

MINUTES OF THE

THIRTY SECOND MEETING OF THE

CIVIL AVIATION MEDICINE FORUM

HELD IN

AVIATION HOUSE, GATWICK

ON

27 SEPTEMBER 2011

Attendees:

Dr S Evans, Chief Medical Officer, Chairman	CAA
Dr S Mitchell, Head Aeromedical Section	CAA
Dr E Hutchison, Head Aeromedical Centre	CAA
Air Commodore Batchelor	King's College, London
Dr D Bareford, Medical Adviser	BBAC
Dr A Downie, Medical Adviser	SAAME
Dr K Edgington, Medical Adviser	RAeS
Dr S Gibson,	BGA
Dr S Houston, Pilot Medical Officer	bmi
Dr G Logan, NPPL Medical Adviser	British Microlight Aircraft
Wing Commander G Maidment	AAIB
Professor R McCready, Medical Adviser	Independent Pilots Assoc.
Dr I C Perry, NPPL Medical Adviser	AOPA (BHAB, GAPAN)
Dr J Roberts, Chief Medical Officer	NATS
Dr P Saundby, Medical Adviser	BGA
Dr S Stork, Medical Adviser	BALPA
Dr D Tallent, Medical Adviser	GATCO
Dr G Tothill, Chief Medical Officer	First Assist Services Ltd
Dr E Wilkinson, Head of Health Services	British Airways
Dr K Herbet, Chairman	AAME

Apologies:

Dr N Dowdall, Head Aviation Health Unit	CAA
Mr S Ledingham, Medical Adviser	British Rotorcraft Association
Dr P Ward, Medical Adviser	Airline Medical Doctors
Dr M Hudson, Chairman	AAME

**Minutes of the 32nd Meeting of the Civil Aviation Medicine Forum held on
Thursday, 27 September 2011 at Aviation House, Gatwick**

1. Welcome and Introductions.

Dr Sally Evans opened the meeting and welcomed the attendees and introduced the Panel to Maxine Briggs, the new Medical Executive Secretary.

CAA Medical Department Changes.

Dr Evans reported that Dr Nigel Dowdall has become Head of the Aviation Health Unit. Michelle Anders has recently joined the Department as an Aeromedical Adviser and Daisy Watson has joined as a Medical Audiotypist.

2. Apologies for absence.

Apologies were received from Dr Dowdall, Mr Ledingham and Dr Ward.

3. Minutes of the 31st Meeting 03/03/2011

The minutes were accepted as a true record and approved for publication on the web.

4. Matters Arising

5.6 Class 3 ATCO Requirements

Dr Mitchell reported that the next version of the European Class 3 requirements will be out for consultation soon. An EASA Medical Expert Group is drafting the Part Medical ATCO section and effectively the EuroControl rules will become the EASA ones.

Dr Mitchell reported that all ATCOs do not need to have regular Tonometry. For those who do not require correction, only at initial and first medical after 40 years will be the new requirements under EuroControl/EASA. The relevant draft ATCO documents were circulated.

7.2 Lasers

Dr Roberts mentioned that there are some pilots with concerns about Lasers and their potential for damage to the retina. Dr Evans reported that Dr Hutchison was on the CAA's Laser working group. Dr Evans reported that there has been no case reported to CAA Medical Department by a pilot or ATCO of eye damage from laser exposure.

Dr Stork reported that there had been a case where there was some potential eye damage, however, the pilot made a full recovery. The pilot had been rubbing his eye and the symptoms were pain and blurring of vision and acuity was normal. Dr Hutchison explained that this was most likely due to the rubbing rather than damage from the laser.

5. European Aviation Safety Agency (EASA)

5.1 Dr Evans reported that 13th July 2011 was the date when the draft Commission proposal on Part MED. was transferred for scrutiny to the European parliament. This period lasts until 13th October and after that it will proceed to final adoption and publication in the Official Journal of the European Union. We do not yet know when that will happen but it is likely that Part-FCL and Part-MED will be published together. Parts-ARA and ORA will be delayed, likely to be transferred for scrutiny late November up to mid January and be published in March 2012. Some parts of Part-OPS may be delayed beyond April 2012.

