

MINUTES OF THE

THIRTIETH MEETING OF THE

CIVIL AVIATION MEDICINE FORUM

HELD IN

AVIATION HOUSE, GATWICK

ON

14 SEPTEMBER 2010

Attendees:

Dr S Evans, Chief Medical Officer, Chairman	CAA
Dr S Mitchell, Head Aeromedical Section	CAA
Dr E Hutchison, Head Aeromedical Centre	CAA
Dr D Bareford, Medical Adviser	BBAC
Air Commodore Batchelor	King's College, London
Dr A Downie, Medical Adviser	SAAME
Dr K Edgington, Medical Adviser	RAeS
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
Dr I C Perry, NPPL Medical Adviser	AOPA (BHAB, GAPAN)
Dr J Roberts, Chief Medical Officer	NATS
Dr P Saundby, Medical Adviser	BGA
Dr E Ivory, Medical Adviser	BALPA
Dr G Tothill, Chief Medical Officer	First Assist Services Ltd

**Minutes of the 30th Meeting of the Civil Aviation Medicine Forum held on
Tuesday, 14 September 2010 at Aviation House, Gatwick**

1. Welcome and Introductions.

Dr Sally Evans opened the meeting and welcomed the new attendees; Dr Eleanor Ivory representing BALPA on behalf of Dr Sheila Stork, and Dr Ron Pearson representing the LAA.

2. CAA Medical Department Changes.

Dr Evans distributed the up to date Medical Department organogram and highlighted the staff changes since the last meeting. Dr Mitchell had taken over as Head of the Aeromedical Section, Dr Robert Hunter had taken over from Dr Ray Johnston (now retired) as Head of the Aviation Health Unit, and Dr Ewan Hutchison had been promoted to Head of the Aeromedical Centre. Also four new Medical Officers had been recruited, three of whom work on a part-time basis.

3. Apologies for absence.

Apologies were received from Dr Robert Hunter, Dr Liz Wilkinson, Dr Mark Popplestone, Dr Sheila Stork, Professor Ralph McCready, Dr Peter Ward, Dr David Tallent, and Mr Simon Ledingham.

4. Minutes of Previous Meeting.

4.1 The following comments were noted:

5.5 Dr Evans wished to amend the minutes as follows: 'Regarding cabin crew medicals, Dr Evans was asked how these are *currently* assessed within an organisation and said that there will be no specific auditing for periodic assessments under *EU Ops*.'

9.2 Dr Dowdall wished to amend the minutes as follows: Dr Downie raised concern regarding the situation of British Airways pilots being trained as cabin crew and their utilisation should the planned British Airways industrial action take place. Mention was made of this creating tension on board the aircraft and its possible effect on crew co-operation in future. *Dr Dowdall stated that the company recognised this as a potential issue.* Dr Hunter referred to the Papa India accident in 1972 when there had been issues regarding the mood of the crew members on board. Dr Evans agreed to raise this as a concern with Flight Operations.

11.1 Dr Roberts wished to point out that the PMETB had now been subsumed within the GMC.

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

5. Matters arising

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.

6. Responsible Officer Legislation/ Revalidation

- 6.1 Dr Evans reported that in a letter to the GMC the Secretary of State had stated that a further year of piloting the revalidation system would be necessary to gain a clearer understanding of the 'costs, benefits and practicalities of implementation'.
- 6.2 The draft Responsible Officer regulations were laid in Parliament on 26 July and should come into force on 1 January 2011. Further information can be found on the DoH website at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_DH117861.
- 6.3 Dr Evans distributed a flow diagram (available in the Guidance Material on the DH website) to demonstrate how individual doctors can find out who their Responsible Officer is. The CAA is a Designated Body which essentially means that it will have to appoint a Responsible Officer. AMEs are not employed by the CAA and the CAA will not provide a Responsible Officer for AMEs. All doctors with a Licence to Practise will need to determine who their Responsible Officer is. Dr Evans stated that the DH is leading on the Responsible Officer legislation and the GMC on revalidation.

7. European Aviation Safety Agency (EASA) – Regulatory Developments

- 7.1 Dr Evans circulated a copy of the 'CAA EASA Information Bulletin' (Issue 12 dated 15 June 2010). These Bulletins will be published periodically. During the forthcoming months stakeholders will need to keep abreast of developments. On Page 3 there are details on how to receive a free subscription to the Bulletin.
- 7.2 The following important points were highlighted:
- A new Working Group has been set up to review the efficiency of the rule making process.
 - The CAA responses to all EASA NPAs and CRDs will be available on the CAA web page www.caa.co.uk/default.aspx?catid=620&pagetype=90&pageid=11403
 - Part FCL (NPA 2008-17) CRD was published on 9 April and the resulting Opinion on 27 August 2010.
 - The Aerodrome Safety Regulations will be adopted by 2013.
 - A partnership arrangement between EASA and Eurocontrol for rulemaking for ATCOs has been set up.
 - The CRDs on Authorities and Organisation Requirements should be published by the end of September and will contain some of the Part Medical information.
 - Third country operator requirements which deal with the AeMCs outside the EU will be published in December 2010.

- Part Medical CRD was published on 23 June and the consultation period for Reactions closed on 23 August. EASA has to respond to comments but not necessarily to Reactions.

