

Submission to Aviation Safety Regulation Review

There are currently many issues emanating from the regulator (CASA) that are inhibiting the aviation industry.

These issues are adding significantly to the cost of maintenance and compliance. Additionally, aircrew are being micro scrutinised at the time of their periodic medical renewal.

Doubtlessly, these regulations have been enacted in the name of safety; but they are obviously written in legal terms making many of them unintelligible to the industry (including members of CASA's own compliance team). The penalty for any unintentional non-compliance can be severe to Approved Workshops and LAMEs

Specifically, the following issues need urgent roll back to a less bureaucratically driven era.

Maintenance Oversight.

1. Regulations are working references and MUST be designed to be user friendly. This means the use of clear, logical and concise English MUST be mandated. Also multiple references to other areas of various regulations MUST be avoided to the maximum practicable.
2. CASA safety audits should be conducted in a manner that looks at the end result. E.g. A maintenance audit should not totally focus on an extensive paper trail but actually look at the end product.
i.e. Is the aircraft airworthy in the physical sense?

Aviation Medical.

3. Not to put too fine a point on it but this branch is completely out of control. Doctors are now completely bypassing DAME reports and operating in paranoid manner to satisfy themselves of the "fitness" of aircrew. Follow on medical testing is often prescribed before a candidate's medical is approved. This is often expensive, unnecessary and time consuming.
4. The on line medical form is now so extensive that it takes the DAME almost an hour to complete. Much of this information is irrelevant to flying fitness and should be deleted from the questionnaire. If an **approved** Aviation Medical Examiner (DAME) is happy with a candidates medical review, then so should the doctors at CASA!
5. The overarching purpose of medicals should be simply to obviate the probability of sudden incapacitation in aircrew either through a medical condition or treatment of such. This means that diseases like as prostate cancer and melanoma, for example, can readily be compatible with safe operation of an aircraft.
i.e. Is the pilot likely to suffer sudden incapacitation?

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