THE AVIATION COMMUNITY MEDICAL LIAISON GROUP
– Meeting Minutes 11 May 2017

DATE:	Thursday 11 May 2017
LOCATION:	Civil Aviation Authority, Level 15, Asteron House, 55 Featherston Street, Wellington, Room 15.04
TIME:	1000-1330
CHAIR:	Michele Thomson, Manager Personnel and Flight Training

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PRESENT:

- Bruce Burdekin - Sport and Aircraft Association NZ
- Ian Andrews - Aircraft Owners and Pilots Association of NZ (AOPA NZ)
- John Nicholson - Aviation NZ
- Mark Stretch - Airways
- Richard Small - Flying NZ, NZ Aviation Federation
- Simon Ryder-Lewis - Mutual Benefit Fund
- Stephen Brown - Aircraft Owners and Pilots Association of NZ (AOPA NZ)

- Andrea Keenan - Lincensing Advisor, CAA
- Claude Preitner - Senior Medical Officer, CAA
- Deborah Symons - Aviation Medicine Team Leader, CAA
- Dougal Watson - Principal Medical Officer, CAA
- Elizabeth Bolton - Senior Policy Advisor, CAA
- Kat Reimann - Administrator Personnel and Flight Training, CAA
- Michele Thomson - Manager Personnel and Flight Training, CAA

APOLOGIES:

- Hardeep Hundal, Representative Air New Zealand

Welcome

The meeting started at 10am with a welcome from Michele Thomson. From there introductions were made.

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1. Meeting Objective

Michele presented the meeting objective which is laid out in the Terms of Reference: 'The ACMLG is a body of members drawn from the wider aviation community that provides a forum for the exchange of information with the Civil Aviation Authority (CAA) on the functions and performance of the New Zealand medical certification system and those medical matters that have an impact on aviation in general.' Michele emphasized that this meeting is about the exchange of information between CAA and industry regarding all medical issues.

Stephen Brown joined the meeting and introduced himself.

Michele put emphasis on ensuring these meetings are effective and provide value to all attendees. To enable this if there are key topics industry wishes to discuss, please let CAA know ahead of time so accurate information can be provided. There were no questions or comments by the group regarding the meeting objective.

2. Previous Meeting Minutes

The minutes of the last meeting were circulated beforehand and accepted.

3. Update on Previous Action Items

- Temporary Medical Conditions GD
    - Claude provided feedback that a draft GD (general direction), related to temporary medical conditions that do not need to be reported, has been created and circulated within the medical unit. This GD is currently under internal development. Due to disruptions with the earthquake and current work load CAA is unable to give any further feedback at this stage.
    - **Action:** Updates to be provided at each meeting.

- Medical Manual Project
    - Deborah stated that the Medical Manual Project started in 2014 and is now closed. She further described The Medical Manual Project has been established and CAA will continue to maintain and update the Manual.
    - Concerns were raised by the group that the Manual is not yet completed. Ian Andrews and Bruce Burdekin are keen for CAA to make the Medical Manual more of a priority.
    - Claude stated that additional chapters will be added. However this is now more seen as day to day business rather than a project. Deborah emphasized that the goal of the project was to set up the Medical Manual and this has been accomplished.
    - Bruce Burdekin raised the question as to when the Medical Manual will be completed. Deborah indicated it was a living document and will need continued resourcing by CAA.

- Stephen Brown stated that from his point of view all we have is a quarter of a medical manual. The question was raised how much of the medical manual is completed? Claude explained that the Medical Manual consists of 5 parts. Of those 5 parts, part 1, 2, 4 and 5 are completed. Part 3 is currently being reviewed by him. Part 3, which provides clinical guidelines, consists of 10 chapters. 4 of those chapters are completed, 2 are drafted and require reviewing (Cardiovascular and Endocrinology) and work on a further 2 chapters has begun as well. Claude summarized that 50-60% of part 3 is completed due to individual sizes of each chapter which results in the Medical Manual being 70% finished.

