



International Civil Aviation Organization

Safety Enhancement Implementation Group

Eighth Meeting (SEIG/8) and NCMC Meetings
(Muscat, Oman, 11-13 October 2026)

Agenda Item 3: NCMC

**MID REGION GUIDANCE MATERIAL FOR NATIONAL CONTINUOUS MONITORING
COORDINATORS (NCMCS)**

(Presented by the Sultanate of Oman)

SUMMARY

This paper presents the MID Region Guidance Material for National Continuous Monitoring Coordinators (NCMCs), developed under SEIG/7 Conclusion 7/8 (Safety Action A8, G2-SEI-01, MID-RASP 2026-2028). The complete Guidance Material is provided in the attachment to this working paper. The meeting is invited to endorse it and to submit it to RASG-MID/14 for consideration.

Action by the meeting is at paragraph 3.

REFERENCES

- SEIG/7 Report, Conclusion 7/8 (Amman, Jordan, 12-14 October 2025)
- Oman Working Paper to SEIG/7, Establishment of a Regional Framework to Strengthen the NCMC Function in the MID Region (Amman, Jordan, October 2025)
- Middle East Regional Aviation Safety Plan (MID-RASP), Third Edition 2026-2028
- ICAO Doc 9735, Universal Safety Oversight Audit Programme Continuous Monitoring Manual, Fifth Edition (2023), Appendix F: Guidelines for National Continuous Monitoring Coordinators
- ICAO Doc 9734, Part A, Safety Oversight Manual, Third Edition (2017)

1. INTRODUCTION

1.1 SEIG/7 Conclusion 7/8 established Safety Action A8 under G2-SEI-01 of the MID-RASP 2026-2028. It tasked the development of guidance material covering the enhancement of the roles of ICAO USOAP Portfolio Holders and States' NCMCs, and the identification of best practices for the preparation of USOAP audits and validation activities. This follows Oman's working paper to SEIG/7, Establishment of a Regional Framework to Strengthen the NCMC Function in the MID Region, which recalled RASG-MID Conclusion 12/8 (NCMC's Roles and Responsibilities).

1.2 The Sultanate of Oman was designated to lead the development of the Guidance Material, supported by Egypt, Jordan, Qatar and the United Arab Emirates.

1.3 ICAO Doc 9735, Appendix F, paragraph 1.1 describes the NCMC as the primary point of contact of the State in interacting with ICAO on all matters related to USOAP. The Guidance Material supplements that framework with regional implementation guidance.

2. DISCUSSION

2.1 The Guidance Material provides recommended practices, implementation methodologies and practical tools for establishing and operating the NCMC function in support of USOAP CMA. It is addressed to the Primary and Alternate NCMCs, support-team members and technical focal points of MID States, and draws on operational experience reported by MID States in preparing for, taking part in and following up USOAP CMA activities.

2.2 The Guidance Material supplements, and does not replace, Doc 9735 and the other ICAO instruments it references. It creates no new international obligation, does not alter the Standards and Recommended Practices established under the Chicago Convention, and does not predetermine an official ICAO assessment result. States should adapt the recommended practices to their legal framework, institutional structure and resources.

2.3 The Guidance Material comprises eleven chapters and supporting appendices, arranged along the NCMC operating lifecycle:

Chapters	Content
Chapter 1	Purpose, scope, mandate and structure
Chapters 2 and 3	Regulatory and strategic reference framework; NCMC role and operating model
Chapters 4 to 8	Selection, authority and governance; core responsibilities; PQ management; Compliance Checklist and notification and publication of differences; internal readiness and USOAP CMA activity coordination
Chapter 9	Portfolio Holder and RCMC coordination
Chapters 10 and 11	Competency and training; regional cooperation and community of practice
Appendices	Templates and checklists supporting implementation

2.4 Doc 9735, Fifth Edition, including Appendix F, remains the principal ICAO framework for the NCMC role. The Guidance Material adds regional implementation guidance on NCMC governance, PQ lifecycle management, information governance, continuous readiness, activity coordination, succession, competency and regional cooperation, together with templates and checklists that States may adapt.

2.5 The Guidance Material addresses the NCMC function primarily. Chapter 9 describes the working interfaces between State NCMCs and the Portfolio Holder, the RCMC and the ICAO Regional Office, subject to the arrangements formally communicated by ICAO. Internal responsibilities and procedures of ICAO remain matters for ICAO.

2.6 The draft Guidance Material was circulated to the contributing States for comment, with a submission deadline of 21 September 2026. Comments received from the contributing States were reviewed, and the attached text reflects the changes agreed.

3. ACTION BY THE MEETING

3.1 The meeting is invited to:

- a) note the information in this paper;

- b) review and endorse the Guidance Material provided in the attachment; and
- c) agree to the following Draft Conclusion:

That,

- a) the MID Region Guidance Material for National Continuous Monitoring Coordinators be endorsed and submitted to RASG-MID/14 for consideration; and
- b) MID States be encouraged to use the Guidance Material in establishing and operating their NCMC function.

Attachment: MID Region Guidance Material for National Continuous Monitoring Coordinators (NCMCs)

INTERNATIONAL CIVIL AVIATION ORGANIZATION

**GUIDANCE MATERIAL FOR
NATIONAL CONTINUOUS MONITORING
COORDINATORS (NCCMs)
MID REGION**

Development led by the Sultanate of Oman

Under SEIG Safety Action A8, G2-SEI-01

Contributing States: Egypt | Jordan | Qatar | United Arab Emirates

For Consideration by SEIG/8 — October 2026

MID-RASP 2026-2028 | G2-SEI-01: Strengthening States' Safety Oversight Capabilities

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DRAFT

1. INTRODUCTION

1.1 Purpose, Scope and Applicability

- 1.1.1** This Guidance Material provides practical regional implementation guidance and tools for the NCMC function. It focuses on governance, coordination, information management, continuous readiness and implementation practices that supplement ICAO Doc 9735. Detailed ICAO definitions, requirements and methodologies are referenced rather than reproduced unless necessary to explain an NCMC responsibility.
- 1.1.2** This Guidance Material is addressed to MID Region States and their designated Primary and Alternate NCMCs, NCMC support-team members, technical focal points and other national authorities contributing to USOAP CMA information. States outside the MID Region may consider its recommended practices subject to their own legal framework and institutional structure.
- 1.1.3** This Guidance Material has been developed through a State-led MID regional initiative and focuses primarily on the establishment, empowerment and operation of the State NCMC function. References to Portfolio Holders, RCMCs, ICAO Regional Offices and other ICAO units are included only to explain the working interfaces relevant to State NCMCs; internal responsibilities, reporting arrangements and operating procedures of ICAO officials remain matters for ICAO. Where the role allocation formally communicated by ICAO differs from a description in this Guidance Material, the current ICAO arrangement should prevail.
- 1.1.4** This Guidance Material supplements, and does not replace, ICAO Doc 9735 and other applicable ICAO instruments. It does not create a new international obligation, alter ICAO Standards or Recommended Practices, change the applicable USOAP CMA methodology, or predetermine an official ICAO result. Where this Guidance Material differs from a current controlled ICAO source, the ICAO source in force prevails.
- 1.1.5** The NCMC coordinates and monitors the fulfilment of commitments relevant to its function across the Critical Elements. This includes cross-functional coordination, information management, process assurance and process-quality review. These activities do not replace the technical, legal, investigation, administrative or executive responsibilities of the competent State authorities, including technical validation, substantive decisions and approvals.

1.2 Key Terms

- 1.2.1** For ease of use, only terms essential to applying this Guidance Material are included in this section. Unless otherwise stated, terminology has the meaning assigned in the current applicable ICAO controlled source. The abbreviations used in this Guidance Material are listed in Appendix F.
- 1.2.2** National Continuous Monitoring Coordinator (NCMC). The individual, or function, designated by the State as its principal focal point for coordinating national information, activity and continuous-monitoring responsibilities under USOAP CMA.
- 1.2.3** Protocol Question (PQ). The primary tool used under USOAP CMA to assess the effective implementation of a Critical Element or, for the State Safety Programme (SSP) audit area, an SSP component.
- 1.2.4** Critical Element (CE). One of the eight essential components of a State safety oversight system defined in ICAO Doc 9734, Part A, and reflected in Annex 19.

- 1.2.5 Effective Implementation (EI).** The percentage of applicable PQs assessed as satisfactory, expressed as an overall value or by audit area or Critical Element.
- 1.2.6 Significant Safety Concern (SSC).** Occurs when the State allows the holder of an authorization or approval to exercise the privileges attached to it, although the minimum requirements established by the State and by the Standards set forth in the Annexes to the Convention are not met, resulting in an immediate safety risk to international civil aviation.

1.3 Mandate and Origins

- 1.3.1** SEIG/7 Conclusion 7/8, adopted at the Seventh Meeting of the Safety Enhancement Implementation Group (SEIG/7) in Amman, Jordan, in October 2025, established Safety Action A8 under G2-SEI-01 within the MID-RASP 2026-2028. That conclusion tasked the development of guidance material covering enhancement of the roles of ICAO USOAP Portfolio Holders (PHs) and States' NCMCs, and identification of best practices for the preparation of USOAP audits and validation activities.
- 1.3.2** The Sultanate of Oman was designated to lead the development of this guidance material, supported by Egypt, Jordan, Qatar, and the United Arab Emirates. This Guidance Material is presented to SEIG/8 in October 2026 for endorsement and onward submission to RASG-MID/14.

Item	Detail
Mandate	SEIG/7 Conclusion 7/8 — Safety Action A8 under G2-SEI-01
Regional Plan	MID-RASP 2026-2028, Third Edition — Goal 2
Lead State	Sultanate of Oman
Contributing States	Egypt, Jordan, Qatar, United Arab Emirates
Target Forum	SEIG/8 — October 2026
Primary Reference	ICAO Doc 9735, Fifth Edition (2023)

1.4 Evidence Base

- 1.4.1** This Guidance Material reflects operational experience and lessons reported by MID Region States in maintaining USOAP CMA information, coordinating self-assessments and corrective actions, preparing for ICAO activities and sustaining institutional continuity. The regional practices included here are intended to supplement the ICAO framework and should be adapted to each State's legal, institutional, operational and resource context.

1.5 MID-RASP and Global Safety Goals

- 1.5.1** This Guidance Material supports MID-RASP 2026-2028 Goal 2 through G2-SEI-01 by strengthening NCMC governance, information quality, coordination, corrective-action follow-up and continuous readiness. It also supports Goal 4 through regional cooperation, capacity building and knowledge sharing. Detailed GASP and MID-RASP provisions should be consulted in the current applicable plans.
- 1.5.2** Official EI and PQ results remain subject to ICAO assessment; this Guidance Material does not predetermine or guarantee a specific outcome. The baseline EI value and the method for measuring improvement attributable to this Guidance Material should be established or confirmed through the SEIG process rather than assumed in advance. Regional outcome

indicators and Safety Action A8 implementation indicators that States and the SEIG may use to monitor progress include:

- the applicable Overall EI, PPQ EI and Critical Element EI trends reported through official USOAP CMA results;
- the number and ageing of open CAPs and MIRs across contributing States;
- the currency of PQ self-assessments and supporting evidence maintained through the NCMC function;
- the number of States that have designated a Primary and Alternate NCMC with a current written authority instrument; and
- participation and information-sharing activity within the regional NCMC Community of Practice described in Chapter 11.

Note.— EI is an important indicator of the State's ICAO-assessed safety oversight capability but is not, by itself, a complete measure of national aviation safety performance or NCMC effectiveness. EI should be interpreted together with the applicable PQ edition, assessment date and activity scope; CAP implementation; information currency; SSP or Safety Management indicators; operational safety information; and other relevant safety intelligence.

1.6 Application to the Eight Critical Elements

1.6.1 The NCMC supports continuous monitoring across the Eight Critical Elements by coordinating State information, PQ self-assessments, supporting evidence, CAPs, MIRs, SSC-related information and preparation for USOAP CMA activities. The technical ownership and State accountability for each Critical Element remain with the competent authorities in accordance with paragraph 1.1.5. The NCMC-to-CE relationship is summarized in Table 2-2.

Note.— Deficiencies in USOAP information governance, including inaccurate, incomplete or outdated SAAQ, PQ, CC/EFOD, CAP or supporting-evidence records, may affect ICAO's assessment of the relevant PQs and Critical Elements. The applicable Critical Element depends on the nature and subject of the deficiency.

1.7 Structure of This Document

1.7.1 The Guidance Material is organized around the NCMC operating lifecycle: Chapter 2 provides the regulatory and strategic reference framework; Chapter 3 defines the NCMC role and operating model; Chapter 4 addresses selection, authority and governance; Chapters 5 to 8 contain the principal operational processes for core responsibilities, PQ management, CC/EFOD and readiness/activity coordination; Chapter 9 addresses the PH/RCMC interface; Chapter 10 covers competency and training; and Chapter 11 addresses regional cooperation. The appendices provide practical templates and checklists supporting implementation. Appendix D is not used; the EFOD notification decision-point workflow is maintained as a separate companion tool issued alongside this Guidance Material. This Guidance Material adds regional implementation guidance on NCMC governance, PQ lifecycle management, information governance, continuous readiness, activity coordination, succession, competency and regional cooperation.

1.7.2 The sequence of chapters follows the operating lifecycle of the NCMC function, beginning with the international and regional context, progressing through governance, information management and continuous monitoring responsibilities, and concluding with activity readiness, competency development, continuity and regional cooperation. The sequence does not imply that the NCMC assumes the statutory, technical or executive accountability of the competent authorities. That separation applies throughout the Guidance Material. The appendices provide practical tools supporting implementation of the recommended framework.

1.7.3 Lifecycle Overview



***Note.**— This Guidance Material references specific procedures governed by other ICAO manuals, including Doc 8126 (Aeronautical Information Services Manual), Doc 9859 (Safety Management Manual), Doc 10055 (Manual on Notification and Publication of Differences), and Doc 10066 (PANS — Aeronautical Information Management). Where this Guidance Material addresses a process governed by one of these manuals, the current edition of the applicable ICAO manual should be treated as authoritative.*

— End of Chapter 1 —

2. REGULATORY AND STRATEGIC REFERENCE FRAMEWORK

This chapter provides only the ICAO and regional reference points necessary to apply the NCMC guidance. Detailed ICAO definitions, obligations, methodology and procedures are governed by the current controlled ICAO sources cited in each section and are not reproduced here unless needed to explain an NCMC coordination responsibility.

2.1 The Chicago Convention and State Obligations

- 2.1.1** Article 37 of the Convention on International Civil Aviation requires each Contracting State to collaborate in securing the highest practicable degree of uniformity in regulations, standards, procedures and organization in relation to aircraft, personnel, airways and auxiliary services in all matters in which such uniformity will facilitate and improve air navigation.
- 2.1.2** To this end, ICAO adopts and amends international Standards and Recommended Practices and procedures concerned with the safety, regularity and efficiency of air navigation. Contracting States give effect to the applicable provisions through their legislative, regulatory, administrative and operational systems, subject to the obligations concerning differences from international Standards established under Article 38 of the Convention.
- 2.1.3** Article 38 requires a Contracting State to notify ICAO of differences between its national regulations or practices and those established by an applicable international Standard where the State finds it impracticable to comply in all respects with the Standard, is unable to bring its regulations or practices into full accord with an amended Standard, or considers it necessary to adopt regulations or practices differing in any particular respect from those established by the Standard.
- 2.1.4** The State should establish a documented process for the identification, assessment, approval, notification and continuing review of differences. The ICAO Compliance Checklist and Electronic Filing of Differences functions provide mechanisms for recording implementation information and submitting approved notifications through the OLF.
- 2.1.5** The NCMC coordinates and monitors the national process and facilitates the submission and maintenance of approved information. The competent technical and legal authorities remain responsible for determining the status of national implementation, identifying and assessing differences, determining the significance and operational implications of differences, and approving the official State position.
- Note.— Article 38 applies to differences from international Standards. Information concerning the implementation of Recommended Practices may also be recorded through Compliance Checklists in accordance with applicable ICAO procedures, but does not have the same legal status as a notification under Article 38.*
- 2.1.6** Under Article 54(l) of the Convention, the ICAO Council adopts international Standards and Recommended Practices in accordance with Chapter VI of the Convention, designates them as Annexes and notifies Contracting States of the action taken. Article 54(j) requires the Council to report to Contracting States any infraction of the Convention and any failure to carry out recommendations or determinations of the Council.
- 2.1.7** Within the applicable ICAO Assembly and Council framework, USOAP CMA provides a structured, information-driven and risk-based mechanism for:
- monitoring States' safety oversight systems;

- assessing the effective implementation of applicable safety oversight and Safety Management provisions;
- identifying safety oversight deficiencies;
- validating progress made in addressing identified deficiencies;
- determining and updating applicable USOAP CMA results; and
- supporting the prioritization of ICAO monitoring activities.

2.1.8 The State's participation in USOAP CMA is formalized through an MOU concluded between ICAO and the State. The principal commitments under the MOU relevant to the NCMC function are described in Section 2.2.

Note.— The MOU establishes commitments between ICAO and the State. The responsibilities of the NCMC in relation to those commitments are subject to the accountability principle in paragraph 1.1.5.

2.2 The USOAP CMA Memorandum of Understanding

2.2.1 The State's participation in USOAP CMA is governed by the applicable MOU with ICAO. For the NCMC, the operational implications are to maintain the State coordination interface, support accurate and current State information, coordinate responses and supporting evidence, facilitate USOAP CMA activities, and monitor follow-up actions. The current MOU and ICAO instructions remain authoritative. Table 2-1 summarizes the NCMC-related coordination implications.

2.2.2 Under the MOU and applicable ICAO procedures, the State undertakes, as applicable, the commitments summarized in Table 2-1. NCMC designation should be communicated to ICAO's Monitoring, Analysis and Coordination (MAC) office and to the ICAO MID Regional Office through the current official communication channel.

Note.— Specific communication channels, email addresses and procedural steps for NCMC designation and other USOAP CMA correspondence should be verified against the current MOU and ICAO instructions before use, as they may change between editions of this Guidance Material.

MOU-related matter	State accountability	NCMC coordinating role	Primary owner or approval authority
NCMC designation	Designate and notify ICAO	Maintain contact, access and continuity records	Competent appointing authority
OLF and State information	Ensure information is accurate, complete, current and approved	Coordinate, quality-review and facilitate submission	Competent information owners and approval authorities
MIR response	Provide a complete, relevant and timely response	Distribute, consolidate, quality-review and submit the approved response	Relevant technical, legal, investigation or administrative authority
USOAP CMA activity	Cooperate and facilitate access	Coordinate national programme, evidence, meetings and logistics	All participating authorities within their respective functions
CAP	Develop and implement corrective action	Coordinate, monitor, update, submit and escalate	Responsible action office and accountable manager
SSC	Mitigate immediate risk and implement permanent corrective action	Coordinate reporting, monitoring, evidence and escalation	Competent executive and technical authorities

Draft report	Approve the official State response	Consolidate comments, references and approval records	Technical authorities and designated State approval authority
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Table 2-1. MOU Obligations and NCMC Coordinating Role

2.2.3 The MOU also provides procedural opportunities for States, including the opportunity to review and comment on draft USOAP activity reports before finalization, and to request review of findings through the established process. The NCMC distributes the draft report to the relevant national authorities, coordinates and consolidates their technical input, verifies consistency with the State's existing position, and submits the agreed State response through the established channel; the designated State authority approves the official position. The responsibilities in this paragraph should be applied in accordance with the accountability principle in paragraph 1.1.5.

2.3 The Eight Critical Elements of a State Safety Oversight System

2.3.1 The Eight Critical Elements (CEs) of a State safety oversight system are defined in ICAO Doc 9734, Part A, and reflected in Annex 19. This Guidance Material does not reproduce those definitions; it focuses on how the NCMC coordinates information, evidence and follow-up across the CEs. Table 2-2 summarizes the NCMC relationship to each CE.

2.3.2 The NCMC supports cross-functional coordination, information management, monitoring and process assurance across the Critical Elements in accordance with the accountability principle in paragraph 1.1.5.

2.3.3 The relationship between the NCMC function and each Critical Element described in Table 2-2 is indicative of the coordination and information-management support that the NCMC may provide. It does not assign ownership of a Critical Element, technical function or associated PQ to the NCMC.

