



# RECREATIONAL AVIATION AUSTRALIA

**Recreational Aviation Australia Ltd**  
Response to the CASA Medical  
Certification Standards Discussion  
Paper (December 2016)

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## 1. Introduction

The *Medical Certification Standards Discussion Paper* has been released by the Civil Aviation Safety Authority (CASA) to provide industry and government stakeholders with an opportunity to consider ways to improve the medical certification regime with a view to making the certification process in Australia quicker, less onerous and less burdensome administratively. As set out in the CASA discussion paper, Recreational Aviation Australia (RAAus) is providing feedback to raise awareness of:

- our organisation's current approach to aviation medicine
- the propriety of current medical fitness standards
- the factors involved in aeromedical decision making
- related considerations and developments internationally and in other jurisdictions and
- the impact changes to the medical certification will have on its members and the organisation as a whole.

## 2. About Recreational Aviation Australia

RAAus is a purpose based organisation that operates for its members. RAAus is approved by CASA to administer recreational aircraft commonly known as ultralights and Light Sport Aircraft (LSA). RAAus trains and certifies pilots, flying instructors and maintainers and registers a fleet of almost 3,300 aircraft. Additionally the organisation oversees 160 Flight Training Schools throughout the country.

The regulatory power for RAAus operations is contained in three Civil Aviation Orders (CAO) that outline the requirements for aircraft registered with RAAus and provide exemptions to certain Civil Aviation Regulations, specifically for RAAus aircraft as follows:

- CAO 95.10 deals with single seat aircraft with a Maximum Take-Off Weight (MTOW) of 300kgs.
- CAO 95.32 relates to weight shift aircraft including trikes or Microlights and Powered Parachutes with an MTOW up to 600kgs.
- CAO 95.55 contains information relevant to 3 axis aircraft with a MTOW up to 600kgs and which tend to look more like larger aircraft, with an enclosed cabin, fixed wings and traditional control systems.

CASA remains the regulator and holds overarching responsibility for ensuring compliance of our operations, safety and airworthiness areas.

## 3. RAAus' current medical certification requirements

RAAus pilots operate under a self-declaration model that has been in place for over thirty years. No evidence exists that indicates this model is broken or failing members and (perhaps more importantly) the uninformed public. In fact, research undertaken by Canfield et al (1994) indicates self-declaration has a greater likelihood of compliance than a heavily regulated regime. RAAus is certainly a successful exemplar of the conclusions of this research.

## 4. Aim of the submission

The aim of this submission is to outline any direct, adverse impacts or unintended consequences that changes to the medical certification regime might have on RAAus and its stakeholders.

RAAus also provides responses to the questions posed on page 7 of the discussion paper as well as comments on various aspects of the discussion paper to outline the organisation's perspective on how these topics relate to our organisation.

## 5. Key Concerns Generally

**Concern 1:** The regulator does not differentiate the RAAus mode of flying with commercial or major transport aviation. The current system treats everyone as if they were a major airliner and does not focus on the specific nature of the operator within the aviation sector. CASA needs to work with a more flexible approach that focuses on the type of operation that is occurring. For example, and regarding a Safety Management System (SMS), CASA offers guidelines and allows organisations the ability to develop an SMS relevant to their business and operation. The same should be done with the medical regime. Largely for RAAus this is the case today and it has been the case for some time, and the model is working for us.

**Concern 2:** How the regulator has portrayed RAAus in both the discussion paper and *Flight Safety*, which will bias responses. RAAus is puzzled by CASA's suggestion that the current medical arrangements employed by RAAus are ineffective. And RAAus is very concerned by the apparently deliberate misquoting and misuse of information supplied to CASA by RAAus as part of RAAus' Access to Controlled Airspace (CTA) and Increase in MTOW proposals.

**Concern 3:** Possible negative economic effects that RAAus may experience by any reduction in the current RAMPC regime.

## 6. Responses to Questions

Q1. Can the assessment of incapacitation risk be streamlined for private, recreational and possibly other participants in the aviation sector? What are the impacts on individual and system risk?

As noted above, RAAus believes that these assessments can be streamlined. Irrespective of the rules and requirements in place in any regime, ultimately the decision to fly is that of the pilot in command. The RAAus self-declaration model has served the sector well for over thirty years and no evidence exists that indicates this model is broken, failing members or the uninformed public. In fact, the research undertaken by Canfield et al (1994) indicates self-declaration has an increased likelihood of compliance than a heavily regulated regime.

Q2. Is there an appetite to accept a higher level of risk to participants and third parties? Would an elevated rate of occurrences be acceptable?

RAAus was born out of an appetite whereby additional risk was accepted. The very nature of privately owned and operated amateur built aircraft obviously carries a greater risk than factory built commercial aircraft. Despite CASA's unfounded and baseless assertion (Page 17),

and given this greater appetite for risk over time, there has not been a higher than normalised medical incapacitation occurrences evident within RAAus operations.

RAAus uses a self-declaration model and have used an evidenced based approach to risk and medical incapacitation. Because of this evidence based research, **we can conclusively say that medical incapacitation is not a high risk for RAAus, the uninformed public or the aviation community as a whole.** We can further say that the incidence of medical incapacitation occurrences happen at random and these events are few and far between.

RAAus has documentary evidence that over the last five years there is no indication that there is a higher risk to participants and third parties.

Research on this topic (Canfield et al, 1994, p. 2) has found that ‘one of the major concerns in modern aviation is sudden incapacitation of the pilot, resulting in a fatal accident’. RAAus has focused on this issue to determine the extent to which it might pose a risk today and into the future for our organisation.

There are instances of fatalities due to medical incapacitation in the RAAus occurrence data and, although not statistically significant, they have been used as the catalyst for RAAus to undertake a deeper analysis. This analysis indicated these unfortunate occurrences are rare and random. No evidence of a systemic deficiency has been identified.