- Michele explained that there is currently a big resource constraint on the team. CAA has employed a new Doctor hoping to be in a better position by end of the year resulting in more resourcing towards this project. Michele emphasised that staff will continue to work on this project although the project as such is closed.

- **Action:** Updates to be provided on additional chapters underway at each meeting.

- <u>Letter Project</u>

  - Deborah stated that CAA has received a lot of feedback regarding their written communication. She explained that CAA will commit time to review one letter and asked the group to jointly decide on one communication letter they wish to be reviewed. Deborah asked to include suggestions on how to improve the letter and reminded the group that these letters are a legal document and that a legal process will need to be followed.

  - Richard Small showed his appreciation regarding this opportunity. He raised concerns that some letters offer no hope, are very blunt and unforgiving. Bruce Burdekin agreed and stated some letters are very pessimistic. The group agreed that they would like to see letters softened with perhaps a generic section at the bottom of the letter referring to possible next steps. Deborah and Dougal stated that this will be a challenge to balance as every individual is different.

  - Deborah summarized that she is more than happy to review a letter but is looking for advice from the group. Michele emphasized that it needs to be a joint effort. Upon asking for someone to take lead on this project Richard Small offered to do so and work directly with Deborah.

  - Ian Andrews suggested phoning clients before sending letters. The possibility of sending emails instead of letters was also discussed by the group. Mark Stretch summarized that there is no right or wrong. The group agreed that a generic section at the bottom of the letter referring to possible next steps would be a step in the right direction.

  - **Action:** Richard Small to liaise with Deborah.

- <u>AMC Process</u>

  - Deborah provided feedback that the AMC process is being reviewed. She stated that the number of AMC's is increasing and that the reason for that is currently being investigated. She further explained that effective from 1 July 2017 CAA will be charging

for AMC's for all hours in excess of the first two. CAA is currently establishing an administrative process on how to track time spent on each individual AMC.

- Simon Ryder-Lewis asked how long most AMC's take. Michele answered that according to data analysis on average there is a total of 750 AMC's per year, of which 60 AMC's are in excess of 2 hours. However these need to be confirmed through delivery. Ian Andrews stated that from recent memory 20% off all medical applications used to be AMC's and that 80% of those 20% are simple AMC's. Dougal replied that this has changed in recent years and that there are more AMC's in absolute numbers and more in proportion as well.

- Ian Andrews raised the following question: If there are continued issues, which have been addressed in a previous medical where an AMC was necessary, is an AMC needed upon every new medical application? Dougal and Claude denied this stating that it is not necessarily an AMC process every time if for example the condition has not changed significantly. It is however a case by case basis.

- John Nicolson raised the question whether thought has been given to a fixed price for AMC's in excess of two hours. Michele denied this and stated that CAA will not be providing estimates.

- Ian Andrews raised the concern that the client must get some idea of how long the process will take roughly and how much money it will costs to be able to make the choice as to whether they are willing to go through the AMC process and spend the money or not.

- Deborah referred to the email that was recently sent to all participants regarding the changes to aviation safety fees, levies and charges and encouraged the group to raise any concerns or questions via the nominated email box.

- <u>Policy Regarding Use Of Calcium Scoring</u>

    - Claude summarized that education regarding the use of calcium scoring was done via an article in the vector magazine in July/August 2016. This action item is now closed.

4. Policy Development PPL

- <u>Elizabeth Bolton</u>

    - Elizabeth spoke about the Policy Development PPL and explained that CAA is currently consulting on whether or not an alternative Private Pilot Licence (PPL) should be developed which would allow for a lower standard of medical certification. She noted that the Discussion Document was released 21 April 2017 and that submissions close 19 June 2017. Elizabeth stated that following the conclusion of this consultation, analysis of the submissions will be conducted. Based on the analysis CAA will decide which steps to take. Following the normal policy development process, a regulatory impact statement would then be written looking at various options and deciding which one the best one is to proceed with. Should this result in a decision to proceed with a rule amendment, CAA then has to go down the path of a rule development process. This involves a bit for the

project to be included in the transport rules programme, which need to be agreed to by the minster in cabinet.

