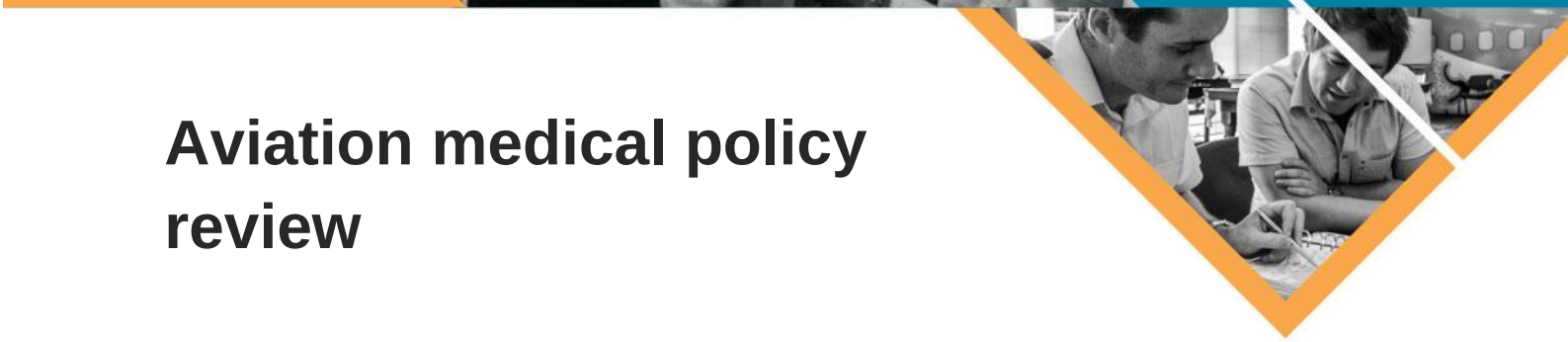
Australian Government
Civil Aviation Safety Authority

# SUMMARY OF CONSULTATION



# Aviation medical policy review

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# Contents

# Overview

Part 67 of the *Civil Aviation Safety Regulations 1998 (CASR)* sets out requirements relating to medical certification, designated to aviation medical examiners and designated aviation ophthalmologists.

Regulations relevant to medical certification includes appointment of examiners medical standards, issuing and renewing certificates and suspending and cancelling certificates. This regulation affects:

- designated aviation medical examiners (DAMEs)
- designated aviation ophthalmologists (DAOs)
- pilots
- air traffic controllers.

In 2018 CASA introduced a range of changes to the aviation medical certification system by a legislative instrument. These changes included creating a new category of private pilot medical certificate (Basic Class 2) which could be assessed by a general practitioner against the commercial driver standard, additionally enabling:

- a Class 2 medical for pilots operating commercial flights that do not carry passengers (up to a maximum take-off weight of 8618 kg)
- all DAMEs to have the option to issue Class 2 medical certificates on the spot, in most circumstances.

# Introduction

This consultation was conducted 2 May - 12 June 2022, with the aim of exploring measures to simplify and modernise CASA's overall approach to medical certification.

CASA used its online Consultation Hub to gather data on the following 6 broad focus areas:

a. Review Part 67 to ensure it is up to date and fit for purpose.
b. Assess the implementation and outcomes of Basic Class 2 medical certification.
c. Review the effectiveness of CASA delegations to DAMEs and whether these could be extended or improved, or whether DAMEs can be given direct authority under the regulations to issue medical certificates.
d. Consider other areas of aviation activity where medical certification could improve safety outcomes.
e. Establish whether the current structure of medical certification for recreational aviation is fit for purpose.
f. Consider any other relevant medical matters.

Additionally, feedback was also being sought on 3 key potential reforms that CASA are considering:

a. Self-declared medical for private pilots.
b. Building the principles underlying the Basic Class 2 medical certificate into Part 67 and simplifying the medical certification structure.
c. Empowering DAMEs to do more by expanding delegations.

Most of the data collected via this consultation was qualitative feedback, with quantitative data limited to the provision of information about demographics and self-identified aviation roles. Respondents were given a text box with no restrictions to offer their opinions and suggestions. This provided an opportunity for respondents to elaborate on ideas. A Fact Bank was provided for each policy topic to highlight significant matters that should be considered prior to responding. Responses were then analysed in terms of common themes and issues for consideration.

# Respondents

CASA received 611 responses. Where consent to publish a response was provided, these have been published on the Consultation Hub.[1]

Sixty-eight percent of respondents consented to having their responses published and 32% requested their responses remain confidential but understood that de-identified aggregate data may be published. Two respondents were CASA officers. Multiple selections were permitted (e.g., a respondent might be both a DAME and a drone operator). Table 1 summarises the majority sector responses, and Figure 1 shows all sectors that provided a response.

The majority responses were in the following categories:

**Table 1: Majority respondent categories**

| Category | Total |
|---|---|
| Pilots | 85% |
| Amateur/kit-built aircraft owners | 25% |
| Sport aviation operators | 18% |
| Selected one or more groups | 11% |
| Organisations | 10% |
| Identified as “other” | 5% |
| DAME | 2% |
| No category selected | 3% |

Respondents who indicated that their role was to represent an organisation, where multiple stakeholder views may be reflected in one submission, or 10% of responses. The nature of the organisation (such as industry representative group, flying club, private company) was not identified.

The pilot population was not further analysed in terms of type of operations (Air Transport Operations (ATO), Airwork (AWK) or General Aviation (GA)). The data was not further analysed in terms of which respondents were more likely to indicate a certain position on each theme; only the pooled data was reviewed for each theme and question.