In late 2015/ early 2016 three of the fatal accidents in RAAus aircraft identified medical incapacitation as the suspected primary causal factor for the accidents. These fatalities involved pilots over the age of 75 years; with two of the three members confirmed by coronial reports that the medical incapacitation was due to possible cardiac arrests. In isolation this may seem significant. However when compared to all occurrences reported to RAAus during this five year period these incidents can only fall into the rare category in terms of risk classification. For perspective, during this period of time RAAus has received and processed over 1 500 occurrence reports and members have landed in excess of 1 500 000 times.

As a result of the three most recent occurrences RAAus took a proactive decision to take a closer look at medical incapacitation, as a responsible self-administering organisation. We did this to assess overall risk and to remove any recency bias – something CASA should have done before publishing erroneous comments. The table below shows a comparison of fatal and serious accidents<sup>1</sup> compared to fatal and serious accidents as a result of medical incapacitation.

Year	Fatal	Medical	Percentage Medical related
2011	6	0	0.0%
2012	3	1	33.3%
2013	11	2	18.2%
2014	6	1	16.7%
2015	9	2	22.2%
2016	6	2	33.3%

Table 1: Fatal accident comparison to medical related fatal events

<sup>1</sup> A serious accident is defined in the TSI Act.

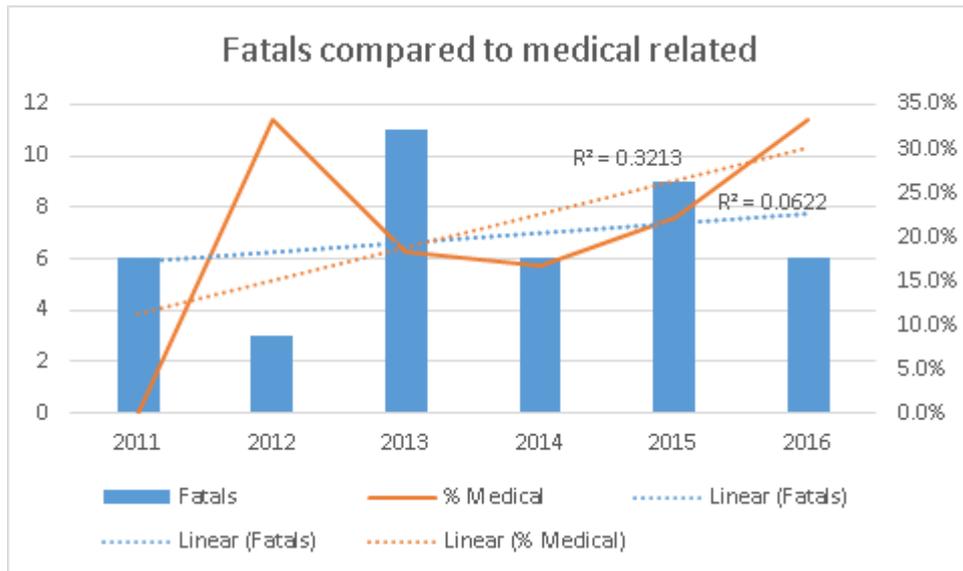


Chart 1: Fatal accident comparison to medical related fatal events including trend analysis.

The data in Table 1 (percentage of medical related fatalities) has been rendered with linear trend lines (Chart 1) to determine a possible future trend. This data does show an upward trend, however the  $R^2$  value on both trend lines is low (0.32 and 0.06) which indicates a very poor correlation between the data and the trend line. Since we are confident in the quality of the data (poor quality data is one reason for poor correlation) and we have all the data available (insufficient data is another reason for poor correlation but there are no fatalities that are not represented in the data), **the only valid conclusion is that the data set does not support the hypothesis of an upward trend in medically related fatalities.** It essentially says the data are random. We can therefore reasonably argue that recent fatalities are not statistically significant and CASA is wrong to have portrayed RAAus and these fatalities in this way.

### Q3. Should the requirements for assessment and surveillance be adjusted?

RAAus' view is that no, assessment and surveillance do not need to be adjusted.

#### *What should the priorities be for reviewing the administrative burden?*

- There should be a focus on evidenced based risk management with an additional focus on the cost and time of administrative processing of the certification regime.

#### *Are there some medical conditions or administrative requirements which need either introducing or retiring?*

- A closer overview and advice relating to mental health; as this relates to a broad spectrum. Mental health can also be a short term condition or long lasting condition, however at times it appears that the regulator views these conditions as the same (i.e. short term depression versus diagnoses of bipolar disorder).

*What are (or should be) the processes when a safety-relevant condition is reported to a doctor?*

- A doctor can inform the regulator, or self-administrating organisation, regarding the condition and advise of the possible effects on maintaining a medical certification. The doctor should also be advising the individual that this process will be conducted and full transparency is disclosed to the individual. The regulator should accept that a medical practitioner's confirmation (of an individual being able to fly) has been confirmed in the interests of their patient (not second guessed by CASA personnel).

*Should the requirements for declaring a comprehensive medical history be uniform across all the medical certification standards?*

- It should be dependent on the purposes of the operations of flight.

Q4. Are additional considerations necessary to avoid decision shopping, particularly in the case of psychiatric conditions?

Yes. RAAus suggests that a set standard be created: whether it be a form that is required or a database system that a General Practitioner (GP) needs to use and submit information relating to an individual. This will allow the GP to be aware of requirements the individual needs to meet before it is officially signed off.

Q5. How should psychiatric conditions, dementia or substance abuse be considered in any shifts to greater self-certification?

ICAO has established that medical causes of accidents regarding physical disease is a very rare factor in two-crew airliner accidents involving younger pilots, whereas anxiety and depression are more common in the under 40s age group. Illicit drugs and alcohol consumption also cause a considerable increasing disease burden that represents a serious potential threat to flight safety (Bogatsu, 2013).

