# Proposed aviation medical policy review - (DP 2206FS)

# Overview

We are seeking your input to help shape our review of aviation medical policy.

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

It follows work done over several years to improve and reform aviation medicine through a tiered approach to risk management. This considers how we can make it easy and simple for private pilots to get in the air and stay flying. It allows us to focus effort on higher risk activities such as passenger transport.

[Part 67](https://www.casa.gov.au/search-centre/rules/part-67-casr-medical) of the *Civil Aviation Safety Regulations 1998* was made in 2003 and sets out medical certification requirements.

We have identified 6 broad focus areas for the review:

1. examine Part 67 to ensure it is up to date and fit for purpose
2. assess the implementation and outcomes of Basic Class 2 certification
3. determine 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
4. consider other areas of aviation activity where medical certification could improve safety outcomes
5. establish whether the current structure of medical certification for recreational aviation is fit for purpose
6. consider any other relevant matters.

Three key potential reforms we are considering are:

1. self-declared medical for private pilots
2. building the principles underlying the Basic Class 2 into Part 67 and simplifying the medical certification structure
3. empowering DAMEs to do more by expanding delegations.

Your input will help us with the work we are doing with the Part 67 [technical working group](https://www.casa.gov.au/about-us/who-we-work/aviation-safety-advisory-panel/technical-working-groups/part-67-technical-working-group-medical) (TWG) appointed by the Aviation Safety Advisory Panel.

Much work has already been done in consultation with the TWG to explore options. Some of the resulting ideas are presented to you for consideration in the survey.

This consultation is relevant to all pilots (including drone flyers), medical professionals, and air traffic controllers. This is your chance to provide industry sector insight and ideas based on your understanding of current needs and challenges.

We are still in the early stages of this work and will publicly consult on a final policy proposal in a future consultation.

This is a key initiative of our general aviation (GA) workplan, focused on delivering tangible benefits on addressing longstanding issues raised with us by the GA community including growth of the sector.

# **Fact bank:** Background

[Part 67](https://www.casa.gov.au/search-centre/rules/part-67-casr-medical) was made in 2003 and sets out the requirements relating to medical certification, designated aviation medical examiners and designated aviation ophthalmologists. Part 67 details the regulations relevant to medication certification, including:

* appointment of examiners
* application for certificate
* medical standards relevant to the different classes of certificate
* issue and renewal of certificates
* suspension and cancellation of certificates

Part 67 of CASR affects:

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

A range of changes to the aviation medical certification system were introduced in 2018 by instrument:

* we allowed a Class 2 medical for pilots operating commercial flights that do not carry passengers (up to a maximum take-off weight of 8618 kilograms)
* we allowed all DAMEs to have the option to issue Class 2 medical certificates on the spot, in most circumstances
* we created a new category of private pilot medical certificate (Basic Class 2) which could be assessed by any medical practitioner against the commercial driver standard.

Why your views matter

CASA recognises the valuable contribution community and industry consultations make to the policy decision-making process and future regulatory change. Comments are sought from every sector of the community.

This includes the public, government agencies and all sectors of the aviation industry, whether as an aviator, aviation consumer and/or provider of related products and services.

At the end of the response period, we will review each comment and submission received.

All submissions will be made publicly available on our website, unless you request your submission remain confidential.

# **Give Us Your Views** [Appears on the overview page at the bottom]

[Online Survey](https://consultation.casa.gov.au/regulatory-program/pp1816us/consultation/) [This link is on the front page of the survey and takes you to the survey questions]

**Related**[This section is at the bottom of the front page and contains all the links to other sites and documents related to this consultation]

**Related Documents**

List of documents to attach to the consultation

MS Word copy of online consultation – Proposed aviation medical policy review – (DP 2206FS)

# **Audience & Interest groups**

**Audiencelease select at least one**

* CASA staff
* Air operators
* Flight instructors and flight examiners
* Flight training organisations
* Pilots
* Sports aviation operators
* Hot air balloon operators
* Designated Aviation Medical Examiner (DAME)
* Aviation Medical Practitioner (AMP)
* Air traffic controller
* Drone operator
* Traveling public / passengers
* Amateur/kit-built aircraft owners and builders
* Self-administering Aviation Organisations
* Parachute operators
* Parachuting sport aviation bodies
* Pilots of parachuting aircraft
* Balloon Instructors and flight examiners
* Balloon Pilots
* Balloon Sports aviation operators
* Tethered gas balloon operators
* Balloon AOC holders and applicants

**Interest**

* Drones / unmanned aircraft systems
* Sport and recreational aviation
* Aviation medicine

# Page. Consultation Contents

This consultation is seeking your input to help shape our review of aviation medical policy.