[1] Grey shaded boxes represent quotes where CASA has been granted permission to publish.

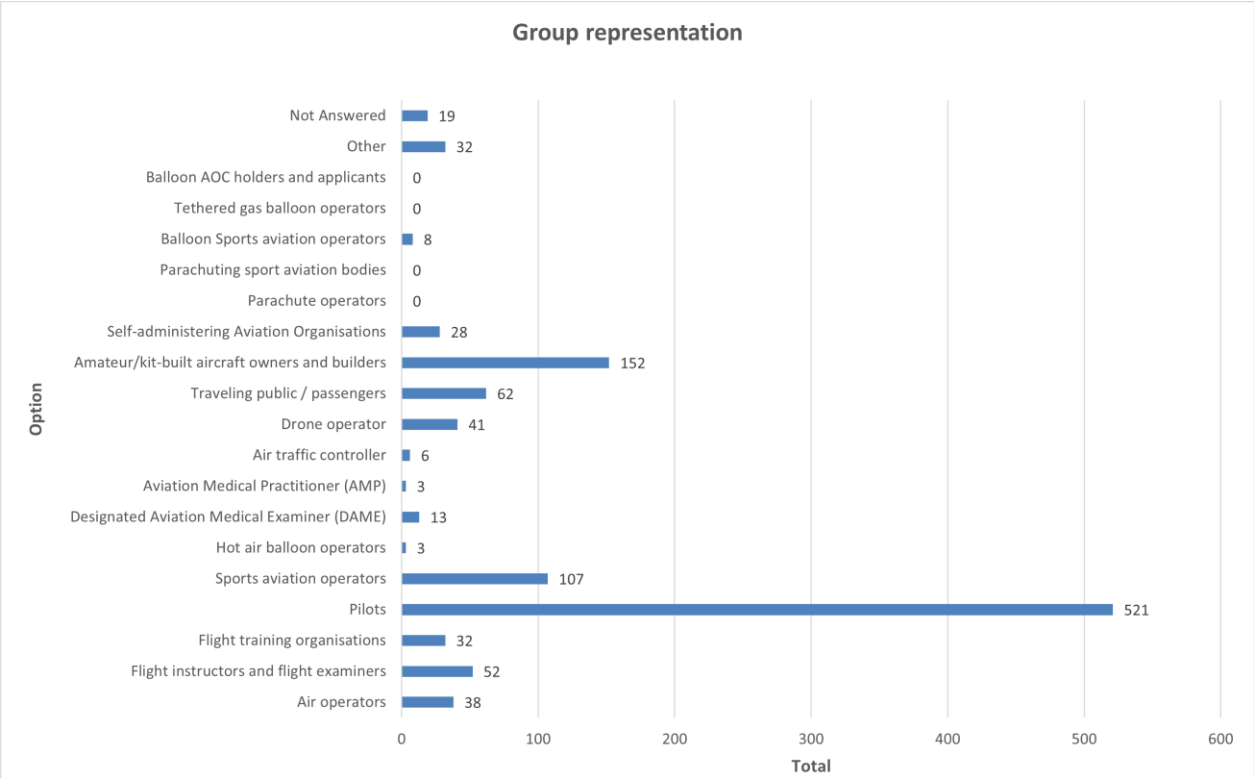


**Figure 1: Consultation sector responses**

# Summary of responses

Across all topics and responses, 5 themes - access, process, standards, safety and risk, and evidence - were identified and consistently mentioned. Many of these themes are interconnected, for example a medical certificate issued by a doctor outside CASA (process) that requires a more detailed medical examination and doctor training (standards) will increase the cost to the applicant of seeing that doctor (access).

## Theme 1: Access

Consideration of the financial, time and effort cost to applicants of undergoing the medical examination or assessment.

> "Decentralise as much as you can for all non-exceptional cases. Limit the exceptions to the real risk areas. Use GPs and other specialists as part of the decentralised model much more. They understand a patient's history far better than any other physician possibly can at a consultation every 2 years."

## Theme 2: Process

A desire to reduce complexity and bureaucracy, to have a simplified process that still provides an assessment that is appropriate to the level of risk, and in general to reduce the involvement of CASA in direct decision-making.

> "I consider DAMEs, who are assessed by CASA to be suitable and are conversant with the CASA standards be judged competent to issue Class 2 medicals. At present there are too many levels of administration. Not allowing DAMEs to fully assess and where appropriate issue a Class 2 medical tends to show distrust of appointed DAMEs competence."

## Theme 3: Standards

What standard is being applied, at what level, for what kind of operations, by what medical examiner, with what level of oversight.

> "CASA should listen to the message from aviation industry organisations. Industry organisations all want the industry to prosper and have no interest in promoting safety standards that might undermine its future prosperity.
>
> From a safety management perspective, industry organisations strive for safety outcomes that are consistent with CASA's objectives."

## Theme 4: Safety and risk

Consideration of the need for checking compliance with the relevant standard through a process of quality assurance to ensure safety, balanced with the risk of the aviation activity.

> "A decentralised model that doesn't include overly complex audit, and quality assurance investment. Whilst the TWG considerations of guidance, training and resourcing are all valid, overcomplicating the system with the introduction of invasive audit/ assurance requirements will mean many DAMEs opt out of the scheme, negating any benefit of it."
>
> "DAMEs still have a far greater understanding of complex case matters than CASA medical personnel; they are hands on with the patient, understand the history and are better placed to make assessments."

## Theme 5: Evidence

Experience of other jurisdictions, and the use of Australian and other data to inform decisions on individual certificate requirements and the certification system.

