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[www.asam.org.au](http://www.asam.org.au)



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## PRESIDENT'S LOG BOOK

The **Aviation Safety Regulation Review** panel findings were released earlier this month (available from [www.infrastructure.gov.au/aviation/asrr/files/ASRR\\_Report\\_May\\_2014.pdf](http://www.infrastructure.gov.au/aviation/asrr/files/ASRR_Report_May_2014.pdf)). For those who do not wish to read the full 170 page report, the panel's assessment of aviation medical issues can be found in pages 111 to 116. Given the broad terms of reference, the panel wisely chose to focus "...on the strategic and systemic, rather than specific medical conditions".

In relation to aviation medicine issues, the panel had only one recommendation, which was "The Civil Aviation Safety Authority devolve to Designated Aviation Medical Examiners the ability to renew aviation medical certificates (for Classes 1, 2, and 3) where the applicant meets the required standard at the time of the medical examination". The panel recognised that DAMEs would need to be "...appropriately skilled, accredited and oversighted". As members would be aware, CASA recently provided optional training as part of the CASA DAME2 initiative. This training was at no charge. The duration and cost, if any, for ongoing annual DAME2 recognition has yet to be decided. If the panel's recommendation is accepted, then who will develop, deliver, monitor and accredit this Quality Improvement and CPD program for issuance of all classes of medical certificates? Will these programs still be free? Will DAMEs, especially those who do very few medicals, think the effort will outweigh the rewards and choose to relinquish their delegation?

While the panel looked at a number of ways to mitigate risk in a devolved medical certificate issuance system, costs (for CASA, to the certificate holder, for DAMEs) were only partly addressed by the panel. As a DAME who also assesses medicals on behalf of CASA, my experience is that a CAR (CASA Audit Requirement) assessment for say Type 2 Diabetes could easily take 30 minutes or more (depending if all the information is at hand or more information required) to process all the required reports and generate a certificate with an accompanying CAR letter. Will a pilot or controller be prepared to pay a DAME for their extra time when they can currently get all this done for \$75 via CASA (albeit probably slower)?

Currently, **ASAM has a collaborative approach with CASA** with regard to providing ongoing aviation medicine training by way of our annual conference and also State-based meetings. It would be my hope that this mutually productive approach continues if the panel's recommendation is implemented.

With regard to aeromedical decision making, the panel stated that it considered "...that many of the problems surrounding refused or conditional issuance of aviation medical certificates are created by administrative processes used by CASA, and the lack of (or poor quality of) communications from CASA, rather than by the quality of decision making itself". In the March 2014 Newsletter I mentioned that your committee had submitted a letter to the editor of Australian Flying magazine regarding the roles of DAMEs, CASA and aeromedical decision making. I am pleased to say that our letter was published with only minimal editing in the May-June edition.

Your committee has submitted a response to the ASRR's recommendation for the devolution of medical certificate issuance identifying the key issues of appropriate training and education for DAMEs; accessibility and affordability of any training, especially for DAMEs in remote and rural areas; full funding and resourcing of CASA Aviation Medicine; and indemnity for DAMEs under the proposed plan.

Also in the March 2014 Newsletter I had mentioned that the "**Rules**" of the society had not kept pace with current and ongoing changes in technology, and community and government expectations of corporate governance. In 1978 the Aviation Medical Society of Australia and



*Continued over the page*

New Zealand (now known as ASAM) became an incorporated association based in the ACT (hence the reason that the Public Officer is required to reside in Canberra). While such a structure might be appropriate for the local footy or swim club, ASAM has members in all states of Australia and overseas, and a secretariat (and a damn good one at that!) based in Melbourne. ASAM has received legal advice that we should transition from an incorporated association to a Public Company Limited by Guarantee, registered with ASIC, in line with contemporary practice for national not-for-profit organisations such as ours.

