



SUMMARY OF CONSULTATION



Class 5 medical self-declaration policy proposal

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1. Reference material

1.1 Acronyms

The acronyms and abbreviations used in this AC are listed in the table below.

Acronym	Description
AC	Advisory Circular
AGL	Above Ground Level
CAR	<i>Civil Aviation Regulations 1988</i>
CASA	Civil Aviation Safety Authority
CASR	<i>Civil Aviation Safety Regulations 1998</i>
DAME	Designated Aviation Medical Examiner
FAA	Federal Aviation Administration
Ft	Feet
GA	General Aviation
GP	General Practitioner
ICAO	International Civil Aviation Organization
ID	Identity
IFR	Instrument Flight Rules
Kg	Kilograms
MTOW	Maximum take-off weight
POB	People on board
PTSD	Post Traumatic Stress Disorder
TWG	Technical Working Group
UK	United Kingdom
UK PMD	Pilot Medical Declaration
US / USA	United States of America
VFR	Visual Flight Rules

1.2 References

Legislation

Legislation is available on the Federal Register of Legislation website <https://www.legislation.gov.au/>

Document	Title
Part 61 of CASR	Flight crew licensing
Part 67 of CASR	Medical
CASA EX69/21	CASA EX 69/21 - Medical Certification (Private Pilot Licence Holders with Basic Class 2 Medical Certificate) Exemption 2021

Advisory material

CASA's advisory materials are available at <https://www.casa.gov.au/publications-and-resources/guidance-materials>

Document	Title
	<i>Guidelines – Medical Assessment for Aviation</i>

2. Overview

The Class 5 medical self-declaration scheme (“the scheme”) has been proposed to streamline the medical certification process for certain aviation personnel. The scheme aims to simplify the current medical certification requirements by allowing eligible individuals to self-declare their medical fitness for certain aviation operations, to reduce the administrative burden on pilots and industry while ensuring high safety standards are maintained.

On 27 October 2023, we released the consultation document for the proposed scheme, inviting comments from industry stakeholders, including pilots, aviation medical practitioners, the general aviation community, and the public.

The consultation period concluded on 17 November 2023, and the feedback has been used to inform the policy and will be used during the post implementation review. The operational limitations along with the medical limitations are considered to be a key risk control for the likelihood of risks occurring and the consequences of risks if they do occur. The medical limitations associated with the self-declaration required additional operational controls to provide sufficient assurance of the maintenance of an acceptable level of aviation safety.

The process of analysing the public consultation feedback was outsourced to an external consultant. This Summary of Consultation (SOC) presents an analysis of public consultation feedback on the scheme for private and recreational pilots, with a **total of eight hundred and forty-nine (849) responses to the consultation received**. The feedback was gathered through a public consultation process, where participants were asked to provide comments on specific aspects of the proposed scheme.

Feedback indicates a predominantly supportive sentiment from respondents, with **~73% of responses supporting the change** on average across all yes / no questions (1 - 8).

“A pragmatic approach that is faster and cheaper than the current system is appreciated and appropriate for the majority of pilots who can self-assess their situation.”

A significant proportion of supportive responses did not include detailed comments, leading to a more pronounced visibility of negative written feedback. However, these negative opinions, while valuable for identifying potential areas of concern, represent a minority viewpoint.

Many respondents see it as a positive change that will make flying more accessible for certain members of the aviation community. For those respondents that were not supportive, the analysis revealed several constructive themes:

1. Operational Limitations - The limitation regarding the number of people of board (POB) imposed a common concern among pilots, with some pilots flying with more than two people regularly.
2. Control Mechanisms – Some feedback pointed to the need to better understand the control mechanisms that would mitigate the reduced risk mitigation of the medical assessment.
3. Pilot Honesty and Self-Assessment - Concerns were raised about the reliability of self-assessment in determining medical fitness for pilots.

The decisions that have shaped the proposal for the scheme are based on a comprehensive risk analysis framework. This risk analysis has been instrumental in guiding the formulation of the proposal, ensuring that each aspect of the scheme is aligned with the overarching goal of maintaining the highest levels of safety.

The overall positive reception of the proposed scheme suggests that the aviation community supports the efforts to simplify the medical certification process. However, the feedback also underscores the need for us to ensure that operational limitations, control mechanisms, and the efficacy of the self-assessment process have been addressed.

3. Respondents

We value the contributions made by all respondents. Where permission to publish has been granted by the respondent, individual consultation responses can be found at

<https://consultation.casa.gov.au/regulatory-program/pp-2302fs-2/>

In evaluating the feedback from the scheme, it is evident that the demographic spread of respondents encompasses a wide range of roles within the aviation community, each bringing unique perspectives to the discussion on safety and integrity in assessment processes.

A total of eight hundred and forty-nine (849) responses to the consultation were received, reflecting a broad spectrum of the aviation community's interest in and engagement with the proposed changes. Of these respondents, five hundred thirty-three (533) consented to have their submissions made public.