Similar to drug and alcohol abuse the denial of an individual's decline in mental health is a characteristic distortion in thinking that is experienced by people (PsychCentral, 2016). In some cases people do not gain help as they are either scared of the illness they may have (or help that they will require) or just completely overwhelmed with the concept that "if you don't admit to mental illness, then it isn't really there" (Bipolarburble, 2012).

Therefore, for those pilots who are assessing themselves as fit to fly this may be an important consideration of the IMSAFE<sup>2</sup> checklist approach that they are overlooking/disregarding all together. This highlights the importance of ongoing education of RAAus members in the self-assessment of their fitness to fly before every flight. An area RAAus focuses on annually as part of the Safety Month promotion.

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<sup>2</sup> IMSAFE is a checklist for pilots to self-assess their physical and psychological fitness to flight. The acronym stands for illness, medication, stress, alcohol, fatigue and emotion.

## Q6. What would the implications and acceptability be of a more prominent role in the medical certification process to doctors outside the aviation medicine specialisations?

Comments from GPs, relating to medical requirements in RAAus, have stated that it would be beneficial for one set of certifications processes to be used to address requirements for medical standards across the transport industry. The most common standard used by GPs is Austroads. By using one standard for roads, air and rail this would afford greater consistency in the review of medical requirements.

Although nominally based on the Austroads<sup>3</sup> private motor vehicle driving standards, which specify 40 medical conditions requiring investigation, the RAMPC medical standard adds an additional 12 conditions prescribed by CASA. From discussions with GPs relating to RAAus' medical requirements, the inclusion of these additional CASA standards creates confusion that can cause GPs to overlook the additional disqualifying conditions. Having one set of standards aligned with the Austroads requirements would ensure greater consistency in evaluation of pilots in Australia.

## Q7. What are the likely cost implications of any changes (including training)?

It is interesting to note that in the introduction of the paper, the focus is solely on making the process *'quicker, less onerous and less burdensome administratively'* however the financial implications on industries and individuals maintaining their medical seemed to have been overlooked. The cost of changes are both positive and negative.

- By reducing the requirement for medical testing and annual requirements it would reduce the cost on individuals to maintain their medical standards (testing, GP appointments, specialist appointments, etc).
- Cost of education to industry on changes by the regulator – implementation of changes would require education, training and compliance confirmation. This would be a direct impact on the regulator however also on those within industry in updating of manuals, requirements, internal education and training and confirmation of compliance.
- Direct costs to RAAus – Potentially significant loss of revenue specifically if the RAMPC medical requirements are reduced. This could mean that the Recreational Pilots Licence (RPL) requirements will have a direct advantage over the RAAus Pilot Certificate with the possibility that members will leave RAAus to access CTA and MTOW, as has happened since CASA introduced the RPL. RAAus maintains its position that the RPL was an unnecessary introduction which added confusion and complexity to an already crowded marketplace. If CASA were to make accessing the RAMPC easier, it would be imperative that RAAus be given equal rights regarding accessing CTA and an increased MTOW to 1500kgs.
- This could result in a dramatic effect on the financial position of RAAus, which is a significant risk to the regulator should RAAus become unviable. If this did occur CASA would be left to manage some 10 000 pilots and 3 200 aircraft; it is questionable whether CASA has the capacity to undertake this responsibility. So, any changes to

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<sup>3</sup> [www.onlinepublications.austroads.com.au/downloads/AP-G56-16&usg=AFQjCNHk4wMi5CYfWmqPyXy9cxGjcDrYlW&sig2=Cuat\\_DMbV2aljatK5i0agg&cad=rja](http://www.onlinepublications.austroads.com.au/downloads/AP-G56-16&usg=AFQjCNHk4wMi5CYfWmqPyXy9cxGjcDrYlW&sig2=Cuat_DMbV2aljatK5i0agg&cad=rja)

medical standards must be made in light of ensuring RAAus remains a viable and safe alternative.

- RAAus holds the view that a conflict of interest and direct bias still exists as the regulator has a competitive advantage over a self-administering organisation that requires approval from the regulator to operate.

Q8. Is an assessment of risk, as used by overseas regulators, appropriate for Australian pilots and conditions?

*Yes - Comments on the United Kingdom (UK) justification for lessening requirements*

It must be noted that the UK have placed a large emphasis on the fact that they will be promoting the “fit to fly” principle when launching the change to the medical requirements and as part of their wider safety promotion strategy (CAP 1397, 2016, p. 19).

Furthermore, the upper age limit has been assessed at 70 years in line with the UK DVLA Group 1 (drivers licence) requirements. The UK paper states that flying can be affected by ageing, degeneration and acute and chronic diseases with an effect on the special senses such as vision, hearing and balance which are vital to safe flying (CAP 1397, 2016, p. 21)

The UK also considered the risk of the effect of psychoactive medication and drugs including alcohol as well as some mental health conditions that can cause impairment and therefore threaten safety of flight (which are examples of psychiatric disorders). These disorders are difficult to diagnose and a patient’s insight into the severity of such illness may be lost (resulting in dangerous behaviour). After reviewing and considering the risk the UK concluded that those who have a history of a significant psychiatric condition (i.e. that requires medication) will not be able to participate in the new scheme which relies on pilots assessing themselves fit to fly. Those with a history of conditions such as these will be required to gain a medical assessment which will then involve the assessment by a GP or Aviation Medical Examiner (AME) (CAP 1397, 2016, p. 22).

CASA has historically taken a more risk averse approach than comparable overseas regulators (e.g. UK and US). RAAus believes this is unjustified, especially for private and recreational operations, given the significantly lower traffic and population densities in most areas of Australia compared with jurisdictions such as the UK, US and Europe.

