

Pilots Class 2 Medical Survey

Nov 8 - Dec 5 2021

Many thanks to the many aviation groups and organisations who have supported this survey and encouraged their members to participate.

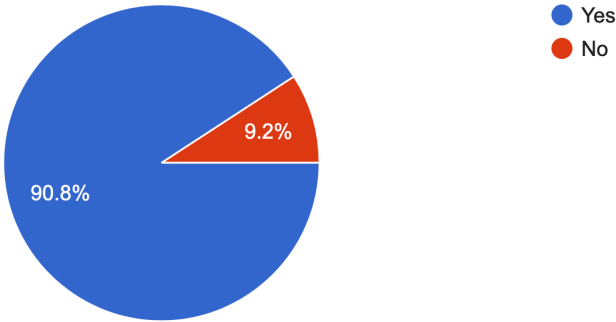
- Admin - Country Airstrips Australia



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Do you think the current Australian PPL medical requirements are excessive?

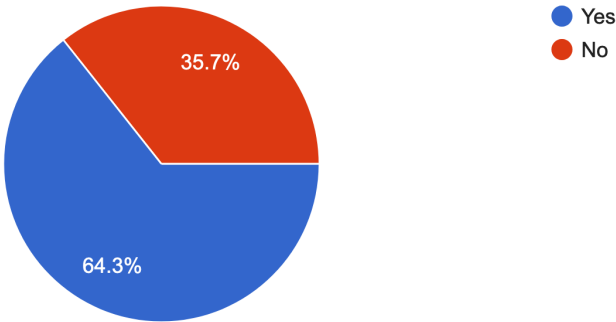
774 responses



Yes - 90.8% 703
No - 9.2% 71

Have you ever considered giving up flying due to the demands of the CASA medical certification process?

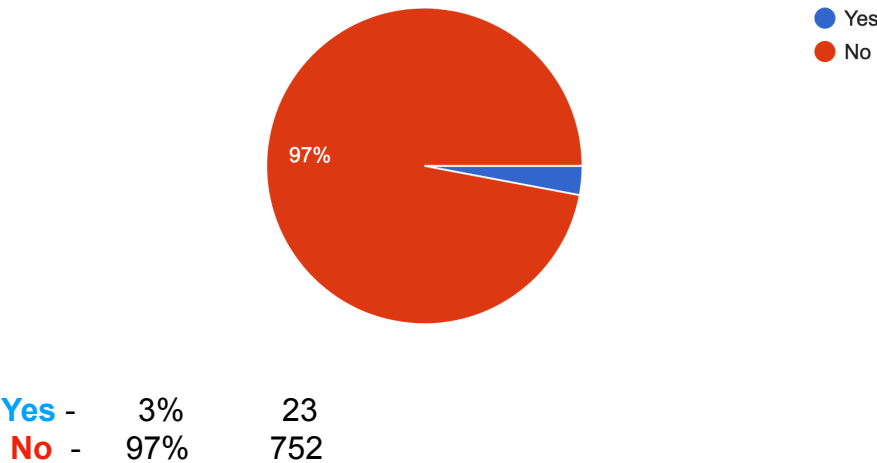
774 responses



Yes - 64.3% 498
No - 35.7% 276

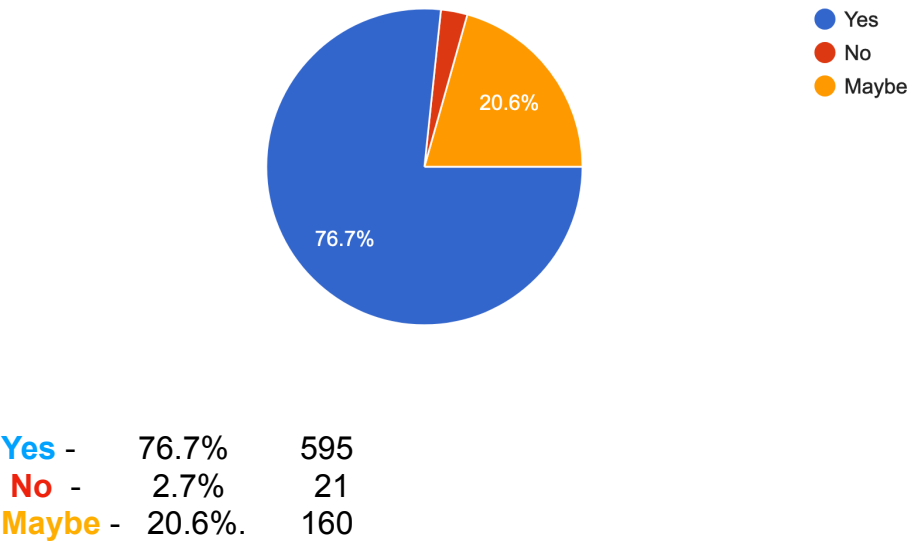
Under the current medical system CASA frequently overrides a specialist doctor’s opinion that a pilot is fit to fly and orders invasive and expensive tests. Do you think this is acceptable?

775 responses



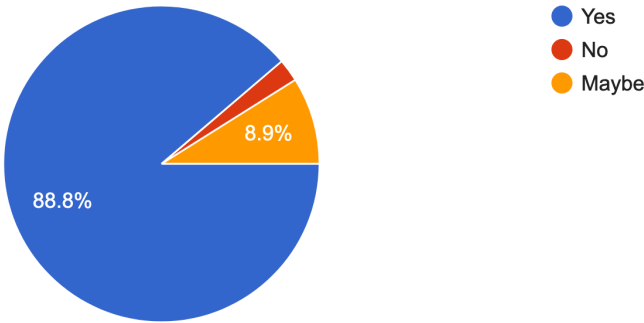
Do you think that pilots are reluctant to seek medical care due to the fear of it impacting their CASA medical?

776 responses



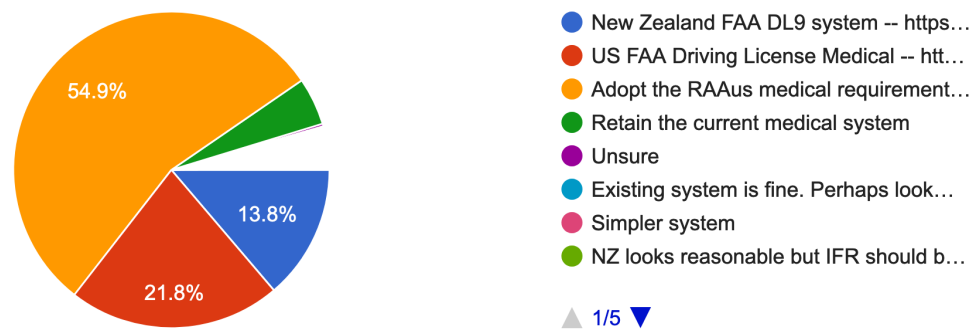
Do you feel that there is disparity between a PPL medical requirement and an RAAus driver's license requirement?

774 responses



Yes	-	88.8%	687
No	-	2.7%	18
Maybe	-	8.8%	69

Which of the following medical requirements do you think Australia should adopt? a) New Zealand
FAA DL9 Passenger drivers license medical which t...ired for certain medical conditions from the FAA.
763 responses



Adopt the RAAus Medical Requirements	54.9%	419
US FAA Driving License Medical	21.8%	166
New Zealand FAA DL9 System	13.8%	105
Retain the Current Medical System	4.8%	39
Other Suggestions	4.7%	34

Unsure.

Existing system is fine. Perhaps look at the NZ system.

Simpler system.

NZ looks reasonable but IFR should be included. IFR pilots are very current and monitored more closely than VFR in all phases of flight. Hence safer and help would be immediately at hand if needed.

Remove the CASA ability to override a medical specialist.

I don't know enough to decide.

I don't know enough to comment.

We usually cook up an original in Aus. Why break with tradition.

TOO [BL] LATE HAVE GIVEN UP & DISPOSED OF PLANE.

Not sure.

There needs to be a definition between private pilot and commercial. The heavy vehicle licence required for a Basic class II medical for private pilot's should suffice whether it be conditional or unconditional.

Any of the first three options would be better.

I have no problem with the current system except that a pilot can be assessed by (in my case) 3 doctors, found very adequately fit and healthy yet some fat arse pen pushing dipstick in CASA can overrule that assessment without examining the pilot and refuse the issue of the medical certificate. I am happy to submit to a medical by a doctor examining me as thoroughly as he sees fit. I'm not happy to submit to some thickwit bureaucrat who wouldn't know me from a bar of soap.

