

Proposed General Directions

Impaired Colour Vision

Summary of Submissions
December 2017

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1. Introduction

The Civil Aviation Authority (CAA) recently consulted on a proposed General Direction (GD) for pilots with impaired colour vision. The GD sets out the proposed approach for medical certification for aviation applicants who are colour vision deficient (CVD).

The proposed GD is a revision of the similarly named draft GD that underwent public consultation during 2004, 2006, 2009 and 2013-2015.

The latest revision updates the proposed GD in response to submissions received between 2013-2015. In addition, the revised GD reflects the recommendations of a review panel (the Panel) established by the Directors comprising of subject matter experts¹ which considered the submissions on the GD in 2016. The Panel produced a report that considered all the submissions and made recommendations regarding the GD. The recommendations of the Panel were accepted by the Director, with the exception of the practical flight test. Instead of creating a new one-time flight test for CVD applicants, the Director decided it was appropriate to utilise the existing standard programme of training and flight testing for applicants to demonstrate their competency. The Panel's report can be accessed here [<http://www.caa.govt.nz/medical/colour-vision-report/>].

This document provides an overview of the submitters, and summarises their submissions by whether they found the proposal acceptable, or not, and summarises any points raised according to the relevant section of the GD.

The role of General Directions in the medical certification system

Section 27G(1) of the Civil Aviation Act 1990 (the Act) provides for the Director to issue general directions in relation to –

(a) conducting examination of applicants and licence holders, and reporting the results of those examinations to the Director; and

(c) specifying the requirements of examinations or other clinical matters, which must be reasonable, including, but not limited to –

(i) the medical content of examinations;

(ii) the interpretation and analysis of results of examinations;

(iii) the significance of results of examinations for the purpose of determining whether or not an applicant is eligible for a medical certificate under section 27B.

Civil Aviation Rule 67.3 includes the definition of the term 'aeromedical significance' as: "

A medical condition is of aeromedical significance if, having regard to any relevant general direction, it interferes or is likely to interfere with the safe exercise of the privileges or the safe performance of the duties to which the relevant medical certificate relates".

Most of the medical standards in Part 67 (Civil Aviation Rules 67.103, 67.105, 67.107) refer directly or indirectly to a requirement that an applicant have no medical condition that is of aeromedical significance. This statutory construct allows for GDs to be used to describe requirements relating to

¹ These included aviation medicine, optometry, vision science and flight operations experts to inform his consideration of any submissions received on the proposed GD.

the 'examinations and other clinical matters' necessary for determining whether an applicant is eligible for the issue of a medical certificate. The Part 67 reference in the medical standards to the GDs, also allows a GD to define how such 'examinations and clinical matters' can be interpreted for the purpose of determining whether an applicant meets the medical standards in the Rules.

This particular GD describes the requirements for the medical certification of applicants who are colour vision deficient. It specifies several options for the medical certification of such applicants, and the certification outcomes that apply to each of those options.

By formalising this policy as a GD, the administrative processing of most colour vision deficient applicants will reside under section 27B(1) of the Act and, as such, will be able to be undertaken directly by a delegated medical examiner rather than requiring direct CAA involvement via an Accredited Medical Conclusion (AMC) using the application of statutory flexibility under section 27B(2) of the Act.

Consultation

The Notice of Proposed General Directions (NPGD) for General Direction Impaired Colour Vision was released for consultation on 13 September 2017. It was released as part of a package which also included, a description of the proposed GDs, draft consequential amendments to other relevant Civil Aviation GDs, draft consequential amendments to other documents, an impaired colour vision flow diagram and a consultation response form.

The consultation response form provided four options:

- The proposal is acceptable without change;
- The proposal is acceptable, but would be improved if the following changes were made;
- The proposal is not acceptable, but would be acceptable if the following changes were made:
or
- The proposal is not acceptable under any circumstance.

Submitters were invited to include additional explanatory comments.

