



Australian Government
Civil Aviation Safety Authority

POLICY PROPOSAL

PP 2302FS



Policy proposal for a new aviation medical self-declaration

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Overview

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

Over the past two decades, multiple stakeholders and participants in the Australian aviation community have expressed the value of a self-declared medical scheme. A key initiative of CASA's Part 67 reform workplan is delivering an accessible and simplified medical certificate model for the recreational aviation community.

Various approaches to modernising the aviation medical scheme have attempted to provide an accessible, simplified, and safe aviation medical certificate. These include the Recreational Aviation Medical Practitioner Certificate (RAMPC) and the Basic Class 2 medical certificate.

The proposed scheme, namely Class 5 medical self-declaration, is an alternative to the current Basic Class 2 and RAMPC medical certificates in terms of not requiring review by an aviation medical examiner. However, it is different as it permits greater flexibility in the presence of medical conditions and does not mandate a review by a medical practitioner. It is intended that the Class 5 medical self-declaration will replace the RAMPC once there is an opportunity to amend the relevant parts of CASR. Appendix A of this policy proposal (PP) provides a comparison table of the proposed Class 5 medical self-declaration with other recreational aviation medical certificates.

The proposed Class 5 medical self-declaration aims to ensure that safety risks are managed appropriately without requiring a medical assessment by a medical professional as part of the application process, or scrutiny of individual certificates by CASA aviation medicine specialists.

The acceptable levels of risk associated with the self-declaration certification scheme will be managed through operational limitations, medical limitations, and self-declared medical assurances.

The proposed Class 5 medical self-declaration will include:

- a. A self-assessment and self-declaration process for the automatic issuance of a Class 5 medical self-declaration, completed entirely online.
- b. Medical limitations that exclude pilots with certain conditions from the Class 5 medical self-declaration.
- c. Operational limitations, that include but are not limited to, the size of aircraft used, and the kinds of operations performed.
- d. The provision of comprehensive guidance material for applicants, certificate-holders and their healthcare practitioners, regarding aeromedical risk assessment for states of health and diseases.

Why are we consulting?

CASA is seeking your feedback to determine whether this PP for an aviation medical self-declaration scheme meets the needs of the recreational aviation community while retaining an acceptable level of aviation safety.

This consultation is relevant to all pilots, key aviation stakeholder organisations, flight training operators/flight instructors, and medical professionals. This is an opportunity to provide industry sector insights and feedback based on current needs and challenges.

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1 Reference material

1.1 Acronyms

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

Acronym	Description
A-LOC	almost loss of consciousness
AME	Aviation Medical Examiner
ATSB	Australian Transport Safety Bureau
AvMed	Aviation Medicine
CASA	Civil Aviation Safety Authority
CASR	Civil Aviation Safety Regulations 1998
CTA	controlled airspace
DAME	Designated Aviation Medical Examiner
DVLA	Driver and Vehicle Licensing Agency
G-LOC	G induced loss of consciousness
G	G-force
GP	General Practitioner
ICAO	International Civil Aviation Organization
LAPL	Light Aircraft Pilot Licence
MOS	Manual of Standards
MP	Medical Practitioner
MRS	Medical Records System
OCTA	outside of controlled airspace
PMD	Pilot Medical Declaration
PP	policy proposal
PPL	Private Pilot's Licence
RAMPC	Recreational Aviation Medical Practitioners Certificate
RPL	Recreational Pilot's Licence
SAB	sport aviation body
SARP	Standards and Recommended Practices
SD	spatial disorientation
SGP	Specialist General Practitioner
TWG	Technical Working Group
UK PMD	United Kingdom Pilot Medical Declaration

1.2 Definitions

Terms that have specific meaning within this PP are defined in the table below. Where definitions from the civil aviation legislation have been reproduced for ease of reference, these are identified by 'grey shading'. Should there be a discrepancy between a definition given in this PP and the civil aviation legislation, the definition in the legislation prevails.

Term	Definition
guidelines	means the Guidelines - Medical Assessment for Aviation
healthcare practitioner	means a qualified and registered health care professional, such as a medical practitioner, medical specialist, optometrist, physiotherapist, or other healthcare professional
medical requirements	means the medical requirements outlined in the Guidelines - Medical Assessment for Aviation
private operations	<p>an operation of an aircraft is a private operation if the operation is not one of the following:</p> <ol style="list-style-type: none"> an operation that is required to be conducted under the authority of an AOC under Part 119, 129 or 131 or regulation 206 of CAR an operation that is required to be conducted under the authority of an aerial work certificate under Part 138 Part 141 flight training (within the meaning of Part 141) a Part 142 activity (within the meaning of Part 142) an adventure flight for a limited category aircraft a specialised balloon operation that is conducted for hire or reward an operation authorised by a New Zealand AOC with ANZA privileges that is in force for Australia an operation under a permission under subsection 25(2) or (3) (non-scheduled flights by foreign registered aircraft) or section 27A (permission for operation of foreign registered aircraft without AOC) of the Act.

1.3 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
	Draft Guidelines - Medical Assessment for Aviation

Other references

Document	Title
Austrroads	Assessing Fitness to Drive for commercial and private vehicle drivers (2022 Edition)
ICAO Annex 1	Personnel Licencing (Twelfth Edition, July 2018)
ICAO Annex 19	Safety Management (Second Edition, July 2016)
ICAO Doc 7300	Convention on International Civil Aviation (Ninth Edition, 2006)
ICAO Doc 8984	Manual of Civil Aviation Medicine

1.4 Forms

CASA's forms are available at <http://www.casa.gov.au/forms>

Form number	Title
Form 166	Recreational Aviation Medical Practitioner's Certificate (RAMPC)
Form 1473	Basic Class 2 medical certificate (available via MRS)

2 Introduction

2.1 Background

Pilots and air traffic controllers must hold a current medical certificate to exercise the privileges of their pilot licence. For pilots, different classes of medical certificates are required to conduct different kinds of operations or hold different kinds of pilot licences.

Part 61 of the *Civil Aviation Safety Regulations 1998* (CASR) and its related Manual of Standards (MOS) set out the requirements and standards for the issue of flight crew licences, ratings, and other authorisations. At a minimum, a Part 61 Recreational Pilots Licence (RPL) is required to be able to fly for recreational purposes.