Although there is a cost associated with this transition, ongoing ASIC compliance costs would not significantly change as ASAM already provides independently audited financial statements to the ACT Office of Regulatory Services.

Interestingly, I recently received a copy of the latest **ANZSOM** (Australia & New Zealand Society of Occupational Medicine) newsletter that mentioned ANZSOM was also going through a change of governance and incorporation status, which is not surprising as they face similar issues to ASAM.

Also, ASAM is the trustee of the **John Lane Trust** which holds significant funds. Legal advice has recommended ASAM consider incorporating a separate trustee entity for the John Lane Trust as an asset protection mechanism in order to isolate the trust assets from the trading risk of ASAM.

The committee considers both recommendations to be worthy of implementation so as to limit the liability of our members, conform with contemporary practice and governance, and to protect the considerable assets of the John Lane Trust. Further updates regarding these changes will be communicated to members as the transition progresses.

Finally, I attended the **2014 AsMA conference** in San Diego (report elsewhere in this Newsletter) and one of my lasting impressions from the AsMA meeting was how comparable in quality, variety and relevance the presentations at our national and state-based conference are. So, I look forward to seeing you in Brisbane at the 2014 annual scientific conference to be held jointly with ASA and FNA. Members should appreciate the dedicated aerospace medicine stream at this joint conference that has the additional value and opportunity of retrieval medicine session attendance if they wish. CASA have also indicated they will contribute towards our annual scientific conference as per usual (at least when held in Australia!).

*Dr Ian Cheng*

President

## PRIZES!

I would like to remind members to consider applying for a number of prizes that ASAM has available with regards to presenting at our annual conference or for writing a paper related to aerospace medicine and published in a peer-reviewed journal ([http://www.asam.org.au/members/asam\\_awards\\_prizes\\_and\\_grants](http://www.asam.org.au/members/asam_awards_prizes_and_grants)).

**Clyde Thomson** was awarded an AM in the general division for significant service to community health, particularly through the Royal Flying Doctor Service of Australia. Clyde has been a member of ASAM since 1982.

**Dr Athithan Chelvanathan**, was awarded the Order of the British Empire for services to healthcare, Aerospace Medicine, and Air Niugini. Athie has been a member of ASAM since 1990.

*The following members were recognised at the Aerospace Medical Association Awards Night held in San Diego:*

**Dr David Newman**, the John Paul Stapp Award, awarded to recognise outstanding contribution in the field of biomechanics and protection from injuries resulting from ejection, vibration, or impact.

**Dr Pooshan Navathe**, the John A Tamisea Award, awarded to recognise his contribution to the art and science of aviation medicine and its application to general aviation. Awarded to recognise Pooshan's leadership in creating the medical standards and process to certify recreational pilots with limited privileges on the basis of a modified driver's license standard.

**Dr David Powell**, the Boothby Edwards Award, awarded to recognise outstanding research and clinical practice directed at the promotion of health and prevention of disease in professional airline pilots. Awarded to recognise his contribution to fatigue risk management in airline operations.

**Dr Adam Storey**, Dr Craig Schramm and Dr Rowena Christiansen were awarded Associate Fellowship with the Aerospace Medical Association, AsMA.



Maverick, Goose, Iceman, and Viper at AsMA 2014. You can work out who is who! (aka Mike Seah, Nader Abou-seif, Tracy Smart, and Glenn Pascoe - not in that order!)

# WA REGIONAL MEETING



On Saturday 7 June 2014, the West Australian ASAM Membership held a Scientific Meeting at the Swan Yacht Club in Fremantle. Some 52 doctors came to the meeting, including Dr Pooshan Navathe and Dr Michael Drane from CASA AvMed Department.

The talks were varied and interesting and included a comprehensive talk on Post-Lasik Refractive Surgery by Dr Rob Paul, Consultant Ophthalmologist. He showed the remarkable new surgical techniques for implanting plastic lens, with extra-ordinary accurate laser cutting and precision, used in these techniques. There was a case presentation by Dr Frank Kotai, DAME, involving a patient who has had multifocal plastic lenses implanted, and the effect this had on his ability to be certified for flying and instructing in light aircraft and ultralights.