As per RAA, but with aircraft types restricted as per RPL

They have all got issues. I guess if I could I would take the RAAus one as it is the simplest. But most of the limitation covered in the NZ one don't apply to RAAus anyway because of their aircraft and operational limitations. Not specified against the medical but not allowed by means of the aircraft class.

Not sure.

RAA is the best at the moment.

UK system of self-certification.

Not sure.

Collaborative agreement between CASA, DAME and pilot in cases where a medical cannot be immediately issued. Preferably with an independent negotiator. Otherwise a variant of current system with some elements of NZ system.

Basic class 2 Medical I.E similar to Heavy Vehicle Medical.

Let any GP Issue medicals.

Dunno

Heavy vehicle medical.

I'm not sure.

Self-certification.

Rewrite the AvMed handbook on the basis of medical best practice. Discard MRS and all data held in it. Replace the obstructive blockheads who administer the current rules with those willing to administer them in a sensible manner; changing the rules and retaining the current administrators will solve nothing.

Just something less invasive.

Unknown - but one that requires only a doctor or specialist to sign off - not the CAS doctors who are very impersonal and have no idea about the person they're signing off on.

The Class 2 Basic should be the standard, without the restrictions.

Drivers licence should be adequate for current Class 2 holders.

Do you have any other thoughts / comments regarding medical certification?**285 Comments**

No

The medical system needs urgent overhaul or we will kill off GA recreational flying in Australia. We are already seeing this with the movement to RAA. In addition it should be noted that the ASIC/security system also needs overhauling to a 10 year pass like a passport. The costs are absurd in GA now.

I am a 52 yr old male, physically fit, work outdoors with trucks, earth moving equipment and manage staff and projects big and small. Unfortunately I have had Type 1 diabetes since I was 12 yrs old. I have had to battle all my life to hold onto the various licenses just to earn a living. You cannot have one rule for all. Your fitness to work, operate machinery of all types should be based on an individual's merit, skill set and abilities. NOT subject to the lowest common denominator. As a society we should aim for excellence and give everyone a chance to succeed in their fields of business and interest.

CASA considers aviation medicine to be more complex than general medicine, yet GPs daily give permission to drive, which is as dangerous as flying with a medical incapacity. Aviation Medicine Doctors have carved an unnecessary and untouchable niche for themselves.

CASA should listen to specialist doctors

All getting to expensive....(ASIC badge etc !!)

CASA Avmed--- A sheltered workshop for medicos who are unable to make effective, rational decisions.

CASA made an error on my Class 2 final paperwork. It became 'my problem to resolve' and such a nightmare that I gave up being a flying instructor even though I was fully qualified at the time and was passed as fit by their DAME !

A risk based approach is being adopted by CASA AvMed, however their assumptions and the basis upon which they make their risk assumptions should be shared publicly to justify their reasoning, as aircraft aren't falling out of the sky due to pilot ill health. I questioned them on this as I'm a risk practitioner and was rebuked for asking for such justification from a public service. They must remember that they're here to serve us and not for us to serve them and justify their jobs!

The CASA medical team is out of touch with world best practice and seems to set its own standards and ignoring subject matter experts. They should be working with pilots to keep them in the air rather than finding unreasonable ways to stop them from flying. They have all the power without accountability!

Monitored Cardiac Health over 5-10 years should be acceptable for Health Status and Certification.

The DL9 New Zealand medical would be my second choice

Just finding a doctor who is capable of carrying out a class 2 aviation medical is extremely painful, let alone the medical itself

With the exception of CASA overriding a specialist I think the rules are fair and clear. The notion that ppl and Rec medicals should be the same is stupid. They have different capabilities and risks and to compare the two makes no sense. We would expect CASA to properly consider different risk profiles - why we would not think in the same way

Casa has made it difficult for some healthy individuals to hold a PPL.

There is substantial evidence (RAAus experience, FAA, UK and now NZ) that CASA medical requirements are excessive, discriminatory and destructive to general aviation in Australia. They must be simplified and lower the standard required.

As an aircraft broker I have hundreds of pilots saying they are giving up flying or switching to RAAus because of our ridiculous AVMed system! If you can drive a car, you can fly a plane for recreation below 1500kg MTOW!!!

CASA Doctors regularly act beyond the powers they have under the Regulations, far too often they are forced to back down when called to account for this, and it shouldn't happen in the first place if common sense prevailed.

Medical events in flight are rare, and the majority of pilots would not fly if they considered their health suspect.

The main problem is the continued costs involved under the current situation

I am aware of a situation where a pilot has a minor medical condition that happens to be on CASA's watchlist. Although the person's attending medical specialist (not a GP, but a specialist in the specific field) advised that the condition is so minor that it will never cause a situation that could threaten the person's ability to pilot an aeroplane, CASA have advised that a safety pilot is mandatory for all flights. The medical specialist also advised that although there is surgery available that can eliminate the condition, there was also a waiting list of many other people who required it as a matter of life threatening urgency. As it stands at the moment, the specialist will not perform the operation on the pilot as it is not necessary from a medical perspective. But CASA doctor's know better.

So much of General Aviation is based on personal responsibility, why should medical be any different, most adverse medical conditions are transient and normally it's up to the pilot to decide whether they are "fit to fly".

I was a DAME in the 1980's & at that time thought the ppl medical assessment system was excellent, with DAME's being able to take appropriate responsibility & give appropriate advice. Now they act as screening monkeys for a system that has no common sense & participate in a system that will lead to hazardous tests (eg renal biopsy for innocent persistent microscopic hematuria) being recommended even against their professional advice.

I feel we are just banging our heads against a brick wall; CASA won't change.

Casa is killing pilots!!! Nearly every pilot I speak to advises not to declare any medical issues to Casa. Two years ago I had a stent inserted two weeks after the procedure both my cardiologist and Dame both agreed that I was fit for normal duties, however Casa in their wisdom decided I needed a six-month break. Two years later I am still jumping through hoops to maintain my class II medical.

I cannot have a honest discussion with my cardiologist in fear of being grounded. Thanks for initiating this survey and happy to be contacted David 0418 10 35 35

It seems to be set up for you to fail rather than a health check.

The "ground first, ask questions later" approach to medicals is the prime driver for pilots not seeking help at the early stages of psychological distress. Our identity and income are tied to flying. No wonder we stay silent and hit the sad juice instead. There are successful interventions for mild psychological distress. Unaddressed these diseases get very bad- CASA needs to address the barriers to early intervention, one of which is fear of loss of medical.

The current medical allows CASA to say the skys are safe by grounding every body and every thing.

The current medical requirements are unfair and discriminate.

Sooner, rather than later.

RAAus and Part 61 pilots should be on the same medical standard, based on US FAA BasicMed.

CASA class 2 is based on the assumption that pilots are going to fly even if they're unhealthy, unless invasive regulatory intervention prevents them. There is no attempt to apply natural justice to that regulatory intervention; It doesn't matter if AVMED is wrong or if there's a less-expensive alternative method of compliance, AVMED is in charge and if you don't like it you can't fly.

In my experience, private pilots who don't feel well stay home. Private pilots who have deteriorating eyesight get vision correction. Private pilots who are tired go to bed. Private pilots who get old vary their operations to reduce risk.

The number 1 cause of in-flight medical incapacitation in Australia is food poisoning, something that's entirely unaffected by AVMED. What are we actually trying to control here?

Private pilots do a medical self-assessment at the beginning of every flying day, and don't go to the airport if they flunk it. COMMERCIAL pilots will try to fly even if they're unwell, because their income depends on it. COMMERCIAL pilots need invasive regulatory intervention to prevent them from compromising their safety. Private pilots do not.

CASA has created this argument by approving an oversight-free self-assessed medical standard for RAAus, GFA, etc. CASA needs to fix it; Nobody else can clean up their dumb mess.

Pilot's attitude needs to be taken into account somehow. I admitted to self grounding and CASA held it against me when the issue had been cleared by Medical specialists, Flight examiners and my GP. No way I'd be flying if I and my medico's deemed it unsafe. Thank goodness for RA-Aus.

The current system is manifestly broken. I should know. I was grounded by a CASA AvMed doctor who had never seen me after my DAME said I was fit to fly. The subsequent testing over four months confirmed the DAME's assessment that I was fit to fly. AvMed engage in bureaucratic overreach beyond their medical training and experience.

It should not take up to 7 doctors to investigate a minor medical condition, it should take 1 (DAME) which is the case with the RAAus system. The red tape, not to mention the cost, is totally excessive and out of proportion to the condition. For this reason I gave up my PPL and continued flying under RAAus.