- The question regarding a timeline was raised by Ian Andrews. Elizabeth replied that the process will take about 1 to 2 years. John Nicolson asked whether there is a consistent preference looking at the submission received so far. Elizabeth denied this and stated that submissions so far have been quite diverse.

- <u>Stephen Brown, AOPA</u>

  - Stephen Brown presented on AOPA's (Aircraft Owners and Pilots Association of NZ) view regarding the Pilot Medical Certification Policy. AOPA is an affiliate of International AOPA which represents 78 countries. In 2016 International AOPA passed a resolution for member states to adopt a light motor vehicle license medical standard for recreational and private flying. Stephen Brown further explained that the UK and USA are moving strongly towards this and that the UK has loosened up medical standards for flying dramatically. He stated that New Zealand could be a leader in applying appropriate medical standards.

  - With regards to risk Stephen Brown explained that recreational and private flying is not any more dangerous than many other comparable sports that do not include medical certification. He further stated that accidents are rarely caused by medical incapacitation, especially with reference to compliant pilots. He also stated that medical incapacitation has not caused any microlight accidents in the last 10 years and no RPL accidents at all.

  - AOPA stated that they will be handing in their submission shortly. Ian Andrews explained that AOPA does not agree with the self-certifying UK system and that they do support having a medical. AOPA stated that they support a DL9 Drivers Licence Medical standard under the condition that a pilot is getting a medical every 5 years up to the age of 40 and every 2 years over the age of 40. He further emphasised that the acceptable ICAO standard is 2 fatal accidents per year and that New Zealand is nowhere near that.

  - Ian Andrews raised the concern that the majority of occurrences that CAA relates to in the Discussion Document are not medical incapacitations. He stated that some of those pilots did not have a license and were not certified. Michele encouraged Ian to raise the concerns via their submission.

  - Richard Small stated that Flying NZ (NZ Aviation Federation) will most likely be strongly favouring one of DL9 versions. He further stated that Flying NZ does not see this increasing the risk of a medical event when flying and that Flying NZ will also be putting in a submission.

  - Bruce Burdekin stated that Sport and Aircraft Association NZ is strongly in favour of the DL9.

  - Simon Ryder-Lewis exited the meeting at midday.

  - Ian Andrews asked what CAA's policy on head injuries is. Claude responded that CAA needs more information as to what happened and what the symptoms are. CAA will need to determine what the risks are and if there is a possibility for delayed symptoms. He further explained that ambulance notes are helpful to classify severity and that decisions are made on a case by case basis.

5. Colour Vision Deficiency

- Michele gave an update regarding the Colour Vision Deficiency (CVD) project explaining the CVD panel put their report through to the Director. The Director then assessed the report and determined the best way forward which was to accept some of the recommendations concluding the practical flight test through the use of our current flight testing system.

- Michele summarized what had been discussed at the panel meeting in March 2017: The initial colour vision test is the ishihara test. If a pilot fails that test, a condition is placed on their medical certificate. CAA is currently still working on what this may look like. If a pilot does not like this condition being on his/her medical, they can conduct secondary testing. If the pilot fails secondary testing, the condition remains on the medical certificate. If the pilot passes, the condition could potentially be removed. One of the concerns discussed at the panel meeting was around allowing the system to be self-regulating. This was based on the assumption that there are sufficient checks throughout CAA's current flight training system to determine a pilot's competency as to whether colour deficiency is affecting them in any way. The other concern discussed at the meeting was how international authorities would recognise how CAA treats CVD. CAA is currently reviewing feedback from that panel. Specific aspects are being reviewed from a legal point of view and its potential impacts. CAA is reviewing the 2013 GD and determining how we can adjust it so it suits a potential process. Michele summed up that the CVD project is very much a work in progress. At this point in time it looks like CAA will be heading down the path of a GD change. However details still need to be worked through. It became clear that CVD addresses Class 1 and 2 and that Class 3 is not affected at this point in time. CAA's intention is to draft a GD, consult with panel members and release the GD for further consultation in the near future.

