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AUTHORIZATION OF AVIATION MEDICAL EXAMINER

1.0 PURPOSE

This Advisory Circular is provided to offer guidance to applicants seeking consideration for authorization as an Aviation Medical Examiner, both for national and foreign candidates.

2.0 REFERENCE

- 2.1 *The Civil Aviation (Personnel Licensing) Regulations, 2017 as amended*
- 2.2 *ICAO Manual of Civil Aviation Medicine Doc 8984.*
- 2.3 *TCAA Aviation Medicine Protocols.*
- 2.4 *TCAA Aviation Medicine Procedure Manual.*

3.0 GUIDANCE AND PROCEDURES

3.1 General Information

3.1.1 While AMEs are not employees of the Authority, during their designated periods, they operate under the jurisdiction of the Director General. Their responsibility is to determine, on behalf of the Authority, whether the applicants for medical certificates are fit or unfit to exercise the privileges of their licenses.

3.1.2 To meet this obligation, AMEs are anticipated to possess extensive knowledge in Aviation Medicine, be well-versed in all Authority Regulations and guidance, and have the necessary equipment.

3.2 Authorisation of an AME


The Authority will grant authorization in accordance with Regulation 145 of the Civil Aviation (Personnel Licensing) Regulations, 2017, as amended, specifically to doctors possessing professional qualifications and the appropriate licenses. Authorization and retention as AMEs will be extended exclusively to those doctors who are respected by their colleagues and the public they serve.

3.3 AMEs Authorization Categories

The categorization of AME designations will be determined by their qualifications, experience, and performance, as outlined below.

3.3.1 Junior AMEs

These are doctors with aeromedical qualifications who are authorized to conduct medical examinations needed for the issuance of Class 2 medical certificates. After serving as a Junior AME for a period of two years and demonstrating satisfactory performance, they may apply for Senior AME authorization.

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3.3.2 Senior AMEs

These are designated AMEs with extra authorization to conduct medical examinations or tests necessary for the issuance of Class 1 and Class 3 medical certificates. The designation of Foreign Medical Examiners will be classified within the Senior AMEs category.

3.3.3 Recognition and designation of foreign Medical Examiners

3.3.3.1 Foreign Aviation Medical Examiners wishing to conduct medical examinations for the Authority are required to meet the same criteria as applicable in Tanzania.

3.3.3.2 The individual must hold an official designation as a Medical Examiner from their respective Civil Aviation Authority.

3.3.3.3 The applicant is mandated to provide a Certificate of Good Standing obtained from their State Medical Council.

3.3.3.4 An on-site visit by the Authority's Medical Assessor is indispensable. This visit will validate the information provided in the application form and evaluate the suitability of the premises' facilities and equipment.

3.3.3.5 The Authority will evaluate applications from foreign AMEs on an individual basis, taking into account the necessity and associated costs. Approval may be granted, provided that applicants commit to covering travel expenses for Medical Assessor inspections and supervision when necessary.

3.4 Application Requirements

3.4.1 To be considered for designation as an Aviation Medical Examiner, an applicant must submit the following documents along with the duly filled application form or through the SOFIA online Licensing and Certification Portal:

3.4.1.1 A completed prescribed application form.


3.4.1.2 Academic qualifications in medicine.

3.4.1.3 Evidence of training (certificates) in aviation medicine.

3.4.1.4 Valid License(s) to practice medicine.

3.4.1.5 A concise description of the facilities and equipment owned or utilized by the applicant.

3.4.1.6 A statement confirming the absence of current restrictions on medical practice and the absence of proposed or pending adverse actions that would limit medical practice by the Medical Council of Tanganyika or Zanzibar, the Drug and Food Administration, any medical

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society, any hospital staff, or any other organization with licensing or certification authority. (Foreign AMEs are required to obtain this document from their respective medical councils/boards.)

3.4.1.7 Covering letter addressed to the Director General requesting AME designation.

3.5 The Applicant’s Identity

3.5.1 Identification Card or Passport containing a photograph must be provided for identification purposes, with the details matching the personal information supplied in the prescribed application form.

3.5.2 If the applicant's identity cannot be confirmed, the application will be declined, and the applicant will be required to return with the appropriate identification.

3.6 Conditions of Authorisation

In order to attain the designation as an AME, the applicant must adhere to the following conditions:


3.6.1 Credentials: The AME is required to promptly inform the Authority of any changes in the status of their medical practice license.

3.6.2 Professionalism: Possess knowledge of aviation medicine principles, have a comprehensive understanding of guidelines on examination techniques, medical assessment, and certification for individuals seeking aviation medical certification, as outlined in the Civil Aviation (Personnel Licensing) Regulations. Additionally, comply with the policies, rules, and regulations set forth by the Authority.

