



**GOVERNMENT OF INDIA
DIRECTORATE GENERAL OF CIVIL AVIATION**

PROCEDURE & TRAINING MANUAL

Medical cell

**Issue - II
22-10-2018**

This Manual contains various procedures and functions involved of the Medical cell and training program.

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Procedure & Training Manual

Medical cell

DGCA Headquarters

Aurobindo Marg, New Delhi – 110 003

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RECORD OF REVISIONS

The revisions are carried out as and when required to accommodate the amendments made in Aircraft Rules, Civil Aviation Requirements and to enhance the efficiency for issue of Medical Assessment to aircrew.

The space below is provided to keep a record of such revisions.

RECORD OF REVISIONS

No.	Date of Revision	Remarks
Issue I	14 Nov 2008	
Issue II	22 Oct 2018	
Revision 1	31 Oct 2018	Page No. 2 Annexures A,B & C

1. INTRODUCTION

Medical Assessment to the flight crew is issued in accordance with the provisions contained in Rule 39 B of the Aircraft Rule, 1937. The flight crew medical assessment issued or renewed are enlisted in rule 39 C of the aircraft rules. Director General Medical Services (Air) of the IAF is the advisor to the DGCA on all medical matters. **Medical Assessors** working in medical cell of DGCA are the representative of DGMS (Air). The Medical Assessors are either Aerospace Medicine Specialists or are trained in Aviation Medicine aspects and are on active service of Indian Air Force (IAF). The Medical Assessment for the Medical examination conducted by the Medical Examiner is issued by the Director/ Joint Director Medical Services (Civil Aviation) (DMS / JDMS).

The initial and recurrent training of all categories of personnel involved in the medical examination and assessment has been mandated by the ICAO in Annex 1. This function of the Medical Section is accomplished with technical assistance from the IAF medical centres.

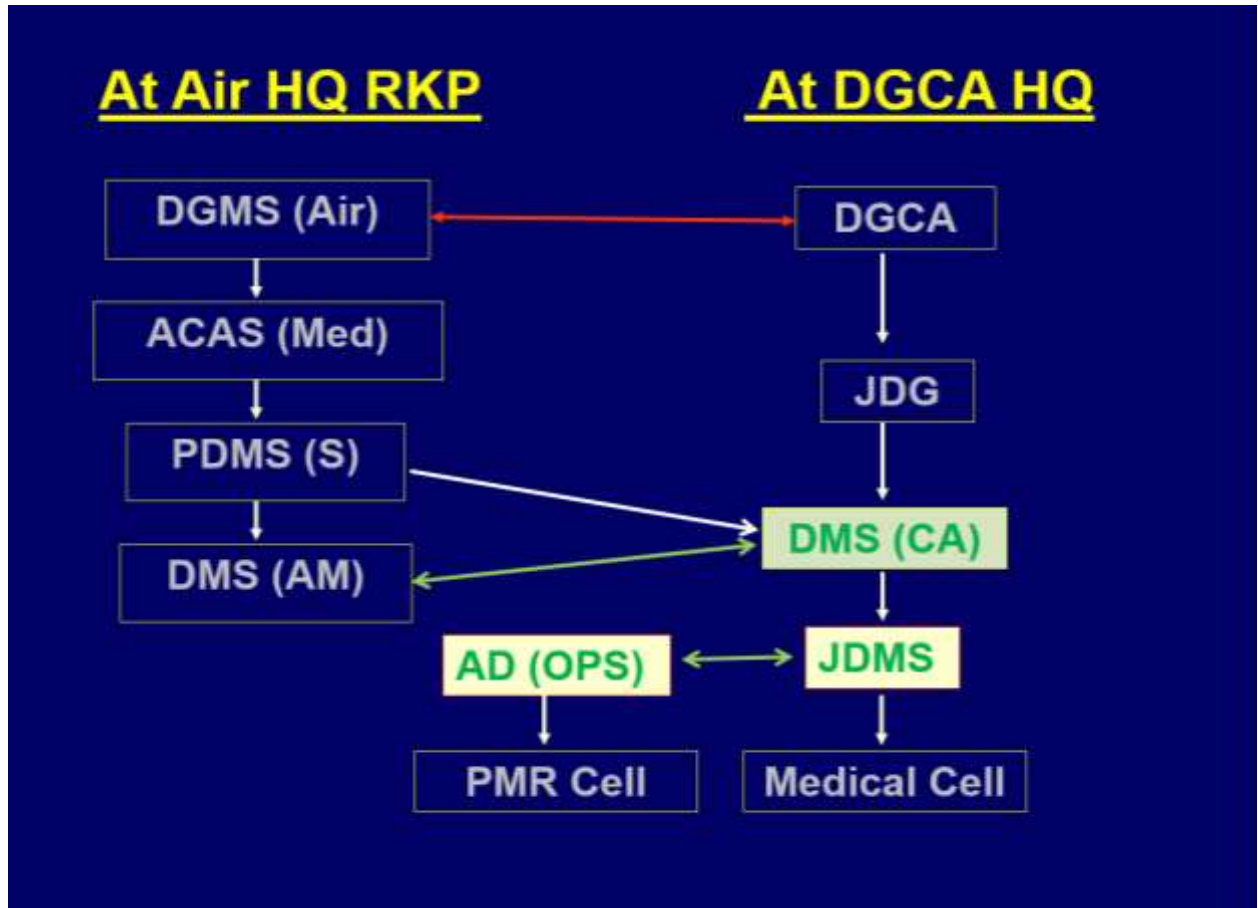
The present manual lays down all procedures & training aspects that are followed in medical cell of DGCA. In the execution of the training, besides the DGCA, assistance shall be sought from the office of DGMS (Air), premiere medical establishments of IAF, Airline Medical Departments and Airline Industry.

All the procedures with respect to training, medical examination and issue of medical assessments have been documented in the manual.

(Approved vide AV/22025/01-DMS/Med dated 11th July 2018)

(Revised version approved vide AV/22025/01-DMS/Med dated 22nd October 2018)

1.1 Command & Control of Medical cell



1.2 Functions of Medical cell

- (a) Issue of Medical Assessments for initial, renewal, re-initial, special, temporary/permanent unfit and appeal medical examination of civil aircrew.
- (b) Updating and safekeeping of Pilot Medical Record (PMR) of civil aircrew.
- (c) Review of empanelment/ Re-empanelment process of Class 1 and 2 Medical Examiners and civil hospitals.
- (d) Conduct of periodic updates/workshop for Class 1 & 2 Medical Examiners, Armed Forces and Airline doctors who are involved with medical examination of civil aircrew.
- (e) Ensuring smooth conduct of DGCA Licensing Medical examination of civil aircrew at Air Force Medical Centres, Civil Hospitals and by DGCA empanelled Class 1 & 2 Medical Examiners.
- (f) To associate with Aircraft Accidents Investigation Bureau (AAIB) team as medical member for aircraft accidents/serious incident investigations, whenever required
- (g) Reply to RTI, Parliament questions and handling of Court cases pertaining to Medical issues.
- (h) Updating of medical policies and their promulgation on DGCA website from time to time.
- (j) Issue of NOC for conduct of delayed/early/special/post temporary unfit medical examination.

- (k) Change of personal details viz. name, date of birth, place of birth and correspondence address in medical records.
- (l) Conduct of False Declaration Committee Board Meeting and disposal of cases.
- (m) Conduct of Class 2 medical examination of cabin crew at Air Force Medical Boarding Centres (contentious and appeal cases only).

1.3 Duties and Responsibilities

(a) DMS/JDMS. DMS/JDMS performs the duties of 'Medical Assessor' who peruses and approves (on behalf of DGCA) the medical examinations conducted by 'Medical Examiners'. These include the following-

- (i) Class 1 medical examination at Air Force Medical Centres, designated Civil Hospitals and Class 1 Medical Examiners.
- (ii) Class 2 medical examination by a panel of Class 2 Medical Examiners.
- (iii) Issue of medical assessment on the fitness/unfitness/follow up of review/special medical examination in respect of aircrew with disabilities/diseases/temporary unfitness of aircrew.
- (iv) Decide on permanent unfitness/appeal medical examination cases in conjunction with the office of DGMS (Air) who is the advisor to DGCA on all medical matters.

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- (v) Address issues and take a decision on cases of False Declaration made by candidates/aircrew on CA-34/34A.
- (vi) Granting No Objection Certificate (NOC) for conduct of delayed/ early/special (after disease/disability) medicals and on completion of temporary unfit period.
- (vii) Updating and maintaining a panel of Class 1 and Class 2 Medical Examiners including periodic training of examiners on policy matters related to civil aircrew medical examination.
- (viii) Conducting periodic updates to keep the Class 1 & 2 Medical Examiners, Armed Forces and Airline doctors current in their knowledge with respect to civil aircrew medical examination.
- (ix) Advise civil airline doctors on medical matters and to oversee the implementation of medical policies of DGCA in the civil airlines medical department. The task also entails providing assistance and inputs on medical matters to other directorates of DGCA in formulating policies relevant to their area of concern.
- (x) Reply to RTI questions and handling of court cases pertaining to Medical cell.
- (xi) Perform the duties of medical member of Aircraft Accident/Incident Investigation team formed by DGCA in civil aircraft accident/serious incidents.

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(xii) Other tasks/duties as assigned by Director General at DGCA and Director General Medical Services (Air).