The consultation period ran from six weeks, closing on 26 October. A total of 162 submissions were received.

2. Summary of submissions

Profile of submitters

There were six submissions made on behalf of an organisation or representative group, these included two pilot unions, a government agency, an airline, an aero club and an aircraft sales organisation.

There were 156 submissions by individuals.

Overseas submissions

Submissions received included a substantial number from overseas. Thirty nine (39) submissions were made by submitters who had an Australian license or Australian address. In addition submissions were received from Canada, the United States (U.S), Norway, Greece, Denmark, France, Ireland and the United Kingdom (UK).

The majority of submissions indicated that they were based in New Zealand, with 99 providing a New Zealand address or noting they were from New Zealand.

The following table notes the number of submissions by the country of origin where known.

Country	Number of submissions
New Zealand	99
Australia	39
Canada	2
Norway	1
UK	6
Ireland	2
Denmark	1
Greece	2
France	1
USA	1

All of the submissions received from overseas were in support of the proposal, one submission from overseas considered there could be an improvement in relation to the type of testing.

Aviation background of submitters

The majority of submitters had a background in aviation, with 103 (64% of submitters) including a CAA identification number or noting that they had an overseas aviation identification number in their submission. Ninety (90) submitters had a CAA number or indicated they were a pilot in New Zealand. Thirteen (13) submitters provided either an overseas number or indicated they flew in an overseas jurisdiction.

Key themes

The majority of submissions received were supportive of the proposal without change.

Of the 162 submissions, 158 (98%) of submissions supported the proposal. 128 form responses were submitted with some including personal anecdotes of experience in the industry or as a pilot with impaired colour vision. We received six submissions from representative groups or organisations, the remaining submissions were made by individuals.

Response	Number of submissions
The proposal is acceptable without change	155
The proposal is acceptable, but would be improved if the following changes were made	3
The proposal is not acceptable, but would be acceptable if the following	2

changes were made	
The proposal is not acceptable under any circumstances	2

Key themes of submissions

The key themes from submissions that thought the proposal should go ahead unchanged were:

- The proposed GD removes arbitrary standards which are unfair or not justified;
- The belief that safety is not compromised by pilots with impaired colour vision; and
- The CAA should also consider establishing an independent medical body, an Aviation Medical Panel or Medical Review Board.

The key themes from submissions that thought the proposal required change or should not go ahead at all were:

- Using practical tests is an experimental approach that may compromise safety;
- Concern around whether the proposal is in line with International Civil Aviation Organization (ICAO) standards, and possible implications for pilots flying cross-jurisdictions); and
- Using a specific practical flight test is more appropriate and alongside medical consultation would allow for a case by case approach.

Submissions in support of the proposal without change

The majority of submissions (155/162 or 95.7%) supported of the proposal without change. Sixteen submitters did not have any further comments included in their submission beyond noting their acceptance of the proposed GD without change. The remaining submissions included some additional comments, with the majority of this number submitting a standardised response. The following table breaks down the standardised responses by the types of comments included.

<i>Number of submissions</i>	<i>Applaud the CAA's approach in establishing an expert Panel</i>	<i>Note arbitrary and restrictive standards</i>	<i>Support for a Medical Review Board</i>	<i>Support for an Aviation Medical Panel</i>
24	ü			
82	ü	ü		ü
22	ü	ü	ü	
Total	128	102	22	82

Applaud the CAA's approach in establishing an expert Panel

The majority of submissions, (128/162 or 79%) applauded the approach taken in establishing an independent expert panel to review public submissions and expert evidence in developing the GD.

Current standards are arbitrary and restrictive

A large number of submitters, (102/162 or 62.7%) commented that many New Zealand pilots have been restricted over the past 15 years by arbitrary standards (such as those for colour perception) imposed by the CAA's 'autocratic medical system', without public consultation and with little practical ability to seek recourse.