> "CASA's "additional guidance" is inappropriate. CASA should accept the approaches of other competent jurisdiction.  One of the risks for CASA is that its AvMed staff may feel threatened by these changes."

These themes are further discussed in the Key Feedback below.

# Key feedback - Theme 1 - Medical certification structure

## Topic 1a: Assess the implementation and outcomes of Basic Class 2 certification and of other changes to the Class 2 certification process

### Overview

In 2018 CASA introduced a Basic Class 2 medical certificate (BC2MC). To enable this alternative medical certification pathway, an Exemption Instrument was provided EX69/21.

Respondents were asked to consider how to incorporate the Exemption Instrument BC2MC principles into Part 67 of CASR.

**FACT BANK: Concept for simplified medical certification structure**

A revision of the medical certification structure could present a logical sequence with decreasing levels of CASA involvement, offset by increasing conditions and restrictions:

- Class 1 (no change): examined by DAME, reviewed by CASA on Class 1 medical standard; possible renewal by DAME if non-complex.
- Class 2 (no change to standards but streamlined processes): examined by DAME, reviewed by CASA only for cases of irreversible dementia, psychosis, or epilepsy or by DAME request, issued on Class 2 medical standard.
- Class 3 (no change): examined by DAME, reviewed, and issued by CASA on Class 3 medical standard for Air Traffic Controllers.
- Class 4 (replaces Basic Class 2): examined by DAME/or medical practitioner. Exploring whether this could be issued on unconditional Austroads commercial guideline (this is the same guideline as that applied to medicals for commercial truck drivers) or a new guideline developed by CASA (informed by approaches of other jurisdictions).
- Class 5 (new): self-declaration on Austroads private motor vehicle standard guideline issued by self-administering organisation or CASA.

### Question 1 - What do you see as issues and risks for using the Austroads standard (with additional guidance for medical practitioners to help with interpretation and decision making)?

**Responses**

Sixty-five percent of respondents advised that they felt there were no or minimal issues and risks in adopting the Austroads standards. Twenty-five percent indicated that they felt there were issues and risks. The common themes across this feedback included:

- **Costs:** The cost to the applicant should be considered, as it may be increased.
- **Process:** The time taken to have the medical completed may be reduced if it becomes a simplified and more streamlined process with less involvement of CASA.
- **Compliance:** Pilots may not declare their medical conditions, and there may be more medical events in pilots under these standards.
- **Standards:** Suitability of the Austroads standards for the aviation environment should be considered. Additional guidance may need to be provided for medical examiners and

pilots as medical practitioner may not be familiar with the standards themselves and how to apply the standards for aviation.

- **Risk:** There may be increased safety risk relating to issues around compliance and standards, however the experience of other jurisdictions indicates that risks to aviation safety may not be significant.

> "There are very limited risks or issues using Austroads as the basis for BASIC CLASS 2 type of licence. There sufficient protection in the UNMODIFIED Austroad examination."
>
> "As long as it simplifies the current medical system then I see no problem."
>
> "The GA sector has been calling for reforms to medicals for many years. I can only see upsides."
>
> "No issues really, there may be a small increased risk for underlying and undetected heart conditions. Maybe an ECG should be conducted just for the initial."

## Question 2 - What do you see as issues and risks if CASA was to develop a new guideline informed by the approaches of other jurisdictions?

### Responses

Sixty-one percent of respondents advised of no or low/minimal issues and risks, while 28% identified some issues and risks. Common across this feedback included:

- **Benefits:** Using the experience and resources of larger populations and jurisdictions means CASA doesn't need to create our own version, as other jurisdictions' guidelines are already in use with no clear safety implications.
- **Issues:** CASA may be overly conservative in developing the new guidelines. Introducing more guidelines may introduce complexity, confusion, and additional cost in choosing which standard applies to whom. Implementation would require the applicants and practitioners to understand the process for it to be effective.

> "That sounds like a sensible approach. The only comment I'd make is that Australian airspace is generally very much less crowded than in the UK (for example), and that needs to be taken into account. In particular."
>
> "The risk is CASA will cherry pick the most restrictive components from other jurisdictions and amalgamate them into claimed 'world's best practice' as it has done with airspace, among others. Resist the desire to over-regulate and introduce a homogenous and practical evidence-based solution."
>
> "As long as it simplifies the current medical system then I see no problem."
>
> "There is no risk, as demonstrated by both the US and UK examples."
>
> "The experience of the FAA, which oversees many more pilots than any other aviation regulator in the world, has not demonstrated any increased risk by adopting driver's licence-based standards for private pilot medicals. There are no other obvious risks in such an approach, and many benefits - reduction in CASA workload, reduced cost to pilots, revitalisation of the recreational aviation industry."

# Topic 1b: Austroads levels

## Overview

The national driver medical standards to obtain an Australian driver's license have been published in the document "Assessing Fitness to Drive for commercial and private vehicle drivers" (AFTD), produced jointly by the National Transport Commission and Austroads, as an element of the Safe System approach of the National Road Safety Strategy. The private and commercial medical standards in this document are used by medical practitioners in each State to recommend to the licensing authority whether the driver is fit to drive, including whether the medical practitioner or licensing authority might apply any conditions to the license (for example, need for extra or regular tests, yearly medical examination, or restriction on the type of vehicle or type of driving). Each State licensing authority also has some discretion as to what medical reviews and restrictions are required for private and commercial driving in their State.

In general terms, the driver's license standard (both private and commercial) allows for drivers to continue to drive without restriction, even when they have some diseases or medical problems. This is the "unconditional driver's license".