(b) Assistant Director (AD)/Operations Officer

- (i) Updating and safekeeping of PMR of all civil aircrew.
- (ii) Monitoring and keeping a record of receipt of medical examination documents from Air Force Medical Centres as well as from Medical Examiners, followed by merger of medical documents into respective PMR.
- (iii) Signing of Medical Assessments based on assessment carried out by the Medical Assessor.
- (iv) Change of Personal details i.e. name/date of birth/place of birth and correspondence address.
- (v) Ensure that E-payment of DGCA medical examination fee is remitted correctly.
- (vi) Administration and Supervision of DGCA Staff posted to Medical cell.
- (vii) Monitoring of receipt and dispatch of all official mail within a given time frame.
- (viii) Regular updating and maintenance of PMR and other official documents.
- (ix) Any other duty assigned by Medical Assessor.

Support Staff

(c) Duties of Section Officer

- (i) Supervision of duties allocated to the DGCA staff.
- (ii) Look after building, electrical, telephone, IT requirements of section and their periodic maintenance.
- (iii) Procure stationery, IT equipment/accessories and ensure its proper distribution.
- (iv) Interact with individuals reporting to Medical cell /PMR section and address their issues. Issue of duplicate medical assessment on request, after scrutiny of documents.
- (v) Process cases for amendment in personal details such as 'name/date of birth/place of birth/correspondence address change etc.
- (vi) Address grievances/requests received by post/ e-mail or telephonically and their timely disposal.
- (vii) Maintain office files and office correspondence.
- (viii) Ensure correct remittance of DGCA medical examination fee.
- (j) Ensure confidentiality of medical/office documents.
- (k) Any other duty, assigned by Medical Assessor & Assistant Director/ Operation Officer.

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(d) Duties of MTS staff

- (i) Maintenance & safe custody of PMR.
- (ii) Merger of medical documents received from Air force/Civil medical centres, Class 1 & Class 2 Medical Examiners in respective PMR correctly.
- (iii) Maintain record of movement of PMR/Merger documents in compactor.
- (iv) Place PMR in compactor (after issue of medical assessment) at their respective places correctly.
- (v) Retrieve/locate PMR for timely dispatch to Air Force Medical Centres.
- (vi) Ensure that unauthorized persons do not handle PMR.
- (vii) Ensure confidentiality of medical/office documents.
- (viii) Any other duty assigned by Medical Assessors & Assistant Director/ Operations Officer/ Section Officer.

(e) Data Entry Operator (DEO)

- (i) To prepare Medical Assessments and observation letters.
- (ii) Provide file number to newly received Class 1/Class 2 medical documents (including documents received from Banasthali Vidyapeeth).
- (iii) Ensure confidentiality of medical/office documents.
- (iv) Any other duty assigned by Medical Assessors & Assistant Director/Operations Officer/Section Officer.

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(f) Receipt & Dispatch (General)

- (i) Receipt and dispatch of daily mail pertaining to PMR/medical cell.
- (ii) Timely dispatch of PMR to Air Force Medical centres by speed post/official transport & to maintain their record in the computer.
- (iii) Receipt and Diary of medical reports from individual/air crew and merger documents from Medical Examiners & Air force/Civil medical centres
- (iv) Receipt & Dispatch of office correspondence.
- (v) Handover the documents to concerned officer after entering in the dispatch/file movement register.
- (vi) Dispatch of Medical Assessment, all observation letters to civil aircrew.
- (vii) Ensure confidentiality of medical/office documents.
- (viii) Any other duty assigned by Medical Assessors & Assistant Director/ Operations Officer/ Section Officer.

(g) Centralized Medical Appointment

- (i) Receive application from individual by hand/e-mail/courier/fax and accord appointment at Air Force Medical Centres on first-come-first serve basis by filling a form placed at **Annexure 'A'**.
- (ii) Inform individuals about allotted date and Medical Centre along with all relevant instructions by e-mail.

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- (iii) If the individual on being accorded a confirmed appointment wants to cancel it, then he has to intimate medical cell by filling a form placed at **Annexure 'B'**.
 - (iv) Prepare Centralized appointment list and dispatch it to respect Air Force Medical Centres on fortnightly basis.
 - (v) Ensure submission of appointment list to Receipt & Dispatch section (PMR) for medical examination at Air Force Medical Centre, at-least 15 days in advance of appointment date.
 - (vi) Ensure confidentiality regarding centralized appointment and medical documents.
 - (vii) Any other duty assigned by Medical Assessor.
- (h) Medical Assistant
- (i) Issue of letter for temporary/permanent unfitness, appeal & special medical examination.
 - (ii) Initiate office correspondence with DGCA & office of DGMS (Air) and maintain correspondence files.
 - (iii) Reply to RTI/ Court cases under supervision of DMS/JDMS.
 - (iv) Initiate correspondence with Air HQ (VB), New Delhi for obtaining security clearance of aircrew with foreign nationality for conduct of medical examination at IAF boarding centres.

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- (v) Issue NOC for delayed/early/special medical examination after a period of temporary unfitness.
- (vi) Re-imburement of Buy Now Pay Later (BNPL) speed post & telephone bills of Air Force Medical Centre.
- (vii) Conduct of workshop/update for Medical Examiners & Airline doctors.
- (viii) Conduct of false declaration medical board and redressal of complaints & grievances.
- (ix) To ensure confidentiality of official mail and medical documents.
- (x) Any other duty assigned by Medical Assessor.

1.4 Work Force Evaluation

This Methodology has been prepared to determine the number of Medical Assessors required at medical cell in DGCA. Each function at medical cell has been considered separately for calculating the number of Medical Assessors required at Medical cell. This Methodology will be re-visited periodically to account for aviation growth in aviation sector. A detailed description of methodology is placed at **Annexure 'C'**.

2. MEDICAL ASSESSMENT

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The steps involved prior to the issue of provisional medical assessment (CA-35) after conduct of medical examination of candidate/aircrew by Class 1 & Class 2 Medical Examiners are discussed below-

2.1 Class 2 Medical Examination.

(a) Conduct of Class 2 medical examination (Initial/ Renewal) by DGCA empanelled Class 2 Medical Examiners. The updated list of Class 2 Medical Examiners is available in the medical section of DGCA website <http://www.dgca.nic.in/medical/class2-ind.htm>.

(b) Filling of CA-34/34A & 35 by a candidate (Part 1) & Class 2 Medical Examiner (Part 2) as per the guidelines mentioned in handbook for DGCA empanelled Medical Examiner.

(c) Forwarding of completed CA-34/34A & 35 by Class 2 Medical Examiner by post to medical cell, DGCA.

(d) Receipt of document at DGCA reception which is further forwarded to medical cell.

(e) Receipt of CA-34/34A & 35 at medical cell and

(i) In case of Initial medical examination, PMR Number will be allotted and a new PMR will be created

or

(ii) In case of Renewal/Re-initial medical examination merging of received CA-34/34A & 35 will be done in the already existing PMR at Medical Section.

(f) On receipt of medical examination documents at DGCA, the same will be perused/ approved by Medical Assessors within 08-12 weeks from the date of receipt of documents at DGCA.

(g) Perusal of the PMR by Medical Assessor.

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(h) Approval of current medical examination by Medical Assessor on Part 3 of CA-34/34A which is as per the guidelines mentioned in-

(i) ICAO Manual of Civil Aviation Medicine–2012 (Doc 8984).

(ii) Annex 1 Chapter 6 of 'Medical Provisions for Licensing'.

(iii) Civil Aviation Requirements (CAR) Section 7 Series C Part I Issue II – 'Medical Requirements and Examination for Flight Crew Licenses and Ratings' dated 12 Oct 17 available on DGCA website <http://www.dgca.nic.in/medical/med-rule-ind.htm>.

(iv) Existing Aeronautical Information Circulars (AIC) on medical matters available on DGCA website <http://www.dgca.nic.in/medical/med-rule-ind.htm>.

Note: The Medical Assessors of the DGCA Medical Cell review and audit all (100%) of the medical assessments. The DGCA Medical Assessors make all final decisions regarding the outcome of these medical assessments for both Class 1 and Class 2.

(j) The decision could be one of the following-

- (i) Fit (with or without limitations)
- (ii) Temporary unfit
- (iii) Permanent unfit

(k) Approval of current medical by Medical Assessor.

(l) Auditing of medical examination forms (CA 34/34A) conducted by DGCA empanelled Medical Examiners is elaborated in Sl. No. 5.6 under heading miscellaneous issues.

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- (m) Printing of Medical Assessment (in 2 copies) manually by Data Entry Operator (DEO) staff in medical cell.
- (n) Verification of dates and other details by staff at medical cell.
- (o) Signature on Medical Assessment by authorized representative of medical cell, DGGA.
- (p) One copy of Medical Assessment is filed in PMR and other copy posted to candidate/ aircrew on his/her present postal address as mentioned in CA 34/34A.

2.2 **Class 1 Medical Examination.** The steps involved in the Medical Assessment of Class 1 medical examination are similar to Class 2 medical examination except for the following:-

- (a) The Class 1 Initial medical examination can be conducted at IAF or civil boarding centres. The Class 1 renewal medical examination can be conducted at DGCA authorized IAF medical evaluation centres or by any DGCA empanelled Class 1 Medical Examiner. The updated list of Class 1 medical examination centres and Medical Examiners are available on DGCA website <http://www.dgca.nic.in/medical/c1exam-ind.htm>.
- (b) For DGCA authorized IAF boarding centres [IAM/AFCME/MEC (E)], the PMR of the candidate/aircrew are forwarded by speed post to the designated centre where the medical examination of the aircrew is scheduled. PMR are not forwarded to other IAF centres, civil centres and Class 1 Medical Examiners. PMR are returned to DGCA by the respective centre by speed post on completion of medical examination.
- (c) Filling of CA-34/34A & 35 by Candidate (Part 1) & Class 1 Medical Examiner (Part 2).