The respondents represent a diverse range of roles within the aviation industry, with the majority identifying as pilots - six hundred sixty-nine (669) as recreational or private pilots and one hundred ninety-six (196) as commercial or air transport pilots. This indicates a keen interest in the scheme from those it would most directly affect. Aircraft owners and operators also contributed significantly to the feedback, with four hundred forty-seven (447) responses¹.

The feedback encompassed a wide array of perspectives, including:

One hundred seventy-nine (179) submissions from individuals involved in sport and recreational aviation. One hundred fifty (150) from amateur or kit-built aircraft owners, highlighting the scheme's potential impact on the hobbyist segment of aviation. Private aviation operators and flight instructors/examiners represented one hundred five (105) and ninety-seven (97) submissions respectively, pointing to the professional field's vested interest in the medical certification process.

Medical professionals provided thirty-six (36) responses, offering critical insights into the scheme from a health and safety standpoint. Further inputs were gathered from flight training organisations (33), sports aviation bodies (28), and others within the industry (27), reflecting a wide-ranging set of viewpoints and experiences. Responses from the aviation industry unions were the least, with six (6) received.

The substantial response rate and the permission granted by a significant number of participants to publish their feedback demonstrates the community's commitment to a transparent dialogue about the scheme and its future implementation.

The geographic distribution of feedback was diverse, reflecting a wide range of living and operating environments. Rural respondents, who made up a notable segment with 297 responses, may have unique concerns such as the availability of medical services or the impact of regulations on remote operations. Inner metropolitan areas, with 211 responses, and outer metropolitan with 186 responses, likely emphasise the perspectives of those operating in more densely populated and regulated airspaces.

¹ Note that the demographic counts presented in this document may exhibit overlap, as individuals may identify with multiple demographic categories. For instance, a respondent could be both a 'commercial pilot' and an 'aircraft owner/operator.' Therefore, the sum of individual categories may exceed the total number of unique respondents.

4. Key Themes

The analysis identified three key themes that spanned across the qualitative feedback from each of the ten primary questions (see question responses on *page 16*). These included concerns about operational limitations (for example weight limit and the number of POB), the appropriateness of the risk management approach of accidents and pilot honesty and self-assessment in self-declaring.

To generate the themes for this report, all written feedback (regardless of question or response to the preceding yes / no question) was collated, analysed, and tagged into groups based on sentiment and keywords used. Significant groups were then consolidated, with the most salient groups represented by the three key themes. Note that in general, negative views are more likely to be reflected in written feedback.