Support for Medical Review Board or Aviation Medical Panel

In addition, 82 submitters proposed that the CAA consider the establishment of an Aviation Medical Panel made up of individual expert medical specialists. Amongst their role (a) the adjudication of the fitness to fly of a pilot, (b) assess any appeal by a pilot denied medical certification; (c) provide advice to the Director and the Principal Medical Officer (PMO) on matters affecting pilot medical certification. Around thirty five (35) of these submitters also included a covering letter which noted that the current medical certification structure, is not in line with expectations of the aviation community for development of rules and policy by consultation and the Open-Government Partnership commitment, to improving policy practices.

Twenty two (22) submitters proposed a similar idea requesting the CAA to consider establishing a Medical Review Board for the scrutiny of decisions made by the PMO affecting pilot certification.

One submitter also noted the Administrative Appeals Tribunal in Australia, and submitted that consideration should be given to the establishment of a similar Tribunal in New Zealand.

Submitters who proposed either a Medical Review Board or an Aviation Medical Panel, cited the recommendations of the Swedavia – McGregor Report and/or the Scott Gorman Medical Report.

Additional comments

Fourteen (14) of the submitters who supported the proposal without change had additional comments or anecdotes in support of the proposal. The key themes that arose from these additional comments were:

1. Colour deficiency does not compromise the safe operation of aircraft

The submissions in support predominantly stated the belief that colour deficiency does not compromise safe flight and that the current policy is arbitrary and/or outdated. Some went so far as to say it was discriminative or harmful. Some supported their submission that colour deficiency is safe, by sharing anecdotal experience as CVD pilots or flying with CVD pilots.

One (1) submission noted that the current restriction which prevents CVD pilots from flying under Instrument Flight Rules (IFR) effectively put the CVD pilot in danger as they are required to fly Visual Flight Rules (VFR) when IFR would be a safer alternative.

One submission (1) also queried if applicants would be 'colour deficient' tested as they pass each stage of their flight tests.

2. Other countries should also adopt the proposed approach

Three (3) submitters commented that they hoped other countries would also look to introduce the same approach to medical certification of pilots with impaired colour vision. *"New Zealand can now hopefully be the world leader in certifying CVD pilots to fly and this proposal should be the new standard that the rest of the world adopts."*

3. Current standards are arbitrary and/or outdated

Another common theme was the perception that the current standards were arbitrary and unfair for pilots with impaired colour vision. Five (5) submissions explicitly commented on the current practice as being outdated or unfair: *“colour vision restrictions are outdated and discriminative, and not relevant to the cockpit environment.”*

Others also noted that the proposal was a good step forward, with one noting it *“was a move from subjective assessment to objective assessment which I believe is the best for the future”*.

Submissions in support of the proposed GD

The following table outlines the key points from submissions in support of the proposal.

	Submission
1	<ul style="list-style-type: none"> Notes that the proposed GD is consistent with the recommendations of Defence Technology Agency Report 405, which in turn reflect the recommendations of NATO Technical Report 16, allowing candidates who fail clinical testing to demonstrate competency in realistic vocational assessments. Such practice is already used by various jurisdictions, including both New Zealand civil and military aviation, for various static issues. In the case of the NZDF and other civil and military jurisdictions, this includes the assessment of individuals with colour vision deficiency. <i>The tiers of clinical screening laid out in the proposed GD, including the specific tests, are consistent with other jurisdictions.</i>
2	<ul style="list-style-type: none"> <i>“Hopefully this will see the end of the destruction of passions and dreams.”</i> New Zealand can now hopefully be the world leader in certifying CVD pilots to fly and this proposal should be the new standard that the rest of the world adopts.
3	<ul style="list-style-type: none"> <i>“As long as the process is open to applicants from other countries e.g., Australia, it is brilliant.”</i>
4	<ul style="list-style-type: none"> A great document, which finally addresses the unfair position of colour deficiency for able pilots. This should be a milestone for aviation authorities to emulate worldwide.
5	<ul style="list-style-type: none"> <i>Considers the proposal to be pragmatic and will allow New Zealand to benefit from a greater number of pilots.</i> <i>Many countries are relaxing rules around other medical conditions which may pose greater risk than CVD.</i> <i>The most frequent cause of aviation accidents is human error, resulting from training and experience. I and many others believe that a CVD pilot, properly trained, provides no greater or lesser risk to flight safety than pilots with normal colour vision.</i>
6	<ul style="list-style-type: none"> The GD addresses the arbitrary standards to which CVD pilots have been unfairly subjected to.
7	<ul style="list-style-type: none"> <i>“Have wondered why every 6 months, one had to pass the Ishihara pseudo isochromatic plates test repeatedly.”</i> Has experienced had difficulty with the test due to the use of florescent lighting,