With certain diseases, or higher severity of some diseases, the driver (both private and commercial) may be required to see a medical practitioner to review their medical fitness to drive every year and may have some other restrictions. The diseases, severity and restrictions that allow unconditional and conditional licenses are less restrictive for private drivers, and more restrictive for commercial drivers. Some restrictions are on the recommendation of the medical practitioner completing the driver's license medical assessment, and some are at the direction of the State driver's license authority. This is the "conditional driver's license".

The ability to include conditions on an aviation medical using driver's license standards is a subject for discussion. Currently, as the Basic Class 2 is fundamentally the 'unconditional' Austroads standard, CASA advises applicants, that if they do not pass the Basic Class 2 medical, or have a pre-existing medical condition, then they should approach their DAME for a full Class 2 assessment.  DAMEs have more flexibility to consider the specific circumstances in an aviation context and manage certain medical and or pre-existing medical conditions. The BC2MC as applied by CASA does not currently extend to this option to include conditions, hence a subject for discussion.

## Question 3 - Considering the above which of the following options would work best?

- Option 1: A potential Class 4 certificate should bring the unconditional Commercial Austroads standard from Basic Class 2
- Option 2: There should there be flexibility to allow for a conditional issue against this standard by a GP
- Option 3: The Private Austroads standard should be considered for the Class 4 noting the unconditional application of the Commercial Austroads standard for Aviation use can be a stricter standard to meet when compared to the conditional application of a Class 2 Medical.
- Option 4: Other

**Responses**

In highest order and represented in Figure 2, respondents selected:

- Option 2: Flexibility to allow for a conditional issue against this standard by a GP (32% of respondents).
- Option 4: Other (29%).
- Option 3: Private Austroads standards should be considered for the Class 4, noting the unconditional application of the commercial Austroads standard for Aviation use can be a stricter standard to meet (18%).
- Option 1: A potential Class 4 certificate should bring the unconditional commercial Austroads standard from Basic Class 2 (12%).

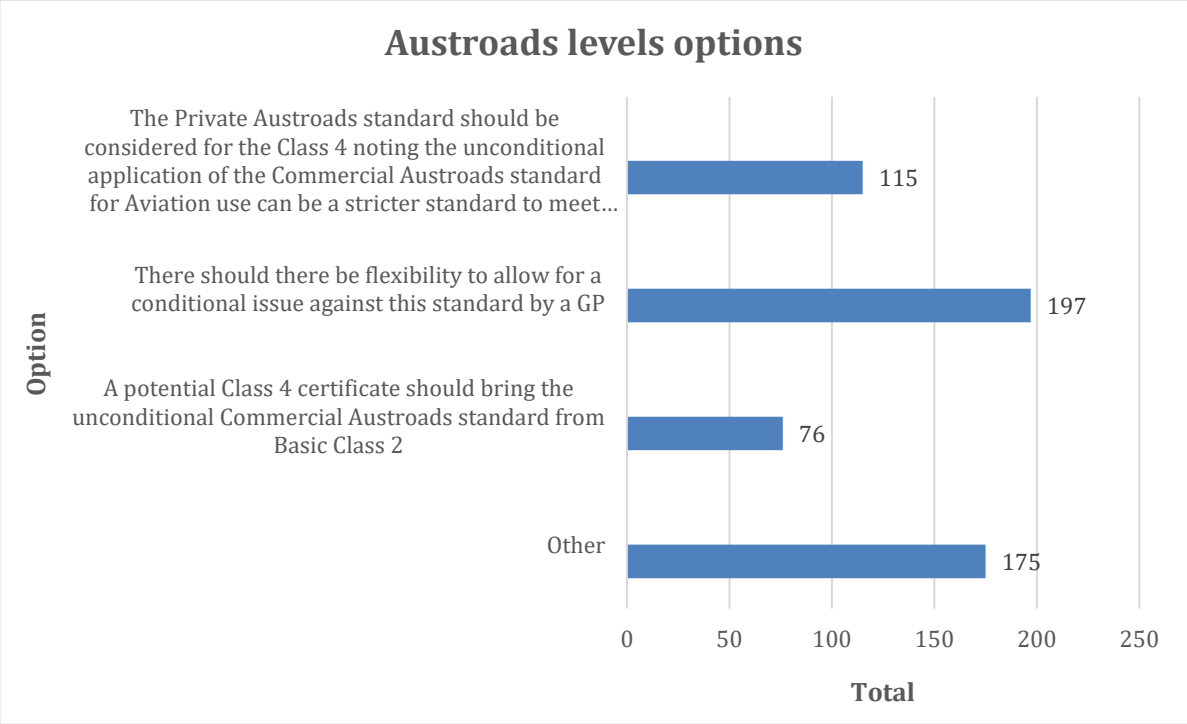


**Figure 2: Austroads levels options**

Commentary provided with these responses followed the following:

- **Operational restrictions:** The nature of flying under the proposed certificate should be considered when choosing the medical standard (aerobatics, IFR, passengers, aircraft size and type).
- **Self-declared medicals:** The use of the Austroads standard should be considered for a self-declared medical.
- **Medical and examiner standards:** The level of medical qualification required for certification should be matched with the level of the certificate and the standard being applied (Self, GP or DAME, ASAO, Class 1-5). The training and performance of the doctors performing the assessments will need to be considered. The suitability of the standard being used should be considered, making sure it is appropriate to aviation.

- **Process:** The approach to driver's license-based aviation medical certificates used in other jurisdictions should be considered. The process should be simplified, with less CASA involvement.