Medical standards underpin the assurance of acceptable levels of aviation safety by minimising the risk of pilots experiencing medical-induced issues that may lead to in-flight impairment or incapacitation. Part 67 of the *Civil Aviation Safety Regulations 1998* (CASR) sets out the requirements relating to medical certification and the requirements for designated aviation medical examiners and designated aviation ophthalmologists that undertake medical assessments.

As recommended by the Aviation Safety Advisory Panel (ASAP), CASA established an aviation medicine technical working group (TWG) to review Part 67 of CASR, and to consider options based on broad industry consultation and expert advice. The ASAP supported the recommendation from the TWG for the development of a new category of medical self-declaration for pilots that are looking to conduct private operations within a safety and quality assurance framework.

To date, there have been various approaches to medical certification aimed towards providing improved access to a more contemporary and simplified medical certificate process while still ensuring safety for pilots, passengers and third parties. The introduction of the Basic Class 2 medical certificate was an initial step towards providing a medical certificate for pilots conducting private operations that was more commensurate with these operations than the other classes of medical certificates. CASA now proposes to introduce a medical self-declaration scheme that provides an acceptable level of aviation safety that is more accessible to pilots with a more streamlined process. A regulatory priority in the CASA General Aviation Workplan is the streamlining and simplification of the medical certification processes while ensuring pilots remain fit and safe to fly.

2.2 Previous consultation activities

There have been two previous public consultations:

- a. December 2016 to May 2017 – The focus of this consultation was to investigate possible changes in standards for medical certification of pilots.
- b. May to June 2022 – The focus of the consultation was to explore measures to simplify and modernise CASA's overall approach to medical certification.

In August 2022, the Aviation Medicine TWG considered the options for the modernisation of aviation medical certification in Australia for pilots conducting private operations in view of the industry consultation and expert advice to date. Accordingly, the ASAP recommended the introduction of a self-declaration scheme.

3 Proposed Class 5 medical self-declaration policies

3.1 Overview

The proposed new Class 5 medical self-declaration is part of an overall CASA objective to review Part 67 of CASR.

The proposed new Class 5 medical self-declaration aims to support the recreational aviation community by providing pilots who wish to conduct private operations with a more streamlined and efficient medical certification pathway. This new pathway is self-assessed and self-certified within a risk-based and quality and assurance governance framework aimed at assuring aviation safety. The Class 5 medical self-declaration is proposed to be issued through an online self-declaration process. Where a pilot is not eligible for a Class 5 medical self-declaration, they will be required to apply for an alternative class of medical certificate that can be assessed by medical practitioners against the respective CASA medical standards.

The acceptable levels of risk associated with the medical self-declaration scheme will be managed through operational limitations, medical limitations and self-declared medical assurances. (Refer to sections 3.2 and 3.3 of this PP).

The medical self-declaration scheme for the Australian context has been developed in consideration of international regulatory models that do not require review by an ICAO-approved aviation medical examiner (AME) or an assessor. There is some alignment between the CASA approach with key principles from other similar National Aviation Authorities' non-AME medical certificate models for pilots conducting private operations. Fundamentally, the difference in the proposed Australian medical self-declaration is that there is no requirement for a medical assessment by a medical practitioner or an aviation medical specialist.

This policy proposal has been developed in consultation with aeromedical technical experts and key aviation stakeholder organisations. It is also based on the principles of the Basic Class 2 medical certificate and RAMPC but has been reformed to provide a medical self-assessment and self-declaration pathway.

The Class 5 medical self-declaration offers a pathway for pilots seeking a Recreational Pilot Licence (RPL) to be able to fly for recreation, or as an entry point for those looking for a licence to be able to commence flight training, or to explore a pilot career pathway. A holder of a Private Pilot Licence (PPL) will be able to use a Class 5 medical self-declaration (noting the applicable operational limitations) instead of the currently required Class 1, Class 2, or RAMPC.

A regulatory fee of A\$10 is proposed for the Class 5 medical self-declaration. The proposed fee has been determined by CASA in accordance with the [Australian Government Cost Recovery Policy](#). CASA is required to apply this policy to its regulatory charging activities, including application fees.

The proposed Class 5 medical self-declaration scheme will:

- establish an online self-assessment and medical self-declaration for pilots seeking to conduct private operations
- manage acceptable levels of risk through operational limitations, medical limitations, and medical assurances
- provide comprehensive guidance material for applicants, certificate-holders and their health care practitioners, regarding aeromedical risk assessment for states of health and

diseases. This document is informed by the Austroads document *Assessing Fitness to Drive* and supported by education materials for pilots (or applicants) and healthcare practitioners.

- allow pilots successfully issued with a Class 5 medical self-declaration to access controlled and non-controlled airspace.¹

3.2 Proposed medically related requirements and limitations

The medical requirements for the proposed Class 5 medical self-declaration are in the Attachment - *Guidelines - Medical Assessment for Aviation*. These guidelines have been developed with reference to the Austroads *Assessing fitness to drive* medical standards, with specific consideration of the flying task and the aviation environment. Unlike the Basic Class 2 and RAMPC use of the Austroads standards, the CASA Guidelines provide for flexibility based on medical advice.

Declaration for meeting the Class 5 requirements includes affirmation that the applicant:

- is 16 years of age or over to be eligible to apply and to undertake a medical self-assessment
- has referred to the *Guidelines - Medical Assessment for Aviation* to assess any safety relevant medical conditions to inform their self-assessment
- has successfully passed the knowledge examination that addresses the human factors syllabus, including medical fitness (this will be in the form of an e-learning module that will be part of the application process)
- meets the medical requirements for a Class 5 self-declaration, understands the operational limitations, and has provided true and correct information.

Factors that are expected to be considered by a pilot when making an assessment about whether their health status presents a hazard to safe air navigation include:

- the individual's knowledge about their own health (i.e., physical, mental, and emotional health) and the potential impact of their health on aviation safety
- where relevant or appropriate advice from their healthcare practitioner (e.g., GP, optometrist), on their self-assessment of state of health (in accordance with the Class 5 medical requirements and the *Guidelines - Medical Assessment for Aviation*).