Critical Element	ICAO-oriented description	NCMC coordination and information-management role	Primary State accountability
CE-1 — Primary aviation legislation	A comprehensive and effective aviation law, commensurate with the size and complexity of the State's aviation activities and consistent with the Chicago Convention, enabling the State to regulate civil aviation safety and enforce applicable requirements.	Coordinates PQ self-assessment information, supporting evidence and approved CC/EFOD information relating to the primary legislative framework. Facilitates traceability between applicable ICAO provisions and national legislation.	Competent legislative, legal, regulatory and executive authorities remain responsible for developing, interpreting, approving and enforcing primary aviation legislation and for approving the State's official position on differences.
CE-2 — Specific operating regulations	Regulations addressing national requirements arising from the primary aviation legislation and providing sufficiently detailed and standardized requirements for aviation operations, products, services, equipment and infrastructure.	Coordinates PQ self-assessments, evidence references and CC/EFOD information relating to specific operating regulations. Monitors regulatory amendment actions arising from findings or ICAO amendments.	Competent regulatory and technical authorities remain responsible for regulatory development, consultation, legal review, approval, promulgation, implementation and enforcement.

CE-3 — State system and functions	Establishment of relevant State authorities or agencies with clearly defined safety functions, responsibilities and relationships, supported by adequate qualified personnel, financial resources and organizational arrangements.	Supports coordination across State authorities through formal designation, written authority, reporting and escalation arrangements, focal-point networks and inter-agency coordination. Maintains relevant organizational and SAAQ information.	Senior State authorities and the competent organizations remain responsible for institutional mandates, organizational structures, resource allocation, functional independence and effective discharge of safety oversight responsibilities.
CE-4 — Qualified technical personnel	Requirements and arrangements ensuring that personnel performing safety oversight, investigation and other applicable State safety functions possess and maintain the necessary qualifications, experience, competency and training.	Coordinates the review and currency of SAAQ information, PQ self-assessments and evidence concerning staffing, qualifications, training and competency. Monitors related CAP actions and evidence.	Competent authorities remain responsible for workforce planning, recruitment, qualification standards, training programmes, authorization, competency assessment and personnel retention.
CE-5 — Technical guidance, tools and provision of safety-critical information	Provision of appropriate facilities, technical guidance, procedures, tools, equipment, checklists, technical data and safety-critical information enabling personnel to perform their functions effectively and consistently.	Coordinates the indexing, currency, consistency and traceability of evidence referenced in PQ self-assessments, including manuals, procedures, guidance, tools and controlled records.	Competent technical authorities remain responsible for developing, approving, issuing, controlling, implementing and maintaining technical guidance, tools and safety-critical information.
CE-6 — Licensing, certification, authorization and approval obligations	Implementation of documented processes to ensure that persons and organizations meet applicable requirements before exercising the privileges of a licence, certificate, authorization or approval.	Coordinates the identification, collection, traceability and process-quality review of evidence for applicable CE-6 PQs. Monitors related CAP information and facilitates approved OLF submissions.	Competent licensing, certification and approval authorities remain responsible for technical assessments, inspections, tests, decisions, issuance, limitations, suspension and revocation actions.
CE-7 — Surveillance obligations	Implementation of a continuing surveillance programme using inspections, audits and other monitoring activities to verify that regulated persons and organizations continue to comply with applicable requirements and maintain the required level of safety and competency.	Coordinates the collection, indexing and process-quality review of surveillance-related evidence and supports arrangements for relevant interviews, demonstrations and industry visits during ICAO activities.	Competent oversight authorities and qualified inspectors remain responsible for surveillance policy, risk-based planning, inspections, audits, technical conclusions, enforcement follow-up and continuing-compliance decisions.
CE-8 — Resolution of safety issues	Implementation of processes to identify, analyse, mitigate, correct and follow up safety	Coordinates CAP monitoring, OLF updates, SSC-related reporting, evidence traceability	Competent technical, enforcement and executive authorities

	deficiencies, including enforcement action and other measures where appropriate.	and escalation of delayed or ineffective corrective actions. Maintains management visibility of unresolved matters.	remain responsible for immediate risk mitigation, root-cause analysis, corrective-action implementation, enforcement, effectiveness assessment and permanent resolution of safety issues.
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Table 2-2. The Eight Critical Elements and the NCMC's Coordination Role

Note 1.— CE-1 to CE-5 are generally categorized as establishment Critical Elements, while CE-6 to CE-8 are categorized as implementation Critical Elements. Certain implementation aspects may nevertheless be associated with CE-2 to CE-5, including implementation of regulatory amendment processes and personnel training programmes.

Note 2.— The application of individual Critical Elements varies according to the audit area and the function being assessed. Under the current AIG PQ framework, AIG PQs are not allocated to CE-6 or CE-7. States should verify CE allocation against the current controlled ICAO PQ edition in the OLF whenever the PQ framework is revised.

Note 3.— The NCMC-relevance column describes coordination and information-management support only. It does not establish that the NCMC is the technical owner of a Critical Element or PQ.

2.4 The Nine USOAP CMA Audit Areas

2.4.1 USOAP CMA Protocol Questions are organized by the audit areas established by ICAO. States should use the audit-area structure, PQ applicability and current Safety Management arrangements contained in the controlled ICAO documentation available through the OLF. The current framework includes LEG, ORG, PEL, OPS, AIR, AIG, ANS, AGA and SSP at the time of drafting.

Note 1.— PQ totals, wording, applicability and PPQ designation may change; the controlled ICAO documentation in the OLF prevails.

Note 2.— PQs that ICAO designates for assessment only during an on-site activity should nevertheless be included in the State's internal readiness review, with relevant evidence identified, validated and maintained for presentation when required.

Note 3.— Priority Protocol Questions are a safety-significant subset of the applicable PQs. States should accord them enhanced attention within their continuous monitoring and corrective-action programmes, without limiting the requirement to assess and maintain evidence for all applicable PQs.

2.5 Effective Implementation Indicators and Their Use

2.5.1 The NCMC should monitor the current ICAO-assessed EI indicators relevant to the State together with PQ status, PPQ status, CAP implementation and information currency. These indicators support management attention and prioritization but do not replace operational safety information or constitute a State self-assessment result. Official EI values change only through ICAO assessment or validation under the methodology in force.

Indicator	Basis and use
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Overall EI	Calculated in accordance with the ICAO methodology in force from the applicable PQs included in that calculation. It provides a consolidated indicator of the State's assessed safety oversight capability.
Implementation EI	Calculated from applicable CE-6, CE-7 and CE-8 PQs and used to examine implementation of licensing, certification, surveillance and resolution functions.
PPQ EI	Calculated from applicable PQs designated by ICAO as PPQs. It highlights safety-significant weaknesses requiring enhanced attention.
SSP EI	Calculated under the applicable Safety Management PQ framework to measure effective implementation and maintenance of the State's SSP.
SSP component EI	Provides a separate indication of implementation for each SSP component, in accordance with the ICAO methodology in force.

Table 2-3. Effective Implementation Indicators

Note 1.— A material difference between Overall EI, Implementation EI and PPQ EI may reveal areas requiring focused management attention. Corrective actions should be prioritized through a risk-informed process considering safety consequences, PPQ status, implementation-related deficiencies, SSCs, ICAO timelines and national safety priorities.

Note 2.— EI represents a snapshot based on the applicable PQ edition or revision, the scope and date of ICAO activities and the assessed status of applicable PQs. States should therefore avoid interpreting any EI value without considering its currency and assessment basis.

2.6 MID-RASP 2026-2028 and GASP 2026-2028

2.6.1 The NCMC supports national and regional safety planning by providing current and validated safety oversight information, including relevant EI trends, implementation and PPQ indicators, findings, CAP status and recurring systemic gaps. Detailed GASP, MID-RASP and NASP requirements remain governed by the current applicable plans and State arrangements.

2.7 USOAP CMA Activity Types

2.7.1 For any USOAP CMA activity, the NCMC should base State preparation on the formal ICAO notification, activity plan, applicable OLF instructions and current Doc 9735 provisions. Table 2-4 summarizes the principal coordination implications for the NCMC; it does not replace the activity-specific ICAO instructions.

Mechanism	Purpose and NCMC preparation requirement
Comprehensive USOAP CMA Audit	An activity during which ICAO conducts a systematic and objective assessment of the State's capability to discharge its safety oversight and accident and incident investigation responsibilities through effective implementation of the applicable Critical Elements. The scope may cover all or selected audit areas and PQs and may be conducted on-site, remotely or through a documentation-based modality, as specified by ICAO. The NCMC coordinates scope analysis, PQ self-assessment, evidence readiness, internal coordination and logistical arrangements. See Chapter 8 for the internal readiness methodology.
ICAO Coordinated Validation Mission (ICVM)	An on-site validation activity during which ICAO collects and assesses evidence demonstrating implementation of corrective actions or mitigating measures addressing previously identified findings or SSCs. The NCMC coordinates CAP validation, evidence traceability, technical availability and access arrangements for the PQs and findings within scope.
Off-site or integrated validation activity	A validation activity during which ICAO remotely assesses corrective actions and supporting evidence without an on-site visit, or integrates the assessment with

	another scheduled visit to the State. The NCMC ensures complete OLF updates, clearly indexed evidence and availability of the competent technical authorities to respond to requests for clarification.
Mandatory Information Request (MIR)	A formal request issued by ICAO requiring the State to provide specified information, clarification or evidence within an established period. The NCMC coordinates, quality-checks and submits the response approved by the competent State authority. MIR response procedures are described in Chapter 5.
Significant Safety Concern (SSC) resolution	Where an SSC is identified, the State implements immediate mitigating measures and permanent corrective actions. The NCMC coordinates communication, evidence submission, progress monitoring and escalation, while technical and executive authorities remain responsible for resolving the safety issue and ICAO determines closure following validation. SSC procedures are described in Chapter 5.

Table 2-4. USOAP CMA Activity Types

***Note.**— The names, classifications, scope and delivery modalities of USOAP CMA activities may be revised by ICAO. States should apply the terminology and procedures contained in the current edition of ICAO Doc 9735, the latest OLF instructions and the formal notification issued for the activity concerned.*

2.8 USOAP Information, Transparency and Access

- 2.8.1** The State should treat information submitted through the OLF as official safety oversight information and apply documented technical validation, approval, access-control, confidentiality and records-management arrangements. The NCMC coordinates information currency, approved submission and timely responses to ICAO; State self-assessments, CAP updates and supporting evidence do not independently change official ICAO results.
- 2.8.2** Public and restricted USOAP CMA information should be handled in accordance with the access and confidentiality arrangements in force. Any public communication of State-reported progress should distinguish it clearly from results formally assessed or validated by ICAO.

— End of Chapter 2 —

3. THE NCMC: ROLE, RESPONSIBILITIES AND OPERATIONAL FRAMEWORK

3.1 The NCMC as Defined in Doc 9735

- 3.1.1** In accordance with Doc 9735 and the applicable MOU, the State designates one or more suitably qualified individuals to perform the NCMC function and identifies a Primary NCMC where more than one individual is designated. The NCMC is the State's principal coordination point for USOAP CMA matters and coordinates the maintenance and submission of State information through the OLF. Detailed ICAO requirements remain those contained in the current Doc 9735, MOU and OLF instructions.
- 3.1.2** The responsibilities associated with the NCMC function extend throughout the USOAP CMA continuous monitoring cycle. They include coordinating the State's PQ self-assessments; administering and monitoring the submission and updating of Corrective Action Plans (CAPs); coordinating the maintenance of State Aviation Activity Questionnaire (SAAQ) information; facilitating the management of Compliance Checklists and Electronic Filing of Differences (CC/EFOD); coordinating responses to Mandatory Information Requests (MIRs); supporting State reporting concerning Significant Safety Concerns (SSCs); administering authorized State access to the OLF; and coordinating the State's preparation, participation and follow-up for USOAP CMA activities. The NCMC performs process coordination, information-management and quality-control functions, while the competent authorities remain accountable for technical determinations, evidence validation, corrective-action implementation and formal approval of State submissions.
- 3.1.3** The NCMC should be selected and designated with the documented support of the Director General, Chief Executive Officer or equivalent accountable senior executive. The State should provide the NCMC with written authority, sufficient organizational standing, timely access to senior management, adequate time and resources, appropriate training, and an established network of audit-area focal points to enable effective coordination across the civil aviation system. Depending on the size, complexity and distribution of the State's aviation safety oversight responsibilities, the function may be performed by a Primary NCMC supported by an Alternate NCMC, an NCMC team, or another formally established cross-functional arrangement.

***Note.**— A State may establish an NCMC team comprising an Alternate NCMC and designated focal points representing the applicable USOAP CMA audit areas and other competent authorities. One individual should normally be identified as the Primary NCMC to maintain a clear principal channel for coordination with ICAO. The Primary NCMC arrangement does not transfer technical accountability from audit-area focal points or competent authorities. Those authorities remain responsible for the accuracy, completeness and currency of their technical assessments and supporting evidence, while OLF updates should be made through the access, validation and approval arrangements established by the State.*

3.2 The NCMC's Position in the State's Civil Aviation System

- 3.2.1** The NCMC occupies a cross-functional coordination position spanning the State's civil aviation safety oversight system. Unless otherwise provided under national arrangements, the NCMC does not exercise direct technical or line-management authority over inspectors, legal officers, regulatory specialists or subject-matter experts responsible for individual audit areas. The effectiveness of the function therefore depends on a clearly documented mandate, approved by senior management, authorizing the NCMC to issue formal coordination requests, convene relevant focal points, establish or coordinate response deadlines, request supporting information,

perform process and evidence-quality reviews, and escalate unresolved delays or deficiencies to the appropriate accountable authority.

3.2.2 The State should establish reporting and escalation arrangements that provide the NCMC with effective access to the Director General, Chief Executive Officer or equivalent senior executive accountable for national aviation safety oversight. Depending on the State's organizational structure, this may be achieved through a direct reporting line, a formally delegated escalation channel, an executive-level USOAP CMA committee or another documented governance arrangement. The selected arrangement should enable the NCMC to convene cross-departmental focal points, coordinate evidence and response deadlines, report systemic implementation concerns and obtain timely senior-management intervention where required. An NCMC located below executive level may remain effective where the written mandate, access arrangements, resource allocation and escalation authority are clearly established and consistently supported.

3.2.3 The NCMC also serves as the principal State-level interface with the ICAO officials and organizational units responsible for the State's USOAP CMA portfolio and regional coordination. These may include the assigned Portfolio Holder, the Regional Continuous Monitoring Coordinator, the ICAO Regional Office and the responsible ICAO USOAP unit, in accordance with the organizational arrangements in force. The NCMC should use the official communication channels and role assignments communicated by ICAO and should ensure that all exchanges requiring technical or executive State decisions are coordinated with the competent national authorities. The respective functions of the Portfolio Holder and RCMC, and the working interface maintained by the NCMC, are described in Chapter 9.

Interface	Role and Relationship to the NCMC
Director General / CEO (or equivalent accountable executive)	Formally designates the NCMC and, where applicable, the Alternate NCMC or NCMC team; approves the written mandate and reporting arrangements; ensures appropriate time, resources, training and organizational support; and receives escalations concerning systemic delays, unresolved findings or resource constraints. Senior-management support enables the NCMC to secure effective and timely cross-departmental cooperation.
Audit-area focal points and subject-matter experts	Conduct the technical review of applicable PQs; identify, validate and maintain supporting evidence; develop technical inputs for CAPs, MIRs, SAAQ information and draft-report comments; and obtain departmental approval. The NCMC coordinates their contributions, monitors agreed timelines, reviews consistency and traceability, and facilitates approved OLF submission in accordance with the State's access-control arrangements.
Portfolio Holder (PH)	The assigned ICAO official responsible for managing or supporting the State's USOAP CMA portfolio in accordance with current ICAO arrangements, ordinarily based at the ICAO Regional Office. The Portfolio Holder may communicate programme matters, monitor relevant State information, coordinate with ICAO organizational units and support activity planning and follow-up. The NCMC serves as the State's principal coordination contact for communications within the Portfolio Holder's assigned scope. Chapter 9 describes this role and its distinction from the RCMC in full.
Regional Continuous Monitoring Coordinator (RCMC)	Provides regional-level coordination and support concerning USOAP CMA matters in accordance with current ICAO role assignments, through the ICAO MID Regional Office. The interface may include communication on State information, CAP progress, MIRs, activity preparation, regional assistance and capacity-building. The NCMC should follow the communication and escalation arrangements formally communicated by ICAO.
Other competent State authorities and CAA departments	Legal, rulemaking, policy, licensing, certification, surveillance, accident-investigation, SSP, information-management and administrative units may own information or actions relevant to USOAP CMA. The NCMC coordinates requests

	and follow-up through the approved mandate and focal-point network, while the respective authority retains technical and management accountability for its inputs and actions.
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Table 3-1. NCMC Interfaces

3.3 Core NCMC Responsibilities: Overview

3.3.1 The NCMC function encompasses eight core operational responsibility areas. Each area is addressed in greater detail in Chapters 5 through 8. The following overview should be used by States when establishing the NCMC's terms of reference, assigning responsibilities among the Primary NCMC, Alternate NCMC and audit-area focal points, and determining the time, competency and resource requirements necessary to sustain the function. The responsibilities in Table 3-2 are coordination responsibilities and should be applied subject to the accountability principle in paragraph 1.1.5.

Responsibility area	NCMC coordinating role	Primary technical or approval responsibility	Reference
PQ self-assessment	Coordinates the State's PQ self-assessment programme across all applicable audit areas; notifies focal points of relevant PQ revisions; monitors completion; reviews the consistency, relevance and traceability of evidence; and facilitates approved OLF updates.	Audit-area focal points and competent subject-matter experts assess implementation, determine the State self-assessment response, validate supporting evidence and obtain departmental approval.	ICAO Doc 9735, Appendix F; Chapter 5, Section 5.1
Corrective Action Plans	Coordinates CAP preparation, internal review, approval and submission; monitors target dates and implementation status; quality-checks evidence; maintains relevant OLF records; and escalates delayed or ineffective corrective action.	The responsible technical authority conducts root-cause analysis, defines and implements corrective action and provides evidence demonstrating implementation. The designated accountable authority approves the State CAP.	ICAO Doc 9735, Appendix F; Chapter 5
State Aviation Activity Questionnaire	Coordinates completion, review and updating of SAAQ information; identifies changes requiring amendment; and monitors the completeness and internal consistency of State responses.	The competent departments provide and validate the substantive organizational, operational, staffing and activity information within their respective areas.	ICAO Doc 9735, Appendix F; Chapter 5
CC/EFOD management	Coordinates the review of Compliance Checklists and Electronic Filing of Differences information, monitors the approval workflow and facilitates submission of approved notifications through the OLF.	The competent legal and technical authorities determine national implementation, identify differences, assess their significance and approve the State's official position.	Article 38, Chicago Convention; Chapter 7
Mandatory Information Requests	Receives and distributes MIRs; coordinates technical inputs and evidence; monitors the ICAO response period; consolidates and quality-checks the proposed response; obtains the required approval; and submits the State's authorized response.	The responsible technical, legal or investigation authority determines the substantive response and validates the supporting evidence.	ICAO Doc 9735, Appendix F; Chapter 5

Significant Safety Concerns	Coordinates communication with ICAO, monitors mitigating and corrective-action status, facilitates submission of approved information and evidence, and escalates unresolved issues to senior management.	The competent technical and executive authorities implement immediate mitigation and permanent corrective action. ICAO determines whether an SSC has been satisfactorily resolved.	ICAO Doc 9735, Appendix F; Chapter 5
OLF access and information governance	Administers or coordinates authorized State-user access; maintains NCMC and focal-point records; supports user continuity; monitors information currency; and applies the State's validation, approval, access-control and document-control arrangements.	Senior management approves access-governance arrangements. Data owners remain responsible for the validity and protection of the information entered or submitted.	ICAO OLF instructions; Chapter 5
USOAP CMA activity coordination	Serves as the State's principal coordinator for the preparation, conduct and follow-up of audits, validation activities and other continuous monitoring mechanisms. Responsibilities include scope analysis, stakeholder coordination, evidence readiness, logistical support, meeting management, draft-report coordination and submission of approved State responses.	Competent authorities provide technical evidence and personnel, respond to ICAO questions, validate comments and implement resulting corrective action. Senior management approves formal State positions where required.	ICAO Doc 9735; Chapter 8

Table 3-2. Core NCMC Responsibility Areas

Note 1.— The review frequency applicable to SAAQ information, PQ self-assessments, CC/EFOD information and other OLF records should be based on the current ICAO requirements and instructions. States should also require updates whenever a material change occurs in legislation, regulations, organizational structure, personnel, aviation activity, oversight processes or implementation status.

