



**Australian Government**  
**Civil Aviation Safety Authority**

LEGAL AND REGULATORY AFFAIRS

TRIM Ref: CASA F18/6028

11 September 2018

Senator Rex Patrick

By email:

Dear Senator Patrick,

**ACCESS TO DOCUMENTS UNDER THE *FREEDOM OF INFORMATION ACT***

I refer to your letter of 13 August 2018, seeking access to documents under the *Freedom of Information Act 1982* (Cth) (the Act), namely documents, including Safety Cases (or similar), that explain CASA's decision in December 2017 to reject a driver's license self-certificated medical standard for Private Pilot License holders for General Aviation.

**Decision**

I am the decision maker for your request. I have identified 1 document relevant to your request, which is a CASA minute to its Aviation Safety Advisory Panel and titled 'CASA's Aviation Medical Certification Policy' dated 22 November 2017. I have decided to release the minute to you. It is enclosed with this letter.

**Application for internal review of decision**

Section 54 of the Act gives you the right to apply for an internal review of my decision. An application for internal review of my decision must be made in writing within 30 days of receipt of this letter.

No particular form is required, but it is desirable to set out in the application the grounds on which you consider that the decision should be reviewed. An application for review should be addressed to Freedom of Information at the address below:

Freedom of Information  
Advisory and Drafting Branch  
Legal and Regulatory Affairs Division  
Civil Aviation Safety Authority  
GPO Box 2005  
Canberra ACT 2601

**Review by the Australian Information Commissioner**

Alternatively, under section 54L of the Act, you may apply to the Australian Information Commissioner to review my decision. An application for review by the Information Commissioner must be made in writing within 60 days of the date of this letter, and be lodged in one of the following ways:

online: <http://www.oaic.gov.au/freedom-of-information/requesting-a-review>  
email: [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au)  
post: GPO Box 2999, Canberra ACT 2601  
in person: Level 3, 175 Pitt Street, Sydney NSW  
phone: 1300 363 992

Yours sincerely,

David Gobbitt  
Freedom of Information Officer  
Advisory and Drafting Branch  
Legal and Regulatory Affairs Division  
Civil Aviation Safety Authority

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AVIATION SAFETY ADVISORY PANEL	
DATE: 22 NOVEMBER 2017	<b>AGENDA ITEM: 5.1</b>

TITLE	AVIATION MEDICAL CERTIFICATION POLICY
SUBMITTED BY	ASAP Secretariat (asap@casa.gov.au)
PURPOSE	To seek members' feedback and endorsement on a policy position for aviation medical certification.
KEY ISSUES	<ul style="list-style-type: none"><li>• A new policy for private and recreational medical standards (Class 2) is proposed, with implementation as soon as possible</li><li>• No immediate changes are proposed for professional standards (Class 1 &amp; Class 3)</li><li>• A more detailed review is proposed over the next 18-24 months</li></ul>
ATTACHMENTS	1. Review of submission to aviation medical discussion paper

## BACKGROUND

Streamlining of processes for medical certification of pilots (and air traffic controllers) has been a strong area of focus for CASA over recent years, and a discussion paper exploring various policy issues was published in December 2016.

Over 160 responses were received and while there was a wide variety of issues and opinions received, the key areas that emerged were:

- reform to CASA's approach should be on Class 2 and recreational medical certification with a focus on both medical standards and simplification of processing;
- CASA's Designated Aviation Medical Examiner (DAME) capability should be leveraged to greater effect; and
- more evidence and data should be used in shaping the future of aviation medicine regulatory decision making.

An Independent report on the submissions received is included at **Attachment 1**.

A three-phased approach to reform CASA's approach to aviation medicine was considered by the CASA Board in October.

- Phase 1: Implementation of immediate measures to address some of the key issues identified
- Phase 2: Redesign the Class 2 medical certification system
- Phase 3: Advanced measures to ensure the entire medical certification scheme remains contemporary.

## PROPOSED POLICY POSITION

The key policy outcomes are based on the recognition that advances in medicine, combined with advances in aviation technology, have together operated to establish a control framework that is fundamentally different to that which applied at the time the current medical certification regulations came into force. In aviation risk terms, this means that a higher level of inherent risk can be tolerated, due to the mitigating effect of significantly more advanced controls or treatments.