We will ask you for:

* **personal information**, such as your name, any organisation you represent, and your email address
* **your consent** to publish your submission
* **your responses** to the proposed changes in the regulations
* **any comments** you may want to provide
* **demographic information** to help us understand your interest in the regulations

This consultation is comprised of 9 pages. The first 2 pages contain questions that are administrative in nature, enabling us to protect your privacy and ensure we have obtained feedback from all stakeholders. The 7 pages that follow request your views on a review of aviation medical policy. These 9 pages are as identified below.

Fact-banks have been included throughout the survey for each policy topic to highlight significant matters that you should consider before providing a response.

The survey has been designed to give you the option to provide feedback on the survey in its entirety or to provide feedback on the policy topics applicable to you.

When you have completed the sections on which you wish to provide feedback, select the **‘Finish’** button at the bottom right of this page.

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| **Page** | **Table of content** |
| 1 | Personal information (required) |
| 2 | Consent to publish submission (required) |
| 3 | Medical certification structure |
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# Page 1. Personal information

## First name

*(Required)*

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## Last name

*(Required)*

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## Email address

*If you enter your email address you will automatically receive an acknowledgement email when you submit your response.*

Email

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## Do your views officially represent those of an organisation?

## *(Required)*

*Please select only one item*

[ ]  Yes, I am authorised to submit feedback on behalf of an organisation

[ ]  No, these are my personal views.

If yes, please specify the name of your organisation.

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## Which of the following best describes the group you represent?

*Please select as many items as apply*

[ ]  Air operators

[ ]  Flight instructors and flight examiners

[ ]  Flight training organisations

[ ]  Pilots

[ ]  Sports aviation operators

[ ]  Hot air balloon operators

[ ]  Designated Aviation Medical Examiner (DAME)

[ ]  Aviation Medical Practitioner (AMP)

[ ]  Air traffic controller

[ ]  Drone operator

[ ]  Traveling public / passengers

[ ]  Amateur/kit-built aircraft owners and builders

[ ]  Self-administering Aviation Organisations

[ ]  Parachute operators

[ ]  Parachuting sport aviation bodies

[ ]  Balloon Sports aviation operators

[ ]  Tethered gas balloon operators

[ ]  Balloon AOC holders and applicants

[ ]  Other

Please specify “other” if selected.

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# Page 2. Consent to publish submission

To provide transparency and promote debate, we intend to publish all responses to this consultation. This may include both detailed responses/submissions in full and aggregated data drawn from the responses received.

Where you consent to publication, we will include:

* **your last name**, if the submission is made by you as an individual or
* **the name of the organisation** on whose behalf the submission has been made
* **your responses** and comments

We **will not** include any other personal or demographic information in a published response.

Information about how we consult and how to make a confidential submission is available on the [**CASA website**](https://www.casa.gov.au/rules/changing-rules/consultation-industry-and-public)<https://www.casa.gov.au/rules/changing-rules/consultation-industry-and-public>.

Do you give permission for your response to be published?

*(Required)*

*Please select only one item*

[ ]  Yes - I give permission for my response/submission to be published.

[ ]  No - I would like my response/submission to remain confidential but understand that de-identified aggregate data may be published.

[ ]  I am a CASA officer.

# Page 3. 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.**

In 2018 we introduced a Basic Class 2 medical certificate. To enable this alternative medical certification pathway quickly and easily, we made an exemption to the rules.

This review provides an opportunity to put all the rules in one place and build the Basic Class 2 principles into Part 67.

We are also considering simplifying the medical certification structure.

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| **Fact bank:** Background on the Basic Class 2 medical certificateThe Basic Class 2 medical certificate was introduced in 2018. It gave an alternative medical certification pathway for private pilots flying piston engine powered aircraft with a maximum weight of 8618kg, below 10,000 feet, and carrying up to five non-fare-paying passengers to get a medical certificate. We issued 932 Basic Class 2 certificates in the first year, and almost 3500 to date.The Basic Class 2 can be assessed by a pilot's medical practitioner, based on Austroads standards currently used to assess unconditional commercial vehicle drivers. Operations are limited to daytime visual flight rules (VFR) and are permitted in all classes of airspace except Class A. The conditions are:* only private day operations under VFR and below 10,000 feet
* a maximum of five passengers
* only piston engine aircraft
* maximum take-off weight (MTOW) of less than 8618kg
* no use of operational ratings (e.g. instructor rating, instrument rating)
* no use of flight activity endorsements (e.g., aerobatics, low level).