It is proposed that the following medical limitations will apply. That is, pilots are **not** eligible for a Class 5 medical self-declaration if they have:

- previously had a driver's licence refused or cancelled for medical reasons²
- previously had a Class 1,2 or 3 aviation medical certificate refused or cancelled
- a medical condition identified in the list of excluded medical conditions for the self-declaration (see Appendix B.)³

¹ [Australian Airspace Structure](#) summarises the classes of airspace.

² Where an independent healthcare practitioner has made a medical assessment that an individual is not medically fit, the individual is not eligible to apply for a medical self-declaration.

³ The list of proposed excluded medical conditions has been prepared with the consideration of key international self-declared models, in particular the UK PMD, Canadian Category 4 medical certificate and the New Zealand DL9 Commercial Driver's License standards.

- been diagnosed with a disease or a condition that reduces their capacity to self-assess and/or make a declaration
- been regularly taking a medication or using substances that may reduce their capacity to self-assess and/or to make a declaration
- been diagnosed with a disease or a condition that can become suddenly and unpredictably safety-relevant in the flying environment
- a medical condition that makes an individual unable to perform all required aspects of the flying task safely.

The Class 5 medical self-declaration is proposed to have a validity period of 5 years except in the following circumstances:

- Pilots over 40 years old, or with a conditional drivers' licence (including those who develop a medical condition) - a validity period of 2 years.
- Pilots 75 years old and over - an annual renewal with the requirement to provide a copy of any aged-based annual driver's licence medical review.

The Class 5 renewal will also be contingent on completion of the Class 5 medical requirements/guidance materials training package, including passing the e-learning knowledge module.

CASA recommends that the *Guidelines* developed by CASA are read in conjunction with the self-declaration certification application form. The *Guidelines* are designed to provide pilots information on the principles of aeromedical risk assessment and guidance for the assessment of medical fitness to be able to complete a medical self-assessment and to make a self-declaration. The guidelines will also guide healthcare practitioners in the provision of appropriate advice to pilots on their medical self-assessments.

In some cases, after reading the *Guidelines*, pilots may need to consult their healthcare practitioner to inform their medical self-assessment and before signing the self-declaration. Pilots are encouraged to discuss symptoms, diagnosis, and management of any medical condition(s) with their GP (or an aviation medical examiner) and the compatibility of their condition with flying. Where medical conditions are present, pilots may need to seek an alternative class of medical certificate other than the new medical self-declaration.

Applicant pilots are responsible for ensuring that their self-assessment of level of fitness to fly safely in accordance with the medical requirements and that all information provided in the declaration is true and accurate.

In accordance with the current regulatory requirements, where there is a change in safety-relevant health status, pilots are responsible for advising CASA of any change in health circumstance as soon as practical, whether temporary or longer-term impairment or incapacitation, that may impact on their eligibility for Class 5 medical self-declaration.

Where CASA determines that a pilot has made a false or misleading statement, CASA may suspend or cancel the medical self-declaration.

If a pilot's medical fitness changes and it affects their eligibility to hold a Class 5 medical self-declaration, the pilot will be prohibited from flying an aircraft until their fitness status allows them to regain their eligibility.

3.3 Proposed operational limitations

As outlined in section 3.4 below, on the basis of risk, CASA assessed that 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. Therefore, CASA proposes to implement the operational limitations described in this section on a pilot operating under a Class 5 medical self-declaration.

These are considered the primary safety controls along with the medical limitations. The operational limitations are designed to control both the likelihood of risks occurring, and the consequences of risks if they do occur.

The proposed operational limitations are:

- aircraft certificated maximum take-off weight (MTOW) must be 2000 kg or less
- private operations only
- must only operate under the visual flight rules (day VFR) by day (no IFR, no IMC, no night VFR)
- must not operate above 10,000 ft above mean sea level
- must have no more than 2 persons on board including any crew members (generically one pilot and one passenger, or two pilots and no passengers)
- must not use a Part 61 operational rating (e.g., instructor rating or low-level rating, for a complete list, refer to the definitions in regulation 61.010 of the CASR)
- must not conduct aerobatics or formation flying
- must not operate outside Australian territory (except for flights from Victoria to Tasmania).

Appendix C provides further explanation of the operational limitations for the Class 5 medical self-declaration.

3.4 Risk assessment

The proposed self-declaration certification scheme will be managed within an appropriate risk-based governance framework that is commensurate with the type of recreational aviation activities and through the operational limitations and medical assurances.

CASA conducted multiple risk workshops and discussed the outcomes of these workshops with the Aviation Medicine TWG.

The self-declared medical assurances that are aimed at minimising safety risks, and that are in conjunction with the medical and operational limitations, include:

- comprehensive guidance materials - *Guidelines - Medical Assessments for Aviation* developed with reference to the Austroads *Assessing fitness to drive* medical standards with specific relevance to aviation safety. This includes a list of excluded medical conditions where pilots will not be eligible for the Class 5 medical self-declaration or may require a review by a healthcare practitioner.
- that a pilot has considered their health status based on the training and understanding of responsible behaviour regarding medical fitness

- where required or appropriate, advice from the pilot's treating healthcare practitioner about their health status and its safety relevance for aviation, with regard to the *Guidelines - Medical Assessments for Aviation*
- the responsibility and legal obligations of the pilot to provide a correct self-assessment and self-declaration to CASA, including that the pilot does not have any of the excluded medical conditions
- CASA's quality assurance processes to oversee implementation and identify any opportunities for improvement, e.g., guidance materials, processes, whether pilots and healthcare practitioners are using the system effectively.

Additionally, CASA also proposes to implement the following **secondary risk controls** that are acknowledged by CASA to be of lower direct effectiveness:

- implementing a relevant, reliable, and well-structured training system for healthcare practitioners
- publishing guidance material on the medical requirements for the Class 5 medical self-declaration on the [CASA website](#)
- system controls to capture whether a pilot had previously had a Class 1 or Class 2 medical cancelled or refused
- establishing an audit program to monitor the effectiveness of the implementation and quality and safety of outcomes from the Class 5 medical self-declaration.