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(d) Remaining procedure as described in para 2.1 (d) to (p) are similar as prescribed for Class 2 medical examination.

Note: The Medical Assessors of the DGCA Medical Cell review and audit all (100%) of the medical assessments. The DGCA Medical Assessors make all final decisions regarding the outcome of these medical assessments for both Class 1 and Class 2.

3. MEDICAL UNFITNESS

This could be of the following types-

- (a) Temporary Unfitness
- (b) Permanent Unfitness

3.1 Temporary Unfitness.

(a) Temporary unfitness is granted when, during medical examination, a candidate/aircrew is detected to have a medical condition which is considered incompatible with flying duties. However, based on the clinical appreciation of the medical condition and provisions of ICAO Manual of Civil Aviation Medicine, it is likely to improve, with or without treatment, to a level which can be considered compatible with flying duties.

(b) Temporary unfitness may be granted by-

(i) Medical Examiner (IAF centre/Civil centre/Class 1 Medical Examiner) who may advise a review after an investigation/ treatment/opinion or after a brief period of unfitness.

(ii) Medical Assessor who may advise a review after an investigation/treatment/opinion either at DGCA or at one of the IAF Boarding Centres.

(c) Period of unfitness is specified in weeks along with advice on investigation to be done/ treatment to be undertaken and specialist opinion to be sought before re-evaluation.

(d) After specified period of unfitness, review is conducted only for that medical condition(s) for which the candidate/aircrew has been declared temporary unfit by the Medical Examiner. The completed CA-34/34A & 35 is then forwarded to DGCA for evaluation and issue of Medical Assessment by the Medical Examiner.

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- (e) In case there is a delay of more than six months in conducting the review, a complete medical examination is conducted.
- (f) After the medical examination, the candidate may be assessed as one of the following-
- (i) Fit
 - (ii) Fit with limitations
 - (iii) Temporary unfit for a further specified period depending on his/her medical condition.
 - (iv) Permanent unfit.
- (g) Entry in the PMR of aircrew is endorsed and a Medical Assessment is issued accordingly.
- (h) No candidate/aircrew shall carry out any flying on the basis of medical examination and issue of fitness on CA-35 alone if he/she has been declared fit after a period of grounding/temporary unfitness during previous medical examination. Flying can only be commenced once a final Medical Assessment of fitness with a validity date from medical cell, DGCA is issued.
- (j) The candidate/aircrew has a right to appeal when he/she is being declared temporary medically unfit for more than 03 months at a stretch or in aggregate.

3.2 **Permanent Unfitness.**

- (a) Permanent unfitness is granted when a candidate/aircrew, during medical examination is detected to have a medical condition which is considered incompatible with flying duties. Also, based on the clinical appreciation of the disability and provisions of ICAO Manual of Civil Aviation Medicine, it is unlikely to improve, with or without treatment, to a level which can be considered compatible with flying duties.

(b) Permanent unfitness may be recommended by Medical Examiner or by the Medical Assessor. The facts of the case are deliberated by a Board held at the office of DGMS (Air) comprising of Principal Director Medical Services (Specialists), Director Medical Services (Aerospace Medicine) and Director Medical Services (Civil Aviation)/Joint Director Medical Services (Civil Aviation) on behalf of the DGMS (Air). Cases where Medical Assessor differs from the opinion of Medical Examiner are also referred to this Committee/ Board.

(c) The decision with respect to permanent unfitness is taken based on facts of the case, concerned specialist opinion, ICAO guidelines, DGCA policies and procedures based on CAR/AIC's. Copy of the board proceedings is placed in the PMR of the aircrew. A Medical Assessment is finally prepared and posted by mail to the aircrew.

(d) The candidate/aircrew has a right to appeal against the decision of the permanent unfitness.

3.3 Appeal against Decision of Unfitness

Appeal procedure

(a) The candidate/aircrew declared permanent unfit may appeal to the DGCA for a review of the Medical Assessment within a period of 90 days from the date of applicant having been declared unfit.

(b) The appeal application has to be accompanied with the opinion of two senior/ eminent specialists of the concerned speciality. The specialists may comment on the severity and presence or absence of disability, however fitness for flying duties will only be decided based on the recommendation of medical board at Office of DGMS (Air).

(c) The appeal request shall be addressed to the Director Medical Services (Civil Aviation), Directorate General of Civil

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Aviation, Medical cell, Opposite Safdarjung Airport, New Delhi-110003. The appeal shall be sent by registered post with acknowledgement due or may be delivered in person to the Receipt & Despatch Section in the O/o DGCA and individual may obtain a receipt for the same.

(d) In case the opinion of senior specialists confirms the presence of the disability, DMS/JDMS may deny another review to avoid infructuous expense and paper work.

(e) The appeal must be accompanied by all documents in original obtained by the applicant from reputed medical institutions/specialists clearly certifying the presence or absence of the disability, with specific reference to the cause of unfitness stated in the Medical Assessment issued by the Office of the DGCA. The medical practitioner/ specialist certifying the fitness in such a case should give sound reasons justifying his/her opinion. Reports of the medical examination and results of investigations, in original, must be attached with the documents. For a particular disability, the personal opinion of a senior specialist does not change the disposal/fitness status of an aircrew during perusal of documents at DGCA. The presence or absence of a disability is the only finding the specialist is expected to opine upon and not the fitness for flying duties.

(f) Once perused at DGCA, the appeal shall be referred to office of DGMS (Air). DGMS (Air) may recommend an appeal/review medical examination at a designated Air Force boarding centre and may also ask for any such investigation/report or opinion of any specialist to determine the fitness of the applicant. If the medical review (appeal medical) is accepted, it shall be carried out at the centre specified for the purpose. The fresh medical examination reports will be considered to assess the medical fitness of the candidate. The result thereof shall be intimated to the office of the DGCA and the final assessment shall be issued accordingly by DGCA.

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(g) Cases of False Declaration on CA-34/34A can also be declared permanently unfit if recommended by the false declaration board after interviewing the candidate/aircrew. Their disposal is discussed in Chapter 5.

4. SELECTION PROCEDURE FOR MEDICAL EXAMINERS

4.1 Class 2 Medical Examiners.

(a) Class 2 medical examination can be carried out by the following:-

(i) All authorized Class 1 Medical Examiners & Examination Centres (except Dr Balabhai Nanavati Hospital, Mumbai & Apollo Heart Centre, Chennai)

(ii) All DGCA approved Class 2 Medical Examiners, who are practitioners of modern medicine and having a minimum of MBBS qualification and registered with the Medical Council of India and who have received the approved training in the subject of Aviation Medicine at IAM, Bangalore.

(b) Selection process

(i) Information regarding empanelment shall be made available in the 'Public Notice' section of the DGCA website (<http://dgca.nic.in>). (The notification would be published every year, based on the requirement)

(ii) In response to the notification, persons desirous of being empanelled as Class 2 Medical Examiners by DGCA for conducting Class 2 Initial and Renewal medical examination shall apply on plain paper to Director Medical Services (Civil Aviation), Directorate General of Civil Aviation, Medical cell, Opposite Safdarjung Airport, New Delhi-110003.

(iii) The envelope shall be super scribed 'Application for Class 2 Examiner'. Application by e-mail/Fax shall not be accepted. Candidates should ensure that all requirements mentioned have been fulfilled.

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(c) Professional Interview

(i) Applicants fulfilling qualifications and experience requirements specified above shall be called for a professional interview for empanelment as Class 2 Medical Examiner by DGCA. A selection board at DGCA will be constituted which will comprise of representatives of DGCA, DGMS (Air) and DMS (CA).

(ii) Applicants shall be expected to have adequate awareness of provisions regulating the Class 2 Initial & Renewal medical examination including knowledge of relevant CARs, AIC's and ICAO Standards and Recommended practices.

(iii) Applicants are expected to make their own travel arrangements for attending the interview.

(d) Approval

(i) On completion of successful interview, Class 2 Medical Examiners will be empanelled for a period of 3 years which may be extended for a further period of three years at a time, subject to re-assessment.

(ii) The decision in this regard will be taken by DGCA.

(e) Medical facility

(i) The medical facility shall have an office for the Medical Examiner with a telephone, internet and fax connection (for the purpose of according appointments /interactions with candidate and DGCA).

(ii) The medical facility shall have place for conduct of medical examination and filling up of necessary forms by the candidate.

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(iii) The medical facility may be either owned or taken on rent by Medical Examiner.

Note- In case Medical Examiner is using the medical facility of a renowned hospital then NOC from the hospital permitting to use their facility for conduct of medical examination during the period of empanelment shall be submitted to DGCA.

(iv) Class 2 Medical Examiner may choose to conduct the entire medical examination him/herself or co-opt other specialists/hospitals/institutes for conduct of ENT or Ophthalmology examination, ECG, Laboratory tests etc.

(v) The responsibility for conduct of entire medical examination shall be on the Class 2 Medical Examiner who is to ensure that the medical examination is conducted comprehensively complying with ethical practices. Simultaneously, the Medical Examiner should make the co-opted specialists aware of the significance of aviation medical examination and its implications. Names of co-opted specialists shall have to be disclosed by the Medical Examiner.

