



# Part 183

## **Representatives of the Egyptian Civil Aviation Authority (ECAA)**

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**SUBPART A**  
**General**

**183.1 Scope**

This Part prescribes the requirements for designation of private persons to act as flight safety representatives of the ECAA in examining, inspecting and testing persons for the purpose of airman certification representatives. This Part also states the functions and limitations of those representatives and prescribes the rules for carrying out those functions.

**183.3 Definitions**

**Likely.** In the context of the medical provisions in this Part, likely means with a probability of occurring that is unacceptable to the Medical Assessor.

**Medical Assessment.** The evidence issued by a Contracting State that the licence holder meets specific requirements of medical fitness.

**Medical assessor.** A physician, appointed by the ECAA, qualified and experienced in the practice of aviation medicine and competent in evaluating and assessing medical conditions of flight safety significance.

**Note 1.**— Medical assessors evaluate medical reports submitted to the Licensing Authority by medical examiners.

**Note 2.**— Medical assessors are expected to maintain the currency of their professional knowledge.

**Medical examiner.** A physician with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated by the ECAA to conduct medical examinations of fitness of applicants for licences or ratings for which medical requirements are prescribed.

## **SUBPART B**

### **Certification of Representatives**

#### **183.11 Selection**

The ECAA may nominate pilot, flight instructor, flight engineer, cabin crew examiners, and medical examiners as may be needed, who are deemed suitable and qualified to conduct examinations of knowledge, skill, and competency in accordance with ECAR Part 121, 61,63 and 67.

#### **183.13 Certification**

- (a) A certificate of designation and a certificate of authority will be issued by the ECAA to each flight safety representative appointed to perform specified functions for the ECAA.
- (b) The certificate of designation will prescribe the basic functions for which the designee is qualified and authorized to perform. The certificate of authority will show the designee's specific qualifications and authorizations.

#### **183.15 Duration of certificates**

- (a) Flight safety representatives are designated for a one-year period and must have their authority renewed before the end of the twelfth calendar month after the date of issuance or subsequent renewal.
- (b) A designation made under this subpart shall otherwise terminate whenever:
  - (1) Requested in writing by the designee;
  - (2) Requested in writing by the designee's employer for any designation in which the recommendation of the employer is required for the designation;
  - (3) The designee is separated from the employment of the employer who recommended that designee for certification;
  - (4) The ECAA finds that the designee has not properly performed his duties under the terms of the designation; and
  - (5) The ECAA for any reason, deems it appropriate to terminate the designation.

#### **183.17 Reports**

Each flight safety representative designated under this Part shall make such reports as may be prescribed by the ECAA.

## **SUBPART C** **Functions and Responsibilities**

### **183.21 Privileges and responsibilities of aviation medical examiners and assessors**

- (a) An aviation medical examiner may:
  - (1) Accept applications and perform physical examinations necessary for issuing medical certificates as required for airman certification under Part 61,63 and 67 and in accordance with the applicable medical standards;
  - (2) Conduct the necessary medical examinations for the assessment of medical fitness, in accordance with the Standards of Part 67; and
  - (3) Report to the ECAA the results of the medical examination.
- (b) An aviation medical assessor may:
  - (1) Review the results of medical examinations reported by the different authorized medical examiners; and
  - (2) Provide the aviation medical advice on individual cases and issue or deny the appropriate medical certificate.
- (c) The ECAA can take a decision to exercise the "flexibility" clause of 67.7(h) by a designated medical committee in accordance with the requirements of Part 183. Accredited medical conclusions taken by this committee should be documented in each individual case and it should show how a particular decision was arrived at by means of the accredited medical conclusion.

### **183.23 Pilot, flight engineer and cabin crew examiners**

Pilot, flight engineer and cabin crew examiners may:

- (a) As authorized by their designations, accept applications for oral and flight tests and competency checks required for the issuance of pilot certificates and ratings, flight instructor certificates and ratings, and flight engineer certificates and ratings, and cabin crew certificate and ratings as prescribed in Part 61 and Part 63; and
- (b) Conduct flight tests as authorized in their certificates of designation and authorization.
- (c) designated pilot examiners who have passed their 65<sup>th</sup> birthday or who do not hold an appropriate valid medical assessment certificate may not serve as pilot flight crewmembers in operations under ECAR Part 121.
- (d) Designated pilot examiners who have reached their 65<sup>th</sup> birthday or who do not hold an appropriate medical assessment certificate may function as designated pilot examiners (simulator only) until reaching their 70<sup>th</sup> birthday providing that he/she must accomplish the following:
  - (1) In compliance with the recurrent training or Proficiency checks or requirements of ECAR part 121.427 or 121.441 respectively and conducting at least two flight checks in a flight simulator within the preceding 12 calendar months.
  - (2) Accumulated previous experience of five years before reaching his or her 60<sup>th</sup> birthday in any aircraft engaged in international commercial air transports as designated pilot examiners.
  - (3) Nomination by air carrier or air taxi or training centers or conducting training on behalf of air carrier and/or air taxi operators certified under ECAR Part 121 or training centers certified under ECAR Part 142 and approved by ECAA.