CASA audits Basic Class 2 medical certificates against existing medical records and discovered that a number of applicants applied for a Basic Class 2 medical certificate despite having a medical condition which disqualified them from obtaining this unconditional certificate (except for glasses and hearing aids). This suggested that the understanding of the unconditional aviation approach to Austroads certification (as opposed to road use where conditions were acceptable) was not fully understood and required ongoing auditing and quality assurance by CASA.Although the take-up of the Basic Class 2 was relatively slow at the start, in CASA’s view the adoption of the Basic Class 2 certificate has been a success with no developing safety issues. The change has been welcomed by industry as a simple, straight forward pathway for people with uncomplicated medical histories to get medical certification.  |

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| **Fact bank:** Technical working group (TWG) considerations* The TWG considered the concept of introducing a Class 4 medical certificate as a replacement for the Basic Class 2 and whether the commercial Austroads guide was appropriate. It was noted that the Austroads guide would be well known to GPs but is not entirely fit for aviation. The TWG suggested that the guidance for a potential Class 4 should be developed by CASA, in consultation with GA and more prescriptive.
* The transitional arrangement for the Basic Class 2 to the Class 4 certificate if required was discussed in TWG including potential for an automatic transition of Basic Class 2 holders to Class 4, noting there will be an increased requirement for CASA to conduct auditing.
* The TWG suggested that GPs should be able to issue an unconditional Class 4, however if it is conditional then a DAME would be required to issue the certificate. The TWG agreed on the principle that CASA should be as little involved as possible (if at all) for the issuing of Class 4.
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| **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
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**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)?**

Comments.

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**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?**

Comments.

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## **Topic 1b: Austroads levels**

The Australian Drivers License Standards have been published in the document “Assessing Fitness to Drive” (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).

In general terms, the drivers 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 drivers 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. Some restrictions are on the recommendation of the medical practitioner completing the drivers license medical assessment, and some are at the direction of the State drivers license authority. This is the “conditional drivers license”.

The diseases, severity and restrictions that allow unconditional and conditional licenses are less restrictive for private drivers, and more restrictive for commercial drivers. 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.

The ability to include conditions on an aviation medical using drivers license standards is a subject for discussion. Currently CASA advises applicants, as the Basic Class 2 is fundamentally the *unconditional*Austroads standard, 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, as DAMEs have more flexibility to consider the specific circumstances in an aviation context.

**Question 3. Considering the above which of the following options would work best?**

[ ]  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.

[ ]  Other

Comments.

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# Page 4. 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.**

As part of the review, we are exploring whether to extend the DAME delegation further and what training of DAMEs would be required should this happen. 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.

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| **Fact bank:** Further information about the current DAME systemPart 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.  |

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| **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.
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**Question 4. What other things do you think we should explore to extend or improve DAME delegations?**

Comments.

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# Page 5. Self-declared medical for private pilots

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

We announced last year that for private operations we were looking at a potential 'self-declared' medical against a driver’s license standard.

One idea is for 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.

Feedback from our Technical Working Group is that while this is generally a good idea, this new type of medical should not add or replicate requirements for approved self-administering aviation organisations (ASAO) under Part 149 (e.g. RAAus). It is beneficial to have uniform standards for VH aircraft and ASAOs where their purposes and operations align (e.g. RAAus and private GA flyers). However, the different medical standards across the industry could add complexity for DAMEs.

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| **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.
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**Question 5. What do you consider to be the benefits of the Class 5 medical certificate concept?**

Comments.

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**Question 6. What do you consider to be issues and risks regarding the Class 5 medical certificate concept?**

Comments.

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# Page 6. 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.**

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| **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).
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**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)?**

Comments.

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# Page 7. Flight instructors in sport and recreation

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

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.

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| **Fact bank:** Current medical requirements for flight instructorsUnder 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 |

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| **Fact bank:** Technical working group (TWG) considerationsThe TWG questioned whether a higher medical standard for instructors would actually 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?**

Comments.

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# Page 8. Modernising the rules

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

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:

* AMP training courses
* Appointment of Aviation Medical Practitioners (AMPs) (see note below)
* 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

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| **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.
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**Question 9. Are there any other things we should consider to make sure Part 67 is up to date and fit for purpose?**

Comments.

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# Page 9. Final feedback

## **Topic 7: Consider any other relevant matters.**

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?**

Comments.

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