> "A potential Class 4 certificate should bring the unconditional Commercial Austroads standard from Basic Class 2."
>
> "There should there be flexibility to allow for a conditional issue against this standard by a GP."
>
> "The Private Austroads standard should be considered for the Class 4 noting the unconditional application of the Commercial Austroads standard for Aviation use can be a stricter standard to meet when compared to the conditional application of a Class 2 Medical."

# Key feedback - Theme 2 - Expanding DAME delegations

## Topic 2 - Determine the effectiveness of CASA delegations to Designated Aviation Medical Examiners (DAMEs) and whether these could be extended or improved

### Overview

As part of the review, CASA is exploring whether to extend DAME delegations and what training DAMEs would be required should proceed. Early feedback on this highlights that further DAME discretion would increase their time and financial commitments. It has been suggested that a decentralised model would need to be collaborative between DAMEs and the CASA and suggests DAMEs should have the ability to opt in or out of issuing certificates.

**Fact bank: Further information about the current DAME system**

- Part 67 enables CASA to appoint appropriately qualified persons as a DAME/ DAO (designated aviation ophthalmologist) or a Credentialed Optometrist. Currently a DAME may issue a Class 2 medical certificate to an applicant if the DAME holds a current instrument of delegation from CASA and complies with the conditions and limitations set out in the DAME Handbook. To undertake a Class 2 medical assessment the DAME must complete the Medical Assessment Report in CASA's Medical Record System (MRS) which identifies the conditions, their safety-relevance, and the certification decision.
- If a DAME has any concerns about an applicant meeting the relevant medical standard, they must refer the matter to CASA for determination.
- CASA considers that the DAME system has worked well, and the MRS system has improved both the effectiveness and timeliness of the issue of medical certificates.

**Fact bank: Technical working group (TWG) considerations**

- The TWG considered the proposal for an expansion of CASA delegations to DAMEs to further decentralise the current model.
- The TWG reviewed the proposal for DAMEs to issue Class 1 and Class 3 certificates without CASA being involved in the process, unless required when being referred complex cases. The TWG added that issuing Cl 1 and Cl 2 medical certificates should be available for DAMEs that are interested and qualified, with oversight conducted by CASA. TWG also emphasised the importance of strong investment in training, audit, and quality assurance to allow for a more decentralised model.
- The TWG discussed challenges associated with delegation, including complex case management, the potential for inconsistency in decision making by delegated DAMEs, and financial considerations such as fair compensation for DAMEs conducting full examinations. The TWG acknowledged that inconsistency of outcomes will always be apparent, however noted that consistency in approach can be safeguarded with appropriate resources e.g., up to date current medical manual and training and Medical Records System (MRS) design as an additional safety measure (rules engines that recommends when CASA should be involved).
- The TWG discussed CAA NZ's decentralised model. It was suggested that a decentralised model would need to be collaborative between DAMEs and the CASA, particularly for complex case management. The TWG also discussed providing

DAMEs with the flexibility to opt in or out of being delegated to make assessments to issue certificates. In general, the approach taken should be less CASA involvement in routine decision making and a supported DAME network who have the confidence and skills to issue routine medical certificates for a variety of low-risk medical conditions and by way of accredited medical conclusion and support for CASA complex medical cases where appropriate.

- The TWG emphasised the importance to ensure there is appropriate and sufficient guidance, training, and resources for any expansion of delegations to DAMEs. It was also noted that CASA will need to have sufficient resources for DAMEs to cater for the resultant increase in oversight and training requirements.

## Question 4 - What other things do you think we should explore to extend or improve DAME delegations?

**Responses**

Twenty-eight percent of respondents did not make a comment, noted that they had nothing to add, or indicated that they were satisfied with the current DAME delegations.

Of the remaining 62% of respondents, common ideas are listed below. Of note, 60% of comments (328 of the 551 who provided a response) indicated a desire for DAMEs to have expanded authority and responsibility for issuing medical certificates:

- **Expansion of DAME delegations:** DAMEs should be empowered in decision-making and for issuing certificates, with responses ranging from full authority to issue in all cases to DAMEs having limited authority to issue based on the medical situation.

> "Absolutely give DAMES the authority to issue a medical! Casa should be issuing to all dames the requirements and that's it. Cost effective and efficient."
>
> "Allowing initial issues of medicals."

- **Variation of DAME authority:** matching the authority of the DAME to issue the certificate, and the involvement of CASA, with the Class of the medical certificate.

> "I do like the idea of DAME's been able to issue class 1 medical certificates as they physically see the applicant and generally also know the applicant where as CASA reviews the application but doesn't see the applicant."

- **GPs and treating doctors:** The responses ranged from allowing non-aviation treating doctors (GPs and other Specialists) to make the decision about medical certification without involving DAMEs or CASA, to allowing DAMEs to make final decisions based on GP and other Specialist advice.

> "If a Pilot is using his own GP then that GP Knows his History."

> "A Pilot should not go to a New GP that has no knowledge of Past issues, So the GP should have to state that he has been Treating the Pilot for some time."
>
> "Knows His History. When We go to a DAME they Do not know our History, only what we tell them."
>
> "My GP has been looking after my health he knows all about my health and his opinions should be enough to issue a PPL medical."
>
> "DAME don't do anything but administration for CASA a normal GP could do the same and at least your GP knows the pilot/patient."

- **CASA's involvement:** Responses included reducing CASA's involvement in medical certification altogether; only referring complex cases to CASA for decisions; or CASA's involvement being limited to quality assurance.