### **183.25 Cabin crew examiners qualifications and responsibilities**

#### **(a) Qualifications**

- (1) All cabin crew examiners shall have a minimum of 5 years' experience as a cabin crewmember instructor.
- (2) Shall complete the Initial training as specified by the authority and shall maintain on a recurrent basis the knowledge & skill required to ensure the knowledge is up to date
- (3) Shall be evaluated once a year by the respective ECAA Inspector to ensure the competency and the subject knowledge required with respect to the delegated task is satisfactory.
- (4) Training requirements of the cabin crewmember examiner shall be stipulated in the training manual which shall have the prior approval of the ECAA.

(b) Cabin crewmember examiner Responsibilities:

- (1) Shall be knowledgeable & an expert in the field of assessment of the trainee.
- (2) Carry out assessments as per ECAA.
- (3) Shall be aware of the required assessment framework of the organization.
- (4) All Cabin crew examiner shall have consistency in assessment of performance standards & expected knowledge of the trainee & hence shall have approved checklists with answer keys.
- (5) Clarify assessment process and rules with the trainee and give positive feedback & reinforcement.
- (6) Responsible for making a determination of the actual standard attained by the trainee and if necessary recommend corrective action required to the Cabin crew Manager.
- (7) Submit evaluation forms to Cabin crew Manager & respect confidentiality.

## **APPENDIX A** **Requirements for of Medical Assessors and Medical Examiners**

### **183.aa.1 PURPOSE**

- (a) This Appendix is issued to provide guidelines for Medical Assessors. ECAR Part 67.7(k) states that the ECAA shall use services of medical Assessors to evaluate reports submitted to the Licensing Authority by Medical Examiners. The ECAA then have an obligation to hire the services of these assessors through employment or a designee through a defined contract. This Appendix then lays the basis along which the process of Medical assessors can be reached.
- (b) Establishment: The ECAA will include within its authority one or more physicians experienced in the practice of aviation medicine. Such physicians shall either form part of the authority, or be duly empowered to act on behalf of the authority. In either case they shall be known as the medical assessors.
- (c) Medical confidentiality: Medical confidentiality shall be respected at all times. The authority will ensure that all oral or written reports and electronically stored information on medical matters of license holders/applicants are made available to a medical assessor, in order to be used by the authority for completion of a medical assessment. The applicant shall have access to all such documentation in accordance with national law.

### **183.aa.3 REFERENCE**

- (a) Civil Aviation (Personnel Licensing) Regulations as amended;
- (b) ICAO Annex I

### **183.aa.5 GUIDANCE AND PROCEDURES**

#### **(a) General Information**

- 1 .“Medical assessor” means a physician qualified and experienced in the practice of aviation medicine who evaluates medical reports submitted to the Authority by Aviation Medical Examiners. They have certain responsibilities directly related to the Civil Aviation Authority safety programme.
2. To properly discharge the duties associated with these responsibilities, Medical assessors shall maintain familiarity with general medical knowledge applicable to aviation. They also shall have detailed knowledge and understanding of the civil aviation rules, regulations, policies, and procedures related to the medical certification.

### **183.aa.7 Functions and Responsibility**

#### **(a)The main tasks of the medical assessor are as follows:**

1. Evaluation of medical reports submitted to the ECAA by medical examiners. Oversee the appointment and nomination of Aviation Medical Examiners (AME) and Aviation Medical Centres;
2. Be the overall adviser in Aviation Medicine to the ECAA and;
3. Oversee initial and recurrent training of Aviation Medical Examiners and;
4. Supervise the medical examinations process:
  - (i) Handling of medical files – protection of medical data in AME’s offices and eventual storage in the ECAA Medical Section;
  - (ii) Guidance material being used by AMEs;
  - (iii) Facilities for performing the required examinations and possession or agreements to obtain such equipment prior to conducting any aviation medical examinations.
5. Evaluate complicated and unusual cases submitted by AME, and where the applicant does not fully meet the medical requirements, initiate the process of “accredited Medical Conclusion” as outlined in ECAR67.7(m);

