

THE AVIATION COMMUNITY MEDICAL LIAISON GROUP
– *Meeting Minutes 23 November 2017*



DATE: Thursday 23 November 2017

LOCATION: Civil Aviation Authority, Level 15, Asteron House, 55 Featherston Street, Wellington

TIME: 1000-1200

CHAIR: Michele Thomson, Manager Personnel and Flight Training

PRESENT:

- § Ben Johnston - Air New Zealand
- § Greg van der Hulst - Aviation Medical Society of New Zealand
- § Mark Stretch - Airways

- § Andrea Keenan - Licensing Advisor, CAA
- § Charlotte Beatens - Policy Advisor, CAA
- § Claude Preitner - Senior Medical Officer, CAA
- § Dougal Watson - Principal Medical Officer, CAA
- § Kat Reimann - Administrator Personnel and Flight Training, CAA
- § Michele Thomson - Manager Personnel and Flight Training, CAA

APOLOGIES:

- § Andy Pender - NZALPA
- § Hardeep Hundal - Air New Zealand
- § Ian Andrews - Aircraft Owners and Pilots Association of NZ (AOPA NZ)
- § Nic Norris - BAANZ
- § Rob Griffiths - Otago University
- § Richard Small - RNZAC
- § Shelly Sydney - Airways
- § Simon Ryder-Lewis - MBF
- § Steve Brown - Aircraft Owners and Pilots Association of NZ (AOPA NZ)
- § Stuart Parker - Recreational Aircraft Association (RAANZ)

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Welcome

The meeting started at 10am with a welcome from Michele Thomson. A lot of apologies resulting in a small number of attendees were noted. Subsequently Michele advised she is happy to focus on discussing more specific issues at today's meeting.

Following that Michele explained that CAA has now filled the role of the Team Leader Aviation Medicine after Deborah Symons left earlier this year. Christine Harris' first day is 11 December 2017. Christine will be taking on more responsibility for medical issues, she will be the front face of the Medical Unit while working closely with Dougal Watson, Principal Medical Officer, and she will be taking part in future ACMLG meetings. Ben Johnston responded that Christine is welcome to visit and meet Air New Zealand and its staff. Michele continued advising the group that new Medical Advisor James Watson and new temporary staff member Patrick James also joined the team. Michele then asked whether there are any comments or concern regarding the admin support. The group denied.

1. Previous Meeting Minutes

The minutes of the last meeting were circulated beforehand and accepted.

2. Update on Previous Action Items

Michele highlighted that Claude did some great work on the Temporary Medical Conditions GD and the Medical Manual since the last meeting in May 2017.

Temporary Medical Conditions GD

- Claude provided feedback that the Temporary Medical Conditions GD, related to temporary medical conditions that do not need to be reported, has been completed. Michele added that the legal review has been finalised and that the GD will be going out for consultation in the near future. She urged the group to provide feedback during consultation. Claude emphasised that feedback will be addressed in a timely manner.
- **Action:** Updates to be provided at each meeting.

Medical Manual Project

- Claude noted that the chapter for Cardiovascular was out for consultation, that no feedback was received and that CAA will be finalising this chapter in due course. Claude further explained that the draft chapters for Endocrinology and Mental Health were published as well and are currently out for consultation. At present the Mental Health chapter only covers a few specific things but this chapter will be expanded and developed further. To finish he noted that Urology is another chapter that CAA is working on.
- Greg van der Hulst, new ACMLG meeting member representing the Aviation Medical Society of New Zealand, joined and after a short introduction the meeting continued.
- Michele then asked the group what chapter would be a priority for them. Ben answered this with Alcohol and Mental Health. Claude suggested that guidelines in flowchart layout would be beneficial and are likely to improve consistency. This was however deemed a

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long-term plan. As for the medical information sheet MIS-4, which covers pilot obligations to report, Dougal stated that he will be de-drafting and updating this document in due course. He further added that he is looking at working on a medical information sheet about operator obligations to report.

- **Action:** Updates to be provided on additional chapters underway at each meeting.