	<p>when natural light was used the numbers then became clear. One can only wonder at how many potential pilots were failed by these circumstances.</p>
8	<ul style="list-style-type: none"> As a CVD pilot is currently required to fly with Visual Flight Rules (VFR) in NZ, considers it would be safer to fly with Instrument Flight Rules (IFR) however is not permitted to under the current regime. Has experience flying overseas with IFR and does not believe CVD had compromised safety for flying with IFR. <i>"It is excellent that we will land up in a place that will promote aviation safety for a number of mildly CVD private pilots."</i> Considers that the CAA has not been promoting aviation safety for the past few years in relation to colour vision pilots, particularly by promoting the use of VFR over IFR.
9	<ul style="list-style-type: none"> Colour vision restrictions are outdated and discriminative, and not relevant to the cockpit environment. Has passed some colour vision tests and failed others. There is no parity in countries for colour vision. It is time for change not only in New Zealand but internationally.
10	<ul style="list-style-type: none"> Has a slight colour vision defect yet fails all colour vision tests. Has almost 4000 hours experience over 20 years, largely in single pilot, multi IFR/night operations. Is currently employed by the Royal Flying Doctor Service in Australia and operates modern turboprop Electronic Flight Instrument System (EFIS) aircraft. If I were to apply for a licence with CASA right now, would be restricted to a PPL for day Visual Meteorological Conditions (VMC) operations. Considers the current system provides unnecessary and blatant discrimination despite empirical evidence.
11	<ul style="list-style-type: none"> Current antiquated practices go against recent medical reports.
12	<ul style="list-style-type: none"> <i>"This approach is a move from subjective assessment to objective assessment which I believe is the best for the future."</i> Personal experience with a colour deficient flying instructor indicates that it is not necessarily a disadvantage and has been in cases an advantage due to increased perception of types of terrain and night vision.
13	<ul style="list-style-type: none"> Fully endorses the changes. <i>"Should this proposal be successful, will applicants: be able to hold a CPL without any restrictions; be able to hold Air Transport Pilot License (ATPL) without any restrictions? Not have placed on their medical certificate: day VFR operations only, not valid for IFR or night operations?"</i> Will applicants be 'colour deficient' tested as they pass each stage of their flight

	testing journey? So tested at GFPT, PPL, CPL, IFR rating, ATPL, IPR."
14	<ul style="list-style-type: none"> • Submitter has colour vision deficiency and is currently a Commercial Pilot with Instructor, Multi-Engine, Night VFR and Instrument Ratings in Australia. • <i>"I have had no incidents whilst exercising my night rating/instrument rating and I know of no incidents or accidents attributable to CVD in Australia or world- wide."</i> • <i>Welcomes the proposal and hopes Australia will follow suit.</i>

Submissions in support of the proposal, but consider it could be improved

Three (3) responses considered that the proposal was acceptable, but could be improved with some changes.

