



**PART 67 AVIATION MEDICINE
ASAP TECHNICAL WORKING GROUP (TWG)**

MEETING SUMMARY

28 MARCH 2022

The Part 67 Aviation Medicine Technical Working Group (TWG) is established and operates in accordance with the Terms of Reference of the Aviation Safety Advisory Panel (ASAP) dated November 2021 (or as amended).

BACKGROUND

Part 67 of CASR 1998 was made in 2003 and prescribes the requirements relating to medical certification, designated aviation medical examiners and designated aviation ophthalmologists. Part 67 details the regulations relevant to medication certification, including:

- appointment of examiners
- application for certificate
- medical standards relevant to the different classes of certificate.
- issue and renewal of certificates
- suspension and cancellation of certificates.

Previous post implementation reviews of Part 67 were not completed. A range of changes to the aviation medical certification system were introduced in 2018 by instrument:

- From March 2018: a Class 2 medical is permitted for pilots operating commercial flights that do not carry passengers (up to a maximum take-off weight of 8618 kilograms).
- From April 2018: all DAMEs have the option to issue Class 2 medical certificates on the spot, in most circumstances.
- From July 2018: a new category of private pilot medical certificate (Basic Class 2) is available and can be assessed by any medical practitioner against the commercial driver standard.

PURPOSE

The Technical Working Group will:

- Provide industry sector insight and understanding of current needs and challenges
- Provide current, relevant technical expertise for the development, analysis and review of legislative and non-legislative solutions to identified issues
- Assist with the development of draft regulations, guidance materials and other supporting materials
- Provide endorsement and/or conditional endorsement of draft regulations, guidance materials and other supporting materials for consideration by the ASAP and CASA

SPECIFIC OBJECTIVES

1. Evaluate the discussion paper on Part 67 prior to public consultation to ensure it will:
 - a. achieve the outcomes of the review as set out in the Terms of Reference; and
 - b. reflect current practices in aviation medicine.
2. Assist CASA in considering feedback obtained through a public consultation of the Part 67 discussion paper.
3. Provide a concise summary to the ASAP recommending which changes to Part 67 should be advanced to regulation, for consideration by CASA.

KEY POLICY PROPOSALS

- The review of Part 67 will likely lead to amendments to that Part to bring it up-to date, and other possible changes to certification and CASA processes, as outlined in the Terms of Reference.
- In the review process it is expected that new approaches to medical certification will be proposed for ASAP consideration, with guidance from the TWG.

MEETING DATES

The Part 67 TWG met on the following occasions:

- 3 Dec 2020
- 15 Sep 2021
- 13 Oct 2021
- 3 Nov 2021
- 9 Dec 2021
- 28 March 2022 – First TWG report provided to the ASAP

ROLES AND RESPONSIBILITIES

CASA	TWG Members
<ul style="list-style-type: none">• Organise meetings and workshops, and produce agendas, papers and supporting materials• Facilitate meetings and workshops• Record insights and findings• Communicate openly and consistently with TWG members about project status and issues• Respect the time of all TWG members by minimising work required to achieve outcomes	<ul style="list-style-type: none">• Commit to supporting the project objectives and timeline• Engage and collaborate constructively at all times• Prepare for working group activities by reviewing agendas, papers and supporting materials• Provide timely and considered advice in meetings, and between meetings as required• Respond to requests for feedback on draft materials within agreed timeframes

CONSENSUS

A key aim of the TWG is that a consensus be reached, wherever possible, in the finalisation and preparation of advice for the Aviation Safety Advisory Panel and CASA.

The TWG will be guided by the ASAP Terms of Reference (Section 6) with respect to determining and documenting consensus.

MEMBERSHIP

Members of the TWG have been appointed by the ASAP Chair, following ASAP processes.

The Part 67 TWG was attended by the following members:

- Dr Anthony McArthy
- Dr Sara Souter
- Peter Antonenko
- Dr Ian Hosegood
- Dr Jeremy Robertson
- Matt Bouttell

Apologies: John Raby, Dr Priti Bhatt and Will Stamatopoulos.

The TWG CASA Lead and Principle Medical Officer Dr Kate Manderson, was supported by CASA SMEs as required during the meetings.

The ASAP Secretariat was represented by Kirstie Winter, Chace Eldridge and Mwala Puheto.