That CASA be more realistic about medication that makes pilot's safer.

If the examining DAME gives approval to a PPL medical no matter what age the applicant, the medical should have approval forthwith. My current PPL(Class 2) medical examination with my age at 70 yrs was approved by my DAME but went to CASA for further approval or rejection. Subsequent approval was by CASA after a further (3) three month wait. This 3 month period is a complete loss of operational time over the ensuing two years of my PPL validity. Also, CASA, during this time period had temporarily misplaced my PPL renewal details suggesting it had never been sent. I feared making too much of a fuss over this lest I be sent to the back of the queue. I have a history of (50) years with medical approvals by CASA. So, my point is that with unreserved approval by DAME a medical renewal should have immediate operational status.

I had a heart attack 8yrs ago, I have had no trouble whatsoever since having a stent fitted however CASA require an annual stress echo-cardio gram which wouldn't, apart from cost, be a problem if they got their act in gear. To explain why would take too long but literally the only cardiac pain I have is CASA!

Private pilots self-assess every time they go flying. If feeling unwell, or just not right, the last place they want to be is flying. It is pure nonsense that I need a medical to fly my single seat VH aircraft, and my friends that have the exact same aircraft with RAAus do not need a medical. Either it is safe, or it is not. Currently, it is BOTH. Clearly, RAAus has demonstrated for nearly 30 years that without a shadow of a doubt, private flying without a medical certificate is a safe practice.

A DAME medical report should stand above additional medical investigation requirements by CASA.

It appears that once one is on CASA's Audit list you are more or less stuck there.

The medical is never 'fun' however I do not feel that it is excessively onerous. As I fly IFR a class 2 medical is going to be required for my flying.

Is there any data on how many pilots are "lost" to the aviation community due to medical requirements? Likewise is there any data on how many incapacitation events are "saved" because of the medical requirements? If it can be shown that there is no additional safety gain from having a lower standard that should justify a lower medical standard.

I am absolutely certain that the current system encourages dishonesty because of the complete distrust I have of the CASA medical team. They must adopt an attitude of "How can I help you retain your pilots license privileges" instead of the current obvious attitude of "How can I stop you from flying" if you have a medical condition.

I believe medical certification for pilots of light single engine aircraft achieves negligible safety benefit. There is far higher risk associated with a medical episode for a car driver on public roads than for the pilot of a light aircraft. Most of the time our flights are not over built up areas, and even if a light aircraft does crash into a built up area the chances of injuring someone on the ground are lower than in a car accident. Most light aircraft would not penetrate a building due to their low mass and lightly built structure.

Re AvMed - When a person decides to become a doctor and help people it's admirable, however one loses respect for them when they take an administrative position and uses it to prevent pilots from flying, rely on foreign statistics.

Im just going to fly RAA, a PPL licence is far too expensive to maintain due to things like the class 2 medical

One thing is for sure - it is inequitable and unproductive regards enhancing safety outcomes to have differing systems that apply to same persons flying in the same airspace where the difference is simply whether they are CASA administered or RAAus administered. And in latter case, all someone has to do is pay some money to a private commercial organisation in order to gain a medical certificate that can't be acquired under CASA administration.

My own history is I have type 2 diabetes which has been very well maintained, but they continue to hound me because I don't fit their numbers. I am totally p****d with this and jumping ship is on my list 1100 hrs plus experience

It beggars belief that a pen pushing doctor thinks he knows better than a specialist. How arrogant!

All that happens is that pilots are reluctant to disclose relevant information on their avmed application.

Limit airspeed to 250 to 270 Knots (FAA) limitation

I can drive a 64tonne Bdouble through Brisbane but with CASA apparently I am not healthy enough even though I get a full medical every year to maintain the licence to drive heavy vehicles

My last class 2 medical cost in \$8500 so I have been priced out of my License.

I have given up on the CASA Medical system due to the complexity and the feeling that they want to keep people away from flying rather than administer a simple, fair system.

The current system applied with common sense would be fine. However common sense seems all too often absent. I had my local friend and GP declare me fit several years ago following a medical issue. My DAME also agreed plus a specialist endorsed the opinion. CASA reckoned they knew better even though no one in CASA examined me. That is bloody stupid, wrong and unfair. Many pilots would lie rather than risk that.

Make it fit for purpose and simplify it.

People are reluctant to advise DAME of any minor or major conditions due to loss of medical and such a large disparity between Raa and Ga regulations. Get your shit together and have one system everyone can follow.

Hand back the medical assessment to those who know the individual's medical history to make the informed decision as to whether a pilot is medical fit to perform the duty as PIC

I hold both US and AU Private Pilot Certificates, the US basic med is much better methodology. There is ample data available from the FAA that basic med works well and GA accident rates have not increased under basic med provisions.

CASA Avmed is notoriously inefficient. Generally one has to phone to get a response.

The present system of CASA medical certification, for class 1 or class 2 medicals, actually degrades safety as pilots often will not reveal any condition which threatens their license. This is particularly so for a pilot who gains his livelihood from flying. Often, pilots will go to two or three doctors to make sure that it is very hard to trace what in fact he's been treated for.

More frequent flight reviews more value than medicals. ASIC cards are waste of time and money

66,000 pilots in the US flying with BasicMed. It's time for CASA to adopt a risk based approach.

The AVMED ethos is basically to assume that pilots are liars and not to be trusted. Little wonder that they have no respect at all within our community. AVMED does not even trust the DAMES it has appointed, and in many cases overrules their opinion. If you are foolish enough to advise of a medical condition, which does not affect risk to the public, nevertheless you can assume AVMED will suspend your medical certificate while they make you undergo more unnecessary tests. They also refuse to talk to your doctor or specialist to find the truth about your health. Over the years I have had many bad experiences with AVMED. Last year, a change of brand of medication (note, not a change of medication, just a brand) brought forth a letter from AVMED accusing me of lying, for not filling in the MRS correctly. I doubt very much that the safety record due to medical events within GA pilots in Australia is any better than anywhere else, including within RAAus, which means for all their bureaucracy, they fail to achieve anything.

not at this time

Regardless of what CASA Avmed is trying to achieve, NO pilot will admit to everything that might possibly affect the issue of a licence.

This should have been resolved years ago. The tardiness of CASA's decision making is scandalous and very un-professional.

No... but then again I have had no major issues getting a Class 2 Medical.

The requirement for RAAus and basic class 2 should be the same and transferable. While I'm at it...abolish the ASIC for pilots. Airport access should be given to pilots as in the USA.

I have elevated eye pressure. My eye specialist (Ophthalmologist) has put me on eye drops which brings the pressure down to normal. He checks my eyes every 6 months. There is no glaucoma in my eyes and my vision is perfect. Yet CASA has overruled my specialist and is demanding I take extra expensive tests. I have had enough. I just do country VFR flying on my PPL. This is ridiculous.

I gave up flying as the Medical Recertification became too onerous. CASA needs to listening to the industry, especially in the cases where so called experts at CASA override the knowledge of Specialists in the Medical Industry.

I think for private operations of light aircraft with less than say 4 people then self assessment would be appropriate. every day before we fly we currently consider are we feeling fit to fly if the answer is no we don't fly, so why have the medical exams and assessment by CASA? it seems pointless to me to have a medical one day which says i am fit to fly for the next two years, the next week i could be not feeling well and have a flight to do, do i just say its ok because i have a medical certificate? no of course i don't, i say hey i'm not feeling 100% today i will delay my flight and see how i feel tomorrow. my point is we are already self assessing our fitness to fly each day so the class 2 medical hoops are just pointless.

Yes I did hold a ALTP class 1 licence for for 50 years but do to a heart problem could not hold a RPL in Au but do hold a RPL in NZ and US now have Class 2 as no longer airline flying and also have RAA licence This is just mad on CASA behalf

Casa medical staff need to be more considerate of specialist advice

Its over the top with the Aussie medical and the CASA doctors are a law unto their own. I have to submit a CPAP machine history for every medical which is onerous and unfair. I do'nt have cancer, diabetes, colour blindness, or immobility, just light snoring and have never fallen asleep from that during the day. Maybe I'm wrong, as CASA think I'm an accident waiting by the hoops I have to jump through!

Avmed cannot accurately predict anyone's demise. Why is a medical certificate a requirement for license or rating issue/IPC/BFR. Why are casa requiring the ATO to hold a medical? Surely one medical in a single pilot aircraft is enough to conduct a test???

