THE AVIATION COMMUNITY MEDICAL LIAISON GROUP
– Meeting Minutes

DATE: Tuesday 10 September 2013

LOCATION: Civil Aviation Authority, Level 15, Asteron House, 55 Featherston Street, Wellington, Room 15.04

TIME: 1000-1500

PRESENT:

- Ben Johnston, President – Aviation Medical Society of NZ
- Bruce Burdekin, Representative - Sport and Aircraft Association NZ Inc
- Chris Ford, General Manager – Aviation Infrastructure and Personnel
- Claude Preitner, Senior Medical Officer - Civil Aviation Authority of NZ
- Dianne Parker, Group Executive Officer, Aviation Infrastructure and Personnel - Civil Aviation Authority of NZ
- Dougal Watson, Principal Medical Officer - Civil Aviation Authority of NZ
- Geoffrey Henderson, Project Manager - Civil Aviation Authority of NZ
- Graeme Harris, Director – Civil Aviation
- Herwin Bongers, Medical Director - NZ Airline Pilots Association
- Ian Andrews, President - Aircraft Owners and Pilots Association of NZ
- Irene King, Chief Executive – Aviation Industry Association
- John Byers, Representative – Sport and Aircraft Association NZ Inc
- John McKinlay, Manager – Personnel and Flight Training
- Judi Te Huia, Team Leader, Medical Certification – Civil Aviation Authority of NZ
- Karen Groome, Executive Secretary, Royal New Zealand Aero Club - NZ Aviation Federation (NZAF)
- Martyn Stacey, Representative – Balloon Association
- Merryn Jones, Occupational Health and Safety Adviser - Airways Corporation of NZ
- Rajib Ghosh, Senior Medical Officer - Civil Aviation Authority of NZ

APOLOGIES:

- Mike Groome, Representative - Flying New Zealand/Aviation Community Advisory Group (ACAG)
- Richard Small, Representative – Flying NZ and NZ Aviation Federation

AGENDA

1. **Welcome and Introduction / Establishment, Purpose and Background of the Aviation Community Medical Liaison Group / Rules of Engagement**

1.1 John McKinlay

John welcomed attendees to this inaugural meeting of the Aviation Community Medical Liaison Group.

He summarized that the purpose of this Group is to provide a forum for communication and understanding issues; to improve relationships; to show open and transparent processes; that it is an opportunity for improvement and a proactive approach; to gain a wider perspective; for education; to build trust and confidence whilst appreciating that there are multiple viewpoints involved. All of these activities will have a focus of being in the interest of aviation safety.

1.2 Graeme Harris

Graeme congratulated Civil Aviation Staff for the initiative to bring this Group together.

He related that there are parallels with the review of Avsec and the project for the online medical certification system in that there is a need to put safety and risk management to the forefront in both cases while being mindful of timeframes for turnarounds that could have impacts on private businesses. The CAA project for the online certification project has started. It is hoped that this Group will provide a sounding board of advice and ideas for any proposed efficiencies that may arise from the project.

Graeme thanked everyone for attending and requested that attendees try to separate the issues of medical payments from this issue of online opportunities.

He welcomed any questions during the day from the Group.

1.3 Chris Ford

Chris expressed his desire that an outcome of the Group would be to use this forum to identify any efficiencies in the medical certification system.

He told attendees that this is an opportunity to gain understanding of where the issues are, for example, with regard to turn-around times. It is also a collective way to try to improve processes.

Chris is the sponsor of the medical certification online system project and told attendees that the Project Manager would brief them on the project to date later on in the day.

He acknowledged the work that CAA staff had undertaken to bring this Group together and he especially commended Judi Te Huia and John McKinlay.

He also welcomed any questions during the day from the Group.

1.4 Rules of Engagement

John McKinlay outlined to the Group the various documents that were contained in the packs that they had received. These items included the Agenda.

He also directed attendees to the copy of draft Terms of Reference document which was created to address regulatory requirements as well the need for processes to be open, transparent and communicated well. He advised that there is a need to identify priorities and common areas and that all viewpoints will be accepted and discussed. Agenda Item 4 – Topics and Priorities – was to be the majority of the work for today's meeting.

Also in the pack was a copy of the CAA and the Aviation Infrastructure and Personnel Group Organization Charts. John advised that the copy of the Personnel and Flight Training Unit 2013-2014 Business Plan included in the pack showed very clearly that one of the Unit Objectives was to develop an industry Group such as this for liaison, discussion and project work.

The pack also contained a copy of the CAA Use of Regulatory Tools Policy, a copy of the Regulatory Operating Model which drives how CAA operates as a regulator and how CAA engages with stakeholders.