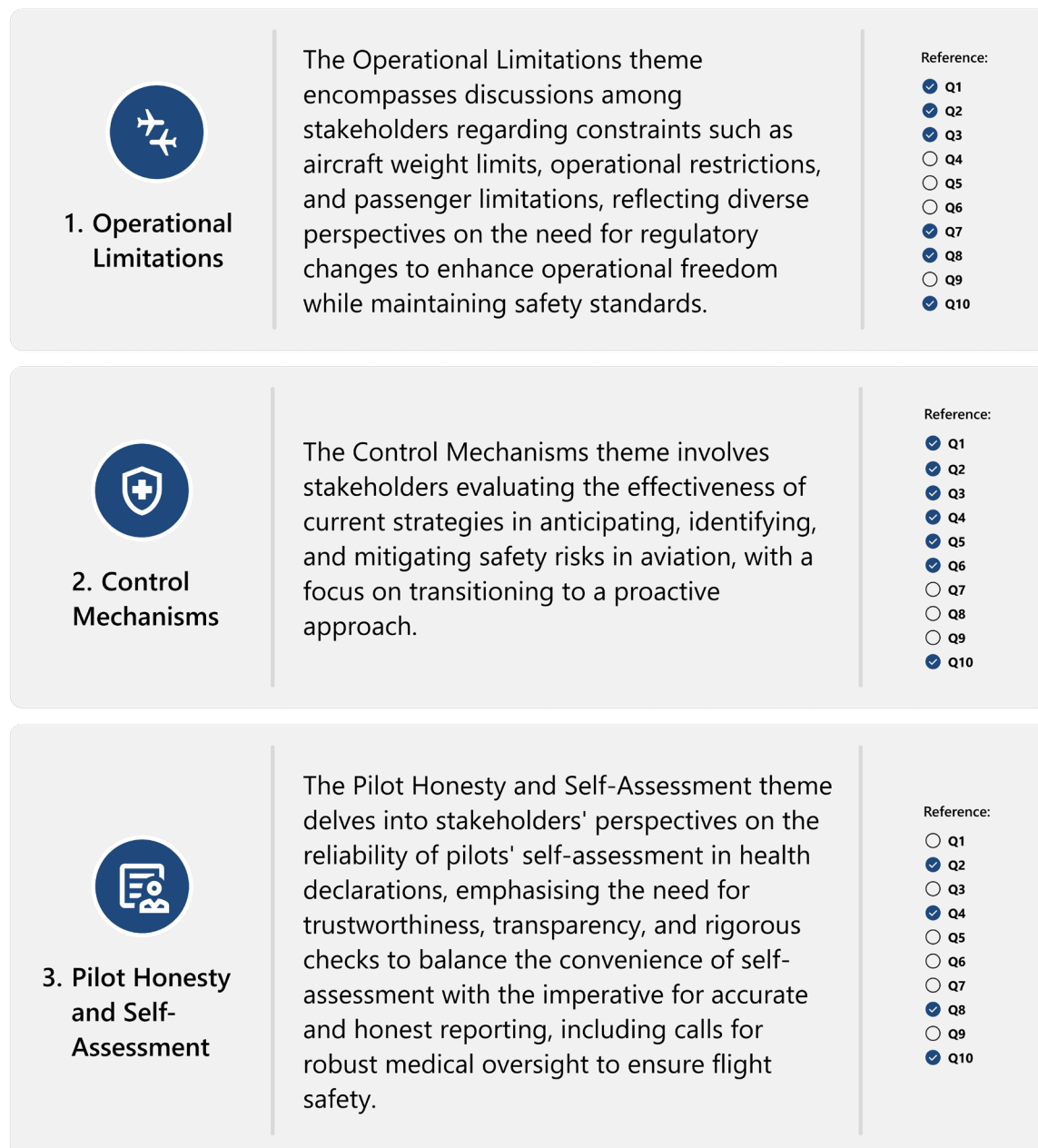


Figure 1: Themes Summary

Theme 1: Operational Limitations

Almost half of all respondents highlighted Operational Limitations concerns, underscoring its significance as the most contentious theme. Overall, there was a perception that the aircraft weight limit, limitation regarding the number of POB and other limitations, such as altitude, make the proposal less useful.

Limitation of POB – In particular, respondents raised a call for greater flexibility of the number of POB, especially in accommodating common four-seater aircraft (see Figure 2: Passenger Limitations Suggestions below). The justifications for a higher number of POB highlight several key areas of concern:

- **Alignment with Aircraft Capacity:** Respondents advocate for POB limits that correspond to the number of seats available, suggesting the regulation is irrelevant and should be restricted based on the aircraft's maximum take-off weight (MTOW).
- **Adherence to International Norms:** There is a push to align with international best practices, drawing on systems already implemented in the US, UK, and New Zealand.
- **Family Considerations:** Current limitations are viewed as restrictive for family travel, necessitating multiple trips to accommodate all members.
- **Safety in Redundancy:** A higher POB limit, allowing for two pilots as well as additional passengers to mitigate risks during medical incidents.
- **Informed Consent for Adults:** A subset proposes that higher limits could be acceptable if all passengers are consenting adults, fully informed of the conditions tied to a Class 5 declaration.

“In the words of the policy proposal document ‘there is no comparative data in Australia or internationally to quantify the likelihood of impairment, or the likelihood of an impairment-related accident, where pilots have not been assessed by a medical practitioner’... The only rational reason for limiting the number of POB in an aircraft piloted by a class 5 medical holder would be that the pilot is at higher risk of an accident than the same pilot with another class of medical. The policy proposal confirms that there is no evidence in support of that proposition. This limitation is unreasonable and should be eliminated.”

CASA response

CASA acknowledges that less than a third of respondents identified a desire to have more than two POB. This limitation allows the scheme to have less medical requirements and less compliance requirements; this in effect reduces the risk.

Aircraft Weight Limit – There is a significant discussion on the proposed Aircraft Weight Limit of 2,000kg, with some respondents suggesting an increase to accommodate different aircraft models. This would align with other jurisdictions and include a broader range of aircraft.

“2000kg RESTRICTION. This is not based on any rational risk based value. 5700kg has for years been the general upper limit for most GA operations. The Class 5 limit should be 5700kg....”

CASA response

CASA reviewed the Aircraft Register and identified that more than 70% of GA aircraft are captured by this proposed weight limit. The 2,000kg MTOW is aligned with the UK PMD.

Maximum Altitude – Respondents highlighted the importance of adhering to the policy for safety reasons, while others criticise the operational limitations imposed by the 10,000ft cap, suggesting it hinders the effectiveness of certain aircraft. A suggestion is made to align the altitude limits with existing airspace structures for simplicity, hinting at a possible misalignment with standard aviation practices.

“ height limit of 10000 feet is too limited it should be 12500 feet for non pressurised aircraft and unlimited for pressurised aircraft.”

CASA response

Extensive study of human physiology has established that tissue oxygenation cannot be safely and reliably maintained above 10,000ft. To avoid excessive medical requirements and other restrictions, CASA considers this is a safe altitude for self-assessment.

Other limitations – Meanwhile, other operational restrictions, such as restricting night visual flight rules (VFR) and instrument flight rules (IFR) operations and exclusions of certain flying activities like acrobatics, bring mixed opinions on their necessity versus the need for greater operational freedom.

“I feel that the IFR limits do not have a correlation with my perception of increased medical risk. They have increased risk, but this risk is predominantly not medical and rather competency.”

CASA response

From an aviation safety and risk mitigation perspective, these restrictions have been applied to allow a simple approach with minimal medical compliance requirements. Refer **Attachment A** – bowtie risk assessment.

