PROPOSAL FOR THE AMENDMENT OF SA-CATS 67 ISSUED UNDER THE CIVIL AVIATION REGULATIONS, 2011

PROPOSER

South African Civil Aviation Authority
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PROPOSER'S INTEREST

The Medical Department of the SACAA coordinate documentation for the processing of the initial and renewal designation of aviation medical examiners including the electronic and manual oversight.

GENERAL EXPLANATORY NOTE

Words in **[bold in square brackets]** indicate deletions from the existing regulations.
Words <u>underlined</u> with a solid line indicate insertions in the existing regulations.

1. PROPOSAL FOR THE AMENDMENT OF DOCUMENT SA-CATS 67

1.1 It is hereby proposed to amend Document SA-CATS 67 by the addition after section 6 in technical standard 67.00.4 of the following Appendix C:

"<u>APPENDIX C: CODE OF CONDUCT FOR DESIGNATED AVIATION MEDICAL EXAMINERS (DAMEs)</u>

<u>1. Commitment to Safety</u>

<u>Aviation medical certification forms part of a broader safety assurance system involving applicants, healthcare practitioners, Designated Aviation Medical Examiners (DAMEs),</u>

Workgroup: Dr. Kwinda – 16 July 2026
TSP Subcommittee – 22 July 2026

medical assessors, and the Authority. Safe certification depends on the accurate exchange of information, professional competence, and effective oversight by all participants. DAMEs are expected to conduct medical assessments with integrity, honesty, good faith, and sound professional judgement in accordance with applicable legislation, professional ethical standards, and aviation regulations. The consequences of a negligent or wrongful issuance of a medical certificate to aviation personnel who is medically unfit, can result in accidents/incidents which may have severe public safety, legal and repetitional damage to the CAA.

2. Conflict of Interest

(2.1) A DAME must not use his or her position or knowledge obtained through the Authority designation for private or personal gain, nor conduct business in a way that creates an actual or perceived conflict of interest. Any suspected or actual conflict of interest must be reported immediately to the Authority's Medical Department.

(2.2) A conflict of interest exists where a personal, financial, professional, or other interest could reasonably be expected to influence, or be perceived to influence, a DAME's independent clinical judgement or regulatory decision-making.

(2.3) The existence of a conflict does not necessarily constitute misconduct. It must, however, be identified, appropriately managed, and, where necessary, disclosed.

(2.4) A DAME must:

- (a) Exercise independent clinical and professional judgement at all times.
- (b) Place aviation safety, patient welfare, and regulatory compliance above personal or financial interests.
- (c) Comply with the HPCSA Ethical Rules of Conduct relating to conflicts of interest.
- (d) Avoid circumstances that could reasonably undermine public confidence in the integrity of the aviation medical certification process.

(2) Potential conflicts of interest include following but are not limited to:

(a) using the Authority designation for personal advantage;

(b) acting as both examiner and treating physician without clarifying roles;

(c) family members or associates gaining profit through DAME's position;

(d) issuance of medical certificates to immediate family members or close associates;

(e) allowing personal or financial interests to interfere with independent judgment;

(f) holding financial interests in suppliers, clients, or certificate holders under examination;

(g) accepting preferential discounts or benefits from applicants;

(h) soliciting loans from patients or suppliers;

(i) failing to declare personal or corporate conflicts in writing;

(j) accepting gifts that may be perceived as undue influence;

(k) failing to disclose professional roles when registered in multiple capacities;

(l) disrespectful, discriminatory, or exploitative treatment of applicants.

3. Effective Communication and Consent

Clear communication with applicants is essential to avoid misunderstandings and uphold professional integrity. Informed consent must always be obtained prior to examination, and applicants may withdraw consent at any stage. Where the applicants withdraw their consent, DAMEs should record and report such cases to the SACAA.

4. Recording of Medical Consultations and Examination

(1) The primary purpose of an aviation medical consultation is the assessment of an applicant's medical fitness in accordance with applicable aviation regulations. Any

recording of the consultation must not compromise the integrity of the assessment, patient confidentiality, or the privacy rights of any individual.

(2) An applicant wishing to audio or video record a consultation should inform the DAME before the consultation commences. The purpose and intended use of the recording should be discussed to promote transparency and mutual understanding.

(3) The DAME may permit or decline a request to record a consultation, provided the decision is exercised reasonably and does not unfairly prejudice the applicant.

(4) Where a recording is permitted, both the applicant and the DAME should acknowledge that the recording contains personal health information and must be collected, stored, used, and disclosed in accordance with the Protection of Personal Information Act (POPIA) and any other applicable legislation. Recordings may not be altered or used in a misleading manner.