(vi) The medical facility should have availability of a female attendant who should be present during conduct of medical examination of all female candidates.

(f) Extension of approval

(i) Class 2 Medical Examiners may apply for extension to DGCA after completion of two and half years.

(ii) For extension, the Class 2 Medical Examiner should have attended at-least one physical & two e-workshops conducted by DGCA in the previous 3 years. This would also

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help them in updating their knowledge regarding Aviation Medicine and recent policies/guidelines of DGCA on medical matters. There should be no case of proficiency related matter or professional misconduct against the Medical Examiner during the period of empanelment.

(iii) The application for extension shall be assessed by a Board of Officers consisting of representative from DGCA, PDMS(S) & DMS(CA) which shall be approved by DGCA based on the recommendations of DGMS (Air).

(iv) Experience of 01 week training in Aviation Medicine will be considered for extension of Empanelment of Class 2 Medical Examiners who were empanelled before September 2018.

(g) Conduct of Medical examination

The following steps will be followed by the Class 2 Medical Examiners for conduct of Class 2 Initial/Renewal medical examination-

(i) Accord of appointment. Based on the contact details of the examiner on the DGCA website, prospective aircrew shall contact the examiner telephonically or by e-mail. In case of Class 2 Re-initial/Renewal medical examination, the Medical Examiner shall grant an appointment after verifying that the medical is not due at IAM/AFCME/MEC(E) by virtue of specific annotation on Medical Assessment issued by DGCA/age related medical/history related medical examination.

(ii) PMR from DGCA. The PMR shall not be dispatched for Re-initial/Renewal medical examination conducted by Class

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2 Medical Examiners. The candidate must carry a copy of the last medical assessment issued by DGCA, if applicable.

(iii) Documentation. The filling up of form CA-35/34/34A by the candidate shall be in the presence of Class 2 Medical Examiner with a specific reference to history and consequences of withholding relevant information. The identity of the candidate must be positively established at all times, specifically during conduct of investigations. The name and age of the candidate can be confirmed with Class X certificate which is required to be produced prior to medical examination.

(iv) Fee. The Class 2 Medical Examiner may collect reasonable charges for specialist consultation(s), administrative and postage/ handling charges.

(v) Investigations. The mandatory investigations required for initial Class 2 medical examination are specified as follows-

- (aa) Blood – Hb, TLC, DLC
- (ab) Urine - RE/ME
- (ac) X-Ray Chest (PA View)
- (ad) Pure Tone Audiometry (PTA)
- (ae) ECG (R)

Additional test may be advised by Medical Examiner based on findings during clinical examination. Investigations will be done at any NABL/NABH accredited laboratory and at DGCA approved Air Force Medical Centre. The laboratory will always establish the identity of the candidate and endorse the same on CA-34/34A. The Class 2 Medical

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Examiner shall give a request for investigation to the candidate. The candidate would carry the investigation reports and handover the same to Class 2 Medical Examiner. These reports will then be duly authenticated by Medical Examiner.

(vi) Eye & ENT examination. The Class 2 Medical Examiner may conduct the medical examination themselves or can get it done by a co-opted specialist in Eye/ENT.

(vii) General Medical examination & filling of necessary forms CA-34/34A/35. This has to be done by the Class 2 Medical Examiner. A copy of CA-35 is to be handed over to the candidate with disposal of fitness/unfitness after conduct of medical examination. The CA-35 should be duly signed by the candidate in presence of Medical Examiner.

(viii) Dispatch of CA-34/34A/35 to DGCA. The completed CA-34/34A & 35 along with all investigation reports, in original, should be dispatched by post to medical cell. The documents should be arranged in the following order-

(aa) CA form 35

(ab) CA form 34/34A

(ac) Self attested copy of Class X Certificate as proof of name and date of birth. If date of birth is not mentioned on Class X certificate then self-attested copy of date of birth certificate issued by Municipal Corporation may be accepted (for Initial/Re-initial medical examination only).

(ad) All Investigations mentioned in para 4.1 (g) (v) in the same order

(ae) Any other investigations reports, if applicable.

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(ix) The documents are to be dispatched to Medical cell, DGCA and a record of the same should be maintained by Class 2 Medical Examiner. The envelope shall not be folded and shall be superscribed 'Class 2 medical examination report (Initial/Renewal)'.

(x) Records. A copy of the CA-34/34A & 35 and investigation reports shall be maintained by the Class 2 Medical Examiner in hard and/or soft copy for a period of minimum three years. Class 2 Medical Examiners must ensure confidentiality of medical documents.

(xi) Reports and returns. A month wise summary of medical examination conducted shall be forwarded to DMS(CA) in the format provided by medical cell, DGCA on a quarterly basis.

(xii) Unfit cases & incomplete medicals. CA-34/34A and 35 of cases which are declared unfit or where the medical examination is not completed are also to be forwarded to DGCA with recommendations. Cases of unfitness shall be intimated to/discussed with DMS(CA) at DGCA. Review medical examination after a recommended period of unfitness shall be conducted at AFCME/IAM/MEC(E)/DGCA only.

(h) General Instructions.

(i) Medical Examiners should ensure that candidates holding a Class 1 medical assessment cannot undergo a Class 2 medical examination.

(ii) CA 34/34A/35 forms required by Medical Examiners and other reference material for the conduct of medical examination other than the ones prescribed in handbook are uploaded on DGCA website (<http://dgca.nic.in/medical>).

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(iii) Professional disputes arising during the conduct of medical examination by Class 1 Medical Examiners shall be resolved by DGMS (Air), who may take up the matter with DGCA.

(iv) Medical Examiners are required to attend one physical workshop and two E-workshops organized by DGCA in a period of three years to update their knowledge regarding Aviation Medicine and Policies/ Guidelines of DGCA on medical matters.

(v) DGCA may carry out audit of all Medical Examiners including record maintenance.

(vi) Class 1 Medical Examiner empanelment may be withdrawn by DGCA temporarily or permanently depending on nature of professional misconduct/proficiency related issues. Such decisions would be vetted at DGMS (Air) and DGCA.

(vii) Class 1 Medical Examiner who joins Air Force, Army, Navy or any airlines as an airline doctor will be disempanelled from approved panel of Class 1 Medical Examiners.

(viii) Class 1 Medical Examiner may carry out tele-consultation on administrative/professional aspects with DMS/JDMS(CA) between 1100h and 1730h, at +91-11-24610629 at DGCA or through e-mail at doctor.dgca@nic.in.

4.2 Class 1 Medical Examiner.

(a) The professional, experience and facility requirements for selection as Class 1 Medical Examiners are specified in CAR

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Section 7 Series C Part III Issue I – ‘Empanelment of Medical Examiner for Conduct of Class 1 Medical Examination’ dated 23 Jun 17.

(b) Selection Process.

(i) Information regarding empanelment shall be made available in the ‘Public Notices’ section of the DGCA website (<http://dgca.nic.in>). The notification would be published every year based on the requirement.

(ii) In response to the notification, doctors desirous of being empanelled as Class 1 Medical Examiners by DGCA for conducting Class 1 renewal and Class 2 initial and renewal medical examination shall apply on plain paper to Director Medical Services (Civil Aviation), Directorate General of Civil Aviation, Medical cell, Opposite Safdarjung Airport, New Delhi-110003.

(iii) The envelope shall be superscribed ‘Application for Class 1 Medical Examiner’. Application by e-mail/Fax shall not be accepted. Applicants should ensure that all requirements mentioned have been fulfilled.

(c) Professional Interview

(i) Applicants fulfilling qualifications and experience requirements as specified above, shall be called for a professional interview for empanelment as Class 1 Medical Examiners by DGCA. A Board of Officers will be constituted comprising of a DGCA officer, two representatives of DGMS (Air) and DMS(CA).

(ii) Applicants shall be expected to have adequate awareness of provisions regulating the Class 1 & 2 medical examination as per Standard and Recommended practices of ICAO including knowledge of relevant Civil Aviation

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Requirements (CARs) and Aeronautical Information Circulars (AICs).

(iii) Applicants are expected to make their own travel arrangements for attending the interview.

(iv) Applicants recommended by the Board of Officers shall be required to make their medical facility available for inspection within one month of interview.

(d) Assessment of Medical facility

(i) Class 1 Medical Examiner shall be permitted to operate from one medical facility only.

(ii) The medical facility shall have an office for the Medical Examiner with a telephone connection, internet facility and Fax (for the purpose of according appointments/interactions with aircrew/DGCA).

(iii) The facility shall have place for conduct of medical examination and filling up of necessary forms by the candidate.

(iv) The medical facility may be either owned or taken on rent by Medical Examiner.

Note: In case Medical Examiner is using the medical facility of a renowned hospital then No Objection Certificate (NOC) from the hospital permitting to use their facility for conduct of medical examination during the period of empanelment shall be submitted to DGCA.

(v) Class 1 Medical Examiner may choose to conduct the entire medical examination by him/herself or co-opt other specialists/hospitals/Institutes for consultation, laboratory tests and other relevant investigations.

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(vi) The medical facility should have availability of a female attendant who should be present during conduct of medical examination of all female aircrew/candidates.