Dr Rob Liddell revisited the Reason Principles, and discussed hazard and risk assessment and management using the Reason concepts in Aviation.

Captain Werner Buhmann, well known to doctors who have also become pilots through the Royal Aero Club at Jandakot where he was an instructor for many years, gave a fascinating insight into his new life over the last few years, flying a corporate jet. He described the difficulties of managing to organise flights, catering, servicing and scheduling an aircraft, where the owner wants to fly, often at the drop of a hat, over war torn countries, in and out of difficult countries and maintaining proper fatigue management schedules. He described issues such as planning for a trip to Singapore, then Karachi and on to Milan, at a few days' notice, and having to get airway clearances, food for the journey, and sorting fuel etc at the various destinations. Flying a big jet with little background support, and with a boss who wants to get somewhere tomorrow...

Dr Pooshan Navathe gave an update on things CASA, describing how there is going to be a new MRS Online system coming in shortly, and discussed some of the new sections in the online only DAME Handbook.

Dr Chris Carter, Consultant Psychiatrist gave a most enlightening talk on the diagnosis and management of attention deficit disorder, using dexamphetamine and similar derivatives. He produced a handout, showing the differential ways in which a person with the disorder responds to dexamphetamine. These odd reactions, such as sleeping better while on dexamphetamines, would certainly not be seen in the more usual response to taking these preparations, in an individual not affected by this condition, i.e. awake all night!!! There was a brief discussion at the end of the presentation led by Dr Navathe to explain the CASA perspective, which essentially is that a pilot licence would not be granted to an individual on these preparations. The fact that the condition can wane in adult life, of course, leads to difficulties with certifying these individuals once they have come off the medication.

Dr Andrew Spall, DAME from Queensland came over to the meeting, but not in his exciting Lancair aircraft, which he has described flying at previous meetings in the West. This time he described flying at flight level 25, in his pressured Lancair with his partner, who happens to be a 747 pilot, when a door let go and they suffered an explosive decompression. He described the cold and the noise, and the desire to get the aircraft down quickly to an alternate landing area within about 8-10 minutes, in glorious detail. It is interesting the number of doctor members of ASAM, who are pilots, who have now given talks on their personal experiences, with sudden emergency decompression incidents!

Dr Andrew Marsden gave a talk on his experiences thirty odd years ago, as an RFDS part timer, in the days of a simple Bird Respirator, and ECG machine and an IVI line, picking up injured or seriously ill patients from rural Western Australia.

Dr Michael Drane, Medical Officer with CASA gave an interesting talk on patient compliance, particularly with respect to medications and fitness to fly as a pilot. DAMEs at the meeting always appreciate having the CASA Medical Officers come to these meetings, and present their side of the coin, as regulators, when it comes to medical certification of fitness to fly. Inevitably, there are some interesting discussions about cases but that is all part of the importance of this type of update meeting each year. The opportunity to openly discuss issues worrying pilot patients and their DAMEs with the expert regulators in open and frank discussion, is stimulating surely for both sides of the fence.

In the evening, there was a dinner attended by 24 delegates at a local restaurant/pub, called the Left Bank. The venue was noisy but the food excellent.

This was another successful local meeting of the ASAM organisation, and the local members involved in organising the sessions and meeting should be congratulated.

**Andrew Marsden**

## NSW REGIONAL MEETING

On 5 April 2014, 60 delegates attended the NSW Regional meeting in Sydney. Delegates were treated to four excellent presentations from experts in the fields of dermatology, neuro-otology, cardiology and haematology. Priti Bhatt and Ian Cheng provided some aviation medicine context for the topics by presenting some 'real-life' cases as a prelude to the specialist talks.