> "Simplify the whole process. I have had several DAMEs I know of state the additional bureaucracy required in dealing with CASA at all makes it difficult to justify them remaining DAMEs and the degree of oversight of CASA on the DAMEs when the DAMEs are the experts on the medical issues involved makes the whole process unnecessarily difficult, costly, and time consuming and moreover, does not add value at all."

# Key feedback - Theme 3 - Self-declared medical for private pilots

## Topic 3 - Review other areas of aviation activity where medical certification could improve safety outcomes

### Overview

CASA is considering a self-declared driver's licence medical certificate for recreational pilots to be regarded as a Class 5 medical certificate under the revised certification structure outlined in Topic 2.

A self-declared medical would provide an alternative and easier pathway than the current Basic Class 2. It would encourage greater participation across the industry and is an initiative in our GA workplan to encourage growth of the sector.

**Fact bank: Technical working group (TWG) considerations:**

- The TWG discussed how a Class 5 self-declared medical certification would be administered and whether it would place additional (and replicated) requirements for aviation self-administering organisations (ASAOs) that operate under CASR Part 149, such as RAAus.
- The concept discussed was for CASA to set guidance for a self-declared medical certificate which is governed under CASR Part 67 and would allow certain organisations to continue to manage their own medical certification processes. In this instance, CASA's role would be to approve the processes and audit the organisation.
- Discussions also covered concepts for how ASAOs would continue to manage their assessments of self-declared medicals via their operations manuals through Part 149. The audit, compliance, and oversight role of CASA for Part 149 organisations includes all elements of the ASAO's operations, which extends to the processes used by the ASAO for medical assessments and standards. CASA Avmed would work with the ASAOs to support their medical assessment processes to be safely and effectively managed under part 149, and for ASAOs would continue to be independent from the medical certification requirements for Part 67.
- The TWG considered introducing a Class 5 self-declared medical for VH-registered aircraft. The TWG discussed that the certification may be based on the Austroads private motor vehicle driving guidance. It was also noted that if the individual did not meet certain criteria, they would need a doctor to assess and issue the certificate and that CASA would need to provide guidance to support. CASA would also have an oversight and audit capability.

### Question 5 - What do you consider to be the benefits of the Class 5 medical certificate concept?

**Responses**

Eight percent of respondents advised that they felt there were no benefits, and 85% of respondents identified benefits. The major idea for Question 5 responses was around improved and expanded access and availability: Class 5 would allow increased access to medical certificates for pilots based on reduced financial cost of the medical assessment; the Class 5

would be of reduced complexity and would allow faster issuance of certificates. The self-declared Class 5 would be a more flexible standard, which would mean more people could have a medical certificate.

> "Less red tape. Less stress on pilots. Will assist in reinvigorating GA."
>
> "The Class 5 medical would have to have limitations on flight abilities for the license holder like the Basic Class 2 and as its naming suggests being a lower class than the Class 4 medical. For flight training this could be very beneficial to get people into the industry and to give them a taste of flight training before committing hundreds to complete a Class 1 or 2 medical. However strong auditing will be required. I also suggest having this done by a web form, probably MRS, for people to submit their medical information for casa to easily audit. It can also be cross checked against other discrepancies in an automated function."
>
> "This change would free us from the oppressive and invasive decisions frequently made by Avmed, which have driven so many competent pilots out of the industry. It would put an end to the stressful and expensive unnecessary tests that Avmed arbitrarily require, against the advice of specialist medical practitioners."
>
> "This change would free up Avmed resources to work on things that matter more - commercial operations."

## Question 6 - What do you consider to be issue and risks regarding the Class 5 medical certificate concept?

### Responses

Fifty-four percent of respondents advised no or low/minimal issues and risks, 36% of respondents identified issues and risks, with the remainder providing no response or indicating that they had no opinion.

Common themes included:

- **Safety:** A self-declared Class 5 certificate may increase risk through non-compliance with self-declaration, where pilots with significant medical issues may not declare them. There may be increased risk due to permitting more pilots with complex medical conditions to fly.
- **Standards:** There may be increased complexity or potential confusion over which standard applies to which pilot. A process for oversight should be considered to ensure standards are being applied correctly.
- **Operational considerations:** A self-declared Class 5 certificate should consider the nature of the flying operations (aircraft type and registration, airspace, size, number of passengers, licence endorsements).
- **Access:** Issues around levels of bureaucracy and administrative burden for pilots and organisations of administering a Class 5 self-declared model should be considered.

> "There is risk no matter what but let us de regulate as other countries have done. This will allow the dying GA and Rec to grow."
>
> "CASA will find it hard to relinquish control and I believe that any potential issues will be raised as complex cases and end up being a more involved, complex outcome for the individual."
>
> "The road traffic data suggests very few incapacitations' episodes."

"No additional risks."

"The RAA has shown this to work, and there is no reason that a private pilot flying a VH registered aircraft should have to have any higher standard than a pilot flying an RAA Registered aircraft."

"In fact, there is no reason why he/she should have any higher standard than a car driver - who is likely to cause far more damage if he takes ill at the wheel of his/her car."

# Key feedback - Theme 4 - Standards for drone pilots

## Topic 4 - There are no current Australian medical standards in respect of remotely piloted aircraft operations. This is an area for future policy consideration, and we would like your ideas early.