3.6.3 Examinations: The AME is responsible for personally conducting all medical examinations at a designated office address. Certain components of the examinations, such as the measurement of visual acuity, hearing, phorias, blood pressure, pulse, urinalysis, and electrocardiography, may be carried out by paraprofessional medical personnel (e.g., nurses, nurse practitioners, doctor assistants, etc.) under the direct supervision of the AME.

3.6.4 Accountability and Errors: The Aviation Medical Examiner (AME) is tasked with performing the overall physical examination, signing both the Authority Form and the corresponding report submitted to the Authority. In every instance, the AME is required to thoroughly examine, verify, and take accountability for the accuracy and comprehensiveness of the complete examination report.

3.6.5 Timely Submission of Medical Reports: Irrespective of the completeness of the medical reports, they must be presented to the Authority Medical Assessor instantly.

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3.6.6 Authority Prerogatives: The Authority maintains the prerogative to review any actions taken by an AME in accordance with regulation 147(2) of the Civil Aviation (Personnel Licensing) Regulations, 2017.

3.6.7 Minimum number of Applicant: The authority needs DME's to have minimum of 10 applicant before renewal

3.7 Discrepancies and Ineligibility

In the event of an unresolved discrepancy in any of the documents that cannot be promptly corrected, return both the application and all accompanying documents to the applicant. Clearly communicate the reasons for ineligibility and provide guidance on how the applicant can address and correct the discrepancies.

3.8 Medical Examination Fees

As a standard practice, the fees charged by AMEs for medical examinations should align with the typical charges for a comparable medical examination service.

3.9 AME's Contact

The office location and telephone number of the AME will be recorded in the PEL Office, and any changes to these details must be promptly communicated to the Authority in writing by the AME.

3.10 Conduct of the Examination

The AME is required to adhere to the policies, orders, and regulations set forth by the Authority. Attention is specifically directed to regulation 148 of The Civil Aviation (Personnel Licensing) Regulations, 2017, as amended. This regulation stipulates that an applicant who does not provide the medical examiner with accurate and complete medical information or history, or fails to authorize the release of such information requested by the medical examiner, may face denial of the application and potential suspension, modification, or revocation of all the applicant's medical certificates.

3.11 Prohibited Examinations


An AME is prohibited from conducting a self-examination for the issuance of a medical certificate or issuing a medical certificate to oneself.

3.12 Duration of an AME's Authorisation

Authorizations granted to AMEs remain valid for a period of 12 months from the issuance date, unless terminated earlier by the Authority. To sustain their role as an AME, a new Authorization must be issued every 12 months.

3.13 Authority of the AMEs and System of Identification

a) An AME is granted authorization to:

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- (i) Conduct examinations of applicants in accordance with medical practice, as outlined in regulation 147(1) of the Civil Aviation (Personnel Licensing) Regulations, 2017
 - (ii) Submit the signed medical evaluation report to the Authority as stipulated by regulation 149 of the Civil Aviation (Personnel Licensing) Regulations, 2017
 - (iii) Report to the Authority any individual cases where, in their judgment, an applicant for a license or certificate fails to meet any requirement that could pose a risk to flight safety.
- b) **Authorization Numbering:** The Authority will provide each AME with a certifying stamp bearing the personal designation number of the respective AME. This will be a stamp provided by the Authority for the examiner's use in certifying reports and records.

3.14 Aviation Medical Examiner Refresher Seminars


- 3.14.1** The aim of AME Seminars is to cultivate aero-medical knowledge and ensure that AMEs are clinically proficient, dedicated to aviation safety. These seminars are also crafted to establish consistency in the application of the Authority's medical certification policies, procedures, and regulations.
- 3.14.2** Following the initial designation and as a prerequisite for maintaining designation, an AME must participate in an AME refresher seminar every 5 years. There should not be a gap of more than 6 years between successive attendances at AME seminars.
- 3.14.3** The responsibility for travel costs and other expenses incurred by the AME to attend seminars lies with the AME.

3.15 Familiarization Flight

3.15.1 To gain practical understanding and experience in the environments where license, certificate, rating, and authorization holders perform their duties, an AME is mandated to be scheduled for a familiarization flight or tower visitation at least once every 5 years, as stipulated by the requirements of regulation 145 of the Civil Aviation (Personnel Licensing) Regulations, 2017, as amended.

3.15.2 The Authority will schedule an AME for a familiarization flight, aligning with the stipulations of Regulation 111 in the Civil Aviation (Operation of Aircraft) Regulations, 2024.