(vii) The responsibility for conduct of entire medical examination shall be on the Class 1 Medical Examiner who is to ensure that the medical examination is conducted comprehensively complying with ethical practices. Simultaneously, the Medical Examiner should make the co-opted specialists aware of the significance of aviation medical examination and its implications. Names of co-opted specialists shall have to be disclosed by the Medical Examiner.

(viii) The initial inspection of the facility shall be conducted as per Checklist mentioned in CAR Section 7 Series C Part III Issue 1 – Empanelment of Medical Examiner for conduct of Class 1 Medical examination dated 23 Jun 17 by DMS (CA) or Senior Medical Officer/ Aviation Medicine Specialist nominated by DGMS (Air). The inspection shall include inspection of co-opted facilities also.

(e) Approval. On completion of successful interview and inspection, Class 1 Medical Examiners are empanelled for a period of 3 years which may be extended for a further period of three years at a time, subject to re-assessment.

(f) Extension of approval

(i) Class 1 Medical Examiners may apply for extension to DGCA after completion of two and half years.

(ii) For extension, the Class 1 Medical Examiner should have attended at-least one physical workshop and two E-workshops conducted by DGCA in the previous 3 years. There should not be any case of proficiency related matter or

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professional misconduct against the Medical Examiner during the period of empanelment.

(iii) Inspection of medical facility shall be done prior to grant of extension of Class 1 Medical Examiner status and as and when felt necessary by DMS(CA).

(iv) The application for extension shall be assessed by a Board of Officers comprising of representative from DGCA, PDMS(S) & DMS(CA). Based on the recommendations of DGMS (Air), the same shall be approved by DGCA.

5. MISCELLANEOUS ISSUES

5.1 False Declaration on CA34/34A

(a) Certain candidates may also be declared permanently unfit on account of false declaration in Part I of the CA-34/34A. Providing false information/deliberately hiding information with a

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malicious intent may result in a candidate being declared permanently unfit. Further legal/disciplinary action, as defined in Rule 39A, Para 1(e) of the Aircraft Rule 1937 which is described as under, may be initiated-

“Disqualification from holding or obtaining a licence – (1)
Where licensing authority is satisfied, after giving him an opportunity of being heard, that any person who

(e) has obtained the licence, rating, aircraft type rating or extension of aircraft type rating, or renewal of any of them, by suppression of material information or on the basis of wrong information

(b) Candidates are advised to carefully read the declaration in CA-34/34A, prior to signing it, during medical examinations.

(c) On appeal in case of being declared permanently unfit under Rule 39 A as above, such candidates are referred to a Committee/Board of Officers at DGCA which has representative from DGMS (Air) and DG CA apart from DMS (CA).

(d) The constituted Committee/Board of Officers meets at Medical cell and hears the plea of candidate/aircrew.

(e) Based on the merits of each case, a decision is taken by the Committee/Board of Officers whether to accept or deny the individual's plea. Administrative action is then taken accordingly.

(f) In all such cases where appeals are filed, speaking order shall be passed by DMS(CA) based on the recommendations of the Committee/Board of Officers set up for such purposes. The same is then conveyed in writing to the candidate/aircrew.

5.2 No Objection Certificate (NOC)

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As per Rule 39(C) of Aircraft Rule 1937, renewal of Medical Assessments shall be conducted within a period of not more than one month preceding the date of expiry of the previous validity. The candidate/aircrew who fails to renew his/her medicals within the stipulated period or wants to undergo renewal medical examination early, shall send a request as per attached performa (**Annexure 'D'**) for the approval of DMS/JDMS.

As per Rule 42 of Aircraft Rules 1937, candidate/aircrew who are sick or have sustained injury involving incapacity for a period of fifteen days or more, then he/she shall undergo special medical examination at IAF Boarding Centres (IAM/AFCME/MEC (E)). Request for NOC for conduct of special Medical examination describing the disability/cause is to be forwarded to medical cell at DGCA. In case of aircrew employed with an airline or company, the airline/company doctor should submit a brief history commenting upon disability, treatment, period of sickness, cure certificate from concerned treating specialist and fitness for flying duties.

- (a) NOC application in the format prescribed shall be sent by the individual through e-mail, post or by hand.
- (b) On receipt of the NOC application, it will be verified for the following-
 - (i) Confirmation of medical appointment date mentioned by the candidate/aircrew.
 - (ii) Validity of Medical Assessment.
 - (iii) Reason for issue of NOC.
- (c) After verification, NOC shall be approved. NOC application, which does not meet the criteria mentioned above shall be rejected and the candidate/aircrew will be intimated accordingly.

- (d) The medical NOC, once approved is not transferable. NOC is valid for a particular day and for single appointment only.

5.3 Pilot Medical Record (PMR)

The PMR of aircrew are kept in safe custody in the PMR Section of DGCA. Their upkeep and maintenance is the responsibility of staff from Medical cell. The following step wise actions are undertaken at DGCA with respect to PMR-

(a) Creation of PMR and allocation of PMR number.

(i) On receipt of the documents of medical examination (usually a Class 2 Initial medical examination for fresh candidates or Class 1 Initial medical examination for serving officers of Armed Forces), PMR is created at DGCA Medical cell.

(ii) A verification is done to rule out whether there is another PMR generated on individual's name. In case another PMR exists, then CA-34/35 is merged with the old PMR.

(iii) A record of newly allotted PMR number is maintained at medical cell.

(iv) All PMR's are allotted specific numbers, for example 1-1234/2018-L-2, where 1234 is the PMR number for the current year i.e. 2018. Here, 2018 denotes the year when PMR number was allotted. Thus it helps in quick identification of records of a particular candidate/aircrew. The other numbers and figures are constant for all. Foreign aircrew holding a temporary authorization to fly in India with Foreign Aircrew Temporary Authorization (FATA) license, the

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year in PMR is replaced by 0000 for example 1-1234/0000-L-2.

(v) Thus, for all future correspondence, same PMR number is used by all directorates at DGCA.

(b) Forwarding of PMR to IAF Medical Boarding Centres.

Based on written request from the candidate/aircrew, PMR's are dispatched to IAF Medical Boarding Centres only. The following steps are involved-

(i) PMR's are retrieved from the compactor room and verification of each PMR is carried out to ensure correct number and its completeness in all respect.

(ii) PMR's are then segregated based on boarding centre where the appointment for medical examination of candidate/aircrew is accorded.

(iii) They are then placed in special bags along with a list of the PMR. The bags are then dispatched to the respective IAF Boarding Centres by speed post.

(iv) Tracking of speed post is done to ensure that the PMR bag is received by the IAF Boarding Centre as per schedule.

(v) A record of dispatch of PMR is maintained at medical cell. Candidates/aircrew are also advised to cross check receipt of PMR by IAF Boarding Centre at-least a week prior to date of their medical appointment.

(c) Receipt of PMR from IAF Boarding Centres.

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Once medical examination is completed at IAF Boarding Centre, PMR is then dispatched back to DGCA. On receipt of PMR at DGCA, following actions are undertaken-

- (i) PMR bags are checked for any external damage/opening.
- (ii) PMR is tallied from the accompanying list in the bag. If any discrepancies are observed, then it is immediately intimated to concerned IAF Boarding Centres.
- (iii) PMR handling staff ensures that receipt of PMR is recorded. These are then put up to DMS/JDMS for approval
- (d) Processing at medical cell

The processing and approval of medical documents is done as per laid down procedure for fit/unfit cases.

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(e) Re-submission to PMR Cell (Compactor Room)

PMR with latest Medical Assessment are handed over by MTS staff of medical cell to PMR Cell for preserving them at a designated place in the compactor room.

5.4 Medical examination of Serving Armed Forces Aircrew.

Medical examination in respect of serving armed forces aircrew is governed vide Flight Crew Licensing Circular (FCL) 01 of 2017 titled 'General Instructions for Conduct of Class 1 Medical Examination' available on DGCA website.

5.5 Medical examination of Foreign Aircrew.

Foreign Aircrew who wish to fly in India under Foreign Aircrew Temporary Authorization (FATA) license will be governed as per the regulations issued from time to time.

5.6 Procedure for issuance of Medical Assessment.

All medical examination forms (CA 34/34A & 35) received from DGCA empanelled Medical Examiners/Examination Centres shall be evaluated by the medical assessor, before issuing a Medical Assessment. The procedure is as detailed below-

- (a) The Medical examination forms received from various DGCA Empanelled Air Force Centres/ Medical Examiners will be scrutinized by DMS/JDMS.
- (b) If any discrepancy is observed in the CA 34/34A examination forms, then the forms will be returned back to the concerned examination centres/Medical Examiners with an observation letter for reconciliation.
- (c) In case of requirement of any additional investigations, the individual/aircrew shall be intimated through a letter/e-mail or telephonically for submission of the documents at the earliest to the medical cell, DGCA.
- (d) Once the evaluation is satisfactory, Medical Assessment shall be issued.