Included in the pack was also a copy of the Civil Aviation Act Part 2A Medical Certification and Rule Part 67 Medical Standards and Certification.

John explained that he hoped that these documents would help attendees to understand how the medical certification process flows from the Civil Aviation Act to Rule Part 67 and onto Unit Business Planning.

He outlined that the focus for this Group was not just Part 67 certificate holders but also wider aviation participants, such as Recreational Pilot Licence holders and microlight participants. The focus also includes other general issues related to medical certification, for example, drugs and alcohol.

John advised that the only other speaker for the day was to be the Project Manager for the Online Medical Certification System Project who would outline that this is a project to build an Indicative Business Case only.

He proposed that the Group would then work through topics and issues in a "round the table" manner so that all attendees would have an opportunity to speak to the issues and priorities that were of concern to them. John added that the Personnel and Flight Training Unit Business Plan could be a starting point for discussion which may help in identifying the scope of work for this Group, and assist with determining priorities for the Unit. All input is welcomed.

John then invited all attendees to introduce themselves and give a brief outline of their interest and experience and an overview of their particular issues involved in the medical certification system (see Appendix I).

2. Terms of Reference Discussion

The current Terms of Reference document is Draft Version 5 Dated 2 September 2013.

John stated that feedback is needed from this Group in order to clarify the contents of the proposed Terms of Reference document and to ensure that it clearly shows the linkages from the Civil Aviation Statement of Intent down to the Civil Aviation Focus Areas and onto the Regulatory Operating Model goals.

John quickly outlined the headings in the proposed Terms of Reference. Section 3.2 clearly outlined the Objectives of the Aviation Community Medical Liaison Group which will enable the Functions outlined in Section 3.3 to be achieved.

Section 4 outlines the Membership and Composition of this Group and John welcomed suggestions for others to be included.

Section 5 outlines the Operation of this Group. John advised that he would chair the first three meetings. He envisaged that there would be three meetings held annually by this Group.

3. Presentation by Geoffrey Henderson, Project Manager for the Online Medical Certification System Project

Geoffrey introduced himself to the Group and stated that his objective as Project Manager is to deliver an Indicative Business Case (IBC) only with regard to online medical certification. He distributed a document to the Group entitled "Online Medical Certification System Project Approach dated September 10, 2013.

The broad overview of the document shows that it is divided into three sections. The first section details the drivers for the project and the second section outlines the purpose of the project while the third section of the document details the outcomes.

Geoffrey outlined the main driver as looking at the potential for an online system to reduce costs and improve access and quality of information. Underlying this is the Government's challenges with regard to online services and initiatives for efficiencies. This project is to provide the possibilities to assess if an online system would deliver efficiencies for the CAA.

The second section outlines the purpose of the project which is to deliver an Indicative Business Case.

The third section of the Project document details outcomes, for the CAA to be in line with government sourcing guidelines, to define requirements, to identify efficiencies, to complete a Request for Information process and to ensure a fit for purpose system. This last outcome may entail looking at international systems that may be beneficial in achieving these goals.

Geoffrey outlined that it is a two stage process – that of developing the Indicative Business Case and then, if required, developing a detailed business case.

Question from Bruce:

How would or could an online system protect privacy issues?

Geoffrey's response was that privacy legislation would be used at all times throughout the different parts of any system introduced. Geoffrey outlined that he had looked at an authentication programme/service already used by other agencies called "Real Me".

It was discussed that users need to have confidence in any system that is introduced and that CAA needs to ensure protection of information. The response from Geoffrey was that CAA is committed to security and protection of information.

Question from Bruce:

Is it possible that CAA could use other health service systems and share information with already implemented systems?

The response was that CAA has the potential to become part of any other integrated existing system – the question is do we want a system that provides this level of functionality or do we need a more basic level of functionality.

There was discussion from the Group that only a simple application form might be needed with the possibility of access to other results/record (e.g. blood tests) rather than the whole history which hospital or GP records hold.

It was highlighted that there was a need to identify that what will work for an efficient medical processing at CAA might not cover these areas.

Geoffrey continued to outline the broad overview of the Project and described the Project approach as one of identifying and getting approval for requirements of any system and using an Investment Logic Map to sort out any requirements in moving to any suggested online system. These activities would be conducted in liaison and communication with stakeholders and through this Group.

With regard to the Request for Information, Geoffrey outlined that the development of this would be informed by the issues outlined on page 5 of the document.

With regard to Fit for Purpose, it may be possible that other agencies' systems could be used, including international agencies. Any information gained from these would have to be reviewed and assessed but there could be a case for the possibility of purchasing a system from another agency e.g. FAA/Singapore/CASA.

Discussion from the Group: Is CAA "re-inventing the wheel?"