- 5.2 The EASA committee met at the end of June and agreed that the Aviation Regulation will provide a transition period for implementation and CAA have elected to implement on the 1st July 2012.
- 5.3 Dr Evans reported that an Information Notice will be issued on medical certification in November 2011. Some elements of the opt-out period need to be confirmed. Hopefully by the beginning of November we should be clear on this.
- 5.4 The Aircrew Cover Regulation includes requirements for cabin crew and Authority and Organisation Requirements.
- 5.5 From the 8th April 2012 all existing JAA medical certificates will become EASA certificates. AMEs can start issuing EASA certificates from the 1st July next year.

Class 1 certification is broadly unchanged.

Class 2 certification is broadly unchanged.

LAPL medication certification - some amendments were secured by the UK at the February meeting of the EASA Committee and they have been approved.

Cabin Crew medical requirements have not been finalised yet but we are going to make sure that Flight Operators have operational responsibility for the cabin crew. We will have information in due course and are liaising with Flight Operations. There may be an opt-out for cabin crew for 2 years.

- 5.6 **New ATCO European directive.** Due to delay in updating of the Air Navigation Order, from 1st September 2011, the UK CAA is temporarily no longer the competent Authority for issuing licences and medical certificates for ATCOs. An exemption process is being followed. There is a Grandfather clause to allow AMEs to continue issuing certificates but not one for CAA. This will be rectified on or after 10th October 2011.

- 5.7 Licensing – Dr Evans reported that Cliff Whitaker has prepared a resumé of what is happening on licensing. The type of aircraft that the individual is flying will determine whether the governing regulations are European or National (i.e. EASA Regulations or the ANO). Mircrolights and gyroplanes will still be regulated by the UK. If you fly SSEA EASA type you will need to hold an EASA certificate as you will be flying an EASA aircraft.

Dr Gibson stated that Annex 2 Gliders will be under the Authority of the BGA. SE to discuss with licensing.

5.8 **Medical Expert Group Meeting – September 4th Group**

UK submitted a paper on insulin treatment for diabetic pilots. SM had held a Review Panel meeting on diabetes with specialists, experts, and regulators and a proposed certification matrix to include both oral and injected hypoglycaemic medicines has been prepared. The paper went to the EASA Medical Expert Group on pilots, Dr Mitchell has also submitted a paper to be discussed at the next EASA ATCO meeting.

- 5.9 Annette Ruge has accepted the UK proposal for AMC for LAPL pilots treated with insulin – how this is going to be taken forward by EASA for Class 1 & 2 pilots has yet to be determined.
- 5.10 EASA has accepted some of the reactions regarding limitations but not the SSL. The UK makes frequent use of the SSL. Annette Ruge is reviewing the limitations AMC.
- 5.11 Dr Evans reported that further work will be carried out on the use of the OML limitation and what the limitation allows a pilot to do. There is going to be a Med 001 Group and we intend to nominate a member for this Group.
Dr Evans reported that Croatia will become the 28th member of EU from 20th July 2013.

6. Aviation Health Unit Brief

6.1 e-Forum

Dr Evans reported that Dr Nigel Dowdall became the Head of the AHU in August 2011. Dr Dowdall is currently meeting with stakeholders and looking to form an e Forum for stakeholders in place of the Aviation Health Working Group.

6.2 Volcanic Emissions

Dr Evans reported that more work had been carried out on Ash and associated volcanic emissions.

6.3 CAPSCA

Dr Dowdall will be attending the CAPSCA conference (Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel) in Nigeria (10th-13th October 2011).

6.4 Cabin Air

Dr Evans reported that the results of the swab sampling study are awaited by the DfT who commissioned it. The results will then be sent to the Committee on Toxicity.

7. Safety Concerns

None reported by the attendees.

8. Lasers

Dr Evans reported that a medical student from the USA assisted the Medical Department during summer 2011 with research on eye damage resulting from exposure to lasers. The work has resulted in a draft leaflet that permits rapid self-assessment by pilots and ATCOs following exposure to ensure that no damage has occurred and determine whether further medical assessment is required. A paper on the project is to be submitted to ASEM. To date the CAA are not aware of cases in the UK where pilots or ATCOs have suffered retinal injury from laser exposure in the cockpit or whilst controlling. The draft leaflet is nearly finished and when completed it will be published on our website.