Q 9. What type of pilot training or education is required to support any move to self-certification? Should this education and training be mandatory?

RAAus advocates a strong focus on educating pilots (and others in the aviation sector where medical status is relevant) not just on what the requirements are but also on why the requirements exist. Understanding creates acceptance which in turn leads to compliance. CASA is effective in communicating what the regulations and other requirements are however historically has been much less effective in communicating the background and rationale for its requirements and rulings in terms that are readily understood by those affected. The majority of RAAus pilots are neither aviation professionals nor have medical training. An education and communication strategy that assumes these pilots are aviation

professionals or have medical training will not succeed. As such an approach that meets them at their level of operation will be required to succeed.

Any change in requirements (medical or otherwise) needs to be incorporated into training syllabi and would therefore be automatically delivered to new students. RAAus does not support mandatory training on any change to medical requirements for current pilots (and others). Rather RAAus advocates (and is developing for its own pilots) a communication campaign designed to educate pilots on self-assessment of their own fitness to fly, not just on an annual or biannual basis but before every flight. An effective campaign, in combination with the review of changes to regulations and other requirements already incorporated into periodic flight reviews, will deliver the required safety outcomes without increasing costs to participants.

Q10. How many pilots would benefit from a greater degree of self-certification? Would this justify an increase in training and education requirements?

RAAus pilots already have self-certification so a change by CASA is unlikely to affect this cohort.

## 7. CASA's overall approach to regulation and its regulatory philosophy

On page 8 of the paper it highlights the approaches to the development and application of aviation regulations:

1. CASA is expected to take all relevant considerations, including cost, into account – has the regulator estimated the cost to the aviation industry with the current required medical regime? The benefits for the UK in reducing this red tape is that it will save up to 10 billion pounds worth of medical assessment requirements annually. Has CASA assessed the costs to RAAus should the regime change?
2. Why aren't CASA pushing back on the ICAO standards to make it internationally easier to fly?
3. CASA's attempt to consult in an open and transparent manner requires some work as it is not always known what the regulator is proposing. Furthermore companion publications, such as *Flight Safety*, point people to various submissions to encourage comment, but from recent experiences, this process has failed and has the potential to bias responses. CASA needs to be mindful that discussion papers and companion publications must be based on fact with supporting evidence to back up claims.
4. Just culture – CASA is still not consistent with its approaches to regulation which is why there are ongoing adverse issues.
5. And 6. Whilst these are CASA's stated principles CASA needs to continue to focus on the specific operations that the regulator is regulating and not entering space that is irrelevant, or over zealously regulating RAOs where the RAO has the ability, capacity and track record to ensure appropriate oversight.

## 8. Current medical requirements

RAAus is unable to comment on the current implications that Class 1, 3 and RAMPC has on its members as these do not apply directly to our organisation.

Class 2 is an option for Instructor ratings or higher approvals however as RAAus offers an alternative to meet these medical classifications we do not feel there is currently an issue with this regime.

RAAus believe that individuals who provide personal information into the AvMed database should have access to their personal information at a later date. Most government departments that collect private information, such as medicals, allow for the individual to access this at any time. An example is defence personnel can access their medical information during their time in service and after they leave the services.

## 9. CASA's approach to aviation medicine

In relation to the comment on page 14, *'that there is a perception from some elements of the pilot community that CASA takes an overly rigorous approach to testing and contesting opinions from other doctors'* RAAus agrees with this comment.

Members of RAAus have reported at various times that CASA has disallowed medical certification due to disagreeing with medical advice generated from GPs and medical specialists. In some cases legal action has been pursued regarding the removed of medical status with a specialist pushing for the rights and privileges of the individual. This again shows a lack of consistency from the regulators office. These cases also involve specialists having specific history of their patient to verify that they are assessed as fit to fly which is contested by an administration process within the department. Additional costs are incurred in order to pursue and contest these issues; costs that are incurred by members of the aviation industry, not the regulator (no reimbursement for loss of income, commercial profits, etc).

RAAus would also like to address the comments on page 16 in relation to the steps taken by the regulator following disclosure of a diagnoses or a symptom during the medical history which can raise a yellow flag. While the regulator is transparent with its steps and processes followed to make a determination of the risk level from a medical review it does not disclose the risk appetite to the aviation industry of the regulator. Without full transparency of the AvMed risk appetite, and the justification for the risk averse nature of the regulator, it is difficult for the aviation industry to fully comprehend and understand the justification for decisions made regarding medical standards.

RAAus also notes the need for CASA AvMed to apply a different risk appetite to different categories of operation. For example, a Private Pilot Licence (PPL) holder (or a RPL holder who doesn't meet the RAMPC standard) currently must meet the same medical standard to fly occasionally for fun in VFR conditions in a single engine aircraft with only themselves on board. This is different when flying in Class G airspace, such as a charter pilot flying multi-engine aircraft in IFR conditions with paying passengers in controlled airspace. Clearly the risk appetite should be different for those two examples but at present it is not.

RAAus recommend that for the regulator to be recognised as a fully open and transparent department that they should inform and communicate the justification for the risk averse

nature it takes using an evidenced based approach. Industry requires the context for this risk averse behaviour to be supportive of changes to processes and systems. This is a usual change management processes that should be reviewed consistently.

## 10. Other medical certificates

As referenced above in Section 2 (q2) RAAus believes, and has academically justified, that recent research and information submitted to CASA has not been reflected appropriately and has been taken out of context by CASA in both the discussion paper and later in an article in *Flight Safety* (<http://www.flightsafetyaustralia.com/2017/03/reviewing-the-basics-of-fitness-to-fly/>).