The presentation on the New Oral Anticoagulant drugs (NOACs) was very topical. Their favourable side-effect profile, non-inferior effectiveness when compared to Warfarin and PBS listing has made them increasingly popular. However, there are understandable concerns with regard to the inability to monitor compliance, especially as these medications have such a short half-life. Suitable NOAC monitoring tests are being developed together with reversing-agents. As an initial step, there may be a case for the Regulator to consider allowing an appropriate NOAC for VTE secondary prevention as long as certain conditions can be met.

My thanks to CASA for their contribution by way of four very DAME-relevant presentations and to Priti for her assistance with the meeting organisation. After an absence of some years it is hoped the NSW Regional meeting will become a regular event.

**Ian Cheng**

## AMSVIC AGM & Scientific Meeting

The AMSVIC AGM & Scientific Meeting will be held at the Epworth Hospital, Richmond, Melbourne on **Saturday 19 July commencing at 12pm**. The program will include presentations on concussion and brain injury, acute coronary syndrome and stroke, as well as a CASA update from A/Prof Pooshan Navathe.

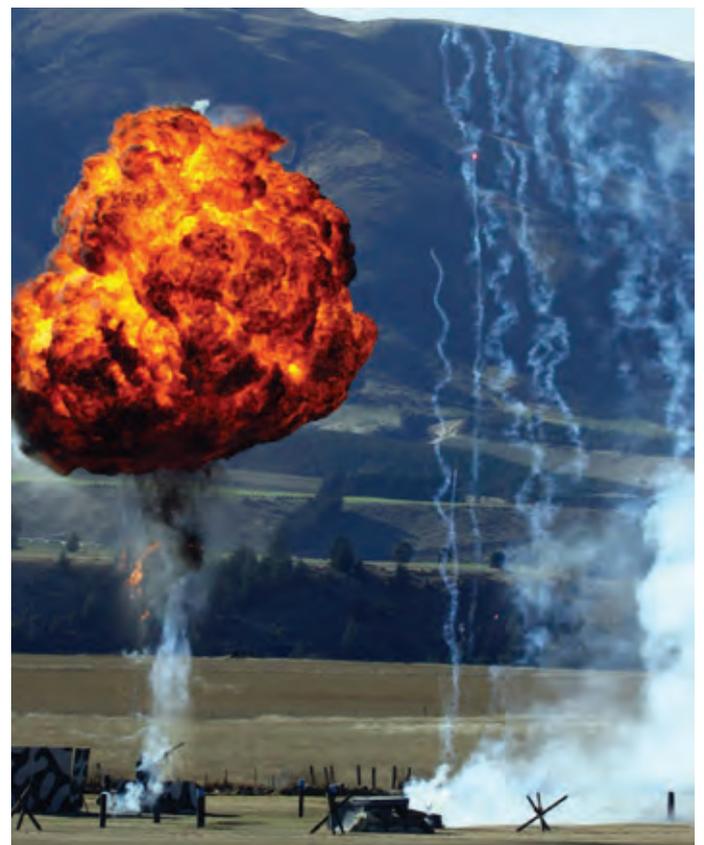
## Warbirds Over Wanaka Scientific Meeting

The AMSVIC committee convened a one day scientific meeting in Queenstown New Zealand on Easter Saturday. 48 doctors attended the meeting, with 44 from around Australia and 4 New Zealanders. Many were accompanied by their partners or families.

The scientific program was outstanding with DAME case presentations, clinical presentations and an insight into the NZ regulator's challenges.

For many the highlight of the weekend meeting was a day spent at the Warbirds Over Wanaka Airshow.

Photos by Dr Ewen McPhee and Mr Rohan McPhee





## **Airline Medical Directors Association (AMDA) & Aerospace Medical Association (AsMA) Meetings**

This year's AMDA & AsMA meetings were held in an unseasonably hot San Diego, home of "Top Gun" (see pic). It was far from a hardship conference, however, as the venue was located on San Diego Bay with views to the Naval Base, Coronado, the USS Midway and the local baseball stadium – Petco Park, home of the Padres.