Note 2.— States may establish an internal twelve-month review cycle as a minimum governance control where this is consistent with the applicable ICAO requirements. Such an internal cycle does not replace any shorter update period triggered by a material change or an ICAO request.

Note 3.— References to specific paragraphs or appendices of ICAO Doc 9735 should be verified against the edition and revision in force before publication or amendment of this Guidance Material.

3.4 The Operational Framework

3.4.1 The NCMC operational framework comprises six linked components: (a) formal authority and governance; (b) PQ lifecycle management; (c) CC/EFOD and differences management; (d) information governance and management assurance; (e) continuous readiness; and (f) activity and post-activity coordination. Detailed procedures are provided in Chapters 4 to 8. These components operate as one continuous cycle and should not be treated as isolated processes.

Note.— The six components are designed to operate as an integrated system. Formal authority without controlled workflows may provide institutional standing without consistent execution. Strong readiness

procedures without continuous information governance may produce temporary preparation gains that are not sustained between ICAO activities. Effective implementation therefore requires the coordinated application of governance, PQ lifecycle management, differences management, information assurance, continuous readiness and post-activity follow-up, supported by clear technical ownership and senior-management oversight.

— End of Chapter 3 —

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4. NCMC SELECTION, EMPOWERMENT AND GOVERNANCE

4.1 Selection of the NCMC

- 4.1.1** The NCMC is a formally designated State coordination function. Depending on the size, complexity, activity level and organizational arrangements of the State's civil aviation system, the function may be established as a dedicated full-time role or assigned to an individual who also performs other substantive duties within the civil aviation authority or another competent State authority. In determining the appropriate model, the State should consider the number and complexity of applicable Protocol Questions, open findings and Corrective Action Plans, Mandatory Information Requests, differences-notification activities, participating authorities, audit-area focal points and scheduled USOAP CMA activities. Where the NCMC function is combined with another role, the designation and written authority instrument should specify the time, resources, administrative support and priority to be allocated to NCMC responsibilities and should identify arrangements for managing workload conflicts.
- 4.1.2** The Director General of Civil Aviation, Chief Executive Officer of the civil aviation authority or other competent senior executive holding overall responsibility for national aviation safety oversight should designate the NCMC in writing. The designation should identify the Primary NCMC and, where applicable, the Alternate NCMC; specify the effective date, reporting and escalation arrangements; and be communicated promptly to ICAO MAC and the ICAO MID Regional Office through the official communication channels in force. Any subsequent change in designation or contact information should be communicated without undue delay.
- 4.1.3** Where the NCMC is also the substantive technical owner of a PQ self-assessment, evidence package, CAP or other State submission, the State should apply an independent review or countersignature before approval or submission. Where full separation is not practicable, compensating controls should be documented and applied.
- 4.1.4** States should establish the NCMC function on a stable and sufficiently long-term basis to preserve institutional knowledge, continuity of ICAO coordination and the currency of USOAP CMA information. Personnel rotation should be managed through documented succession, handover and knowledge-transfer arrangements, including maintenance of an Alternate NCMC where practicable. Changes in personnel should not interrupt access to the OLF, response to ICAO communications, monitoring of CAPs and MIRs, or coordination of scheduled activities.

Note.— Where a State establishes an NCMC team, one individual should normally be identified as the Primary NCMC and principal coordination contact with ICAO. The Primary NCMC is not the sole point of State accountability. Technical authorities and audit-area focal points remain accountable for the accuracy, completeness and timely provision of information within their respective areas. The team arrangement, membership, delegated responsibilities and approval workflow should be formally documented. See Section 4.4.

4.2 Qualifications and Competency Criteria

- 4.2.1** The State should select an NCMC possessing the knowledge, skills, experience and personal attributes necessary to coordinate its USOAP CMA responsibilities effectively. The criteria below combine applicable ICAO guidance and recommended regional implementation criteria. Each State should verify any criterion identified as an ICAO requirement against the edition of ICAO Doc 9735 and associated instructions in force and should adapt additional recommended criteria to the size and complexity of its aviation system.

Criterion	Recommended requirement	Status/source
Civil aviation experience	Relevant experience in civil aviation safety oversight, regulation, investigation, safety management or a closely associated technical field, of a duration and scope sufficient for the complexity of the State's aviation system and the responsibilities assigned to the NCMC.	Strongly recommended basic qualification (Doc 9735, Appendix F, paragraph 2.4.8); verify against the current edition
ICAO framework knowledge	Working knowledge of the Chicago Convention, applicable ICAO Annexes, the Critical Elements, ICAO safety oversight documentation and the relationship between SARPs, national provisions and notified differences.	Core competency
USOAP CMA knowledge	Working knowledge of USOAP CMA principles, PQs, CAPs, MIRs, SSCs, SAAQ, CC/EFOD, activity types and OLF processes applicable to the State.	Core competency
Governance and coordination	Ability to coordinate across technical departments and external State authorities, establish structured workflows, monitor deadlines, facilitate decision-making and escalate unresolved issues.	Regional recommended criterion
Analytical and quality-review capability	Ability to assess the completeness, relevance, consistency, currency and traceability of PQ responses and supporting evidence without replacing the technical determination of the responsible authority.	Regional recommended criterion
Language proficiency	Sufficient proficiency in the language or languages used for communication with ICAO and for the relevant USOAP CMA activity. For the MID Region, effective professional proficiency in English is normally necessary for OLF information and ICAO coordination.	Operational competency
Digital and information-management capability	Ability to use the OLF, office productivity applications, document-control tools, collaboration systems and structured tracking records securely and effectively.	Core operational competency
Integrity and confidentiality	Demonstrated objectivity, discretion, professional integrity and ability to protect restricted or sensitive safety oversight information.	Personal attribute

4.2.2 In addition to the core criteria in paragraph 4.2.1, the following experience and capabilities should be considered desirable:

- participation in safety oversight audits, validation activities, internal assessments or quality reviews;
- regulatory development, rulemaking, compliance monitoring, licensing, certification, surveillance or accident and incident investigation experience;
- application of safety management, quality management, risk management or internal-control principles;
- programme or project management in a multi-departmental or multi-agency environment;
- document control, evidence management, data quality and information-governance experience;
- preparation of executive reports, dashboards and corrective-action status briefings;

- participation in ICAO meetings, regional safety groups, international audits or technical-assistance activities; and
- facilitation, negotiation and communication with senior management and technical specialists.

Note.— States should not designate an NCMC solely on the basis of seniority or availability. Where a selected individual has limited prior USOAP CMA, audit, compliance or OLF experience, the State should establish a documented competency-development and supervised-transition plan. Relevant ICAO training, OLF tutorials, regional workshops, mentoring and practical handover should be completed as early as practicable, consistent with the training framework in Chapter 10. Formal designation should not be unnecessarily delayed where continuity of the NCMC function would otherwise be compromised, provided that appropriate supervision, access controls and approval arrangements are maintained.

4.2.3 Assignment of OLF user-account access levels is part of information governance and reflects the digital competency expected of the individual performing the NCMC function. The competency and selection criteria in Appendix E apply to this assessment.

4.3 Written Authority Instrument

4.3.1 The NCMC's designation, mandate and governance arrangements should be formally documented through a written authority instrument or an equivalent legally or administratively recognized mechanism approved by the Director General, Chief Executive Officer or other competent senior authority. The instrument should consolidate the NCMC's coordination mandate, reporting and escalation arrangements, access to information, OLF administration responsibilities, resource support and relationship with competent technical authorities. It should enable the NCMC to issue formal coordination requests, convene focal points, coordinate management-approved deadlines, review process and evidence quality, and escalate unresolved delays or deficiencies. It should not transfer technical, legal, investigative or executive accountability from the authorities to which those responsibilities are assigned.

4.3.2 The written authority instrument should address, at a minimum, the following matters:

- Designation and scope: identification of the Primary NCMC and, where applicable, the Alternate NCMC or NCMC team, together with the scope and effective date of the designation.
- Coordination mandate: authorization to coordinate the collection, review, updating and submission of USOAP CMA-related information and evidence from relevant CAA departments and other participating State authorities, in accordance with applicable national governance arrangements.
- Information access and safety intelligence: authority to request and receive, in a timely manner, safety oversight information and relevant safety intelligence needed to perform the NCMC coordination role, subject to applicable national law, confidentiality, information-security, data-protection and role-based access controls. Access does not transfer technical ownership, analytical responsibility or decision-making authority from the competent State function.
- Technical accountability: confirmation that legal, regulatory, oversight, investigation and other competent authorities retain responsibility for technical determinations, evidence validity, approval of differences, development and implementation of corrective actions and approval of official State positions.
- Reporting and escalation: definition of the reporting line and a direct, timely escalation route to the Director General, Chief Executive Officer or equivalent senior executive for

overdue responses, unresolved deficiencies, significant safety concerns, resource constraints and systemic implementation issues.

- Internal coordination: authorization to issue formal coordination requests, convene focal points and working groups, request information and status updates, coordinate management-approved deadlines and escalate delays through established channels.
- Inter-agency coordination: identification of the governance mechanism used to obtain information and corrective action from State bodies outside the CAA. Where the issuing authority has no administrative authority over those bodies, the written authority instrument should be supplemented by an inter-agency decision, memorandum, committee mandate or other arrangement approved at the appropriate State level.
- OLF access and administration: definition of the NCMC's responsibilities for coordinating State-user access, assigning or requesting appropriate access levels, maintaining user records and deactivating obsolete access, in accordance with ICAO functionality, State information-security controls and the principle of least privilege.
- ICAO communication: authorization to communicate directly with ICAO MAC, the ICAO MID Regional Office, assigned Portfolio Holder, RCMC and activity team for routine coordination matters. Communications establishing or changing an official technical, legal or policy position of the State should be subject to the applicable national validation and approval process.
- Information governance and confidentiality: requirements for technical validation, management approval, document control, records retention, confidentiality, cyber security and protection of restricted USOAP CMA information.
- Conflict-of-interest controls: arrangements for independent review where the NCMC is also the technical owner of a PQ, CAP or evidence package.
- Resources and continuity: commitment to provide adequate protected time, budget, administrative and technical support, training, OLF access, collaboration tools, an Alternate NCMC and documented succession arrangements proportionate to the State's needs.

4.3.3 The written authority instrument should be reviewed periodically and amended or reissued when:

- the Primary or Alternate NCMC changes;
- the CAA or wider State safety oversight structure changes;
- the reporting or escalation arrangement changes;
- responsibility for an applicable audit area is transferred;
- ICAO modifies relevant USOAP CMA or OLF arrangements;
- the scope of the NCMC function changes materially;
- a governance, coordination or resource deficiency is identified through an internal review or ICAO activity; or
- the existing instrument is found to be inconsistent with national legislation or administrative authority.

The current instrument should be communicated to all relevant senior managers, audit-area focal points and participating State authorities. A model authority instrument is provided in Appendix C.

4.3.4 A written authority instrument issued by the CAA can operate only within the legal and administrative authority of the issuing official. Where evidence, corrective action or safety oversight responsibility is held by an entity outside the CAA, the State should establish a complementary inter-agency coordination arrangement at the appropriate governmental level.

That arrangement should identify focal points, information-sharing obligations, approval and escalation channels, response expectations and senior authorities responsible for resolving non-response or conflicting institutional positions.

***Note.**— The written authority instrument provides institutional clarity and executive support for the NCMC function; it does not create authority beyond the legal competence of the issuing official. Its effectiveness depends on clear communication, consistent management support and practical application. All relevant department heads, focal points and participating State authorities should receive or be formally informed of the instrument, and its requirements should be incorporated into applicable governance procedures, terms of reference and inter-agency arrangements.*

4.4 NCMC Team Structure and Governance

4.4.1 Where the size, complexity, institutional distribution or workload of the State's civil aviation safety oversight system cannot be managed sustainably by one individual, the State should establish an NCMC team or equivalent cross-functional focal-point network. The arrangement should comprise a Primary NCMC, an Alternate NCMC and designated technical focal points representing all applicable USOAP CMA audit areas and participating State authorities. The team structure distributes continuous monitoring responsibilities while maintaining a clear principal coordination channel with ICAO and preserving the technical and management accountability of the competent authorities.

4.4.2 The following team structure is recommended for States operating across all nine audit areas:

Role	Responsibilities
Primary NCMC	Serves as the State's principal coordination contact for USOAP CMA matters; coordinates the NCMC team and the State's continuous monitoring programme; administers or coordinates authorized OLF access; monitors information currency; performs process, consistency and evidence-traceability reviews; coordinates communication with ICAO MAC, the ICAO MID Regional Office, Portfolio Holder and RCMC, as applicable; and leads national coordination before, during and after USOAP CMA activities. The Primary NCMC reports and escalates matters in accordance with the governance arrangements approved by the State.
Alternate NCMC	Maintains sufficient knowledge, access and involvement to assume the Primary NCMC's coordination functions during absence, transition or emergency. The Alternate NCMC should have independent, role-appropriate OLF access, participate regularly in team reviews and remain familiar with current PQ self-assessments, CAPs, MIRs, CC/EFOD information, scheduled activities and outstanding actions.
Audit-area focal points	Act as the designated technical coordination points for their assigned audit areas. They conduct or coordinate PQ technical assessments, identify and validate evidence, prepare technical inputs for CAPs and MIRs, maintain awareness of applicable regulatory and operational changes and obtain departmental approval for State submissions. The NCMC coordinates their work, monitors agreed timelines and performs consistency and traceability reviews without replacing their technical accountability.
Inter-agency focal points	Represent State authorities whose safety oversight, investigation or supporting functions are located outside the civil aviation authority. They coordinate information, evidence, corrective actions and management decisions through the applicable inter-agency arrangements.
Administrative and information-management support	Supports controlled records management, correspondence tracking, meeting administration, evidence indexing, action tracking and activity logistics. Access to the OLF and restricted USOAP CMA information should be limited to the level necessary for assigned duties and managed in accordance with State information-security and access-control requirements.

Table 4-1. NCMC Team Roles and Responsibilities

***Note.**— Each applicable audit area should have a formally identified technical owner or focal point. The same qualified individual may represent more than one audit area where justified by the State's size, organizational structure, workload and competency arrangements, provided that responsibilities, conflicts of interest and backup arrangements are clearly documented.*

4.4.3 The NCMC team should meet at a frequency proportionate to the State's USOAP CMA workload and risk profile and, as a recommended regional minimum, at least once every quarter. More frequent meetings should be convened where an ICAO activity is scheduled, an MIR or SSC requires action, significant PQ revisions are issued, CAP implementation is delayed, or a material change occurs in the State's legislation, organization, resources or oversight processes.

4.4.4 Where resource limitations prevent establishment of a complete NCMC team, the State should, as a minimum, designate an Alternate NCMC and formally assign technical ownership for every applicable audit area. Available focal-point resources should be prioritized using a risk-informed approach considering open findings and CAPs, PPQ and implementation-related deficiencies, MIRs, SSCs, upcoming ICAO activities, major regulatory or organizational changes and the quality and currency of available evidence.

4.5 Succession and Continuity

4.5.1 Departure, prolonged absence or unavailability of the Primary NCMC may create a significant continuity risk where knowledge, access arrangements and active commitments are concentrated in one individual. Although certain records may be available through the OLF and State document-management systems, those records may not provide the operational context necessary to understand pending CAPs, MIR histories, evidence locations, focal-point responsibilities, approval arrangements, ICAO correspondence and upcoming activity commitments. States should therefore institutionalize the NCMC function through documented succession, shared access arrangements, controlled records and routine knowledge transfer.

4.5.2 States should maintain a documented succession and continuity plan addressing at minimum:

- **Alternate NCMC designation:** A suitably qualified Alternate NCMC should be formally designated and maintained at all times where practicable. The Alternate should have independent, role-appropriate OLF access, participate in routine NCMC activities and remain capable of assuming the Primary NCMC's functions with minimal disruption.
- **Knowledge-transfer records:** The Primary NCMC should maintain current, controlled records covering active findings and CAPs; open MIRs and response dates; SSC-related actions; PQ self-assessment and evidence status; SAAQ and CC/EFOD review status; ICAO correspondence; scheduled activities; focal-point and accountable-manager contacts; OLF user-access records; pending approvals; key risks; and matters requiring escalation.
- **OLF and system-access continuity:** State-user accounts and access privileges should be reviewed periodically and whenever a user changes role or leaves the relevant organization. Obsolete access should be removed promptly. The Primary and Alternate NCMCs should each hold separate credentials and role-appropriate access. User credentials should not be shared.
- **Planned handover:** Where a transition is known in advance, the State should provide an appropriate parallel-working and handover period. A period of approximately four weeks may be applied as regional good practice where operationally feasible. The handover should include documented briefings, review of active commitments, confirmation of access, meetings with key focal points and notification of the effective change.

- Unplanned or emergency transition: The succession plan should include immediate arrangements for transferring correspondence, records, system access, open actions and ICAO coordination where the Primary NCMC becomes unavailable without a planned handover.
- Access revocation and security: Access held by the outgoing NCMC should be reviewed and amended or withdrawn promptly after the effective date of the transition, while ensuring that State records and correspondence remain preserved.
- Management assurance: Senior management should periodically confirm that the succession plan, Alternate NCMC arrangements, access permissions and continuity records remain current and effective.

4.5.3 A succession and continuity plan template is provided in Appendix C. The State should maintain the completed plan as a controlled living document and review it:

- periodically;
- following any change in Primary or Alternate NCMC personnel;
- when OLF access arrangements change;
- before and after a significant USOAP CMA activity;
- following the receipt or closure of an MIR or SSC;
- where major CAP or PQ-status changes occur; and
- when changes to the State's organizational or inter-agency arrangements affect the NCMC function.

The plan should be stored in a controlled location accessible to the Primary NCMC, Alternate NCMC and the designated senior authority.

4.6 Notification of Designation to ICAO

4.6.1 Following designation of a Primary or Alternate NCMC, or any change affecting the designation or official contact details, the State should notify ICAO promptly and should provide a copy or corresponding notification to the ICAO MID Regional Office, as applicable. Notification should be sent to both the ICAO Monitoring, Analysis and Coordination (MAC) office, through the current official ICAO USOAP CMA communication channel, and the ICAO MID Regional Office. The NCMC should verify the current MAC contact details immediately before each notification is submitted.

Note.— The State should verify the current ICAO USOAP CMA contact details and communication channel against the OLF, ICAO USOAP CMA official information, the applicable MOU or other controlled ICAO communication immediately before each notification.

4.6.2 The notification should include, as applicable:

- State and responsible authority;
- full name, official title and organizational unit of the Primary NCMC;
- indication of whether the individual is the Primary or Alternate NCMC;
- official email address and telephone number;
- effective date of the designation;
- name of the previous NCMC being replaced, where applicable;
- name and contact details of the Alternate NCMC;
- name and title of the appointing or authorizing official;
- reference to, or copy of, the written designation instrument where requested; and
- any requirement to establish, amend or deactivate OLF access.

The notification should be issued or endorsed through the State's authorized administrative channel.

- 4.6.3** Failure to notify ICAO promptly of a change in NCMC designation or contact information may result in delayed or missed communication concerning MIRs, PQ revisions, CAP assessments, scheduled activities, training, OLF access or other USOAP CMA matters. Notification of a change should therefore be treated as an immediate continuity and information-security action and should not be deferred as a routine administrative update.

***Note.**— States should verify their Primary and Alternate NCMC contact records and associated OLF access periodically and, as a recommended minimum, once every twelve months, even where no personnel change has occurred. ICAO MAC maintains the State's NCMC contact record and uses it for all USOAP CMA correspondence; an outdated record may cause communications to reach former personnel or fail to reach the civil aviation authority at all.*

- 4.6.4** The State remains accountable under the MOU for its USOAP CMA commitments. Technical, legal, investigation and executive authorities remain accountable for the functions assigned to them by national legislation and administrative arrangements. The NCMC is accountable for coordination, information management and administration of the arrangements described in this chapter, and does not assume the technical, legal or executive responsibilities of other State authorities.

