



# **AUSTRALASIAN SOCIETY OF AEROSPACE MEDICINE**

Incorporated  
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## **RESPONSE TO THE DISCUSSION PAPER**

**“A REVIEW OF THE CLASS 2 MEDICAL CERTIFICATION SYSTEM:  
CONSIDERATIONS AND OPTIONS FOR ADMINISTRATIVE SYSTEM  
CHANGE IN CASA”**

**BY**

**THE AUSTRALASIAN SOCIETY OF AEROSPACE MEDICINE**

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## **Introduction**

In the discussion paper titled “A Review of the Class 2 Medical Certification System: Considerations and Options for Administrative System Change in CASA”, dated 1 June 2006, The Civil Aviation Safety Authority asks relevant stakeholders to provide comment on options for improving, streamlining and reducing the costs of the Class 2 medical certification system. This paper will provide comments from the Australasian Society of Aerospace Medicine (ASAM).

## **Background of ASAM as a Relevant Stakeholder**

The Australasian Society of Aerospace Medicine was first formed as a Special Group on Aviation Medicine, under the auspices of the British Medical Association of Australia, in 1949. From its origin as a small Special Interest Group 57 years ago ASAM has developed into a large professional Society, which aims to promote the science of Aerospace Medicine, and support the vitally important aerospace industry in the region. As it stands today ASAM has about 750 members from many different countries, and encompassing many different medical specialties. A large proportion of the members are Designated Aviation Medical Examiners (DAME).

The objects of the Society, as stated in the Society’s Rules, are:

- the cultivation and promotion of aerospace medicine and related disciplines,
- the provision of an authoritative body of opinion in relation to aerospace medicine,

The above objects may be supported by various activities, including (but not limited to) the following:

- the holding of periodic meetings of members;
- the collection and dissemination by or among members of scientific knowledge and the publication of articles related to aerospace medicine and related sciences and of its meetings;
- the conducting of essay or other appropriate competitions open to medical or science undergraduates;
- the endowment and support of research and development of aerospace medicine; and
- the co-operation, affiliation or holding of combined conferences with bodies having similar objects, within Australasia or elsewhere.

ASAM is therefore an important stakeholder in the aircrew medical certification system in Australia, and is in a position to provide authoritative and expert comment on the proposed changes to Class 2 medical certification.

## **The Principle of Cost Recovery**

On 1 January 2006 CASA introduced a fee of \$130 for the processing of each aircrew medical issued or renewed. The current Government policy to apply cost recovery principles is not the primary concern of ASAM, and how CASA chooses to apply that policy is outside the scope of this Society, however the following points need to be made:

- Despite the assertion on page 3 of the Discussion Paper that the views of the aviation industry were taken into account, neither ASAM, nor its DAME members, were consulted prior to the introduction of the \$130 fee.
- ASAM requested that CASA provide a Cost Recovery Impact Statement regarding the introduction of the fee however no CRIS was provided. A CRIS is essential on the

introduction of a fee such as this which is likely to have a significant negative impact on General Aviation. No satisfactory explanation has been provided to ASAM about how the fee was derived. It is our opinion that the revenue generated by this fee would exceed the current operating budget of Aviation Medicine Section at CASA.

- On the basis of this increased revenue, and a “user pays” cost recovery system, it would seem unnecessary to be seeking ways to reduce administrative costs of the Class 2 system. Funds should be utilised by CASA to maintain a safe and efficient centralised Class 2 system, and to fulfil its medical certification responsibilities under Annex 1 of the Chicago Convention.
- ASAM believes that if an administrative fee is to be charged, then it must be fair and equitable, and CASA must abide by Government cost recovery policies in its application.
- **DAME must not be responsible for collecting this fee on behalf of CASA. It should be remitted direct to CASA.**

## **CASA’s Risk Management Perspective**

As one reason for considering change to the medical system, the Discussion Paper cites CASA’s “strategic priority to passenger carrying air transport operations” (page 5), and also states that the CEO’s view is that the “focus of the authority is on air transport operations” (page 6).

These statements are of considerable concern to this Society, whose primary focus is aviation safety and the maintenance of acceptable standards. These statements in the Discussion Paper imply that Class 2 medical certification is irrelevant to aviation safety because “the risks to the fare paying passengers are considerably less” (page 6). ICAO regulations of medical licensing make no such distinction between professional and private pilot licences. Holders of Class 2 licences occupy the same airspace as those pilots and passengers involved in air transport operations, and could quite conceivably be the cause of air transport accidents if not judiciously licensed from a medical perspective.

To consider that Class 2 licence holders are deserving of any less stringent medical screening and certification processes than air transport pilots risks introducing a significant flight safety hazard in Australia.

## **Class 2 Licensing System Proposal**

The intention of this Society is to outline the characteristics of what it sees as a safe, effective and sustainable medical licensing system. It is our opinion that such a system requires central certification by a Government Regulatory Authority, which is how the existing system operates. By supporting the continuation of the existing medical certification system, ASAM does not in any way seek to justify or support the imposition of the \$130 administrative fee.

### ***Safety and maintenance of standards must be the primary focus.***

Australia has an enviable aviation safety record. Decentralising the Class 2 medical certification system risks introducing hazards that could lead to aviation accidents and fatalities in the future by:

- Introducing inconsistencies in the way medical certificates are issued.
- Decreasing redundancy by introducing a one-tiered system of decision making.

- Allowing certification decisions to be made by inadequately trained practitioners.
- Attrition of experienced DAMEs through fear of increased liability.
- Decreasing customer accessibility to DAME services.
- Inadvertently allowing pilots with disqualifying medical conditions to fly.

Reducing costs of the Class 2 System in isolation does not take into account the cost impact of this introduced hazard in other areas of Government, such as search and rescue, emergency services, the health system, accident investigation and the courts.

### ***Medical examinations performed by the DAME***

DAME must be adequately qualified to a standard acceptable to CASA in order to perform medical examinations on their behalf. CASA must ensure that initial training and professional development are provided to DAME.

### ***Certification decided by CASA***

It is essential that final certification decisions are made centrally by the regulatory authority, to retain the current system of two-tiered decision-making. This is the best way to ensure:

- Consistency of decision making.
- Central record keeping, so that all records are accessible, and are retained for as long a time as possible for future reference. Access to previous records is essential in licensing decisions and for public health research. The practice of “DAME shopping” by applicants who are concealing some condition(s) of concern is well known and can only be avoided by centralised record-keeping.
- The regulatory authority must be staffed by medical practitioners appropriately qualified in Aerospace Medicine.

### ***Indemnification of DAME by the Regulatory Authority***

DAME must continue to be indemnified by the regulatory authority for decisions made and actions taken on its behalf. Decentralising the decision making process and licensing authority to DAME in any way will necessarily increase their exposure to liability claims and litigation. This is not a responsibility that DAME will readily accept, and is unlikely to be acceptable to Medical Indemnity Organisations. It is likely that CASA would suffer a significant loss of existing DAME and that recruiting appropriately qualified new DAME will be difficult.

## **Conclusion**

The introductory paragraphs of the Discussion Paper state that the medical certification system “is an important component of the aviation regulatory framework to ensure fitness to fly and the maintenance of aviation safety”. ASAM strongly supports this view. Furthermore Australia has an obligation as a signatory to the Chicago Convention and, consequentially, ICAO Annex 1 to maintain a medical certification system for all classes of pilot licences.

It is the opinion of this Society that the safest system to achieve these aims is one which retains central medical certification and record-keeping within CASA, with Commonwealth indemnification of the DAME.