5.7 Surveillance of Medical Examiners/Medical Examination Centres.

(a) The initial inspection of the medical facility where the Medical Examiner conducts medical examination is carried out as per the check list (**Annexure 'E'**)

(b) To ensure that the medical examinations are conducted in the prescribed manner, unannounced inspections of the Medical Examiners, their medical facilities and their record-keeping practices will be conducted annually utilizing **Annexure 'E'** in addition to the inspections required during the initial and recurrent empanelment periods. The Chief Medical Assessors of the DGCA Medical cell will create a yearly, risk-based surveillance plan for Class 1 and Class 2 Medical Examiners following the format set out in **Annexure 'J'**. The format in **Annexure 'J'** allows the Chief Medical Assessor to plan for unannounced inspections of Medical Examiners by year, month and region. As a part of the surveillance process, at least 15% of Class 1 and Class 2 Medical Examiners will be inspected annually. This inspection will include surveillance of the Medical examination facilities, a Medical Examiner carrying out his/her duties and the method of record-keeping that is carried out by the Medical Examiner. In order to ensure that the DGCA Medical cell aligns with the DGCA wide process of conducting risk-based surveillance, the DGCA Medical cell will follow a risk-based approach in order to prioritize which 15% of the Medical Examiners will undergo surveillance each year. Because the DGCA Medical Assessors complete final sign-off of all medical assessments conducted by empanelled Medical Examiners, the DGCA Medical Assessors will take into account the following risk factors in prioritizing Medical Examiners for scheduling-

(i) Incomplete or improperly completed medical documentation.

(ii) Past or noted discrepancies concerning the Medical Examiner.

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- (iii) Past or noted complaints or comments concerning the Medical Examiner or relevant facilities.
 - (iv) Past or noted discrepancies concerning the Medical Examiner's record keeping practices.
 - (v) Number of assessments carried-out per year, relative to colleagues in the region.
- (c) In addition to using the above risk factors to prioritize audits of Medical Examiners with whom deficiencies have been noted, the DGCA Medical cell will randomly select Class 1 and 2 Medical Examiners for surveillance in order to meet the 15% annual evaluation requirement.
- (d) Based on these factors, the DGCA Medical Assessor will prioritize, which empanelled Medical Examiners will be audited in a given year and fill out "**Annexure J**" accordingly.
- (e) The DGCA Medical Assessor will continue to note deficiencies and track any risk factor noted throughout the year in order to determine the schedule for all subsequent surveillance of empanelled Class 1 and 2 Medical Examiners. The annual surveillance plan is prepared by the DGCA Medical Assessor prior to the start of the following calendar year which is approved by DGCA.

Note: In accordance with the DGCA Enforcement Policy, administrative action will be taken against those Medical Examiners who do not follow established procedures or whose medical facilities or record keeping practices are found to be deficient.

5.8 Enforcement Policy

(a) Enforcement policy of medical cell, DGCA's plays a vital role in the discharge of its responsibility for safety oversight of the operators functioning under its jurisdiction and promotes the goal of improved aviation safety by encouraging voluntary compliance with the provisions of the Aircraft Act, the Aircraft Rules and the directions issued under these statutes. It encompasses that DGCA may initiate investigation of alleged violations of these legislations / directions, as and when necessary.

(b) For implementation of safety management system, DGCA shall have an equitable and discretionary enforcement approach in order to support SSP-SMS framework.

(c) A procedure is laid down to record the enforcement action taken in respect of DGCA Empanelled Medical Examiners/ Examination Centres by DGCA. Such actions are taken by Medical cell, DGCA under following circumstances:-

(i) When the DGCA Medical Examiner/Examination Centre does not follow proper procedures during conduct of medical examination as per the laid down guidelines.

(ii) Any professional misconduct or proficiency related issue.

(iii) During unannounced surveillance of Medical Examiner/ Examination centre by Medical Assessor, when a discrepancy noted and brought to notice of Medical Examiner/Examination Centre is not corrected within a reasonable period of time, as determined by the DGCA Medical Cell.

- (d) The procedure to be followed is as under-
- (i) If there is any discrepancy observed in the form (CA–34/34A/35) on which medical examination is conducted by DGCA Empanelled Medical Examiners, the Medical Examiners will be notified by medical cell, DGCA through a letter.
 - (ii) If any Medical Examiner inspite of observation raised against him is not taking corrective action, then he/she may be issued with caution letter by DMS (CA).
 - (iii) In case the compliance to instructions is still wanting or unsatisfactory inspite of issue of caution letter or if there is any lapse of a serious nature that may affect flight safety or any other disciplinary issue, then he/she shall be served with Show Cause notice by DGCA, seeking explanation for such lapse.
 - (iv) An administrative action, as deemed appropriate, will be taken by Director General, DGCA in exercise of the power under rule 19 of Aircraft Rule 1937.

6. TRAINING PROGRAM

In the training curriculum, subjects of regulatory functions and specialised areas have been dovetailed in order to provide overall knowledge to an officer to meet the intent of the following objective:-.

- (a) Instil knowledge and ethics regarding overall functioning of DGCA and regulatory framework.
- (b) Familiarise with authenticated knowledge, procedure and practices required at various level of functioning.

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- (c) Bring the knowledge and understanding of officers into common standard.
- (d) Orient the officers towards their functioning in specific area of work.
- (e) Enable the officers to take various decisions in their area of work.
- (f) Make the officers to be aware with best international practices followed by other regulatory authorities in dealing with medical related matters.
- (g) Provide guidance for documentations and record keeping.
- (h) Optimize resources and management of work.
- (j) Apply theoretical knowledge into practices through Hands-on training and case study.
- (k) Develop skill and confidence through structured “On Job Training” (OJT) so as to enable the officers to work independently.
- (l) Create a sense of empowerment within officers.
- (m) Improve the overall personality of officers.

6.1 Medical Assessor

The Medical Assessors are medical doctors normally trained by Indian Air Force. These Medical Assessors have received specialised training in aerospace medicine. The medical assessors are aerospace medicine specialist with a MD in Aerospace Medicine and which is recognised by Medical Council of India. Besides this, medical officers from Indian Air Force can also be

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posted as Medical Assessors who have undergone training courses organized by Institute of Aerospace Medicine, Indian Air Force.

In order to ensure that the Medical Assessors in DGCA are able to meet the requirements of Civil Aviation Industry with respect to Medical Standards and Practices, an internal training shall be provided as per training requirements detailed in DGCA Training Policy.

(a) The training program for Medical Assessors shall contain-

- (i) Induction Training
- (ii) On-job training

(i) Induction Training. The newly posted Medical Assessors shall be provided an induction training to enable him/her to get a general understanding about the organization, its vision and mission and acquire necessary competencies required for performing their job. This training will be provided by the medical assessor who has the experience of working in medical cell of DGCA and holds the appointment of DMS/JDMS.

(ii) On Job Training (OJT). The newly posted Medical Assessors will be provided on the job training by DMS/JDMS at Medical cell, DGCA which will enable them to handle the responsibilities independently. A Medical Assessor is required to satisfactorily complete the OJT which would enable him/her to function independently. OJT is planned training conducted at a work site by an DMS/JDMS as mentioned above. This type of training provides direct experience in the work environment in which the Medical Assessor is performing or will be performing on the job. As a part of the skill development process, Medical Assessors are required to undergo OJT before they are assigned with independent work. An OJT record (**Annexure 'F'**) duly signed by the OJT trainer shall be placed in the individual dossier/ record folder.

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For the purpose of OJT, a trainee Medical Assessor should be attached with a senior experienced Medical Assessor (trainer) who will help him/her to learn skills and process through providing instructions or demonstration (or both). The trainer acts as a guide and explains the task/procedure to the trainee assessor followed by demonstrating it. The trainee then carries out the task, while the trainer observes him/her. Once the trainer is convinced that the trainee is competent, he/she may allow the trainee to carry it out independently under his/her supervision. After such successive exercise the trainee should be issued with the certificate enabling him/her to carry out the task independently without supervision. Certificate issued in respect of OJT completion of each task should be kept in the training dossier of medical assessor. In the process of OJT the trainee medical assessor should undergo job rotation so as to ensure that he/she gains complete overview of activities of the office he/she is attached to.

Once the induction training and on-the-job training is completed, a letter will be issued by office of DGCA signed by competent authority of DGCA, authorizing the newly posted Medical Assessor to work in Medical cell, DGCA independently.

(b) Nomination of Medical Assessors for training.

DMS/JDMS shall be responsible for nomination of Medical Assessors for the training which is conducted by DGCA and should also provide all necessary assistance to the participating medical assessors as required, for smooth completion of training.

(c) Implementation of OJT program.

DMS (CA)/ JDMS (CA) shall function as principal on Job Training Program Coordinator for individuals working in medical cell of DGCA.

(d) Training files and records.

All training completed by a Medical Assessor will be documented in his/her training file. Assessors who complete a formal external or in-house training course will receive a 'Certificate of Completion' which will be attached to their training file (Physical File). A sample format Master list of Medical Assessor is attached as (**Annexure 'G'**) to DGCA training policy.

6.2 Class 2 Medical Examiners

(a) Initial Training.

(i) The initial training of civil doctors who are willing to get empanelled as Class 2 Medical Examiners is conducted by a premiere institute of Indian Air Force namely, Institute of Aerospace Medicine (IAM), Bangalore. This is a mandatory course of two weeks duration which is held only at IAM, Bangalore. The course curriculum, admission, fee, administrative arrangements for the course are maintained/updated by IAM, Bangalore.

(ii) Doctors who have undergone other recognized Aviation Medicine courses at IAM, Bangalore of greater duration than the above courses (like the Introductory Aviation Medicine Course, Primary Aviation Medicine Course, Advance Course in Aviation Medicine, Diploma Aviation Medicine, MD Aviation/ Aerospace Medicine) shall also be considered as qualifying for the purpose of empanelment of Class 2 Medical Examiners (subject to meeting other requirements).