**Fact bank: Technical working group (TWG) considerations:**

- The TWG discussed the considerations associated with remotely piloted aircraft (RPA) operations. It was raised that the weight of the RPA and the type of operation being conducted may be appropriate parameters to consider whether medical certification would be relevant – such as through a matrix.
- The TWG considered the concept of a Class 3R medical certificate for higher risk operations, and no medical certification for lower risk operations (as opposed to staggered certification based on operational risk).
- The TWG discussed the levels of redundancy and on-board capability of RPAs in the context of loss of control or possible medical episodes causing a flyaway drone. It was noted that type certified RPAs have requirements for specific on-board capabilities, and that similar capabilities are generally found (but not required) for RPAs weighing 25kg and over.
- The TWG discussed the need for further information, such as the rate of failure for RPAs and further consideration of the risk level in the context of RPAs weight (e.g. 25kg vs 150kg).

### Question 7 - Do you think there are any aviation medical considerations that should be considered for pilots of remotely piloted aircraft systems (e.g., drone size, category, type, distance flown, type of operation)?

**Responses**

Twenty-one percent of respondents said there should be no aviation medical considerations for pilots of remotely piloted aircraft systems, while 58% of respondents agreed there should be considerations for pilots of remotely piloted aircraft systems. The remainder either provided no response or indicated that this did not have a position on this question.

The responses were around two major themes, related to the medical standards, the nature of operations, and how these should be matched in considering a drone operator medical standard. Higher risk operations (commercial, controlled air space, passenger carriage, larger drones, higher altitude, outside line-of-sight) should be considered for a medical standard, while lower risk operations may have a lower medical standard or no medical standard. Respondents also indicated that CASA should consider the approach of other jurisdictions.

> "Drones that pose a significant safety risk because of size or area of operation etc should be operated by persons that meet a minimum health standard."
>
> "Perhaps basic class 2."
>
> "Given the automation and intelligence of modern drones, I'm not sure the health of the operator plays any real part."

"No, most heavy drones have multiple levels of redundancy that reduce risk in any event of operator incapacitation. CASA does not need to be involved in any way."

# Key feedback - Theme 5 - Flight instructors in sport and recreation

## Topic 5 - Establish whether the current structure of medical certification for recreational aviation is fit for purpose

### Overview

Given the importance of flight instructing as a keystone of aviation safety, it is appropriate to explore whether the general practitioner endorsement of the medical status of an instructor in the sport and recreational sector is a sufficient level of medical clearance.

**Fact bank: Current medical requirements for flight instructors**

- Under the flight crew licensing rules (Part 61 of CASR) a flight instructor involved in flying training must hold a private, commercial or air transport pilot licence, and the relevant medical certification to enable the exercise of the privileges of their licence. An instructor in the sport and recreational aviation sector is required to hold a higher medical standard than that of recreational pilots. For example, Recreational Aviation required minimum for an instructor is a CASA Class 2 Aviation Medical Certificate or higher, or RAAus Medical Questionnaire and Examination form completed by the candidate's General Practitioner. The Gliding Federation of Australia also requires instructors to maintain their Medical Practitioner's Certificate of Fitness.
- As with other forms of aviation, instructor incapacity contributing to incidents and accidents in the sport and recreational aviation sector is rare. However, given the importance of instructing as a keystone of aviation safety, it is appropriate to ask as part of a review of Part 67 whether the general practitioner endorsement of the medical status of an instructor in the sport and recreational sector is a sufficient level of medical clearance.
- For example, Transport Canada's category 4 medical certificate which is primarily for recreational, ultralight and glider pilots, requires glider and ultralight Instructors to provide a medical report within five years of issue or revalidation regardless of age, and for those over 40 need an ECG at first examination and every five years thereafter. However, pilot incapacitation remains an uncommon event and while instructor incapacitation does happen (as was the case at Jandakot in August 2019 where the student pilot needed to land the aircraft after the instructor became unconscious) such an occurrence is even rarer

**Fact bank: Technical working group (TWG) considerations**

- The TWG questioned whether a higher medical standard for instructors would provide extra safety outcomes.

## Question 8 - Should a higher level of medical certification (e.g. a CASA Class 2 medical certificate) be required for flight instructors in the sport and recreational sector?

### Responses

Where a response was provided (from 86% of respondents), slightly more indicated a desire for a higher medical certificate for sport and recreational examiners than those who felt the medical standard should not be different to for the instructor and the student – 47% for a higher standard compared with 39% for the same standard. Common themes in these responses included:

- **Evidence:** The decision on whether a higher medical standard is required for instructor compared to student should be based on data around medical incapacitation of instructors. The experience and approach of other jurisdictions should be considered.
- **Access:** The impact on availability of instructors if higher medical standards are required should be considered.
- **Risk:** The instructor medical standard should be matched to the level of risk and the nature of instruction (considering experience, flight profile, aircraft factors). This should inform what medical standard should be applied (such as self-declared, Austroads, or Part 67).

> "Yes. Considering that they are taking a paid student onboard and are entrusted with their safety, it is only reasonable that these instructors hold a higher standard of medical, as opposed to just self-certifying. They need to be fit and healthy enough to prevent a student having an accident and to take control in the event of an emergency. Considering the low hours many recreational pilots may have and the nature of low inertia high drag aircraft, it is only reasonable that instructors in recreational aviation are held to a higher standard."
>
> "Yes, the demands and stresses associated are higher than a typical recreational or private operation and therefore the risk is higher. I do however believe the current class 2 would be more than enough to satisfy the risks."
>
> "All flight instructors should hold a class one medical based on the increased risk when flying student pilots."

# Key feedback - Theme 6 - Modernising the rules

## Topic 6 - Examine the Part 67 regulation to ensure it is up to date and fit for purpose

### Overview

The Part 67 rules contain significant amounts of outdated material and information that, if it were being drafted now, would properly belong in a Manual of Standards (MOS) and advisory documents, rather than in the regulation itself.