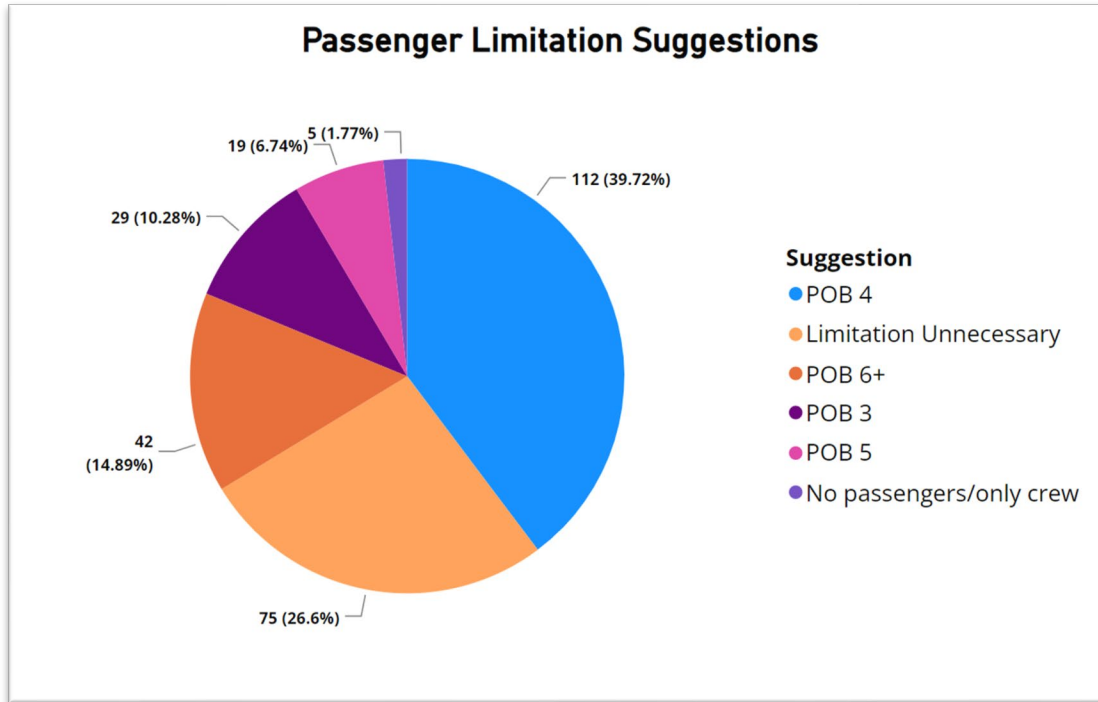


Figure 2: Passenger Limitations Suggestions

Theme 2: Control Mechanisms

Many respondents questioned the effectiveness of the proposed risk management strategies. They are assessing how well the aviation system can anticipate, identify, and mitigate potential safety risks. This includes examining whether the system's response to safety concerns is timely and effective, and if it includes adequate measures for prevention and intervention. The comments suggest a focus on developing a more proactive approach to managing risks considering that a previously key risk mitigation strategy (i.e., medical assessment) is being proposed to be removed.

“There is still some danger with self-assessing and not having oversight or supervision on a medical declaration. This could possibly lead to a "Too little too late" situation where someone could self-declare to be medically fit; but fly and suffer an episode. Self-Assessment WITH a GP report will reduce my worry on this risk.”

CASA response

CASA is relying on pilots referring to and following the *Guidelines for Medical Assessment* which includes a review with their healthcare practitioner, if necessary. CASA considers this is an appropriate risk management measure when coupled with the online training module and operational limitations. Pilots have a continual obligation to perform assessment of their fitness before each flight.

Personalisation and Adaptability: Constituting a significant part of the feedback, respondents focus on 'Individual Circumstances and Future Considerations'. There is a strong emphasis on a tailored approach that considers individual pilots' circumstances and flying activities. Pilots mention specific scenarios, such as retirement or changes in flying plans, where transitioning to the scheme might be considered. Age and previous medical history are also highlighted as influencing factors.

“Some reasons that a Class 1 medical may have been cancelled/refused for would have been completely acceptable on a Class 2 or other medical - so a blanket exclusion on that basis might be a bit of an over-reach. Assumedly, if it had been cancelled because of a major medical condition then that would be captured by the list of identified medical exclusions anyway.”

CASA response

The purpose of the scheme is to have a simple and clear approach that doesn't require CASA to undertake a medical assessment for pilots. That means that there is no mechanism for flexible medical decisions in this scheme. Flexible medical decisions are available for other classes of medical certificates.

Less than 1% of Class 1 and Class 2 medical certificates are cancelled or refused. Therefore, we feel this is not restrictive.

Other analogous standards – Respondents expressed a desire for regulatory standards that align with international best practices, suggesting a need for clear and equitable eligibility criteria. There is an interest in benchmarking against other regulatory systems, particularly looking at successful models from other countries, and ensuring the eligibility criteria are straightforward and justifiable.

