Recommend the development of AMC listing the subjects or topics of the briefing.</p>
response	<p><i>Not accepted</i></p> <p>For the time being the content of the briefing should be established by the competent authority according to their individual assessment.</p>
comment	<p>371 comment by: ENAV</p>
	<p>ATCO.MED.C.001 (c) (3) received a briefing from the competent authority... Comment: This does not elaborate enough on the content of the briefing and its purpose. Suggest to define the contents of the briefing at least in AMC with a minimum list of subjects or topics to be covered.</p>
response	<p><i>Not accepted</i></p> <p>For the time being the content of the briefing should be established by the competent authority according to their individual assessment.</p>
comment	<p>408 comment by: Federal Office of Civil Aviation FOCA</p>
	<p>Article: ATCO.MED.C.001 c 1 Comment / Issue / Suggestion: received a briefing from the... Justification: this sentence needs to be more precise about the purpose and content of the briefing (e.g. local differences to the Member State of the AME)</p>
response	<p><i>Not accepted</i></p>

For the time being the content of the briefing should be established by the competent authority according to their individual assessment.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART C — AERO-MEDICAL EXAMINERS (AMEs) —
ATCO.MED.C.005 Application**

p. 18

comment	<p>35 comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i></p> <p>ATCO.MED.C.005 Application</p> <p><u>Comment :</u> In the rest of the ATCO IR the terminology used is "The application shall be submitted in accordance with the procedure established by the competent authority"</p> <p><u>Proposal :</u></p> <p>... be made in a form and manner specified submitted in accordance with the procedure established by...</p>
response	<p><i>Not accepted</i></p> <p>The authority has to set up a procedure in its Quality Management System. The text in this paragraph is a standard text to refer to a form in the AMC. In this case this is the application form.</p>
comment	<p>36 comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i></p> <p>ATCO.MED.C.005 (b)</p> <p><u>Comment :</u> Which personal details are required? Would this not be included in the (a) above where the process would also define what is required as well as how?</p> <p><u>Proposal :</u></p> <p>...personal details... administrative personal information</p>
response	<p><i>Not accepted</i></p>

There will also be personal information, such as date of birth.

comment	<p>37 comment by: <i>Direction de la sécurité de l'aviation civile (DSAC)</i></p> <p>ATCO.MED.C.005 (b) 3</p> <p>Comment :</p> <p>As they are applying for the certificate, they are not yet an AME and therefore this should read as suggested</p> <p>Proposal :</p> <p>"...declaration that the AME applicant will issue..."</p>
response	<p><i>Not accepted</i></p> <p>An applicant cannot issue medical certificates. With the signature the physician agrees that he/she will issue medical certificates according to the rules once he/she is an AME.</p>

comment	<p>61 comment by: <i>skyguide Corporate Regulation Management</i></p> <p>ATCO.MED.C.005 (a) ... be made in a form and manner specified submitted in accordance with the procedure established by...</p> <p>Harmonisation with the rest of the ATCO IR where the terminology used is "The application shall be submitted in accordance with the procedure established by the competent authority"</p> <p>ATCO.MED.C.005 (b) 3 ...personal details...</p> <p>This is vague and unclear. We propose to either delete (preferred option as it should be included in (a) above where the process should also include what information needs to be submitted) or detail which personal requirements are needed at least at AMC level.</p> <p>"...declaration that the AME applicant will issue..."</p> <p>When they apply for the certificate, they are not yet an AME, but an applicant.</p> <p>ATCO.MED.C.005 (c) When the AME undertakes aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations and practice facilities.</p> <p>As this article has to do with the privileges of the certificate and not with the application, we suggest to move it to ATCO.MED.C.001</p>
response	<p><i>Partially accepted</i></p> <p>Comment to (a): accepted.</p> <p>Comment to (b)(3): an applicant cannot issue medical certificates. With the signature the physician agrees that he/she will issue medical certificates according to the rules once he/she is an AME.</p>

Comment to (c): paragraph (c) deals with the obligations of the AME vis-à-vis his/her own competent authority.