SAAA member

When 2 eye specialists I currently see are ex casa approved doctors then what does this tell you. CASA over bearing, ignore there advise and paperwork too onerous says it all

Australia should review the approach taken by the FAA, backed by thousands of hours of flying experience to establishes a medical review system which is not only effective and appropriate but helps support general aviation's survival.

It's been clear for some time that the current medical system is one of the few remaining bastions of bureaucracy for bureaucracy's sake. Its not fit for purpose for PPL operations.

Everything we do should make aviation easier to get into and retain pilots
Look, the number 1 problem in aviation medicine is CASA's shift in recent years from trained medical people in Avmed making decisions based on medical science and data, to bizarre individuals using risk assessment as a new medical religion. The system itself of class1, class 2 and basic class2 is not the problem. People who use risk assessment cannot be challenged and every situation can be risk assessed differently based on opinion. One can easily use risk assessment to send a perfectly healthy individual on a journey of unnecessary and expensive tests. Also, ethics. One poor chap I knew had his doctor tick a wrong box on a form and CASA refused his medical. AND THEN WOULD NOT REVERSE THE DECISION when the mistake was admitted by the doctor !! That sort of behaviour cannot be fixed by bringing in another countries rules. You can lobby to change the system, but that simply won't work. You have to put qualified people back in CASA that have a backbone, get rid of risk assessment and replace it with medical science where it once was. For years, AVMED was a respected part of the DCA/CAA/CASA. The section is now one of the most mistrusted and despised in the whole organisation as a result of this new ideology. Finally, why do people not understand cars are not aeroplanes or helicopters. Driver's licence medicals do not belong in this industry. Every pilot who flies anything should at least have an ECG to carry a passenger - be they PPL, RPL, or RAA. Cardiovascular disease is the number #1 cause of death in western societies by far.

CASA needs stop justifying their existence

Your GP and medical specialists with whom you may have to consult are way better informed regarding risks to others due to your health than a desk bound medical doctor who only "sees" you through a paper trail. In addition, CASA has allowed a private company to determine that a driver licence medical standard is sufficient to fly in airspace occupied by PPL's flying similar aircraft.

This I assume has been determined on a risk based analysis. AVMED needs to reconsider their approach to PPL medicals for those who only fly recreationally and bring into line with RAAus and/or overseas regulators.

Any request for change needs to be evidence based or CASA will not care. This survey counts for nothing. Have there been any incidents under the RAAus system? What is the 'need' for PPL to be at a higher standard?

Evidence based - it appears there is no evidence supporting Avmed, except Avmed personnel have a job of obfuscation and get paid for it. My GP knows me better than Avmed and better than my DAME, yet he is ignored in the whole process.

It is important to cater for IFR and private IFR operations.

I have found that CASA take self reporting and throw the book at the pilots. For example, a fellow pilot self reported that they were taken to hospital after a 3 day binge drinking session. This pilot had never done this before and is aged around 50 and held a license since 17. The pilot checked himself into hospital and then self reported to casa what he had done. Fast forward to 6 months later and casa are forcing this pilot to jump through so many hoops it is unbelievable. He has written reports from his GP, his DAME, his psychologist and an addiction psychiatrist - the last two being casa requirements, all in his favour, and casa are still refusing his medical or making him see this person one more time then that person one more time. All the while he is without income and rapidly approaching the point where he would start to actually need a psychologist due to the stress. Fantastic way to treat people and definitely a reason that many on this situation would never even consider doing the right thing and self reporting.

I can drive a six or eight passenger car doing 110 km per hour on a typical Aussie road, passing an oncoming truck doing a similar speed, head on and passing within a meter or two, no problem without a medical certificate, but to fly a typical 4 place aircraft in airspace devoid of traffic within many nautical miles, I must be subjected to bi annually answering more than seven pages of probing questions demanded by arse covering bureaucratic self serving public servants who would not have a job if they didn't have the paperwork to shuffle & file ! Welcome to Australia.

Some of us already complete complete medicals for other reasons, eg Passenger Transport requirements of our drivers licence. I do! Therefore I have to do multiple medicals at cost to drive and fly!

People with disabilities should been able to fly if doctors say it is safe and not subjected to on going abuse thru paper work and testing

I am an RAAus pilot who is planning on adding a PPL qualification for larger aircraft, aerobatics etc. The Class 2 medical procedure is complex and not cheap for those of us over 70. Any improvement would be welcome. Could CASA change its goals and its name to the Affordable Civil Aviation Authority?

CASA must not have the right to demand copies of all specialist investigations that the pilot applicant may have been advised, for good health management reasons, to undertake. The appropriate aviation medical specialist (not CASA) should determine if investigations undertaken are relevant to the candidates ability to hold an aviation medical.

CASA should provide funding for an individual to challenge decisions made by CASA Avmed. The current mechanism, through the Administrative Claims Tribunal is slow and highly punitive on the applicant. Loss of privilege's can be triggered by CASA Avmed on a highly subjective basis designed to minimise risk. Once privileges' have been withdrawn or conditions imposed, it is up to the candidate to challenge the outcome in the tribunal. This is an unjust situation. In any case, an adverse outcome by CASA Avmed should open for review for a period (28 days) before being enforced. The review period should allow for face to face consultation between Avmed and the candidate and or candidates medical advisors.

Before renewal a referral from your GP stating your Medical Conditions before attending a DAME as there are many (especially over 70s) not reporting their Medical Conditions to the DAME. There are too many slipping through and bragging about it.

I currently fly RAA but am building a Vans RV9 which will require CASA licence and medical to fly

Note that I was on a yearly medical check due to a medical condition which I self reported to CASA. This condition had no symptoms which would impact on my GA flying though I was reduced to yearly medicals. One year it took three (3) months for CASA to validate my medical and only then because I complained significantly. After complaining I got it that day. I believe they just didnt want to process it. Basically they de facto grounded me for 25% of my license validity period through their failure to complete paperwork, for no obvious reason. After several years I am now back on two yearly medicals (over 40 years old). But during the whole time this saga was going on, I flew gliders on a self reporting basis! I am now extremely wary about reporting anything to CASA.

Some items cannot be discussed with a DAME for fear of grounding or unnecessary testing

Casa has over riding power after passing the dame medical. I am 84 with a current class 2 and even if we're to downgrade to a drivers license medical they still have final say and have their own further requirements.

Pilots should and do self assess themselves fit to fly. The current medical assessment is really of no value as to a pilots fitness to fly for the next 2 years! The RAAus self assessment system has proven to be every bit as safe as the current CASA system.

RAAus statistics prove the class 2 medical is not required to fly safely.

My main concern is casa not accepting a medical report from a Medical Doctor, it makes no sense .

Dame assessment with specialist reports should be all that is required to issue a ppl license as he sees pilot face to face

Make flying more accessible and cheaper - we may even have an industry again one day!

The decision of being fit to fly has been the pilots, this is all that's needed with the RAA system and has not had any issues in over 30 years

I can drive a road train but cannot fly a vfr Cessna on a Sunday. I think that says it all

A DAME pays for the privilege to conduct and sign off a medical, they are the ones taking the responsibility (if there is responsibility on them) why should anyone else be able to take that responsibility away from them.

"The System

AvMed is tasked with identifying pilot health issues that could affect their flying. Given CASA and/or the Doctors could be sued/the subject of a class action, they will proceed with utmost caution. They can request unlimited tests, they are not paying for them, nor is it coming from their budget. In response, pilots lose faith in the system, and therefore fail to seek treatment or report things, due to costs and unreasonable impacts. Knowing how pilots are reacting, it's conceivable that the AvMed Doctors become even more zealous, order more tests and refuse to accept specialist recommendations. The current system therefore increases workload and costs and timelines for all sides. The workload for AvMed Doctors is beyond their staffing levels and there are a significant number of unfairly impacted and frustrated pilots.

A Solution

One is to have self reporting. Most pilots will self-restrict when they know they are endangering themselves and others. Psychologically, this is strengthened when it is their decision to withdraw with advice from their doctors. There will be some pilots who consider themselves invincible, and they will always be a danger, whether it's health related or not. Under self-reporting, they are at risk of death, as well as anyone who chooses to fly with them. The question is, how many deaths are acceptable.