— End of Chapter 4 —

5. NCMC CORE RESPONSIBILITIES

5.1 PQ Self-Assessment

5.1.1 The State is required to conduct and maintain regular self-assessments of its applicable PQs through the OLF. PQ self-assessment supports continuous monitoring of the establishment, implementation and maintenance of the State's safety oversight, accident and incident investigation and Safety Management arrangements.

5.1.2 The competent technical or institutional focal point should conduct the substantive self-assessment for each PQ and identify the relevant supporting evidence. The NCMC should:

- coordinate completion of the self-assessment;
- ensure that an appropriate information owner is assigned;
- perform consistency, completeness and traceability checks;
- facilitate internal approval where required;
- coordinate OLF updating; and
- monitor outstanding deficiencies and required action.

5.1.3 For evidence-planning purposes, PQs associated with CE-1 to CE-5 normally require evidence demonstrating establishment of the applicable legislative, regulatory, organizational, personnel or technical-guidance arrangements, while PQs associated with CE-6 to CE-8 normally require evidence demonstrating practical and sustained implementation through licensing, certification, authorization, approval, surveillance, enforcement and resolution activities.

5.1.4 The State's self-assessment should be distinguished from the official PQ status determined by ICAO. Official PQ statuses include satisfactory, where ICAO has assessed the applicable PQ as satisfactory; not satisfactory, where ICAO has assessed that the applicable requirements have not been satisfactorily implemented; not applicable, where ICAO has determined that the PQ does not apply to the State; and undetermined, where ICAO has not yet determined an official assessment status for the PQ.

5.1.5 An undetermined PQ may nevertheless be self-assessed by the State. The State should identify its internal implementation position and maintain supporting evidence without representing the self-assessment as a change to the official ICAO status.

5.1.6 Self-assessment priorities should take into account:

- not-satisfactory PQs for which corrective action has been implemented but not yet validated;
- new or amended PQs;
- PQs affected by amendments to ICAO provisions;
- changes in national legislation, regulations or organizational arrangements;
- changes in aviation activity or regulated entities;
- changes affecting oversight or Safety Management processes;
- PPQs;
- overdue or ineffective CAPs; and
- matters presenting elevated safety or implementation risk.

5.1.7 PQ self-assessments should be reviewed at regular intervals and whenever a material change occurs. States may establish a comprehensive twelve-month review cycle as a regional

governance control, without limiting the requirement for earlier updates following a relevant change or ICAO request.

***Note 1.**— PQs designated by ICAO as assessable only during an on-site activity should still be included in the State's internal self-assessment and readiness review. Relevant evidence should be identified, technically confirmed and maintained, although formal ICAO assessment remains subject to the applicable activity mode.*

***Note 2.**— The Safety Management PQs are introduced under the updated PQ framework, with applicability and transition arrangements as communicated by ICAO. Existing SSPIA information is being transitioned into the updated Safety Management PQ framework, under which SSP EI and component-level EI are provided.*

5.2 Corrective Action Plans

5.2.1 Following the issuance of a finding, the State should develop, submit, implement and update a CAP in accordance with the applicable MOU, ICAO Doc 9735 and the controlled ICAO procedures in force.

5.2.2 The competent action office is responsible for:

- analysing the root cause of the finding;
- defining corrective action addressing the complete scope of the deficiency;
- identifying the responsible organization or official;
- securing the required authority and resources;
- establishing realistic implementation milestones;
- implementing the corrective action;
- producing specific supporting evidence; and
- assessing the effectiveness of the action.

5.2.3 The NCMC should:

- coordinate CAP preparation;
- verify consistency with the finding, PQ, CE and ICAO references;
- ensure that the required approval has been obtained;
- facilitate submission through the OLF;
- monitor implementation progress;
- coordinate updating of progress, completion dates and evidence;
- identify overdue or ineffective actions; and
- escalate unresolved issues to the appropriate accountable authority.

5.2.4 Initial CAPs and subsequent updates should meet the following ICAO criteria: relevant, comprehensive, detailed, specific, realistic and consistent.

5.2.5 Each CAP step should identify, as applicable:

- the proposed action;
- the responsible action office;
- the specific evidence reference;
- the estimated implementation date;
- a revised implementation date, where necessary;
- the date of completion; and

- the percentage or status of implementation progress.

Evidence references should identify the relevant document, page, section or paragraph and should not consist only of broad references to complete manuals or regulations.

5.2.6 The State may begin implementing corrective action before ICAO completes its assessment of the proposed CAP. Commencement of action should not, however, be represented as ICAO acceptance or validation.

5.2.7 Where an implementation date cannot be met, the responsible action office should:

- explain the cause of the delay;
- assess any resulting safety or compliance risk;
- establish a realistic revised implementation date;
- identify interim measures where appropriate; and
- obtain the required State approval.

The NCMC should coordinate the revised OLF information and communication with the RCMC or responsible ICAO USOAP unit, as applicable.

5.2.8 CAP submission periods should be those specified in the applicable MOU, ICAO Doc 9735 and activity instructions. Current fixed timelines (at the date of writing, 45 calendar days from the date ICAO issues the final activity report) may be maintained in a controlled administrative table and verified before each activity.

Note.— State-reported completion of a CAP does not independently change the official PQ status. Closure or change of status remains subject to ICAO assessment or validation under the applicable USOAP CMA process.

5.3 CC/EFOD Management

5.3.1 The State should maintain accurate and current information concerning implementation of applicable ICAO provisions and differences from international Standards.

5.3.2 The functions should be distinguished as follows: the Compliance Checklist records information concerning the State's implementation of the relevant Annex provisions, while EFOD supports electronic notification and maintenance of approved differences, including differences notified under Article 38 of the Convention.

5.3.3 The NCMC should coordinate the CC/EFOD process, including:

- circulation of applicable Annex amendments and State Letters;
- assignment of competent technical and legal reviewers;
- consolidation of implementation information;
- verification that technical and legal approval has been obtained;
- facilitation of OLF submission;
- monitoring of unresolved entries; and
- periodic review following ICAO or national regulatory changes.

5.3.4 The competent technical and legal authorities remain responsible for determining whether a difference exists, classifying and describing the difference, determining its operational significance, approving the official State notification, and determining any associated corrective or rulemaking action.

5.3.5 CC/EFOD notification and aeronautical publication are related but distinct processes. Submission through EFOD does not, by itself, complete any requirement to publish significant differences

through the State's aeronautical information process. The competent AIM authority remains responsible for AIP publication in accordance with the applicable national procedures and ICAO provisions. The complete CC/EFOD process is described in Chapter 7.

Note.— The NCMC performs process coordination and quality review. The NCMC should not independently determine, technically validate or approve a difference unless separately authorized and technically competent to do so.

5.4 State Aviation Activity Questionnaire

5.4.1 The SAAQ provides ICAO with information concerning the State's civil aviation activities, institutional arrangements, safety oversight system, accident and incident investigation functions and Safety Management arrangements.

5.4.2 The State should ensure that its SAAQ information is accurate, complete and current. The NCMC coordinates completion, review and updating of the SAAQ, while the competent State authorities remain responsible for validating and approving the information relating to their respective functions.

5.4.3 The State should conduct a comprehensive review of its SAAQ at least once each year and should update the relevant information whenever a material change occurs.

5.4.4 Material changes may include:

- introduction of a new category of aviation activity, operation, infrastructure or service provider;
- significant changes in licensed personnel, operators, approved organizations, aircraft, aerodromes or service providers;
- amendment of primary legislation or specific operating regulations;
- establishment, restructuring or reassignment of State authorities and oversight functions;
- changes in accident and incident investigation arrangements;
- changes in SSP governance or other Safety Management arrangements;
- delegation, transfer or regionalization of oversight functions; or
- a significant change in the State's aviation activity or risk profile.

5.4.5 Each competent information owner should confirm the accuracy of the information within its area before the SAAQ is updated. The NCMC should perform completeness and internal-consistency checks and maintain evidence of the review and approval.

5.4.6 The date and scope of each comprehensive review should be retained in the State's USOAP CMA control register and, where supported by the OLF functionality in force, recorded in the applicable OLF module.

5.4.7 Inaccurate or outdated SAAQ information may affect ICAO's understanding of the State's aviation system, PQ applicability, continuous-monitoring profile, activity prioritization and planning. SAAQ currency should therefore be treated as an ongoing State information-management responsibility.

Note.— The NCMC coordinates the SAAQ process but does not independently validate organizational, technical, investigation or Safety Management information owned by another competent authority.

5.5 Mandatory Information Requests

5.5.1 An MIR is a formal request issued by ICAO requiring the State to provide specified information, clarification or supporting documentation within an established period.

5.5.2 The NCMC serves as the principal State coordination point for MIRs. Upon receipt of an MIR, the NCMC should:

- record the date of receipt, subject, applicable PQs and ICAO response period;
- identify the competent technical, legal, investigation, Safety Management or administrative information owners;
- distribute the request promptly;
- establish an internal response schedule allowing sufficient time for technical preparation, validation, coordination, approval and submission;
- monitor preparation of the response;
- review the proposed response for completeness, relevance, consistency and evidence traceability;
- obtain the required State approval;
- submit the approved response through the channel specified by ICAO; and
- retain the MIR, response, evidence and approval records.

5.5.3 The substantive MIR response and supporting evidence should be prepared and validated by the competent State authority. The NCMC coordinates, consolidates and quality-reviews the approved response in accordance with paragraph 1.1.5.

5.5.4 As a recommended MID regional internal control, the MIR should normally be distributed to the competent authorities within two working days of receipt. States may establish a shorter internal period where the matter indicates an urgent or potentially significant safety risk.

5.5.5 Where the State is unable to respond within the ICAO period, the NCMC should contact the RCMC or responsible ICAO USOAP unit before expiry of the period, explain the circumstances and request instructions. An extension should not be assumed unless confirmed by ICAO.

5.5.6 Failure to provide a complete and timely response may result in ICAO assessing the matter on the basis of the information available and may affect the associated continuous-monitoring or PQ assessment process. Where the available information indicates an immediate safety risk, the matter may be considered under the SSC process.

Note.— MIRs may be issued at any point in the USOAP CMA cycle. The State should maintain a current register of all open MIRs, responsible authorities, internal milestones, ICAO deadlines and submission status.

5.6 Significant Safety Concerns

5.6.1 An SSC occurs when the State allows the holder of an authorization or approval to exercise the privileges attached to it, although the minimum requirements established by the State and by the Standards set forth in the Annexes to the Convention are not met, resulting in an immediate safety risk to international civil aviation.

5.6.2 An SSC may be identified through an audit, a validation activity, an MIR or another applicable USOAP CMA process.

5.6.3 Upon notification of a potential or confirmed SSC, the NCMC should immediately inform the Director General, Chief Executive or equivalent highest appropriate authority; the competent technical authority; the responsible enforcement or approval authority; the SSP or safety-

management authority, where relevant; and any other State authority required under the national escalation arrangement.

5.6.4 The State should:

- assess the immediate safety risk;
- implement appropriate mitigating measures;
- identify the underlying deficiency and root cause;
- develop and implement permanent corrective action;
- assign accountable action offices and target dates;
- provide ICAO with the required information and evidence; and
- maintain senior-management oversight until ICAO confirms resolution.

5.6.5 The NCMC should coordinate:

- communication with ICAO and the relevant Regional Office;
- submission of approved State comments and information;
- recording and monitoring of mitigating measures;
- monitoring of permanent corrective action;
- evidence traceability;
- maintenance of relevant OLF information; and
- escalation of delay, inadequate evidence or ineffective action.

5.6.6 Information concerning an unresolved SSC may be made available by ICAO through the notification, restricted-access and public-transparency mechanisms in force. This Guidance Material distinguishes between the restricted OLF and ICAO's public Safety Audit Results interactive viewer; an unresolved SSC should not be assumed to be automatically or immediately visible on a public platform.

5.6.7 An unresolved SSC may be considered by ICAO's Monitoring and Assistance Review Board and through related monitoring, assistance and implementation-support arrangements.

5.6.8 ICAO determines whether the SSC has been satisfactorily resolved following assessment or validation of the State's mitigating and corrective actions.

***Note 1.**— A mitigating measure is an immediate action intended to control or reduce the immediate safety risk. Permanent corrective action addresses the underlying deficiency and its causes. The State should identify, approve, document and monitor the two types of action separately.*

***Note 2.**— The applicable notification, response, publication and review periods are those contained in the MOU, ICAO Doc 9735 and instructions in force for the matter concerned. They should be maintained in a controlled administrative timeline rather than reproduced permanently in the main text.*

5.7 OLF Access and Information Governance

5.7.1 The State should establish documented arrangements governing access to, use of and maintenance of information in the OLF.

5.7.2 The NCMC should administer or coordinate State-user access within the functions and permissions made available by ICAO. Access should be based on official duties, operational need and the principle of least privilege.

5.7.3 OLF access arrangements should include:

- individual user accounts;

- access appropriate to the assigned function;
- prohibition of shared credentials;
- separate accounts for the Primary and Alternate NCMC, where applicable;
- prompt amendment or removal of access following personnel or responsibility changes;
- periodic review of active accounts and permissions;
- user induction before access is granted;
- protection of restricted information; and
- maintenance of access and change records.

5.7.4 An access profile is the specific set of OLF permissions (for example, view-only, edit, submit or administrator rights) assigned to a user account for a given function or module. ICAO defines and names these profiles within the OLF platform itself, and the available profiles and their exact names may change between OLF releases. States should avoid reproducing fixed access-profile names in this Guidance Material unless those names correspond to the OLF configuration in force, since a name reproduced here could become inaccurate after an OLF update without the State noticing. The current ICAO user-management instructions, available within the OLF or through the responsible ICAO USOAP unit, should be applied when assigning access.

5.7.5 Responsibility for OLF information should be allocated as follows:

Function	Responsibility
Substantive information	Competent technical, legal, investigation, Safety Management or administrative information owner
Technical validation	Competent authority or designated subject-matter expert
Formal approval	Authority designated under the State's governance arrangement
Process coordination and quality review	NCMC
OLF access governance	NCMC or other designated State administrator
Overall accountability	State

Table 5-1. OLF Information Responsibility

5.7.6 Before approved information is submitted or formally updated, the NCMC should review it for completeness, internal consistency, document and evidence traceability, correct identification of the information owner, required approval, and compliance with the applicable information-protection arrangements.

5.7.7 Where information does not meet the required process or evidence standard, the NCMC should return it to the responsible authority for correction. The NCMC should not independently alter a substantive technical determination without agreement of the competent authority.

Note.— An annual user-access review may be adopted as a minimum MID regional internal control, with earlier review following any organizational or personnel change.

5.8 Continuous Readiness and Pre-Activity Preparation

5.8.1 Continuous readiness is the coordinated process through which the State maintains its USOAP CMA information, self-assessments, evidence, focal points, corrective actions and governance arrangements in a condition suitable for continuous monitoring and future ICAO activities.

5.8.2 Continuous readiness does not replace the requirement for a focused review once ICAO notifies the scope, dates and modality of a specific activity.

5.8.3 Following notification of an activity, the NCMC should coordinate a documented pre-activity readiness review addressing:

- all PQs within the notified scope;
- the State's current self-assessment responses;
- official ICAO PQ statuses;
- applicable PPQs;
- undetermined PQs;
- CAP implementation and evidence;
- SAAQ currency;
- CC/EFOD currency;
- applicable Safety Management PQs and evidence;
- technical-owner availability;
- interviews, demonstrations and visits;
- document access and information security;
- senior-management briefings; and
- approval and escalation arrangements.

5.8.4 The competent focal point should assess substantive implementation, identify and validate supporting evidence, identify remaining implementation or evidence gaps, propose corrective or risk-control measures, and confirm readiness to explain the relevant State arrangements.

5.8.5 The NCMC should:

- coordinate the readiness programme;
- establish internal milestones;
- monitor completion;
- review consistency and evidence traceability;
- identify cross-functional and systemic issues;
- facilitate management escalation; and
- maintain the consolidated readiness record.

5.8.6 The internal readiness review should be aligned with the applicable ICAO PQ guidance and evidence expectations. It should not be represented as reproducing, replacing or predetermining ICAO's assessment.

5.8.7 States may establish internal planning periods based on activity scope and complexity. Periods such as three months for an audit or six weeks for a validation may be identified as regional planning benchmarks but should not be presented as ICAO requirements.

5.8.8 Preparation should apply to audits, validation activities and applicable Safety Management arrangements under the methodology and activity notification in force. The structured internal self-assessment methodology, including evidence packaging and quality-review standards, is described in full in Chapter 8.

Note.— Because the Safety Management PQ framework is being introduced under ICAO transition arrangements, references to SSPIA, SSP maturity assessments and Safety Management PQ assessment

should be verified against current ICAO transition arrangements before each edition of the Guidance Material is approved.

5.9 Coordination of USOAP CMA Activities

5.9.1 The State is responsible for facilitating the preparation, conduct and follow-up of USOAP CMA activities. The NCMC serves as the principal national coordinator for the associated administrative, logistical, communication and stakeholder arrangements.

5.9.2 Once the dates, scope and modality of the activity have been agreed, the NCMC should coordinate:

- review of the activity plan;
- identification of competent State counterparts;
- scheduling of meetings and technical sessions;
- availability of facilities and communication systems;
- secure access to relevant legislation, regulations, procedures, records and evidence;
- interviews, demonstrations and visits to regulated entities or service providers;
- travel, entry, transport, security and other logistical arrangements, where applicable;
- participation in opening, briefing, debriefing and closing meetings;
- management communication during the activity; and
- resolution of issues affecting implementation of the activity plan.

5.9.3 The competent State authority should determine the appropriate official representation at opening and closing meetings. The NCMC coordinates invitations, attendance and briefing arrangements.

5.9.4 The competent technical authorities should ensure that qualified personnel and validated evidence are available within the periods established in the activity plan.

5.9.5 Evidence that was not made available during the activity should be provided after completion only where permitted or requested by ICAO under the applicable procedure.

5.9.6 For an off-site or virtual activity, the NCMC should coordinate reliable remote communication, availability of authorized counterparts, timely electronic access to evidence, secure handling of restricted information, response to requests for clarification, and participation in the meetings specified in the activity plan.

5.9.7 The State should establish internal logistical milestones appropriate to the activity. Fixed periods should be maintained in the State activity checklist rather than described as universal ICAO deadlines. Detailed on-site and off-site activity coordination, including conduct during interviews and evidence sessions, is described in Chapter 8.

5.10 Post-Activity Review and State Response

5.10.1 Following completion of a USOAP CMA activity, the NCMC should coordinate:

- completion of any activity feedback requested by ICAO;
- receipt and controlled distribution of the draft report or results;
- review and consolidation of State comments;
- approval and submission of the official State response;
- preparation of CAPs following the final report; and
- monitoring of resulting corrective actions.

5.10.2 Upon receipt of a draft report, the NCMC should:

- record the date of receipt and the ICAO response period;

- distribute the relevant portions to the competent authorities;
- provide a standardized comment format;
- establish internal review and approval milestones;
- coordinate factual, technical and legal review;
- verify evidence references and traceability;
- resolve inconsistent departmental positions through the approved governance process;
- obtain approval from the designated State authority; and
- submit the approved response through the channel specified by ICAO.

Note.— As an illustrative reference only, ICAO Doc 9735 (Fifth Edition, 2023), Appendix A, Table A-2, sets the following calendar-day timelines for the report-production phase: draft report to the State within 90 days of the on-site activity's last day; State comments within 45 days of receipt of the draft report; publication of the final report within 30 days of receipt of State comments; and CAP submission within 45 days of the final report being sent. These figures should be verified against the current edition of Doc 9735 before being relied upon for a live activity, since ICAO may revise them in a future amendment.