comment	134	comment by: <i>CANSO Civil Air Navigation Services Organization</i>
	<p>CANSO proposes the following change to ATCO.MED.C.005 (a): ... be made in a form and manner specified submitted in accordance with the procedure established by...</p> <p>In the rest of the ATCO IR the terminology used is "The application shall be submitted in accordance with the procedure established by the competent authority".</p>	
response	<i>Accepted</i>	

comment	135	comment by: <i>CANSO Civil Air Navigation Services Organization</i>
	<p>CANSO proposes to delete ...personal details... from the provision ATCO.MED.C.005 (b). Which personal details are required? Would this not be included in the (a) above where the process would also define what is required as well as how?</p>	
response	<p><i>Not accepted</i></p> <p>There are also personal details, such as date of birth.</p>	

comment	136	comment by: <i>CANSO Civil Air Navigation Services Organization</i>
	<p>CANSO proposes to delete ATCO.MED.C.005 (b) (3), "...declaration that the AME applicant will issue..." As they are applying for the certificate, they are not yet an AME and therefore this should read as suggested.</p>	
response	<i>Not accepted</i>	

comment	137	comment by: <i>CANSO Civil Air Navigation Services Organization</i>
	<p>CANSO considers that the provision ATCO.MED.C.005 (c) is not to do with application, but with the privileges of the certificate. Suggest to move this provision to ATCO.MED.C.001.</p>	
response	<p><i>Not accepted</i></p> <p>Paragraph (c) deals with the obligations of the AME vis-à-vis his/her own</p>	

competent authority.

comment 202 comment by: HungaroControl

ATCO.MED.C.005 (a):

... be made in a form and manner specified **submitted in accordance with the procedure established** by...

In the rest of the ATCO IR the terminology used is "The application shall be submitted in accordance with the procedure established by the competent authority"

response *Accepted*

comment 203 comment by: HungaroControl

ATCO.MED.C.005 (b):

...personal details...

Which personal details are required?

response *Not accepted*

There are also personal details, such as date of birth.

comment 204 comment by: HungaroControl

ATCO.MED.C.005 (b) (3):

"...declaration that the AME **applicant** will issue..."

As they are applying for the certificate, they are not yet an AME and therefore this should read as suggested

response *Not accepted*

An applicant cannot issue medical certificates. With the signature the physician agrees that he/she will issue medical certificates according to the rules once he/she is an AME.

comment 205 comment by: HungaroControl

ATCO.MED.C.005 (c):

When the AME undertakes aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations and practice facilities

This is not to do with application, but with the privileges of the certificate. Suggest to move this provision to ATCO.MED.C.001

response	<p><i>Not accepted</i></p> <p>Paragraph (c) deals with the obligations of the AME vis-à-vis his/her own competent authority.</p>
comment	<p>340 comment by: NATS National Air Traffic Services Limited</p> <p>ATCO.MED.C.005 (a) In the rest of this regulation the terminology used is 'The application shall be submitted in accordance with the procedure established by the competent authority'. For consistency this term should be used here. Suggested amendment: '(a) Application for a certificate as an AME shall be submitted in accordance with the procedure established by the competent authority.'</p>
response	<p><i>Accepted</i></p>
comment	<p>341 comment by: NATS National Air Traffic Services Limited</p> <p>ATCO.MED.C.005 (b) (1) This rule does not specify which personal details are required. Delete 'personal details'. Furthermore this should be specified in (a) of this IR. Suggested amendment: '(1) professional address'</p>
response	<p><i>Not accepted</i></p> <p>There are also personal details, such as date of birth. (b)(1) already contains 'professional address'.</p>
comment	<p>342 comment by: NATS National Air Traffic Services Limited</p> <p>ATCO.MED.C.005 (b) (3) As they are applying for the certificate, they are not yet an AME and therefore this should read as suggested Suggested amendment: '(3) a written declaration that the applicant will issue medical certificates on the basis of the requirements of this Part.'</p>
response	<p><i>Not accepted</i></p> <p>An applicant cannot issue medical certificates. With the signature the physician agrees that he/she will issue medical certificates according to the rules once he/she is an AME.</p>

