Name of Submitter: Aircraft Owners and Pilots Association of New Zealand (AOPA NZ)
Interest in this consultation: We represent 1047 Pilots and Aircraft Owners in NZ
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Question number	
1	What is your view on the current PPL medical certification standards?

AOPANZ believes that the present medical certification standards are not 'fit for purpose'.

In 2016 International AOPA moved a resolution encouraging all member states (78) to progress towards a medical standard similar to that required to drive a private motor car. The ICAO representative at the Chicago meeting where this resolution was passed was sympathetic to the resolution and requested that IAOPA bring a workable proposal to ICAO for consideration. Leading this work was not high priority for ICAO as the challenges of international commercial air operations are consuming their resources. However it was sympathetic to this resolution.

AOPA NZ believes that the present medical standards are too onerous and complicated. They create unnecessary expense and burden on both pilots and CAA. They are 'gold plating' health standards for one recreational and private activity whereas other equally dangerous activities have minimal or no medical standards imposed eg motor racing, motorcycling, horse riding, boating.

The onerous medical standards are forming an inappropriate barrier to our community partaking or continuing in a recreational and private activity.

2	What is your view on adopting an alternative CAA medical standard?

AOPA NZ would like to see an appropriate and logical medical standard applied to recreational and private flying in NZ.

This alternative medical standard should be commensurate with the medical standards of other sports with similar risk profiles e.g. motor racing, SCUBA, motorcycling etc.

Pilots now have to comply with 'Fit and Proper Person' regulations which act as an additional filter for inappropriate behaviour.

We expect this standard to be consistent with or more appropriate than those in the major recreational and private flying nations in the world.

We must work toward ICAO accepting an appropriate medical standard for private and recreational flying.

3	What is your view on adopting the commercial driver licence medical standard?

On principal AOPA NZ considers that the medical standard for a recreational and private activity should **not** be based on that for a commercial activity, ie paying passenger service. The' P' endorsed NZTA driving licence standard is very similar to the Class 2 aviation medical standard. There would be little to gain by moving from a Class 2 CAA licence to a P endorsed NZTA licence except maybe less cost.

AOPA NZ believes it was a mistake to base the RPL on a commercial driving standard rather than the car standard which is used by microlight pilots.

4	What is your view on adopting the private driver licence medical standard?

Yes, we agree.

There is an international movement towards changing recreational and private pilot medical standards to those required in the individual countries to drive a motor car. AOPA NZ believes New Zealand should follow this lead.

The NZTA class 1 car licence is a robust and effective medical standard which can be readily integrated into the pilot certification process.

We also believe that we can work with ICAO to eventually have this licence standard accepted in many countries around the world.

5	What is your view on a self-declaration system?

AOPA NZ believes that every one of our pilots 'self-declare' our fitness to fly on every day we chose to take to the air. This system is well promulgated by CAA NZ with the 'IMSAFE' mnemonic; this 'self-declaration' needs to be encouraged and pilots reminded about it. Therefore personal 'self-declaration' is critical to the continuing extremely low level of pilot medical incapacitations seen in our airspace.

AOPA NZ endorses preventative maintenance for our aircraft and our pilots; therefore we expect our pilots to have regular check-ups with their general practitioner doctors. We believe that the present CAA Class 2 examination intervals are appropriate for these 'check ups' ie 5 yearly up to age 40 and 2 yearly thereafter. The DL9 Class 1(car) medical examination and subsequent form is well proven and readily available. The form is signed by the pilot and doctor and approved by the Ministry of Transport. We suggest the form be carried with the pilots log book and a copy sent to CAA as is now the case for the proven safe RPL.

6	What medical conditions, if any, do you think should prevent a pilot from flying on a reduced medical standard and why?

The NZTA medical standards for driving a car are very comprehensive. They are well proven and have not needed amendment since 2009. They are published in a book and on the web as 'Medical Aspects of Fitness to Drive: A guide for Medical Practitioners'. All doctors use this resource. There are many exclusions and conditions which have to be met before the issuance of a DL9 Class 1 form.