There was once again a good turnout of Aussie and other ASAM members, probably because this year's conference was almost in our own somewhat watery backyard. In fact there were too many attendees to count, but "more than 30" seems a good guestimate. Certainly well over 60 tacos and Margaritas were consumed at our now traditional "Aussies and Friends" dinner.

Several members attended the AMDA sessions where topics included Aircrew Assessments & Licensing, Fitness to fly (aircrew, cabin crew and space passengers) and Occupational issues regarding cabin crew.

Amongst the plethora of concurrent sessions, the AsMA conference featured a clinical panel on Pilots with Type 1 Diabetes Mellitus (T1DM) that was of particular interest chaired by our own Pooshan Navathe and featuring presentations by Pooshan, Michael Drane, Dougal Watson and Ian Hosegood. While the FAA and CASA have protocols in place for GA pilots with T1DM, the protocols of Canada and more recently the UK have included Class 1 pilots. Topics included continuous glucose monitoring, insulin pumps, T1DM overview, and perspectives from various regulators and airlines. The near-20 year Canadian program and the more recent CASA experience did not record to date any significant events when pilots and controllers could fulfil the respective protocols. The US experience also appeared to be favourable although a case was presented of a commercial pilot who experienced an in-flight hypoglycaemic seizure requiring the assistance of a passenger to perform a gear-up emergency landing with other passengers having to restrain the pilot. However, this particular pilot had not declared his diabetes to the FAA (and subsequently received a custodial sentence for making false statements). One year after the CAA-UK implemented their protocol, 21 Class 1 certificates have been issued, but interestingly none of the 21 has been recruited by a major UK-based airline.

The ICAO session had a focus on preventative medicine with Dr Tony Evans from ICAO suggesting a new ICAO standard of "States shall require medical examiners to provide appropriate preventive medicine advice to applicants at periodic medical examinations". Apart from Tony's presentation, other perspectives from Regulators, an airline medical director and from the IFALPA were also presented. While the ICAO rationale is understandable, whether such an ICAO standard is warranted is debatable, even if the ICAO intent is that any medical advice given would be "voluntary" for a certificate holder to implement. Many AMEs would as a part of their normal practice already ask questions about a pilot's well-being and lifestyle during the course of conversation. The ICAO presentations can be found here: <http://www.icao.int/safety/aviation-medicine/Pages/ICAO-Session-at-AsMa-2013.aspx>

Many other ASAM members presented papers, including as part of the "Great Aussie Aviation Medicine Panel", which was well received and surprisingly polished given it was scheduled the morning after the aforementioned Taco (and margarita) Tuesday dinner. As usual the session was well attended by well over 60 delegates. Presenters in this

and other sessions included Tracy Smart, Craig Schramm, Gordon Cable, Brent "Malibu Ken" Barker, Nader Abou-Seif, Elicia McGinniss, Mark Corbett, Tom Smith, and Adrian Smith who gave four papers in total, all in one morning! Many other members were co-authors on these and other papers.

ASAM members also participated in many meetings throughout the conference. At the International Academy of Aviation & Space Medicine meeting, there was a moment to reflect on those academicians who had recently passed away and Tracy Smart provided a tribute to Professor Rod Westerman (thanks to Dave Emonson for his profile on Rod in the March 2013 Newsletter). The President of ACAsm, John Turner, led the Aussie contingent at the inaugural meeting to discuss the recognition of specialty training in aerospace medicine around the world. ASAM was also represented at the International Surgeon General meeting and the International Activities Committee.

Finally, ASAM and AMSNZ members were also prominent on Awards night. Details of the awards are listed on page 2.