comment	343	comment by: NATS National Air Traffic Services Limited
	<p>ATCO.MED.C.005 (c) This is not to do with application, but with the privileges of the certificate. It is suggested that this provision is moved to ATCO.MED.C.001. Move '(c)' to ATCO.MED.C.001</p>	
response	<p><i>Not accepted</i></p> <p>Paragraph (c) deals with the obligations of the AME vis-à-vis his/her own competent authority.</p>	
comment	372	comment by: ENAV
	<p>ATCO.MED.C.005 (a) ... be made in a form and manner specified submitted in accordance with the procedure established by... Comment: In the rest of the ATCO IR the terminology used is "The application shall be submitted in accordance with the procedure established by the competent authority"</p>	
response	<p><i>Accepted</i></p>	
comment	373	comment by: ENAV
	<p>ATCO.MED.C.005 (b) (1) ...personal details... Comment: Which personal details are required? Would this not be included in the (a) above where the process would also define what is required as well as how?</p>	
response	<p><i>Not accepted</i></p> <p>There are also personal details, such as date of birth.</p>	
comment	374	comment by: ENAV
	<p>ATCO.MED.C.005 (b) (3) "...declaration that the AME applicant will issue..." Comment: As they are applying for the certificate, they are not yet an AME and therefore this should read as suggested</p>	
response	<p><i>Not accepted</i></p>	

An applicant cannot issue medical certificates. With the signature the physician agrees that he/she will issue medical certificates according to the rules once he/she is an AME.

comment 375 comment by: ENAV

ATCO.MED.C.005 (c)

When the AME undertakes aero-medical examinations in more than one location, they shall provide the competent authority with relevant information regarding all practice locations and practice facilities

Comment: This is not to do with application, but with the privileges of the certificate. Suggest to move this provision to ATCO.MED.C.001

response *Not accepted*

Paragraph (c) deals with the obligations of the AME vis-à-vis his/her own competent authority.

comment 409 comment by: Federal Office of Civil Aviation FOCA

Article:

ATCO.MED.C.005

Comment / Issue / Suggestion:

... be made in a ~~form and manner~~ specified submitted in accordance with the procedure established by...

Justification:

In the rest of the ATCO IR the terminology used is "The application shall be submitted in accordance with the procedure established by the competent authority"

response *Accepted*

comment 410 comment by: Federal Office of Civil Aviation FOCA

Article:

ATCO.MED.C.005 b 1

Comment / Issue / Suggestion:

~~personal details~~ ...

Justification:

personal details are either covered by paragraph a or the details required have to be specified

response *Not accepted*

There are also personal details, such as date of birth.

comment	411	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.C005 b 3 Comment / Issue / Suggestion: a written declaration that the applicant AME will issue... Justification: the person referred to are not an AME yet as they are applying to become one</p>	
response	<p><i>Not accepted</i></p> <p>An applicant cannot issue medical certificates. With the signature the physician agrees that he/she will issue medical certificates according to the rules once he/she is an AME.</p>	

comment	412	comment by: <i>Federal Office of Civil Aviation FOCA</i>
	<p>Article: ATCO.MED.C005 c Comment / Issue / Suggestion: move this part to ATCO.MED.C.001 Justification: this paragraph is about the privileges of an AME and not the application</p>	
response	<p><i>Not accepted</i></p> <p>Paragraph (c) deals with the obligations of the AME vis-à-vis his/her own competent authority.</p>	

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART C — AERO-MEDICAL EXAMINERS (AMEs) —
ATCO.MED.C.010 Requirements for the issue of an AME certificate**

p. 18

comment	62	comment by: <i>skyguide Corporate Regulation Management</i>
	<p>ATCO.MED.C.010 Applicants for an AME certificate with the privileges for the revalidation and renewal of Class 3 medical certificates shall: It appears redundant to specify for class 3 unless, in the context of ATCO.MED, the AME may issue other medical certificates. In this case, it should be specified which certificates in the scope of the part ATCO.MED.</p>	
response	<p><i>Not accepted</i></p> <p>An AME cannot apply for the privilege to issue initial medical certificates; this is why revalidation and renewal is mentioned. The sentence would not be</p>	

complete without adding what they revalidate or renew.
Initial medical certificates are issued by AeMCs only.

comment

87

comment by: CAA-NL

Although we regulate the same persons, AME's, with the same requirements, the wording of this requirement diverse from the one in Part MED.D.010. Please align.

response

Accepted

The paragraph has been aligned as far as possible. Some differences remain because the training includes specific modules that need to be mentioned.

comment

413

comment by: Federal Office of Civil Aviation FOCA

Article:

ATCO.MED.C.010

Comment / Issue / Suggestion:

Applicants for an AME certificate ~~for the revalidation and renewal of Class 3 medical certificates~~ shall:

Justification:

not necessary as AME only deal with medical assessments of ATCOs

response

Not accepted

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART C — AERO-MEDICAL EXAMINERS (AMEs) —
ATCO.MED.C.015 Training courses in aviation medicine**

p. 19

comment

63

comment by: skyguide Corporate Regulation Management

ATCO.MED.C.015 (a)

... providing it has its principal place of business.