PROCESS FOR ACHIEVING CONSENSUS

As required by the ASAP (& TWG) Terms of reference, there must be agreement by all participants on the method used for obtaining consensus. To obtain consensus, the TWG will come to an agreement on whether consensus (or otherwise) has been met on the outcomes discussed at the TWG meeting (or out of session).

The CASA Lead has also provided commentary of the effectiveness of the TWG and whether it's believed that the recorded outcomes are a fair representation of the TWG from a CASA perspective.

SUMMARY OF OUTCOMES – FIRST REPORT, 28 MARCH 2022

This meeting of the TWG worked towards achieving the overall TWG objectives as described in the ASAP TWG Tasking Instructions.

The summary of outcomes below seeks to ascertain the views of the TWG at this time, so their advice can be provided to the ASAP.

Topic 1: Examine Part 67 to ensure it is up to date and fit for purpose.

CONSENSUS / GENERAL CONSENSUS / DISSENT

Comments:

The TWG supported the principle of removing items out of the regulation and placing in a Manual of Standards (MOS) or guidance material, where appropriate. It was noted that placing certain provisions in a MOS or guidance material is easier to change and update than regulations.

The TWG discussed the importance on having relevant, appropriate, and evidence-based standards within the regulations. Clarification on what information is to be included in the MOS vs the DAME Handbook should be explored further.

Topic 2: Assess the implementation and outcomes of Basic Class 2 certification and of other changes to the Class 2 certification process.

CONSENSUS / GENERAL CONSENSUS / **DISSENT**

Comments:

The TWG was unable to provide any consensus as there is a need for further information on if the Basic Class 2 certificates were working or not and what the objective of a new standard would be. The TWG generally supports the principle of a Class 4 Certificate, provided future data indicates the need. The TWG requested further information around demand for a Class 4, or if applying the Austroads standards could be appropriate. Standards for Class 4 certificates, whether crafted by CASA specifically, or based off the Austroad Standard, would depend on the purpose of the certificate. The TWG recognised the benefits of CASA drafting the standards as there are risks present in aviation that Austroad standards will not cater for and Austroad may adjust their standards in the future without considering aviation. However, GPs are likely more familiar with the Austroads Standards and context could be supplemented by CASA guidelines. The TWG suggests risk assessments around the acceptable levels of risk against the privileges of the certificate. The TWG broadly supports expanding current Class 2 privileges and aligning Class 2 certification requirements with NZCAA.

Topic 3: Determine the effectiveness of CASA delegations to Designated Aviation Medical Examiners (DAMEs) and whether these could be extended or improved.

CONSENSUS / GENERAL CONSENSUS / DISSENT

Comments:

The TWG supported the proposal for an expansion of CASA delegations to DAMEs to further decentralise the current model. The TWG notes that further DAME discretion would increase their time and financial commitments. It was suggested that a decentralised model would need to be collaborative between DAMEs and the CASA and suggests DAMEs should have the ability to opt in or out of issuing certificates. The TWG also questioned why the NZCAA model should be followed when there may be more appropriate international examples and highlighted the need for sufficient resources given the additional DAME oversight and training requirements.

Topic 4: Review other areas of aviation activity where medical certification could improve safety outcomes.

CONSENSUS / GENERAL CONSENSUS / **DISSENT**

Comments:

The TWG broadly supports the intent of changes but feels there is currently insufficient detail around the standards and who they should apply to. Specifically, they feel medical certification (Class 3R) for certain RPAS activities are appropriate, but need risk assessments of the weights, distances or operations these medical standards should be applied to.

Topic 5: Establish whether the current structure of medical certification for recreational aviation is fit for purpose.

CONSENSUS / **GENERAL CONSENSUS** / DISSENT

Comments:

There was feeling among TWG members that there was misunderstanding between AvMed's understanding of how Aviation Self-Administering Organisations (ASAOs) operate and what happened in practice. The TWG wants to ensure Class 5 Self-Declared medical certificates do not add or replicate requirements for ASAOs under Part 149. The TWG understands CASA will set standards for self-declared certificates, but certain organisations can still manage their own medical process, remaining subject to CASA approval and audit. The TWG generally supported Class 5 certificates and felt there was benefit to uniformity in standards for VH aircraft and ASAOs where their purposes and operations would align (RAAUS and private GA flyers). However, 6-7 different medical standards across the industry would add complexity for DAMEs. The standard for VH flyers needs further data to determine if the private motor vehicle standard is appropriate. Two TWG members raised concerns about resourcing these changes given that there will be less medical certificates processed by AvMed, yet there will be greater oversight and auditing requirements.