7.3 Dr Annette Ruge had sent a list of categories of those who had submitted Reactions:

- Individual pilots 109
- AMEs 2
- Organisations (pilots) 16
- NAAs 9
- Ministry of Transport 2
- Other sources 7

7.4 Dr Evans reported that a stakeholder meeting had been organised for 30 September/1 October in Cologne to which CMOs of NAAs, and representatives of European Airport organisations and professional pilot organisations had been invited. Implementing Rules will be discussed and the main issue on the agenda will be the LAPL and GMP.

7.5 Dr Evans stated that two areas of the EASA requirements were highly contentious for the UK CAA, namely the LAPL and cabin crew requirements. The opt out period for the LAPL could allow continuation of the UK NPPL system for a further couple of years.

7.6 **ATCO Medicals.** Dr Stuart Mitchell reported that over the past couple of years, under the chairmanship of Eurocontrol, there had been a review of the European Class 3 standards alongside JAR-FCL 3. Dr Mitchell had attended these meetings. Publication of the draft updated standards will take place within the next month, there will then be a three month consultation period and hopefully implementation will take place sometime next year.

7.7 Dr Pearson asked if the cabin crew requirements were in Part Ops but Dr Evans stated that they had now been included within the Medical CRD so that all medical items are in one place and these will be determined ahead of other operational aspects.

7.8 EASA will submit their Opinion on Part Medical by the beginning of November to the Commission, although the comitology process following that is unclear at present.

8. Aviation Health Unit Brief.

8.1 Dr Hunter had submitted the following brief:

Current work of the AHU

The 2008 Government response to the House of Lords Science and Technology Committee's report on Air Travel and Health contains extensive recommendations for the role of the AHU, following the recent change of Government these recommendations are being re-evaluated in conjunction with the Department for Transport, it is possible that all of the original recommendations will remain.

Cabin Air

Last month Rob Hunter attended a meeting at ASD-STAN, a body that establishes, develops and maintains standards requested by the European aerospace industry. The meeting was to discuss amendments to a provisional aircraft cabin air quality standard that describes cabin pressure, temperature, humidity, noise and vibration. The amendments were agreed with a few minor changes.

The AHU will contribute to the peer review of the "Cranfield Study" in due course.

Cosmic Radiation

The International Atomic Energy Agency (IAEA) has revised its International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radiation Sources. It was these "Basic Safety Standards" that led to the EURATOM Directive in 1996. The report on the revisions should be available in December 2010. The AHU will consider any implications for aircrew when the report is published.

Rob Hunter has been invited to join the International Commission on Radiological Protection (ICRP) task group that will produce the Commission's guidance on the application of its recommendations to aircrew.

The AHU is overseeing UK preparedness for the forthcoming solar maximal period expected in 2013. It is likely that the Cosmic Radiation Advisory Group will be reconvened in the near future.

Future vision

In addition to any revised direction that Government may advise for the future, the AHU will start to look at what are the possible inputs that may be made at the aircraft design stage that address passenger health and safety for future generation aircraft.

One CAA

The AHU is making significant contributions to GDSR's strategic review of safety regulation. Rob Hunter is a member of the legal drivers and regulatory oversight teams that investigate how the CAA might better allocate its resource and strategy in the future. The strategic review reports internally next month.

9. Safety Concerns

9.1 Dr Edgington reported that he had received a number of comments from Airline 'A' pilots this summer regarding poor rostering and roster disturbance. Dr Evans will raise this with the relevant Flight Operations Inspector.

9.2 Dr Pearson reported a conflict of interest of First Officers who have had to pay for their training but not been offered a contract.

He also reported that some pilots were going part-time as they were being pushed to the maximum. Fatigue was a factor of increased absences although it was not reported as this to their employing airlines.

9.3 Dr Perry commented on pilot fatigue due to shift patterns and that this had been reported to CHIRP.

9.4 Dr Ivory reported that some Airline 'A' pilots were only being offered short term contracts and not full-time employment.

9.5 Dr Houston asked if there had been any progress on the SAFE programme. Dr Evans said that this research had been taken into account as part of the UK FTL discussions. EASA was also aware of SAFE.

10. Governance of Civil Aviation Medicine Practice

10.1 Dr Evans reported that a NPPL Medical Governance Meeting had taken place on 19 August 2010.

10.2 Prior to the Forum, a meeting of the Aviation Organisation Medical Advisers had taken place. The roles of the two levels of Medical Advisers had been defined and agreed. Essentially the first level of advice would be from an Aviation Organisation Medical Adviser

who can only give generic medical advice or policy advice, the second level, the NPPL/Medical Declaration Medical Adviser can give medical advice about an individual to a GP. The BGA (except SLMG) presently sits outside the NPPL system overseen by the CAA.

11. Specialty of Aviation Medicine

- 11.1 Dr Evans reported that, since there is currently no single body to oversee training in Aviation and Space Medicine in the UK, the Royal College of Physicians had been asked for advice on how to gain recognition for a curriculum for Aviation and Space Medicine. A curriculum had been agreed for training in aviation and space medicine. The Joint Royal Colleges of Physicians Training Board has given unanimous endorsement for the training curriculum. This documentation will now go forward to the DH. As there are no particular funding issues for the NHS this should assist the process.
- 11.2 The process will take a year or so before completion and it is hoped that the CAA Medical Department will shortly be able to recruit a trainee in aviation and space medicine.

12. Any Other Business

12.1 Freedom of Information

Dr Evans wished to remind everyone about the Freedom of Information Act and the fact that e-mails sent to the Authority should be suitable for viewing by the public as they could be released under the terms of the Act.

13. Dates of next Meetings

Dr Evans thanked members for attending the meeting.

The **Spring Meeting** will take place on Thursday, 3 March 2011

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