



PART 67 – AVIATION MEDICINE ASAP TECHNICAL WORKING GROUP TASKING INSTRUCTIONS and **SECOND REPORT**

25 August 2022

The Part 67 Technical Working Group is established to operate and report to the Aviation Safety Advisory Panel (ASAP) in accordance with the Terms of Reference of the ASAP dated 2017 (or as amended).

BACKGROUND/CONTEXT

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

In conducting this activity, the TWG is to utilise relevant technical expertise and industry sector insight for the analysis, development and review of legislation in accordance with agreed policy principles.

The TWG 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 the identified issues.
- Assist with the development of policies, regulations, advisory materials and transition strategies.
- Provide endorsement and or conditional endorsement of policies, regulations, advisory materials and transition strategies 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.

TWG MEETINGS

- 3 December 2020
- 15 September 2021
- 13 October 2021
- 3 November 2021
- 9 December 2021
- 28 March 2022: First TWG report provided to ASAP
- 25 August 2022: Second TWG report provided to 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 ASAP.

The TWG will be guided by the ASAP Terms of Reference (Section 6 - attached) 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 consists of the following members:

- Dr Anthony McArthy
- Peter Antonenko
- Dr Sara Souter
- Dr Ian Hosegood
- Dr Jeremy Robertson
- Dr Priti Bhatt
- Matt Bouttell
- John Raby
- Will Stamatopoulos

The TWG CASA Lead and CASA Principal Medical Officer, Dr Kate Manderson, was supported by CASA subject matter experts during the meeting.

The ASAP Secretariat was represented by Mwala Puteho.

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 discuss their views on the provided material during the meeting then address the below Outcomes.

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

SUMMARY OF OUTCOMES – Second TWG Report, 25 August 2022

Topic 1 - Medical Certification Structure and Self-Declared Medicals for Pilots

FULL CONSENSUS / **GENERAL CONSENSUS** / DISSENT

Comments:

The TWG evaluated and analysed the concept for a simplified medical structure which encompassed five levels of medical certification. The concept added two new classifications, which include the Class 4 (replaces Basic Class 2) and Class 5 (new), self-declaration based on Austroads private motor vehicle standard.

The TWG felt that the creation of two new medical certifications will inevitably lead to more complexity and unintended consequences, increasing the likelihood of potential confusion over which standard applies to which pilots. It was also agreed that the sensitivity and specificity of the medical screening process is not sufficient to stratify the risk of medical incapacitation into five layers of likelihood.

To simplify the medical structure, the TWG supports and recommends the creation of one new medical certification (**Class 4 medical certification: Self-Declared**) which would set out to achieve the outcomes of the Basic Class 2 and conceptual Class 5 medical certification. The Class 4 medical certification would cover the general aviation sector with limitation of the certification to be defined based on operational risk. The structure of having four medical certifications would clearly define and distinguish commercial requirements from general aviation.

The TWG further recommended that the Class 4 medical certification: (Self-Declared) should incorporate the Private unconditional Austroads standard. The TWG concluded that the permissions affixed to the self-declared medical would be attached to the number of passengers, flights activities and aircraft size (i.e. consequence risk). The TWG strongly emphasised that CASA needs to conduct further risk assessment work to address the operational limitations around the plausibility of these consequences.

Topic 2 – Expanding DAME Delegations

FULL CONSENSUS / GENERAL CONSENSUS / DISSENT

Comments:

The TWG recommended expanding the delegations of Designated Aviation Medical Examiners (DAMEs) to assist in modernising the Part 67 rules, as well as to further decentralise the current medical model. There was consensus among the TWG members that the issuing of Class 1, 2 and 3 medical certificates should be available for DAMEs that are interested and qualified, with oversight conducted by CASA.

The TWG further recommended that for a DAME to have the ability to issue a class 1 medical they would be required to hold an appropriate post-graduate qualification as determined by CASA, or a Fellowship of the Royal Australasian College of Aerospace Medicine and complete any CASA training course required for delegated DAMEs.

With the additional delegation, the TWG emphasised the importance of investment in training, audit, and quality assurance to allow for a more decentralised model. As part of the recommendations, the TWG recommended that a decentralised model would need to be collaborative between DAMEs and 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. In general, there should be less need for CASA involvement in routine decision making and a supported DAME network who have the confidence and skills to issue routine medical certificates for a variety of low-risk medical conditions by way of accredited medical conclusion and provide support for CASA in complex medical cases where appropriate. As part of the recommendations, the TWG highlighted the need for appropriate and sufficient guidance, training, and resources for any expansion of delegations to DAMEs. A failure to initiate these quality control mechanisms at the time of delegation would result in significant inconsistency of decision making and could potentially result in an increased risk to safety of flight.

Topic 3 – Self Declared Medical for Private Pilots

FULL CONSENSUS / **GENERAL CONSENSUS** / DISSENT

Comments:

Refer to the recommendations of Topic 1.

Topic 4 – Standards for Drone Pilots

FULL CONSENSUS / GENERAL CONSENSUS / DISSENT

Comments:

The TWG broadly supported the consideration of a medical standard for Remotely Piloted Aircraft Systems (RPAS) operations. In considering their recommendations to the ASAP, the TWG noted that further data needs to be examined to determine the various risk profiles for all RPAS operations. The TWG further stated that any consideration in applying a medical standard to RPAS operations would need to evaluate the risk based on the size, complexity, and area of operations.

The TWG further acknowledged 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 recommends that the application of the medical standard would depend on risk data gathered by CASA, if the data from CASA identifies residual risk in its assessment the TWG would recommend the application of a modified Class 3 medical certificate, similar to those currently in use for Air Traffic Controllers and Flight services officers.