“This Class 5 proposal is an opportunity to foster participation in aviation but, while this proposal is a step in the right direction, it is much more restrictive than similar (although not identical) basic, driver’s licence or self-assessed medicals available in other countries such as the USA, UK and New Zealand.”

CASA response

When drafting the policy proposal, CASA considered international models and developed the proposal for the Australian environment, noting the international models are all different. The scheme has less medical requirements than comparable international medical certificates while still meeting CASA’s safety obligations.

Assessment frequency – A key element of maintaining aviation safety is determining the appropriate frequency and thoroughness of safety assessments for ongoing compliance. While some comments suggest that the proposed validity periods, especially the 5-year interval, are excessively lengthy, advocating for more regular evaluations, there are also views challenging this approach as age-discriminatory. These perspectives emphasise that individual health factors rather than age should be the primary consideration. It’s argued that many pilots aged between 40 and 70 maintain excellent health and therefore do not necessitate such frequent assessments. Suggestions include annual assessments for pilots over 70 or 75, or biennial assessments for those aged 50 to 75.

“I don’t see why people over the arbitrary age of 40 without a conditional driver’s license would require more frequent renewals. Why not make everyone under 75 without a condition five yearly. You’re self-assessing constantly anyway, if you feel you’re unfit you don’t fly regardless of whether it’s within a two or five year validity period.”

CASA response

This is aligned with the ICAO frequency recommendations increasing for pilots from the age of 40 and references the drivers’ licence requirements for older pilots in Australia. This is a safety assurance measure without being medically restrictive.

Theme 3: Pilot Honesty and Self-Assessment

For the minority of respondents that are not supportive, there is a strong emphasis on the trustworthiness of the self-assessment process out of principle. They expressed a need for transparency and integrity in pilots' self-reported health declarations. Concerns are raised about the potential for misrepresentation of health conditions and the implications this has for safety. There is a sense that while self-assessment can be efficient, it must be underpinned by rigorous checks by external parties to ensure its reliability. The feedback indicates a desire for a system that effectively balances the convenience of self-assessment with the necessity for accuracy and honesty in reporting.

“To be frankly honest, I think the idea of self-assessment is fraught with danger. Some people will not be honest about their limitations and continue to fly. [It's] like people who have had their driver's license taken away, they then doctor shop, for another assessment. Flying an aircraft is a whole different kettle of fish.”

CASA response

We acknowledge that pilots may not seek medical review and may not disclose their medical issues. This will be managed through quality assurance, audit and appropriate enforcement measures.

Medical oversight – Some comments centred on the integrity of the self-assessment process, underlining the necessity of reliable medical oversight. There is a notable push for medical practitioner involvement to ensure accurate and honest assessments. Concerns highlight the risk of underreporting health issues and the importance of professional medical evaluations to detect conditions that could impact flight safety.

“A broken arm for example is a grounding event, especially if being treated with opiate pain medication. Once healed however this condition should no longer be an exclusion. A previous mental illness such as PTSD in teen years should not preclude an asymptomatic mature adult from self-declaring. A DAME review should be able to determine if a pilot can subsequently self-declare.”

CASA response

The scheme is intended to reduce the burden on pilots of requiring qualified medical review for flying. Pilots are still required to follow the *Guidelines for Medical Assessment* and seek medical review in some circumstances as recommended for their self-declaration.

Transparency and Integrity in Self-Assessment: A significant emphasis is placed on the honesty and accuracy of pilots' self-assessment processes. Concerns are raised about the potential for misrepresentation and the subsequent safety implications. Feedback indicates a strong desire for a system that balances the efficiency of self-assessment with the necessity for thorough and honest reporting. Stakeholders suggest the implementation of more rigorous checks to ensure the reliability of self-reported health conditions.

“Be aware that the guidance may motivate some pilots to with-hold health information in order to not be refused a self-declared medical, therefore obfuscating the risk measurements for CASA. Pilots need to be confident to report medical, especially mental health conditions, without fear of losing their licence.”

CASA response

We are satisfied that our audit and enforcement processes will be sufficient to support reliability. Introduction of the scheme is an iterative approach, and a post-implementation review will be conducted to ensure that our practices and processes are effective.

Clarity of guidelines: A portion of feedback discussed the length and complexity of the draft guidelines, with suggestions for a more condensed version or checklist for easier referencing. Concerns are raised about the useability, questioning whether they are user friendly enough for pilots to understand and follow effectively, especially for those without a medical background.

“As I am not a medical professional, I have absolutely no knowledge of the accuracy or otherwise of the guidelines. It’s far too much detail to possibly expect pilots to even read it, much less evaluate its effectiveness...”

CASA response

CASA will review the *Guidelines for Medical Assessment* for their useability for each stakeholder group and will consider amending the documents as part of the post-implementation review.

5. Question Responses

From the 849 responses, we have received a variety of views from the aviation community's perspective. Each respondent was asked to answer a series of questions and to provide feedback where relevant. Readers can refer below to the complete list of questions used in this consultation, along with their corresponding question IDs.

