THE AVIATION COMMUNITY MEDICAL LIAISON GROUP
– Meeting Minutes 6 October 2015

DATE:	Tuesday 6 October 2015
LOCATION:	Civil Aviation Authority, Level 15, Asteron House, 55 Featherston Street, Wellington, Room 15.04
TIME:	1000-1500

PRESENT:

- Ian Andrews, President - Aircraft Owners and Pilots Association of NZ
- Herwin Bongers, Medical Director – NZ Airline Pilots Association
- John Byers, Representative - Sport and Aircraft Association NZ Inc
- Ben Johnston, Medical Officer – Air NZ (and outgoing President Aviation Medical Society of NZ, AMSNZ)
- Matt Jones, Health and Safety Manager - Airways NZ
- Desrae Martin, Administrator - Civil Aviation Authority of NZ
- John McKinlay, Manager – Personnel and Flight Training
- Claude Preitner, Senior Medical Officer - Civil Aviation Authority of NZ
- Richard Small, Representative – Flying NZ, Royal New Zealand Aeroclub, NZ Aviation Federation
- Kim Smith, Operations Support Manager - Airways NZ
- Dougal Watson, Principal Medical Officer - Civil Aviation Authority of NZ

APOLOGIES:

- Tony Bonert, Senior Medical Officer - Civil Aviation Authority of NZ
- Bruce Burdekin, Representative - Sport and Aircraft Association NZ Inc
- Rajib Ghosh, Senior Medical Officer - Civil Aviation Authority of NZ
- Rob Griffiths, Director Occupational and Aviation Medicine Unit - Otago University
- Mike Haines, Head of Policy and Standards – Airways NZ
- Lew Jenkins, Head of Safety and Operations, Safety and Risk - Airways NZ
- Cam Lorimer, Representative - NZ Airline Pilots Association
- Simon Ryder-Lewis, Specialist Occupational Medicine – ATC Mutual Benefit Fund
- Samantha Sharif, Chief Executive – Aviation New Zealand
- Tim Sprott, Medical Officer – Air NZ
- Judi Te Huia, Team Leader, Aviation Medicine – Civil Aviation Authority of NZ
- Sue Telford, President – NZ Women in Aviation
- Anton Wiles, President - Aviation Medical Society of NZ (AMSNZ)

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AGENDA

Welcome and Introduction

John welcomed all attendees, and the group introduced themselves to new member Matt – Airways Health and Safety Manager. The terms of reference and purpose of the meetings were briefly outlined and a copy provided to Matt.

ACTIONS FROM THE PREVIOUS MEETING

All actions were updated on the Actions Sheet.

Summary

1. MoH on Pandemic Situational Awareness Preparedness Drill (CAA did not receive an invitation). *This was reviewed and concluded; Regulatory involvement was outside CAA AvMed scope.*

2. Confirmation of Research funding availability for the 2016 financial year. *Research budget will be applied to the process for consultation of the Colour vision GD.*

3. Lew to provide Dougal with results of Solo Operator Tower Risk Assessment – *completed.*

Online system, funding review and medical application fee – Timeframes of some sort are required by the ACMLG. *This issue is ongoing.*

- *Funding review (Medical App fee is included in this) is before the Minister for consideration.* Ian believes the Funding review is expensive and was unhappy with the process, he has provided this feedback to the Minister.
- *Online Medical System - CAA PFT unit exploring potential options.* The group was asked to forward any other options to John McKinlay. Reducing the cost had been raised previously with the Director by group members, at a 2013 meeting. The comments were initiated from the Ministers letter in 2012 suggesting a system was pending, prior to ACMLG being formed. The Australia medical application fee was $75 in comparison to NZ at $313.