The proposed audit program aims to support safe self-assessment, that pilots are making informed self-declarations, the risk treatments are appropriate, and that the guidance materials are effective. The proposed audit program will include:

- a proportion of Class 5 medical self-declarations will be randomly selected for audit
- selected applications being cross-referenced with CASA aviation medicine records
- some pilots being requested to provide additional supporting medical information
- reviewing Australian Transport Safety Bureau safety occurrence data based on the class of aviation medical certificate.

CASA considers that the operational limitations, in conjunction with the medical limitations, will reduce both the likelihood of a risk occurring, and the consequence if a relevant risk does occur, to an acceptable risk level.

3.5 Impacts on industry

This draft proposal has been released for formal public consultation. CASA has assessed the impacts on the aviation industry to be as described below. These assessments were informed by previous consultations concerning CASA policy and the Aviation Medicine TWG.

3.5.1 Pilots

The proposed policy is assessed to have a positive impact for private pilots who are seeking an RPL or PPL to be able to conduct private operations. With an online, self-assessment and self-declaration application process, it is expected that there will be efficiencies for pilots to obtain a Class 5 medical self-declaration. This would include access to the medical self-declaration scheme to obtain a medical to fly and the reduction of the time associated with the application

process and an issuance of a medical self-declaration. The holder of a PPL can make a Class 5 medical self-declaration and should consider the applicable operational limitations.

Guidance materials and training will be available to support pilots to undertake their medical self-assessments.

The proposed application fee of A\$10 and is determined in accordance with the Australian Government charging policy, is not expected to deter applicants from applying for the medical self-declaration.

3.5.2 Healthcare practitioners

Consultation with a healthcare practitioner is optional for Class 5 applicants. However, it is anticipated that non-aviation medicine practitioners will experience an increase in pilots seeking advice to inform their fitness self-assessment and self-declaration.

The proposal policy includes providing focussed guidance, education and resource materials to applicable non-aviation medicine specialist healthcare practitioners, e.g., GPs, other medical specialists and healthcare professionals. This guidance is to assist healthcare practitioners with the provision of advice to applicant pilots in relation to their self-assessment.

Professional Colleges for General Practitioners - Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM)

CASA assesses that the professional colleges for general practitioners will be required to provide increased advice on aviation medicine matters to their members. CASA intends to consult with the colleges on how they can best support the proposed policy, in accordance with the broader communication strategy.

3.5.3 Sport Aviation Bodies

The proposed policy does not alter the self-declaration medical scheme utilised by some Sport Aviation Bodies (SAB).

If adopted by the SABs, the CASA Class 5 medical self-declaration offers an alternative medical certification option for SAB pilots conducting operations under the auspices of the SAB.

Appendix A outlines the differences between SAB self-declaration medical and the Class 5 medical self-declaration.

3.5.4 Insurance companies

The proposed policy may be of interest to the Insurance Council of Australia and insurers, who may wish to consider the currency of the terms and conditions of their policies offered to pilots that seek a Class 5 medical self-declaration, for example if there is a misrepresentation or an understatement of their health status.

3.5.5 Flight Training Schools/Flight Instructors

CASA assesses that flight training schools and flight instructors will be required to provide increased support to pilots through the provision of information on the Class 5 medical self-declaration.

Flight schools and flight instructors will have access to the Class 5 guidance and education materials and focussed training modules.

4 Proposed implementation of the policy

4.1 Short term activities

If CASA proceeds with this policy proposal after this consultation activity, the initial implementation activities would include the following:

- creating an appropriate exemption from existing regulations
- modifying relevant IT systems to facilitate the online application process and issuance of a CASA Class 5 medical self-declaration upon the successful completion of an application
- publishing the final Guidelines and other Class 5 medical self-declaration guidance and education materials on the CASA website
- exploring options for provision of guidance materials and other relevant resources to ensure they are accessible regardless of geography or access to the internet
- establishing the quality assurance program for the Class 5 medical self-declaration, such as the proposed audit program and post-implementation review.

4.2 Transition strategy

The following will be considered as part of the transition strategy for the new policy:

- a communication strategy that identifies all impacted stakeholders
- Medical Records System enhancements to support the new Class 5 medical self-declaration
- education and guidance materials for potential pilot applicants to ensure they are well informed to be able to apply for a Class 5 medical self-declaration and can undertake a self-assessment, including those pilots who may hold a current Basic Class 2 medical certificate or a RAMPC
- guidance materials and resources for healthcare practitioners who may provide advice to an applicant on their self-assessment of fitness in accordance with the *Guidelines - Medical Assessment for Aviation*
- the implementation and ongoing delivery of the quality and assurance framework⁴
- any potential consequential impacts from the implementation of the policy.

The following is the proposed transition arrangements for the Class 5 medical self-declaration:

- Once the new self-declaration certification policy is in effect, any pilots that wish to continue to apply for a Basic Class 2 medical certificate or RAMPC can do so. However, pilots will be given the opportunity to apply for a Class 5 medical self-declaration. It should also be noted that the RAMPC and Basic Class 2 certificate may be subject to change in light of other reforms CASA is considering for the aviation medical scheme, including a proposed Class 4 medical certification and the related reform amendments to CASR.

⁴ The quality and assurance framework is an integrated part of CASA's corporate governance structure which supports decision making and accountability.

- For those pilots who have a current Basic Class 2 medical certificate or RAMPC, the duration of their medical certificate will remain unchanged, and they will be able to apply for a Class 5 self-declaration certification when they need to renew their medical certificate.
- Upon the commencement of the new policy, pilots who have recently applied for a Basic Class 2 medical certificate or RAMPC, will be contacted and guided to information about the new Class 5 self-declaration certification and will have the opportunity to change the category of their medical certificate.
- Holders of an expiring RAMPC or Basic Class 2 medical certificate before the commencement of the Class 5 self-declaration certification will be advised about the option to apply for the new Class 5 medical self-declaration when the scheme commences.