(5) If a request to record is declined, the DAME should explain the reasons for the decision. Where the applicant remains uncomfortable proceeding without a recording, the consultation may be deferred to allow the applicant to seek an alternative DAME. The responsibility for arranging an alternative appointment should rest with the applicant.

5. Submission of Medical Reports

(1) Upon completion of the aviation medical assessment, the DAME must submit an accurate, objective, and evidence-based medical report to the Authority in accordance with the applicable aviation medical standards and prescribed submission procedures.

(2) All medical reports and supporting documentation required to support the certification decision shall be submitted to the Authority within 60 days of the date of the medical assessment.

(3) Supporting documentation shall include all relevant clinical reports, specialist opinions, investigation results, and any other information required under the applicable aviation medical standards to enable an informed certification decision.

(4) Where the findings of the medical assessment are inconclusive, fall outside the DAME's delegated authority, or require consideration by the Aeromedical Committee, the DAME shall submit the case in accordance with the relevant aviaton Part 67 Technical Standards and referral procedures prescribed by the Authority.

(5) The DAME must ensure that all information submitted is complete, factual, and based on the available clinical evidence. Where information is incomplete or pending, this shall be clearly documented, together with any interim recommendations where appropriate.

(6) Applicants who are referred to specialists or other expect for further medical assessment who does not return to the DAME within 3 months after referral. Where there has not been confirmation of appointments with the specialists by the applicant. The DAME must declare the applicant unfit and release the incomplete medical examination to the CAA with comments regarding the reasons for the decision.

6. Examinations of General Practice Patients

(1) If a DAME also serves as the applicant’s treating physician, the said DAME must explain the dual role clearly, ensuring the applicant understands the different obligations of the DAME role. The CAA does not oppose dual responsibility

provided that DAMEs are objective in the aeromedical decision-making and there is no conflict of interest or bias.

7. Professionalism in Dealings with SACAA

(1) Designated Aviation Medical Examiners (DAMEs) shall conduct all interactions with the Authority in a professional, respectful, and constructive manner, fostering mutual trust and collaboration in the interest of aviation safety.

(2) DAMEs shall not engage in bribery, corruption, fraud, or any conduct intended to improperly influence regulatory decisions. Any such conduct shall be dealt with in accordance with applicable legislation and disciplinary processes.

(3) Nothing in this Code shall be interpreted as restricting DAME's right or professional duty to:

3.1 raise bona fide concerns regarding aviation safety or regulatory processes;

3.2 express professional opinions or disagreements in good faith, supported by evidence and expressed respectfully;

3.3 report suspected misconduct, unlawful conduct, or safety risks through appropriate channels; or

3.4 make protected disclosures in accordance with the Protected Disclosures Act or any other applicable legislation.

(4) The Authority shall encourage an environment in which constructive professional dialogue, evidence-based feedback, and the reporting of safety concerns can occur without fear of victimisation or retaliation.

(5) Communication between the DAME and the authority must be respectful, and there should be no harassment or threats to ensure continuing professional development and to allow for cooperations during investigations where there is potential contravention to Part 67.

8. Retention and Disposal of Aviation Medical Records

(1) DAMEs shall maintain complete, accurate, and secure medical records for all aviation medical assessments in accordance with the applicable provisions of the Health Professions Act, National Health Act, HPCSA Ethical Rules of Conduct, POPIA, and any aviation-specific record retention requirements prescribed by the Authority.

(2) Medical records shall be retained for the minimum period prescribed by applicable legislation and professional guidelines. Where aviation-specific requirements prescribe a longer retention period, the longer period shall apply.

(3) DAMEs shall implement appropriate administrative, physical, and electronic safeguards to protect the confidentiality, integrity, and availability of medical records against unauthorised access, loss, alteration, or destruction.

(4) Upon retirement, resignation, cessation of practice, incapacity, or death, the DAME shall ensure that appropriate arrangements are made for the secure custody, lawful transfer, or continued retention of aviation medical records to enable authorised future access where required by the applicant, the Authority, or other legally authorised persons.

(5) The Authority should publish guidance on the management, transfer, retention, and disposal of aviation medical records upon closure of an aviation medical practice to promote consistency, legal compliance, continuity of care, and

preservation of records required for aviation safety oversight.

9. Undertaking by the Designated Aviation Medical Examiner (DAME)

I, the undersigned Designated Aviation Medical Examiner, hereby acknowledge that I have read, understood, and agree to abide by the Code of Conduct for DAMEs issued by the Authority. I undertake to conduct all medical examinations with integrity, impartiality, and professionalism, and to avoid any actions that could compromise aviation safety or the reputation of the Authority.

DAMEs Full Names: _____

Practice No: _____

Signature: _____

Date: _____