Topic 6: Consider any other relevant matters.

CONSENSUS GENERAL CONSENSUS / DISSENT

Comments:

The TWG was supportive of members of CASA's Aviation Medical division engaging in regular safety-orientated events. The TWG agreed there was benefit to having Specialist Medical Practitioners working directly with CASA and in the PMO participating with industry where possible.

CASA Lead Summary

KATE MANDERSON

Comment:

The TWG has comprehensively examined the issues relating to each of the six core elements presented above, and engaged in open, robust and effective discussion in each case. I am fully confident that the conclusions reached above are reflective of the stakeholder groups they each represent, and provide a strong basis on which the ASAP can build towards finally bringing about the Part 67 review.

Regarding Topic 2, CASA Avmed is undertaking a review of the available data to provide advice to the TWG and ASAP regarding Point 2 (Basic Class 2) and is exploring appropriate models for the provision of an ongoing audit and oversight function to be able to support the proposed changes.

CASA Avmed looks forward to working with the TWG through the consultation process and into the development of regulations for a new Part 67.

Appendix

1. Key Points Summary Part 67 TWG

KEY POINTS SUMMARY TWG PART 67 MEDICAL STANDARDS

Topic 1: Examine Part 67 to ensure it is up to date and fit for purpose.

- The TWG agreed with CASA's confirmation of the outcomes for this topic.
- TWG supported the principle of removing items out of the regulation and placing in a Manual of Standards (MOS) or guidance material, where appropriate. It was noted that placing certain provisions in a MOS or guidance material is easier to change and update than regulations.
- The TWG discussed the importance on having relevant, appropriate, and evidence-based standards within the regulations.

Topic 2: Assess the implementation and outcomes of Basic Class 2 certification and of other changes to the Class 2 certification process.

- The TWG agreed with CASA's confirmation of the outcomes for this topic
- The TWG supported the proposal to introduce a Class 4 medical certificate. The TWG discussed whether the commercial Austroads standard was appropriate. It was noted that the Austroads standard would be well known to GPs but is not entirely fit for aviation. The TWG suggested that the standards for Class 4 should be set by CASA and more prescriptive.
- The transitional arrangement for the Basic Class 2 to the Class 4 certificate was enquired. CASA confirmed that there intends to be an automatic transition of Basic Class 2 holders to Class 4, noting there will be an increased requirement for CASA to conduct auditing.
- CASA confirmed that the intent will be for the standards of the Class 4 certificate to be based on the commercial Austroad standard but with modifications to ensure it is relevant to aviation operations.
- The TWG also discussed that there is benefit for CASA to not have to craft its own standards by leveraging off the Austroads standard. There may be certain types of flying where the risk is variable managed by the Austroads standard. The medical certificate could state the operational flying a pilot would be allowed to do.
- The TWG suggested that GPs should be able to issue an unconditional Class 4, however if it is conditional then a DAME would be required to issue the certificate. The TWG agreed on the principle that CASA should be as little involved as possible (if at all) for the issuing of Class 4.
- The TWG supported mutual recognition of Class 2 medical certificate with CAA NZ and for CASA to explore extending current duration of Class 2 medical certificate to five years under the age of 40 and aligning any further requirements e.g., cardiovascular risk assessment with CAA NZ.

Topic 3: Determine the effectiveness of CASA delegations to Designated Aviation Medical Examiners (DAMEs) and whether these could be extended or improved.

- The TWG supported the proposal for an expansion of CASA delegations to DAMEs to further decentralise the current model.
- The TWG supported the proposal for DAMEs to issue Class 1 and Class 3 certificates without CASA being involved in the process, unless required when being referred cases. The TWG added that this should be available for DAMEs that are interested and qualified, with oversight conducted by CASA. They also emphasised the importance of strong investment in training, audit, and assurance to allow for a more decentralised model.