The organisation providing the course shall demonstrate that the course ...

Reason for comment: Editorial: Suggest split into 2 paragraphs for legibility and as the second sentence does not have a direct link to the first.

Training courses in aviation medicine shall be approved by the competent authority of the Member State where the organisation providing it has its principal place of business.

Reason for comment : This allows for a "medical training provider" to be authorised by CA from country A and give their courses in country B without even acknowledging the CA in country B.

response *Not accepted*

Evidence of completion of an AME training course in country A is valid in all Member States for the issue of an AME certificate. The other MS will not approve the training course if it has the approval of one Member State.

comment

178

comment by: *Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.C.015](#)

Comment:

Part-MED has been amended to clarify the requirements for training courses in aviation medicine.

The text in ATCO.MED.C.015 (a) should be amended to be consistent with Part-MED.

MED.D.015 contains requirements for extension of privileges, while training courses in aviation medicine are found in MED.D.020. ATCO.MED.C.015 should be renumbered to ATCO.MED.C.020 to be consistent with Part-MED.

Proposal:

Renumber ATCO.MED.C.015 to ATCO.MED.C.020.

Amend ATCO.MED.C.015 (a):

'Training courses in aviation medicine shall be approved by the competent authority of the Member State where the training provider has its principal place of business. The training provider shall demonstrate that the course syllabus contains the learning objectives to acquire the necessary competencies and that the persons in charge of providing the training have adequate knowledge and experience.'

response *Partially accepted*

Comment 1 in this field: accepted.

Comment 2 in this field: not accepted. The comment is absolutely valid, but has no chance to be accepted by other stakeholders.

comment

414

comment by: *Federal Office of Civil Aviation FOCA*

Article:

ATCO.MED.C.015 a

Comment / Issue / Suggestion:

... providing it has its principal place of business.... The organisation providing the course shall demonstrate that the course ...

Justification:

response

We suggest to split this paragraph into 2 paragraphs for legibility and as the second sentence does not have a direct link to the first.

Not accepted

It is not necessary to split the paragraph because it is understandable as it is.

**PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC
CONTROLLERS — SUBPART C — AERO-MEDICAL EXAMINERS (AMEs) —
ATCO.MED.C.020 Changes to the AME certificate**

p. 19

comment

39

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO MED 020 (a) (1)

Comment :

A disciplinary proceeding is not a change. The word circumstances better reflects the list.

Proposal :

AMEs shall notify the competent authority of the following **changes circumstances** which could affect their certificate...

the AME is subject to disciplinary proceedings or investigation by a medical regulatory body;

response

Accepted

comment

40

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.C.020

Comment :

By using "shall", the CA is obliged to take an action, but failure to inform the CA will probably result in a discussion between the AME and the CA as to why and then a sanction may be taken, if necessary.

Proposal :

Failure to inform the competent authority ~~shall~~ **may** result in the suspension or revocation of the privileges of the certificate...

response

Not accepted

The authority does not have a firm basis to suspend or revoke the AME certificate if 'may' is used. The reasons given in this paragraph warrant a suspension or revocation of the AME certificate which can be lifted once the AME has corrected the circumstances.