The response to this was that the CAA is a government agency and thus has to go through a rigorous process set by government rules. Any "transplantation" of another agency's system to NZ conditions would have its own issues. Rajib suggested that it would be good if CAA could use the activities used by other agencies in their testing phases to iron out bugs, make refinements and address common problems so that CAA could do this analysis efficiently.

The Project Product Description on page 7 of the document highlighted that any proposed system would not be developed in "a vacuum".

Page 8 of the document describes the Roles of individuals within CAA and the role of this Group. Project progress needs to be disseminated to all; this Group needs to make a decision as to how it would like to be informed of Project progress. There was a comment from the Group that any reporting and progress reports need to be succinct and an email was the method of preferred communication choice.

Geoffrey then outlined the next steps that were planned for the Project's progress. Next week the Project Plan will be finalised and workshops will be held within CAA to identify the requirements of a system.

A query was raised about Medical Examiner (ME) involvement and the group were advised that given the cost of travel, it was likely that the Project Manager would travel to areas to discuss issues with MEs. It was advised to CAA that MEs would probably need a month's notice.

Page 10 of the document outlines the timelines for the Project and Geoffrey advised that these time frames dictate the need to get through the tasks and workshops.

Geoffrey advised that the Scope for the project will be focussed and that the planned Investment Logic Map workshops will define it more.

There was discussion from the group regarding the need for any proposed model to take on "best practice" activities and also discussion regarding Government systems and processes versus buying

"off the shelf" from another agency. Concern was expressed that if, for example, the FAA system can work in New Zealand why spend time and resources on analysing it?

There is a need for CAA to get efficiencies from any selected on line system, and so the question of "Would it be worthwhile?" is a major consideration.

The issue of the need for ease of use and security of any system and that medical information could be safely stored and retrieved with changing systems over time was discussed. If information takes time to be retrieved, this would have impacts on the efficiency of any system put in place.

The Group discussed whether the Act requirement that CAA stores the information and the fact that the ME holds information and knows the person's history could be considered a double up of activities.

The participants emphasised the importance of information security and privacy for OMCS.

Geoffrey went on to say that the system must comply with New Zealand's regulatory requirements and Chris Ford emphasised that the system will align itself with CAA's regulatory model and policies there in.

The Group then decided that communication to this forum regarding Project progress should be by email from the Project Manager.

A discussion followed regarding the lack of trust with and faith in the security and usability of Government developed systems from the user point of view. Geoffrey advised that CAA was not necessarily adopting a Government system but that it was going through the Government process and that it will analyse and investigate private business systems for medical certification information use and storage

It was outlined that there are time factors also inherent in systems like the FAA system. Consideration also needs to be given to a rigorous user testing programme and realistic timelines prior to implementation.

John McKinlay thanked Geoffrey for his presentation.

4. Topics and Priorities

The major Topics were listed on the whiteboard and a print-out was produced (see Appendix II). The Topics revolved around:

Class 2 licence risks - John Byers led a discussion regarding the Class 2 licence which is an international licence (has to fit ICAO standards) and how to measure the risks, for example, as flying hours decrease, do other risks increase?

Do less hours flown equal more risk or less risk of failure associated with medical conditions?

Does the medical certification system need to be more complex for this?

Do we have statistics for medical related incidents in flight?

What are the risks we are trying to mitigate?

Is pilot incapacitation associated with low flying hours? Or is it a question of competency? If it is competency, then this is out of the scope of this Project.

Medical Manual – complexities of drafting the Medical Manual and it needs to be available on line and is a guideline. This Manual will have a regular update programme with potentially less AMCs in future. Appropriate information when people need it – prefer hyperlink model as opposed to PDF version

- Part 1 - Introduction
- Part 2 - The Medical Certification System
- Part 3 - Clinical Aviation Medicine
- Part 4 - General Directions
- Part 5 - Annexes

Issues with the Civil Aviation Act – especially with regard to the AMC process, suspensions and input to the MoT with Rule making

The group created a list of Topics/Issues for consideration (see Appendix III).

5. Conclusion

John McKinlay thanked all the participants for their input and commitment to the Group.

He invited "round the table" comments from the attendees.