Letter Project

- With regard to the Letter Project Michele explained that Richard Small and Ian Andrews talked to this topic at the last meeting. The intention was for Richard to send a change of letter to CAA. CAA recently asked for an update and it became apparent that nothing happened on this topic from his side. Deborah also left CAA which may have had an effect as well.
- Ben Johnston stated that Air New Zealand receives continuous feedback about the disqualification letter including requests for the content to be put in softer language and for something well-wishing to be added at the end. Dougal responded that CAA does include a soft language cover letter with the formal notice. He further noted that he is happy to receive advice on how to do what CAA is currently doing better. Claude suggested that a GAP booklet containing general medical advice and information about disqualification and suspension could be a good initiative. Michele agreed that this could help explain the medical certification process, how CAA manages suspensions and what participants are to expect. Ben acknowledged that HEMS and PAN have a lot of interest in de-escalating the level of concern around being suspended and moving forward. He suggested for HEMS, ALPA, PAN and MBF to come together with the aim to agree on a general approach moving forward.
- **Action:** Ben to provide update regarding HEMS, ALPA, PAN and MBF meeting.
- **Action:** Michele, Claude and Dougal to discuss GAP booklet option.

Michele then carried on asking whether email updates to the group are deemed valuable. The group stated they are. Following that Michele advised that meetings may take place a little less frequently moving forward. She emphasised that meetings will be arranged depending on the needs at the time while the group will still be updated on main topics regularly via email. Ben and Mark Stretch were both content with this suggestion but noted that time between meetings should not exceed 12 months.

Claude then provided an update regarding the ME newsletter. One newsletter was produced in 2017 although the aim is for CAA to produce 2 or 3 newsletters each year. Upon asking for topics of interest Greg suggested some general guidance on mistakes that perhaps every ME is making. Ben suggested a case book approach and illustrated examples.

3. Policy Development PPL

Charlotte began with introducing herself to the group followed by summarizing the purpose of the Policy Development PPL project which is for CAA to look at how the medical standard required for a PPL can be reduced. She then explained that a consultation paper was drafted, consultation was held and that CAA received over 290 submissions. The summary of submissions was then published on the

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CAA website in September 2017. Charlotte further described that CAA has since taken those submissions and has produced a proposal. She stated that it looks like it will be possible for CAA to reduce the medical standard for a PPL. She emphasised however that CAA is not looking at eliminating the standard ICAO PPL. The Class 2 ICAO PPL is to remain the same. Charlotte then carried on describing how CAA is looking at introducing a new New Zealand private pilot license with a commercial driver's license with passenger endorsement medical standard. She noted that the primary driver for this policy development is the cost associated with a PPL. Charlotte also highlighted that a reduced medical standard also means reduced privileges and increased restrictions and made the group aware that any decision to adopt a new PPL for New Zealand is subject to Ministry of Transport (MoT) and Minister Approval.

Greg then asked about restrictions and what these are going to look like. Charlotte responded that CAA's intention for the new license is to be more restrictive than the PPL but less restrictive than the RPL. She explained that submissions regarding the restrictions were very varied and that CAA requires more work to be done in this area. Ben noted that there is good value in looking at reducing the medical standard. He emphasised however that ongoing engagement, consultation with industry, effective messaging and education will be vital. Greg asked whether there is a rough time frame for this process. Charlotte answered that the project will be passed on to the MoT early next year but noted that an outcome is likely to be about a year away. Dougal supported this time frame. Charlotte further explained that a regulatory impact statement will be written early next year and as part of that, CAA will be working on restrictions and privileges associated. Charlotte summed up confirming that CAA will consult with industry around restrictions and that this rule is likely to be built into part 61.

4. Colour Vision Deficiency

Michele gave an update regarding the Colour Vision Deficiency (CVD) project explaining that the GD was released for consultation and that CAA is currently in the process of preparing the summary of submissions. She further explained that CAA is hoping to get the key themes of the summary of submissions, which is subject to Director Approval, published before Christmas. She emphasised that this will not contain a CAA response. There will however be information about what the next steps are going to be. Once the summary of submissions has been released, CAA will be focussing on producing a response document which will include recommendations to the Director. The Director will then decide how he wishes to proceed. Following the Director's decision, CAA will produce an outcomes of consultations document for industry which will include potential next steps.