Topic 5 – Flight Instructors in Sport and Recreation

FULL CONSENSUS / GENERAL CONSENSUS / DISSENT

Comments:

The TWG agreed that the current medical certification structure for recreational aviation is fit for purpose. Furthermore, the TWG reiterated that current evidence does not suggest a need to change the medical requirements for flight instructors. The TWG questioned whether a higher medical standard for instructors would provide extra safety outcomes, considering that instructors are already required to hold a higher medical standard than that of recreational pilots. As such, the TWG did not support the change of the current flight instructor medical standards for CASA qualified, sport or recreational instructors.

Topic 6 – Modernising the Part 67 Rules

FULL CONSENSUS / GENERAL CONSENSUS / DISSENT

Comments:

The TWG strongly supported moving items from the regulations into the Manual of Standards (MOS) or guidance materials where appropriate. This would improve information access for DAMEs. The TWG stated that placing certain provisions in a MOS or guidance material allows for easier changes and updates than with regulations. The TWG support the following MOS inclusions:

- Appointment of Aviation Medical Practitioners (AMPs) (see note below)
- AMP training courses
- AMP currency and performance management
- Classes of medical certificates
- Medical standards for certificate classes
- Supporting processes to issue, renew, restrict, suspend, and cancel medical certificates
- Supporting processes for assurance of quality and safety in aeromedical certification
- Any other processes to support CASA in providing safe and effective medical certification and aeromedical safety systems.

The TWG encouraged CASA to consider the creation of a Plain English Guide for Part 67 to further alleviate the complexity and understanding of the rules and regulations. As part of modernising the rules, the TWG noted the importance of having relevant, appropriate, and evidence-based standards within the regulations. Additionally, in the interest of modernisation, the TWG further recommended CASA continue its shift to proactively addressing issues surrounding mental health. The TWG feel that the preventative and predictive style of interventions in a safety management system model is a better form of mitigating risk factors than awaiting the detection of disease.

Topic 7 – Other Relevant Matters

FULL CONSENSUS / GENERAL CONSENSUS / DISSENT

Comments:

As part of improving and modernising Part 67, the TWG emphasised a change in stakeholder engagement with CASA Aviation Medicine to allow for direct communications with a Senior Medical Officer, the direct line of communication would add value to CASA internal processes. The TWG recommends CASA continue to improve its stakeholder engagement from the perspective of communications and accessibility. The TWG also encouraged continued efforts to ensure CASA's written communications are less adversarial, where possible.

During their review of Part 67, the TWG recommended the reevaluation of the indemnification clauses that indemnifies individuals if they answer questions from CASA; however, individuals are not indemnified if they contact CASA in good faith to report concerns (e.g. suicidal behaviour). The TWG cited the recommendations of the workshop conducted in 2015 after the Germanwings crash which have still yet to be implemented.

CASA Lead Summary

Dr Kate Manderson

Comment:

CASA is grateful for the TWG members' commitment of time and expertise to this work. The depth and breadth of discussion, with contribution from all members, has led to the development of a comprehensive set of recommendations that genuinely represents the position of key stakeholders. CASA looks forward to continuing to engage with the TWG members and their nominating organisations as the Part 67 legislation and supporting guidance material is developed. This collaboration will ensure that the TWG recommendations, issues and concerns continue to be represented throughout the drafting and implementation process. Ultimately the TWG's work will inform a legislative framework that balances evidence-based aeromedical risk with the expectations of a safe and thriving industry.

Appendices

1. Extract from ASAP Terms of Reference

Appendix 1

ASAP and TWG Terms of Reference regarding Consensus (Extract)

- 6.1 A key aim of the ASAP is that a consensus be reached, wherever possible, in the finalisation and preparation of advice to the CEO/DAS.
- 6.2 For present purposes, 'consensus' is understood to mean agreement by all parties that a specific course of action is acceptable.
- 6.3 Achieving consensus may require debate and deliberation between divergent segments of the aviation community and individual members of the ASAP or its Technical Working Groups.
- 6.4 Consensus does not mean that the 'majority rules'. Consensus can be unanimous or near unanimous. Consensual outcomes include:
 - 6.4.1 **Full consensus**, where all members agree fully in context and principle and fully support the specific course of action.
 - 6.4.2 **General consensus**, where there may well be disagreement, but the group has heard, recognised, acknowledged and reconciled the concerns or objections to the general acceptance of the group. Although not every member may fully agree in context and principle, all members support the overall position and agree not to object to the proposed recommendation.
 - 6.4.3 **Dissent**, where differing in opinions about the specific course of action are maintained. There may be times when one, some, or all members do not agree with the recommendation or cannot reach agreement on a recommendation.

Determining and Documenting Consensus

- 6.5 The ASAP (and Technical Working Groups) should establish a process by which it determines if consensus has been reached. The way in which the level of consensus is to be measured should be determined before substantive matters are considered. This may be by way of voting or by polling members. Consensus is desirable, but where it is not possible, it is important that information and analysis that supports differing perspectives is presented.
- 6.6 Where there is full consensus, the report, recommendation or advice should expressly state that every member of the ASAP (or Technical Working Group) was in full agreement with the advice.
- 6.7 Where there is general consensus, the nature and reasons for any concern by members that do not fully agree with the majority recommendation should be included with the advice.
- 6.8 Where there is dissent, the advice should explain the issues and concerns and why an agreement was not reached. If a member does not concur with one or more of the recommendations, that person's dissenting position should be clearly reflected.
- 6.9 If there is an opportunity to do so, the ASAP (or Technical Working Group) should reconsider the report or advice, along with any dissenting views, to see if there might be scope for further reconciliation, on which basis some, if not all, disagreements may be resolved by compromise.