THE AVIATION COMMUNITY MEDICAL LIAISON GROUP
– Meeting Minutes

DATE: Tuesday 1 July 2014

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

TIME: 1000-1500

PRESENT:

- Bruce Burdekin, Representative - Sport and Aircraft Association NZ Inc
- Claude Preitner, Senior Medical Officer - Civil Aviation Authority of NZ
- Cam Lorimer, Representative - NZ Airline Pilots Association
- Desrae Martin, Administrator - Civil Aviation Authority of NZ
- Dougal Watson, Principal Medical Officer - Civil Aviation Authority of NZ
- Ian Andrews, President - Aircraft Owners and Pilots Association of NZ
- John McKinlay, Manager – Personnel and Flight Training
- Judi Te Huia, Team Leader, Medical Certification – Civil Aviation Authority of NZ
- Merryn Jones, Wellness Manager - Airways
- Mike Haines, - Head of Policy Standards and Safety Improvements – Airways
- Pip Schofield, Representative – NZ Women in Aviation
- Rajib Ghosh, Senior Medical Officer - Civil Aviation Authority of NZ
- Rex Kenny, Manager Special Flight Operations and Recreational Aviation – Civil Aviation Authority of NZ
- Richard Small, Representative – Flying NZ, Royal New Zealand Aeroclub, NZ Aviation Federation
- Stephen Brown, Medical Executive Member – Aircraft Owners and Pilots Association of NZ

APOLOGIES:

- Ben Johnston, Medical Officer – AMSNZ
- Herwin Bongers, Medical Director – NZ Airline Pilots Association
- Jon Brooks, Manager Enroute - Airways
- Mike Groome, Representative - Flying New Zealand
- Martyn Stacey, Representative – Balloon Association
- Rob Griffiths, Programme Director, Occupational and Aviation Medicine – University of Otago
- Samantha Sharif, Chief Executive – Aviation New Zealand
- Simon Ryder-Lewis, Specialist Occupational Medicine – ATC Mutual Benefit Fund
- Sue Telford, President – NZ Women in Aviation
- Tim Sprott, Representative– Aviation Medical Society of NZ

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AGENDA

Welcome and Introduction

John McKinlay

John welcomed attendees and introduced new members joining the group (Pip, Mike, Cam , Rex and Stephen). He covered the objectives of the Aviation Community Liaison Group and reiterated that the Terms of Reference is a living document and any feedback to enhance the document is welcomed. This is available in the CAA website http://www.caa.govt.nz/medical/acmlg/acmlg_tor.pdf

ACTIONS FROM THE PREVIOUS MEETING

All actions were updated on Actions Sheet. Subject discussions are listed below.

Medical Application Fee:

John advised that a Government Consultation process will occur later this year.

Ian wanted it noted that they had been consulting on this for over 12 months. There needed to be some clear communications to the Group on what the Consultation will be. Is it intended to look at the way the way the fee is set? The impression is that the charge came from an estimated cost of running the Unit divided by the number of applicants. AOPA made a lot of effort in submissions and hopefully this has had some influence. Richard thinks that the fee has damaged CAAs relationships within the sector, particularly with older instructors opting out of the system.

Will it clearly identify the end user (to whom the Public/Private Good apply)? Will it address the issue that the number of Class 2 applications is dropping? Can we keep track of the Pilot Statistics in this area? Concern was raised by several members that there will be a landslide of RPL/ Microlight applications not requiring medicals, to get around this fee. The AOPA website has identified this issue and provided 'RPL for Dummies' information. Dougal is happy to review any such documentation for Act compliance.

(Post-script – since the discussion, consultation detail has been posted on the CAA website http://www.caa.govt.nz/funding/index.html)

ONLINE MEDICAL CERTIFICATION SYSTEM (OMCS)

John updated the Group on progress. The Regulatory Craft Programme will present the Board their recommendations of proposed options. Information Systems within CAA are being looked at to provide the best outcome. OMCS is a high priority.

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TOPICS FOR CONSIDERATION Please refer to the MIS sheets available on the CAA website http://www.caa.govt.nz/medical/Med_Info_Sheets/Med_info_sheets.htm

DRUGS AND ALCOHOL

The CAA -TAIC report into Carterton Balloon accident, included elements of drugs and alcohol use. Within CAA, Workplace health and safety is handled by the Health and Safety Team and the AvMed Team handle the clinical side. At present there is no random drug testing. CAA need to be made aware where there is an issue. CAA prioritorise, assess the situation, remove privileges and follow up. The scope is expanded to the greater issue as it is not always a case of turning up to work intoxicated. There is no measureable level of alcohol in an operator's blood which is safe. Promoting lower alcohol levels is about raising awareness and it is a very big community issue (particularly in adolescence), synthetic cannabinoids, etc., make the situation a moving feast. This is an international issue. Accidents and incidents reported as 'stories' can be used in Vector, while preserving anonymity. Also similar stories were there 50 years ago. Education is needed.