(b) Recurrent Training. Regular recurrent training of Class 2 Medical Examiners is being conducted by DGCA in the following format-

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(i) E-workshop. The E-workshop is held twice a year. Information about the conduct of workshop is forwarded to all Class 2 Medical Examiners through DGCA website and individually by e-mail. The Medical Examiners are advised to register for the workshop. Power Point presentations are e-mailed to the participants a week prior to the workshop. On the day of workshop, an evaluation is carried out based on MCQ's related to civil aircrew medical examination through e-mail. Clarifications, if any, are provided telephonically and by e-mail. A feedback is also sought from participants. A participation certificate is later dispatched to all successful participants. No fee is charged to participants.

(ii) Physical Workshop. Physical workshop is organized every year either at Delhi or Bangalore. The workshop comprises of lectures by concerned specialists from IAF Medical Boarding Centres and Medical Assessors from DGCA HQs. On completion of workshop, a participation certificate is handed over to all participants.

Note:

(i) CAR Section 7 Series C Part 1 mandates the requirement for Class 2 Medical Examiners to attend the workshop. A record of workshop attended by Medical Examiners is maintained at medical cell, DGCA (**Annexure 'H'**).

(ii) Class 2 Medical Examiners are also permitted to conduct Cabin Crew medical examination.

6.3 Class 1 Medical Examiners

(a) The conduct of initial and renewal Class 1 medical examination is necessary for holders of commercial licenses and ratings and is conducted as per provisions of CAR Section 7 Series C Part 1.

(b) Class 1 medical examination is carried out by-

(i) IAF Class 1 Boarding Centres. IAF has identified its medical establishments across the country which conducts the Class 1 medical examination for holders of licenses and ratings. Few of these centres conduct initial medical examination in addition to renewal medical examination while the remaining centres carry out renewal medical examination only for holders of commercial licenses.

(ii) Civil Class 1 Initial Medical Boarding Centres. Among Civil hospitals, Dr Balabhai Nanavati Hospital, Mumbai and Apollo Heart Centre, Chennai are empanelled by DGCA to conduct Class 1 Initial Medical examination.

(iii) Class 1 Medical Examiners. Doctors with essential qualification, competence and facility have been empanelled to conduct Class 1 renewal medical examination (CAR Section 7 Series C Part 1 Issue III).

(c) Initial Training. The initial training of Medical Examiners at Class 1 Medical examination Centers is carried out as follows:-

(i) IAF Class 1 Medical Examination Centres. The IAF centres have been conducting Class 1 medical examination since several years. The knowhow is transferred to new incumbent medical officers in these medical examination centres by interpersonal interaction and also by way of experience gained over a period of time in conduct of

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medical examination during active service in IAF. These Medical Examiners also attend various Continuing Medical Programs (CME) organized by IAF and workshops conducted by DGCA from time to time.

(ii) Civil Class 1 Initial Medical Examination Centres. President, Medical Board who is also a DGCA empanelled Class 1 Medical Examiner is trained in conducting the initial medical examination. He in turn ensures proper conduct of medical examination at medical examination centres.

(iii) Class 1 Medical Examiners. The initial training for Class 1 Medical Examiners would be conducted as a one day training at Class 1 Medical Examiners medical facility on as and when required basis.

(d) Recurrent Training

Recurrent Training for Class 1 Medical Examiners, IAF medical officers and Civil Class 1 medical examination centres, is held regularly in form of physical workshop and a record of the same is maintained at medical cell, DGCA.

Contents of Workshop for Class 1 & Class 2 Medical Examiners.

Topics that are covered in the workshop, generally include the following-

- (a) Procedure of conduct of Class 2 Medical examination.
- (b) Administrative aspects and update on policy changes/modifications pertaining to medical fitness.
- (c) Presentations on salient aspects of Ophthalmology/ENT/Medicine/Surgery & allied specialties.

(d) Recent advances in aviation industry and challenges faced with respect to health of aircrew and on passenger safety.

(e) Any other topic of concern with respect to civil aircrew medical examination and flight safety.

Note.

(i) Technical assistance would be sought from DGMS (Air) and Indian Society of Aerospace Medicine (ISAM) for holding these workshops. In addition, policies governing conduct of medical examination and changes thereto are regularly shared with all the Medical Examiners through e-mails.

(ii) Class 2 Medical Examiners are also encouraged to participate in the Annual Conference of Indian Society of Aerospace Medicine (ISAM).

6.4 Training of support/Administrative staff of medical cell

(a) In order to ensure that staff posted to medical cell are able to carry out their duties efficiently and towards expeditious processing of medical assessments of Aircrew/ Individual, it is essential that the administrative staff are trained towards all aspects of processing of medical cell. To carry out day to day functions of Medical cell as mentioned in Para 1.2 of Chapter 1 above, the administrative staff working in the Medical cell will be required to undergo following training programme-

- (i) Initial Training
- (ii) On the Job Training

(b) The training should primarily cover aspects related to procedures and documentation for issue and renewal of medical

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assessments, receipt and dispatch of PMR, docketing of Medical documents received at medical cell, and issue of NOC etc.

(c) The training of support staff who are medical and admin assistants from IAF, are already trained and have sufficient knowledge of handling the medical and other related documents. On attachment to DGCA, an OJT is also provided to them by DMS/ JDMS. On successful completion of the training, they are assigned requisite jobs in medical cell, DGCA by DMS/ JDMS.

(d) The training for administrative staff may be conducted by any officer posted in medical cell and who possesses a valid training certificate issued by office of DGCA. The staff is also briefed from time to time about the changes in procedures and regulations, with respect to civil aircrew requirements.

(e) Record of training conducted should be maintained (Attendance sheet, OJT details) in the medical cell by the officer assigned with the responsibility for conducting training of Administrative Staff. On completion of training, a certificate to this effect will be issued to the administrative staff by DMS/JDMS.

References

1. ICAO Annex 1 Personnel Licensing.
2. ICAO Manual of Civil Aviation Medicine – 2012 (Document 8984).

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3. Aeronautical Information Circulars on medical matters available on DGCA website <http://dgca.nic.in/medical/medical-ind.htm>.
4. Civil Aviation Requirements Section 7 Series C, Part-I (Issue II) on 'Medical Requirements and Examination for Flight Crew Licenses and Ratings' dated 12 October 2017 available on DGCA website <http://www.dgca.nic.in/medical/med-rule-ind.htm>.
5. Civil Aviation Requirements Section 7 Series C, Part-III (Issue I) on 'Empanelment of Medical Examiners for conduct of Class 1 Medical Examination' dated 23 June 2017 available on DGCA website <http://www.dgca.nic.in/medical/med-rule-ind.htm>.
6. Flight Crew Licensing (FCL) Circular – 01/2017 – General Instructions for conduct of Class 1 Medical examination.

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**Annexure –
'A'**

**FORM FOR SEEKING MEDICAL APPOINTMENT
AT IAF CIVIL AIRCREW MEDICAL EVALUATION CENTRE**

1	Name (Capital Letters only)		
2	PMR File No.	1-_____ / _____ -L-2	DOB
			Age (As on intended date) Yrs.
3	Personnel from Military / Paramilitary Services		Yes / No / Not Applicable
4	If Yes, whether Serving (on the intended date of Medical)		Yes / No
5	Contact No.		
6	E-Mail ID (Capital letters only)		
7	Details of Last medicals examination	Medical Centre	
		Date of Medical	(Class 1 or 2)
8	Last Medical Valid upto (As per Medical Assessment issued by DGCA Medical cell)		
9	<u>Forthcoming Medical:</u>		
	(a) Medical Type (Tick One Option)	(i) Initial / Re-initial (ii) Renewal (iii) Review after Temporary Unfit (iv) Special Medical (Kindly attach necessary relevant medical documents)	
	(b) Intended Dates	(i)	
		(ii)	
	(c) Intended Centres (If all the options are filled, then earliest date will be allotted in either of the given options)	(i)	
		(ii)	
		(iii)	
10	I have read the provision of Centralized Appointment and PMR file forwarding System. I certify that (Tick one of the following applicable option) (a) My forthcoming medicals is not due at AFCME / IAM / MEC (E). (b) My forthcoming medical is due at AFCME / IAM / MEC (E).		
11	Give reason , if applying for AFCME / IAM / MEC (E)		
	Place	(Signature of Individual)	
	Date		

P.T.O

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NOTE:

1. The form is to be filled by applicant ensuring **all columns are filled** legibly.
2. Incomplete/unclear applications would not be processed.
3. Appointments will be given as per availability of slots.
4. Individual may apply as early as 90 days before intended date of medical appointment.
5. Kindly **ensure the availability of last medical assessment** issued by DGCA medical cell and **not CA-35** when applying for Medical appointment.
6. Approximate **10 working days are required** to process your application.
7. After getting confirmation e-mail of medical appointment, apply for NOC, if applicable.
8. For more information visit <http://dgca.nic.in/medical/Procedure> for DGCA Centralised Appointment & PMR Forward System.pdf

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Annexure - 'B'

FORM FOR CANCELLING APPOINTMENT
AT IAF CIVIL AIRCREW MEDICAL EVALUATION CENTRE

1	Name (Capital Letters only)			
2	PMR File No.	1 - _____ / _____ -L-2		
3	Contact Number			
4	Email ID			
5	Contact No.			
6	E-Mail id (Capital letters only)			
7	Details of Appointment allotted	Medical Centre		
		Date of Medical		
8	Reason for Cancellation (In brief)			
9	Further action (Select one)	(a)	I do not intend to get the medical done now. Kindly retrieve my PMR File back to DGCA.	
		(b)	I intend to get the medical examination at different centre. Kindly retrieve my PMR back to DGCA.	
	Place	(Signature of Individual)		
	Date			

Note:

1. The form is to be filled by applicant only.
2. All columns are to be filled legibly.
3. Incomplete/ unclear applications would not be processed.
4. For obtaining a fresh appointment, fresh Annexure 'A' to be filled and sent along with Annexure 'B'.