#	Question text
1	Do you have concerns about the excluding conditions?
2	Do you consider the proposed operational limitations effectively manage the risks associated with the proposed medical self-declaration scheme while balancing operational flexibility?
3	Do you have any concerns with the proposed validity period?
4	Do you consider the draft Guidelines – Medical Assessment for Aviation provide suitable and effective information to help you with self-assessment/self-declaration or support you to provide pilots seeking assistance with the completion of their medical self-assessment?
5	Do you consider the self-declared medical assurances effectively manage the risks associated with the proposed medical self-declaration scheme?
6	Do you consider the \$10 application fee to be reasonable?
7	If you are or looking to become a non-commercial pilot, would you consider applying for a Class 5 medical self-declaration?
8	Will the proposed Class 5 medical self-declaration scheme have an impact on you and or your organisation(s) operations?
9	Where do you currently fly?
10	Do you have any further comments on the proposed Class 5 medical self-declaration and/or the guidance materials?

Table 1: Consultation Questions

In the analysis of the consultation feedback, the approach has been to categorise responses as 'supportive' or 'not supportive' to capture the nuances in the positions of the respondents. This provides consistency when interpreting responses and provides a richer perspective on the community's stance towards the proposed scheme.

The data from these responses serve as a valuable barometer for the receptiveness of the aviation community to the proposed scheme. The prevailing support in most areas indicates a readiness to adapt to and accept the changes, while the areas of contention call for careful attention and potential adjustments to the proposal to meet the community's needs more effectively.

Regarding the specific questions posed during the consultation, the overall trend indicates that the majority of the respondents are supportive of the proposed changes. This is a positive indication of the general willingness to embrace the proposal. The table below provides an outline of the level of acceptance to the series of questions provided:

SUMMARY OF CONSULTATION - CLASS 5 MEDICAL SELF-DECLARATION POLICY PROPOSAL

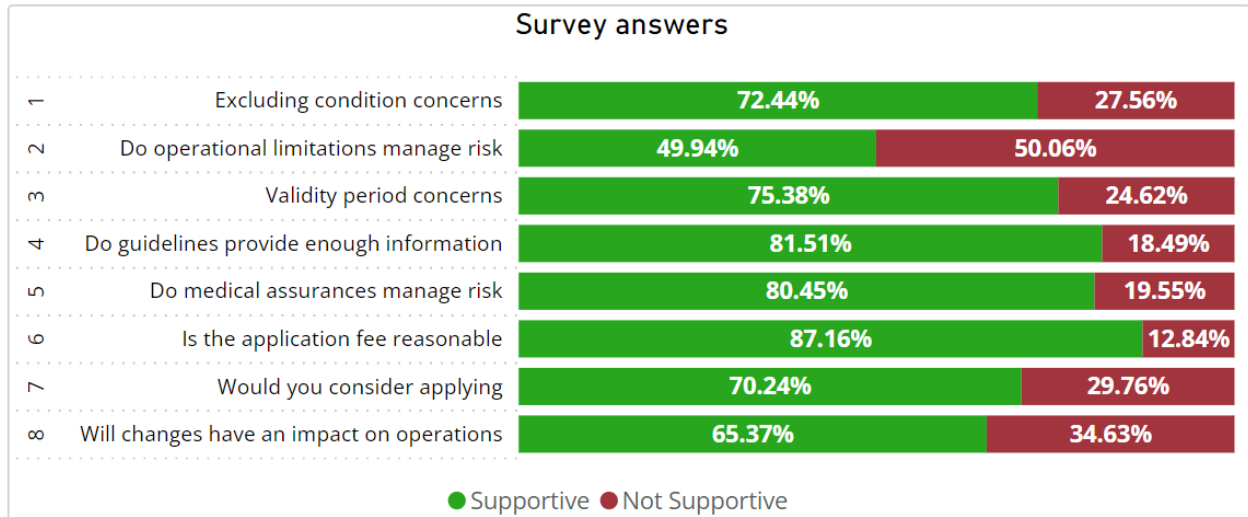


Figure 1 – Survey answer support table

5.1 Question Responses Detail

Each of the individual question responses have been summarised below. Note that comments have been grouped into themes regardless of whether the respondent is supportive or unsupportive. However, generally supportive responses do not include detailed comments, leading to a more pronounced visibility of negative written feedback. While discussed below, these negative opinions, usually represent a minority viewpoint.

1 Do you have concerns about the excluding conditions?					
Yes	234	No	615	Supportive	~72%

Most respondents did not have any concerns with the excluding conditions. Of those that were not supportive, some concerns were raised about the reasonableness of some exclusions, with specific questions about the fairness of a blanket ban on those who have previously had a medical certificate refused or cancelled, suggesting this could be discriminatory. There is an argument that transient or resolved conditions should not lead to permanent exclusion, and a call for expanding the list of excluded conditions. Critiques of the current medical assessment process focus on its cost, delays, and the involvement of Designated Aviation Medical Examiners (DAMEs), with suggestions for regular surveillance by a DAMEs.