Road deaths annually vary between 1,491 to 1,195 annually (2009-2019) - we don't put road users through Class 2 Medicals. Australia is opening up to COVID-19 which is akin to saying, ""you're unvaccinated - your choice"", and ""you're elderly, indigenous or compromised (heart, lung, diabetes, cancer etc) - you're collateral damage"". Based on the UK death rate (214/day), we should expect about 81 deaths/day. So in keeping with what society is willing to accept, perhaps we should move to the self-reporting model, reducing the burden on Class 2 pilots and releasing AvMed Doctors to focus on ATP/Class 1

Medicals, with the understanding that there may be a small number of deaths in Class 2 as a result. "

CASA seems totally disinterested in improving its ridiculous ..medical constraints ..

The sooner the current, unwieldy, unnecessarily restrictive medical regimen is removed and re-imagined for current conditions, the better it will be for Australian aviation.

There's little point in talking to CASA, the case must be made through the media and MPs because without direction from the Minister, Barnaby Joyce, there's almost zero hope of a real reform. Note the much heralded 'Basic' Class 2 which turned out to be the Clayton's reform which caused more harm than good. It's ridiculous stipulations resulted in encouraging people out of IFR, arguably the safest form of flying, and created the situation where some people could drive a tanker of avgas but not their Cessna.

"Class 2 PPL BASIC provisions should be fully aligned with Heavy Vehicle requirements - !"

CASA medical requirements are onerous and difficult. Even the class 2 basic is ridiculous and places too much risk on DAME delegates who are too scared to issue them just in case the candidate may have an issue in future. The fact is there have been no medical rrlayed incidents under RAAUSs scheme.

"Basic class 2 goes part way to fix the issue, but nevertheless I had to have that done just to fly into class D. Bit of a joke really 😞

Lastly, question 2 is a bit misleading, as it should have the option of fly under RAA and walk away PPL."

The actions of Avmed are only a butt covering exercise by CASA in case I hit a mountain. Their current process adds no value for the pilot or tax payer. If we had another entity to go to they would be out of business.

Sub-contract AvMed out to just about anyone else!

I had my medical refused once due to a comment made by my wife during a specialist consult suggesting I might have adult onset asthma. Even though a spirometry test conducted the same day showed that to not be the case, and it was even mentioned in the specialist report as to not being the case. An appeal saw that decision changed from flying with a safety pilot to an unrestricted ppl.

I was forced to jump thru the hoops at great expense for class 2. When it expired i simply went to an RAA license. So 6 years later i'm still flying. I don't get it.

Medical treatments are one of the fastest advancing technologies, proof is peoples active lives have never been better or longer in our lifetime.

"I only ever fly a 2 seat aircraft hence the risk I represent to others is very low compared to those who fly larger aircraft with more seats, yet I am subject to the same medical standard. This should in my view be reviewed and standards applied that more closely match the risk represented.

Name supplied

The never ending quest for more control by CASA is destroying the last small pockets of GA in Australia. I was once told by a CASA examiner that the elimination of GA would make it easier for "professional" pilots.

"A Designated Medical Examiner is just that, Designated by CASA to conduct the medical examination. If he / she is satisfied, that should be it.

Any uncertain cases could be forwarded to the CASA Medical Officer for a decision.

Paying the DAME for the test is fair enough, the results go straight into the CASA database, having to pay them to simply post the outdated paper certificate is a needless cost. "

Yes rotate DAMEs through CASA along with specalists who are able and interested in doing so.

There are no impacts on safety indicated by 30 years of evidence and 100s of thousands hours flown by raaus pilots which presents any difference of risk to those who undergo casa medicals. The CASA medical process is slow, expensive and a beurocracy inside a beurocracy motivated by supporting its own existsnce having no positive real world impact on safety.

"I suspect CASA isn't aware of the number of pilots (including CPL") who died of heart issues when not flying or who had serious difficulties completing flights or avoided seeing doctors for fear of losing their AVMED Certificates.
If they had confided in their GP's & cardiologists, a far better outcome may have resulted."

The whole system of 'medical s' needs to be streamlined ie download a form and get the doc to tick it off and submit, or have the doc do it online in the surgery. And having a separate password for CASA and the Medical branch of CASA is about as stupid as those departments having a different computer system. One of which uses a European system and calendar and one uses our calendar. Stupidity on a bureaucratic stick!

A good friend was a DAME and just gave up due to casa medical ignoring his, faxes and emails trying to sort out a, small issue. On the whole DAMEs do a, great job sorting out pilot issues but their knowledge of the pilot is ignored by CASA medical.

Ifr and night flying should be allowed as part of a basic class 2.

Avmed should accept the advice regarding medical risk from an appropriately qualified specialist. This advice includes risk of incapacitation, time until next visit to that specialist for follow up.

PPL medical requirements should be in line with the RAAus requirements. I can understand the requirements being for CPL but for the majority who only fly under a PPL it is excessive & unnecessary.

There are not enough DAME practitioners in county areas to access for a CASA medical. Very difficult for rural pilots

I'm mid 50's and am now requesting my normal GP NOT allow any of my medical history to be saved on the national medical database for all to see. I do this ONLY to not allow CASA access to it. This is simply due to the over regulatory and zealousness of CASA that we see time and time again. I am aware that this may one day be unhelpful in the result of a car accident or similar where I might require medical attention, but I firmly believe what I lose on the swings, I easy make up for on the roundabout.

When comparing to raaus, remember they fly different aircraft with no where near the privileges

People routinely fail to declare medical issues because of AVMAD's intransigence.

The CASA Class 2 medical system as a whole isn't based on evidence. It's based on minimising risk (regardless of cost), when we all know there is no such thing as 'no risk'. CASA should let (non-CASA) medical professionals do their job; there's rarely a valid need for CASA to intervene, and it can even lead to adverse health outcomes for pilots.

99% of pilots know when they're medically fit to fly. 1% will fly if they are fit or not or have passed a medical or not passed a medical. The vast majority do the right thing but there will always be a few who stuff it up for the majority. Minorities rule the world.

The many years of RAA experience with pilot self-certification medicals, with no safety risk from pilot incapacitation in flight, clearly demonstrate that the current PPL medical requirements are totally unnecessary.

Include a blood test for traces of substances

It is completely unacceptable that CASA overrides any doctor's opinion that a pilot is fit to fly. A doctor is an expert in their field and this expertise must be respected by CASA.

"Blanket age req are not a one stop fits all, some older pilots are fitter than others and this should be used for individuals"

Way too many cases of CASA overruling specialists

Basic Class Two is relatively easy. It should be for all PPL licences.

I have been diagnosed as having type 2 diabetes (10 years ago, have never exceeded non-diabetic blood sugar levels since one failed test, no medication taken for this condition) and hypertension (treated by daily medication, blood pressure well within standard range for last 10 years), have decided to give up flying as I was subjected to 'CASA audit' as well as yearly medical renewals. Yearly testing was required for vision, stress test costing in excess of \$1k per annum as well as typical 4-6 months for CASA to process results. Medical back dated to time of application even though approval took months and I was unable to exercise the privileges of my license. None of the DAME specialists could understand why I was subjected to this waste of time, money and medical resource. Actual sick people were not being treated whilst medical staff performed these absurd bank of test.

The requirements are too onerous for a private pilot but the the administration of the rules is outrageous .

I find it incongruous that a private company (RAAus) pilot does not need to have a medical whilst a CASA issued licence holder flying the same class of aircraft is required to have a medical. You either need to have a medical or you do not, The current dual standards are incomprehensible. One standard please.

I believe there is nothing wrong with the medical requirements for PPL, however I believe CASA should not have powers to override expert medical opinions.

I think the CASA medical requirements do little to further aviation safety

If you can drive a truck - with an MC licence, you should be able to fly a plane.

Casa's heavy handed medical approach that goes against expert medical assessments just drives pilots to hide issues

In my opinion I think that CASA AvMed are a bunch of puffed up tyrants who revel in ordering overblown and largely pointless tests and assessments just because they can. Show us the justification - where are all the planes falling out of the skies due to sudden unexpected medical events? Many pilots simply now do not report new or ongoing health issues due to the overreactive and harsh beating AvMed invariably delivers. Is that safety? No, it just leads to good pilots giving up a hard-earned career or recreational pastime.

The current settings actively discourage pilots seeking help for mental health reasons and likely do more harm than good to overall safety. This has to change

No

The current system is too expensive and unnecessary

A PPL has substantially more privileges than RPC so a higher level of medical is quite appropriate. From a passenger point of view, a PPL should give prospective passengers a greater confidence in not just their pilot's skills but also their physical fitness to fly.