5. Fatigue Risk Management Project

Michele provided an overview and stated that the summary of submissions was produced and published earlier this year. Since then Charlotte has been working on the policy development and the approach CAA is going to take moving forward. Charlotte then updated the group on the policy development work and that CAA is looking at three very broad options moving forward: One option is to rely on the Health and Safety at Work Act (HSWA) and SMS as tools to encourage fatigue management. Another option is looking at legislative changes. The third option is a combination of the two. Charlotte explained that CAA is still uncertain of the way forward but emphasised that CAA will be updating current ACs and introduce ACs to those sectors that do not currently have one.

The question regarding a time frame was raised. Charlotte responded that the policy approach document is due to be presented to the CAA board in March 2018. It became apparent that progress

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on this project is slow until CAA has agreed on the policy approach. Michele stated that in the meantime CAA is focussing on getting campaign branding underway and is working on improving the webpage to enable easier access to information and resources. Michele then updated the group on the Australian Fatigue Project. An independent review team is currently reviewing their fatigue rules and the report is due to be published in March 2018. CAA has also recently connected with Transport Canada with a common aim to share resources. Ben advised that Errol Burtenshaw, former Air New Zealand Fatigue representative, has retired and that Fatigue is now being represented by him, on behalf of operational safety. Kat confirmed to update the Fatigue attendee list accordingly. Michele lastly noted that the FRMP panel meeting, which was planned for 30 November, had to be postponed to early next year following the presentation of the policy approach document to the CAA board.

6. Feedback Discussion from Industry

Michele raised the question as to whether there are any other specific topics or concerns the group wishes to discuss. Ben asked for an update regarding CAA's resourcing. Dougal replied that resourcing has not improved and is unlikely to improve for another 6 months. CAA is having difficulties finding staff that is suitable as well as available. Dougal further advised that due to the extremely high workload quality may be suffering at the moment but ensured CAA Doctors are doing what they can. Dougal then explained how the rising number of AMCs, there used to be 20 to 30 AMCs a few years ago whereas now there are 80 to 120 AMCs at any given time, is presenting a struggle. Ben asked whether there is anything industry can do to help and offered for Air New Zealand to be expert for some AMCs. Dougal replied that this is theoretically possible and achievable in legislation but may present issues in practise. It was agreed to keep this option in mind and possibly look into this at a later time. Greg questioned whether MEs may not be brave enough to make the deciding call? Dougal emphasised that MEs need to remember that if in doubt CAA can be contacted and asked for advice and support. The group did not raise anything further.

7. Closure

Dougal updated the group on the CAA/CASA Harmonisation Workshop that was held recently. He explained that this year's topic was behavioural issues with a focus on those issues that don't necessarily meet diagnostic criteria which can be difficult from a regulatory perspective. Dougal explained that a big takeaway was Chris Kenedi presenting data which shows that you cannot keep certain issues in your private life isolated from your work life. Another topic discussed at the workshop was Aviation Related Concerns that relate to issues outside of Aviation for example anger issues and violence. The number of those types of Aviation Related Concerns has risen and needs to be managed. It became apparent the question is how these can be managed, what is deemed acceptable and what issues relate to Aviation.

Claude carried on with an update regarding the CME. The last CME, run a few weeks back, was well received. CAA is committed to run a CME each year and is looking for a suitable time and place for next year. Greg suggested to conjoin the next CME to the next CSANZ meeting which will take place in Tauranga 18 August. Claude agreed to look into this and Greg offered to send through a summary of information to Claude and Dougal.

Claude further mentioned that CAA ran a regulatory training course in 2017. He stated that there will not be a regulatory training course in 2018 but instead in early 2019. Ben deemed that adequate and agreed to inform students of the next course taking place early 2019.

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- **Action:** Claude to plan the 2019 regulatory training course.
- **Action:** Ben to advise students.

Lastly the group decided to hold the next meeting in August 2018. It was agreed that the ACMLG meetings are still valuable, that they are good for general discussion on what can be improved and dialog about key issues.

The meeting closed at 12pm with Michele thanking everyone for their time and for coming along.