	Submission
1	<ul style="list-style-type: none"> • Applicants failing the lantern tests should be given the opportunity to take a light gun test from the Tower at a regional airport during a quiet period.
2	<ul style="list-style-type: none"> • A B-Category Flying Instructor should be able to do the assessment, just as they do for BFR's and English-Language assessment (as per Rule 61.105(a)(4) and AC61-2), or the flight test for CPL Cross-Country.
3	<ul style="list-style-type: none"> • The 'non-routine' screening examination should include a signal light gun test.

Submissions that consider changes are required

Two (2) submissions were made, responding that the proposal should only go ahead if certain changes were made.

	Submission
1	<ul style="list-style-type: none"> • The flowchart does not have a path for "no change", whereas the document does.
2	<ul style="list-style-type: none"> • The proposed GD discards several important risk management recommendations from the Panel. An important aspect of those recommendations was that certificate endorsements should be based on '...input from both medical and operational staff and are related to the individual's particular situation with respect to condition and operational context...' Furthermore the panel noted that the protocols, procedures and guidance for practical tests should be 'appropriate to the nature and severity of an applicant's CVD condition and the context of the candidate's intended operation and the identifiable risk that the candidate poses'. • No evidence the proposed restrictions adequately manage risk; therefore the GD in its current form fails to ensure safety. • Makes specific recommendations regarding international compliance, practical flight test, non-routine testing and information for CVD pilots.

Proposal should not go ahead

Two (2) submitters responded that the proposal should not go ahead.

	Submission
1	<ul style="list-style-type: none"> • <i>Not acceptable under any circumstance.</i> • Support measuring performance against ability in the situation pilots are required to perform. • Unclear what purpose the proposed GD serves. • The proposal will be very disruptive to a small group of pilots. Many of those affected will have been satisfactorily in the system for many years passing checks and going about their daily duties with care and professionalism to now be labelled as defective. • Will mean pilots with impaired colour vision will have to compete for work with a medical endorsement which does not affect their daily duties.
2	<ul style="list-style-type: none"> • <i>The GD requires a complete re-write.</i> • <i>Overall the GD document makes little sense, is not based on scientific evidence and is likely to result in the compromise of flight safety</i> - additional comments outlined in relevant sections below, relating to international compliance, practical flight tests, non-routine testing and information for CVD pilots.

3. Detailed summary by section

The following sections breaks down the points raised by part of the GD or general theme. Where relevant, reference to page and part of the GD is included.

International compliance

Two (2) submitters were concerned about the impact of the proposal on compliance with ICAO Standards and Recommended Practices (SARPs) or whether overseas jurisdictions would accept New Zealand pilots operating in their airspace.

	Submission
1	<ul style="list-style-type: none"> • The GD effectively removes all colour vision standards, thus medical certificates issued to colour vision deficient aircrew cannot be compliant with ICAO. • Not aware of any evidence that practical assessments will meet the ICAO standard 6.2.4.1 (<i>Contracting States shall use such methods of examination as will guarantee reliable testing of colour perception</i>). • There is a likelihood that pilots with colour vision deficiency may not be allowed to operate in some foreign territories. International airlines will thus have to impose their own colour vision selection to candidates for employment. This may result in employment challenges in New Zealand courts or sanctions against the airline wanting to operate overseas.
2	<ul style="list-style-type: none"> • For Class 1 applicants who fail further clinical colour vision testing the CAA should consult with other ICAO Member States to seek clarification of what restrictions will be applied to New Zealand license holders operating in the airspace of those other regulators if certified under the proposed GD.

	<ul style="list-style-type: none"> • Certificates should reflect any restrictions on international flight operations arising from the above.
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Non-routine testing (Part 1, page 2-5)

Several submitters commented on the nature of the non-routine or secondary testing methods proposed by the GD. One (1) submitter raised a concern that the tests proposed as non-routine or secondary testing were not equivalent. Another believed that an applicant should not be eligible for a class 1 medical certificate if they did not pass initial testing and declined to undertake 'non-routine' colour vision testing. One (1) submitter who was in support of the proposal noted that the non-routine tests were consistent with other jurisdictions.