comment

41

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

	<p>ATCO MED C 020</p> <p>Comment :</p> <p>There are many addresses that are referred to in both the part MED and the appendix. However, they are not required in the application for a certificate. It would be good to harmonise and simplify the address requirements.</p> <p>Proposal :</p> <p>(4) there is a change of aero-medical examiner's practice location(s) or correspondence address or professional address</p>
response	<p><i>Not accepted</i></p> <p>Correspondence address could also be the private address of an AME if he/she uses the practice facilities of a colleague on an irregular basis in which case the AME would not receive the correspondence if sent to that practice.</p>
comment	<p>64 <i>comment by: skyguide Corporate Regulation Management</i></p> <p>ATCO.MED.C.020 (a) AMEs shall notify the competent authority of the following changes which could affect their certificate. These changes include, but are not limited to... As the list of changes may not be complete, it would be better to harmonise the terminology with the ATCO.OR.</p> <p>ATCO.MED.C.020 (a) (1) AMEs shall notify the competent authority of the following changes which could affect their certificate... the AME is subject to disciplinary proceedings or investigation by a medical regulatory body;The word "changes" does not encompass being subject to disciplinary proceedings or investigation as this is not a change. We suggest either moving the provision or removing the word changes from (1) the AME is subject to disciplinary proceedings or investigation by a medical regulatory body; Until proven guilty, one is presumed innocent. The investigation does not prove the AME "guilty", but is there to determine whether they are guilty or not</p> <p>ATCO.MED.C.020 (b) Failure to inform the competent authority shall may result in the suspension or revocation of the privileges of the certificate... This is too inflexible as the CA then has no room for manoeuvre. It would be better to replace "shall" with "may"</p>
response	<p><i>Partially accepted</i></p> <p>Comment 1 in this field: not accepted. Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.</p> <p>Comment 2 in this field: partially accepted. 'changes' changed to 'circumstances'. 'investigation' is not deleted because it may lead to a suspension of the AME certificate until clarification of the reason for the investigation.</p> <p>Comment 3 in this field: not accepted. The authority does not have a firm basis to suspend or revoke the AME certificate if 'may' is used. The reasons given in this paragraph warrant a suspension or revocation of the AME certificate which</p>

can be lifted once the AME has corrected the circumstances.

comment 81 comment by: DSAC - French NSA

Paragraph

ATCO.MED.C.020 (a)

Alternative proposal

(a) AMEs shall notify the competent authority of the following changes which could affect their certificate. These changes include, but are not limited to :

response Not accepted

Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.

comment 138 comment by: CANSO Civil Air Navigation Services Organization

CANSO proposes the following change to ATCO.MED.C.020 (a) (1):

AMEs shall notify the competent authority of the following changes circumstances which could affect their certificate...

the AME is subject to disciplinary proceedings or investigation by a medical regulatory body;

A disciplinary proceeding is not a change. The word circumstances better reflects the list.

response Accepted

comment 139 comment by: CANSO Civil Air Navigation Services Organization

CANSO proposes the following addition on ATCO.MED.C.020 (a):

AMEs shall notify the competent authority of the following changes which could affect their certificate. These changes include, but are not limited to...

The list may not be complete. It would make sense to harmonise with the ATCO.OR .

response Not accepted

Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.

comment 140 comment by: CANSO Civil Air Navigation Services Organization

CANSO proposes the following change ATCO.MED.C.020 (b):

Failure to inform the competent authority shall may result in the suspension or

	<p><i>revocation of the privileges of the certificate...</i></p> <p>By using "shall", the CA is obliged to take an action, but failure to inform the CA will probably result in a discussion between the AME and the CA as to why and then a sanction may be taken, if necessary.</p>
response	<p><i>Not accepted</i></p> <p>Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.</p>
comment	<p>141 comment by: <i>CANSO Civil Air Navigation Services Organization</i></p> <p>With regards to the provision ATCO.MED.C.020 (a) (4), CANSO notes that there are many addresses that are referred to in both the part MED and the appendix. However, they are not required in the application for a certificate. It would be good to harmonise and simplify the address requirements.</p>
response	<p><i>Not accepted</i></p> <p>'address' is mentioned exactly twice in Part-ATCO.MED:</p> <ol style="list-style-type: none"> 1. ATCO.MED.C.005(b)(1): professional address - for the application for an AME certificate. The authority may wish to visit the practice to confirm the equipment and provide ATCOs with the address where to go when they ask for an AME. 2. ATCO.MED.C.020(a)(4): correspondence address: This paragraph refers to practice location(s) which have also addresses and, in addition, to a correspondence address that some AMEs may have if they do not work in their own practice facilities.
comment	<p>179 comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i></p> <div data-bbox="363 1433 1436 1691"> <p>Section: ATCO.MED.C.020</p> <p>Comment: MED.D.020 contains training courses in aviation medicine, while changes to an AME certificate are found in MED.D.025. ATCO.MED.C.020 should be renumbered to ATCO.MED.C.025 to be consistent with Part-MED.</p> <p>Proposal: Renumber ATCO.MED.C.020 to ATCO.MED.C.025.</p> </div>
response	<p><i>Not accepted</i></p>

The suggested renumbering is not accepted for legal drafting reasons.

comment

206

comment by: HungaroControl

ATCO.MED.C.020 (a):

AMEs shall notify the competent authority of the following changes which could affect their certificate. **These changes include, but are not limited to...**
The list may not be complete. It would make sense to harmonise with the ATCO.OR .