**RAAus expresses in the strongest terms possible its displeasure with how CASA has characterised medical incapacitation events both in the discussion paper and in *Flight Safety*.**

By CASA publishing this information they have created bias within the aviation industry that the self-declaration model, currently in place, poses greater risk. This is not correct. A paper on '*An analysis of occurrences within RAAus with a specific focus on occurrences as a result of medical related conditions*' was submitted to CASA in February 2017. RAAus urges CASA to consider this paper which offers evidence on medical related incapacitation.

## 11. General aviation developments in other countries

Appendix 1 shows that RAAus has conducted a review of its organisational medical standards compared to aviation bodies in Australia and other countries that are listed from page 15-22 of the paper. In this paper it shows that the RAAus self-declaration model is currently the least imposing medical standard in comparison until such time the UK medical standard changes are implemented.

The RAAus self-declaration model has serviced our sector for over thirty years and no evidence exists that indicates this model is broken, failing members and perhaps more importantly the uninformed public. In fact the research undertaken by Canfield et al (1994) indicates self-declaration has an increased likelihood of compliance than a heavily regulated regime.

## 12. Summary

RAAus believes its track record of over 30 years with self-certification of pilot medical status demonstrates self-certification could have positive impacts on the General Aviation sector (through reduced red tape and compliance costs) without compromising aviation safety. However RAAus also is apprehensive of the potential impact CASA offering its pilots the same medical requirements as RAAus (a key point of differentiation in the market at present) could have on the ongoing capacity of RAAus to perform the functions it currently performs on behalf of the regulator.

Adoption of a self-certification model by CASA would put CASA in direct competition with RAAus and create the untenable situation of RAAus having to compete with the body that controls its very existence – a conflict of interest for CASA that could have significant adverse consequences.

If CASA chooses to adopt a self-certification model, similar to that recently introduced in the UK, it should be fully aligned with the Austroads medical standard for private motor vehicle licensing rather than the Austroads standard serving as the starting point for a more onerous regime such as the current RAMPC.

To be successful, any introduction of self-certification needs to be accompanied by an extensive communication campaign to educate current pilots to understand the concept of fitness to fly in a manner they can readily apply every time they fly. RAAus is already proceeding down this path.

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## Appendix 1. Comparison of RAAus Pilot Certificate with certificate and licence medical requirements for other ICAO aviation administrators

Organisation	Recreational Aviation Australia	Recreational Aviation Australia (RAAus)	Recreational Aviation Australia (RAAus)
<b>Type of Organisation Administering certificate or licence</b>	Member based NFP - Self-Administering	Member based NFP - Self-Administering	Member based NFP - Self-Administering
<b>Licence or Certificate</b>	RAAus Student, Converting Pilot or Pilot Certificate Holder (Group A, B and D)	RAAus Instructor, Senior Instructor or higher rating and Special Approval (Group A, B and D)	All RAAus certificate holders with the following medical status: epilepsy; diabetes (type 1 or 2); heart condition/ disease or paralysis; mental illness (medicated or otherwise); becoming 75 years of age or older; any other medically significant safety related condition.
<b>Requirement</b>	A medical standard equivalent to that required to hold a private motor vehicles licence in Australia	A CASA Class 2 medical or higher, confirmed by a medical certificate, or the RAAus Medical Questionnaire and Examination form completed by their doctor (GP)	Statement from GP doctor stating that they meet the health standard; or meet a valid motor vehicle or heavy vehicle general medical assessment or a CASA Recreational Aviation Medical Practitioner's Certificate (RAMPC) or higher medical certificate.
<b>Proof Required</b>	provide a declaration that their health is of a standard required for the issue of a private motor vehicle driver licence in Australia(Section 2.06 para 2.c)	provide a copy CASA Class 2 or higher medical certificate or RAAus medical questionnaire and examination form completed by their doctor (GP)	Statement from GP doctor stating that they meet the health standard; copy of a valid motor vehicle or heavy vehicle general medical assessment or a copy of a CASA Recreational Aviation Medical Practitioner's Certificate (RAMPC) or higher medical certificate.
<b>Requirement for maintenance and renewal</b>	If certificate holder has a medically significant condition that is a safety-related condition and lasts for more than seven days they need to provide RAAus with a statement from their GP doctor of meeting the health standard.	If certificate holder has a medically significant condition that is a safety-related condition or have reached the age of 75 years they will need to meet the requirements on an annual basis. If certificate holder has a medically significant condition that is a safety-related condition and lasts for more than seven days they need to provide RAAus with a statement from their GP doctor of meeting the health standard.	Required annually

Organisation	Civil Aviation Safety Authority (CASA) AUSTRALIA	Civil Aviation Safety Authority (CASA) AUSTRALIA	Civil Aviation Safety Authority (CASA) AUSTRALIA			
<b>Type of Organisation Administering certificate or licence</b>	Australian Government Agency	Australian Government Agency	Australian Government Agency	Australian Government Agency	Australian Government Agency	Australian Government Agency
<b>Licence or Certificate</b>	Air Transport Pilot Licence (ATPL)	Multi-crew pilot licence (MPL)	Commercial pilot Licence (CPL)	Private Pilot Licence (PPL)	Recreational Pilot Licence (RPL)	Student Pilot (to fly solo)
<b>Requirement</b>	Class 1 medical certificate (issued by CASA and an ICAO compliant medical assessment - you can only fly overseas if you have a CASA medical certificate)	Class 1 medical certificate (issued by CASA and an ICAO compliant medical assessment - you can only fly overseas if you have a CASA medical certificate)	Class 1 medical certificate (issued by CASA and an ICAO compliant medical assessment - you can only fly overseas if you have a CASA medical certificate)	Optional with the following: Class 1 medical certificate, Class 2 medical certificate (issued by CASA) or RAMPC (can only fly recreational aircraft by day under VFR) - an alternative to class 1 and 2 and is based on the modified Austroads medical standards.	Optional with the following: Class 1 medical certificate, Class 2 medical certificate or RAMPC (if you exercise privileges of a licence or flying solo as a student pilot and only have a RAMPC then some limitations will apply)	Optional with the following: Class 1 medical certificate, Class 2 medical certificate or RAMPC (if you exercise privileges of a licence or flying solo as a student pilot and only have a RAMPC then some limitations will apply)
<b>Proof Required</b>	AvMed database updated and medical history retained	AvMed database updated and medical history retained	AvMed database updated and medical history retained			
<b>Requirement for maintenance and renewal</b>	Valid for 24 months from the date signed by a medical practitioner. If 65 years or older the certificate is valid for up to 12 months or if your medical status changes	Valid for 24 months from the date signed by a medical practitioner. If 65 years or older the certificate is valid for up to 12 months or if your medical status changes	Valid for 24 months from the date signed by a medical practitioner. If 65 years or older the certificate is valid for up to 12 months or if your medical status changes	Valid for 24 months from the date signed by a medical practitioner. If 65 years or older the certificate is valid for up to 12 months or if your medical status changes	Valid for 24 months from the date signed by a medical practitioner. If 65 years or older the certificate is valid for up to 12 months or if your medical status changes	Valid for 24 months from the date signed by a medical practitioner. If 65 years or older the certificate is valid for up to 12 months or if your medical status changes