There are aspects of medicine which have particular aeromedical significance. However very few of these are relevant for recreational and private flying.

Drivers with heart disease, epilepsy, diabetes, cancer, stoke plus many more diseases have accepted pathways within the NZTA regulations where they can be issued with a DL9 Class 1 (car) licence. AOPA NZ believes that this pathway and these regulations provide adequate safeguards for recreational and private flying. The risk of medical incapacitation while driving a minibus full of children down a normal rural road with a loaded milk tanker coming towards you does appear more problematic than flying a Cessna or Piper. Our community accepts this risk for car drivers. Road deaths due to medical incapacitation rate very lowly in our statistics.

Mental health issues are particularly topical at this time. We would like to point out that mental illness is very common in our community (8%); but most people who suffer from these illnesses live full and productive lives. Mental illness can strike at any time and is very difficult to predict. AOPA NZ believes that the Biennial Flight Review (BFR) with a senior flight instructor and the CAA IMSAFE filters combined with the DL9 check form an appropriate medical standard for recreational and private pilots.

Suicide in New Zealand kills more people than road traffic accidents and plane crashes combined; it is unlikely that not having a current medical of any standard would prevent a determined pilot using an aircraft for this purpose.

AOPA NZ encourages partners of pilots to undergo basic pilot training for use in a pilot medical incapacitation emergency. We are presently developing a programme using experienced instructors where partners will use their own aircraft to learn basic flight, communication and landing skills.

AOPA NZ suggests that making exclusions from the NZTA licence for some specific ailments is contrary to the spirit of the move to make recreational and private flying medical standards more appropriate and logical. We do not believe that there would be a significant increase in medical incapacitations causing aircraft incidents with the unlimited acceptance of the NZTA Class 1(car) medical standard.

7	Are there any other systems you think the CAA should be considering? What are they and why?

AOPA NZ believes that our community values the excellent safety record New Zealand commercial flying enjoys. Consequently we see that commercial aviation should be the main focus of the CAA Medical Department. Producing a new PPL medical standard which is for use only in NZ would be

counterproductive for overall aviation safety.	
8	The new UK PPL restricts pilots to three passengers, and the new FAA private licence with a BasicMed restricts pilots to five passengers. What number of passengers do you think pilots flying on a lower standard of medical certification should be restricted to and why?
Our own RPL has been very successful in that since its inception using a more appropriate if not logical medical standard there have been no aircraft incidents caused by medical incapacitation. RPL pilots are limited to 1 passenger. This was an arbitrary limitation at the time of forming the RPL (personal experience). AOPA NZ believes that the safety of the RPL gives our community confidence to extend the number of passengers permitted with an appropriate medical standard for recreational and private flying to 5. Few of our GA aircraft have more than 4 seats and few pilots fly with more than one passenger. However on occasion it is appropriate to fill our seats and our pilots should be able to do this legally.	
9	The new UK PPL restricts pilots to non-EASA aircraft of no greater than 5,700 kg MCTOW. The new FAA BasicMed restricts pilots to aircraft authorised to carry up to six seats and with an MCTOW of no greater than 6,000 pounds (approximately 2,721.5 kg). What do you think is an appropriate size of aircraft for private pilots flying on a reduced medical standard, and why?
New Zealand has few aircraft between 2,000kg and 5,700kg so this will affect a minority of pilots. However there is little logic in creating a new weight limit. There are different skills required to pilot light weight and heavy weight aircraft – but there is no trend to say that pilots are medically incapacitated more in one type or another. 5,700kg is the present ICAO weight limit for PPL aircraft; AOPA NZ does not consider New Zealand should be different.	
10	Given the level of risk posed by PPL holders may be mitigated to some extent by the prevalence of single engine aircraft, should a PPL with a reduced standard of medical certification be limited to single engine aircraft? If not, why?
Twin aircraft require different pilot skills. These skills are taught and tested by an experienced instructor during a 'twin rating'. We do not believe that there is any evidence that pilots flying twin engine aircraft have a higher risk of medical incapacitation. We understand that it **appears** logical that PPL privileges should be trimmed if the medical standards are made more appropriate and logical – but we do not see any evidence of the risk being different in twins to singles. Please note that microlight pilots with the equivalent of a DL9 class 1 car licence can, and do, fly twin aircraft;	