- 5.10.3** Each State comment should identify the relevant report paragraph, finding or PQ; the factual or technical matter concerned; the proposed correction or clarification; the supporting reference; whether the supporting information was made available during the activity; and the authority approving the comment.
- 5.10.4** New implementation evidence not made available during the activity should be submitted only where permitted or requested by ICAO.
- 5.10.5** ICAO retains responsibility for determining the final content, findings and conclusions of the activity report.
- 5.10.6** Draft reports, preliminary results, working papers and related correspondence should be treated as restricted information and managed in accordance with ICAO confidentiality provisions and the State's information-security arrangements. They should not be published or externally distributed without appropriate authorization.
- 5.10.7** The NCMC should coordinate completion and submission of any State feedback form separately from the draft-report response and CAP process.
- 5.10.8** Report-production, State-comment, feedback and CAP-submission periods should be maintained in a controlled timeline register (maintained internally by the State; not issued with this Guidance Material) reflecting the State's MOU, ICAO Doc 9735 and the activity instructions in force (at the date of writing: draft report within 90 days of the last day of on-site activity; State comments within 45 days of receipt; final report within 30 days of receipt of comments; CAP submission within 45 days of the final report — all subject to verification against the current MOU and Doc 9735 before reliance). The structured Comment Analysis Matrix process for organizing focal-point comments is described in Chapter 8.

5.11 Support for State Nominations to USOAP CMA

- 5.11.1** States are encouraged to nominate suitably qualified technical experts for participation in USOAP CMA activities, subject to ICAO qualification, training, selection and availability requirements.
- 5.11.2** The competent State authority remains responsible for identification and approval of nominees, confirmation of qualifications and experience, release or secondment decisions, resource and continuity arrangements, and official communication with ICAO, as applicable.

- 5.11.3** The NCMC may support the nomination process by informing potential nominees of the applicable ICAO process, facilitating access to the relevant OLF function where authorized, coordinating administrative information with the appointing authority, monitoring the status of State nominations where the relevant functionality is available, and identifying possible effects on the State's oversight staffing and NCMC continuity.
- 5.11.4** The NCMC does not complete or manage the nominee's technical application on behalf of the nominee and does not determine ICAO qualification or selection.
- 5.11.5** Detailed qualification, training, nomination and succession arrangements should be addressed in Chapter 10.

— End of Chapter 5 —

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6. PQ MANAGEMENT FRAMEWORK

6.1 Amendment Triggers and Controlled Sources

6.1.1 A PQ amendment cycle should commence when ICAO publishes or formally communicates information affecting the applicable PQ framework.

Note.— This chapter implements the PQ amendment and migration provisions of ICAO Doc 9735, Fifth Edition. Where this chapter addresses a specific migration mechanism, status-derivation rule or OLF interface instruction, the current Doc 9735 provisions and associated ICAO instructions should be treated as authoritative.

6.1.2 Relevant triggers may include:

- an ICAO Electronic Bulletin;
- publication of a new PQ edition or revision in the OLF CMA Library;
- a State Letter indicating a possible effect on one or more PQs;
- formal notification of OLF migration;
- activity-specific instructions issued by ICAO; or
- another controlled ICAO communication affecting PQ applicability, wording, references or assessment arrangements.

6.1.3 The NCMC should record the ICAO reference, publication and applicability dates, affected audit areas and PQs, and the State authorities requiring notification or action, in the amendment-cycle register (Table 6-4).

6.1.4 A State Letter indicating possible PQ impact should be treated as an early warning. The definitive PQ effect should be confirmed against the subsequent controlled ICAO PQ documentation or instructions.

6.1.5 The applicability date of a PQ edition or revision and the date on which the State's OLF information is migrated may differ. The State should record and manage both dates in accordance with the ICAO instructions in force.

Note.— The 2024 PQ edition applies to USOAP CMA activities starting after 1 July 2025, except for the Safety Management PQs, for which applicability and transition arrangements are as communicated by ICAO. A dedicated SSP EI and EI for each SSP component are provided under the updated framework.

6.2 PQ Amendment Impact Assessment

6.2.1 Following publication, notification or migration of a PQ amendment, the NCMC should coordinate a documented impact assessment.

6.2.2 The impact assessment should identify, as applicable:

- new, amended, merged, split or deleted PQs;
- changes in applicability, PPQ designation or ICAO references;
- changes in guidance for review of evidence or in Safety Management assessment;
- effects on existing State self-assessments, ICAO findings and CAPs; and
- required OLF, evidence or management action.

6.2.3 The State may classify the effect of each amendment for internal management purposes as reference or editorial, where the amendment does not materially change the substantive requirement or evidence expectation, or substantive, where the amendment changes applicability,

scope, required implementation, evidence expectation, assessment approach or relationship with another PQ.

6.2.4 The classification in 6.2.3 is a regional internal-management tool. It does not replace the amendment classification or migration treatment established by ICAO.

6.2.5 A reference or editorial amendment may still require updating ICAO references, updating the PQ tracking matrix, correcting evidence citations, notifying the competent focal point, or confirming that existing evidence remains relevant and current.

6.2.6 A substantive amendment should trigger technical reassessment and, where necessary, revision of evidence, internal actions or existing CAP information.

6.3 Migration, Mapping and Data Continuity

6.3.1 Following OLF migration, the NCMC should verify the completeness and integrity of the State's migrated information in accordance with the applicable ICAO migration instructions.

6.3.2 Verification should address:

- State self-assessment responses;
- official ICAO PQ statuses;
- evidence references and attachments;
- applicability determinations;
- PPQ designations;
- existing findings;
- CAP links;
- Safety Management information; and
- user access required to complete the update.

6.3.3 Where PQs are merged, split, renumbered or transferred, the State should map the former PQs to the revised PQ structure and determine whether existing evidence addresses the revised requirement in full, existing findings remain applicable, existing CAPs require revision, additional self-assessment is necessary, and historical records should be retained for traceability.

6.3.4 Where a PQ is deleted, the State should not automatically discontinue related action. It should verify whether the underlying ICAO provision remains applicable, whether the subject has been incorporated into another PQ, whether a related ICAO finding remains open, whether the national deficiency persists, and whether corrective-action and evidence records require remapping.

6.3.5 Specific automatic migration rules, status-derivation algorithms and OLF interface instructions should be verified against the controlled guidance applicable to the PQ revision concerned.

6.4 Technical Reassessment and Evidence Updating

6.4.1 The NCMC should distribute the approved impact assessment to the competent focal points and identify the action required for each affected PQ.

6.4.2 For each PQ requiring substantive reassessment, the competent focal point should:

- review the amended PQ wording and applicability;
- review the associated ICAO references and guidance for review of evidence;
- determine the State's current implementation position;
- identify and technically validate supporting evidence;
- identify implementation or evidence deficiencies;

- propose required corrective action; and
- submit the proposed self-assessment and evidence for the applicable State approval process.

6.4.3 The NCMC should:

- coordinate completion of the reassessment;
- monitor internal milestones;
- review consistency across affected PQs;
- verify evidence traceability;
- identify cross-functional implications;
- coordinate review of affected CAPs;
- facilitate management escalation where action is delayed; and
- coordinate approved OLF updating.

6.4.4 Where the State self-identifies a deficiency for which ICAO has not issued a finding, the NCMC should confirm that the responsible authority has established an internal corrective action, managed through the State's own process.

6.4.5 Where an amendment affects a PQ associated with an existing ICAO finding, the NCMC should confirm that the responsible action office has reviewed whether the existing CAP remains relevant, addresses the revised requirement in full, requires additional actions or evidence, requires a revised implementation date, or should be mapped to another PQ.

6.5 Impact on Official Statuses and Performance Indicators

6.5.1 The State's updated self-assessment should be distinguished from the official PQ status determined by ICAO.

6.5.2 Completion or amendment of a State self-assessment does not independently change any official ICAO result — see Table 6-1 for the complete list of what the State may update directly versus what requires official ICAO action.

6.5.3 Official PQ statuses and associated performance indicators change only through the applicable ICAO assessment or validation process.

6.5.4 The State may conduct an internal impact analysis to identify the potential future effect of a deficiency or completed action, the audit areas or Critical Elements affected, potential PPQ exposure, potential Safety Management effects, and management priorities.

An internal impact analysis should be clearly labelled as a State planning tool and should not be represented as an official ICAO result.

Indicator or status	State may update directly	Official change requires ICAO action
State PQ self-assessment	Yes	No
State evidence reference	Yes	No
Internal corrective-action status	Yes	No
State-reported CAP progress	Yes	No
Official PQ status	No	Yes
Overall EI	No	Yes
Implementation EI	No	Yes

PPQ EI	No	Yes
SSP EI	No	Yes
SSP-component EI	No	Yes
ICAO finding closure	No	Yes
SSC resolution	No	Yes

Table 6-1. State-Controlled vs. Official ICAO-Controlled Information

6.6 Risk-Based Prioritization

6.6.1 The State should prioritize amendment-related action using a documented risk-informed approach.

6.6.2 Prioritization factors may include:

- PPQ designation;
- safety significance of the underlying provision;
- potential immediate or systemic safety risk;
- applicability to high-volume or complex aviation activity;
- effect on CE-6, CE-7 or CE-8 implementation;
- relationship with an open finding, MIR or SSC;
- overdue or ineffective CAPs;
- scope of legislative or regulatory change required;
- availability and competency of technical personnel;
- evidence gaps;
- proximity of a scheduled USOAP CMA activity; and
- cross-functional effect across more than one audit area.

6.6.3 PPQs should receive enhanced attention because they address safety-significant aspects of the State's safety oversight system. PPQ designation should not, however, be treated as the sole basis for prioritization or as an automatic indicator of an SSC.

6.6.4 Where resources are limited, the NCMC should submit the proposed prioritization to the designated State authority for approval and should record the priority level, the rationale, the responsible action office, interim risk controls where necessary, and the target completion date.

Priority	Typical condition	Required management response
Critical	Immediate safety risk, SSC-related matter or amendment affecting continued validity of authorizations	Immediate executive escalation and mitigation
High	PPQ, CE-6–CE-8 implementation gap, open finding or near-term ICAO activity	Accelerated reassessment and corrective action
Medium	Substantive amendment requiring regulatory, procedural or evidence update	Planned action under approved timeline
Low	Reference or editorial update with no substantive implementation change	Administrative update and closure verification

Table 6-2. Amendment Priority Levels

6.7 Approval, OLF Updating and Cycle Closure

6.7.1 The amendment cycle should be closed only after the State has completed the actions applicable to each affected PQ.

PQ change type	Minimum State action	CAP/action treatment	Official-status implication
New PQ	Determine applicability; complete State self-assessment; identify evidence and deficiencies	Internal corrective action if deficiency is self-identified	Remains officially undetermined until assessed by ICAO
Substantively amended PQ	Reassess against amended requirement; update evidence	Review existing CAP where linked to a finding; otherwise internal action as required	Existing official status remains until ICAO action
Reference/editorial amendment	Update references and confirm evidence remains valid	Normally no new corrective action unless review identifies a gap	No State-side change to official status
Merged PQ	Map constituent PQs, evidence, findings and CAPs to merged requirement	Revise linked CAP where necessary	Migration treatment subject to ICAO instructions
Split PQ	Complete separate self-assessment and evidence review for each resulting PQ	Map existing findings/actions; create internal actions where needed	Resulting official statuses depend on ICAO migration and assessment
Deleted PQ	Conduct residual-impact and successor-PQ review	Continue or remap action where underlying deficiency remains	Do not assume finding or action is automatically closed
Applicability change	Reassess applicability using competent technical authority	Review associated findings/actions	Official applicability subject to ICAO determination

Table 6-3. Amendment Response Summary by PQ Change Type

6.7.2 Before OLF updating, the NCMC should confirm that:

- the technical assessment has been completed;
- evidence has been validated by the competent authority;
- existing findings and CAPs have been reviewed;
- required internal corrective actions have been assigned;
- the official State approval has been obtained;
- evidence references are complete and traceable; and
- required OLF access is available.

6.7.3 The NCMC should coordinate entry or updating of the approved State self-assessment information and evidence references through the OLF functionality in force.

6.7.4 Closure of the State amendment cycle means the State has identified and assessed all affected PQs, completed the required technical reassessment and evidence updating, obtained the necessary approval, and updated its records and applicable OLF information accordingly.

6.7.5 Closure of the State amendment cycle does not constitute ICAO acceptance of the self-assessment, validation of corrective action, closure of an ICAO finding, or a change in official PQ status or EI — those results depend on ICAO's own assessment or validation process (Table 6-1 refers).

6.7.6 The NCMC should maintain an amendment-cycle register containing, as applicable, the fields in Table 6-4.

Field	Information
ICAO reference	EB, State Letter or other controlled source
PQ edition and revision	Applicable controlled version
Publication date	Date issued by ICAO
Applicability date	Date applicable to USOAP CMA activities
OLF migration date	State-specific date, where applicable
Affected audit areas	LEG, ORG, PEL, OPS, AIR, AIG, ANS, AGA or SSP
Affected PQs	Current PQ identifiers
Change type	New, amended, merged, split, deleted or other
Internal impact	Reference/editorial or substantive
PPQ effect	Yes, no or changed
Existing finding/CAP effect	Reference and required action
Technical owner	Responsible authority
State approval	Approving authority and date
OLF update date	Date completed
Internal action reference	Where applicable
Cycle closure date	Date all State actions completed
Remarks	Outstanding ICAO assessment or validation

Table 6-4. Amendment-Cycle Register

Note.— An amendment cycle may be closed internally while one or more official PQ statuses remain undetermined or not satisfactory. The State record should show clearly that official ICAO assessment or validation remains outstanding.

— End of Chapter 6 —

7. COMPLIANCE CHECKLIST AND NOTIFICATION AND PUBLICATION OF DIFFERENCES

7.1 Legal Basis for Notification of Differences

7.1.1 Article 38 of the Convention on International Civil Aviation requires a Contracting State to notify ICAO of differences between its national regulations or practices and those established by an applicable international Standard where the State finds it impracticable to comply in all respects with the Standard, is unable to bring its regulations or practices into full accord with an amended Standard, or considers it necessary to adopt regulations or practices differing in any particular respect from those established by the Standard.

Note.— This chapter implements Article 38 of the Convention on International Civil Aviation and the applicable provisions of ICAO Doc 10055, Manual on Notification and Publication of Differences. Where this chapter addresses a specific notification, classification or publication procedure, the current edition of Doc 10055 and the applicable Annex 15/PANS-AIM provisions should be treated as authoritative.

7.1.2 In relation to an amendment to an international Standard, Article 38 also requires a State that does not make the corresponding amendment to its own regulations or practices to notify the Council within sixty days of adoption of the amendment or to indicate the action it proposes to take. The State should also comply with the specific response and notification dates established in the applicable ICAO State Letter.

7.1.3 Article 38 applies to differences from international Standards. States are nevertheless encouraged, in accordance with applicable ICAO Assembly policy and ICAO guidance, to provide information concerning differences from Recommended Practices where that information is relevant to safety, regularity, efficiency or facilitation.

7.1.4 Under the applicable USOAP CMA MOU and ICAO procedures, the State should complete and maintain current Compliance Checklists for the relevant Annex provisions.

7.1.5 The CC/EFOD functionality supports recording information concerning the State's implementation of applicable ICAO provisions, and electronic notification and maintenance of approved differences.

7.1.6 Completion of a Compliance Checklist does not, by itself, constitute an approved notification of difference. Before a difference is treated as the official State position, the State should complete the applicable technical assessment, legal or regulatory review, operational-significance assessment, formal approval, and submission process.

7.1.7 Registration of disapproval of an Annex amendment under Article 90 of the Convention is legally and procedurally distinct from notification of differences under Article 38.

7.1.8 Registration of disapproval does not constitute notification of a difference. Similarly, acceptance or non-disapproval of an amendment does not remove the obligation to notify a difference where the State's regulations or practices are not in full accord with an applicable international Standard.

7.1.9 A differences review should be initiated, as applicable, following:

- adoption of an ICAO Annex amendment;
- receipt of an ICAO State Letter requesting notification of differences or compliance information;
- development, amendment or repeal of national legislation or regulations;

- amendment of an approved national procedure or practice;
- introduction of a new aviation activity, technology, infrastructure or oversight arrangement;
- identification of a possible difference through PQ self-assessment, an ICAO activity, an MIR or an internal review;
- amendment of applicable PANS or Regional Supplementary Procedures relevant to aeronautical publication; or
- periodic review of existing CC/EFOD and AIP information.

7.1.10 Assessment of alignment with applicable ICAO provisions should form part of the State's legislative and regulatory development process. The assessment should not be deferred until a subsequent USOAP CMA activity or periodic CC/EFOD review.

Note.— The differences review applies to Standards, Recommended Practices and components forming part of those provisions, including applicable appendices, definitions, tables and figures. Forewords, introductions, notes and attachments do not have the same status and are not, by themselves, subject to notification.

7.2 Identification and Categories of Differences

7.2.1 The competent technical authority should determine whether a difference exists between the national regulation or practice and the applicable ICAO provision.

7.2.2 Where a difference exists, the competent technical authority should classify it using the categories in Table 7-1 and should provide a complete and accurate description of the national position.

Category	Description	Required State information
Category A — More exacting or exceeds the ICAO provision	The national regulation or practice is more demanding than the ICAO provision or imposes an additional obligation within the scope of the provision.	Identify the national requirement, explain how it exceeds the ICAO provision and describe any operational effect on international aviation.
Category B — Different in character or compliance by other means	The national regulation or practice differs in character, principle, type, method or system from the ICAO provision, including where the intended objective is achieved through another means.	Describe the ICAO provision, the national method or system and the practical or operational nature of the difference.
Category C — Less protective, partially implemented or not implemented	The national regulation or practice is less protective, addresses only part of the ICAO provision or does not implement it.	Identify the unimplemented or partially implemented element, describe the operational implications and state any intended corrective or compliance action and date.

Table 7-1. Categories of Differences

7.2.3 The NCMC should review the proposed classification and description for:

- completeness;
- consistency with the corresponding Compliance Checklist entry;
- traceability to the relevant ICAO and national provisions;
- evidence of technical and legal review;
- consistency with other differences notified by the State; and

- evidence of formal State approval.

- 7.2.4** The NCMC should not independently determine or classify a difference unless separately authorized and technically competent to perform that function.
- 7.2.5** A definition does not have an independent status separate from the Standards or Recommended Practices in which the defined term is used.
- 7.2.6** A national definition that differs from an ICAO definition may nevertheless result in differences from one or more associated SARPs. The competent technical authority should assess the effect of the differing definition and identify the provisions affected.
- 7.2.7** Where an appendix, table or figure forms part of an applicable SARP, a national difference affecting that component should be assessed and notified in relation to the associated provision.
- 7.2.8** Where an Annex provision does not apply to the State's aviation activities, responsibilities or functions, the competent authority should document the basis for that determination and complete the relevant CC/EFOD information in accordance with the ICAO instructions in force.
- 7.2.9** A State determination that an Annex provision is not applicable should be distinguished from ICAO's determination of PQ applicability under USOAP CMA.
- 7.2.10** Notification should reflect the State's position in relation to the Annex as a whole, as amended, and not only the provisions introduced by the latest amendment.
- 7.2.11** Previously notified differences should be reviewed and, as appropriate, confirmed as continuing, amended, replaced, withdrawn, or linked to a revised intended compliance date.

Note.— Differences concerning Annex 17 and security-related provisions of Annex 9 are subject to the controlled ICAO aviation-security arrangements in force. The competent aviation-security authority should coordinate those matters, and the State should not assume that the USOAP CMA CC/EFOD workflow in this chapter applies without modification.

7.3 CC/EFOD Information Management

- 7.3.1** ICAO provides the CC/EFOD functionality as an electronic mechanism through which authorized State users may record implementation information and submit and maintain approved differences.
- 7.3.2** States should use the electronic mechanism designated by ICAO unless the applicable State Letter or other controlled ICAO instruction provides or permits another method.
- 7.3.3** The State should establish documented arrangements governing:
- assignment of CC/EFOD responsibilities;
 - OLF access and user permissions;
 - technical and legal review;
 - formal State approval;
 - submission and updating;
 - evidence and records retention;
 - protection of restricted information;
 - continuity during personnel changes; and
 - escalation of overdue or unresolved actions.
- 7.3.4** The NCMC should coordinate use of the CC/EFOD functionality in accordance with the access rights, system functions and user instructions made available by ICAO.

7.3.5 The State should maintain a controlled record for each review or notification containing, as applicable:

- the Annex, edition and amendment reviewed;
- the State Letter or other trigger;
- the applicable ICAO provision;
- the previous State determination;
- the current technical assessment;
- the applicable national legislation, regulation or practice;
- the legal or rulemaking review;
- the approved category and description of the difference;
- the operational-significance assessment;
- the approving authority and approval date;
- the submission date and method;
- the intended compliance date, where applicable;
- associated regulatory or corrective action;
- related AIP publication action; and
- subsequent confirmation, amendment or withdrawal.

