

MINUTES OF THE

THIRTY THIRD MEETING OF THE

CIVIL AVIATION MEDICINE FORUM

HELD IN

AVIATION HOUSE, GATWICK

ON

01 MARCH 2012

Attendees:

Dr S Evans, Chief Medical Officer, Chairman	CAA
Dr S Mitchell, Head Aeromedical Section	CAA
Dr N Dowdall, Head Aviation Health Unit	CAA
Air Commodore Batchelor	King's College, London
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
Professor R McCreedy, Medical Adviser	Independent Pilots Assoc.
Dr P Saundby, Medical Adviser	BGA
Dr S Stork, Medical Adviser	BALPA
Dr E Wilkinson, Head of Health Services	British Airways
Dr K Herbet, Chairman	AAME
Dr M Hudson, Chairman	AAME

Apologies:

Dr E Hutchison, Head Aeromedical Centre	CAA
Dr D Bareford, Medical Adviser	BBAC
Wing Commander G Maidment	AAIB
Dr I C Perry, NPPL Medical Adviser	AOPA (BHAB, GAPAN)
Dr J Roberts, Chief Medical Officer	NATS
Dr D Tallent, Medical Adviser	GATCO
Dr G Tothill, Chief Medical Officer	First Assist Services Ltd

**Minutes of the 33rd Meeting of the Civil Aviation Medicine Forum held on
Thursday, 01 March 2012 at Aviation House, Gatwick**

1. Welcome and Introductions.

Dr Sally Evans opened the meeting and welcomed the attendees. An up to date organisational chart of the Medical Department was distributed.

CAA Medical Department Changes

Dr Evans reported that Dr Frank Voeten, Dr John Pitts and Dr David Holwell have been brought in to assist with workload in the Medical Department. Dr Evans mentioned that an advert is being placed for another Medical Officer to come and assist during the busy EASA changeover period.

2. Apologies for absence.

Apologies were received from Dr Hutchison, Dr Bareford, Wing Commander G Maidment, Dr I C Perry, Dr J Roberts, Dr D Tallent and Dr G Tohill.

3. Minutes of the 32nd Meeting 27/09/2011

Dr Roberts requested a change on point 7.2 of the previous minutes from "Dr Stork mentioned" to "Dr Roberts mentioned". Following discussion the Minutes were amended to reflect this attribution.

Dr Downie requested an amendment on the subject of AME Certification Fee and suggested the following paragraph be inserted to the previous minutes:

"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."

This change was approved by the attendees.

Reference the action from the last minutes on the leaflet about lasers, Dr Hutchison has liaised with Dr Stork (BALPA) and the leaflets are with the external comms people in the respective organisations and are nearly ready for website/distribution. The CAA will be mentioned in BALPA's leaflet and vice versa.

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

4. Matters Arising

a Information Notices on Medical Certification

4.i Issuing JAR Certificates to applicants under 40 from 23 Feb 2012

Under current EASA transition arrangements all JAR medical certificates must be replaced by EASA medical certificates by 8th April 2017. The UK CAA has requested that the rulemaking group should consider amending the regulation by extending the 2017 date to 8 April 2018.

From 23 February 2012 applicants under the age of 40 who qualify for the full 5 years Class 2 validity may be issued a JAR class 2 medical certificate with a valid to date beyond 7th April 2017. The date of 23rd February 2012 allows for applicants applying for a certificate up to 45 days in advance of the expiry of their current certificate.

Applicants in receipt of a JAR certificate with a 'valid to' date beyond 7th April 2017 must be issued with a warning notifying them that their 'valid to' date is beyond the EASA transition and that their certificate is currently set to expire on 7th April 2017. The UK CAA is trying to get an extension on this date to enable the licence holder to use it for the full 5 years and EASA have undertaken to review this.

4.ii Medical Information Notice

Dr Evans wrote a medical information notice in January with a summary of changes to the medical certificate; this notice has been on hold and will be going for publication in 2/3 weeks time. The notice will provide information on changes with EASA medical certification.

