

AVIATION SAFETY ADVISORY PANEL

DATE: 22 NOVEMBER 2017

AGENDA ITEM: 5.1

TITLE	AVIATION MEDICAL CERTIFICATION POLICY
SUBMITTED BY	ASAP Secretariat (asap@casa.gov.au)
PURPOSE	To seek members' feedback and endorsement on a policy position for aviation medical certification.
KEY ISSUES	<ul style="list-style-type: none">• A new policy for private and recreational medical standards (Class 2) is proposed, with implementation as soon as possible• No immediate changes are proposed for professional standards (Class 1 & Class 3)• A more detailed review is proposed over the next 18-24 months
ATTACHMENTS	1. Review of submission to aviation medical discussion paper

BACKGROUND

Streamlining of processes for medical certification of pilots (and air traffic controllers) has been a strong area of focus for CASA over recent years, and a discussion paper exploring various policy issues was published in December 2016.

Over 160 responses were received and while there was a wide variety of issues and opinions received, the key areas that emerged were:

- reform to CASA's approach should be on Class 2 and recreational medical certification with a focus on both medical standards and simplification of processing;
- CASA's Designated Aviation Medical Examiner (DAME) capability should be leveraged to greater effect; and
- more evidence and data should be used in shaping the future of aviation medicine regulatory decision making.

An Independent report on the submissions received is included at **Attachment 1**.

A three-phased approach to reform CASA's approach to aviation medicine was considered by the CASA Board in October.

- Phase 1: Implementation of immediate measures to address some of the key issues identified
- Phase 2: Redesign the Class 2 medical certification system
- Phase 3: Advanced measures to ensure the entire medical certification scheme remains contemporary.

PROPOSED POLICY POSITION

The key policy outcomes are based on the recognition that advances in medicine, combined with advances in aviation technology, have together operated to establish a control framework that is fundamentally different to that which applied at the time the current medical certification regulations came into force. In aviation risk terms, this means that a higher level of inherent risk can be tolerated, due to the mitigating effect of significantly more advanced controls or treatments.

Released under Freedom of Information

The key policy outcomes for each of the three phases of work are proposed as follows:

Phase 1 (as soon as possible)

- **Increased validity period.** The standard (maximum) validity period of Class 2 medical certificates should be increased from four years to five years to align with ICAO.
- **Mutual recognition.** A mechanism for the mutual recognition of medical certificates between the Civil Aviation Authority of New Zealand (CAA NZ) and CASA should be implemented.

Phase 2 – Redesign Class 2 Certification (as soon as possible)

- **Two-tiered Class 2 system.** The Class 2 certification should be re-designed to implement a 'basic' and 'professional' certification. The objective being to enable a more streamlined approach to medical certification for general aviation, thereby facilitating greater participation by private pilots and professional pilots no longer involved in passenger transport – and greater harmonisation with the recreational aviation sector.

The core changes from the current Class 2 scheme proposed are:

- Permitting commercial operations with a Class 2 certificate where no passengers are involved – including flight instruction where a student pilot was capable of safely completing a flight.
- Delegating the authority to medical professionals and removing any routine CASA review.
- Introducing an "Austroads" standard, without any modification, to be issued by General Practitioners for the basic category.
- Increasing the maximum validity periods (but allowing medical professionals to place shorter timeframes).
- Providing a logical and measured progression from the current medical standards issued by self-administering organisations.
- Removing the 'Recreational Aviation Medical Practitioner's Certificate' (RAMPC).

For the lower 'restricted' medical standard, risks to both aircraft occupants and third parties are limited by imposing upper limits on the number of (non fare-paying) passengers, the complexity of the operation and the practical size of the aircraft. The criteria are consistent with practices adopted by international regulators.

Key policy settings proposed are included in the table below (changes from status quo in italics).

Class 2 – Unrestricted (Professional)	Class 2 – Restricted (Basic)
Examination by DAME to current standards	<i>Examination by General Practitioner (GP) or DAME to Austroads (commercial driver) standard</i>
<i>Certificate issued immediately by DAME</i>	<i>Certificate issued immediately by GP</i>
No fare-paying passengers	<i>No fare-paying passengers - and passengers informed of restricted medical</i>
<i>Commercial operations without passengers permitted (eg. Flight instruction, aerial ag)</i>	No commercial operations permitted
<i>Maximum of 9 passengers</i>	<i>Maximum of 5 passengers</i>
<i>Any aircraft up to 8,618 kg</i>	<i>Piston powered aircraft up to passenger limit</i>
IFR, NVFR & VFR, all classes of airspace	<i>VFR only, all classes of airspace</i>
DAME can refer assessment to CASA if uncertain	<i>GP can refer assessment to DAME or CASA if uncertain</i>
<i>Maximum 5 year validity up to age 40</i> <i>Maximum 2 year validity > age 40</i>	<i>Maximum 5 year validity up to age 40</i> <i>Maximum 2 year validity > age 40</i>

While there have been calls by industry for a 'self certification' standard similar to that introduced in the US, the requisite training requirements were considered ultimately more complex and with less integrity of outcome compared to a routine 'Austroads' review by any GP.

- **Holistic review.** A holistic review should be undertaken over the next 18 to 24 months to consider more fundamental modifications to aviation medical certification. The review would include:
 - creation of a baseline dataset that more accurately quantifies risk of pilot incapacitation due to medical factors
 - harmonising the CASA medical questionnaire with global best practice where possible
 - streamlining the certification process
 - periodic baselining of current medical risk
 - exploring whether increased DAME training and certification for Class 1 and 3 could further reduce CASA review and involvement.

RECOMMENDATIONS:

That the ASAP:

- (1) consider and agree the proposed policy position for aviation medical certification
- (2) note that CASA intends to move to implementation of Phase 1 and Phase 2 immediately, and a further update will be provided once implementation planning has been completed.