- Claude suggested that wording may need to be changed from 'competency based testing' to 'functional based testing'.

6. Fatigue Risk Management Project

- Michele provided an overview and stated that the Discussion Document had been released over the Christmas break requesting industry feedback on the way forward for fatigue management. CAA is currently reviewing the submissions. The draft summary of submissions can be expected at the end of May and the next Fatigue Risk Management Panel meeting is scheduled for 1st June 2017. Michele then spoke about CAA's recent visit to CASA which was a great success with regards to sharing information, potentially sharing resources and policy approaches and general alignment.

- Moving forward Michele stated that CAA will be concentrating on an educational campaign being developed and potentially workshops being run. It became clear that a lot of educational work needs to be done as industry understanding around fatigue is quite limited. Michele said that CAA is aiming to release the finalised summary of submissions between end of June and mid-July showing the direction CAA is heading in.

- Michele stated that CAA is still looking for people that are keen to join Workstream 3 (Helicopter, Agriculture and Adventure Aviation) to help us determine what sort of information and support that Workstream needs. If you know anyone please let us know. Bruce Burdekin advised that it may be worth contacting Christchurch Helicopters. Michele responded that policy will need to be consulted but that it will be taken into consideration.

7. Feedback Discussion from Industry

- Michele raised the question as to whether there are any other topics that the group wishes to discuss today or whether there is anything the group would like CAA to look into and provide more information on. The group did not raise any questions.

- Michele emphasised that she wants these meetings to be of value moving forward ensuring there is effective communication and highlighted that if there is anything the group wants to discuss that this can be done via email and that there is no need to wait until the next meeting. Information or questions to be circulated can be sent to Kat.

- Stephen Brown and Ian Andrew noted they are keen to hear more regarding the Policy Development PPL. Michele encouraged them to forward their submission to Elizabeth.

- Bruce Burdekin stated that he is keen to meet again soon and that communication in the meantime is appreciated. He exited the meeting at 1.15pm.

- Ian Andrews raised the question when the group will hear back regarding the Policy Development PPL. Michele responded that this depends on the number of submissions, their size and scope. She further stated that once the submissions have been analysed and recommendations have been made these are then reviewed by the Deputy Director, before a summary of submissions is published. Ian Andrews verbalised that he wants to be engaged earlier in the project. Michele thereupon asked if a collective group is needed. Stephen Brown said this is the correct group. Everyone agreed. Michele stated that a catch up could possibly be coordinated once the summary of submissions is ready for publication. AOPA emphasised they are keen to catch up before the summary of submissions is released to the public and would like to see how CAA has interpreted the submissions. Michele replied that CAA has to follow a process and that she will follow up with Elizabeth and Chris Ford regarding a specific consultation group for engagement at various stages.

- **Action:** Michele to liaise with Elizabeth and Chris Ford.

8. Closure

- Michele summarized the action items as follows:
    - Temporary Medical Conditions GD: Update at each meeting regarding progress.
    - Medical Manual Chapters: Update at each meeting regarding progress.
    - Letter Project: Richard Small to liaise with Deborah.
    - Michele to liaise with Elizabeth and Chris Ford to see if a PPL consultation process can be put in place to work with the group and to communicate throughout.
- The group agreed to hold meetings every 5 to 6 months with the next Meeting being scheduled for November 2017.
- The meeting closed at 1.30 with Michele thanking everyone for their time and for coming along.