Safety and risk considerations are also prominent, emphasising the importance of objective medical data in self-assessment, ongoing monitoring of certain conditions, and the impact on passenger safety in emergencies. Concerns about the honesty and accuracy of self-assessment were highlighted, indicating potential risks of accidents due to unrecognised health issues. Some feedback pointed to other systems, like the US Basic Med or gliding pilots' self-declaration, as potential models, and praised the idea of aligning with driving regulations.

2 Do you consider the proposed operational limitations effectively manage the risks associated with the proposed medical self-declaration scheme while balancing operational flexibility?					
Yes	424	No	425	Supportive	~50%

Reflective of the main theme about Operational Limitations, responses to this question are the most divided with half of all respondents supportive. A significant portion of respondents expressed concerns about these limitations, questioning their effectiveness in enhancing safety or mitigating risks, particularly regarding medical incapacitation during flight. On the other hand, some argue for the necessity of these restrictions to ensure public and passenger safety. The number of POB is a contentious issue.

There is also a debate over increasing the limit to accommodate common four-seater aircraft, while some believe passenger numbers should not be restricted at all. Operational restrictions, such as limiting to day VFR operations and excluding IFR operations, night VFR, aerobatics, and formation flying, are questioned by respondents for their impact on safety. Lastly, the aircraft weight limit of 2,000kg under the scheme is debated. Some argue for an increase in this limit to align with other jurisdictions or accommodate certain aircraft models, while others find it appropriate for private operations.

Please see *Key Themes on page 8* for further commentary about operational limitations.

3 Do you have any concerns with the proposed validity period?					
Yes	209	No	640	Supportive	~75%

Most respondents did not have any concerns with the proposed validity period. A portion of respondents who provided comments believe that the age limit of 40 for more frequent medical assessments is too low, advocating for an increase to 50 or 55, with some questioning the medical statistics justifying the current threshold. Meanwhile, others find the proposed periods reasonable, consistent with existing regulations like the 2- and 5-year validity periods for pilots over and under 40, respectively.

Additionally, some respondents suggested aligning aviation medical requirements with Australian driver's license medical requirements, suggesting that the renewal of one's pilot medical could be triggered by changes in the driver's license. Concerns are also raised about the effectiveness of self-assessment, with fears that pilots might withhold health information or overestimate their fitness, risking flight safety. A smaller group suggests that assessments should be more frequent across all age groups, with proposals ranging from annual assessments for older pilots to considering individual health factors rather than imposing strict age-based limitations.

4 Do you consider the draft Guidelines – Medical Assessment for Aviation provide suitable and effective information to help you with self-assessment/self-declaration or support you to provide pilots seeking assistance with the completion of their medical self-assessment?					
Yes	692	No	157	Supportive	~81%

Most respondents consider the draft *Guidelines – Medical Assessment for Aviation* suitable for self-assessment. The written feedback expresses some minor scepticism about pilots' ability to thoroughly understand and engage with the guidelines, raising doubts about their effectiveness in guiding self-assessment. It's feared that pilots may either superficially skim the material or entirely rely on their judgement, potentially overlooking crucial information. Secondly, the integrity of the self-assessment process is under question, with a significant emphasis on the need for honesty from pilots and medical practitioners.

There are some concerns that pilots might withhold health information to avoid restrictions or fees, thereby compromising public safety and the accuracy of risk assessments. Additionally, the feedback indicates concerns about the length and complexity of the guidelines, suggesting a need for a more concise version or checklist for easier reference. Finally, there is a recommendation to consider the practices of other aviation authorities, such as the FAA, to avoid unnecessary complications and to benefit from established guidelines.

5 Do you consider the self-declared medical assurances effectively manage the risks associated with the proposed medical self-declaration scheme?					
Yes	683	No	166	Supportive	~80%

Overall, respondents consider self-declared medical assurances to effectively manage risks. A portion of the respondents, express concerns regarding the potential for dishonesty and the risks of undiagnosed conditions, highlighting fears that pilots might underreport their medical

conditions, thus endangering both themselves and the public. Comments reiterate the need to balance accessibility in aviation with maintaining safety standards. While there is advocacy for a more lenient approach to medical assessments to make aviation more accessible, the paramount need to ensure public safety is also stressed.

On the other hand, some of the written feedback supports the idea of self-assessment, citing the current system as burdensome and costly. These proponents argue for simplification and reducing reliance on medical professionals like DAMEs, stating that pilots can assess their own health. There are arguments for the necessity of oversight from medical professionals to ensure accurate fitness assessments, suggesting a hybrid approach of self-assessment with professional oversight. Lastly, feedback draws comparisons with other countries' systems and offers suggestions for improvement, including incorporating elements from existing medical assessments and the potential for an initial assessment by a medical professional before transitioning to self-assessment.