Organisation	Civil Aviation Authority UNITED KINGDOM (UK CAA)	Civil Aviation Authority UNITED KINGDOM (UK CAA)	Civil Aviation Authority UNITED KINGDOM (UK CAA)	Civil Aviation Authority UNITED KINGDOM (UK CAA)	Civil Aviation Authority UNITED KINGDOM (UK CAA)	Civil Aviation Authority UNITED KINGDOM (UK CAA)	Civil Aviation Authority UNITED KINGDOM (UK CAA)
<b>Type of Organisation Administering certificate or licence</b>	European Aviation Safety Agency	European Aviation Safety Agency	European Aviation Safety Agency	European Aviation Safety Agency	European Aviation Safety Agency	UK Government Agency	UK Government Agency
<b>Licence or Certificate</b>	Commercial pilot Licence(CPL) including single pilot ATO carrying passengers and other commercial operations	UK Private Pilot's Licence and National Private Pilot's Licence (PPL)	EASA Licence - Light Aircraft Pilot's Licence (LAPL)	EASA Licence - Sailplane Pilot's Licence (SPL)	EASA Licence - Balloon Pilot's Licence (BPL)	Non-EASA Licence - National Private Pilot's Licence (Microlights) (NPPL(M))	Non-EASA Licence - National Private Pilot's Licence (Simple Single Engine Aeroplanes) (NPPL(SSEA))
<b>Requirement</b>	Require a Class 1 or 2 medical involving the following tests, ECG, Audiogram, Comprehensive ophthalmology, hemoglobin, lipids and respiratory function tests.	Currently: UK Class 2 medical and have a self-declaration of fitness countersigned by their GP or an Authorised Medical Examiner - <b>in 2016 proposal for:</b> DVLA Group 1 Ordinary Driving Licence (ODL) with existing options also available (as above).	self-declaration of fitness to fly countersigned by their GP or AME - over 50 year olds require general examination	Currently: UK Class 2 medical and have a self-declaration of fitness countersigned by their GP or an Authorised Medical Examiner - <b>in 2016 proposal for:</b> DVLA Group 1 Ordinary Driving Licence (ODL) with existing options also available (as above).	Currently: UK Class 2 medical and have a self-declaration of fitness countersigned by their GP or an Authorised Medical Examiner - <b>in 2016 proposal for:</b> DVLA Group 1 Ordinary Driving Licence (ODL) with existing options also available (as above).	Self-declaration signed by the pilot and then countersigned by the pilot's GP. The pilot must be registered with the GP who countersigns the declaration and the GP must be a UK registered GP with a current licence to practice. Access to the pilot's medical notes is also required to look at the pilot's history.	Currently: UK Class 2 medical and have a self-declaration of fitness countersigned by their GP or an Authorised Medical Examiner - <b>in 2016 proposal for:</b> DVLA Group 1 Ordinary Driving Licence (ODL) with existing options also available (as above).
<b>Proof Required</b>	provide CAA with a copy of medical certificate issued by GP or AME	<b>CURRENT:</b> medical declaration that they are fit to fly (signature from pilot) confirming that they aware of their present and future fitness to fly with a countersignature from the GP declaring that that there is nothing in the medical history that would prevent them from reaching the appropriate DVLA standard. <b>PROPOSED:</b> Self-declaration form completed on the CAA	LAPL medical certificate - assessment sent to CAA of outcome that a medical certificate has been issued.	<b>CURRENT:</b> medical declaration that they are fit to fly (signature from pilot) confirming that they aware of their present and future fitness to fly with a countersignature from the GP declaring that that there is nothing in the medical history that would prevent them from reaching the appropriate DVLA standard. <b>PROPOSED:</b> Self-declaration form completed on the CAA website to declare that	<b>CURRENT:</b> medical declaration that they are fit to fly (signature from pilot) confirming that they aware of their present and future fitness to fly with a countersignature from the GP declaring that that there is nothing in the medical history that would prevent them from reaching the appropriate DVLA standard. <b>PROPOSED:</b> Self-declaration form completed on the CAA	<b>CURRENT:</b> medical declaration that they are fit to fly (signature from pilot) confirming that they aware of their present and future fitness to fly with a countersignature from the GP declaring that that there is nothing in the medical history that would prevent them from reaching the appropriate DVLA standard. <b>PROPOSED:</b> Self-declaration form completed on the CAA website to declare that they meet the DVLA medical standard.	<b>CURRENT:</b> medical declaration that they are fit to fly (signature from pilot) confirming that they aware of their present and future fitness to fly with a countersignature from the GP declaring that that there is nothing in the medical history that would prevent them from reaching the appropriate DVLA standard. <b>PROPOSED:</b> Self-declaration form completed on the CAA website to declare that they meet the DVLA medical standard.