Comments:

- This forum has provided guidance to CAA
- It was valuable to hear the concerns of other organisations
- The relevance and pertinence of issues across all aviation sectors had been highlighted at this meeting
- There is a benefit of industry collectively discussing these issues
- This meeting was a good start to what will be a challenging task
- This forum was an opportunity to think about and discuss issues
- This forum had highlighted the potential for positive change for the future

6. Actions Sheet

WHO	WHAT	WHEN	OTHER INFORMATION
Group Members	Proposed additions to this Group: Richard Small, Flying NZ and NZAF and Federation of Air New Zealand Pilots - need contact people	If accepted, as soon as possible	Group Members to send this information to Dianne.Parker@caa.govt.nz
Judi Te Huia	The Draft Terms of Reference to be finalised with these changes incorporated	To be advised	Group to be sent a copy and then the TOR to be uploaded to the Medical page of the CAA website.
Dianne Parker	Email the Minutes, along with all the documentation, to all participants	Within ten working days of this meeting	Apologies. Not Dianne's responsibility.
Project Manager	Project Progress updates will be emailed to all participants of this Group	To be advised	Progress Updates to be provided.
Group Members	Review documents and minutes	Return feedback by 18th October 2013.	Email feedback to Judi Te Huia for collation.
Group Members	Feedback on Topics for next meeting	Possibly early February 2014	Email Dianne Parker and Desrae Martin (shadow) who will be providing support to this group in the future. Dianne.Parker@caa.govt.nz Desrae.Martin@caa.govt.nz

7. Appendices

Appendix I: Medical Certification System issues as seen by Group members

Appendix II: Topics and Priorities List

Appendix III: Topics/Issues for Consideration

Appendix I: Medical Certification System issues as seen by Group members

Ian Andrews:

- Public safety is paramount
- One issue is how to deliver an effective and efficient medical certification system, within a cost effective framework
- Need a better definition of "risk-based"

Irene King:

- Need clear understanding of scope of Project (what's in/what's out)
- Need to know how New Zealand can have input into international process and decisions
- Need to discuss with other groups any issues that could be in this discussion
- Performance metrics are needed including expectations and the "what" and "how"
- There is a disjoint with Health and Safety across industry and CAA
- How does an efficient future look e.g. centralized/decentralized?
- With the review of the Civil Aviation Act with regard to medical issues and efficiencies there is a question of whether we can have an efficient system if the legislation is inefficient

Martyn Stacey:

- Ballooning issues with regard to medical requirements, Class 2 versus Class 1

Bruce Burdekin:

- There is an absence of a single/logical approach across industry – there needs to be a re-think of the regulatory approach in the first instance

John Byers:

- Need for analysis of data and risk – how can we analyse this to obtain efficiency measures

Karen Groome:

- The importance of reporting back openly to industry groups and allowing opportunities of participating in activities such as this forum
- Opportunity to deliver to participants an easier way of staying in the aviation system

Merryn Jones:

- There is a need for a 'common sense' approach especially with regard to health and safety

Ben Johnston:

- There is a need for robust debate on the medical certification system especially around issues of communication, efficiency and clarity
- The main issues revolve around education and quality
- We have to be mindful of the "drift in practice" issue
- Suggestion to include the Federation of Air New Zealand Pilots in this Group

Judi Te Huia:

- This is an opportunity for collaborative communication possibilities

Appendix II: Topics and Priorities List

- Class 2 Risks –
    - Do less hours flown equal more or less risk with regard to the question of medical incapacitation and failure?
    - Is it possible to find out how many inflight medical related incidents have occurred?
- Medical Manual – is being drafted at present – will be in five Parts – Part 4 contains the Medical Directions and Part 5 contains the Clinical aspects
    - It is a guideline only – it covers 80% of the issues Medical Examiners face
    - Use of it has the potential to have less AMCs in the future
    - It should contain the appropriate information for when people need it
    - It should be available on line
    - Need for regular updates
    - A hyperlink model would be preferred to a pdf document
- Civil Aviation Act
    - Issues with the AMC process
    - Issues with suspension process
    - Issues with input into the Ministry of Transport for changes

Appendix III: Topics/Issues for Consideration

- Efficiency
- Benchmarking with CASA (Rajib – on-going medical discussions)
- Cost – overall medical costs – downtime – all specialist costs
- Pre-approved CAA specialists e.g. cardiologist, for AMC
- Performance measurements / metrics – AMCs (numbers) – reduce fear factor – fair
- Renewals – periods 6 months, 2 years, 5 years- different to CASA single pilot over 40
- CPL (B) Class 2?
- Risk levels 1,2,5% - trigger point for further investigation
- Health and safety
- Geographic locations of MEs
- Is the current system, delivering what was intended? – Coroner? Minister? MoT?
- Flight training – aged instructors with Class 1? Policy issue?
- Away from paper base to online = clarity? Better efficiency? Get out there and enjoy it
- ATC downtime with decision, difficult pressure from ATC and Manager's perspective
- Consistency, procedural consistency – people not isolated but treated as others
- Fatigue – obstructive sleep apnoea
- Drugs and alcohol
- MEs – online certifications – Act – consistency, education, performance, monitoring – ambiguity standards/system – flexibility - Medical Manual, guidance on common conditions
- Claude – CA Act, simple, review
- Customer service survey – perception