3.16 Facilities and Equipment

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3.16.1 The applicant must have sufficient facilities for conducting the necessary examinations and commit to acquiring the specified equipment before commencing any Aviation Medical examinations. Some of the required equipment is outlined below:

- a) Standard Snellen Test Types for visual acuity (both near and distant) and appropriate eye lane. Near Vision Acuity Test Card may be used for near and intermediate vision testing. Metal, Opaque plastic or cardboard occlude.
- b) Muscle Test-Light: May be a spot of light 0.5cm in diameter, a regular muscle-test light, or an ophthalmoscope.
- c) Maddox Rod. May be hand type.
- d) Horizontal Prism Bar – Riskey, Hughes, or hand prism are acceptable alternatives.
- e) Color Vision Test Apparatus. Pseudoisochromatic plates, (American Optical Company (AOC), 1965 edition; AOC-HRR, 2nd edition); Dvorine, 2nd edition; Ishihara, Concise 14 -, 24 -, or 38- plate editions; or Richmond (1983 edition, 15-plates). Acceptable substitutes are: Farnsworth Lantern; Keystone Orthoscope; Keystone Telebinocular; LKC Technologies Inc., Apt-5 Color Vision Tester; OPTEC 2000 Vision Tester (Models 2000PAME, and 2000OPI); Titmus Vision Tester; Titmus II Vision Tester (Model Nos. TII and TIIS); and Titmus 2 Vision Tester (Models T2A and T2S).
- f) A wall Target consisting of a 50-inch square surface with a matte finish (may be black felt or dull finish paper) and a 2-mm white test object (may be a pin) in a suitable handle of the same color as the background.
- g) Other vision test equipment that is acceptable as a replacement for 1 through 4 above includes the American Optical Company Site-Screener, Bausch and Lomb Orthorator, Keystone Orthoscope or Telebinocular, Titmus Vision Tester, or Stereo Optical Co. OPTEC 2000 VISION TESTER.
- h) Standard doctor diagnostic instruments and aids including those necessary to perform urinalysis.
- i) **Electrocardiographic equipment.** All Aviation Medical Examiners must have access to digital electrocardiographic equipment with electronic transmission capability.
- j) **Audiometric equipment.** All Aviation Medical Examiners must have access to audiometric equipment or a capability of referring applicants to other medical facilities for audiometric testing.

3.17 Issue of the Certificate of Designation

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Upon the successful fulfilment of all required conditions for authorization by the applicant, and the proper completion of the designated application form, a certificate of designation will be issued or renewed. Subsequently, it should be conspicuously displayed within the DME's premises, ensuring visibility to applicants for medical certificates.

3.18 DME Working Tools

Upon acknowledgment and acceptance of the designation offer, the AME will receive a set of working tools, comprising:


- 3.19** Designation Certificate
- 3.20** A certifying stamp bearing the DME's designation number
- 3.21** Relevant Orders
- 3.22** Relevant Advisory Circulars
- 3.23** Medical Assessment forms.
- 3.24** Medical certificate booklet
- 3.25** When applicable, access to the CAA electronic documents listed above.
- 3.26** Civil Aviation Regulations as amended
- 3.27** ICAO Manual of Civil Aviation Medicine Doc 8984
- 3.28** Latest version of ICAO Annex 1
- 3.29** Aviation Medicine Manual
- 3.30** Aviation Medicine Protocols

3.31 Renewal or Re-Authorisation

- 3.31.1** For the reauthorization process, the Authority will assess whether the AME has conducted a minimum of 10 medical examinations and if the AME's services remain necessary and subject to Authority discretion.
- 3.31.2** An AME is advised to initiate the renewal of Authorization at least 21 days before its expiration. Failure to reapply within this timeframe may be interpreted as the AME's lack of intention to renew the authorization.
- 3.31.3** The AME is required to submit a duly completed prescribed application form for reauthorization to the Authority, accompanied by a list of equipment and tests conducted in the 12 months preceding the application.

3.32 Termination of the Authorisation

- 3.32.1** The Authority will identify Aviation Medical Examiners (AMEs) involved in significant certification errors and formally notify them in writing as necessary, allowing for appropriate remedial measures.

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3.32.2 The termination or non-renewal of Authorization may be based, either wholly or partially, on the following criteria:

- a) No examinations conducted within the initial 12 months of Authorization;
- b) Disregard for or failure to demonstrate knowledge of civil aviation rules, regulations, policies, and procedures;
- c) Careless or incomplete reporting of medical examination results;
- d) Failure to comply with mandatory AME training requirements;
- e) Unprofessional maintenance and appearance of the office;
- f) Unprofessional performance of examinations;
- g) Failure to promptly submit medical examination evaluation reports to the Authority;
- h) Loss, restriction, or limitation of a license to practice medicine;
- i) Any action compromising public trust or impeding the AME's ability to fulfil Authorization responsibilities;
- j) Any illness or medical condition impacting the doctor's professional judgment or ability to conduct examinations;
- k) Arrest, indictment, or conviction for a violation of the law;
- l) Request by the doctor for termination of Authorization; and
- m) Any other reason deemed appropriate by the Authority.

3.33 Means of Communication

The Authority will utilize communication channels such as email, written correspondence, the TCAA website, and bulletins as necessary to communicate with Designated Medical Examiners (DMEs). Additionally, the Authority may organize workshops and working group meetings to actively involve DMEs in decision-making processes and convey pertinent information.



Director of Safety Regulation