ITEMS OF INTEREST

1. RPL Amendments- Part 61 is scheduled to be published in 6 weeks – reflecting changes in solo and RPL H. This is expected to aid entry for student pilots.
2. First of the seminar series from Aviation NZ, 'Tomorrow's Leaders in Aviation' – the Women Leaders in Aviation Summit, will be held in Wellington 20th and 21st October, information and registration available here

3. John McKinlay outlined the TTMRA commitment by both Australian and New Zealand government. A working group will be formed to review a combined TTMRA- CASA/CAA AC document. The first meeting will be held by the end of 2015. The Helicopter Flight

Instructor Manual is one example of combined CASA/CAA documentation, (examples of minor differences between the two countries were that New Zealand has more mountain flying emphasis than Australia, and there are night VFR differences). TTMRA sits above CAA Rules.

- Richard asked if changes would filter to PPL? Not currently, however it may be looked into, along with Medical Certification.

FATIGUE RISK MANAGEMENT PROJECT

Fatigue Risk Management information is on the website here
The expected outcome is a change to the policy in this area, review the advisory circular and produce educational material specific to industry requirements. The group is progressing well, the analysis stage is nearing completion and one work stream is developing a Straw man, WS-1 (Airline Group, including Cabin Crew) leads this process, with the aid of Philippa Gander, Leigh Signal and CAA Policy specialists.

NEW ISSUES

ICAO State Letter – provided by Aerospace Medical Association (AsMA) to Ben Johnson in his role on the Air Transport Committee

Ben outlined the State letter would affect Personnel Licensing Medical Assessments. He saw two aspects in the amendments proposed – a new health education standard (preventative health principles instead of reactive medical certification). Secondly, changes to safety management principles in the assessment process. The letter was worded broadly to reflect the safety management system approach. AsMA had provided feedback directly to ICAO. Implementation at the earliest would be the end of 2016. The next opportunity to accept changes would be 2018. Ben identified that not all risks can be managed by the medical side. For example, gastroenteritis cannot be managed by medical systems due to the acute incapacitation it causes.

There would be cross over to the HSE Act for managing risk outside the Regulatory system; such as mental health issues. Dougal took part on the ICAO board which developed the state letter, and highlighted three main elements of change –

- removing a previous item, where provisions did not provide what was intended
- placement of obligation in the public health arena, which would have a whole of government organisation effect; a possible mismatch, and cautioned direct cost to industry and operators
- SMS principle, which he endorsed entirely. Health promotion efforts would be based on managing risk. Ben, Matt and Dougal agreed data driven SMS could be beneficial. Questions on health promotion would need assessment:

    - Would the Ministry of Health (MoH) arena be the public health driver?
    - Would the Regulator recruit more staff?
    - Would it result in a scope shift of what Regulatory bodies do?

SMS is a cultural change – the State letter starts to introduce a move from inspection to manage overall risk within the system. Herwin highlighted the need for education - promoting health is a moral role and there may be a conflict between the Regulators role and personal private choice. The aviation medicine approach should be a balanced focus on individual freedoms and managing risk.

The group expressed interest in the document and would have appreciated an earlier opportunity to view than during the meeting (Airways, NZAOPA, NZALPA). Could CAA provide such documentation to their industry groups? ICAO is represented by their professional groups and has a process for the working group State Letters. This State Letter may not have passed to all representatives in New Zealand. CAA will see whether there can be any enhancements to their process. *Post script* – in the interim, please use the notification service on the CAA website here choosing 'other CAA information' and 'ICAO Updates'.

The group discussed whether young pilots would benefit from these changes as health promotion and nutritional advice is readily available to this generation. Richard commented that young pilots worry about effects of health later in life, reflecting the general population. He identified that the most 'thumbed' website conditions are drugs and alcohol; with depression being the least viewed. Health promotion is subjective and people will absorb what interests or applies to them. Ian stated he would provide feedback via International AOPA. John McKinlay invited any other feedback to be passed to CAA as soon as possible.