CASA Medical have an over inflated view of their role and expertise in their ability to override a specialist opinion that deems some one fit to exercise the privilege of their licence

"My last medical caused some stress due to CASA letter in reply. The DAME that I used, knows my medical history very well, through annual AMSA medicals and clearly answered all the questions in the CASA online form. A CASA medical person, sitting at a desk reading my results, never having laid eyes on me, queried several of the responses. Most concerning, was that the mention of ""stress"", then lead that person to query and discuss ""suicidal thoughts"" etc, etc. I am very healthy and completely sane as testified by the DAME and my own GP. Why do CASA choose to go this way for a Class 2, when a very competent doctor (DAME) has already assessed and a second very competent doctor (GP), has followed up?

I hold an UPPL (overdue for AFR) and I am considering just doing Basic at the next medical.

I am also current with RA-Aus (just completed BFR). RA-Aus looks more and more attractive. As with AMSA medicals, CASA (wrt medicals for Private pilots) seems to be more and more distant from the real world and more and more restrictive.

THANK YOU VERY MUCH FOR PURSUING THIS ISSUE. MUCH APPRECIATED.

Name supplied"

Self certified if holding a valid driver's license

The RAAus data shows that their medical requirement is clearly fit for purpose and should be extended to PPL flying

No

Medical requirements no commensurate with similar risks in other activities. Eg driving. I have already converted to RAus , if you can drive a car then you can fly a plane

CASA must accept a pilots regular doctor and specialist reports. For them to insist on additional tests they should be at CASA's cost, not the pilot. His regular medical experts know him better than a third party on a once up visit

Risk assessment should be the same value across all casa departments.I have been assessed as "an unacceptable risk to aviation safety" for a condition which has caused an incident not an accident which has a probability of over 56 mil to 1

CASA needs to differentiate between a RPL/PPL medical and commercial licence requirements. When we fly without hire or financial reward, we fly at our own risk! Australia is behind the rest of the world in regards to general aviation. Casa needs to be pulled in to line and stop creating reasons to prevent general aviation from soaring to great heights and being successful. Such a wonderful community that's constantly bullied by government. Needs to stop

CASA doctors should be more qualified and also be open for alternative solutions.

A local doctor, who also does driver license medicals is a better judge of ones fitness to fly than a CASA medical doctor who has no idea of ones health history.

I won't renew this year as I am unable to qualify for a Basic Class 2 due to the fact I have had heart issues and now under control but still MUST go for a full Class 2...grossly unfair and my R44 now must be sold...??!!

Cassa has made GA flying impossible for the average pilot and most now going to RAAus as an affordable alternative unfortunately!!

"These medical doctors are so far out of date with current medical recommendations, They don't listen to specialist in there fields, they have approved COVID vaccine with out Proper testing but limits known medications.

The CASA medical section is an old boys club that is disgraceful. "

CASA medical is difficult. It isn't only the expensive, but also the difficulty of finding a DAME in country areas

More pilots lie than tell the truth

A medical specialist should not not be overturned by casa.

The current system is a complicated muddle; inconsistently applied without transparency. As is the norm with CASA only the honest get hindered. I will not stop getting medical advice but CASA is less likely to be informed. Once bitten, twice shy!

Aerobatics and IFR should be approved

what are the true facts of known in flight medical conditions affecting flight especially where the condition was not picked up. Compare with the number of known medical incidents per flight hours over a very long period for RAAus that have affected flight. I would suggest it is inconsequential.

A PPL can fly any aircraft, not just less than 5700kg as long as it is not for reward. That is where the risk is. RAAus RPC can only fly less than 600kg with max 2 seats. This low risk and hence the less stringent medical requirement.

The stress to pilots caused by the current CASA medical system is unacceptable. The fact that CASA overrides a specialist doctor is absurd! There are so many stories in the industry of pilots being grounded for minor health issues that their GP, and specialist have cleared. For most pilots flying isn't just a job, it's their life - let us get on with what we do best.

Usual government overreach where it thinks it can get away with it. Hope you can make reason prevail.

Avmed should not be overruling specialist opinions. I know too many pilots (professional and private) who quit the industry because of excessive, and in the opinion of their specialists, unnecessary medical tests to maintain their licence.

It prevented me from flying for years until the RAAus option was available. I have since flown extensively without an issue and passed the PPL level as well, but it was excessive.

The disparity between RA and (single-engine, low-MTOW) GA just makes no sense to me.

If a specialist gives the all clear then CASA should not be able to override the decision

Casa medical seem overly conservative.

CASA medical issuance and review needs to be more efficient. Long delays of up to 9 weeks are unacceptable.

The current medical requirements wouldn't be as bad if CASA didn't override the DAME or your private specialist.

CASA medical is shit

"MAKE IT EASIER FOR THE DAME'S . THEY ARE GETTING LESS BECAUSE IT IS TO DIFFICULT TO COMPLY."

CAA UK pilot medical declaration allows a PPL to operate an aircraft up to 5700 kg MTOW with up to 4 occupants under VFR using a self-declaration to an ordinary drivers licence standard.

CASA have gone totally rogue. They are drunk on self importance.

CASA need to stop trying to throw weight around.

My friend died prematurely due to avoiding diagnosis to preserve his Class 2.

CASA doctors often rely on the phrase "Duty of care" to the public when they impose overreaching restrictions/requirements that ignore the specialist who has already taken responsibility for "duty of care". They also add their personal layer of "duty of care" on top of the published CASA guidelines that have to be appealed or overturned by the AAT. The culture of overly cautious arse covering in CASA needs to be weeded out.....rely on the specialist advice and the published CASA guidelines.....no more no less!!

CASA only 'captures' medical conditions when people foolishly advise them. There's plenty of people who hide stuff and fly along without a problem. As I did until I stupidly filled out the paperwork on night shift and wasn't thinking clearly! Was honest about a medication which is extremely common and has caused me no problems; except CASA induced stress for which I probably need medication for!!!! My advice (and I am a so called health care professional!) is tell the bastards nothing!

Waste of time trying to fight the system the way it is

"As far as the medical specialist override requirement, it is acceptable under some circumstances, particularly where the certifying specialist does not understand the environment we operate under. However, in other circumstances eg cardiac where the cardiologist says there is no issue and CASA want an unwarranted testing, there needs to be a change to ensure that those request are for valid concerns. For class 2 private flying it should maybe be a little more open.

For background I CASA have pulled my medical (class 1&2), failure to renew. So I do understand the process rather well. Are they justified in my case, unfortunately yes. And I understand why they want to retain control of the certifying process. "

Fortunately I have a doctor here in Malaysia who can do the CASA Medical. I've not encountered any problems yet.

The handling of an aging pilot population, and the application of standards that are inappropriate will only remove people from the industry, which is the last thing GA needs. Some people only have the time and money to own and use a plane later in life, just as medical issues start to develop. The number of people who verbally advised me "don't tell CASA" leaves me to believe there are a mass of hidden problems out there. AVMED is antagonistic rather than supportive. Sensible pilots know when to stop. Also technology is changing with Autoland and pinch-hitter training for partners.

CASA medicine often re

Doing a basic class 2 the first time was all okay then the next time it was revoked. Health not changed.

It's over the top & needs to change, it's greatly affected my flying & I suspect there's not much wrong with me.

The docotrs fee component should be regulated for all medical classes to make the medical more affordable.

No.

Raa recently stated that they have not detected any increase in medical related incidents since adopting Driver standard with out adding more conditions

Having had personal experience of Bureaucrats exercising power just because they can, I think this should be stopped if they wish to cancel a license they should have to go back through the pilots selected specialist who is practicing medicine not sitting at a desk in Canberra playing with a spread sheet of statistics most of which are of dubious value.

The fact that your GP and or specialists opinions and knowledge of your general health given that they have looked after your health for a number of years is ignored and that you have to report for tests that you had Alfreda done in the past is just ridiculous

I don't want to share the sky with pilots that are a medical risk. That's why we have medical standards.

Reality check, I lost all my belongs in a shed fire and was doing it a bit tough, the only freedom I found was in flying my aircraft, because I was feeling low and seen my DAME about this, I shortly found myself grounded... then you find it's a long line of hoops to jump through to prove your sanity! Each case is individual.

Outrageously expensive, invasive and totally unnecessary. Avmed is a self fulfilling prophecy.

i have use it a a means of ensuring i periodically get a full medical check up to verify my health remains good.

Massive over regulation of a non safety risk.

Interesting survey; although I am an ardent supporter of Pilot Medicals I think there is opportunity to 'fine tune' the current CASA Medicals for Class 2 to remove red tape and bureaucratic legacy processes not fit for todays world. The NZ DL9 is a great step forward taken by the CAA.