	Submission
1	<ul style="list-style-type: none"> • <i>"The proposed GD is most inconsistent, describing various tests and giving them equal credibility. These tests are not equivalent."</i> • Proposes that applicants able to pass a Farnsworth D15 test should be able to carry passengers by day-VFR. This test will give an indication that a pilot may be able to differentiate sufficiently the shades of land below them (suitability for emergency landing).
2	<ul style="list-style-type: none"> • An applicant should not have the option to be issued a Class 1 medical certificate if the applicant fails Ishihara screening and declines to undertake additional testing. • Agree with unrestricted certification for class 1 applicants who pass further clinical colour vision testing as described in para 10 (2) of the proposed GD.
3	<ul style="list-style-type: none"> • The tiers of clinical screening laid out in the proposed GD, including the specific tests, are consistent with other jurisdictions.

Practical flight tests

The majority of submitters endorsed the use of practical flight tests, or accepted the proposal without change. Two (2) submitters questioned whether there was evidence to support the use of practical assessment as an appropriate means for testing the competency for pilots with colour vision deficiency. Two (2) other submitters proposed that a signal light gun test should be included as part of the assessment for pilots with impaired colour vision. Another commented on what flying instructors should be able to carry out the assessment.

	Submission
1	<ul style="list-style-type: none"> • Not aware of any evidence to support the following claim – The GD states: <i>"Evidence indicates that such practical assessments are an appropriate means for pilots with colour vision deficiency to demonstrate their ongoing ability to perform the tasks required of their particular piloting role."</i> • There are now modern reliable tests available, such as the City of London Colour Assessment and Diagnosis (CAD) test that will identify these candidates who are safe from those who are unsafe. Flight tests are not reliable and consistent for this purpose. • <i>"While the limit of acceptable colour vision deficiency is still debated, I regard relying simply on flight training/testing as being a very experimental approach that is not</i>

	<i>acceptable in modern aviation."</i>
2	<ul style="list-style-type: none"> Flight examinations are primarily tests of technical and procedural performance. They were not designed to be used as tests of visual perception in a range of environments and have never been formally validated for that purpose. As such it cannot be asserted that routine flight tests are a robust means of assessing safe colour perception performance for all pilots in operational circumstances. Practical flight tests should be specific to the type and severity of CVD, the aircraft type and the operational requirements. They should be conducted after consultation between the CAA Aviation Medical Unit and the flight examiner.
3	<ul style="list-style-type: none"> Passing a 'non-routine' screening examination should include a signal light gun test.
4	<ul style="list-style-type: none"> Applicants failing the lantern tests should be given the opportunity to take a light gun test from the Tower at a regional airport during a quiet period.
5	<ul style="list-style-type: none"> Supports the proposal for practical competency testing if applicants fail or elect not to undertake secondary colour vision testing. <i>"For CVD pilots such as myself who have already exhausted testing avenues including sitting a variety of tests which don't simulate actual conditions encountered during flight, this new proposal sounds promising and more importantly, safe and practical."</i> In the instance of a CVD, which is (in most cases) a non-worsening condition, testing in line with normal flight training, renewals, and flight – testing would be sufficient to determine that particular pilot's overall competency and safety.
6	<ul style="list-style-type: none"> Support for using flight-based assessment. My belief is that a B-Category Flying Instructor should be able to do the assessment, just as they do for Biennial Flight Reviews and English-Language assessment (as per Rule 61.105(a)(4) and AC61-2), or the flight test for CPL Cross-Country.

Restrictions (Part 1 page 4)

One (1) submitter suggested that the remaining restriction was unnecessary and obsolete. Another noted that restrictions and endorsements should also include more information and reflect that the applicant is colour vision deficient.