4.3 Medium term activities

Follow-on activities in the medium term would include:

- conducting appropriate consultation and associated activities for the proposed Class 4 medical certification that will permit more operations than Class 5 (anticipated by late 2024) but will require a GP medical examination. The Class 4 medical certificate is proposed to replace the Basic Class 2 medical certificate.
- additional amendments to regulations previously identified in the aviation medicine policy review that support other reforms to the aviation medical certificate structure (anticipated for 2025/2026)
- proposed development of a Part 67 MOS in due course to support the broader amendments to the aviation medical certification structure referenced in Part 67 of CASR, including the amendment of the regulations to replace the RAMPC with the Class 5 medical self-declaration.

4.4 Post Implementation Review

A comprehensive post-implementation review (PIR) of the policy is planned within 12 months of the commencement of the proposed new policy. The PIR will be an opportunity to review and consider the effectiveness of the policy. It is proposed that a further PIR will be undertaken 2 years after implementation that will include a comprehensive safety impact assessment of the implementation.

It is expected that the PIR will also inform the consideration processes for the proposed Class 4 medical certification.

5 Closing date for comment

CASA will consider all comments received as part of this consultation process and incorporate changes to the proposed policy as appropriate, Comments on the policy proposal should be submitted through the online response form by close of business **17 November 2023**.

Appendix A

Medical certificate comparison tables

A.1 Table 1a – Australian certificates, medical

Medical	CASA Class 5 (proposed) ~ Indicates dissent with TWG	RAAus	Basic Class 2	RAMPC
Eligibility	<p>~Never had a driver's license cancelled for medical reasons.</p> <p>Does not have any of the listed excluded conditions.</p> <p>Has completed mandatory online knowledge check.</p>	Any.	Not eligible if they have previously had a CASA Class 1, 2 or 3 medical certificate suspended or cancelled.	Any.
Doctor involvement	<p>Not required.</p> <p>Recommended that advice be sought per guidance material.</p>	<p>Not required, except:</p> <ul style="list-style-type: none"> At age 75, and if any of the listed medical conditions, and if instructing. 	Examination by any medical practitioner.	Examination by any medical practitioner.
Processes and forms	<p>Pilot completes declaration.</p> <p>No excluded conditions.</p> <p>Have referred to and followed medical guidance.</p> <p>Are eligible as above.</p> <p>Class 5 medical self-declaration is auto-issued by CASA.</p>	<p>Self-declaration - RAAus Medical Declaration (Form MED002) OR Exam (GP) for certain listed medical conditions (form MED 001) OR Exam (GP) for instructors (Form MED003) – Commercial Driver License Standard.</p> <p>Pilot submits the declaration form and doctors form (if needed) with their BFR (every 2 years). No certificate issued.</p>	<p>Pilot downloads the form (pilot questions, doctor questions, doctor examination – Form 1743, 1474, 1475).</p> <p>Doctor completes paper forms and signs.</p> <p>Pilot completes declaration in MRS.</p> <p>CASA issues the exemption from holding a Class 2 medical certificate.</p>	<p>Pilot downloads the form (pilot questions, doctor questions, doctor examination).</p> <p>Doctor and pilot complete paper form (Form 166).</p> <p>Doctor issues the certificate.</p>

POLICY PROPOSAL FOR A NEW AVIATION MEDICAL SELF-DECLARATION

Medical	CASA Class 5 (proposed) ~ Indicates dissent with TWG	RAAus	Basic Class 2	RAMPC
Medical standard	Guidance material only. Guidelines - Medical Assessment for Aviation with a range of disqualifying criteria.	AFTD private drivers license. AFTD commercial drivers license for instructors.	Austroads medical standards (unconditional) for commercial motor vehicle drivers (excludes glasses and hearing aids).	“Modified Austroads Standard” - Austroads medical standards (unconditional) for private motor vehicle drivers with some additional CASA disqualifying criteria.
Excluded conditions	Diseases causing impaired capacity to declare (dementia, psychosis etc), or diseases with unpredictable and unheralded incapacity (seizures etc). Significant examples listed on the class 5 medical self-declaration form.	None specified.	None specifically.	Listed on RAMPC Form.
Validity period	Every 5 years to age 40 then every 2 years thereafter. 1 year for age 75 years and over.	Every 2 years.	1 year for age 70 years and over. 2 years for age between 40-69.	Certificate duration: <ul style="list-style-type: none"> • 1 year for age 65 years and over • 2 years for age under 65.

A.2 Table 1b – Australian certificates, operational

Parameter	CASA Class 5 (proposed) ~ Indicates dissent with TWG	RAAus	Basic Class 2	RAMPC
MTOM/MTOW	2000 kg	600/650 kg (water/non water). Up to 750 kg on application.	<8618kg	1500kg
POB	~2 (pilot + 1 pax)	1 2 (pilot + 1 pax) only with PAX endorsement.	6 (1 pilot + 5 pax).	2 (pilot + 1 pax).
Aircraft type	NS	2 seats. 3-axis, weight shift, powered parachutes.	Piston engine only.	Single engine piston.
Power/speed	NS	NS	NS	NS
VFR/IFR/Day/Night	Day VFR only	Day VFR only	Day VFR	Day VFR
Operational ratings/flight activity endorsements	~No aerobatics ~No formation No low-level rating No instructor rating	Formation with endorsement. Low level with endorsement.	No operational ratings. No flight activity endorsements.	No aerobatics
Altitude	~10,000 ft	10,000 ft (not below 500 ft)	10,000 ft	10,000 ft
Air space	Access to controlled and non-controlled airspace.	Not in controlled areas.		

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Parameter	CASA Class 5 (proposed) ~ Indicates dissent with TWG	RAAus	Basic Class 2	RAMPC
Other authorisations	NS	Cross-country, radio operations, Glider towing, Tail wheel, 2-stroke, adjustable propellor, retractable undercarriage, floats, utility with endorsement.	These restrictions do not apply if a qualified pilot in the control seat has a valid Class 1 or Class 2 medical certificate.	The airspace, passenger and aerobatic restrictions do not apply if the pilot in a control seat: <ul style="list-style-type: none"> • is suitably qualified • aerobatic flight endorsed (if relevant) • has a valid Class 1 or Class 2 medical certificate.