Is CAA looking at bringing in a programme for random drug sampling of Air Operators? This would require a change in the legislation or the minister to change rules. A number of operators conduct random drug testing. Airways use testing for safety critical areas. They are provided a NZDAA report. Jetstar have drug testers walk into the crew room and test randomly.

Bruce asked whether recreational pilots or engineers who work on outside of an organisation (self employed) would be tested?

Dougal said that education will be a large part of this process, and keeping it up. HIMS (Human Intervention Motivation Scheme) programme is focused on this with unions, operators and CAA. It is important to intercept problem cases as early as possible, using a peer support approach rather than elevating to the regulator who will use maximum powers due to an incident. A programme must identify, treat and support to achieve a good outcome.

In Sport Aviation, medicals are completed by the GP. RPL license has a fit and proper requirement upfront. PPL to CPL would need to have a Fit and Proper assessment to change from one type to the other. Alcohol in the owner operator's environment generally is well followed. Rex discussed that Gliding NZ and the Microlight Association have regular meetings where these things are discussed. Richard said that Waikato Aeroclub pilots are aircraft renters not owners and need to get past the Chief Flying Instructor to be assessed as safe.. This created a checkpoint, although it may be difficult to stop everybody. There is a concern that when things are reported they are not taken seriously. It discourages reporting. From the Groups perspective this could be improved. Within CAA, aviation related concerns (ARCs) are undertaken by Roger Shepherd. His credibility, approach and actions on the ARC's are showing improvements in the industry. At closure, the person who reported the concern is usually updated by Roger or one of the Team. It is difficult from CAAs perspective, to discuss progress during the ARC as confidentiality is important. The ARC Policy is being finalized.

Could the CAA process be communicated through Vector? This topic can be discussed further at the next meeting. Outside of ARCs, the AvMed Team receives information which is taken very seriously. It is important to validate reliability of a report. We talk to the informant and we can't discuss the case during its investigation as there are privacy issues. CAA could identify the process in Vector resulting in "We have received the concern/complaint and we are dealing with it". Dougal is happy to talk to any of the Groups on how the Aviation Medicine Team handles the receipt of these non-ARC issues.

Adventure aviation does have a drug and alcohol rule. A rule requires a policy and process – random testing is more beneficial than testing after an incident occurs. Some companies have been testing for some time and have implemented their own programmes. An example is a tandem operator who requested employees take time off instead of working if concerned about their health. Workplace health and safety would have these requirements in flight schools etc.

AOPA find that peer pressure is used to monitor visible issues and would welcome compulsory random testing. CAA would probably see some changes in this area. Post accident and incident testing will be looked at, although Police (Transport) currently do not have the power to take tests. Hospitals can take tests from blood samples for validated reasons. The Ministry is working at what can be done in this area. We are all conceptually in agreement that random testing has clear advantageous for flight safety. Culture may change with respect of risks, if random testing is implemented. Pre-employment testing is sometimes used to screen for this risk.

DEPRESSION

CAA deals with the whole spectrum of depressive illnesses and pharmaceuticals. The approach is that someone in remission or remission with treatment, they are usually fine. Isolated episodes may mean a person may never have another episode again, others may relapse.

How do you get to a diagnosis of depression?

A range of medical expertise can be applied. Either by a major depressive disorder (in accordance with DSMIV), sometimes a psychiatric review, sometimes the word 'depressed' is used by a GP or Medical Examiner and needs to be look at it further. Confirmation is needed on the extent of illness. Depression is a symptom and the treatment prescribed will indicate further response and understanding the significance of that condition.

Bruce asked a question relating to a case of mild depression or short episode, how much does it affect the ability to function and how do you get back from that? Airways replied that it is on an individual basis. It is a condition that is vastly over treated. An appropriate diagnosis is needed. Medical Officers cannot discard the GPs diagnosis, there is a difference in the general medical community and aviation medicine as to what medication is acceptable to fly. Some people present with depression, anxiety and unsafe relationship with alcohol, these are co-morbidities that feed each other. Fatigue or sleep disturbance issues can also be co-morbidities. These issues may present in the GPs notes.

ALPA ran a seminar on Depression recently. Support was highlighted as an integral part. How can we support people? Airways and ALPA have done some good work in this area.