		website to declare that they meet the DVLA medical standard.		they meet the DVLA medical standard.	website to declare that they meet the DVLA medical standard.		
<b>Requirement for maintenance and renewal</b>	Class 1 for ATO carrying passengers = valid for under 40 (12 months), over 40 years every 6 months. Class 1 other commercial operations = valid under 60 (every 12 months), 60 plus (every 6 months).	PROPOSED: Pilots under 70 will need to do this once while pilots over 70 must confirm their declaration every three years.	If under age 40 years revalidate every 5 years (or until 42nd birthday or earlier), if over 40 years every 2 years.	PROPOSED: Pilots under 70 will need to do this once while pilots over 70 must confirm their declaration every three years.	PROPOSED: Pilots under 70 will need to do this once while pilots over 70 must confirm their declaration every three years.	PROPOSED: Pilots under 70 will need to do this once while pilots over 70 must confirm their declaration every three years.	PROPOSED: Pilots under 70 will need to do this once while pilots over 70 must confirm their declaration every three years.
<b>Comment</b>		Group 1 includes Cars and motorcycles. Valid until 70 years of age unless restricted to a shorter duration for medical reasons - after 70 years is requires renewal every 3 years. Must not drive if a medical condition that could cause a sudden disabling event at the wheel or unable to control their vehicle safely for any reason.	Group 1 includes Cars and motorcycles. Valid until 70 years of age unless restricted to a shorter duration for medical reasons - after 70 years is requires renewal every 3 years. Must not drive if a medical condition that could cause a sudden disabling event at the wheel or unable to control their vehicle safely for any reason.	Group 1 includes Cars and motorcycles. Valid until 70 years of age unless restricted to a shorter duration for medical reasons - after 70 years is requires renewal every 3 years. Must not drive if a medical condition that could cause a sudden disabling event at the wheel or unable to control their vehicle safely for any reason.	Group 1 includes Cars and motorcycles. Valid until 70 years of age unless restricted to a shorter duration for medical reasons - after 70 years is requires renewal every 3 years. Must not drive if a medical condition that could cause a sudden disabling event at the wheel or unable to control their vehicle safely for any reason.	<a href="https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals">https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals</a>	Group 1 includes Cars and motorcycles. Valid until 70 years of age unless restricted to a shorter duration for medical reasons - after 70 years is requires renewal every 3 years. Must not drive if a medical condition that could cause a sudden disabling event at the wheel or unable to control their vehicle safely for any reason.

<b>Organisation</b>	Federal Aviation Administration (FAA) USA	Federal Aviation Administration (FAA) USA	Federal Aviation Administration (FAA) USA	Federal Aviation Administration (FAA) USA	Federal Aviation Administration (FAA) USA	Federal Aviation Administration (FAA) USA	Federal Aviation Administration (FAA) USA	Federal Aviation Administration (FAA) USA
<b>Type of Organisation Administering certificate or licence</b>	USA Government Agency	USA Government Agency	USA Government Agency	USA Government Agency	USA Government Agency	USA Government Agency	USA Government Agency	USA Government Agency
<b>Licence or Certificate</b>	Airline Transport Pilot Certificate	Commercial Pilot Certificate	Private Pilot Certificate	Recreational Pilot Certificate	Student pilot certificate while seeking sport pilot privileges in a light sport aircraft other than a glider or balloon	Flight Instructor Certificate	Student Pilot Certificate	Sport Pilot Certificate including a Sport Pilot Flight Instructor
<b>Requirement</b>	First Class medical certificate	Second class medical certificate	Third class medical certificate	Third Class Medical Certificate	Medical certificate under Part 67 of the regulation above or a US driver's licence	Third Class Medical Certificate	Third Class Medical Certificate	US Drivers Licence Medical or Third Class Medical
<b>Proof Required</b>	Requires a physical examination by a doctor who is an FAA authorised Aviation Medical Examiner (AME) and then issuing of a medical certificate	Requires a physical examination by a doctor who is an FAA authorised Aviation Medical Examiner (AME) and then issuing of a medical certificate	Requires a physical examination by a doctor who is an FAA authorised Aviation Medical Examiner (AME) and then issuing of a medical certificate	Requires a physical examination by a doctor who is an FAA authorised Aviation Medical Examiner (AME) and then issuing of a medical certificate	Requires a physical examination by a doctor who is an FAA authorised Aviation Medical Examiner (AME) and then issuing of a medical certificate or a drivers licence in the short term whilst learning.	Requires a physical examination by a doctor who is an FAA authorised Aviation Medical Examiner (AME) and then issuing of a medical certificate	Requires a physical examination by a doctor who is an FAA authorised Aviation Medical Examiner (AME) and then issuing of a medical certificate	Hold a US Drivers Licence and comply with each restriction and limitation imposed on the licence. A person using a valid US Driver's licence must not know or have reason to know of any medical condition that would make that person unable to operate a Light Sport Aircraft in a safe manner.
<b>Requirement for maintenance and renewal</b>	<b>1st class</b> - Under 40 years (every 12 months), Over 40 years (every 6 months)/ <b>2nd class</b> - any age (every 12 months)	<b>1st Class</b> - any age (every 12 months)	<b>1st class</b> - under 40 Years (every 5 years), over 40 years (every 2 years)/ <b>2nd Class</b> - 40 years under (every 5 years), over 40 years (every 2 years)/ <b>3rd Class</b> - under 40 years (every 5 years), over 40 years (every 2 years)	<b>1st class</b> - under 40 Years (every 5 years), over 40 years (every 2 years)/ <b>2nd Class</b> - 40 years under (every 5 years), over 40 years (every 2 years)/ <b>3rd Class</b> - under 40 years (every 5 years), over 40 years (every 2 years)		<b>1st class</b> - under 40 Years (every 5 years), over 40 years (every 2 years)/ <b>2nd Class</b> - 40 years under (every 5 years), over 40 years (every 2 years)/ <b>3rd Class</b> - under 40 years (every 5 years), over 40 years (every 2 years)	<b>1st class</b> - under 40 Years (every 5 years), over 40 years (every 2 years)/ <b>2nd Class</b> - 40 years under (every 5 years), over 40 years (every 2 years)/ <b>3rd Class</b> - under 40 years (every 5 years), over 40 years (every 2 years)	Hold a US Drivers Licence and comply with each restriction and limitation imposed on the licence. A person using a valid US Driver's licence must not know or have reason to know of any medical condition that would make that person unable to operate a Light