6. Determine – when justified by operational considerations – to what extent pertinent medical information is presented to relevant officials of the Licensing Authority and;
7. Consider if the effects of the major surgical operations undergone by an applicant are/or not likely to cause incapacitation in flight and;
8. Establish medical standards for certification of airmen and air traffic controller. Investigate medical appeal cases and take necessary actions and;
9. Investigate medical appeal cases and take necessary actions and;
10. Conduct medical training and seminars for airmen and Engineers and;
11. Oversee an aviation drug testing program and;
12. Establish guidelines to deal with epidemics and diseases and;
13. Participate in accident and incident investigation.
14. select and appoint designated medical examiners to medically certify Airmen, flight engineers and air traffic controllers

### **183.aa 9 Requirements for an Aviation Medical Assessor**

- (a) It is highly recommended that ECAA hire the services of at least one Medical Assessor. Taking into consideration the importance of the function it is strongly recommended that only professionally qualified and appropriately licensed doctors may be employed/designated as Medical Assessors.
- (b) Basic Medical Qualifications for an Aviation Medical Assessor  
To be employed or designated as Medical assessor, the applicant shall meet the following basic medical Qualifications as an AME:
  1. Be qualified and licensed in the practice of medicine;
  2. Have obtained aviation medicine training at an institution recognised by the Authority;
  3. Demonstrate adequate competence in aviation medicine;
  4. Have practical knowledge and experience of the conditions in which the holders of licences and ratings carry out their duties;
  5. Receive refresher training at regular intervals as prescribed by the Authority; and
  6. Shall have practiced as an AME for at least five years before application.

### **183.aa.11 Application Requirements**

Application for the post of Medical Assessor shall be made in writing following advertisement in the media. The following documents will be attached to the application;

- (a) A copy of the License authorising practice of Medicine .
- (b) A copy of the certificate confirming qualification in Aviation Medicine
- (c) Evidence of annual attendance of required refresher training in Aviation Medicine.

### **183.aa.13 INTERVIEWS RECORDS AND TERMS**

- (a) The applicant will attend an interview appropriately organised by the ECAA.
- (b) The records of the hiring process of the Medical assessor shall be stored in the ECAAs Human Resources Division.
- (c) Appropriate documents outlining the terms of hire will be signed by both the Medical Assessor and the ECAA.
- (d) To ensure that the hiring attracts the right calibre of medical assessor, it is recommended that the successful candidate serves on probation for a period of one year.
- (e) The ECAA will provide the Medical assessor with an appropriate office, administrative staff and work tools.

### **183.aa.15 Validity of medical assessor authorization**

Medical assessors will be hired and authorized, or renewed, at the discretion of the ECAA for a period not exceeding 1 year.



**183.aa.17 Authorized medical examiners (AMEs)**

- (a) Designation: The authority will designate and authorize medical examiners (AMEs), within its national boundaries, qualified and licensed in the practice of medicine. Physicians resident in foreign states wishing to become AMEs for the purpose of the Egyptian personnel licensing medical examinations may apply to the ECAA for an AME special authorization, such AMEs shall be restricted to carrying out standard periodic revalidation/renewal assessments and shall report to and be supervised by the authority of the ECAA.
- (b) Number and location of examiners: The authority will determine the number and location of examiners it requires, taking account of the number and geographic distribution of its pilot population.
- (c) Access to documentation: An AME, responsible for coordinating assessment results and signing reports, shall be allowed access to any prior aero medical documentation related to such examinations as that AME is to carry out.

**183.aa.19 Training for medical examiner**

AMEs shall be qualified and licensed in the practice of medicine and shall have received training in aviation medicine in an Approved Training Organization . They shall have practical knowledge and experience of the conditions in which the holders of licenses and ratings carry out their duties.

