THE AVIATION COMMUNITY MEDICAL LIAISON GROUP
– Meeting Minutes 31 October 2019

DATE:	Thursday 31 October 2019
LOCATION:	Civil Aviation Authority, Level 15, Asteron House, 55 Featherston Street, Wellington
TIME:	1000-1200
CHAIR:	Rob Scriven, Manager Regulatory Investigations, Personnel & Flight Training

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PRESENT:

- Rob Scriven - Manager Regulatory Investigations, Personnel & Flight Training, CAA
- John Sneyd – Chief Legal Counsel, CAA
- Christine Harris - Team Leader Aviation Medicine, CAA
- Dougal Watson – Principal Medical Officer, CAA
- Andrea Keenan – Senior Licencing Advisor, CAA
- Brandi Williamson – Senior Legal Advisor, CAA
- Claude Preitner – Senior Medical Officer, CAA
- Anthony Bonert - Senior Medical Officer, CAA
- Mark Stretch – Airways
- Steve Brown - AOPA
- Andy Pender – NZALPA
- Richard Small – RNZAC
- Bruce Burdekin - SAANZ
- Michael Drane – Air NZ (Teleconference)

APOLOGIES:

- Sarita Dara - Senior Medical Officer, CAA
- Tim Sprott - Senior Medical Officer, CAA

- Ben Johnston – Air NZ
- Hardeep Hundal – Air NZ
- Nicola Emslie – Air NZ
- Shelly Sydney – Airways
- John Nicholson – Aviation NZ
- Simon Ryder-Lewis – MBF
- Stuart Parker – RAANZ
- Greg van der Hulst - AMSNZ

John Sneyd welcomed the group and encouraged open and frank conversation. CAA encourages and values input from stakeholders and commented it is vital to ensure appropriate decisions are made.

1. Previous Minutes & Update on Previous Actions

The previous meeting minutes were formally accepted by participants

Temporary Medical Conditions

Rob updated the group. Claude can take a lot of the credit for the creation of the Temporary Medical Conditions GD which went live on 15th April. The GD provides guidance on circa 25 medical conditions with details of the acceptable characteristics and medications, whereby reporting to CAA under s27c does not need to occur. This GD explains when exemptions from the reporting requirements under s27c can apply. Initial feedback is positive. Rob encouraged feedback from the group. Andy stated that the GD was used extensively and a really valuable piece of guidance and congratulated CAA on its role in creating it.

General sense that the document should be promoted wider to the sector, in particular to the private sector.

Medical Manual Update

Rob updated the group. The medical manual updates are not being project managed, however these will form part of business as usual. The work will be prioritised against other commitments.

Since the last meeting the cardiovascular chapter has been updated and some changes have been made to the mental health chapter. Rob asked group for feedback. Richard suggested bringing more up to date medical technology into the document.

There was general feedback that the document needs to be more concise/shorter. Dougal acknowledged the point but highlighted that the main audience are the medical examiners and therefore the manual requires a certain level of detail. Andy agreed that the level of detail was appropriate and the information provided was useful. It was raised by Richard that sometimes MEs will put conditions on licences despite what is advised in the medical manual. Michael commented that aeromedical significance must be focussed on rather than the treatment of the condition.

The principles of ensuring that the manual was useable for a wider audience was noted but Rob indicated that he cannot commit to the allocation of resources at this stage to review all of the manual with that principle in mind.

The group was asked to put forward suggestions on which chapters should be prioritised. No pressing examples were put forward.

Letter Project

Rob updated the group regarding using softer language in the disqualification letter. CAA aims to review the wording in all the s27i letters and Brandi Williamson (Senior Legal Advisor) is currently reviewing the suspension letter. This will be sent out for feedback to participants. Andy commented that the Class 2 expiry date in the disqualification letter often concerned participants who thought they were disqualified for the entire duration. Andy suggested that emphasis be put on ***'until condition is resolved'*** as well as including a date.

Michael raised that the process for suspension is administratively heavy and encouraged the streamlining of this. One unhelpful element is that the ME who suspends the pilot is the only ME able to lift the suspension. Michel views this as an unnecessary element to the process as often participants are waiting for an ME to be available to lift the suspension. Brandi outlined that we are considering options around who can lift a suspension. One option is that the decision is contained within a practice group of ME's and therefore another ME from within that group could lift the suspension.

Action – Put emphasis on 'until condition has been resolved' in the disqualification letter.

Action – Brandi to update the group regarding the decision on whether a group of ME's from within one practice is able to lift suspensions.

Creation of GAP booklet

Rob updated the group and raised that due to resourcing and prioritisation we have been unable to action this yet. Going forward there will be a unit within the CAA responsible for creating guidance material. This will result in additional resources put into this space.

Policy Development of PPL

Rob updated the group. This NPRM will be circulated in the next two weeks for consultation. It proposes that PPLs can exercise the privileges under a DL9. Rob outlined some of these privileges. There are some prohibitive aspects to a PPL. Rob listed these as follows:

The CAA proposes that PPL pilots flying on the commercial driver licence medical standard be allowed to exercise the following privileges:

- carry up to five passengers; unless performing an aerobatic manoeuvre in which case no passengers could be carried;
- fly aircraft with a maximum certificated take-off weight (MCTOW) of up to 2,730 kg;
- allow to fly in the vicinity of controlled aerodromes provided they are in radio contact with the appropriate ATS unit; and
- allow to obtain glider tow and parachute drop ratings.