A.3 Table 2a – International certificates, medical

Parameter	UK PMD-2000	UK PMD-5700	UK LAPL-Med	Canada Cat 4	NZ DL-9	US BasicMed
Eligibility	Must already have a license (and med cert). Not taking medication for any psychiatric illness.	Must already have a license (and med cert).	Any.	Never been refused on medical grounds a motor vehicle license, aviation permit, or life insurance.	Any.	Must hold a valid state driver's license and have held FAA medical cert since 2006 (not suspended or revoked).
Doctor involvement	Not required. (Dr involved in initial medical assessment to be eligible for subsequent pilot medical declaration (PMD)).	As needed: <ul style="list-style-type: none"> • AME for PMD, other doctors as required for driver and vehicle licensing agency (DVLA), and initial certificate • Mandatory reporting by app to DVLA where the DL standard is not met (and doctor authorised to report) 	Required for every certificate. Mandatory reporting by app to DVLA where the DL standard is not met (and doctor authorised to report).	Required for every certificate.	Not mandatory medical may be conducted by Medical practitioners, nurse practitioners or registered nurses. App must notify Medical professional that the DL9 will be used for flying. Mandatory reporting by Medical practitioners, nurse practitioners or registered nurses to CAA NZ and NZTA/Waka Kotahi.	Required for every certificate.
Processes and forms	Pilot completes affirmation of their reasonable belief that they meet the requirements for a DVLA car license.	PMD requires affirmation by pilot of reasonable belief that they meet the DVLA Group 1 (car) license standard, AND If any of the below	Doctor issuing certificate must be a GP. Medical examination if aged over 50 years and for first light aircraft pilot licence (LAPL)	Physician attestation that the pilot's medical declaration is accurate.	Comprehensive clinical examination (NZTA guidance. DL9 form completed).	State-Registered medical practitioner completes form 8700, plus any state driving license medical requirements. Comprehensive

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Parameter	UK PMD-2000	UK PMD-5700	UK LAPL-Med	Canada Cat 4	NZ DL-9	US BasicMed
		apply (or if unsure), pilot must consult with an AME.	application. AME review for medical conditions; See GP guidance.			Medical Examination Checklist. Supply 3 years of medical records.
Medical standard	DVLA Group 1 (car).	DVLA Group 1 (Car License).	LAPL medical conditions.	Physicians are referred to Handbook for CAME.	NZTA Driver License Class 2 (2,3,4,5) = Commercial with Passenger endorsement.	Have previously held FAA Class 3 (PPL) medical. Physicians are referred to FAA Class 3 (PPL) standards.
Excluded conditions	Medication for a psychiatric illness.	Extensive list requiring AME review.	Extensive list requiring AME review.	Never suffered from any of the listed medication conditions.	Must declare any medical conditions that may affect your ability to drive safely.	Require special issuance if following list of medical conditions.
Validity period	Valid to age 70 unless a reason to withdraw the declaration or DVLA restriction. Every 3 years after age 70.	Valid to age 70 unless a reason to withdraw the declaration or DVLA restriction. Every 3 years after age 70.	Every 5 years under age 40 (to 42nd birthday); every 2 years from age 40.	Every 5 years.	Every 5 years up to age 40, every 2 years from 40+.	Every 4 years with doctor, every 2 years for BasicMed medical training course.

A.4 Table 2b – International certificates, operational

Parameter	UK PMD-2000	UK PMD-5700	UK LAPL-Med	Canada Cat 4	NZ DL-9	US BasicMed
MTOM/MTOW	2000 kg	5700 kg	2000 kg	NS	2730 kg	6000 lb (2721 kg).
POB	4 (pilot + 3 pax)	4 (pilot + 3 pax)	4 (pilot + 3 pax)	2 (pilot + 1 pax)	6 (pilot + 5 pax) unless aeros (solo).	6 (Pilot + 5 others).
Aircraft type	Part 21 and non-Part 21.	Part 21 and non-Part 21.	Single engine piston land, A or H, or touring motor glider.	Glider, ultralight or recreational aeroplane (land or sea), single engine, non-high-performance. 4 seats or less.	Aeroplane and helicopter. No gliding (must have a Class 2).	No more than 6 occupants.
Power/speed	NS	NS	NS	NS	NS	250 KIAS
VFR/IFR/Day/Night	VMC; IMC for PPL(A); night rating if colour normal; no IR.	VMC; IMC for PPL(A); night rating if colour normal; no IR.	VMC; IMC for PPL(A); night rating if colour normal; no IR	Day VFR.	Night only within 25 nm of a lit aerodrome. No IFR.	VFR and IFR.
Operational ratings/flight activity endorsements	NS	NS	NS	Not permitted except for float rating.	Aerobatics only solo above 3000 ft.	NS
Altitude	NS	NS	NS	NS	25000 ft AMSL	18000 ft AMSL
Air space	NS	NS	NS	Not in controlled areas	Permitted in controlled areas if radio contact maintained OR has passed the colour vision test.	NS

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Parameter	UK PMD-2000	UK PMD-5700	UK LAPL-Med	Canada Cat 4	NZ DL-9	US BasicMed
Other authorisations	NS	NS	NS	NS	Cross country and Helicopter sling loads if flight training completed. Banner and drogue tow only above 500 ft. Parachuting not above 10000 ft. Glider towing only under control of a gliding organisation or adventure aviation operator.	Not for instructing.

Appendix B

Proposed excluded medical conditions - Class 5 medical self-declaration

As part of the risk management strategy and medical assurances, it is proposed that there is a list of medical conditions that **are ineligible** for a Class 5 medical self-declaration ("Class 5").

At the core of self-assessment for self-declaration are three critical elements:

1. The ability to reflect on personal health and wellbeing (How do I feel? Does the way I feel present a hazard to safe flying?)
2. To understand the details of symptoms, diagnosis and treatment (How bad is my disease? How much does it affect me? How do these medications make me feel? How much do they affect me?)
3. Predictability or reliability of that assessment for the flight (can the way I feel or the status of my disease change while I'm flying in a way that is unsafe and can't be predicted?).