CARDIOVASCULAR RISK

It was discussed that CAA is using a system which incorporates environmental and genetic ranges. Ian discussed how a member had a stress echo and further tests resulting in a cost of $11,000 to maintain his medical. Is this over the top? Dougal advised that the aim is to exclude ischaemia and tests will be ordered until an unambiguous result is found. Each case is assessed with aeromedical significance in mind. Bruce asked whether there were statistics available on how many incidences of cardiovascular events cause accidents or deaths? Dougal outlined that in the 1950's there were many cases, this is prior to testing cardiovascular risk. CAA manages this through prevention. There have been 3-4 cases in Microlights where the protocol for cardiovascular risk was not followed.

PREGNANT PILOTS (Pilot Study) available in the CAA website
http://www.caa.govt.nz/medical/Med_Info_Sheets/Pregnant_Pilots_Report.pdf

CAA saw a need to review our current guidelines, these were last reviewed 10-12 years ago. There was a discussion which included the following;

The study was commissioned by CAA for Auckland University to undertake through the Cochrane Group who provided a wide, robust medical review, which was headed by an Obstetrician. The study cost was under $25,000. Literature was looked at from around the world and the conclusions were not very different than that of 10-12 years ago, except for some cognitive issues. Pip asked why none of the data was based on NZ women nor did it indicate that CAA were changing the way things are done. There is also a perception that there is a lack of accessibility to information. Women in Aviation would like to see changes such as PREGNANCY to be placed in a better place on the CAA website, under A-Z would be better. Feedback had been received from members that CAAs general approach to this topic was not very satisfactory. The Group agreed that it is difficult to search information on the site, and the 'Search' should be at the top. CAA can request these changes to Peter Singleton. Dougal advised that there was no research available from a NZ base. John is amenable to any syllabus changes.

The study covered professional and recreational pilots, and CAA are open to future studies. Stephen thought that the study was good value for money and well presented. The question which needs to be asked for future studies is: does this validate what we are doing and does it provide a suitable resource?

NEW TOPICS

CHAIRPERSON – please see John if you are interested in this role. Role is to chair the meeting with all other support included.

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MEDICAL MANUAL PROJECT STATUS can be found on the CAA website
http://www.caa.govt.nz/medical/Medical_Manual/Med_Man_Part-3.pdf

Relates to Clinical Part 3 of the Medical Manual. The process depends entirely on the Legislation. NZ may be different to the other countries and therefore a Manual needed to be created for this purpose. The Manual uses the same numbering as the ICAO medical Manual.

Opthalmology Chapter draft is on the site for feedback for three months. Feedback is more than welcomed. The aim of the manual is to support MEs as to whether the standard is met or not (AMC). We started with this one as it appeared to be the most needed.

ENT chapter could be ready in about 6 weeks and then posted to the site.

Urology, Cardiology, Respiratory, Neurology will follow. Please sign up for notifications and you will be alerted to the posting.

COLOUR VISION DEFICIENCY

CASA recently referred to an article that Dougal Watson was the author of and published.

Stephen advised that Colour Vision can change during a person's life due to head injury, medications, etc. Education is needed for applicants on this topic. Ian asked whether there have been studies carried out to confirm that Colour Vision Deficiency causes accidents? Ian asked for a copy of Dougal's journal article.

. The journal is not a CAA publication, although it is available for purchase from the publisher and there is a copyright on the journal that the article is in. Dougal completed this report in his own time. CAA is listed after Dougal's name in the article for the purpose that professional affiliation must be recorded. This article was not funded by CAA.

GENERAL DIRECTIONS

Colour vision CAA drafted a GD document and put it up for formal consultation (6 week period) which was extended 3 times (requested by interest groups) and is now due to close at the end of September 2014. The process for Colour vision deficiency is an Ishihara pass/fail, a second tier of Farnsworth Lantern test and to include City of London test (where software license required).

Temporary conditions which do not need to be reported to CAA. In the past we have not been able to finalise the project as a GD. We are waiting for a legal opinion which may work as is, or it will require a change in the Civil Aviation Act.

Notification service (top of the CAA Medical website page under new subscribers)
http://www.caa.govt.nz/medical/medical_home.htm

New members were encouraged to subscribe to the service. CAA Notifications include changes in rule parts, medical matters, occurrence reporting and studies.

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GENERAL DISCUSSION

Fatigue Management – Some organisations are implementing systems prior to any Regulation requirement. This is with the Air Transport and Airworthiness under the General Manager, Stephen Hunt.