CAA requests for GP notes - *Air NZ perspective, Ben Johnson*

Air NZ has noticed an increased frequency of requests for GPs notes from AvMed, for up to ten years of history. This is not well received by pilots, causing agitation and distress. There are some aspects of those requests which could be done in a better way. He was concerned that personal irrelevant information could breach privacy, by passing through the wrong hands within an organisation.

Kim explained that Airways action such requests through Rob Griffiths and Simon Ryder-Lewis, ensuring privacy and reducing unnecessary company disclosure. Airways managers are not involved in this process. Simon and Rob deal directly with the AvMed team. Concern had been raised about the cost and speed of accessing information.

Herwin discussed disclosure and whether some requests were a necessary analysis of risk and understands pilots discomfort when a large review occurs.

Ian had an incidence where the records were uplifted from a medical practitioner by a 'warranted officer'. This process concerned the doctor concerned. He felt this was heavy handed and Dougal confirmed that incidence was more likely to have been an enforcement response, not AvMed. The pilot in question had given his consent for the files to be shared. Ben and Dougal confirmed the process for requesting documentation is by a written request to the applicant, who provides the information directly to AvMed.

Richard reiterated if documentation is pertinent to the issue, it can be requested. Although, where full medical records are requested, the applicant has no discretionary rights and Ben felt there should be a balance between these two.

Dougal was not aware of an increase in requests. They provide a very useful and contemporary analysis of issues and unexpurgated information of medical conditions, which can result in not pursuing other tests. There are times when applicants are not happy providing this information. AvMed asks for further records when there is a need to expand knowledge of issues. In general, records are provided to applicants free of charge, and are most easily accessible to the applicant. Dougal appreciated applicants concerns, with balancing obligations.

Where a request was denied, AvMed would review the information available. Ben was concerned that the issue may not be progressed. Dougal outlined the review options once a decision is obtained, although Ben concluded options are not well communicated and asked for the letters to be reviewed and options clearly outlined. He added that in his Occupational Medicine role he would not request unedited GP notes. A request would carefully outline a medical question and he wondered whether applicants are within their rights not to provide records. He felt this type of approach would lead to less resistance.

FPP documentation and AvMed Input - *John Byers*

John Byers discussed the Fit and Proper Person document and asked whether AvMed advises the Personnel Licensing area on DL9 issues for RPL pilots? John McKinlay responded that advice is sought where there is confusion over a pass/fail on the DL9 form; CAA contract Dr Herman van Kradenburg for this purpose, outside CAA. Claude, a registered GP, may do some work in Herman's absence.

A CAA technical person processes FPP questions and would only refer to AvMed if there is a medical question, such as whether they hold a current medical certificate, instances are quite infrequent. Claude commented that it impossible to keep up with the constant changes in drug manufacturing, thus CAA assess applicants on a case by case basis. Instances of third party concerns can be raised via aviation related concerns (ARCs) and these can be investigated with sensitivity, incorporating the AvMed team.

License Withdrawal - *John Byers*

Without a valid medical certificate, a person shall not exercise their licence. Claude outlined that withdrawal may be used in some cases where more information is sought. The group discussed the example of a single operator who has a medical certificate withdrawn, usual business may not operate, leading to financial and commercial damage. AvMed explained withdrawal occurs out of a flight safety risk, and is not done lightly.

Dougal highlighted that other Regulatory tools are used – conditions can be applied to the certificate (short or long term), no action except guidance. Suspension, disqualification, and revocation can be used as actions in addition to withdrawal. The risk is looked at in depth, and if John Byers was referring to a specific case, recommended contact with Bill MacGregor – Principal Aviation Examiner.

Kim outlined Airways improved understanding of the CA Act s 27 has provided a better basis for business planning and roster cover. Dougal outlined that suspension where timeframes are clearly outlined, segues into disqualification, dependent on the condition.

Does General Aviation understand this as well as they should? Claude outlined that there is information in the Act and on the CAA website. Richard highlighted the industry lacks this knowledge and specialists within organisations work well at providing guidance. The group agreed that most applicants don't know and don't care about these restrictions, until they experience it themselves. John McKinlay asked whether a medical co-ordinators course could be beneficial to the group's organisations. John Byers and Richard expressed interest and added that a handbook resource could also be useful. Ben added there may be some members of his organisation who could help.