Annexure -

'C'

Step 1: Calculate total Medical Assessors required

1. It is essential to collect three types of Information to calculate the total requirement of Medical Assessors. This includes:

- (a) Identification of each work function-
 - (i) Issue of Medical Assessments to Class 1
 - (ii) Issue of Medical Assessments to Class 2
 - (iii) Issue of Medical Assessments to TU/PU/Appeal cases
 - (iv) Special Medical cases correspondence
 - (v) Training of Medical Examiners
 - (vi) Enforcement actions, Administrative work, Legal proceedings etc.
- (b) Annual frequency of each work function as described above.
- (c) Total number of Medical Assessor hours required to complete each work function.

2. This information is then entered into an Excel spreadsheet. The total number of annual hours required for each work function can be calculated by *“Multiplying the number of times the work function is carried out each year by the number of Medical Assessor hours required to complete the same work function”*

3. Calculate the total Medical Assessor hours required by medical cell separately, then find the sum of the total number of hours required for each work function performed by the medical cell.

Step 2: Calculate total Medical Assessors hours available

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1. There are two important components to calculating total Medical Assessors hours available:

- (a) Number of hours that each Medical Assessors is available to conduct work functions.
- (b) Total number of Medical Assessors.

2. For determining the number of work hours, assumptions must be made regarding:

- (a) Number of hours each day each Medical Assessor is expected to work (8 hours per day)
- (b) Number of hours Medical Assessor will work annually
- (c) Number of work days the Medical Assessor will be on training, vacation or is unavailable to work for other reasons annually.

For example, each Medical Assessor who is available for working in medical cell in a calendar year is calculated as under-

Available Weekdays (52 x 5)	260
Unavailable weekdays	
Holidays	18
Leave Days	30
Casual leave	8
Training	10
Total Unavailable workdays	66
Remaining Available days	194 (260-66)
Work Hours per day	8 hrs

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Thus, the Medical Assessor's available work hours in a calendar year will be 8 hours x 194 work days = 1552 hrs

3. This analysis is conducted separately for each Medical Assessor of Medical cell. Therefore, the total number of Medical Assessor refers to the total number of current, qualified and available Medical Assessors.

4. Once the above two parameters are determined, total office hours put in by Medical Assessors can be calculated as mentioned in the example below:-

If a medical cell has 1,552 hours available, and there are 05 Medical Assessors then the total hours available of medical cell are 15,520 (1,552 x 05).

Step 3: Compare total hours required and total hours available

1. Compare the total Medical Assessor hours required calculated in Step 1 to the total hours calculated in Step 2 above. If the total hours required is less than the total hours available, then the medical cell has sufficient staffing.

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Table 1: Sample Workforce Evaluation Worksheet

Step 1: Calculate total hours required

Work Function	Annual Frequency	Hours per Function	Hours Required
Function 1	36	24	864
Function 2	48	6	288
Function 3	24	4	96
Function 4	108	2	216
Function 5	12	24	288
Function 6	18	36	648
Total Hours Required			2400

Step 2: Calculate total hours available

Annual hours available per Medical Assessor	1760
Current number of Medical Assessor	2
Total hours available	3520

Step 3: Compare total hours required to total hours available

Total Officer Hours Available 3520

Total Officer Hours Required 2400

Difference 1120

Step 4: Ensure medical cell workforce is properly qualified and trained

This step involves taking the number of Medical Assessors required and determining the necessary training and qualification requirements for the inspectors to meet the demands of the civil aviation system. These training requirements include the necessary Medical Assessor training (Initial training & On-job-training). The training requirements are detailed in Procedure & Training Manual.

Note

Workforce issues related to administrative staff supporting Medical Assessors in medical cell is required to be assessed separately. The Medical cell should have sufficient administrative staff, appropriate to the size and complexity of the office, to effectively discharge their responsibilities.

MEDICAL NOC APPLICATION

Medical cell, DGCA
(Opp Safdarjung Airport), Aurobindo Marg
New Delhi – 110 003

Date:

ISSUE OF NOC FOR CONDUCT OF CLASS-I MEDICALS

1. I, (Name), PMR No 1-...../.....-L-2
request for an NOC since (state reason(s) why NOC is
required).....

.....
.....
.....

2. My particulars are as follows

(a) Email id(In Capital letters)

(b) Contact Number
.....

(c) Postal Address
.....

.....
(d) Date of Birth with Age:
.....

(e) Details of last medical

(i) Date Valid up to:

(ii) Place of Medical

(iii) Type of Medical Class-1/ Class-2
.....

(iv) Status Fit/ Temporary Unfit/ Permanent Unfit
.....

(f) Forthcoming Medical

Date

Medical Centre/ Examiner

3. I have not exercised the privileges of my license when my medical was not valid.

4. NOC may be (select 1 option) posted to me/ sent along with PMR/ held at DGCA for
collection by
Me.

Yours faithfully,

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Enclosures:

- (i) Copy of Last Medical Assessment issued by DGCA.
- (ii) Documents supporting reason for delay/ early/ special e.g. medical certificates if reason was medical

REMARKS BY DMS/JDMS

Annexure 'E'

Checklist for auditing Medical Examiners, Facilities and Record-Keeping Methods

Name of Medical Examiner:		Date:			
Name of Medical Assessor:		Place/Region:			
Facility Information					
Type of activity authorized (Class 1 or II):					
Address:					
Phone Number:					
No. of authorization/empanelment:					
Email:					
Details:	Depending on how it applies, determine if the status is: S- Satisfactory, U-Unsatisfactory, or N/A- Not Applicable Use the "Remarks" Section for any further explanations of U-Unsatisfactory statuses.				
Sl No	Provision	EVALUATION			Remarks
		SAT (S)	UNSAT (U)	N/A	
	Administrative				

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1	Facilities (with necessary equipment, charts, space, etc.)				
2.	Record-keeping (safe, secure, organized?)				
SI No	Provision	EVALUATION			Remarks
		SAT (S)	UNSAT (U)	N/A	
3.	Data and evaluation of completed assessments?				
4.	Utilizing the create format and procedure for completing a medical				
5.	Correct information regarding facility? (Is address, hours of operation, telephone, email, etc. up-to-date?)				
6.	Forms regarding Informed Consent?				
Manuals					
8.	Most up-to-date version of CAR and DME manual				
9.	Most up-to-date copy of ICAO Doc 8984				
10.	Most up-to-date copy of ICAO Doc 9654				
11	Most up-to-date digital copy of Annex 1				

Remarks:

Signature of Approving Authority:

Name of Approving Authority:

Designation:

Date:

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<u>EMPLOYEE'S ON-THE-JOB TRAINING RECORD</u>				
1. IDENTIFYING INFORMATION				
Last Name: _____		First Name: _____		Initials: _____
Position: _____		Section / Division: _____		
2. OJT ACTIVITY DOCUMENTATION				
Job Task or Subject Matter	Date Level Completed			*Name(s) and Signature of OJT Trainer
	Level I (Understanding)	Level II (Demonstration)	Level III (Performance)	
3. CERTIFICATION				
(a) * By appending my signature in this column, I certify that the trainee has completed the OJT documented above and is competent to perform the task without supervision.				
(b) I hereby confirm that I have completed the OJT documented above with the qualified OJT Trainer(s).				
Signature: _____		Date: _____		

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Name:

Completion Date:

Sl. No	Subject	Remarks
Section – 1 Employment Documents		
1.	Air HQ Vacancy letter	
2.	Appointment Note	
3.	Contract	
4.	Job Description	
5.	Any Previous Employment (prior to DGCA)	
Section 2 Credentials		
1.	DGCA Identification Card	
2.	Airport Entry Pass	
3.	Passport	
Section 3 – Qualification		
1.	Academy Qualification	
2.	Professional Qualifications	
3.	Licenses (if available)	
Section 4 – DGCA Initial Training		
1.	DGCA Indoctrination training course (if applicable)	
Section 5 – DGCA on-the-Job Training		
1.	DGCA on-the-Job Training	
Section 6 – DGCA Sponsored Continuation and Recurrent Training		
1.	Any Specialized Training	
Section 7 All other Industry Training		
1.		
2.		
3.		
Section 8 – Miscellaneous (Additional Qualification)		
1.		

Annexure ‘H’

RECORD OF WORKSHOP ATTENDED BY MEDICAL EXAMINERS

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Designated Medical Examiners (DMEs). The Medical Assessors of the DGCA Medical cell must create a yearly surveillance plan for Class 1 and Class 1I Medical Examiners that allows the Medical Assessor to plan for unannounced inspections of Medical Examiners by year, month, and region. The Medical Assessor will take a risk-based approach to ensure 20% of Medical Examiners are surveilled annually. If the risk-based approach does not trigger the 20% to be surveilled within a given year, the Medical Examiner will randomly choose Medical Examiners to reach the required 20%.

[YEAR] DME Annual Surveillance/Empanelment Plan														
SI No.	Name	Region	January	February	March	April	May	June	July	August	September	October	November	December
Region														
Region														
Region														