Could reaction tests be used? Rajib advised a reaction time does not predict performance for the next 10-14 hours. Mike Haines indicated there was a need for guidance on outputs for an implemented system to meet. John said that at this stage we refer to ICAO.

AvKiwi 'I am Safe' – Flyer distributed at the previous meeting. Airways have reformatted theirs for ATC instead of Pilots. Mike suggested that to cover all Flight Safety operations (engineers, ATC, pilots) that the flyer could be renamed 'Safe to Operate'. The Group discussed that the title should be 'Am I Safe' to be more reflective of the subject matter. Stephen raised the issue that Recreational Pilots do not see this safety as a priority and reiterated that this education needs to occur. Checking 'I'm Safe' needs to be done the night before, not on the airfield, the attitude needs to change.

The topic of 'Stress' may need more information as to what this actually means, when does stress become abnormal and affect your flying? Ian would like to support this area as it is the most prevalent issue at AOPA. He wondered whether there is any funding available from CAA to advertise themselves in AOPA publications, he felt this would provide more coverage than AvKiwi Seminars. A pullout in Vector is another option.

Pilot Licence Statistics – Stephen indicated that we are losing pilots, when they stop flying they resign. John said that it is a challenge worldwide for reasons other than a medical application fee. Pip advised that memberships for organisations are increasing, via cadetships to the Airlines. Richard said that the cost of an hours flying, Airways charges has meant that the CAA $313 fee has been the last straw. Ian reflected that it is not all doom and gloom, a Cirrus dealer is doing well producing planes. AOPA membership is growing. Bruce agreed as SIA is growing slightly also, as are Aeroclub memberships although less flying hours than usual are evident.

Do we need to revisit the fuel levy? This is what the Americans do.

OSA to be discussed at the next meeting.

Cam asked whether FRMRS is it aligning with ICAO member states?

SUMMARY

- Subjects to be discussed further at the next meeting:
  - Cardiovascular Risk
  - Act Review
  - Fatigue Management
  - ARCs
  - Education

- OSA
- Colour vision GD

DATE FOR THE NEXT MEETING

21 October 2014

Actions Sheet

WHO	WHAT	WHEN	OTHER INFORMATION
Judi Te Huia	**Education**: Review options (including gap booklet, pull outs in Vector) which recommend what an applicant does when a medical issue arises (Post-script. The Current Vector Magazine for July/August, includes Personal Preflight Check information and Fatigue Risk Factors) Liaise with **CASA** to seek an extend invitations of CASA biannual workshop	Oct 2014 Oct 2014	Currently Medical Information Sheets provide information. Vector is another avenue to provide information. This could also include 'I'm Safe' 'I'm not Safe' pull out. A GAP booklet will take a year to produce. Working with AOPA to promote publications and links Judi Te Huia/Dougal Watson to liaise with CASA
John McKinlay/Rob Scriven	**OMCS**: The decision will sit with the Board once they receive supporting documentation on 8 July. A modular system may be an option.	Oct 2014	The Group is keen to see some progress in this
John McKinlay	**Medical Fee**: John Kay advised John McKinlay that a Government Consultation will occur later this year. This may provide opportunity for submissions from the Group to express Public Good over Private Good charges	in CAA website	The Group would like an accurate description of what the Consultation will cover as soon as it is available. Is a fuel levy an option? http://www.caa.govt.nz/funding/
Group Members	**Feedback** welcomed on the draft forms in Appendix I of March meeting	as soon as possible	Email any feedback to Claude Preitner for collation claude.preitner@caa.govt.nz
John McKinlay/Jack Stanton	**Report** on Pilot Licence Statistics over the past year	Oct 2014	To provide an overview of whether the numbers are dropping since the implementation of the medical fee
Scott Byers/Mark Boyle	**Fatigue** Management issues with Engineers. Update at the next meeting	Oct 2014	Scott to email Mark Boyle, CAA
John McKinlay/Steve Pawson	**ARCs and health concerns from a third party** based on the ARC policy	Oct 2014	Is there a general process outline that can be published in the Vector to enhance a reporting culture

John McKinlay/Peter Singleton	**Pregnancy Information and Search functions** to be placed in better locations on CAA website	Oct 2014	Request to be made to Peter Singleton
COMPLETED ITEMS			
Group Members	Appendix III to be prioritised	Completed	
John McKinlay	**Fatigue:** CAA to actively identify and take part in keeping Fatigue Management as a highlighted issue (ICAO Annex 6)	Completed	Herwin emailed relevant referenced documentation to John. Information was then forwarded to Stephen Hunt for his consideration (who will be asked to attend the November meeting)