

Aviation Safety Regulation Review Submission

Dr Robert Liddell

This submission is a personal submission in relation to the medical certification of aircrew.

I am a current holder of an Australian, British and FAA Airline Transport Pilot's Licence. I have 7000 hours of flight experience with over 3000 hours in jet operations, mainly in Boeing 727 aircraft in Europe and Australia.

Between the years of 1988 and 1997 I was employed by CASA (then CAA) as the Director of Aviation Medicine. This position has now been re-named Principal Medical Officer.

Following my resignation at Director of Aviation Medicine the position has been filled by Dr Peter Wilkins, Dr Ian Hosegood and Dr Pooshan Navathe.

The international nature of aviation and the relationship of each country's aviation authority with the standards and recommended practices that they are signatory to in the International Civil Aviation Organisation has resulted in a safe system that most major aviation countries have seen fit to deviate from in various ways. The country with arguably the most differences from ICAO is the country with the largest aviation industry in the world, namely the USA.

In Australia we have had minor differences with the SARPs since their very inception. In some areas we are more restrictive than the SARPs and in others we are more relaxed. For example during my tenure as Director of Aviation Medicine I had occasion to be called as an expert witness in the Federal Court where a Qantas pilot was claiming discrimination on the basis of age as Qantas were requiring him to retire having reached the age of 60 years. This was done ostensibly on the grounds of medical risk. My contention has always been that age is not a good predictor of risk and many pilots are high risk at a relatively young age and many are low risk even in their 70s. The judge upheld the appeal and Qantas since then and Australia therefore became one of the few countries to allow pilots to fly heavy jets regardless of age. To achieve this it was requested by the judge that CASA Aviation Medicine develop a risk mitigation strategy. Consequently we became the first country in the world to put a risk matrix over pilots at every medical examination, and those that are at increased risk of heart disease are required to undergo an exercise ECG to prove cardiovascular health. This is an example where Australian regulations were far more stringent than the ICAO SARPS. In other areas such as colour vision, due to a lack of any accident data related to colour defective vision in pilots Australia chose to allow pilots to fly commercially even if they failed the colour vision testing. This was a difference from the ICAO SARPS. This change was brought in around 1990 and remained in place until recently. There are now hundreds of colour defective pilots flying commercially in all types of operations and who over 20 years will have built up thousands of hours of accident free aviation.

These contracting state differences are advised to ICAO as a difference and the information is available to other contracting states through ICAO.

Recently there has been a move for reasons that remain unclear to change the Australian regulations to be totally compliant with the ICAO medical standards. This move is without any

evidence that adopting more restrictive practices will have any effect on safety but rather will discriminate against some pilots.

I now have several pilots, one of whom has over 16,000 hours of operation, most of it flying night freight in command on Boeing 727 aircraft and who in mid-career are being advised that they do not meet the standard because of their colour vision and so cannot hold the required class of licence to retain their occupation.

I suspect that due to my previous role in CASA, I seem to attract many pilots who are totally confused and despondent at their medical certification by CASA aviation medicine. This involves conditions such as head injury, hearing, cardio vascular disease and prostate cancer, where the opinions of the pilots own specialist doctors are ignored and stringent and expensive repetitive imaging and blood testing is required if the individual wishes to retain their medical certificate. On a weekly basis I receive requests for assistance by pilots with conditions ranging from renal stones to early type 2 diabetes where the pilots own specialist's advice is ignored by CASA and further expensive or repetitive testing is required to obtain a medical certificate.

The dangerous result of CASA's draconian regulatory measures is that now many pilots tell CASA as little as possible about any medical problems in order to protect themselves from expensive and repetitive investigations or possible loss of certification . Most pilots are responsible people and they have no desire to be in charge of an aircraft if their risk of incapacity is unacceptable. When their DAME and their specialist believe they meet the risk target for certification without endless further testing demanded by CASA and the advice of their own specialist is ignored by the regulator then the pilot's lose confidence in the regulator.

In medical certification CASA appears to have lost sight of the fact that all pilots self-certify themselves fit to fly every day they take control of an aircraft. The only day in the year when a doctor has any control over their fitness to fly is the day that they have their medical examination.

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