<b>Organisation</b>	<b>Gliding Federation Australia (GFA)</b>	<b>Gliding Federation Australia (GFA)</b>
<b>Type of Organisation Administering certificate or licence</b>	Member based NFP - Self-Administering	Member based NFP - Self-Administering
<b>Licence or Certificate</b>	Glider Pilot	Instructor or Charter Pilot or member suffering from medical issues listed in the reference below.
<b>Requirement</b>	Self-declared medical fitness	Medical practitioners certificate of fitness
<b>Proof Required</b>	Hold an Austroads standards private motor vehicle drivers licence and complete a self-declaration of their medical fitness or higher aviation medical certificate from CASA.	Medical practitioners certificate of fitness signed off by a GP (GFA specific form)
<b>Requirement for maintenance and renewal</b>	Regulations require the self-declaration to be made annually.	every two years

Organisation	Civil Aviation Authority (CAA) NEW ZEALAND	Civil Aviation Authority (CAA) NEW ZEALAND	Civil Aviation Authority (CAA) NEW ZEALAND	Civil Aviation Authority (CAA) NEW ZEALAND
<b>Type of Organisation Administering certificate or licence</b>	NZ Government Agency	NZ Government Agency	NZ Government Agency	NZ Government Agency
<b>Licence or Certificate</b>	Airline Transport Pilot Certificate	Commercial Pilot Certificate	Private Pilot Certificate	Recreational Pilot Certificate (single engine non-pressurised aircraft MTOW 2000 kg pilot holds aircraft type rating)
<b>Requirement</b>	Holds a Class 1 medical certificate	Holds a Class 1 medical certificate	Holds at least a Class 2 medical certificate	Holds a medical certificate issued in accordance with the Land Transport (drivers licensing) Rule 1999 that is applicable to a class 2,3,4 or 5 drivers licence with passenger endorsement (issued by a GP - 1/4 of cost of normal medical certificate for aviation).
<b>Proof Required</b>	Holds a Class 1 medical certificate	Holds a Class 1 medical certificate	Holds at least a Class 2 medical certificate	Holds a medical certificate issued in accordance with the Land Transport (drivers licensing) Rule 1999 that is applicable to a class 2, 3, 4 or 5 drivers licence with passenger endorsement.
<b>Requirement for maintenance and renewal</b>	40 years and under - every 12 months, over 40 years - every 6 months	40 years and under - every 12 months, over 40 years - every 6 months	40 years and under - every 5 years, over 40 years is every 2 years	Reviewed every 5 years however over the age of 40 years old needs to be validated every 24 months.

Organisation	Transport Canada Civil Aviation (TCCA)	Transport Canada Civil Aviation (TCCA)	Transport Canada Civil Aviation (TCCA)	Transport Canada Civil Aviation (TCCA)
<b>Type of Organisation Administering certificate or licence</b>	Canada Government Agency	Canada Government Agency	Canada Government Agency	Canada Government Agency
<b>Licence or Certificate</b>	Airline Transport Pilot Certificate	Commercial Pilot Certificate	Private Pilot Certificate	Recreational Pilot Certificate + Ultra-light aeroplane
<b>Requirement</b>	Category 1 medical certificate from a physician licenced to practice medicine in Canada.	Category 1 medical certificate from a physician licenced to practice medicine in Canada.	Category 3 medical certificate from a physician licenced to practice medicine in Canada.	Category 4 medical certificate from a physician licenced to practice medicine in Canada.
<b>Proof Required</b>	medical certificate of assessment letter in the appropriate category	medical certificate of assessment letter in the appropriate category	medical certificate of assessment letter in the appropriate category	Student pilot permit for ultralight a medical declaration however they need a certificate for a full certification of their licence.
<b>Requirement for maintenance and renewal</b>	Routine electro-cardiograph shall form part of the heart examination of an applicant (a) for the first issue of a Medical Certificate; (b) within the two years preceding the examination between ages 30 years and 40 years; and(c) within the 12 months preceding the examination after age 40.	Routine electro-cardiograph shall form part of the heart examination of an applicant (a) for the first issue of a Medical Certificate; (b) within the two years preceding the examination between ages 30 years and 40 years; and(c) within the 12 months preceding the examination after age 40.	Routine electro-cardiograph shall form part of the heart examination of an applicant (a) at the first examination after the applicant has attained the age of forty years; and (b) subsequently within the four years preceding the examination. (amended 2005/06/01)NOTE To avoid possible inconvenience at a later date all applicants under the age of 40 are encouraged to submit a routine ECG upon initial application.	Routine electro-cardiograph shall form part of the heart examination of an applicant for a Pilot Permit - Recreational (a) at the first examination after the applicant has attained the age of forty years; (b) at the first examination after the applicant has attained the age of fifty years; and(c) subsequently within the four years preceding the examination. (amended 2005/06/01)NOTE The ECG tracing is not required to be submitted with the medical declaration form