6 Do you consider the \$10 application fee to be reasonable?					
Yes	740	No	109	Supportive	~87%

Most respondents consider the proposed fee to be reasonable. A portion of feedback suggests alternative fee structures, including higher fees for older pilots or fees based on crash incidents, and incorporating the fee into initial or periodic license fees. Various perspectives debate the reasonableness of the fee; while some find it too low and not reflective of processing costs, others deem it reasonable, or some suggest it is excessive. Comparisons with other medical assessments indicate that the \$10 fee is lower than similar fees, leading to suggestions for alignment or increase. Concerns about the perceived seriousness of the process arise due to the low fee, with suggestions to increase it to ensure diligent self-assessment by pilots. Lastly, opinions vary on funding and responsibility, with some advocating for government funding of CASA's services, while others suggest the fee should support CASA's operations or aviation medicine research.

7 If you are or looking to become a non-commercial pilot, would you consider applying for a Class 5 medical self-declaration?					
Yes	517	No	219	Supportive	~70%

Most respondents would consider applying for a Class 5 medical self-declaration. However, a small portion of pilots express a preference for retaining their existing Class 1 or Class 2 medical certifications, valuing the comprehensive medical check-up by an aviation medical examiner (DAME) and its role in ensuring fitness to fly. This group includes those with commercial licenses or aspirations for advanced aviation operations. On the other hand, concerns about the limitations of the scheme are prevalent, particularly the passenger restrictions, and its impracticality for pilots who frequently fly with more than two passengers or engage in activities like night flying or aerobatics. Individual circumstances and future considerations play a role, with pilots considering personal health, previous medical history, and specific flying activities.

Meanwhile, a smaller group supports the scheme for its simplification and cost-effectiveness, seeing it as beneficial for recreational pilots or those flying for personal reasons. Lastly, there is minimal concern about the adequacy of self-assessment in medical evaluations, with pilots

highlighting the importance of detecting conditions like colour blindness or heart issues that could be missed without a professional medical examination.

8 Will the proposed Class 5 medical self-declaration scheme have an impact on you and or your organisation(s) operations?					
Yes	294	No	555	Supportive	~65%

A portion of the comments point out limitations and exclusions, such as restrictions on the number of POB and the exclusion of activities like aerobatics and night VFR, potentially impacting flying capabilities. Some see the scheme as a positive change, noting its potential to simplify medical certification processes and reduce costs, making flying more accessible.

However, concerns are raised by commercial operators about the medical state of pilots hiring aircraft, emphasising the need for confidence in pilots' fitness to fly and highlighting potential safety risks. Safety concerns also emerge regarding the risks of sharing airspace with pilots who self-assess their fitness, potentially leading to medical emergencies. There are mixed opinions and scepticism, with some seeing the change as beneficial in terms of time and cost savings, while others question its effectiveness and impact on safety and professionalism, suggesting a potential dilution of medical standards.

9 Where do you currently fly?

Based on the survey's methodology, respondents were restricted to selecting only one airspace in which they typically operate, despite many pilots routinely flying in multiple airspace classes. This constraint may have led to an incomplete representation of the actual flight patterns of pilots, as the data could not accurately reflect their extensive use of various airspace classes.

Airspace	#	%
No/not applicable (please specify)	93	11.0%
Controlled airspace – Class C	259	30.5%
Controlled airspace – Class D	146	17.2%
Controlled airspace – Class E	25	2.9%
Non-controlled airspace - Class G	316	37.2%
On your own land for agricultural operations	10	1.2%

10 Do you have any further comments on the proposed Class 5 medical self-declaration and/or the guidance materials?				
Yes	310	No	539	

Some respondents express strong support for the proposal as part of the written feedback, highlighting its benefits such as aligning with international standards, simplifying, and reducing the cost of flying, and making aviation more accessible. On the other hand, concerns about safety and risk are raised by others, emphasising the potential hazards of pilots not accurately self-assessing their health, the risk of undiagnosed conditions, and the need for stricter medical standards and oversight.

Comments from this question were incorporated into the themes analysis. See Key Themes on page 7 for further details.

6. Future direction

In considering the future direction of the scheme, we remain committed to making data-driven decisions that prioritise the safety of aviation activities while accommodating the practical needs of the aviation community. The extensive consultation process will continue as part of CASA's stakeholder engagement process.

We recognise that the scheme is not intended to meet the needs of every individual within the aviation sector. As a result, it is important to emphasise that other existing medical certification classes will continue to be available. In particular, the proposed development of a new Class 4 medical certification is intended to offer an alternative pathway for medical fitness assurance for certain aviation participants.

A comprehensive post-implementation review of the scheme is planned over the next 12 months from commencement of the scheme and be concluded within 18 months. The post-implementation review will be an opportunity to review and consider the effectiveness of the policy, such as any changes in acceptable levels of risk or aviation technologies with respect of the effectiveness of the scheme, outcomes of other related CASA policy directions, operational limitations, medical requirements for the self-declaration, or improvements to the *Guidelines – Medical Assessment for Aviation*.

The scheme represents an innovative step towards streamlining the medical certification process, and we are dedicated to ensuring that the scheme is robust, equitable, and reflective of the community's needs. Any proposed updates or changes to the regulatory framework will be communicated to the community through established channels, with transparency and stakeholder engagement remaining as our key priorities.