Dr Stork reported that BALPA are on a similar route and are in the process of producing a slightly smaller leaflet. The leaflet is a bullet point list of what pilots should do if they experience a laser incident in cockpit. Dr Stork thinks it complements the CAA leaflet.

ACTION on Drs Stork and Hutchison to liaise and to discuss how leaflets are produced and circulated.

9. Drug Screening in the Aviation Industry

Dr Evans reported that some of the Panel had responded to a questionnaire she had sent round in December 2010. There are a few operators that undertake random drug testing. The cost of undertaking random screening is large. Drug problems are rare - we definitely have less than a handful each year reported to us. Flight Ops and Air Traffic Standards Department are going to send out a questionnaire to determine what is happening in industry. There is a need for further discussion with the operators to determine if this is something they feel that they should be doing. The Netherlands' CAA has a drugs screening protocol which is followed by many Dutch operators.

Dr Wilkinson reported that Transport for London have collected some data on this and their statistics are interesting. Dr Evans reported that Olivia Carlton, TfL, had responded to her December 2010 survey.

10. Governance of Civil Aviation Medicine Practice

In respect of the medical governance of the Department, Dr Evans reported that in her role as Responsible Officer (RO) she has undertaken quite a lot of training. Drs Mitchell and Hutchison will be doing formal medical appraiser training to strengthen our system. There is no clear information yet about the structure of revalidation. There is a Medical Appraisal Guide and we have been sent a link to review it. All doctors will need a medical appraisal annually.

Dr Evans informed the Panel that they all need to know who their RO is. Guidance will be sent out with the minutes (Appendix 1). This is a flow diagram which describes how you find your RO. The RO reports to the GMC every 5 years and this is likely to start at the end of 2012.

Annual appraisal is to be done by someone who understands your working practice. Supporting information needs to be collected and 360° feedback will be an important element.

11. Specialty of Aviation and Space Medicine

The First Stage application for the DH is being finalised and will be discussed on Thursday at the Specialty Advisory Committee. The application will be submitted to the DH shortly thereafter.

12. Any Other Business

The CAA Scheme of charges will be published on 30/09/2011. SE has only seen a draft copy so we have not got a final copy for distribution. There will be a charge for being an AME on an initial and recurrent basis. The Consultation for Scheme of Charges will be open for public review. "Dr Downie enquired if the new Certification Fee which he considered a tax on AME's was EASA related. Dr Evans explained that it was unrelated to EASA and that the CAA levied fees on all their examiners. Dr Downie and Dr Tallent both enquired why could the fee not be added to the existing 'Administration Fees' currently levied on all AME's when they use the AME on Line system? Dr Evans explained that any charges were required to be 'transparent' and the new fee could not be added onto an existing fee for a different service. Dr Perry enquired as to the sums involved in the new charge but Dr Evans did not have the precise information available at the time."

Dr Downie asked about the standard for airside driving. The CAA is aware of proposals but has no details.

Dr Stephen Houston has written an article for the Aviation, Space and Environmental Medicine (ASEM) Journal on Lasers.

HOUSTON S. *Aircrew exposure to handheld laser pointers: the potential for retinal damage.* **Aviat Space Environ Med 2011; 82:921-2.**

A member noted that a Flight Crew Admin Notice recently circulated by one of the airlines has apparently used the CAA's Personnel Licensing Scheme of Charges as a benchmark for the cost of regulatory flight crew medical examinations. Dr Evans explained that the CAA is required by the UK Government to recover its costs from industry which includes an HM Treasury requirement for the CAA to recover an annual rate of return on its regulatory activities. The CAA's Scheme of Charges, however, does not include VAT, which many AMEs may need to pay, nor does it include any costs payable to the CAA for processing the medical data or approval and oversight of an AME. Nor does the Scheme of Charges allow for any element of commercial profit.

13. **Dates of next Meetings**

Dr Evans thanked members for attending the meeting.

The **Spring Meeting** will take place on Thursday 1st March 2012.

The **Autumn Meeting** will take place on Tuesday 25th September 2012.