- The TWG discussed challenges associated with delegation, including complex case management, the potential for inconsistency in decision making by delegated DAMEs, and financial considerations such as fair compensation for DAMEs conducting full examinations. The TWG acknowledged that inconsistency of outcomes will always be apparent, however noted the importance is the consistency in approach which can be safeguarded with appropriate resources and training.
- The TWG discussed CAA NZ's decentralised model. It was suggested that a decentralised model would need to be collaborative between DAMEs and the CASA, particularly for complex case management. The TWG also discussed providing DAMEs with the flexibility to opt in or out of being delegated to make assessments to issue certificates.
- The TWG emphasised the importance to ensure there is appropriate and sufficient guidance, training, and resources for any expansion of delegations to DAMEs. It was also noted that CASA will need to have sufficient resources to DAMEs to cater for the resultant increase in oversight and training requirements.

Topic 4: Review other areas of aviation activity where medical certification could improve safety outcomes.

- The TWG discussed the considerations associated with the medical certification for RPA operations. It was raised that the weight of the RPA and the type of operation being conducted may be appropriate parameters to define the requirement for medical certification – such as through a matrix. For example, a suggestion discussed was for a medical certification requirement for operations with RPAs weighing 150kg and over, and for Beyond Visual Line of Sight (BVLOS) operations for any RPA weight.
- The TWG supported the introduction of the Class 3R medical certificate for higher risk operations, and no medical certification for lower risk operations (as opposed to staggered certification based on operational risk).
- The TWG discussed the levels of redundancy and on-board capability of RPAs in the context of loss of control or possible medical episodes causing a flyaway drone. It was noted that type certified RPAs have requirements for specific on-board capabilities, and that similar capabilities are generally found (but not required) for RPAs weighing 25kg and over.
- The TWG discussed the need for further information, such as the rate of failure for RPAs and further consideration of the risk level in the context of RPAs weight (25kg vs 150kg). If the Class 3R certificate path is proposed, CASA noted that they are mindful the current Class 3 certificate has rigorous standards for colour vision and that this will need to be taken into consideration to be applicable to RPA operations.

Topic 5: Establish whether the current structure of medical certification for recreational aviation is fit for purpose.

- Concern was raised on how the Class 5 self-declared medical certification would be administered and whether it would place additional (and replicated) requirements for aviation self-administering organisations (ASAOs) that operate under CASR Part 149, such as RAAus.
- CASA advised that the proposal is for CASA to set standards for a self-declared medical certificate which is governed under CASR Part 67 and will allow certain organisations continue to manage their own medical certification processes. In this instance, CASA's role is to approve the processes and can audit them.
- RAAus does not support the replication of the existing requirements for ASAO medical standards that are currently required under Civil Aviation Orders (CAOs) and stipulated in their Operations Manual. It was noted that an ASAO's operations manual is assessed and approved by

CASA through CASR Part 149.

- CASA confirmed that ASAOs will continue to manage their assessments of self-declared medicals via their operations manuals through Part 149. The audit, compliance and oversight role of CASA for Part 149 organisations includes all elements of the ASAO's operations, which extends to the processes used by the ASAO for medical assessments and standards. CASA Avmed will work with the ASAOs to support their medical assessment processes to be safely and effectively managed under part 149, and for ASAOs to continue to be independent from the medical certification requirements for Part 67. Further advice will also be sought from CASA Sport and Recreation Aviation Branch.
- The TWG were supportive of introducing a Class 5 self-declared medical for VH-registered aircraft. The TWG discussed that the certification will be based on a particular standard, potentially the Austroads private motor vehicle driving standards. It was also noted that if the individual did not meet certain criteria, they will need a doctor to assess and issue the certificate and that CASA will need to provide guidance to support. CASA will also have an oversight and audit capability. The TWG also supported allowing ASAOs to continue to manage their medical certification processes and if CASA allows them to recognise the Class 5 certificate, then this should be reciprocated as they are likely to be equivalent standards.

Topic 6: Consider any other relevant matters.

- CASA advised on some of the other work and engagement conducted by Aviation Medicine, such as holding clinical case conferences to strengthen engagement and transparency in medical decision-making. Avmed will also be conducting regional engagement and have regular slots at FlySafe events around the country.
- CASA also advised that they are looking at medical certification harmonisation with New Zealand.
- The TWG discussed the benefits in having the PMO conducting regular engagement with aviation associations, organisations, and pilot groups.