MINUTES OF THE

THIRTY FIRST MEETING OF THE

CIVIL AVIATION MEDICINE FORUM

HELD IN

AVIATION HOUSE, GATWICK

ON

3 MARCH 2011

Attendees:

Dr S Evans, Chief Medical Officer, Chairman	CAA
Dr S Mitchell, Head Aeromedical Section	CAA
Air Commodore Batchelor	King's College, London
Dr A Downie, Medical Adviser	SAAME
Dr S Houston, Pilot Medical Officer	bmi
Dr M Hudson, Chairman	AAME
Dr G Logan, NPPL Medical Adviser	British Microlight Aircraft
Wing Commander G Maidment	AAIB
Professor R McCready, Medical Adviser	Independent Pilots Assoc.
Dr M Popplestone, Head of Medical Services	Virgin Atlantic Airways
Dr P Saundby, Medical Adviser	BGA
Dr S Stork, Medical Adviser	BALPA
Dr D Tallent, Medical Adviser	GATCO
Dr P Ward, Medical Adviser	Airline Medical Doctors

Apologies:

Dr D Bareford, Medical Adviser	BBAC
Dr T Crayford, Chief Medical Adviser	DfT
Dr K Edgington, Medical Adviser	RAeS
Dr R Hunter, Head Aviation Health Unit	CAA
Dr E Hutchison, Head Aeromedical Centre	CAA
Mr S Ledingham, Medical Adviser	British Rotorcraft Association
Dr I C Perry, NPPL Medical Adviser	AOPA (BHAB, GAPAN)
Dr J Roberts, Chief Medical Officer	NATS
Dr G Tothill, Chief Medical Officer	First Assist Services Ltd
Dr E Wilkinson, Head of Health Services	British Airways

Minutes of the 31st Meeting of the Civil Aviation Medicine Forum held on Thursday, 3rd March 2011 at Aviation House, Gatwick

1. Welcome and Introductions.

Dr Sally Evans opened the meeting and welcomed the attendees.

2. CAA Medical Department Changes.

Dr Evans reported that Dr Hunter will be leaving the CAA at the end of May to become Head of Safety and Security at BALPA. A new doctor (Medical Officer) will be joining the Department on 7th March 2011 – Dr Miruna Canagaratnam. Mrs Gerry Emms, Aeromedical Adviser has retired.

3. Apologies for absence.

Apologies were received from Dr Bareford, Dr Crayford, Dr Edgington, Dr Hunter, Dr Hutchinson, Mr Ledingham, Dr Perry, Dr Roberts, Dr Tothill and Dr Wilkinson.

4. Minutes of Previous Meeting.

4.1 The following paragraphs were amended:

5.1 **9.2 Safety Concerns.** With regard to the crew cooperation concerns raised by *Dr Downie* during the British Airways industrial action, Dr Evans referred to an article by Janice Fisher, Manager of SRG's Cabin Safety Team, which explained that the CAA had been looking carefully at training courses for pilots who had acted as cabin crew and that the CAA had been heavily involved in this aspect. Two CAA Flight Operations Inspectors had observed several pre-flight briefings and ramp inspections. The general feeling was that people's professionalism would not allow the industrial action to affect flight safety.

5.2 **10.1 Governance of Civil Aviation Medicine Practice.** Dr Hunter had organised an Ophthalmology Panel meeting on 4 June 2010 to look at the new Colour Assessment and Diagnosis test developed by City University. A further seminar will take place on 5 October. If anyone is interested in attending this seminar, they should get in contact with Dr Stuart Mitchell who will be overseeing it. Dr Hudson suggested inviting the FAA and Canadian Authorities (Nelda Milburn and David Salisbury respectively).
ACTION: Dr Mitchell. ACTION complete.

The remainder of the minutes of the previous meeting were accepted as a true record.

5. Matters arising
European Aviation Safety Agency (EASA)

5.1 Dr Evans gave a presentation to the Forum on the EASA medical requirements. (Slides attached).

The aim is for AMEs to make fitness decisions and to be able to amend limitations themselves. Also all AMEs may have to be on a Specialist Register i.e. on GMC or on European Specialists' Register. Several attendees expressed concern about this requirement.

Post Meeting Note: This was clarified after the meeting by Dr Mitchell who confirmed that the Specialist Register requirement only applied to applicants applying or reapplying to become an AME.

5.2 LAPL

LAPL medical assessments will be able to be carried out by GPs and AMEs. There needs to be clear guidance on the definition of a GP. Most LAPL casework is to be done by AMEs. Dr Evans reported there may be a transition period for sailplane and balloon pilots. Microlight pilots will continue to use the NPPL self-declaration system.

5.3 Class 2

AMEs will deal with almost all Class 2 certification with the exception being for appeal cases.

5.4 Cabin Crew

EASA have relaxed the requirement, however, there still needs to be an initial medical examination and then a five yearly medical assessment for Cabin Crew. Existing Cabin Crew will be grandfathered. New applicants for Cabin Crew will be colour vision tested and have to pass 9 out of 15 of the Ishihara plates.

Occupational Health Medical Practitioners – Dr Ward commented that there is a need to be familiar with the Cabin Flight environment. This is captured in the requirements.