- (a) Basic training in aviation medicine:
  - (1) Basic training for physicians responsible for the medical selection and surveillance of class 2 licensed personnel shall consist of a minimum of 60-hours of lectures including practical work (examination techniques);
  - (2) A final examination shall conclude the basic training course. A certificate will be awarded to the successful candidate; and
  - (3) Possession of a certificate of basic training in aviation medicine constitutes no legal right to be approved as an AME for class 2 examinations.
- (b) Advanced training in aviation medicine:
  - (1) Advanced training in aviation medicine for physicians responsible for the medical examination and assessment and surveillance of class 1 licensed personnel should consist of a minimum of 120-hours of lectures (60 additional hours to basic training) and practical work, training attachments and visits to aero medical centers, clinics, research, ATS, simulator, airport and industrial facilities. Training attachments and visits may be spread over three years. Basic training in aviation medicine shall be a compulsory entry requirement;
  - (2) A final examination shall conclude this advanced training course in aviation medicine and a certificate shall be awarded to the successful candidate; and
  - (3) Possession of a certificate of advanced training in aviation medicine constitutes no legal right to be approved as an AME for class 1 or class 2 examinations by the ECAA.
- (c) Refresher training in aviation medicine: During the period of authorization an AME is required to attend a minimum of 20 hours of approved refresher training. A minimum of 6 hours must be under the direct supervision of an AME.
- (d) Standardized curriculum for AME training is outlined in appendix C.
- (e) Authorization: An AME will be authorized for a period not exceeding three years. Authorization to perform medical examinations may be for class 1 or class 2 or both at the discretion of the authority. To maintain proficiency and retain authorization an AME should complete at least ten aero medical examinations each year. For re-authorization the AME shall have completed an adequate number of aero medical examinations to the satisfaction of the ECAA and shall also have undertaken relevant training during the period of authorization. Authorization is invalid after the AME reaches 70 years of age.
- (f) Transitional arrangements: Authorized medical examiners (AMEs) appointed prior to 1 July 2000 will be required to attend training in the requirements and documentation of aviation medicine.
- (g) Approval of an aviation medical center:
  - (1) To authorize a medical center as an approved medical center (AMC) to conduct medical examinations on civil aviation personnel for the purpose of issuing licenses, an AMC shall be:

- (i) Engaged in clinical aviation medicine and related activities;
- (ii) Headed by an authorized medical examiner (AME), responsible for coordinating assessment results and signing reports and certificates, and shall have on staff physicians with advanced training and experience in aviation medicine; and
- (iii) Equipped with medico-technical facilities for extensive aeromedical examinations.

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**APPENDIX B**  
**Aero medical Examinations**

- (a) For class 1 medical certificates: Initial examinations for a class 1 medical certificate shall be carried out at an approved medical center (AMC). Revalidation and renewal examinations may be delegated to an AME.
- (b) For class 2 medical certificates: Initial, revalidation and renewal examinations for a class 2 medical certificate shall be carried out by an AMC or an AME.
- (c) Report of aero medical examination: The applicant shall complete the appropriate application form as described in ECAA procedures manuals. On completing a medical examination the AME shall submit without delay a signed full report to the assessor in the case of all class 1 and 2 examinations. In the case of a constituted group of physicians performing aero medical examinations, the head of the group shall be designated and authorized in accordance with this Part and be responsible for coordinating the result of the assessment and signing the report.

**APPENDIX C**  
**Standardized Curriculum for**  
**Aviation Medical Examiners**

**183.ac.1 In relation to the above curriculum, the following reference material is utilized**

- (a) ICAO Annex 1, as amended.
- (b) ICAO Annex 13, as amended.
- (c) ICAO Manual of Civil Aviation Medicine (Doc 8984) ICAO Manual of Aircraft Accident Investigation (Doc 6920)
- (d) A standard textbook in aviation medicine

The following program could be conducted in one week at a very intensive pace. On several occasions, it has been used as a two-week training program.

**183.ac.2 Lecture units**

- (a) Introduction; course organization and curriculum:
  - (1) Human factors in the aviation system; responsibility of the medical examiner in air safety;
  - (2) Aviation medicine: history and evolution;
  - (3) International and national regulations: Chicago Convention - Annex 1; and
  - (4) ICAO Manual of Civil Aviation Medicine: origin, objectives and contents.
- (b) Medical requirements:
 

Basic principles in the assessment of fitness for aviation duties:

  - (1) General medical requirements;
  - (2) Physical and mental requirements for licenses;
  - (3) Visual requirements for licenses;
  - (4) Color perception requirements for licenses;
  - (5) Hearing requirements for licenses;
  - (6) Aviation physiology; basic principles;
  - (7) Operational and environmental conditions;
  - (8) Barometric pressure; hypoxia: hypobaria; decompression, pressurization;
  - (9) Accelerations; basic principles: effects on human beings; and
  - (10) Respiratory system; Annex I requirements; assessment of applicants with respiratory problems; lung infections; tuberculosis; post-surgical conditions; asthma and its treatment.
- (c) Cardiovascular system; basic principles of cardiovascular physiology:
  - (1) Relation to aviation duties: risk of sudden incapacitation;
  - (2) Examination procedures: laboratory and special examinations;
  - (3) Specific cardiovascular conditions: hypertension and its treatment;
  - (4) Ischemic heart disease: ECG findings;
  - (5) Angina pectoris;
  - (6) Assessment of satisfactory recovery from myocardial infarction;
  - (7) Cardiomyopathies: pericarditis; rheumatic heart disease;
  - (8) Arrhythmias; conduction defects; and
  - (9) Congenital heart disease: post-surgical conditions.
- (d) Digestive system; basic principles:
  - (1) Abdominal pain; gastrointestinal and biliary post surgical conditions;
  - (2) Gastritis; uncomplicated peptic ulcer and its treatment; complications: recurrence, bleeding and perforations;
  - (3) Biliary tract disorders;
  - (4) Pancreatitis;
  - (5) Irritable colon; and
  - (6) Hernias.
- (e) Endocrine diseases; hyperthyroidism; hypothyroidism:
  - (1) Pituitary Disease: anterior pituitary; growth hormone. Posterior pituitary: diabetes insipidus; Addison's Disease: pheochromocytoma;
  - (2) Diabetes mellitus: basic principles; definitions; aetiology; symptomatology;
  - (3) Diagnostic criteria;
  - (4) Glucose tolerance tests;
  - (5) Classification;
  - (6) Anti-diabetic therapy;

- (7) Operational aspects in aviation;
- (8) Licensing considerations; and
- (9) Satisfactory control criteria for aviation duties.
- (f) Hematology; polycythaemia; anaemias, leukaemias; lymphomas:
  - (1) Platelet disorders;
  - (2) Haemoglobinopathies; geographical distribution; classification; sickling conditions; and
  - (3) Assessment of medical fitness for aviation duties.
- (g) Urinary system; basic principles; risk of sudden incapacitation; urine findings; haematuria; albuminoidal:
  - (1) Nephritis; pyelonephritis; obstructive uropathies; and
  - (2) Tuberculosis. Lithiasis: single episode; recurrence; post-surgical conditions.
- (h) Gynecology-obstetrics; basic principles; performance of aviation duties:
  - (1) Risk of sudden incapacitation;
  - (2) Menstrual disorders;
  - (3) Pregnancy and aviation duties; and
  - (4) Abortion.
- (i) Mental fitness and neurological disorders:
  - (1) Assessment of mental fitness for aviation duties;
  - (2) Normal mental development; psychological testing of intelligence and personality;
  - (3) Psychiatric disorders in aviation personnel: neurosis; personality disorders; psychosis; organic mental illness;
  - (4) Diseases of the nervous system; inflammation; intoxication; vascular diseases; tumors; head trauma; post-traumatic states; disturbance of consciousness; epilepsy; and
  - (5) Electro-encephalography in aviation medicine.
- (j) Tropical diseases; basic principles; general sanitation; diseases transmitted by vectors; food and water-borne diseases; parasitic diseases. Hygiene and sanitation in relation to aviation; prevention of spread of diseases; disinfections of aircraft; vaccination; general health principles; food poisoning; incapacitation; catering services; food, water.
- (h) Oto-rhino-laryngology; the external ear; the tympanic membrane; the middle ear. Post-surgical conditions. The vestibular system; hearing assessment; audiometric; nose and Para-nasal sinuses; pathological conditions; special testing on the ENT system.
- (i) Ophthalmology; examination techniques; visual acuity assessment; visual aids; visual fields; ocular muscle balance; assessment of pathological eye conditions; glaucoma; color vision.
- (j) Cockpit crew fatigue; flight duty time; flight time limitation; circadian rhythms. General health status; basic principles; operational and environmental conditions.
- (k) On-duty incapacitation; Sudden; subtle; complete; partial; medical aspects; operational aspects.
- (l) Flexibility, waivers; Consideration of knowledge, skill and experience; trained versus untrained crews; medical flight test.
- (m) Accident investigation and prevention; The human factors aspect; the role of the medical examiner; identification of the victims; determination of the causes, circumstances and events.
- (n) Hazards of medication and drugs in aviation medicine.
- (o) General course revision; appraisal and evaluation.