Overall the combined AMDA/AsMA meeting represents superb value for money as the premier aerospace medicine professional gathering for all practitioners in the field – be they DAMEs, military, students or doctors with an interest in aviation. It's also a great chance to catch up with old friends, both from around the world and closer to home.

Ian Cheng & Tracy Smart



### **ANZSOM**

## **Annual Scientific Meeting 2014**

**REGISTRATIONS NOW OPEN!!**

**ADELAIDE OVAL**

**Sunday 24<sup>th</sup> August to Wednesday 27<sup>th</sup> August 2014**

**A must for medical practitioners, nurses and other professionals working in occupational health.**

For further information about ANZSOM

[www.anzsom.org.au](http://www.anzsom.org.au)

(aka RAMPC)

In the previous Newsletter I mentioned that CASA had publicised on their website a number of proposed CASR rule changes and a summary of the proposed changes in terms of medical requirements can be found at: [http://www.casa.gov.au/scripts/nc.dll?WCMS:STANDARD::pc=PC\\_101933](http://www.casa.gov.au/scripts/nc.dll?WCMS:STANDARD::pc=PC_101933).

In Part 61, the Drivers Licence Medical (DLM) has been renamed the recreational aviation medical practitioner's certificate (RAMPC). The change of name does not address our fundamental concern that medicals required for assessing pilot fitness to fly should be conducted by doctors trained in aviation medicine and who maintain CPD in aviation medicine, ie DAMEs. The committee has submitted its concerns to the ASRR adding that our stance is not a declaration of self-interest by ASAM members, as aviation medicine comprises less than 5% of a medical practice for the majority of DAMEs (2012 ASAM member survey) and DAMEs are busy enough without having to rely on aviation medicals as part of income. Our submission contended that the DLM removed a layer of safety and we were opposed to the DLM continuing as the minimum requirement for a private pilot licence and recreational pilot licence under the guise of the RAMPC as proposed in CASR Part 61. While there are

flying restrictions with a RAMPC, pilots with a RAMPC would still be able to fly in controlled airspace and share the skies with commercial airlines carrying up to 500 passengers.

It should be noted though that similar licensing has existed for some time in the UK and New Zealand. One significant point of difference is that in the UK at least, a patient is allocated to a GP who can access a full medical history, whereas here one can attend any GP anywhere. Interestingly, the FAA in the United States has been petitioned by AOPA and EAA to introduce a similar driver's licence medical for private pilots. The Aerospace Medical Association (AsMA) has written to the USA opposing such a move. Members might be interested in the AsMA response ([www.asma.org/asma/media/asma/pdf-policy/2014/Third-Class-Medical-Letter-to-FAA-Administrator-4-9-2014.pdf](http://www.asma.org/asma/media/asma/pdf-policy/2014/Third-Class-Medical-Letter-to-FAA-Administrator-4-9-2014.pdf)). NB. The FAA Class 3 certificate is similar to our Class 2 certificate).

Ian Cheng

## What medical requirements apply to flight crew?

The following table shows which medical certificate standard applies to someone exercising the privileges of a licence.

### Medical certificate standard

Licence privilege	Class 1 medical certificate	Class 2 medical certificate	Recreational aviation medical practitioner's certificate
Air transport pilot licence (ATPL)	Minimum requirement	-	-
Multi-crew pilot licence (MPL)	Minimum requirement	-	-
Commercial pilot licence (CPL)	Minimum requirement	-	-
Private pilot licence (PPL)	Optional	Optional**	Minimum requirement*
Recreational pilot licence	Optional	Optional	Minimum requirement*
Student pilot (to fly solo)	Optional	Optional	Minimum requirement*

\*If you are exercising the privileges of a licence or flying solo as a student pilot and only have a recreational aviation medical practitioner's certificate (RAMPC), some limitations will apply.

\*\* A PPL holder using a RAMPC is limited to flying recreational aircraft only and only by day under VFR (refer to 'What aircraft can I fly if I am flying with a RAMPC?' below).