There should be one medical for all general aviation and to a good standard I.e. Class 2 not just from a friendly GP. We all share the same sky we should feel that we are all treated equally.

Yes. AVMED needs a staff purge (retirements) along with CASA legal. In particular, Dr D Fitzgerald needs to be redeployed. The calculation about the likelihood of incapacitation in any one year needs to take into account that pilots do not fly 8760 hours per year. Even the dedicated pro is restricted to 900 and the average ppl probably does not more than 50. Removal of the people in CASA who think you need to be superman to fly. Drone air taxis are going to catch up with them soon anyway. Cessna 172s are probably not as demanding as FA18s

AvMed literature reviews pertaining to medically caused license restrictions need to be carried out by a scientifically and statistically qualified person.

All research that has been conducted into this topic, worldwide, shows that there is no statistically significant greater number of medically incapacitating events for those who have a medical and those who don't. Therefore this alone should show with objective evidence there is no justification for a separate aviation medical requirement for PPL's. Additionally, under a drivers licence medical, PPL's should be allowed up to six pax, and IFR day/night and aerobatics, same as the US.

If they keep the current system, there will need to be more Avmed doctors in country areas as there is hardly any left as CASA has chased them away or made it too hard for them.

The current medical system is a prohibitive and costly process that can prevent some people who would normally be fit and healthy, but not within the definition of the perfect human that the current system requires, to gain access to and enjoy aviation within this country. Most people do fit the definition of the current system and therefore require excessive extra exams that go to prove what the person already knew, that they are fit and healthy to fly. A process of self and social governance can encourage more people to gain an interest in aviation and pursue their dreams and ambitions.

"My GP that I have been seeing for 20 years commented after a physical check that I would have no problem with my CASA medical. How wrong he was. I went for a medical with the DAME and after 40 minutes he looked across at me and said "you have no actual medical problems". Something I know is true.. the wanker principal medico asked all manner of trivial questions which I gave up answering. I am nearly 69 and fitter than most 40 year olds. I genuinely have no medical issues that aren't well controlled and yet the fuckwit principal medico who has never seen me couldn't bring himself to sign off my medical.

I could drive a fuel truck loaded with petrol through Perth to the airfield on my HR licence and yet I can't fly a circuit according to CASA.
CASA and particularly the medical section are incompetent.
117754."

"CASA DO NOT COMPLY WITH AUSTRALIAN NATIONAL GUIDELINES FOR TYPE 2 DIABETES. CASA REQUIRE A TIME CONSUMING EXPENSIVE GLUCOSE TOLERANCE TEST IF BLOOD GLUCOSE LEVEL IS 5.5 OR MORE.
CASA MEDICAL OFFICERS DESPITE HAVING MANY POST GRADUATE DEGREES LACK CLINICAL EXPERIENCE, FOR INSTANCE PILOTS DON'T SUDDENLY DIE OR BECOME INCAPACITATED FROM PROSTATE CANCER!
CASA DOCTORS ABUSE THEIR AUTHORITY BY REQUESTING UNNECESSARY EXPENSIVE SPECIALIST EVALUATIONS"

I believe medical requirements should have more tiers than they do today, from self certification for the minimum privileges, with tiers of increasing requirements once doctors and then DAMEs become involved, with only medicals for the heaviest of single pilot complex aircraft operated in complex airspace being subject to review by CASA medical.

"I loss my licence because of a medical technically I was not sick, their has to be arbitration in cases like mine CASA must be taken out of the equation
Les"

A drivers license should be all you need. Please let medical specialists decide whether you are safe to fly with any particular medical condition, no suit at a desk in Canberra should ever over rule a specialist

People are scared of telling the DAME anything even how minor as they know CASA will hound them with unnecessary tests at great expense

If a DAME and Doctor and a specialist Doctor say you are fit to fly that should suffice to and not overruled by Casa

The current PPL medical certificates is onerous and can be difficult to navigate and can rely on the whim of the overarching CASA Medical examiner/designate. Certainly a newer, simpler system is well overdue, why is there a need to issue certificates every 12 months instead of every 2 years once a medical "concern" arises-if a Pilot is taking remedial action to improve or maintain a healthier standard of Health then that should be seen as sufficient to issue the PPL for a longer period of time.

Put Class 2 medicals back under the control of a DAME.

My experience is that there are inconsistency in CASA Medical from one period to the next. Some doctors are more lenient than others.

I see ZERO accident evidence to support the current draconian system and the active persecution of pilots in the face of any expert medical advice that challenges a CASA ruling.

It is my belief that many recreational pilots who would otherwise be flying VH aircraft migrate over to the RAAus for medical reasons only.

It is clearly not fit for purpose at present.

In my experience with CASA medical division, they will not accept reasonable and supported argument. They simply keep raising the bar!

"The requirements of CASA were laughed at by a \$200 per visit specialist that I had to see over a benign issue that is present in many people. The specialist eventually wrote a letter saying that I was not impacted in any way by the issue. The issue was discovered and commented on and CASA dropped the investigation.

Owing to an error on a hospital discharge form that said I had been unconscious after a small Medical procedure I now have to have an expensive test every two years. CASA just over reacted to the error, refusing to believe it. I was alone and very conscious at the time of the reported error. I resist going to the doctor these days"

I also feel that BI annuals are far too demanding every 2 years at \$300 + if you fly the same A/C for 20hrs/year and have 900+ hrs on same a/c that I Built Under 101-28 DCA in 1988 Hate the way CASA bureaucrats can over-ride specialist opinions, this is a nonsense.

Same airspace, same planes, different medical requirements for RA vs GA - Insanity and giving RA-Aus an unfair commercial advantage.

Is there any evidence that Avmed makes aviation safer? I suspect from my reading NO. Lets move into the 21st century eyes open and evidence based. Avmed stop the nonsense

As a former resident of the USA I have found Australian general aviation regulators to be needlessly slow and highly resistant to facts. This portion of CASA needs to join the 21st century and remains backward in any worldwide regulator comparison.

Due to a hospital stay involving surgery I was adversely affected by CASA for 2 years.

I am a potentially far greater hazard to others on our roads, than I am in the air, as a consequence of incipient medical conditions. I rarely see other aeroplanes when I fly, because they are not there!

A medical assessment for fit to fly should be taken by the medical professional who have the most contact with the pilot. Equally there should be no carry over from the CASA medical system into the new system, not like the previous system which had an obscure clause which prevent pilots with a noted condition not being eligible to apply for drive licence medical. I am a type 2 diabetic and the CASA class medical was costing around \$1200 in medical reports every 12 months which showed no change in the risk of a medical episode, and my specialists were satisfied for me to continue fly. My CASA class 2 medical had a condition with required me to cease flying if my HBA1C blood test exceed 7.5. The real risk with diabetics is low BSL to lapse into a diabetic coma, so a reading of above 7.5 is considered high with no risk of a diabetic coma, CASA,s logic defies belief. In one year I was able to fly for 3 months as PIC and because I exceeded the magic 7.5 I had to stop flying as PIC, so I walked away from the CASA class 2 medical system and joined the RAAus medical system and I continue to enjoy my passion of recreational flying.

It is untenable for an Avmed bureaucrat override specialists medical, some have had many years in a particular field

The Basic class 2 is a step in the right direction in theory. Not as simple to get a doctor to sign the forms though. It takes a bit of work to find a doctor who will. I think the restrictions on the basic class to are harsh. No IFR aerobatic formation flying etc. These operational restrictions are not required given you are already limited to the size of aircraft and number of passengers. Would it be possible to have an evidenced based approach. Is there any evidence that all these rules actually make flying safer. Is self assessment for medical just as safe as self assessment for flying in cloud VFR for example. Aviation is full of self assessment. Why not medical if the evidence supports this approach.

Not convinced that CASA wants private pilots in small aircraft in their airspace.

CASA doesn't HAVE a Motto or Creed - (UNlike the FAA which does - Whereby they say "WE are here to foster ALL forms of aviation - HOW can we help you ?") ... IF Casa HAD a creed - THE most appropriate would be : "Here at CASA we're not happy - until YOU'RE not happy !"

I had a heart attack 8yrs ago which was fixed with a stent. I have had no problem with my heart since then apart from that caused by CASA who now insist on an annual medical and stress-echo. My DAME is happy to sign me off for two years as is my GP, but CASA's doctor who doesn't know me from the proverbial bar of soap, overrules them!

It's my life and my aircraft. I'm not flying for profit or reward. I'm not silly and if I'm not fit to fly, I won't. It follows that the medical requirements should be less invasive. And BTW, the survey doesn't ask about cost, which is considerable.