While the guidance material and advice from healthcare practitioners will contribute towards the management of the second element, the capacity to self-assess and the reliability of that self-assessment are things that an individual may not necessarily be able to manage. For these reasons the aviation technical experts and TWG have proposed that an additional layer of medical assurance be added to the Class 5 that manages these issues.

The Class 5 proposal has been developed in consideration of the key principles of other international aviation regulatory models, such as the UK and New Zealand medical certificate. However, the proposed Class 5 medical self-declaration scheme does not require a medical examination by a medical/healthcare practitioner.

Where the medical conditions listed below are present, the pilot is **not eligible** for a Class 5, although they may be eligible for another Class of medical certificate. Pilots should discuss their symptoms, diagnosis and management with their GP or an aviation medical examiner to discuss whether and how their condition might be compatible with flying.

Pilots are **not eligible** for a Class 5 if any of the following apply:

1. If they have previously had a driver's licence medical certificate refused or cancelled.
2. If they have previously had a Class 1, 2, or 3 aviation medical certificate refused or cancelled.
3. If they have been diagnosed with a disease or condition that reduces their capacity to self-assess and/or to make a declaration (*This aligns with the private driver's licence medical standard - drivers with these diseases must see a doctor to assess their memory and cognition*):
 - a. Dementia or other memory disorders:
 - i. For example, Alzheimer's disease, vascular dementia, Lewy Body dementia.
 - b. Psychotic disorders or psychiatric diseases with psychotic features:
 - i. For example, schizophrenia, bipolar disorder.
 - c. Any other disease which includes cognitive impairment or decline as a known part of the natural history of the disease:
 - i. For example, Parkinson's disease, traumatic brain injury.

4. If they are currently regularly⁵ taking a medication or using substances that may reduce their capacity to self-assess and/or to make a declaration:⁶
 - a. Benzodiazepines and other sedatives
 - i. For example, diazepam, alprazolam.
 - b. Antipsychotics
 - i. For example, olanzapine, quetiapine, aripiprazole.
 - c. Tricyclic antidepressants
 - i. For example, amitriptyline.
 - d. Mood stabilising medications
 - i. For example, lithium, sodium valproate.
 - e. Narcotic analgesics
 - i. For example, hydromorphone, codeine, morphine, oxycodone.
 - f. Pain-modifying medications.
 - i. For example, gabapentin, pregabalin.
 - g. Drugs whether illicit or prescribed - anything that would lead to a non-negative initial result on a DAMP test, or be considered as problematic use of substances or a substance use disorder.
 - i. For example, dexamphetamine, THC, alcohol dependence.
 - h. Any medication that causes the pilot to have an alteration in sensory function, motor function or cognition.
5. If they have been diagnosed with a disease or a condition that can become suddenly and unpredictably safety-relevant in the flying environment:⁷
 - a. Epilepsy and other seizure disorders, or diseases that could cause seizures.
 - b. Blackouts or other sudden alterations of consciousness, or diseases that could cause these.
 - c. Insulin-treated diabetes.
 - d. High-risk pregnancy.
 - e. Lung disease that requires oxygen therapy.
 - f. Intracranial malignancies.
6. If they have a medical condition that makes them unable to perform all required aspects of the flying task safely:⁸
 - a. Visual field or visual acuity that does not meet the private driver's license standards.
 - b. Hearing loss that means they are unable to understand conversational voice at a distance of 2 m.
 - c. Neurological or musculoskeletal or other functional impairment that causes them not to be able to operate the flight controls safely in all circumstances.

⁵ Regularly means taking the medication most days, and/or the disease or symptoms will become significantly worse if the medication is not taken on most days.

⁶ This aligns with the private driver's licence standard - drivers with these diseases must see a doctor to assess the impact of their disease and their medication's effects on their ability to perform the required tasks safely.

⁷ This aligns with the private driver's licence standard - drivers with these diseases must see a doctor to assess the nature and likelihood of these diseases causing them to be suddenly unable to safely perform the required tasks.

⁸ This aligns with the private driver's licence standard - drivers with these conditions must see a doctor to assess their vision, hearing, and their physical functions.

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If a pilot is unsure if they have a certain diagnosis, or they are unsure if their disease is severe enough to be safety-relevant, or they are unsure if their medication is of concern, they will be expected to seek advice from their GP or an aviation medical examiner before making a self-declaration.

Appendix C

Proposed operational limitations for the Class 5 medical self-declaration

The proposed operational limitations for Class 5 medical self-declaration pilots have been developed in consultation with the Aviation Medicine Technical Working Group (TWG). They have been developed through a comprehensive risk analysis process that is aimed at managing the increased likelihood of a Class 5 pilot having a medical impairment by mitigating the consequences of an accident in the air and on the ground. The mitigation strategies identified cover the type of aircraft, type of operations, number of people exposed, medical guidelines and excluded medical conditions, and quality assurance processes to validate the risk assessment process.

The proposed medical self-declaration scheme is a leading initiative and there is no known equivalent non-Aviation Medical Examiner medical self-declaration regulatory model. This means that 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 available data on doctor-issued (non-AME) certificates in aviation and road standards, with which the Class 5 medical guidelines are aligned, indicate that the Class 5 pilot population is likely to have between 5 times and 10 times the likelihood of impairment compared with the Class 2 medical examiner-certified pilots. The collection of impairment data for Class 5 medical self-declaration is a critical element in identifying and quantifying the likelihood and the impairment risk⁹ for our population, to ensure our assessment is correct.

Air safety occurrences require mandatory reporting under the *Transport Safety Investigations Act 2003*. Class 5 medical self-declaration pilots will be required to report on any medical issue in flight that caused them to have reduced capacity to control the aircraft for any period of time, or a change to the flight plan due to an issue, such as land early, divert, change altitude, hand over control to another pilot. CASA will collaborate with ATSB to ensure this data is reliably captured for Class 5. The safety occurrence data will inform the safety and risk assessment element of the PIR.

The material below is intended to provide some further explanation of the rationale for some of the operational limitations.

1. **Maximum Take-off Weight (MTOW)** – the proposed certificated maximum take-off weight of no greater than 2000 kg is aligned with the UK CAA MTOW requirements for their Pilot Medical Declaration.