5.5 Aircraft outside EASA (Annex II)

FCL have produced a summary of the licensing changes under EASA which describes which licence is required for each type of aircraft. This is due to be published next week: *European Legislation – The Expected Effects on the Licensing of pilots in the UK*. It will be accessible from the Licensing home page.

5.6 Class 3 ATCO Requirements

Dr Evans reported that the next version of the European Class 3 requirements will be out for consultation soon. This will be fast tracked within the next six months to a year. An EASA Medical Expert Group is drafting the Part Medical ATCO section and effectively the EuroControl rules will become the EASA ones. Dr Mitchell to check on the Tonometry requirements.
ACTION: Dr Mitchell

5.7 EASA Training Courses

Dr Evans reported that by 8th April 2012, everyone will have had to have attended one of our training courses which will probably take place during the months of February and March next year.

6. Aviation Health Unit Brief.

6.1 Dr Hunter had submitted the following brief:

Dissolution of the Aviation Health Working Group

The Aviation Health Working Group has been disbanded as it had fulfilled its remit, that of acting as a reporting body for research into deep vein thrombosis and cabin air and the Aviation Health Unit was now established as a centre of expertise in aviation health. It is however noted that the Secretary of State's duty with regard to the health of persons on board aircraft remains, as described in Section 16 of the Civil Aviation Act 1982 and amended by Section 8 of the Civil Aviation Act 2006 which provides for a "continuous requirement on the CAA to provide advice and assistance" in connection with that duty.

As part of the AHU strategy to continue to fulfil this duty, we have decided to further develop the function of the former Aviation Health Working Group and take this forward as an electronic forum, which initially will have a membership consisting of the members of the former Aviation Health Working Group, but in time may be expanded. The electronic infrastructure of the forum has been created and over the next month or so we are conducting internal trials of its use. We anticipate deployment in April of this year.

Cabin Air
The Cranfield Study is now at the peer review stage. Completion of the peer review is expected within the next six weeks or so.

ICAO Volcanic Ash Task Force (IVATF)
Dr Rob Hunter is leading the Health Effects Sub-Group of the ICAO Volcanic Ash Task Force. This Sub-Group is looking at the hazard of volcanic gases for the occupants of aircraft. Membership of this Group currently includes Tony Evans from ICAO and Jochem van Koppen from IFALPA.

Space Environment
In response to the forthcoming solar maximum, the CAA has set up a Space Environment Advisory Panel to consider space environment effects across the aviation industry. The Panel has representatives from the International Commission for Radiological Protection, the Health Protection Agency, QinetiQ, University College London's Mullard Space Science Laboratory, National Air traffic Services and the Met Office as well as the CAA's operational experts, including the Head AHU.

Airport Scanners
The AHU has been involved in giving advice to industry regarding the radiation doses from these scanners. The radiation doses are extremely small and so the advice has been reassuring.

Working with Stakeholders
As part of the CAA's communication strategy, the AHU will produce articles which are of interest to the travelling public. The first of these, which is currently with the CAA's Corporate Comms Dept. for consideration and publication, is on the subject of Fear of Flying.

7. Safety Concerns

7.1 Dr Hudson expressed his concerns on flight time limitations. Dr Evans reported that the issue of FTL's is led by the Flight Operations Department. We are waiting for the final text of the EASA rules on FTLs which are currently being developed/ commented on. Dr Evans suggested that Dr Hudson send a Confidential e-mail if he has knowledge of any specific concerns and Dr Evans will forward it to the relevant Flight Ops Inspector.

7.2 Dr Stork 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 of eye damage from a laser attack.

8. Governance of Civil Aviation Medicine Practice

8.1 South London and Maudsley NHS Foundation.
Dr Evans informed the Forum that Dr Jane Marshall now runs the CAA's alcohol and substance misuse clinic, having taken over from Dr Collins Howgill. Dr Marshall has been helping us with policy review and is a valuable addition to our Consultant Team.

8.2 GMC – Dr Evans reported that she is the Responsible Officer for the CAA.

9. Specialty of Aviation Medicine

9.1 Dr Evans reported that there is a four yearly training curriculum for Aviation and Space Medicine Training and that Dr Miruna Canagaratnam will be following this syllabus.

10. Any Other Business

10.1 **Specialty of Aviation & Space Medicine**.
Dr Saundby's comments were reported to the Forum by Dr Evans.
Dr Popplestone commented that job opportunities may be limited and
Dr Batchelor remarked that it would not be impossible to be dually accredited with Occupational Medicine.

10.2 **AMEs registering with Care Quality Commission –**
Dr Hudson was not certain if or how this affects AMEs. Dr Evans reported that it was up to each AME to confirm with the CQC whether they needed to be registered.

10.3 Dr Hudson reported that this was to be his last meeting as Dr Kevin Herbert will be taking over as AAME representative in April 2011.

Post Meeting Note: It was confirmed that Dr Hudson would continue to attend the Forum on behalf of Thomas Cook Airlines.

10.4 Dr Downie would like clarification of new methodology for Class 2 ECGs.
Dr Mitchell reported that flowchart will be updated.

11. Dates of next Meetings

Dr Evans thanked members for attending the meeting.

The **Autumn Meeting** will take place on Tuesday, 27 September 2011.

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