"Particularly commenting in the case of heart conditions eg a myocardial infarction/ stenting, my suggestion would be - as CASA's aim here is to maintain a level of safety with a risk level which is as high as reasonably practical (AHARP) but which would not be overly onerous, arbitrary & costly is:-

In a worst case situation, for CASA to accept the professional opinion of a specialist cardiologist without further reference to the 'medical review board' process (after any tests he might require and even with his suggested review period based on his medical knowledge & examination of the applicant) to allow the issuance of a Standard class 2 or a Basic class 2 (as elected by the applicant) and to also apply this same 'middle of the road' increased approach/criteria to the lesser medical standard currently applied to the RAAus medical requirements - ie NOT allowing just self declaration (which is inequitable and does not in my opinion achieve the ARARP result aspired to by CASA).

This should be applied equally across ALL activities conducted by similar types of aircraft conducting the same (private recreational aviation) operations over the same areas and in the same airspace.

I believe many pilots are discriminated against unfairly while others without 'acceptable' medical standards are able to slip through the gaps created by CASA's own conflicting rules and standards.

I believe, the requirement for the need for any conditions such as the need for eg. a 'safety pilot' should also be at the discretion/recommendation of the subject specialist. "

I do the Basic Class 2 with my usual doctor. Apart from the multiple pages of sometimes repetitive questions and the confusing process after doing it, it is easy. Down side is that at my age it is an annual requirement. I would be happy to do an online test, online education and self-certify.

CASA to review the archaic/primitive glucose testing that is waste of pilots time and is wrong

There must not be a mandatory reassessment due to Age!!! Ppl medicals to be same as RAAUS

It has been my experience to have been incorrectly diagnosed by a specialist with a specific medical condition just prior to my medical renewal. The diagnosis was proven to be inaccurate, however no matter how many satisfactory specialist reports and test results I forward to CASA, they refuse to remove the special requirement and reduce my medical

validity from 24 months to 12 months. Once a box is ticked on your medical application, there appears to be no way for it to be removed. Refer Q3. above.

Ridiculous that RAAus requirements are so lax compared to pilots that often fly similar aircraft under PPL or RPL. RAAus system could easily result in very unfit pilots still flying. I think the American system negates that but is still a simple process. A medical every couple of years is probably a good idea for every one, pilots or otherwise.

I find it amazing that some guy in Canberra can over ride your GP and DAME who are obviously in the best position to determine a pilots fitness to fly, and be arrogant enough to think he knows best. All it does is encourage pilots to withhold information from their GP and not disclose it in their Avmed renewal application. Hardly a satisfactory state of affairs.

A specialist report should be sent to a DAME and they then issue or deny. CASA medical people are not qualified in the specialist medical world.

I think that Casa is not acting in the interest of safety, which it should be, I think it's motive for the method in which medicals are issued is purely because they fear liability

Aviation medical department is far too harsh in its rules for GA PPL flying. It should look at the real data which is how many accidents or deaths caused by medical issues in flight or on ground. They should use international data and licenses rather than try and reinvent something. Their attitude is anti rather than working for and with pilots. They are behind the progressive attitude of the USA and New Zealand aviation authorities.

"CASA medical requirements for a private pilot are out of step with many other aviation nations PPL a medical requirements. CASA already accept the medical requirements (self declared drivers licence medical) of RAAus, a private company that self administers a segment of private aviation but require very onerous requirements for an identical type of operation of a CASA regulated operation.

At the very least the medical standards required should be the same for the same type of operation regardless of the operation comes under a control of a private company or a government department. "

Medical requirements should focus more on factors that may lead to a pilot becoming incapacitated in flight rather than some issues that have perhaps long term affects but are not life threatening. Obviously sight, hearing and general cognitive capacity is important but there are a lot of the issues in the current check list for a class 2 where a yes answer will "raise a flag" but are not relevant to safe flying for a private pilot.

As the system is I know that many pilots would probably be bending the truth, if not outright lying when they do the questionnaire.

Medical Certification should be in the hands of your family doctor, Dame and your own Specialists, Not in the hands of faceless individuals who don't know who you are. Earn an excellent salary and don't take the responsibility that is required by farming the decisions out to unknown junior medical contractors.

"Remove mandated vaccinations requirements from Airline Pilots and Staff and passengers.

The data is available, supporting the danger of side effects on pilots and passengers during flight. Don't be ignorant and guided by Politicians and media, Check the data and make an effort to check blacked out data from the US and Europe."

2 specialists I see both were ex DAME . Says it all. Just too hard, ignored and onerous.

No

The rules should apply to ALL pilots irrespective if they belong to a (RAAO) organisation.

No

Trying to get CASA medical to change is like trying to stop the tide, however I wish the industry good luck!

"Self assessment for PPL is common sense. IE; ""If you think you can or you think you can't, you are probably right"", just the same as driving your motor vehicle, when you have just moved off P plates, full of up to 6 -7 passengers, maybe half either babies or young children, down a typical Australian narrow country road, barely one lane wide, doing 100 kms / hr, passing head on, an overloaded truck doing a similar speed in the opposite direction.

Just about every Australian resident does this daily and it is considered acceptable.

What is it with the bloody minded bureaucrats in Canberra who cannot accept the realities of life & who want to hang onto idiotic laws that have been generated simply to give themselves jobs ?"

more people will fly if it becomes affordable.

Keep it simple

The survey is clearly designed to elicit a specific response. In Australia we have effectively got the US FAA Sport Pilot system, it is just outsourced. All this crying out for a level playing field is ridiculous. Sure, the AvMed system can be improved but what is broken here? Are we trying to force people back into the CASA system that we hate so much? Why are we never happy with what we have got?

I'm glad to see that a review is being undertaken. Removing difficult, expensive and often unnecessary medical requirements will help to reinvigorate this flying sector with no loss of safety.

Should be much easier!!!!

I have to renew my class 2 medical each year have to have all sorts of medical tests and in the past 5 years no problems my costs are considerable and i have to deal with 4 doctoes who dont talk to each other.

"Provided there is discussion with the DAME. Which is not overridden or second guessed by CASA, the present class2 operated as it should.

The DAME is fully able to assess the pilots ability to fly. There should be caveats applied for certain medical conditions. I have to carry glasses but not necessarily wear them. For a trivial example.

I am concerned that CASA is seeking to abrogate its responsibility by removing reasonable testing guidelines. I am 80 and get through my medicals OK but There will be a time where I should be failed. It is a matter of ensuring the correct balance."

There could also be great improvement made to the Class 2 Basic certificate. That standard actually is HARDER to obtain because if you have EVER had a condition i.e. sleep apnoea - even if its treaded - you are NEVER allowed to get this licence. Its a real joke and should be updated or scrapped.

Casa lies when it suggests that a doctor review's medical forms They are reviewing the forms by non medically trained folk who have the power to remove medical certification awarded by doctors.

CASA GP only qualified Doctors overriding Specialist Doctors assertions is overreach.

Non-commercial and non-RPT pilots should need only basic assessment, gained with a self-declaration and GP examination where needed (eg Cardiovascular, Diabetes)

CASA have been told for a long time that GA is In a lot of trouble, hence I am sure there will be a lot of people out there who will be saying what is the point, CASA never listen. The medical department has been a thorn in the side of a lot of people who have given up on aviation. These CASA Doctors who ground pilots for medical reasons without sound reasons are then happy to get in their cars and drive amongst hundreds of people with the same, or worse medical problems, and probably driving trucks or buses. Their risk assessment skills leave you scratching your head. People are not reporting medical problems, which means that the current system is not working. The already overloaded medical system is being unnecessarily used for expensive tests that other people are waiting to have. Let's hope that the people who received the results of this survey listen to the pilots, as I am sure there will be a strong message.

Self certification is key I think. AVMED is too hard to work with once you have self reported a medical issue. They should just accept a specialist report regarding fitness to fly.

Cut the unnecessary medical bureaucracy which contributes nothing to safety.

Nil

Comments left on Country Airstrips Australia website

I would like to see CASA accept the advice supplied to them from the DAME and the SPECIALISTS as these people are PROFESSIONALS and in most cases highly trained. These PROFESSIONALS should have the authority to decide who flies and who doesn't.

The medicals is too restrictive I had a open heart with 1 vein fixed now five ten years later they still ask for a medical with the lot of the test even thou the dame passed me each time saying with my health he would pass me for a CPL but that's not good enough for the department so I had to stop flying got expensive for me.