Source: [http://www.casa.gov.au/scripts/nc.dll?WCMS:STANDARD::pc=PC\\_101933](http://www.casa.gov.au/scripts/nc.dll?WCMS:STANDARD::pc=PC_101933)

## INVITATION TO THE FIRST SPACEUP AUSTRALIA

**28 September 2014 at Flinders University Victoria Square Campus, in Adelaide**

SpaceUp Australia is an event focused on space-related topics, which will feature talks from special guest speakers with backgrounds that range from engineering and science to medicine and law. However, unlike a normal conference, it will also feature timeslots dedicated to participant-led sessions that will allow attendees to select discussion topics of their interest and to lead their own sessions if they wish. The idea behind this event is to promote a casual environment where issues related to the space sector can be discussed between the attendees with more ease than at a normal conference.

In the past decade, the rise of space tourism and the intention to establish human colonies on other planets raised interesting questions about the environmental effects of outer-space on the health of a human being. The research conducted on aerospace medicine has a great influence over the progress of space exploration, and it is because of this that SpaceUp Australia will have a focus on aerospace medicine.

To register for SpaceUp Australia: <http://www.spaceupastralia.org/register.html>



# Aeromedical Retrieval Working Together

## ASAM + ASA + FNA 2014 Conference

BRISBANE QUEENSLAND AUSTRALIA 10-13 SEPTEMBER 2014



### ASAM+ASA+FNA 2014

The Aeromedical Society of Australasia, Flight Nurses Australia and the Australasian Society of Aerospace Medicine is proud to present the leading Australasian event of the aeromedical industry - The ASAM+ASA+FNA 2014 Conference, Brisbane, Australia.

ASAM+ASA+FNA 2014 promises to deliver a stimulating and informative program, including both International and Australian speakers and we invite all interested parties to join us for this exciting event.

### PROGRAMME

#### **Wednesday 10 September 2014**

WELCOME DRINKS - Rydges  
'BACCHUS' Lounge Bar

#### **Thursday 11 September 2014**

Plenary and Concurrent Sessions

#### **Friday 12 September 2014**

Plenary and Concurrent Sessions  
CONFERENCE DINNER - Hillstone St Lucia

#### **Saturday 13 September 2014**

Half-day Sessions

[www.aeromedconference.com](http://www.aeromedconference.com)



## ACAsM CPD

The College CPD programme has been very successful in its second year of operation. Fellows and Associate Fellows are encouraged to keep records of their CPD activities related to aerospace medicine or aeromedical retrieval, and be prepared to submit them next year. Those who have not submitted a claim for 2012 or 2013 can still submit their forms for verification. The CPD programme is open to any ASAM members who want to participate, at a cost of \$200 per triennium. Full details are available from the College website, [www.aerospacemedicine.org.au/cpd](http://www.aerospacemedicine.org.au/cpd). For any additional information, or to register your interest to participate in the CPD programme, please email [cpd@aerospacemedicine.org.au](mailto:cpd@aerospacemedicine.org.au).

## ACAsM Training Programme

The Australasian College of Aerospace Medicine will be commencing its training programme on **1 July 2014**. The College will be accepting applications up to 31 July 2014. Applicants will be considered on their merits, but a successful applicant would be expected to meet the following criteria: must have completed (or be enrolled in) suitable postgraduate training in aerospace medicine, hold a basic qualification in aviation medicine and be practicing as a DAME or AME, or Aviation Medical Officer in a Defence Force. Importantly, prospective trainees must be currently employed in a position where they can exercise their aerospace medicine knowledge across the range of competencies defined by the College (available on request). Part-time experience will be considered on a case-by-case basis. Trainees considered by the Education Committee to be at an advanced stage of professional development in aerospace medicine may be invited to sit the College exam on **9 September 2014**.