response

Not accepted

Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.

comment

207

comment by: HungaroControl

ATCO.MED.C.020 (a) (1):

AMEs shall notify the competent authority of the following ~~changes~~ **circumstances** which could affect their certificate...
The AME is subject to disciplinary proceedings or investigation by a medical regulatory body.

response

Accepted

comment

208

comment by: HungaroControl

ATCO.MED.C.020 (b):

Failure to inform the competent authority ~~shall~~ may result in the suspension or revocation of the privileges of the certificate...
By using "shall", the CA is obliged to take an action.

response

Not accepted

Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.

comment

209

comment by: HungaroControl

ATCO.MED.C.020 Changes to the AME certificate(a)(4):

(4) there is a change of aero-medical examiner's practice location(s) or

	correspondence address There are many addresses that are referred to in both the part MED and the appendix. However, they are not required in the application for a certificate. It would be good to harmonise and simplify the address requirements
response	<i>Not accepted</i> 'Address' is mentioned exactly twice in Part-ATCO.MED. In this case the paragraph refers to practice location(s) (which have also addresses which must be known) and, in addition, to a correspondence address that some AMEs may have if they do not work in their own practice facilities.

comment	344 comment by: <i>NATS National Air Traffic Services Limited</i> ATCO.MED.C.020 (a) The word 'circumstances' better reflects this meaning of this rule rather than the word 'change'. For example a 'disciplinary proceeding' as mentioned in (a) (1) is not a change. Also the list is not exhaustive and it is suggested that it is harmonised with ATCO.OR Suggested amendment: '(a) AMEs shall notify the competent authority of the following circumstances which could affect their certificate. These changes include, but are not limited to.....'
response	<i>Partially accepted</i> 'circumstances' accepted. 'but are not limited to' not added.

comment	345 comment by: <i>NATS National Air Traffic Services Limited</i> ATCO.MED.C.020 Changes to the AME certificate (a) (4) There are many addresses that are referred to in both the Part MED and the appendix. However, they are not required in the application for a certificate. It would be good to harmonise and simplify the address requirements Harmonise the address requirements in Part MED.
response	<i>Not accepted</i> 'Address' is mentioned exactly twice in Part-ATCO.MED. In this case the paragraph refers to practice location(s) (which have also addresses which must be known) and, in addition, to a correspondence address that some AMEs may have if they do not work in their own practice facilities.

comment	346 comment by: <i>NATS National Air Traffic Services Limited</i> ATCO.MED.C.020 (b)
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	<p>The use of the word 'shall' in this IR is too stringent. By using 'shall', the Competent Authority is obliged to take an action, but failure to inform the Competent Authority will in all probability result in a discussion between the AME and the Competent Authority as to why they were not informed and then a sanction may be taken, if necessary.</p> <p>Suggested amendment: '(b) Failure to inform the competent authority may result in the suspension or revocation of the privileges of the certificate,.....'</p>
response	<p><i>Not accepted</i></p> <p>Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.</p>

comment	<p>376 comment by: ENAV</p> <p>ATCO.MED.C.020 (a) AMEs shall notify the competent authority of the following changes which could affect their certificate. These changes include, but are not limited to... Comment: The list may not be complete. It would make sense to harmonise with the ATCO.OR .</p>
response	<p><i>Not accepted</i></p> <p>Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.</p>

comment	<p>377 comment by: ENAV</p> <p>ATCO.MED.C.020 (a) (1) AMEs shall notify the competent authority of the following changes circumstances which could affect their certificate... the AME is subject to disciplinary proceedings or investigation by a medical regulatory body; Comment: A disciplinary proceeding is not a change. The word circumstances better reflects the list.</p>
response	<p><i>Accepted</i></p>

comment	<p>378 comment by: ENAV</p>
	<p>ATCO.MED.C.020 (b) Failure to inform the competent authority shall may result in the suspension or revocation of the privileges of the certificate... Comment: By using "shall", the CA is obliged to take an action, but failure to inform the CA will probably result in a discussion between the AME and the CA as to why and then a sanction may be taken, if necessary.</p>