7.3.6 Before an existing CC/EFOD entry is changed, the State should preserve sufficient information to maintain an audit trail of the superseded determination.

7.3.7 The record-retention method may include a system export, a controlled PDF or document record, a screenshot showing the relevant entry and date, a record in the State's electronic document-management system, or another method approved under the State's records-management arrangements.

7.3.8 The State should not rely exclusively on the current live CC/EFOD entry as the historical record of its implementation and differences position.

7.3.9 Detailed screen names, field descriptions, export procedures and system-navigation instructions should be maintained outside the substantive Guidance Material and verified against the system configuration in force.

Note.— Availability of specific export, history, comparison, notification or viewing functions depends on the ICAO system configuration and access permissions in force.

7.4 Annex Focal Points and State Letter Triage

7.4.1 The State should assign a competent technical owner for each Annex, Annex volume or group of related provisions applicable to its civil aviation system.

7.4.2 The State should establish an appropriate continuity arrangement for each assigned subject area. The arrangement may include an Alternate Annex Focal Point, a team-based assignment, a designated departmental position, a controlled functional mailbox, or another documented continuity mechanism.

7.4.3 An Annex Focal Point and a USOAP CMA audit-area focal point perform different functions. The same person may perform both functions where the individual possesses the required technical competence, has sufficient authority and resources, has been formally assigned, and does not have a conflict affecting the required determination.

Note.— This combining flexibility restates, for the Annex Focal Point and USOAP CMA audit-area focal-point roles, the same combining-flexibility principle described for the NCMC function in paragraph 4.1.1.

7.4.4 The State should establish a central process for receiving, registering, distributing and monitoring ICAO State Letters.

7.4.5 The State Letter intake function may be assigned to the NCMC, an ICAO affairs or international relations unit, a regulatory or rulemaking function, a central document-control function, or another designated authority.

7.4.6 Upon receipt of a State Letter concerning an Annex amendment, the intake function should identify and record, as applicable:

- the State Letter reference and subject;
- the Annex and provisions affected;
- the date for registering disapproval;
- the date for notifying differences;
- the date for providing compliance information;
- the effective date;
- the applicability date or dates;
- possible national legislative or regulatory action;
- possible CC/EFOD action;
- possible AIP publication action;
- possible effects on USOAP CMA PQs; and
- the competent technical, legal and approval authorities.

7.4.7 The NCMC should coordinate the CC/EFOD and USOAP CMA aspects of the response. The technical Annex owner should determine the implementation position and whether a difference exists. The legal or rulemaking authority should review the legal and regulatory status. The designated State authority should approve the official State position.

Step	Responsible actor	Required action	Control output
1	State Letter intake function	Register the State Letter and identify all required actions, dates and affected authorities	State Letter tracking entry
2	NCMC or designated regulatory coordinator	Distribute the relevant provisions and establish internal milestones	Assignment and distribution record
3	Annex technical owner	Compare ICAO provisions with national regulations and practices and determine the implementation position	Technical implementation assessment
4	Legal or rulemaking authority	Review legal accuracy, regulatory status and required national action	Legal or regulatory review
5	AIM authority, where applicable	Assess whether an existing or proposed difference requires AIP publication	Publication assessment
6	Designated State authority	Approve the disapproval, compliance or differences position	Formal State approval
7	NCMC or authorized filer	Submit approved CC/EFOD information and retain evidence of submission	Submission record
8	Responsible action office	Implement rulemaking, corrective or publication action and provide updates	Follow-up and closure record

Table 7-2. State Letter Coordination Process

7.4.8 Internal milestones should allow sufficient time for:

- technical assessment;
- coordination among affected authorities;
- legal or rulemaking review;
- operational-significance assessment;
- formal approval;
- submission;
- AIP publication assessment; and
- escalation before the applicable ICAO deadline.

7.4.9 The NCMC should maintain a State Letter tracking register containing, as applicable:

- the State Letter reference;
- the affected Annex;
- the action required;
- the ICAO deadline;
- the internal deadline;
- the responsible focal point or authority;
- the approval status;
- the submission status;
- related PQ impact;
- related regulatory action;
- AIP publication status; and
- closure date.

7.5 CC/EFOD Review, Approval and Submission

7.5.1 The State should follow a documented process for completing and maintaining CC/EFOD information.

7.5.2 The process may be conducted directly through the authorized ICAO electronic functionality, or through a controlled offline assessment and approval process followed by electronic submission.

7.5.3 The selected process should ensure that no information is submitted as the official State position before the required technical review, legal review and approval have been completed.

7.5.4 For each applicable ICAO provision, the competent technical authority should:

- determine whether the provision applies to the State;
- identify the corresponding national legislation, regulation or practice;
- determine the level of implementation;
- determine whether a difference exists;
- classify and describe the difference, where applicable;
- identify any operational implications;
- determine whether the difference may be significant for AIP publication;
- identify any intended compliance action and date; and
- provide specific supporting references.

7.5.5 The competent legal or rulemaking authority should review the proposed entry where it concerns:

- interpretation of primary legislation;

- status or legal effect of a regulation;
- a proposed official notification;
- an intended regulatory amendment;
- repeal or replacement of a national provision; or
- another matter requiring formal legal confirmation.

7.5.6 The official State implementation and differences position should be approved by the authority designated under the State's governance arrangements.

7.5.7 The approval record should identify:

- the provision concerned;
- the approved implementation status;
- the approved category and description of any difference;
- the intended compliance date, where applicable;
- any required regulatory or publication action;
- the approving authority; and
- the approval date.

7.5.8 The NCMC should:

- coordinate the review process;
- verify that all affected authorities have been consulted;
- verify completeness and internal consistency;
- confirm that national and ICAO references are traceable;
- confirm that technical and legal reviews have been completed;
- confirm that formal approval has been obtained;
- facilitate entry or submission through the approved ICAO channel;
- retain evidence of submission; and
- update the State tracking register.

7.5.9 The NCMC performs the coordination and process-quality checks described in paragraph 7.5.8. Technical determination, legal review and approval remain with the authorities identified in Table 7-3 unless the NCMC is separately authorized and technically competent to perform the relevant function.

Stage	Technical authority	Legal or approval function	NCMC	AIM authority
Applicability assessment	Determines whether the provision applies	Reviews legal basis where required	Coordinates and records	—
Implementation assessment	Determines full, partial or non-implementation	Confirms regulatory status	Checks completeness and consistency	—
Difference determination	Determines whether a difference exists	Reviews legal implications	Coordinates	Consulted where operationally relevant
Difference classification	Proposes Category A, B or C and prepares technical description	Reviews official wording and legal status	Performs process-quality review	Consulted where publication may be required

State approval	Provides technical endorsement	Obtains or provides formal approval	Confirms approval record	Endorses publication content where applicable
CC/EFOD submission	Provides clarification where required	—	Facilitates approved submission	—
Significant-difference assessment	Assesses operational effect	Consulted as necessary	Coordinates	Assesses publication requirements
AIP GEN 1.7 publication	Provides approved technical content	Consulted as necessary	Tracks completion and consistency	Prepares, approves and publishes under national arrangements
Continuing review	Reassesses following relevant change	Reviews revised State position	Coordinates updating	Maintains publication currency

Table 7-3. CC/EFOD Responsibility and Workflow Matrix

7.5.10 An incomplete, inconsistent or unapproved entry should be returned to the responsible authority for correction.

7.5.11 An unresolved matter that creates a risk of missing an ICAO deadline should be escalated through the State's approved governance arrangement.

7.5.12 Escalation should identify:

- the unresolved issue;
- the authority responsible;
- the applicable ICAO deadline;
- the effect of delay;
- the decision required; and
- any proposed interim action.

7.5.13 A step-by-step decision-point walkthrough of this sequence, covering the category, significance, and deadline-risk determinations described above, is maintained as a separate companion tool (EFOD Notification Decision-Point Workflow) rather than within this Guidance Material, so that it can be kept current with ICAO CC/EFOD procedures independently of this chapter.

Note.— Where ICAO permits use of a paper or other non-electronic notification method, the State should apply the same technical, legal, approval and records-control requirements used for an electronic submission.

7.6 Notification and Internal Coordination Periods

7.6.1 The State should distinguish among the date for registering disapproval under Article 90, the date for notifying differences under Article 38 or the applicable ICAO State Letter, the date for providing intended compliance information, the effective date of the amendment, the applicability date or dates, and any later date by which the State intends to achieve compliance.

7.6.2 The applicable response and notification dates are those contained in the Convention on International Civil Aviation, the relevant ICAO State Letter, the applicable Annex amendment, and any other controlled ICAO instruction relating to the amendment concerned.

7.6.3 The State should not assume that the notification deadline is always one month before the applicability date. In many cases the applicable deadline is set at one month before the amendment's applicability date, but this is not a fixed formula; the exact date should be taken from the State Letter and the applicable legal and procedural framework.

7.6.4 Upon receipt of the State Letter, the responsible coordination function should calculate and record internal milestones for:

- technical assessment;
- consultation with affected authorities;
- legal and regulatory review;
- operational-significance assessment;
- formal State approval;
- CC/EFOD submission;
- AIP publication assessment; and
- management escalation.

7.6.5 Internal milestones should provide an adequate margin before the ICAO deadline, taking into account:

- the complexity of the amendment;
- the number of authorities affected;
- the extent of national rulemaking required;
- the need for consultation with industry or service providers;
- approval requirements; and
- publication lead times.

7.6.6 Where completion of the State response by the applicable ICAO deadline is genuinely at risk, the responsible coordination function should escalate the matter through the State's approved governance arrangements in time to secure the resources or decisions needed to meet the deadline.

7.6.7 The NCMC should not submit an unreviewed or unapproved determination as the official State position in order to meet a deadline. Where the deadline cannot be met despite escalation, the NCMC should formally communicate the status and expected completion to ICAO through the applicable channel.

7.6.8 The NCMC should continue to monitor all outstanding determinations, regulatory actions, intended compliance dates and subsequent updates until the State's current position has been fully recorded.

7.7 Determination and Publication of Significant Differences

7.7.1 Notification of a difference to ICAO and publication of a significant difference in the AIP are separate State responsibilities.

7.7.2 A notified difference should be assessed to determine whether international aviation users need to take it into account when planning or conducting operations.

7.7.3 The competent technical and AIM authorities should jointly determine whether a difference is significant for aeronautical publication.

7.7.4 The assessment should consider the criteria in Table 7-4.

Criterion	Question to be addressed
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Operational relevance	Must an operator, flight crew member, service provider or other international user know the difference to plan or conduct operations correctly?
Safety consequence	Could lack of awareness affect safety margins, separation, licensing, aircraft operation, airworthiness, aerodrome use or provision of air navigation services?
Regularity or efficiency	Could the difference affect routing, timing, availability, procedures, service levels or operational continuity?
Alternative national requirement	Does the State prescribe a different option, method, procedure or course of action that users must follow?
Scope of affected users	Does the difference affect foreign aircraft, operators, personnel, organizations or users of State airspace, aerodromes or services?
PANS or regional-procedure relevance	Is there a significant national variation from an applicable PANS or Regional Supplementary Procedure that users must know?
Facilitation relevance	Could the difference affect entry, clearance, transit or handling of aircraft, persons, baggage, cargo or mail?
Duration and transition	Is the difference temporary, transitional or permanent, and must users know its effective dates?
Safety-risk information	Does a supporting safety-risk assessment identify additional consequences, controls or mitigation that should be communicated?

Table 7-4. Significant-Difference Criteria

- 7.7.5** A safety-risk assessment may support evaluation of the potential safety consequences, prioritization of mitigation, determination of required management action, and development of the publication content.
- 7.7.6** A safety-risk matrix should not be used as the sole legal or procedural basis for determining whether AIP publication is required.
- 7.7.7** A difference may require publication even where the associated safety risk has been mitigated, if international users must still take the different national requirement or practice into account.
- 7.7.8** The State should publish the significant differences required under the applicable Annex 15 and PANS-AIM provisions in AIP GEN 1.7.
- 7.7.9** The published information should meet the AIP GEN 1.7 content requirements specified in Annex 15, PANS-AIM and ICAO Doc 8126 (Aeronautical Information Services Manual), including the applicable provision, the national position, the operational implication and the effective date.
- 7.7.10** The competent AIM authority remains responsible for preparation of the aeronautical information product, verification of publication requirements, editorial and format control, approval under the State's AIM governance arrangements, selection of the appropriate publication mechanism and date, and continuing maintenance of the published information.
- 7.7.11** The NCMC should coordinate with the technical and AIM authorities to ensure consistency among the approved difference notified to ICAO, the implementation information recorded in the Compliance Checklist, the information reflected in the applicable ICAO Annex Supplement or electronic equivalent, and the significant difference published in AIP GEN 1.7.
- 7.7.12** Submission through EFOD does not itself publish or amend the State's AIP.
- 7.7.13** Where ICAO functionality permits generation of an electronic Annex Supplement or another publication output, that output should not be confused with the State's AIP publication.

7.7.14 The NCMC may provide the approved difference information to the AIM authority and monitor the publication action. Technical content and publication approval remain the responsibility of the designated authorities.

Note.— The publication date and mechanism should be determined under the applicable Annex 15, PANS- AIM and national AIM requirements. Not every GEN 1.7 amendment is necessarily subject to an AIRAC effective date.

7.8 Continuing Review and Currency

7.8.1 The State should review and update its CC/EFOD information whenever:

- an Annex is amended;
- national legislation or regulations are adopted, amended or repealed;
- an approved national practice changes;
- a previously notified difference is amended, withdrawn or superseded;
- an intended compliance date changes;
- the difference becomes or ceases to be operationally significant;
- related AIP information is amended;
- a PQ self-assessment identifies inaccurate or incomplete information;
- an ICAO audit, validation, MIR or other activity identifies a discrepancy; or
- another material change affects the State's implementation position.

7.8.2 As a recommended MID regional control, States should establish a periodic review programme covering all applicable Annexes.

7.8.3 A twelve-month review cycle may be used where appropriate, but it does not replace immediate updating following a material change, adoption of an Annex amendment, a national regulatory amendment, an ICAO request, or identification of inaccurate information.

7.8.4 The periodic review programme may be staggered by Annex, Annex volume, technical domain or responsible authority, provided that:

- all applicable provisions are covered within the approved review cycle;
- high-change and safety-significant areas receive appropriate priority;
- all existing differences are reviewed;
- intended compliance dates are verified;
- the continued accuracy of technical and legal approvals is confirmed;
- consistency with AIP GEN 1.7 is checked; and
- completion is recorded.

7.8.5 CC/EFOD review may be coordinated with SAAQ and PQ self-assessment activities for efficiency. The separate purpose, trigger, technical ownership and approval requirements of each process should nevertheless be preserved.

7.8.6 The NCMC should confirm that the State's rulemaking process has assessed conformity with applicable ICAO provisions, the differences created, amended or removed by the proposed national action, and the required CC/EFOD, Article 38 and AIP GEN 1.7 updating.

7.8.7 Where a national provision is intended to eliminate an existing difference, the NCMC should confirm that the competent authority has verified the provision is legally effective and applicable, that any necessary implementation, information or training has occurred, and that the former different practice has ceased, before treating the difference as withdrawn.

7.8.8 The NCMC should monitor and report, as applicable:

- overdue technical assessments;
- missed or approaching ICAO deadlines;
- unapproved differences;
- outdated CC/EFOD entries;
- expired intended compliance dates;
- inconsistencies between EFOD and AIP GEN 1.7;
- regulatory actions that have not been completed;
- differences requiring mitigation; and
- unresolved matters involving more than one State authority.

7.8.9 Significant delays or inconsistencies should be escalated through the State's approved governance arrangements.**7.8.10** The NCMC should periodically report open State Letter actions, new, amended or withdrawn differences, and any intended compliance date or AIP publication at risk to senior management, in the format the State's own governance arrangements require.

Note.— Periodic review is a regional management and assurance control. It does not replace the State's obligation to notify and maintain differences whenever the underlying implementation position changes.

7.9 Records and Document Control**7.9.1** The State should maintain sufficient records to demonstrate the complete lifecycle of each implementation and differences determination, in accordance with its own records-management requirements. The succession and continuity arrangements described in Appendix C should identify the location and custodian of the current CC/EFOD, State Letter and differences records.**7.10 Responsibility Matrix**

Activity	Accountable or responsible authority	NCMC role
Determine applicability of an ICAO provision	Competent technical authority	Coordinate and record
Determine implementation status	Competent technical authority	Coordinate and perform process-quality review
Determine whether a difference exists	Competent technical authority, with legal input as required	Coordinate
Classify and describe the difference	Competent technical authority	Review completeness, consistency and traceability
Approve the official State position	Designated State approval authority	Confirm approval and maintain the record
Submit approved CC/EFOD information	State through an authorized user	Facilitate or perform the approved submission
Determine operational significance	Competent technical authority and AIM authority	Coordinate
Publish in AIP GEN 1.7	Competent AIM authority	Track and verify consistency
Amend national legislation or regulations	Competent rulemaking and legal authorities	Monitor related action

Maintain historical and coordination records	State information owners and NCMC	Maintain the consolidated coordination register
Notify senior management of overdue action	Designated responsible authority	Monitor and escalate
Determine ICAO acceptance of a notification	ICAO	No State decision authority

Table 7-5. CC/EFOD Responsibility Matrix

— End of Chapter 7 —

8. INTERNAL READINESS AND USOAP CMA ACTIVITY PREPARATION AND COORDINATION

PART A — STATE INTERNAL READINESS AND STRUCTURED SELF-ASSESSMENT

8.1 Foundational Principles

8.1.1 The State's internal readiness methodology should combine:

- the applicable USOAP CMA PQ framework and guidance for review of evidence;
- the Eight Critical Elements of a State safety oversight system;
- the applicable Safety Management PQ framework;
- the State's legislative, regulatory and administrative arrangements; and
- recognized assessment and auditing principles.

8.1.2 The following principles should guide the internal readiness and assessment process:

- integrity, requiring ethical, honest and responsible conduct;
- fair presentation, requiring observations, findings and conclusions to be reported truthfully, accurately and completely;
- due professional care, requiring competence, diligence and reasoned professional judgement;
- impartiality, requiring actual or potential conflicts of interest and bias to be avoided or appropriately controlled;
- confidentiality, requiring information to be protected and used only for authorized purposes;
- evidence-based assessment, requiring conclusions to be based on relevant, reliable and verifiable information; and
- risk-based assessment, requiring the scope, depth and priority of the review to reflect safety significance, complexity, previous findings, implementation risk and available resources.

8.2 Purpose and Scope of the Internal Readiness Review

8.2.1 The internal readiness review is a State-led simulation and gap-analysis exercise. It supports the State's continuous monitoring obligations and preparedness for official USOAP CMA activities but is not itself an ICAO-prescribed process and does not bind ICAO.

8.2.2 The scope of an internal readiness review may cover all applicable audit areas and PQs, or may be targeted to specific Critical Elements, audit areas with a history of findings, or areas identified as higher risk under the prioritization criteria in Section 8.4.

8.2.3 A targeted review conducted with appropriate rigour is more useful than a full review conducted superficially. The scope decision is a genuine State choice, proportionate to the size, complexity and resources of the civil aviation system.

8.3 Internal Assessment Governance and Competence

8.3.1 The State should designate an internal assessment team distinct from the technical focal points being assessed, so that the exercise tests actual readiness rather than allowing focal points to assess their own work.

8.3.2 Team members should be selected on merit, with appropriate technical competence, and with conflicts of interest identified and managed. Where internal resources are insufficient, the State may draw on cross-State or ICAO technical assistance described in Chapter 11.

8.3.3 The NCMC coordinates the internal assessment team's programme, scheduling and reporting, without replacing the technical judgement of the competent authorities whose areas are being reviewed.

8.4 Internal Readiness and Assurance Cycle

8.4.1 The internal readiness exercise should follow a structured, repeatable cycle: planning and prioritization; evidence-based internal review; validation against the CE framework; root-cause and systemic-issue analysis; corrective-action follow-up; and institutionalization of lessons learned.

8.4.2 Prioritization should be risk-informed, taking into account PPQ status, prior findings, CE-6 to CE-8 implementation gaps, organizational change and the proximity of a scheduled ICAO activity.

