



CC/ATCG/Ops/2020/12

Date : 18.12.2020

The Director General of Civil Aviation  
Opposite Safdarjung Airport,  
New Delhi – 110 003.

**Sub : Comments on Medical Requirements and Examination for Air Traffic Controller Licences and Ratings.**

Sir,

Air Traffic Controllers' Guild (India) is a recognized professional body of Air Traffic Control Officers in Airports Authority of India. We are committed to the safety of aircraft operations in Indian airspace and ATC Guild (India) keeps giving inputs at various levels to achieve the best safety standards.

We hereby submit our suggestions/ comments on draft CAR on Medical requirements for Air Traffic Controller Licenses and Ratings promulgated vide F. No. AV 22025/32/DMS/Med dt. 12.10.2020.

**Suggestion no. 1**

**Para 3.3 Class 3 Medical Examination**

~~3.3.1 Initial Class 3 medical examination will be carried out by DGCA empanelled Class 4 medical examiners.~~

3.3.2 **Initial and** Renewal Class 3 medical examination will be carried out by DGCA empanelled Class 3 Medical examiners. It includes Class 1 & Class 2 (more than 3 years of experience) Medical examiners.

**Comments :** As the renewal can be done by Class 3 Medical Examiner, the same may please be considered for Initial Class 3 medical examination.

**Suggestion no. 2**

Para 3.3.1 For a period of unfitness more than 20 days the following procedure will be followed:

- The ATCO/Student ATCO will forward all relevant investigations by email to the Authorized Medical Attendant (AMA) of AAI who is a qualified Aviation Medicine Specialist, **after examining all medical documents will declare the concerned ATCO fit, if AMA of AAI declares ATCO unfit then he will be sent to Class 3 DME for medical examination.**
- ~~A decision on to where to conduct the medical (IAF Boarding Centre/ one of Class 3 Medical Examiners) will be jointly taken by DMS (CA) DGCA Medical Directorate and the Aviation Medicine Specialist of AAI.~~
- ~~The ATCO will report to the concerned centre/Class 3 Medical Examiner for medical examination as conveyed to him/ her.~~

**Comments :** As ATCOs are working under AAI, which is also a Government PSU and ATCOs are being posted at remote locations from where it may be very

difficult and time consuming process after 20 days of Medical leaves. It will be an operational constraint to send an officer again for medical process if the reason for medical leave was minor. As the AMA of AAI is also an aviation medical specialist, he may please be allowed to assess the case and declare the ATCO as fit after examining the relevant documents, if AMA of AAI also finds that further examination is required then he can send the ATCO to Class 3 DME. It will save the precious manhours of ATCO for AAI and will save exchequer's money.

### Suggestion no. 3

Para 3.3.7 Post delivery in following conditions, the concerned Student Air Traffic Controller / Air Traffic Controller may obtain fitness report from gynaecologist and send medical papers to Aviation Medical Consultant, AAI and obtain fitness certificate from request for an appointment with DGCA empanelled Class 3 Medical Examiner for special medical examination and subsequently, to obtain fitness from DMS (CA) AMA, AAI before exercising the privileges of her licence .:

- (i) Following termination of pregnancy: The Student Air Traffic Controller/ Air Traffic Controller is not permitted to exercise the privileges of her ratings until declared medically fit by DMS (CA), DGCA— by Gynaecologist and AMA, AAI.
- (i) Spontaneous/induced abortion without any sequelae: Such Student Air Traffic Controller/Air Traffic Controller remain medically unfit for 4-weeks One Week and then follow the procedures as given above.
- (ii) In case of Caesarean delivery or any other complication, she will remain unfit until she recovers completely, then follow the procedures as given above.