response	<p><i>Not accepted</i></p> <p>Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.</p>
comment	<p>379 comment by: ENAV</p> <p>ATCO.MED.C.020 Changes to the AME certificate(a)(4) (4) there is a change of aero-medical examiner's practice location(s) or correspondence address Comment: There are many addresses that are referred to in both the part MED and the appendix. However, they are not required in the application for a certificate. It would be good to harmonise and simplify the address requirements.</p>
response	<p><i>Not accepted</i></p> <p>'Address' is mentioned exactly twice in Part-ATCO.MED. In this case the paragraph refers to practice location(s) (which have also addresses which must be known) and, in addition, to a correspondence address that some AMEs may have if they do not work in their own practice facilities.</p>
comment	<p>415 comment by: Federal Office of Civil Aviation FOCA</p> <p>Article: ATCO.MED.C.020 a Comment / Issue / Suggestion: AMEs shall notify the competent authority of the following changes which could affect their certificate. <u>These changes include, but are not limited to...</u> Justification: The list may not be complete. It would make sense to harmonise with the ATCO.OR .</p>
response	<p><i>Not accepted</i></p> <p>Clear circumstances have to be provided considering the consequence to suspend or revoke the AME certificate.</p>
comment	<p>416 comment by: Federal Office of Civil Aviation FOCA</p> <p>Article: ATCO.MED.C.020 a 2) Comment / Issue / Suggestion: there are any changes to the conditions relevant for medical assessment on which the certificate was granted, including the content of the statements provided with the application; Justification:</p>

response

wording should avoid that the AME has to inform the competent authority about minor and insignificant changes of the doctors equipment as for instance measuring body weight, ophthalmoscope or ECG.

Not accepted

This paragraph refers to the condition on which the AME certificate was granted and not to the medical assessments.

PART-ATCO.MED — MEDICAL REQUIREMENTS FOR AIR TRAFFIC CONTROLLERS — SUBPART C — AERO-MEDICAL EXAMINERS (AMEs) — ATCO.MED.C.025 Validity of AME certificates

p. 19

comment

42

comment by: *Direction de la sécurité de l'aviation civile (DSAC)*

ATCO.MED.C.025

Comment :

What is to be achieved by introducing a minimum number of examinations?

Where does the number 10 come from? Suggest rewording and removing the number.

Proposal :

having performed ~~at least 10~~ a sufficient number of aero-medical examinations every year, in accordance (or as determined by) the CA.

The competent authority shall establish a procedure to deal with the cases where this requirement is not met (renewal procedure for AME certificate.

response

Not accepted

The aim of the European Union regulations is to create a common set of requirements in all European Union Member States. In this case this is specifically important for AMEs who work in several Member States holding a certificate of only one Member State. In order to guarantee at least a minimum of experience over a 3-year period it has been agreed that at least 10 examinations and assessments of ATCOs are performed.

If the number of examinations is determined by the competent authorities it would invariably lead to different rules in different countries, but an AME could still work in all countries if he/she so wishes.

The suggested number is identical to what is required under Part-MED, in MED.D.030(c).

comment

65

comment by: *skyguide Corporate Regulation Management*

ATCO.MED.C.025 (c)

having performed ~~at least 10~~ a sufficient number of aero-medical examinations every year, in accordance (or as determined by) the CA.

Having a set number in the IR leaves no flexibility with regards to different areas and goes against the "level playing field" as an AME in a rural area may

response

not succeed to fulfil this number. The end result could be having AME's only in the larger cities. Suggest rewording.

Not accepted

The aim of the European Union regulations is to create a common set of requirements in all European Union Member States. In this case this is specifically important for AMEs who work in several Member States holding a certificate of only one Member State. In order to guarantee at least a minimum of experience over a 3-year period it has been agreed that at least 10 examinations and assessments of ATCOs are performed.

If the number of examinations is determined by the competent authorities it would invariably lead to different rules in different countries, but an AME could still work in all countries if he/she so wishes.

comment

83

comment by: DSAC - French NSA

Paragraph

ATCO.MED.C.025

Alternative proposal

(c)having performed at least 10 aero-medical examinations every year. This number of examinations may only be reduced by the competent authority in duly justified circumstances;

(c') if the requirement of (c) cannot be met, the holder shall comply with the procedure defined by the competent authority to revalidate the certificate.

response

Not accepted

The aim of the European Union regulations is to create a common set of requirements in all European Union Member States. In this case this is specifically important for AMEs who work in several Member States holding a certificate of only one Member State. In order to guarantee at least a minimum of experience over a 3-year period it has been agreed that at least ten examinations and assessments of ATCOs are performed.