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The key policy outcomes for each of the three phases of work are proposed as follows:

### *Phase 1 (as soon as possible)*

- **Increased validity period.** The standard (maximum) validity period of Class 2 medical certificates should be increased from four years to five years to align with ICAO.
- **Mutual recognition.** A mechanism for the mutual recognition of medical certificates between the Civil Aviation Authority of New Zealand (CAA NZ) and CASA should be implemented.

### *Phase 2 – Redesign Class 2 Certification (as soon as possible)*

- **Two-tiered Class 2 system.** The Class 2 certification should be re-designed to implement a 'basic' and 'professional' certification. The objective being to enable a more streamlined approach to medical certification for general aviation, thereby facilitating greater participation by private pilots and professional pilots no longer involved in passenger transport – and greater harmonisation with the recreational aviation sector.

The core changes from the current Class 2 scheme proposed are:

- Permitting commercial operations with a Class 2 certificate where no passengers are involved – including flight instruction where a student pilot was capable of safely completing a flight.
- Delegating the authority to medical professionals and removing any routine CASA review.
- Introducing an "Austroads" standard, without any modification, to be issued by General Practitioners for the basic category.
- Increasing the maximum validity periods (but allowing medical professionals to place shorter timeframes).
- Providing a logical and measured progression from the current medical standards issued by self-administering organisations.
- Removing the 'Recreational Aviation Medical Practitioner's Certificate' (RAMPC).

For the lower 'restricted' medical standard, risks to both aircraft occupants and third parties are limited by imposing upper limits on the number of (non fare-paying) passengers, the complexity of the operation and the practical size of the aircraft. The criteria are consistent with practices adopted by international regulators.

Key policy settings proposed are included in the table below (changes from status quo in italics).

<b>Class 2 – Unrestricted (Professional)</b>	<b>Class 2 – Restricted (Basic)</b>
Examination by DAME to current standards	<i>Examination by General Practitioner (GP) or DAME to Austroads (commercial driver) standard</i>
<i>Certificate issued immediately by DAME</i>	<i>Certificate issued immediately by GP</i>
No fare-paying passengers	<i>No fare-paying passengers - and passengers informed of restricted medical</i>
<i>Commercial operations without passengers permitted (eg. Flight instruction, aerial ag)</i>	No commercial operations permitted
<i>Maximum of 9 passengers</i>	<i>Maximum of 5 passengers</i>
<i>Any aircraft up to 8,618 kg</i>	<i>Piston powered aircraft up to passenger limit</i>
IFR, NVFR & VFR, all classes of airspace	<i>VFR only, all classes of airspace</i>
DAME can refer assessment to CASA if uncertain	<i>GP can refer assessment to DAME or CASA if uncertain</i>
<i>Maximum 5 year validity up to age 40</i> <i>Maximum 2 year validity &gt; age 40</i>	<i>Maximum 5 year validity up to age 40</i> <i>Maximum 2 year validity &gt; age 40</i>

While there have been calls by industry for a 'self certification' standard similar to that introduced in the US, the requisite training requirements were considered ultimately more complex and with less integrity of outcome compared to a routine 'Austroads' review by any GP.

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### *Phase 3 – Advanced Reform*

- **Holistic review.** A holistic review should be undertaken over the next 18 to 24 months to consider more fundamental modifications to aviation medical certification. The review would include:
  - creation of a baseline dataset that more accurately quantifies risk of pilot incapacitation due to medical factors
  - harmonising the CASA medical questionnaire with global best practice where possible
  - streamlining the certification process
  - periodic baselining of current medical risk
  - exploring whether increased DAME training and certification for Class 1 and 3 could further reduce CASA review and involvement.

### **RECOMMENDATIONS:**

That the ASAP:

- (1) consider and agree the proposed policy position for aviation medical certification
- (2) note that CASA intends to move to implementation of Phase 1 and Phase 2 immediately, and a further update will be provided once implementation planning has been completed.