**Comments:** With reference to above mentioned conditions, the following points under Section "Air Traffic Controllers and Pregnancy", Chapter 7 of ICAO DOC 8984 (Manual of Civil Aviation Medicine) are brought for your kind consideration

7.5.8 Miscarriage (spontaneous abortion) is very common; about 15 per cent of all pregnancies are terminated spontaneously. Observation for a few days to ensure that bleeding has stopped may be all that is needed, but vacuum suction or dilatation and curettage to ensure completion of the abortion is frequently performed.

7.5.9 Induced abortion, usually by vacuum suction or by dilatation and curettage, will in the majority of cases entail unfitness for less than a week as these procedures are generally very safe, the rate of serious complications is < 1% and the mortality rate is < 1 in 100 000 cases.

7.5.10 Complication rates increase as gestational age increases. Although uncommon, post-abortion bleeding and pelvic inflammation, peritonitis and septicemia may occur.

7.5.11 The "abortion pill" (mifepristone, a progesterone-receptor blocker) is used within the first seven weeks of pregnancy. A second drug (prostaglandin) is given two days later to start uterine contractions and complete the abortion.

7.5.12 this method is very safe and unfitness is limited to a few days.

As mentioned, Miscarriage (spontaneous abortion) is very common and in case of Induced abortion too the majority of cases entail unfitness for less than a week as these procedures are generally very safe. It is humbly requested that these facts may please be considered and under such scenario medical unfitness should be limited to **ONE**

**WEEK** and Controllers may please be allowed to exercise the privilege of License/Rating once declared fit by Gynaecologist and after sending all the relevant medical papers declared fit by AMA, AAI.

Para 3.3.8. Role of AMA, AAI: The AMA, who is a Qualified Aviation Medical Specialist of AAI will be taking decision on fitness in cases of sickness or hospitalisation upto 20 days as well as in pregnancy cases, at the time of initial declaration of her pregnancy and later fitness after normal delivery.

**Comments** : As pregnancy is a biological process, not an ailment. It is requested that Para 3.3.7 may please be brought under role of AMA, AAI to avoid any delay in availability of an ATCO for operations and to avoid extra pressure on women ATCOs associated due to remote postings and distant availability of DMEs.

#### Suggestion no. 4

Para 4.6 Any false declaration to a medical examiner made by an applicant shall amount to 'False Declaration' and will be considered a serious lapse. This shall be reported by the Examiner to DGCA for appropriate penal action within one week by email.

**Comments** : False declaration can be due to some confusion or lack of knowledge as ATCOs are not medical experts. After an age like 50 years, the medicines keep changing, if some old medications mentioning is missed and it is detected, there should be a provision for explanation call from concerned ATCO, hence it is requested that by default penal action may please be dispensed with.

#### Suggestion no. 5

#### Para 7. PROCEDURE FOR APPEAL MEDICAL EXAMINATION

7.1 All Aircrew declared Temporary Unfit are to be reviewed at AFCME, IAM, MEC (East), CHAF 'B', 11 AFH after the period of unfitness is over. ATCO declared Temporary Unfit are to be reviewed by either a Class 1 medical examiner or at IAF Boarding Centre on a case to case basis, depending upon merits of each case, as decided by DMS (CA)/ JDMS (CA) at Medical Directorate, DGCA a Class 3 DME.

**Comments** : As the review of ATCO can be done by Class 3 DME, the same may please be done in case of any temporary unfitness. It will save a lot of manhours for AAI during this period of acute shortage of ATCOs.

Air Traffic Controllers are responsible and committed professionals who have always shown their immense dedication not only at normal times but also at the precarious situations like COVID-19 pandemic, Floods, Cyclones, Earthquakes etc. We humbly request your kind consideration and incorporation of the suggestions mentioned above.

Assuring you our best cooperation.

Regards



(Alok Yadav)  
General Secretary

Copy to :

1. DMS (CA), Medical Directorate, DGCA, Opposite Safdarjung Airport, New Delhi- 003.
2. The Member (ANS), AAI, CHQ, Rajiv Gandhi Bhawan, New Delhi - 003