8.5 Evidence-Based Internal Assessment

8.5.1 The internal assessment team should evaluate evidence against the same currency, relevance, authenticity, traceability and completeness standard applicable to formal ICAO review, without asserting that the internal exercise constitutes or predicts an official ICAO result.

8.5.2 Evidence review should distinguish between evidence demonstrating that a requirement has been established (relevant principally to CE-1 to CE-5) and evidence demonstrating that the requirement is being applied in practice (relevant principally to CE-6 to CE-8).

8.6 Critical Element Review Framework

8.6.1 The internal review team may use a Critical Element validation framework, mapping each CE to a representative regulatory artefact and a common gap indicator, to structure evidence review.

Critical Element	Illustrative regulatory artefact	Illustrative gap indicator
CE-1	Primary aviation law consistent with the Chicago Convention	Outdated or unpublished legislation; no clear rulemaking authority
CE-2	Specific operating regulations addressing applicable SARPs	Regulatory gap against a recent Annex amendment
CE-3	Documented organizational structure and safety functions	Vacant safety-critical positions; unclear inter-agency mandate
CE-4	Personnel qualification and training records	Expired licences or missing competency evidence
CE-5	Current technical guidance and controlled documents	Superseded manuals still in circulation
CE-6	Licensing, certification and approval records	Approvals issued without documented technical basis
CE-7	Surveillance programme and completed inspection records	Planned surveillance not completed for applicable functions
CE-8	Corrective-action and enforcement records	Recurring findings without root-cause resolution

Table 8-1. Illustrative Critical Element Validation Framework

Note.— The gap indicators in Table 8-1 are illustrative examples provided to support internal review planning. They are not drawn from a documented regional-trend dataset and should not be presented as established statistical findings.

8.7 Root-Cause and Systemic-Issue Analysis

- 8.7.1** Where an internal review identifies a deficiency, the assessment team should analyse the underlying root cause rather than record only the surface-level observation.
- 8.7.2** The team should identify whether a deficiency affects a single PQ, several PQs within an audit area, several Critical Elements, or reflects a systemic, cross-functional cause, such as inconsistent evidence standards across focal points or a resourcing gap common to several departments.
- 8.7.3** Systemic and horizontal issues identified through internal review or during coordination for an official activity should be consolidated and reported to senior management as a distinct category from isolated findings.

8.8 Evidence Identification and Presentation Standards

- 8.8.1** Evidence packages should include a cover page, an approval page, a list of applicable amendments and a highlighted extract showing the specific provision relied upon, rather than a complete unmarked document or manual.
- 8.8.2** A minimum-exposure approach should be applied: State personnel should present the evidence and information necessary to demonstrate compliance for the matter under review, consistent with efficiency, scope containment and preservation of resources, without volunteering unrelated material.

8.9 Evidence Readiness and Document Control

- 8.9.1** Evidence should be indexed, current, and traceable to the applicable PQ, Critical Element and national provision, with a named evidence owner and a defined storage location.
- 8.9.2** Documentation readiness supports “audit-proofing”: maintaining evidence continuously in a state ready for presentation, rather than compiling it only in the period immediately preceding a scheduled activity.

8.10 Internal Quality Review and Approval

- 8.10.1** Internal determinations should undergo a two-tier quality-control process before being finalized, proportionate to the CE grouping concerned.

CE grouping	Internal QC approach
CE-2 to CE-5 (establishment-focused determinations)	Full internal assessment-team recap and review before determinations are finalized.
CE-6 to CE-8 (evidence-focused determinations)	Review by the evidence reviewer and internal assessment-team lead only, given the volume and specificity of implementation evidence involved.

Table 8-2. Illustrative Internal Quality-Control Approach

- 8.10.2** Internal quality review should confirm consistency, evidence traceability, and correct application of the official-versus-internal status distinction described in paragraph 8.5.1.

8.11 Internal Findings and Corrective Action

- 8.11.1** An internal finding should generate a proportionate internal corrective action, distinguished from an ICAO CAP unless the matter is also the subject of an official ICAO finding.

8.11.2 Internal findings should feed the State’s continuous monitoring programme described in Section 5.1.2, supporting proactive resolution ahead of a scheduled ICAO activity rather than remaining a standalone exercise output.

8.12 Institutionalizing the Exercise

8.12.1 The internal readiness exercise should be repeated on a documented cycle rather than conducted as a one-time event, with each cycle informed by lessons learned from the previous cycle and from any intervening official ICAO activity.

8.12.2 Senior management should review the effectiveness of the internal readiness programme periodically, including whether resourcing, team composition and scope remain proportionate to the State’s risk profile.

8.13 Enhanced Independent or Simulated Assessment

8.13.1 A simulated internal assessment is a more intensive version of the exercise described in this Part, conducted under conditions resembling an official USOAP CMA activity, using the internal assessment team constituted under Section 8.3, distinct from the technical focal points being assessed.

8.13.2 The scope of a simulated assessment is a genuine State choice: a State with the resources to do so may run a full exercise across all applicable audit areas, while a State with more limited resources may run a targeted exercise focused on specific Critical Elements, audit areas with a history of findings, or higher-risk areas identified under Section 8.4.

8.13.3 Where the simulated exercise’s scope includes CE-6 to CE-8 PQs, it should include visits to relevant service providers or operators, since supervision of external entities cannot be fully validated from a desk review alone.

8.13.4 A simulated assessment produces a findings report identifying not-satisfactory and undetermined internal ratings, root causes including any horizontal issues, and recommended corrective actions, feeding directly into the corrective-action process in Section 8.11 rather than being treated as a standalone exercise.

8.13.5 A State without the resources to staff a separate simulated-assessment team is not at a disadvantage in meeting its USOAP CMA obligations by following the baseline model alone — the NCMC working with audit-area focal points as described in Sections 4.4 and 8.5. The simulated exercise described in this section is an enhanced practice available to States with the capacity to run one, not a precondition for adequate preparation.

PART B — COORDINATION OF AN OFFICIAL ICAO USOAP CMA ACTIVITY

8.14 Official USOAP CMA Activity Roadmap

8.14.1 This Part addresses the NCMC’s coordination role in relation to an official ICAO USOAP CMA activity.

8.14.2 The applicable activity type, scope, modality, dates, team composition, information requirements and procedures are those specified by ICAO through the applicable MOU; ICAO Doc 9735; the formal activity notification; the activity plan; applicable OLF instructions; and other controlled ICAO communications in force.

8.14.3 The principal activity stages are summarized in Table 8-3.

Stage	State and NCMC action	Controlling source
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Notification and scope review	Review the activity type, scope, modality, dates and requested information	ICAO notification and activity instructions
Readiness preparation	Coordinate focal points, self-assessments, evidence, CAP information and management briefings	Chapter 5 and State readiness plan
Activity commencement	Facilitate the opening arrangements and confirm communication and coordination channels	Activity plan
Technical assessment	Make competent personnel, documents, records, systems and facilities available	Activity plan and ICAO instructions
Visits and demonstrations	Facilitate access to relevant authorities, service providers, operators and facilities	Notified scope and activity plan
Debriefing and closing	Receive preliminary information and brief State management	ICAO activity arrangements
Draft report review	Coordinate factual and technical State comments	MOU, Doc 9735 and ICAO instructions
Final report and corrective action	Coordinate development and follow-up of CAPs for final findings	Chapter 5 and applicable ICAO process
Validation and official status	ICAO assesses or validates the State's corrective action	ICAO

Table 8-3. Official USOAP CMA Activity Roadmap

8.14.4 The NCMC should commence formal preparation upon receipt of the ICAO activity notification or another formal instruction from the competent State authority.

8.14.5 Information available through an ICAO activity plan or other advance notification may be used to initiate preliminary readiness work. Formal preparation should nevertheless be based on the final or current activity notification and scope.

8.14.6 The NCMC coordinates the State's participation but does not direct, manage or control the ICAO Activity Team or its assessment methodology.

8.15 Opening and Initial Coordination

8.15.1 Before the opening meeting, the NCMC should coordinate:

- confirmation of the activity plan;
- identification of State participants;
- attendance of appropriate senior officials;
- availability of audit-area and Safety Management focal points;
- meeting facilities or virtual communication arrangements;
- document and evidence access;
- confidentiality and information-security arrangements;
- interpretation or translation support, where required;
- site-visit arrangements;
- logistical support; and
- internal escalation contacts.

8.15.2 The competent State authority should determine the appropriate official representation at the opening meeting.

8.15.3 At the opening meeting, the NCMC should support the State in:

- introducing the responsible authorities and focal points;

- confirming the State's principal coordination contact;
- confirming the schedule and communication arrangements;
- identifying information-security or access considerations;
- confirming logistical and site-visit arrangements; and
- clarifying any administrative matter affecting implementation of the activity plan.

8.15.4 Any State introductory presentation should be concise, factual and consistent with the activity plan.

8.15.5 The State may identify relevant national context or recent developments but should not seek to alter ICAO's notified scope, criteria or methodology through the opening presentation.

8.15.6 During technical interviews, evidence reviews and demonstrations, the competent technical focal point should lead the substantive response. The NCMC should facilitate coordination, access and follow-up as required.

8.16 State Coordination During the Activity

8.16.1 During the activity, the NCMC should serve as the principal State coordination point for:

- implementation of the activity schedule;
- communication with the Team Leader;
- availability of State participants;
- evidence and document access;
- clarification requests;
- site visits and demonstrations;
- logistical arrangements;
- internal management briefings; and
- escalation of matters requiring State action.

8.16.2 Where provided for in the activity plan or agreed with the Team Leader, the NCMC should participate in daily or periodic coordination meetings addressing:

- progress against the activity schedule;
- outstanding information;
- logistical matters;
- planned interviews and visits;
- clarification needs; and
- other matters affecting orderly completion of the activity.

8.16.3 The NCMC should maintain a controlled activity log recording:

- meetings completed;
- outstanding evidence requests;
- clarification requests;
- responsible focal points;
- internal response dates;
- site-visit arrangements;
- emerging coordination issues; and
- management decisions required.

8.16.4 State focal points should respond truthfully, clearly, concisely, completely within their area of competence, consistently with the approved State information, and with appropriate supporting evidence.

8.16.5 Focal points should:

- avoid speculation;
- identify where information requires confirmation;
- distinguish personal knowledge from the approved State position;
- acknowledge known implementation gaps accurately;
- provide the applicable document or record reference; and
- refer matters outside their authority to the appropriate State official.

8.16.6 Information should not be withheld, restricted or minimized for the purpose of influencing the assessment outcome.

8.16.7 Evidence should be provided within the periods and through the methods established in the activity plan.

8.16.8 Where the Activity Team requests clarification or additional evidence, the NCMC should:

- record the request;
- identify the competent information owner;
- establish an internal response time;
- coordinate technical validation;
- confirm approval or authorization where required;
- provide the information through the agreed channel; and
- retain a record of the submission.

8.16.9 The NCMC should not independently alter technical evidence or the official State position without agreement of the competent authority.

8.16.10 Evidence not made available during the activity should be provided after completion only where permitted or requested by ICAO under the applicable procedure.

8.16.11 The NCMC should keep the designated State management authority informed of progress, significant coordination issues, unavailable evidence, potential implementation concerns, matters requiring immediate management action, and changes affecting the activity schedule.

8.16.12 Internal management briefings should be factual and should distinguish preliminary indications from official ICAO findings or conclusions.

8.17 Closing Meeting and Preliminary Results

8.17.1 Before the closing meeting, the NCMC should coordinate an internal management briefing based on:

- completed activity sessions;
- matters raised by the Activity Team;
- outstanding information;
- known State implementation gaps;
- site-visit observations, where communicated; and
- administrative or logistical matters requiring follow-up.

8.17.2 The competent State authority should determine attendance at the closing meeting.

8.17.3 At the closing meeting, the NCMC should:

- support appropriate State participation;
- maintain a record of preliminary information presented;
- note any factual matter requiring clarification;
- record the next procedural steps communicated by ICAO; and
- confirm any immediate administrative follow-up.

8.17.4 Preliminary information presented at the closing meeting does not constitute the final activity report, may be subject to internal ICAO review, may be amended before issuance of the draft or final report, and should not be represented publicly as a final ICAO determination.

8.17.5 Where a factual misunderstanding is apparent, the State may request clarification or provide a concise factual correction in accordance with the meeting arrangements. The closing meeting should not be treated as a negotiation of official findings.

8.17.6 The NCMC should brief senior management after the closing meeting and identify preliminary matters requiring immediate action, evidence or records that should be secured, potential root-cause analysis to be initiated, matters likely to require corrective action, and expected post-activity steps.

8.18 Immediate Post-Activity Actions

8.18.1 Immediately following completion of the activity, the NCMC should coordinate:

- administrative close-out;
- return or secure disposal of temporary access credentials, where applicable;
- confirmation of submitted evidence and correspondence;
- completion of the State's internal activity log;
- an internal debriefing;
- protection of preliminary and restricted information;
- preparation for the draft-report review process; and
- completion of any activity feedback requested by ICAO.

8.18.2 The internal debriefing should identify:

- operational and logistical lessons;
- areas where evidence was unavailable or difficult to retrieve;
- focal-point competency or coordination gaps;
- possible implementation deficiencies;
- matters requiring immediate risk control;
- potential systemic issues; and
- improvements required for future activities.

8.18.3 The State may begin internal root-cause analysis and corrective planning based on matters identified during the activity.

8.18.4 Preliminary corrective planning should not be represented as a response to a final ICAO finding until the applicable report has been issued.

8.18.5 Draft reports, preliminary results, working notes and related correspondence should be treated as restricted information in accordance with ICAO and national information-protection arrangements.

8.19 Visits to Authorities and Regulated Entities

8.19.1 Where the notified scope includes visits to State authorities, service providers, operators, approved organizations or other regulated entities, the State should facilitate the required access.

8.19.2 The NCMC should coordinate the arrangements with the competent oversight authority, the organization concerned, the ICAO Team Leader, security and access-control functions, and other relevant State authorities.

8.19.3 Preparations should address:

- the purpose and scope of the visit;
- date, time and duration;
- State and organization participants;
- access permissions;
- safety and security requirements;
- availability of records and facilities;
- confidentiality and data-protection requirements;
- transport and logistical arrangements; and
- contingency arrangements.

8.19.4 The competent oversight authority should confirm that the selected organization and visit arrangements are relevant to the PQs and State functions within the notified scope.

8.19.5 The organization concerned should be informed of the official nature of the visit, the applicable scope, the records and personnel required, confidentiality expectations, and the coordination arrangements.

8.19.6 State authorities should not instruct the organization to conceal deficiencies, provide incomplete information or create records solely for the visit.

8.19.7 The NCMC should not direct the substantive technical responses of the regulated organization. The responsible organization and competent oversight authority remain accountable for the accuracy of information provided.

8.19.8 Following the visit, the NCMC should record any administrative follow-up communicated by the Activity Team and coordinate it with the competent authority.

8.20 Draft Report Review and State Comments

8.20.1 Upon receipt of the draft activity report, the NCMC should record:

- the receipt date;
- the response period specified by ICAO;
- the submission channel;
- confidentiality or distribution restrictions;
- the findings or matters requiring technical review; and
- the applicable State approval requirements.

8.20.2 The exact State-comment period is the period specified in the applicable MOU, ICAO Doc 9735 and activity instructions in force. Fixed periods (at the date of writing, normally 45 calendar days) should be verified upon receipt of the report.

8.20.3 The NCMC should distribute relevant portions of the draft report to the competent authorities and should protect access according to the report's confidentiality status.

8.20.4 The NCMC should confirm that each competent authority has reviewed the factual accuracy of the report, including the description of the national system, the applicable PQ and CE references,

cited national information, and whether the evidence made available during the activity has been correctly understood.

8.20.5 The State should use the Comment Analysis Matrix in Table 8-4 or an equivalent controlled format.

Field	Required information
Report reference	Paragraph, finding, observation or PQ
Technical owner	Responsible State authority
State position	Agree, clarification requested or disagree
Factual or technical issue	Precise matter requiring correction or clarification
Proposed wording	Exact proposed correction, where applicable
Supporting reference	Evidence made available during the activity
New information	Identify separately and confirm whether ICAO permits its submission
Technical approval	Competent authority and approval date
State approval	Designated approval authority and approval date
Submission status	Submitted, accepted, partly accepted or not accepted

Table 8-4. Draft Report Comment Analysis Matrix

8.20.6 State comments should:

- address a specific report paragraph, finding or PQ;
- state the factual or technical matter clearly;
- avoid general disagreement unsupported by evidence;
- provide the exact supporting reference;
- identify whether the evidence was made available during the activity;
- propose precise wording where a correction is requested; and
- be approved through the State's governance arrangements.

8.20.7 New implementation evidence that was not available during the activity should be submitted only where permitted or requested by ICAO.

8.20.8 The NCMC should review proposed comments for:

- completeness;
- consistency;
- relevance;
- evidence traceability;
- appropriate technical ownership;
- compliance with the ICAO comment instructions; and
- required State approval.

8.20.9 The NCMC should not independently overrule a competent technical authority. Conflicting State positions should be resolved through the approved governance process before submission.

8.20.10 The State's consolidated response should be approved by the designated State authority before submission.

8.20.11 The NCMC should submit the approved response through the channel and within the period specified by ICAO.

8.20.12 The NCMC should retain the draft report, distribution and comment records, the completed Comment Analysis Matrix, the consolidated response, proof of submission, and ICAO's subsequent disposition where available.

8.20.13 ICAO retains responsibility for determining the final content, findings and conclusions of the activity report.

8.20.14 Following issuance of the final report, the State should develop and submit CAPs for applicable ICAO findings in accordance with Section 5.2 and the controlled ICAO procedures in force.

8.20.15 The NCMC should update the State's activity tracker to record:

- final findings;
- responsible action offices;
- CAP requirements;
- applicable submission periods;
- management decisions;
- related internal corrective actions;
- associated SSC or MIR matters, where applicable; and
- continuing follow-up requirements.

***Note.**— The draft report and State comments process should not be used as a substitute for corrective action. Where the State agrees that a deficiency exists, corrective work should commence without waiting for completion of the report cycle, subject to the required State authority and resources.*

— End of Chapter 8 —

9. PORTFOLIO HOLDER AND RCMC COORDINATION

9.1 Portfolio Holder Role

- 9.1.1** Member States participating in USOAP CMA are divided into portfolios by ICAO Region. Each portfolio is managed by a PH, with one main PH for each region, ideally assigned from the applicable ICAO Regional Office.
- 9.1.2** In accordance with ICAO Doc 9735, Fifth Edition, Section 7.2.5, PH responsibilities include communication with States' NCMCs concerning USOAP CMA matters such as the MOU, SAAQ, CC/EFOD, CAPs, MIRs, and SSCs.
- 9.1.3** The PH liaises with the ICAO continuous monitoring function or other responsible ICAO USOAP unit, as applicable, to provide input concerning selection, prioritization and scoping of USOAP CMA activities, CAP assessment, and activity readiness.
- 9.1.4** In preparation for a USOAP CMA activity, the PH may provide relevant information to the ICAO Team Leader, perform or delegate CAP assessments, and coordinate on the readiness of CAPs for validation.
- 9.1.5** A PH may be assigned to assist an RCMC in matters relating to the States within the PH's portfolio. Where so assigned, the PH's responsibilities may include any of the RCMC functions described in Section 9.2.
- 9.1.6** The NCMC should not assume that the PH's involvement is limited to activity prioritization or CAP assessment. The extent of PH involvement may depend on the organizational arrangements communicated for the State's region, whether the PH has been assigned direct RCMC-type responsibilities, and the specific matter concerned.
- 9.1.7** In communications with the PH, the NCMC should ensure that the communication concerns a matter within the PH's assigned scope, that technical or executive State decisions are coordinated with the competent national authorities beforehand, and that a record of the communication is retained.

9.2 Regional Continuous Monitoring Coordinator Role

- 9.2.1** Each ICAO Regional Office is responsible for identifying one or more RCMCs to act as primary regional points of contact for USOAP technical and operational matters.

Note.— This section implements ICAO Doc 9735, Fifth Edition, Section 7.2.4 (Roles and Responsibilities of RCMCs) and Section 7.2.5 (Portfolio Holders).