Placing certain provisions in guidance material e.g., DAME Medical Manual will make it easier to change and update than having it in regulations. This will allow us to keep pace with advances in medical practice and the evolution of aviation medical regulation.

We understand that regulations can be difficult to read, so we plan to make it easier for you in the future by publishing a Plain English Guide to Part 67. It will set out the regulatory requirements in a concise, clear easy to read and practical format. It would mainly be for those who require medical certification (pilots and air traffic controllers) with some basic information for aviation medicine providers.

The type of information we would expect to include in a MOS would be the technical and operational detail governing the application of the regulations for:

- Appointment of Aviation Medical Practitioners (AMPs) (see note below).
- AMP training courses.
- AMP currency and performance management.
- Classes of medical certificates.
- Medical standards for certificate classes.
- Supporting processes to issue, renew, restrict, suspend, and cancel medical certificates.
- Supporting processes for assurance of quality and safety in aeromedical certification.
- Any other processes to support AvMed in providing safe and effective medical certification and aeromedical safety systems.

**Note:** Definition of AMPs - Aviation Medical Practitioner, being any medical practitioner involved in decision-making for aviation medical certification including DAMEs, treating doctors and GPs.

**Fact bank: Technical working group (TWG) considerations**

- The other matters discussed at the TWG revolved around what could potentially be included in a MOS e.g. standards for testing vision or conducting a stress echocardiogram etc and what is outside MOS and can be more regularly updated to be current e.g. DAME Medical Manual.
- The TWG also discussed some of the other work and engagement conducted by CASA Aviation Medicine, such as holding clinical case conferences to strengthen engagement and transparency in medical decision-making. Avmed will also be conducting regional engagement and have regular slots at FlySafe events around the country.

- The TWG discussed the benefits in having the Principal Medical Officer (PMO) conducting regular engagement with aviation associations, organisations, and pilot groups.

## Question 9 - Are there any other things we should consider making sure Part 67 is up to date and fit for purpose?

**Responses**

Fifty-seven percent of respondents provided considerations/comment, 30% of respondents said there were no additional considerations or no opinion/comment, and the remainder did not provide a response to this question.

Common themes across the feedback included:

- **Evidence and standards:** Refer to the experience and approach of other jurisdictions, including consultation and feedback. Need for risk-informed and evidence-based approach to medical standards, with guidance and manuals that are in line with current best medical practice.
- **Access and process:** Consideration of complexity, time and cost around the examination and certification processes. Need for clarity on decision authority including role of CASA, DAME, GP and treating specialist.

> "CASA AVMED should take more notice of specialist reports and learn to trust the medical profession at large."
>
> "Most of it is outdated...medicine has a come a long way since those rules were made. The rules need to be updated to a modern era. Like a lot of aircraft that are dinosaur technology the aviation rules need to come into today's conditions and expectations."
>
> "No. CASA's ongoing initiative to deregulate what has become an overregulated General Aviation Industry has wide support. If CASA's model is to follow the US FAA regulations, then the sooner we remove the legacy DCA/DOT/British and EAA regulations that are overlaid on the US FAA regulations to create a hybrid and overregulated Australian model the better. This applies for all Parts to the Act not just Part 67."

# Key feedback - Theme 7 - Final feedback

## Topic 7 - Consider any other relevant matters

### Overview

Our review of the aviation medical rules aims to simplify and modernise our overall approach to medical certification.

### Question 10 - In addition to the information you have already provided, do you have any final suggestions to help shape our review of aviation medical policy?

**Responses**

Seventy-seven percent of respondents provided final suggestions. Common themes included:

- **Evidence and standards:** Reference should be made to other jurisdictions' certification systems. Importance of ensuring risk and evidence are considered in decision-making, which supports the matching of medical standards with the nature and risk of the operations.

> "Make it simpler and follow other countries guides. Self-testing or basic medical car license is my view. The current system is killing the GA market not to mention the over regulation taking up people's valuable time that can be used elsewhere."
>
> "Medicals are our Achilles heel as pilots…the parameters are set way too high for the average person, we don't need to be athletes to pilot an aircraft. Most of us continue the life principles of healthy body healthy mind. As for being cost effective and efficient, allow dames to issue class 1 & 2 medicals on the spot. If not, how about help us pilots out and decrease the bloody costs of all this significantly! As you know the average wage of pilots is terrible and casa wants us scrutinised 10 fold.no wonder we lose good pilots daily. Instructors specifically are paid minimum wages which do not correspond to the risks involved when training students. This needs to change."
>
> "I'm glad CASA are looking into this. It looks as though you are looking at other countries models and engaging the community so, it can only be a good result you come up with."

- **Access and process:** Support for simplification and introduction of GP and self-declared certificate options, alongside clarity and simplification of the CASA decision and certification system. The importance of considering access and cost to the certificate-holder.

> "Remove Avmed from the policy review and see what you get. Let DAMES who examine real people make real decisions."
>
> "Yes, as best we can keep CASA out of the issuing of medicals unless it is deemed necessary by a DAME medical professional."

| | |
|---|---|
| | "Costs need to be brought down. You’re charging us $75 for a handling fee!?" |

# Future direction

The feedback from the consultation will be considered by the TWG and used to inform recommendations to the ASAP. This will occur in September and October 2022.

Subject to ASAP advice, CASA will subsequently reengage with the TWG to develop resulting draft policy positions in late 2022 and early 2023. Those draft policy positions will then undergo further public consultation expected in the first half of 2023.