Dyslexia

Kim and Dougal discussed how this condition can be identified in late teens who are involved in aviation training. The training and filtering processes assess the disability in general, CAA do not request psychological testing for this issue. The theoretical multi choice assessment, could miss this potential risk. Dyslexia can present itself, outside the written word; compass issues can occur, right and left confusion, or when adding or subtracting. Richard also reported that navigational exams for PPL/CPL can be avoided by trainees with issues – this red flag has been passed to ASL - it is not necessarily picked up during flight testing. John McKinlay reported failure in three exams can identify the issue within the Personnel Licensing and Flight Training unit. The group agreed that students avoid learning some things, because it's not relevant to their exams. The focus should be on flight safety. Students carry iPads to aid navigation; currently only cross country flight tests need compass reading skills.

AVIATION MEDICINE TEAM UPDATES
GENERAL DIRECTIONS

Temporary Medical Conditions which do not require Reporting
MIS004 remains on the website in draft, waiting for the GD to be released after input by CAA Legal. This is close to being completed in-house, to be followed by consideration outside CAA.
The GD is not a guide, it is third level legislation. Consultation can protract this process, as can resources within integral units such as legal.

- Was there sufficient resource in the legal team to support such initiatives? Can there be a timeframe for completion? Dougal replied GDs such as Colour vision have been in consultation for ten or more years. AvMed cannot place a timeframe on the process to flow through legal, which is currently experiencing high turnover. Ben highlighted the importance of this document in aiding requirement compliance. Dougal agreed with Ben that the industry needs clear articulation of responsibilities.
- Herwin reiterated the importance of this document and the group agreed with this. It is possible that the Colour vision GD may be completed first, followed by temporary medical conditions?

Colour Vision
Colour vision GD - Meetings will be held on November 18-20, with November 19 as an open day. Submissions will be published once the review is completed by the Panel. Submissions closed on 1 July 2015. The panel consists of Steve Moore, GM GA CAA, John Sneyd Chief Legal Counsel CAA, Ross

Crawford, Airline and GA flight examiner, Dr Dave Powell, Prof Rob Jacobs (Optometry). Dianne Parker, Project Administrator and John McKinlay, Project Manager.

John Byers raised a concern that there was no Australian input. The group understood this is an emotive topic. Ian Andrews suggested that the model is risk based, which is where the assessment needs to focus. John McKinlay added that submissions are being independently reviewed by CLARO (Medico-legal provider) and is confident the review will be balanced. ICAO taking a lead in colour vision would be welcomed.

MEDICAL MANUAL STATUS
http://www.caa.govt.nz/medical/Medical_Manual.htm

MEs can use the drafts as guidance. The Otorhinolaryngology (ENT) section of the Medical Manual has resulted in hearing impairment cases being handled by the MEs, reducing AMCs in this area. Extensions have been a good tool to allow follow up tests, without disruption to valid certification. Extensions must be requested prior to the expiry of the current certificate.
Herwin asked about CASAs medical manual, which is more prescriptive. Claude stated the CAA Medical Manual is based more on guidance and case by case assessment. The UK CAA system had also been reviewed.

Opthalmology draft on the website for consultation
ENT completed
Respiratory draft on the website for consultation
Neurology draft on the website for consultation
Cardiology draft in progress

ADMINISTRATION

Draft Revision of Examination Procedures – Judi to update at the next meeting
Medical Application form – Judi to update at the next meeting
Templates for Communication - Judi to update at the next meeting

GROUP SUMMARIES

CAA - Robinson project, Part 65 changes with Airways, Part 61 changes active in 6 weeks, Part 147 organisational licensing rule for training (aviation engineering community),colour vision continuing, Examiners checks, surveys: DNA customer journey, FRM project, SMS goes active in 6 weeks. The Aviation Medicine conferences in Auckland and Australia presented ATC rigour in their recruiting system. AvMed are moving into the busy certification season with extra summer schools applications. Dougal encouraged anyone with links to these schools to advise they 'get in early' in case there are medical issues requiring documentation, prior to their assessment. Staff shortages are also anticipated during this busy period.