The CAA also proposes that PPL pilots flying on the commercial driver licence medical standard be prohibited from carrying out the following activities:

- flying for hire or reward;
- flying multi-engine aircraft;
- flying pressurised aircraft;
- exercising the privileges of an aerobatic rating;
- undertaking agricultural aircraft operations;
- towing banners and drogues;
- flying at night;
- flying under IFR;
- carrying a passenger if performing an aerobatic manoeuvre; or
- performing a parachute drop operation exceeding 10, 000 feet ASML.

The next stage is to put this information out to sector for consultation through the NPRM process. The document will include rational behind these changes.

A lot of discussion ensued about the privileges and the prohibitions. The Director will use the NPRM process to help inform the final decisions, and the group were encouraged to make their submissions through that process.

Richard Small stated that in his view there is a flaw in the system in that medical examiners see the applicants very rarely, whereas GP's often have a full history, and in his view the DL/9 can therefore be considered more robust. Michael commented that it's important not to overlook the role of the aviation medical examiner and that GP's often have no understanding of what pilots do. Rob commented that it would not be possible to ask for all medical history from GP's in every case and the system relies on honesty of reporting.

Action: ACMLG members encouraged to make submissions regarding the PPL through the NPRM process.

Colour Vision Deficiency

Rob updated the group. The Colour Vision GD went live on 31 May 2019. The CAA has processed 6 applications that have gone through operational colour vision assessment and all have passed. The OCVA is stage 3 in the new process) Rob expressed the view that the CAA thought about the implementation, including training A cats in advance, and providing guidance to both the applicant and the ME. All feedback was the group was positive.

Fatigue Risk Management Project

There has been considerable work done in understanding the nature of this risk in the aviation sector. The problem definition is now well known and defined. The capability of mitigating this risk within the CAA and also within the aviation the sector is not as good as it should be. This year, we sought internal resources to address the solutions but this was not successful. This project is on hold with a desire to source appropriate resources for the future. Aviation New Zealand are looking at a generic fatigue risk management plan, in partnership CAA will fund the expert review of that plan by Sleepwake. Once the plan has been approved it will be made available.

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1. CAA/CASA Harmonisation workshop (Timetable for Routine Examinations) – next steps

Claude updated the group on the recent Harmonisation Workshop. The workshop discussed Routine Medical Examinations, their timing and applicable procedures with an aim to update the NZ CAA General Directions that prescribe these examinations. This will also improve harmonisation between CAA and CASA requirements. It was observed that in some areas there is a lot more testing done elsewhere than we do and vice versa. There will be exchanges with Australian colleagues and the wider industry regarding amendments to the testing schedules.

2. Appeal Process

Bruce raised the issue that if you are suspended, there is no independent appeal process short of a judicial review. Dougal provided an overview of the various appeal processes – and highlighted that the CAA has an information detailing those options, called "what are my review options" This information can be found on the Medical Certification page of the CAA website.
https://www.aviation.govt.nz/licensing-and-certification/medical-certification/

Bruce also raised the view that once a decision is made by an ME it is captured on file and it is difficult to change that view without spending a lot of money. Dougal commented that the person is always able to produce a narrative document in contradiction to the initial report. Both documents will be included in the file so both sides are considered. Bruce gave an example of something being mis-diagnosed and asked how does someone get past the fact you are only dealing with one medical examiner? Dougal raised that if it comes to disqualification, then the CAA will know about this. He emphasised it will not be one ME acting in isolation.

3. Mental health as part of medical assessment – Bruce stated that he was reassured by conversations today that this is being given appropriate attention. A general conversation followed regarding the approach to managing mental health through the medical certification process. All accepted that mental health was a significant risk and that it is a very challenging topic.

4. Clarifying and publishing accepted standards for all medical conditions that may affect your licence.

Bruce raised that publications need to be brief, concise and accessible information to the lay person. Dougal commented that there are resources available about specific issues. They still need to be legally correct. This relates to the discussion around ensuring the right principles are applied when writing these types of documents.

5. Medical factors most frequent in pilot medical qualification issues, impairment or incapacitation based on the latest data.

A general discussion ensued regarding the most common or prevalent medical issues. Richard indicated that this topic was covered extensively at the recent CAA/CASA/Industry medical workshop on 17 October 2019.

6. CAA restructure

Rob updated the group. 3 of 6 positions at level 2 have been filled and a number of positions for level 3 managers have been filled. The recruitment process still in progress. Richard stated that the sector was keen to understand who had been appointed in what roles.

Action – Rob to discuss with Janine to see if we can inform the sector about result of restructure
(The result of this action – An update by the Director to the sector will go out in the next Director's update. This will include the names of new members of staff and their positions.)

7. Business Arising

- Andy pointed out the MIS relating to temporary medical conditions fails to draw reference to the new temporary medical conditions GD.

  Action – CAA to amend the MIS

- Michael raised that Air New Zealand is keen to move to point of care testing and glucose and lipid testing and encouraged this to be given priority. Claude raised that the CAA have planned to update the GD on that matter. Discussion is required about whether we can short cut those changes.

- The participants discussed how often meetings should be held. 6 monthly meetings were suggested by 3 participants.

  Action – Terms of reference to reflect that meetings will be held on a 6-monthly basis

The meeting closed at 1205 with Rob thanking everyone for their time and for coming along.