4.iii Mutual Recognition of Medical Certificates

Dr Evans has written a medical information notice on this point confirming that certificates issued by EU and EASA States will be recognised; a point was raised relating to Turkish licences as Turkey is outside of the EU and this could have possible implications for operators. The AMEs need to be made aware of which certificates are mutually recognised as different states are transitioning to EASA at different dates. Cyprus Class 1 is not recognised for JAR FCL-3 and French/German Class 2 medical certificates are not recognised by the UK. An information notice will be sent out relating to this.

Dr Saundby commented that French glider pilots did not require an ECG until 2 years ago. He asked whether can we recognise the French issued medical certificates and Dr Evans' response was no as the French Class 2 is not JAR compliant.

EASA training seminars for AMEs will be commencing in approx 2 weeks time to cover all aspects of the transition. Dr Evans informed that some of the final rules have not yet been published. All seminars/handouts will go up on the CAA website after the last seminar has been held.

b. CAA Scheme of Charges

Dr Evans read out a comment by Dr Alan Downie requesting that the Scheme of Charges have a comment added along the lines of "AME charges may vary from the above as they are independent of the CAA". Dr Evans was content that this statement is recorded, but it cannot be published in the SoC as this has already been consulted on and published.* Dr Gibson also commented that AMEs tend to use the phrase 'CAA recommended fee', Dr Evans responded by saying that AMEs should not use this phrase. Dr Edgington responded by saying that BA's upper limit of acceptable charges are not the same as the CAA's SoC and his practice now produces 2 receipts to satisfy BA's requirements. Dr Wilkinson commented that BA do pay for their pilots' medicals at the moment and most pilots appear content with the system. Dr Gibson expressed concern as the EASA system means that glider pilots will need to go to an AME. Dr Evans reminded the group that CAA charges are not recommended fees and that local market forces will decide fees in each local area. Dr Saundby mentioned that some pilots had gone across borders for a medical. Dr Downie asked about the SoC consultation, Dr Evans said that this had happened and the document has been published.

**Post meeting Note: Dr Evans has informed the CAA's Finance Department of this request for next year.*

5. European Aviation Safety Agency (EASA)

Dr Evans reported that Croatia had signed its accession treaty to the EU. Croatia will become the EU's 28th Member State in July 2013.

Aircrew Regulation: The first four annexes of the Aircrew Regulation (containing Part-FCL, Part-MED, conditions for the conversion of national licences and conditions for the acceptance of third country licences) were published on 25 November. Commission Regulation (EU) No 1178/2011 lays down the technical requirements and administrative procedures related to civil aviation crew. The Agency published the corresponding Acceptable Means of Compliance (AMC) and Guidance Material (GM) for Part MED on 16/12/2011 and Part FCL on 20/12/11.

The regulation will be amended in the first quarter of 2012 – before it comes into force. The amendments will add the transition arrangements and add the requirements for organisations, authorities and cabin crew.

The amending regulation incorporating annexes on Cabin Crew, Authority and Organisation Requirements is due to be adopted by the end of March, with publication in the Official Journal in early April.

Commercial Air Transport Operations: The draft regulation should be sent to the Council and the European Parliament by 24 May for a three month scrutiny period; final adoption and publication in the Official Journal is unlikely to be completed before October.

On 14th February 2012 at an EASA Committee meeting, members agreed that member states needed to share with each other their intentions and planning for the transition due to the complexity of the opt-out options. The Commission stated they would prepare advice on questions of mutual recognition during the transitional period.

Dr Evans reported: At the Chief Medical Officers Forum on 2 December the Forum discussed utilising a common 'aeromedical records transfer' form and other issues relating to EASA transition. A particular concern for many states is inaccurate translations of the Implementing Rules for Part-MED. This issue will be raised at the EASA Standardisation meeting.

EASA Rulemaking Group for Part Med – A CAA colleague from the medical team has been appointed as a member of the EASA working group looking at parts of EASA MED not included in the current regulation and the Implementing Rules that EASA has been requested to amend. The latter includes a change to permit Class 1 and 2 certification for insulin treated diabetics in certain circumstances.