Sport and Aircraft Association – membership of 550. Primarily involved in building or maintaining aeroplanes. Recent focus on training in aircraft maintenance (100hr checks under supervision). This has been successful).

Airways - 350 members with only a few with issues. There are many new faces within Airways, safety changes around FRMS documentation and FRMS Group - support staff are focusing on their first meeting in December (Dave Powell has had input and will be involved).

Flying New Zealand - membership is stable (2,200-3,300) with focus on promotion in clubs. Microlight training exposition has changed a lot and instruction course for microlight pilots (2 day course) needs a few months further development. SMS development -a tool kits for clubs.

NZ ALPA - releases 'NZ Pilots Professional Standards Programme' a standards and behaviour guide which outlines support, professionalism and conflict resolution avenues. An ATC option could be modelled on this. November will see training for the active Peer Assistance Network (PAN), a peer and collegial support system for mental health and work stress related issues. It is an empathy based response system with oversight and referral to a psychologist. Early intervention is the key to improve behavioural resilience. CIRP (Critical Intervention Response Programme) is another active support system available.

NZ AOPA - 1150 members (800 pilots and aeroplanes), and NZ Aviation Federation (10,000 members) as a collective with Richard. The last 'Fly-in' involved 90 aircraft on 57 different airstrips. Alcohol as a focus for improvement, had been an outcome of ACMLG.

AMSNZ – Ben stepped down as president and is no longer on the committee, Anton Wiles will take Bens place for ACMLG representation. Ben expressed his interest in an Online Medical Certification system. In September, a successful conference was held in Auckland, including the CAA day. The 2016 meeting will be held onsite at CAA.
***Contact Ben for input into an International group, which develops ideas on how SMS can be incorporated into operations*.**

Air NZ – has increased fleet size. Works closely with Herwin and ALPA, PAN/HIMS, have an active FRMS system and Ben supports this process from a scientific aspect. It requires constant vigilance, and current focus is on cabin crew. Initiatives - Health promotion with pilots; cardiovascular risk and physical fitness (110 pilots through that, some losing up to 20 kgs and medication has been reduced, wellness increased).

Dougal commended Herwin and NZALPA for their initiatives. When reviewing the German Wings issue, it became apparent that NZALPA has created a safer industry with their initiatives, leaving little room for CAA for improvement on this topic, from a Regulatory perspective. Fatigue reporting and support initiatives are proceeding within Airways and NZALPA.

DATE FOR THE NEXT MEETING

Monday 11 April 2016, 1000 – 1500

Actions Sheet

WHO	WHAT	WHEN	OTHER INFORMATION
CAA	**Update - Medical Fee/Funding Review** - Further information The Group sees these issues as high priority.	ongoing	The triennial Funding review is passing through phases. Now with the Minister. Information and Summaries are available on the below links http://www.caa.govt.nz/funding/ http://www.caa.govt.nz/funding/funding_seminars_summary.pdf
ACMLG	**State Letter feedback** - email **Also use the Notification Service** http://notifications.caa.govt.nz/ Choose 'other CAA information' and 'ICAO Updates'	ASAP	Alister.Buckingham@caa.govt.nz
ACMLG	**Online Medical Certification** – CAA PFT unit are looking at stand-alone options, again.	ongoing	Please forward any information to John McKinlay
ACMLG	**International SMS Group** – expressions of interest for this group		Contact Ben ben.johnston@airnz.co.nz
CAA	**Medical Co-ordinators course and/or handbook options**	ongoing	John Byers and Richard are interested.