The proposed MTOW of 2000 kg is desirable from a private pilot perspective as it captures the majority of aircraft on the Australian Register that would be operated by a private pilot. It is desirable from a hazard reduction perspective as it reduces the number of complex aircraft (multi-engine or high-performance) within scope which reduces the cognitive load on a subject pilot.

2. **People on Board (POB)** – the proposed limit of 2 persons (pilot and 1 passenger) on board is aligned with the limitation for RAAus self-declaration with passenger endorsement, and the CASA RAMPC.

This is desirable from a risk reduction perspective as it limits the number of directly affected persons as a consequence of pilot incapacitation, which is a higher risk under the Class 5 medical self-declaration scheme than under other CASA medical certification

⁹US FAA BasicMed review, 12% annual risk of death from all causes in BasicMed holders. AFTD and UK DVLA private driver impairment risk threshold = 20% per annum. Class 2 solo pilot risk threshold = 2% per annum.

options. However, it should be noted that the number of indirectly affected persons as a result of pilot incapacitation could be significantly higher if other aircraft or persons on the ground are impacted by an adverse incident.

3. **Altitude 10,000 ft** – the proposed altitude ceiling is a risk treatment for aeromedical conditions i.e., hypoxia. It is consistent with the limit for RAAus, RAMPC and Basic Class 2 medical certificate.

Oxygenation of tissues requires the transfer of oxygen from the atmosphere to the body's cells, using a number of physiological steps. A critical determinant of gas transfer from atmosphere all the way through to cells is partial pressure of oxygen. At 10,000 ft, the partial pressure of oxygen goes below that which is required for effective gas transfer in healthy adults at rest, noting that pilots conducting their duties are definitely not 'at rest'. At 10,000 ft these healthy adults start to experience impairment of executive function and increasing demands on their cardiac and respiratory systems. If the person has a health state, disease or medication that reduces the transfer of oxygen in lungs and tissues, circulation of blood to tissues, carriage of oxygen in haemoglobin or red blood cells, or increased tissue oxygen demand compared with a resting healthy adult, they will experience the onset of impairment of executive function and increased cardiorespiratory demand at less than 10,000 ft.

Pilots with cardiac, respiratory, and neurological diseases will be more impaired by hypoxia from 5,000 ft upwards and will certainly be significantly impaired by 10,000 ft (below PaO₂ 50mmHg, SaO₂ <90%). Guidance material will advise pilots to seek advice from doctors about whether they should self-limit at a lower altitude.

4. **Access to airspace** – proposed access to controlled and non-controlled airspace.

While safety remains paramount, CASA is required to foster efficient airspace use and equitable access to airspace for all users when administering Australia's airspace. The proposed access for Class 5 pilots to controlled and non-controlled airspace follows risk assessment and consultation with CASA technical experts and the TWG.

A pilot licensed under Part 61 of CASR must demonstrate competencies before operating in controlled airspace (CTA). Operating in controlled environments is more structured and formal, more demanding and with an increased emphasis on safety awareness and willingness to self-report errors or any inability to comply with Air Traffic Control instructions.

Permitting access to CTA is intended to reduce the likelihood of mid-air collision or collision with terrain and reduce the number of fatalities in aircraft and on the ground in the event of these occurrences. This will be done using the existing Airservices Australia systems to maintain separation and manage aircraft movements.

The issue of access to CTA will be reviewed as part of the post-implementation review of the Class 5 scheme.

5. **No aerobatics** – further to a risk assessment of likelihood and consequence of risks of incapacitation in-flight and to ensure there is a risk control in place, it is proposed that Class 5 medical self-declaration pilots are not permitted to conduct aerobatics.

Aerobatic manoeuvres subject the pilot to +Gz (“G”) forces which incur significant physiological burden. Aerobically-capable civil aircraft can expose pilots to up to 9G (modern military aircraft approach 15G). G tolerance varies based on the rate of onset, peak G levels, the use and effectiveness of the anti-G straining manoeuvre, G-protection equipment and pressure breathing. G tolerance also varies based on the pilot’s cardiac function, respiratory function, muscle strength and endurance, hydration status, fatigue status and cerebral perfusion. Exposure to G can also cause impairment of cardiac and respiratory function, visual function, or balance and orientation function will reduce G tolerance and increase risk of spatial disorientation.

Fatal accidents are more likely to be the consequence of aerobatic manoeuvres as the incapacity is likely to be G-LOC, A-LOC or SD and therefore not likely to be recoverable even from higher altitudes.

6. **No formation flying** – further to a risk assessment of likelihood and consequence of risks and to ensure there is a risk control in place, it is proposed that Class 5 medical self-declaration pilots are not permitted to conduct formation flying.

Formation flying relies on the pilot’s ability to maintain separation from another aircraft in close proximity. This requires effective function of the visual system around depth perception, visual acuity and visual fields, plus effective integration of the visual system with executive functions to rapidly and accurately respond to time-critical aircraft, pilot and environmental cues. An assessment by a suitably trained clinician using specialised tools and processes is required, which is not part of the Class 5 medical self-declaration scheme.

Any impairment to visual function, including peripheral field functional deficits, field deficits, and depth anomalies will reduce the ability to fly the sortie as briefed (short term memory and learning deficit due to impaired executive function), maintain separation (visual field and depth function, and executive function in time-critical responses to evolving flight situation).

Aircraft in pre-planned close proximity have a significantly lower capacity to tolerate errors from pilots, whether generated from a medical issue or otherwise.

The consequence of mid-air collision during formation flying due to loss of separation is more likely to be unrecoverable and result in loss of multiple aircraft and/or severe or fatal injuries to multiple occupants.

7. **Day VFR only (not IFR, IMC or night VFR)** – this is a measure to mitigate potential risks of an accident or serious incident as a result of in-flight visual dysfunction during flight.

The normal operation of the visual system requires the absence of disease or dysfunction of the extra-ocular muscles, cornea, pupil, lens, retina, optic nerve, optic tracts and optic cortex and executive function integration. Most of the diseases of the visual system (such as cataract, glaucoma, macular degeneration, hypertensive and diabetic retinopathy, require comprehensive assessment by an appropriate clinician with specialised equipment.