6. Aviation Health Unit Brief

EASA Cabin Crew The UK CAA intends to apply the maximum allowed derogation and it is intended that the EASA requirements for cabin crew medical assessment and fitness will be implemented from 8 Apr 2014. The existing EU-OPS requirements will continue in force until 7 Apr 2014 and 'grandfather' rights will apply until the end of a transition period on 8 Apr 2019, when all cabin crew will require a valid EASA medical report. All AMEs will be able to carry out cabin crew medical examinations and assessments, as will Occupational Health Medical Practitioners (OHMPs) who satisfy requirements for aviation medicine training. The published EASA AMCs are to be reviewed, but pending the outcome of this review the UK CAA has developed a draft alternative AMC. An information notice will be published in the near future.

Aviation Health Unit

Website. Content being revised, starting with FAQs. Layout will progressively change as part of CAA external website development.

Cabin Air The IOM report on surface residue analysis is 'imminent'. The COT will be asked to review the Cranfield and IOM studies and make recommendations for any further research. An international multi-disciplinary workshop was hosted by BRE on 21/22 Feb. This was a closed meeting by invitation only, but the conclusions will be published within the next few weeks.

CAPSCA CAPSCA is an ICAO initiative supported by the WHO which aims to help in the development of consistent and effective responses to events of public health concern in all States. CAPSCA Europe was established following a meeting in Paris in September 2011. The UK has not yet applied to join and work is in progress to seek support from the key stakeholders in the Dept of Health and Dept for Transport.

Volcanoes – gaseous emissions There is a theoretical risk of volcanic gaseous emissions such as SO₂ occurring at toxic levels at aircraft altitudes, but there is a lack of data/research in this area e.g. likely cabin levels for given levels in ambient air through which an aircraft is flying. The UK CAA has written to ICAO proposing the need for research in this area to be included as part of an ongoing work programme developed since the recent Icelandic eruptions.

e-Forum The e-Forum, which replaces the function of the DfT Aviation Health Working Group (AHWG) was implemented on 3 Jan 2012. The groups that were represented at the AHWG are all represented in the e-forum. To date there has been little discussion on the forum, although this may at least partly be due to the limited functionality of the IT platform in use and other IT solutions are being evaluated.

7. Update from Head of Aeromedical Section

Dr Stuart Mitchell gave a presentation on statistics of workload volumes in the Aeromedical Section. The stats showed an increase in year on year of the medicals performed at the CAA and 97% of medicals are submitted on line. There has also been a substantial increase in the amount of incoming correspondence received in the Department, 11,000 items in 2011.

8. Safety Concerns

Dr Steven Gibson mentioned that he was concerned about patients not being fully honest with AME's on medical conditions as the GP's record does not need to be looked at.

Dr Saundby responded by saying that this has always been a problem and in air accidents it has been noted in the past that no GP had been consulted.

Dr Evans responded by saying it is very important for a correct medical history to be obtained but that a pan-European rule cannot insist on access to a GP record because of the different healthcare systems in different States.

9. Drug Screening in the Aviation Industry

Dr Evans informed that this subject was of interest to the CAA and asked if there were any changes within airlines relating to this topic.

Thomas Cook informed that they were investigating random drug testing. Dr Stork of BALPA responded saying she was not aware of any formal BALPA statement on the issue and would seek to obtain one. Dr Wilkinson said that there were different views in BA, it is being looked at together with random screening for alcohol.

Action: Dr Stork to obtain statement from BALPA on random drugs testing in pilots.

10. Governance of Civil Aviation Medicine Practice
a. Medical Appraisal for Revalidation

Dr Sally Evans informed that very soon all Doctors will be asked by the GMC who their Responsible Officer is, probably by the end of March 2012.

11. Specialty of Aviation and Space Medicine

Dr Sally Evans reported that the consultation was about to close on the establishment of a separate speciality.

12. Any Other Business

Section 23 of the Aviation Bill currently inhibits the use of the CAA's medical records data for research without obtaining individual consent. An amendment has been proposed by Dr Evans and been drafted into the Civil Aviation Bill currently going through the Parliamentary process. If approved later this year, the amendment will allow such research to be undertaken, subject to certain safeguards, in particular anonymisation of data before it is given to researchers.

13. Dates of next Meetings

Dr Evans thanked members for attending the meeting.
The **Autumn Meeting** will take place on Tuesday 25th September 2012