	Submission
1	<ul style="list-style-type: none"> This restriction is obsolete in the era of reliable radios and use of two radios in the commercial environment, as well as the availability of mobile telephones. The restriction is completely irrelevant to an airline operation. If this restriction is to be maintained it may be best rephrased as follows: "not valid for non-radio operations at a controlled aerodrome".
2	<ul style="list-style-type: none"> Following flight testing the conditions, restrictions and endorsements of any certificate issued should reflect: <ul style="list-style-type: none"> That the certificate holder has CVD of aeromedical significance.

	<ul style="list-style-type: none"> ○ That the certificate is valid only for the type of aircraft and operation for which the applicant has been tested. ○ Any other restrictions identified by the practical test as being necessary, following consultation between the flight examiner and the CAA Aviation Medicine Unit. <ul style="list-style-type: none"> • It is not appropriate to apply a generic approach to restrictions for all pilots with CVD regardless of type and severity.
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Flexibility, (Part 1, page 4-5)

Two (2) submitters commented on the use of flexibility given the proposed GD. One (1) submitter commented that a flexibility process would no longer be needed. Another suggested that further clinical assessment of CVD should be undertaken before using the flexibility process.

	Submission
1	<ul style="list-style-type: none"> • Part 11 of the GD is irrelevant as the CVD has been ruled, under 10(3)(b) of the GD, as not being of aeromedical significance, thus meeting the standards provided the restriction requiring radio contact with aerodrome control in the vicinity has been imposed. There is no need for the flexibility process under the proposed GD.
2	<ul style="list-style-type: none"> • Further clinical assessment of the type and severity of CVD should be required before there is further consideration of class 1 certification under section 27B(2) of the Act via an Accredited Medical Conclusion.

Information for CVD pilots

Two (2) submitters expressed concerns around the risk of applicants with CVD entering into training and being unable to attain their pilot licence, or future disappointment in their aviation careers due to limitations arising from their colour vision deficiency.

	Submission
1	<ul style="list-style-type: none"> • Initial applicants who pass an initial practical flight test should be counselled that this does not guarantee a future career unencumbered by restrictions relating to their CVD. Clearly they will move through different types of aircraft and operations. It is also true that aircraft design and operational safety requirements will evolve significantly over the course of a pilot's career. Furthermore international rules are subject to change. All of these things may have an impact on the CVD pilot's ability to continue flying in the future.
2	<ul style="list-style-type: none"> • Concern that it could result in pilots with CVD spending money on training and then unable to attain licences/ratings. For example, a trainee pilot spending \$100k on CPL/twin IFR training, might then fail an IFR flight test because of CVD.

Incorrect flowchart

A number of submissions commented on the flowchart which was included in the consultation package as explanatory material. Twenty nine (29) submitters noted that the flowchart was incorrect, twenty eight (28) cited an error which was caused by the text not displaying correctly in the published document (submission 2 in the below table).

This error was subsequently corrected on 21 September 2017, and the document re-uploaded. Another submission noted that the flowchart should include a path for “no change” when an applicant undertakes an additional test and has a result in line with previous results.

	Submission
1	<ul style="list-style-type: none">• The flowchart does not have a path for no change in initial testing, whereas the document does.• An applicant subject to the routine Ishihara screening if having a result in line with previous results, whether pass or fail, in accordance with this proposed GD does not require a further non routine test. But the flowchart does not have a path for "no change" whereas the document text does. Their process would be "no change" and therefore their status would remain as determined previously.
2	<ul style="list-style-type: none">• It is noted that the flow chart contained in the proposal contains missing text. It is assumed that the CAA will add the relevant text to the flow chart (consistent with the GD) - received from 28 submitters.

4. Next steps

The CAA is compiling responses to the points raised in submissions for consideration by the Director. As part of this consideration, he will determine whether any amendments or further consultation is necessary.

A summary of the Director’s decisions, including details on the next steps will be published.