to our knowledge there have not been any medical incapacitations in this group of aircraft.	
11	Do you think private pilots flying on a reduced standard of medical certification should have restrictions placed on the altitude at which they can fly? If so, why, and what do you think the restriction should be?
AOPA NZ does not see any logic in limiting altitude under a new appropriate medical standard. Presently CAA regulation controls what altitude an aircraft can fly. We see no reason to change this. RPL and microlight pilots have enjoyed no altitude restrictions with their more appropriate medical standards and they have not had any known pilot medical incapacitations due to altitude. Logically the use of oxygen and pressurisation should reduce the risk of medical incapacitation in pilots at higher altitude.	
12	Do you think private pilots flying on a reduced standard of medical certification should be able to fly IFR? If so, why?
AOPA NZ would like to encourage the use of IFR in New Zealand's recreational and private pilots. Some aircraft have modern equipment which makes IFR flights safer and less stressful than the 'scud running' in the rain, under the clouds, we are often forced to do. We believe it is logical for a new appropriate medical standard to be applied to IFR rated recreational and private pilots.	
13	Do you think private pilots flying on a reduced standard of medical certification should be able to fly at night? If so, why?
AOPA NZ sees no reason why night flying for recreational and private pilots should not be included in a new appropriate medical standard. Night flying is controlled by extra training to obtain a rating and then stringent currency requirements. We believe this system is working well and should be included in any appropriate medical standard. Night flying is enjoyed by only a few of our pilots and there is no evidence of more medical incapacitations in this type of flight. It is used by some as a safety net to allow them to get home in the evening light and, as such, can be very useful.	
14	Should private pilots operating on a reduced standard of medical certification be able to perform aerobatics? If so, why, and what other restrictions do you think could be put in place to limit the risks associated with medical incapacitation?
Aerobatics ratings are enjoyed by a significant group of recreational and private pilots. AOPA NZ acknowledges that there are some aeromedical issues exacerbated by the G forces aerobatic pilots' experience. However we believe that the rating, the BFR and the IMSAFE programme are adequate safeguards to allow these pilots to continue to enjoy their sport with a more appropriate	

medical standard.

Please note that motor sport drivers who have the equivalent of a DL9 Class 1(Car) medical standard are also subjected to high G forces. Our community readily accepts this situation.

15	Do you have any further comments?

AOPA NZ considers the graph showing 'Reported occurrences in private operations involving medical issues 1995- 2015' to be misleading. In your discussion and on analysis the incidence of fatal accidents due to medical incapacitation in **compliant** New Zealand licenced pilots is not proven in any case. A degree of coronary artery atheroma is seen in many if not most autopsies of adults. This finding raises a possibility of heart disease induced incapacitation but is far from proof. Accidents 10/3704 and 12/181 do have circumstantial evidence of medical incapacitation but this has not been proven. A graph of compliant pilots who have fatal accident very likely due to medical incapacitation would be very near zero and would be more appropriate to this consultation document.

AOPA NZ believes that the use of the words 'reduced standard of medical certification' is misleading. We are advocating for the use of a medical standard which is successfully applied by the Ministry of Transport for private motor vehicle licencing. We must not confuse the medical standards applied to operators of public transport with those for a private and recreational activity.

AOPA NZ thanks the New Zealand Civil Aviation Authority for the opportunity to submit its views on medical standards for private and recreational flying. We look forward to seeing progress on this issue.