If the number of examinations is determined by the competent authorities it would invariably lead to different rules in different countries, but an AME could still work in all countries if he/she so wishes.

comment

144

comment by: CANSO Civil Air Navigation Services Organization

CANSO proposes the following change on ATCO.MED.C.025 (c):

having performed ~~at least 10~~ a sufficient number of aero-medical examinations every year, in accordance (or as determined by) the CA.

What is to be achieved by introducing a minimum number of examinations? Where does the number 10 come from? Suggest rewording and removing the number.

response

Not accepted

The aim of the European Union regulations is to create a common set of

requirements in all European Union Member States. In this case this is specifically important for AMEs who work in several Member States holding a certificate of only one Member State. In order to guarantee at least a minimum of experience over a 3-year period it has been agreed that at least 10 examinations and assessments of ATCOs are performed.

If the number of examinations is determined by the competent authorities it would invariably lead to different rules in different countries, but an AME could still work in all countries if he/she so wishes.

The suggested number is identical to what is required under Part-MED, in MED.D.030(c).

comment

180

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Section: [ATCO.MED.C.025](#)

Comment:

MED.D.025 contains changes to an AME certificate, while validity of AME certificates are found in MED.D.030. ATCO.MED.C.025 should be renumbered to ATCO.MED.C.030 to be consistent with Part-MED.

Proposal:

Renumber ATCO.MED.C.025 to ATCO.MED.C.030.

response

Not accepted

The suggested renumbering is not accepted for legal drafting reasons.

comment

210

comment by: *HungaroControl*

ATCO.MED.C.025 (c):

having performed ~~at least 10~~ **a sufficient number of** aero-medical examinations every year, **in accordance (or as determined by) the CA.** Where does the number 10 come from? Suggest rewording and removing the number.

response

Noted

The aim of the European Union regulations is to create a common set of requirements in all European Union Member States. In this case this is specifically important for AMEs who work in several Member States holding a certificate of only one Member State. In order to guarantee at least a minimum of experience over a 3-year period it has been agreed that at least 10 examinations and assessments of ATCOs are performed.

If the number of examinations is determined by the competent authorities it would invariably lead to different rules in different countries, but an AME could still work in all countries if he/she so wishes.
The suggested number is identical to what is required under Part-MED, in MED.D.030(c).

comment

347

comment by: NATS National Air Traffic Services Limited

ATCO.MED.C.025 (c)

The figure 10 is an arbitrary number and nothing is achieved by introducing a minimum number of examinations.

Suggest rewording and removing the number.

Suggested amendment:

'(a) having performed a sufficient number of aero-medical examinations every year, as determined by the Competent Authority'

response

Not accepted

The aim of the European Union regulations is to create a common set of requirements in all European Union Member States. In this case this is specifically important for AMEs who work in several Member States holding a certificate of only one Member State. In order to guarantee at least a minimum of experience over a 3-year period it has been agreed that at least 10 examinations and assessments of ATCOs are performed.

If the number of examinations is determined by the competent authorities it would invariably lead to different rules in different countries, but an AME could still work in all countries if he/she so wishes.

The suggested number is identical to what is required under Part-MED, in MED.D.030(c).

comment

380

comment by: ENAV

ATCO.MED.C.025 (c) having performed ~~at least 10~~ a sufficient number of aero-medical examinations every year, in accordance (or as determined by) the CA.

Comment:

What is to be achieved by introducing a minimum number of examinations?

Where does the number 10 come from? Suggest rewording and removing the number.

response

Not accepted

The aim of the European Union regulations is to create a common set of requirements in all European Union Member States. In this case this is specifically important for AMEs who work in several Member States holding a certificate of only one Member State. In order to guarantee at least a minimum of experience over a 3-year period it has been agreed that at least 10 examinations and assessments of ATCOs are performed.

If the number of examinations is determined by the competent authorities it would invariably lead to different rules in different countries, but an AME could

still work in all countries if he/she so wishes.
The suggested number is identical to what is required under Part-MED, in MED.D.030(c).

2. Resulting text

For the resulting text please refer to **Annex B.II(b)** published at <http://easa.europa.eu/rulemaking/comment-response-documents-CRDs-and-review-groups.php>

3. Appendix A — Attachments

 [EASA NPA 2012-18 ATCEUC Comments finaldocx.pdf](#)

Attachment #1 to comment [#211](#)

 [change and review proposal npa 2012-18 \(1\).pdf](#)

Attachment #2 to comment [#217](#)