Successful completion of this exam would result in the awarding of Fellowship, and subsequent recognition as a specialist in aerospace medicine. **We are now inviting ASAM members who would like to consider training towards Fellowship in aerospace medicine to apply for the College training programme.** Full details are available on the College website. Prospective trainees should contact Dr Craig Schramm ([teaching@aerospacemedicine.org.au](mailto:teaching@aerospacemedicine.org.au)) to discuss their eligibility for training.



## The Australasian College of Aerospace Medicine

### ACAsM Examination

The Australasian College of Aerospace Medicine is planning to hold its first examination of prospective Fellows on 9 September 2014, immediately prior to the ASAM conference in Brisbane. Successful candidates will be awarded their Fellowship at the College dinner on Saturday 13 September.

**We are now inviting ASAM members who consider they meet the criteria for Fellowship to apply to sit the exam.** The examination will comprise eight (8) OSCE (Objective Structured Clinical Examination) stations, and will cover aviation physiology, clinical aviation medicine, and aeromedical decision making in complex cases. The curriculum is now available on the College website ([www.aerospacemedicine.org.au](http://www.aerospacemedicine.org.au)) for prospective candidates to review. The examination fee is \$750. **The deadline for applications is 31 July.** Please discuss your eligibility to sit the exam with Dr Gordon Cable, [gordon.cable@aerospacemedicine.org.au](mailto:gordon.cable@aerospacemedicine.org.au).

### College Dinner

The Australasian College of Aerospace Medicine will be holding its annual dinner on Saturday 13 September 2014, immediately following the conclusion of the ASAM conference in Brisbane. The dinner is open to all members of the aeromedical community, and we would especially like to welcome ASAM members who would like to know more about the College training programme and planned roadmap for the next few years to attend. To register your interest in attending, please contact Ms Anne Fleming at [secretariat@aerospacemedicine.org.au](mailto:secretariat@aerospacemedicine.org.au).



# THE ASAM COMMITTEE

## NEW ASAM MEMBERS

### *ASAM welcomes new members:*

**Alen Bielich**, Stanhope Gardens NSW

**Prabash Gardiyehewa**, Ashgrove Qld

**Rajib Ghosh**, Wellington New Zealand

**Mahavir Gupta**, Forde ACT

**Brendan Hale**, Picnic Point NSW

**Viney Joshi**, Blackall Qld

**Nicholas Jufas**, St Leonards NSW

**Linda Mayer**, Pyree NSW

**Tom McGee**, Perth WA

**Kim Morgan-Short**, Pullenvale Qld

**Eugene Nalivaiko**, Callaghan NSW

**Patrick O'Neill**, Semaphore SA

**Samantha Wakista**, Narromine NSW

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### Immediate Past President

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**Dr Craig Schramm**

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## CALENDAR OF EVENTS

19 July 2014	<b>AMSVIC AGM &amp; Scientific Meeting</b> - Melbourne
24 & 25 July 2014	<b>Australasian Medical Review Officers Association MRO course and exam</b> - Sydney
25 - 28 August 2014	<b>The 9th Asia Pacific Congress of Aerospace Medicine</b> in conjunction with 10th Chinese Conference on Aerospace Medicine - Beijing, China <a href="http://www.apfama.org/2014">http://www.apfama.org/2014</a>
9 September 2014	<b>ACAsM Exit Exam</b> - Brisbane
10 - 13 September 2014	<b>ASAM Annual Conference - Brisbane</b> (Combined meeting with Aeromedical Services Australia and Flight Nurses Australia)
13 September 2014	<b>ACAsM Annual General Meeting and Annual Dinner</b> - Brisbane
12 - 16 October 2014	<b>International Congress of Aviation &amp; Space Medicine</b> - Mexico City, Mexico
10 - 13 September 2015	<b>ASAM Annual Conference</b> - Adelaide
6 - 9 October 2016	<b>ASAM Annual Conference</b> - Hamilton Island