- 9.2.2** The RCMC supports the interface between the State's NCMC, the ICAO Regional Office and the responsible ICAO USOAP units in the implementation of USOAP CMA processes and activities.
- 9.2.3** RCMC responsibilities include, but are not limited to:
- communicating with NCMCs on USOAP CMA matters, including CAPs, PQ self-assessment, SSC follow-up and MIR response;
 - proposing the appropriate type and timing of USOAP CMA activities to the responsible ICAO unit;
 - monitoring States' progress in submitting and updating SAAQs, CC/EFOD and PQ self-assessments;
 - following up with States on timely CAP submission and updates, and monitoring CAP implementation progress;

- assessing the acceptability of CAPs implemented by States;
- assisting with coordinating and conducting USOAP CMA activities within the region;
- providing pertinent information to USOAP Team Leaders during activity preparation;
- confirming that States scheduled for an activity have implemented applicable CAPs and prepared required evidence; and
- facilitating USOAP CMA training courses, seminars and workshops for the region.

9.2.4 The RCMC's monitoring, follow-up or assessment functions do not transfer the State's responsibilities under the MOU. The State remains responsible for the accuracy of its own submissions and for implementing its own corrective action.

9.2.5 The NCMC should coordinate with the RCMC concerning PQ self-assessment and SAAQ progress, CAP submission, follow-up and acceptability feedback, MIR and SSC coordination, USOAP CMA activity scheduling and preparation, and regional training and capacity-building opportunities.

9.2.6 Technical information submitted to the RCMC should first be validated by the competent State authority. The NCMC's role is to coordinate, consolidate, quality-review and submit the approved State information.

9.2.7 Where the RCMC requests additional information or clarification, the NCMC should coordinate a timely, validated response through the competent State authority.

9.3 Distinction and Relationship Between the PH and RCMC

9.3.1 The PH and RCMC are related but distinct ICAO-side roles. They should not be treated as mutually exclusive functions or as a fixed sequential hierarchy.

Note.— ICAO Doc 9735 itself does not draw a sharp line between the two roles: Section 7.2.5.5 states that a PH's responsibilities, where assigned to assist an RCMC, include all those described for RCMCs in Section 7.2.4.2. The distinction below reflects the MID Region's operational interpretation of how the two roles typically function in practice, not a boundary that ICAO itself defines.

9.3.2 In general, the RCMC is the NCMC's routine, day-to-day regional point of contact for the operational matters listed in Section 9.2.3, while the PH operates at portfolio level, with a specific role in activity scoping, prioritization and CAP assessment.

9.3.3 The NCMC should not rely solely on a generalized distinction between "day-to-day" and "portfolio-level" matters. The appropriate contact should be determined from the organizational arrangements communicated by ICAO for the matter concerned.

9.3.4 The NCMC should avoid unnecessary duplicate submissions to several ICAO officials. Where more than one ICAO official is involved, the NCMC should use the agreed communication arrangement and ensure that the same approved State position is communicated consistently.

9.3.5 Where the PH and RCMC provide different procedural instructions, the NCMC should seek clarification through the applicable ICAO channel rather than choosing between them unilaterally.

9.4 NCMC-PH-RCMC Working Interface

9.4.1 Table 9-1 provides an indicative coordination framework. The NCMC should use the role assignment and official communication channel currently communicated by ICAO for the matter concerned.

Subject	Primary regional contact	PH involvement
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PQ self-assessment follow-up	RCMC — monitors submission progress	None routinely; PH communicates on PQ-linked USOAP matters generally
CAP submission, progress and acceptability	RCMC — follows up on timeliness and monitors implementation	PH performs or delegates CAP assessments and coordinates readiness for validation
MIR and SSC coordination	RCMC — communicates on SSC follow-up and MIR response	None routinely, unless escalated
Activity scheduling, prioritization and scoping	RCMC — proposes activity type/timing to the responsible ICAO unit	PH provides input on selection, prioritization and scope
On-site activity preparation	RCMC — provides information to Team Leaders	PH also provides information to Team Leaders and coordinates on CAP readiness
Regional training and workshops	RCMC — facilitates training courses and workshops	None routinely

Table 9-1. NCMC Regional Coordination by Matter

- 9.4.2** Before contacting ICAO on a substantive technical matter, the NCMC should confirm the applicable communication channel, that the required technical, legal or approval input has been obtained, and that the matter has not already been raised through another channel.
- 9.4.3** The NCMC should not communicate a personal interpretation as the official State position where the matter requires technical, legal or executive determination.
- 9.4.4** Where information is preliminary, incomplete or pending approval, the NCMC should identify its status clearly and should not represent it as final State information.

9.5 Communication, Records and Escalation

- 9.5.1** Communications with the PH, RCMC, Regional Office and responsible ICAO USOAP units should be through the official channel in force, approved by the competent State authority where a technical or executive position is communicated, traceable, and consistent with prior State communications on the same matter.
- 9.5.2** Each substantive communication should identify, as applicable, the subject and reference, the applicable PQ, CAP, MIR, SSC or activity, the State position and its approval status, the sender and recipient, and the date and expected response.
- 9.5.3** The NCMC should maintain a regional-coordination record containing, as applicable, the reference, subject, channel used, State position, approval status and outcome of each substantive exchange with the PH, RCMC or Regional Office.
- 9.5.4** The record should distinguish between routine procedural communication and communication establishing or changing an official State technical, legal or policy position.
- 9.5.5** The NCMC should not automatically bypass the RCMC or PH based solely on the subject matter. The NCMC should use the communication arrangement formally assigned by ICAO for the matter concerned.
- 9.5.6** Where an assigned contact is unavailable, the position is vacant or no response has been received within a period that creates a material deadline or safety risk, the NCMC should escalate through the ICAO Regional Office or another applicable controlled channel and record the escalation.

9.5.7 Urgent matters involving an immediate or potentially significant safety risk should be escalated without delay through the applicable ICAO channel, in parallel with the State's own internal escalation under Section 5.6.

9.5.8 Escalation to ICAO does not replace the State's obligation to implement necessary mitigation, corrective action or internal management measures.

9.6 Regional NCMC Engagement

9.6.1 The NCMC is encouraged to maintain constructive professional coordination with the RCMC, PH and other NCMCs through regional NCMC meetings and related activities described in Chapter 11.

9.6.2 Regional engagement should support exchange of implementation experience and lessons learned, awareness of common regional challenges, and identification of peer-support and technical-assistance opportunities.

9.6.3 Information shared through regional meetings or peer exchanges should respect applicable confidentiality and information-protection requirements.

9.6.4 Informal regional discussions do not replace official communication with the assigned PH, RCMC, Regional Office or responsible ICAO USOAP unit.

9.6.5 Detailed arrangements for the MID Region NCMC community of practice, peer support and technical assistance are described in Chapter 11.

— End of Chapter 9 —

10. TRAINING AND CAPACITY BUILDING

10.1 NCMC Competency Framework

10.1.1 The State should develop and maintain NCMC competency across the domains in Table 10-1.

Competency domain	Expected performance
ICAO and Convention framework	Explain the role of ICAO, the Chicago Convention, SARPs, PANS and relevant guidance material in the State's USOAP CMA obligations
USOAP CMA methodology	Explain the Continuous Monitoring Approach, activity types, Eight Critical Elements, PQ framework, official PQ statuses, EI indicators, PPQs, MIRs and SSC processes
NCMC governance and authority	Apply the NCMC designation, written authority, reporting, escalation, continuity and information-governance arrangements established by the State
OLF administration	Use the applicable OLF functions, manage authorized State access and maintain appropriate account-security and user-management controls
PQ self-assessment	Coordinate technically validated PQ self-assessments and ensure completeness, consistency and evidence traceability
Evidence management	Evaluate evidence for relevance, currency, authenticity, completeness, consistency and retrievability without replacing technical validation by the competent authority
CAP coordination	Coordinate development, submission, updating and follow-up of CAPs and distinguish State-reported implementation from ICAO validation
SAAQ and State profile	Coordinate review and maintenance of accurate State aviation-activity and profile information
CC/EFOD coordination	Coordinate technical and legal review, approval and submission of compliance and differences information
MIR management	Record, distribute, coordinate, quality-review and submit approved State responses within the applicable period
SSC coordination	Support urgent State escalation, mitigation, corrective-action reporting and continuing coordination without assuming ICAO's determination role
Activity preparation and coordination	Coordinate State readiness, focal points, evidence, logistics, site visits, management briefings and post-activity action
PH and RCMC coordination	Communicate effectively through the official regional and portfolio arrangements described in Chapter 9
Programme and project management	Plan activities, assign actions, monitor milestones, manage interdependencies and report risks and delays
Communication and facilitation	Prepare clear correspondence, chair coordination meetings, consolidate State positions and communicate accurately under deadline pressure
Safety intelligence and information access	Identify, request, handle and use relevant safety oversight information and safety intelligence for NCMC coordination, while respecting confidentiality, access controls and technical ownership
Information security and records	Protect restricted information, maintain traceable records and apply national and ICAO information-handling requirements
Continuous improvement	Apply lessons learned, training feedback and performance results to improve the NCMC function

Table 10-1. NCMC Competency Domains

10.1.2 The competency framework should be applied to personnel assigned to the NCMC function according to the domains identified in Table 10-1.

10.1.3 The required proficiency level may differ according to the person's assigned role. The Primary NCMC should demonstrate an integrated understanding across all applicable domains, while support-team members may require deeper proficiency in specific assigned processes.

10.1.4 States may use the proficiency levels in Table 10-2 to assess and develop personnel assigned to the NCMC function.

Level	Description
Level 1 — Awareness	Understands the purpose, terminology and principal requirements of the process
Level 2 — Working knowledge	Can perform defined tasks with guidance and supervision
Level 3 — Independent application	Can perform assigned tasks accurately and independently under normal circumstances
Level 4 — Advanced coordination	Can manage complex or cross-functional matters, resolve inconsistencies and guide other personnel
Level 5 — Expert or mentor capability	Can design improvements, mentor successors and support State or regional capacity-building activities

Table 10-2. NCMC Proficiency Levels

10.1.5 The Primary NCMC should normally achieve at least independent application in every competency domain applicable to the State and advanced coordination in the principal NCMC functions.

10.1.6 The Alternate NCMC should maintain sufficient proficiency to assume the Primary NCMC function without an extended transition period where urgent succession is required.

10.1.7 The State should not interpret the proficiency levels in Table 10-2 as ICAO auditor qualifications or as authorization to make official ICAO determinations.

10.2 ICAO Training Resources for NCMCs

10.2.1 ICAO Doc 9735, Appendix F, identifies training and familiarization resources intended to support the NCMC in performing USOAP CMA responsibilities. In accordance with current ICAO arrangements, the NCMC should complete the USOAP CMA Computer-Based Training Phase I, the OLF tutorial, the SAAQ/State-profile module, the OLF user-management tutorial, and a USOAP CMA workshop when available, to gain basic proficiency in USOAP CMA, NCMC responsibilities, OLF functionality, State information maintenance and activity preparation. Exact course titles and access conditions may change; the NCMC should always use ICAO's current official training and OLF instructions rather than a link reproduced in an older edition of this Guidance Material.

10.2.2 ICAO's broader USOAP CMA online training — covering Programme methodology, auditing principles, the Critical Elements and technical-area content — may also support prospective-auditor preparation, technical focal points and wider State capacity building; the State should select only the modules relevant to the assigned role. Completing this general training does not qualify a person as an ICAO USOAP CMA auditor.

10.2.3 On designation of a new NCMC or Alternate NCMC, the State should confirm the designation and OLF access, register the person for the required ICAO training through the current official process (seeking RCMC, PH or Regional Office support where needed), and retain evidence of

completion. Where access cannot be obtained promptly, the NCMC should raise the issue through the regional or portfolio interface described in Chapter 9. Pending completion of training, the State should apply appropriate supervision and should not assign unsupported tasks beyond the individual's demonstrated competency.

10.3 Capacity Building for Alternate NCMCs, Support Teams and Focal Points

- 10.3.1** The Alternate NCMC should receive sufficient training and practical exposure — with independent authorized access to the relevant systems and records — to maintain operational continuity during an absence, an urgent USOAP CMA matter, an active ICAO activity, or succession to the Primary NCMC role. The State should avoid an arrangement in which the Alternate NCMC is designated in name but lacks the access, training or practical knowledge to actually assume the function.
- 10.3.2** Support-team members should be trained according to their assigned functions, for example deadline tracking, OLF data entry, evidence indexing, records retention and information security.
- 10.3.3** The competent State authority remains responsible for its focal points' technical competence, but the NCMC should coordinate process-oriented training for them — covering the purpose of USOAP CMA, their role in PQ self-assessment, evidence and CAP/MIR requirements, and protection of restricted information — without this authorizing the NCMC to certify their technical competence.
- 10.3.4** The NCMC should coordinate a periodic USOAP CMA awareness briefing for senior management and other State authorities that contribute to USOAP CMA information — including legal, rulemaking, AIM, accident-investigation, Safety Management and quality/internal-audit personnel — so that they understand the Programme's expectations without the NCMC assuming their technical responsibilities.
- 10.3.5** The briefing should cover the State's USOAP CMA obligations, the NCMC's authority and limitations, official-status and EI interpretation, and the consequences of incomplete or inaccurate State information, so that executive decisions affecting USOAP CMA are made with that context.

10.4 Regional Workshops and Capacity-Building Activities

- 10.4.1** ICAO may offer in-person or virtual USOAP CMA workshops covering methodology, the NCMC role, OLF functionality, PQ self-assessment, CAP development and other current Programme tools. The NCMC should coordinate with the RCMC, PH and ICAO Regional Office to identify opportunities, nominate participants and communicate State training needs, selecting participants based on assigned responsibilities, identified gaps and continuity needs rather than limiting attendance automatically to the Primary NCMC.
- 10.4.2** Following external training or a workshop, the participant should provide an internal knowledge-transfer record — subjects covered, any new or revised ICAO information, State processes potentially affected, and recommended follow-up — retained in accordance with applicable use restrictions. Information received informally at a workshop should not be treated as a formal amendment of ICAO requirements unless confirmed through an official ICAO source.

10.5 Recurrent Training and Continuing Professional Development

- 10.5.1** NCMC competency should be maintained through recurrent training and continuing professional development — reviewing amended ICAO documents and OLF updates, attending regional workshops and NCMC meetings, and participating in lessons-learned reviews and peer

exchanges — prioritized where the NCMC has not performed a function for an extended period, a significant platform or methodology change occurs, errors are identified, or an upcoming ICAO activity requires focused preparation.

- 10.5.2** Continuing professional development should address both technical-process knowledge and broader coordination capabilities such as communication, project and risk management, quality assurance, and change management.

10.6 Training Governance and Responsibilities

- 10.6.1** Senior management should review the adequacy of NCMC training and capacity-building arrangements periodically.

- 10.6.2** Senior management's review should consider completion of required training, demonstrated competency, outstanding gaps, Alternate NCMC readiness, and continuity or succession risk, using the State's own management-review practice.

- 10.6.3** The NCMC should report promptly where inadequate training, access, time or resources materially affect the State's ability to perform its USOAP CMA responsibilities.

Note.— ICAO training resources support the State's development of NCMC capability. The State remains responsible for determining whether its personnel are competent and appropriately authorized to perform their assigned national functions.

— End of Chapter 10 —

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11. REGIONAL COLLABORATION AND COMMUNITY OF PRACTICE

11.1 Global USOAP CMA Community

11.1.1 ICAO has established the USOAP CMA Community as a private online platform intended to strengthen communication among NCMCs, improve communication between ICAO and Member States and facilitate regional and subregional NCMC engagement.

11.1.2 The platform was launched for NCMCs in September 2025. It provides private member access, dedicated spaces for ICAO Regional Offices, posting and discussion functions, polls, chat, meeting planning and access to relevant ICAO and USOAP CMA information.

11.1.3 The USOAP CMA Community is distinct from the OLF and should not be used as a substitute for official communication with ICAO through the OLF or other designated ICAO channels.

11.1.4 The Primary and Alternate NCMCs should maintain awareness of the current access arrangements for the USOAP CMA Community.

11.1.5 Where the designated NCMC has not received access or an invitation, the State should seek assistance through the assigned RCMC, PH or ICAO Regional Office.

11.1.6 Access should be individual, linked to the user's official role, protected by appropriate credentials, reviewed following a change of NCMC designation, and used in accordance with the platform's applicable terms and information-security arrangements.

11.1.7 User credentials should not be shared. A person who requires access should obtain an individually authorized account through the applicable ICAO process.

11.1.8 The NCMC may use the Community to follow ICAO and Regional Office announcements, participate in professional discussions, identify relevant workshops and training opportunities, exchange non-restricted practices and lessons learned, seek general procedural experience from other NCMCs, participate in polls and consultation activities, arrange peer exchanges, and contribute to regional or global NCMC initiatives.

11.1.9 Information obtained through the Community should be evaluated according to its source.

11.1.10 The NCMC should distinguish among an official ICAO requirement or instruction, information published by an ICAO official, a discussion contribution from another State, a personal professional opinion, an illustrative practice, and information requiring further verification.

11.1.11 A practice shared by another State should not be treated automatically as an ICAO requirement, an accepted means of compliance, a determination applicable to the receiving State, a substitute for national legal review, or evidence of the receiving State's implementation.

11.1.12 Where information obtained through the Community may affect an official State process, the NCMC should verify it through the applicable ICAO document, an official ICAO communication, the assigned RCMC or PH, the ICAO Regional Office, or the responsible ICAO USOAP unit.

11.1.13 Before sharing a State document, example or lesson learned, the NCMC should confirm ownership of the information, authority to disclose it, the confidentiality classification, whether personal or commercially sensitive information must be removed, whether ICAO material may be reproduced, and whether the information could be misunderstood outside its national context.

11.2 MID Region NCMC Meetings

11.2.1 MID Region NCMC meetings provide a forum for exchange of experience among States, presentation of State safety oversight progress, discussion of common USOAP CMA challenges,

identification of regional assistance needs, exchange of good practices and lessons learned, coordination with the RCMC, PH and ICAO MID Regional Office, development of regional guidance and capacity-building initiatives, and monitoring of actions supporting the MID-RASP.

11.2.2 The NCMC meeting held in association with SEIG/7 in Amman in October 2025 enabled States to exchange experiences, discuss implementation challenges and share good practices and lessons learned. Its outcomes encouraged stronger regional cooperation, information sharing and participation in ICAO MID assistance and capacity-building activities.

11.2.3 Each State should designate an appropriate representative for a regional NCMC meeting.

11.2.4 The Primary NCMC should normally participate. Where this is not possible, the Alternate NCMC or another appropriately briefed and authorized State representative may attend.

11.2.5 Depending on the meeting agenda, the State may also nominate NCMC support-team members, technical focal points, Safety Management personnel, regulatory or rulemaking personnel, AIM or CC/EFOD specialists, quality or internal-assurance personnel, or other officials contributing directly to the subject under discussion.

11.2.6 Before the meeting, the State representative should review the meeting agenda, previous meeting conclusions and actions, the State's current USOAP CMA information, open regional actions assigned to the State, matters requiring State approval before presentation, information-disclosure limitations, and opportunities for technical assistance or peer support.

11.2.7 Where States are invited to present their progress, the NCMC should prepare the report from the State's controlled records.

11.2.8 The report should distinguish clearly between official ICAO-assessed results, State self-assessment information, State-reported CAP implementation, ICAO-validated corrective action, internal corrective actions, and planned or proposed action.

11.2.9 The State should not present an internally estimated EI or an anticipated change in official PQ status as an official ICAO result.

Element	Recommended content
State context	Authorities participating in USOAP CMA, NCMC governance and significant changes to the aviation system
Official USOAP CMA status	Latest official activity type and date, official Overall EI and other applicable official indicators
PQ position	Official PQ status by audit area and CE, clearly distinguished from State self-assessment
CAP position	CAPs submitted, accepted, under implementation, reported complete or validated by ICAO
SAAQ and CC/EFOD	Currency of State information and significant pending actions
Safety Management	Status of applicable Safety Management PQ preparation and related State implementation action
MIR and SSC matters	High-level status only, subject to applicable confidentiality restrictions
Progress since the previous meeting	Regulatory, organizational, staffing, training, surveillance and corrective-action improvements
Principal challenges	Technical, legal, resource, coordination, data, competency or governance constraints
Assistance received	Support received from ICAO, regional organizations, peer States or other partners
Assistance required	Clearly defined assistance need, intended output and proposed timeframe

Forward work programme	Priority actions, responsible authorities and target periods
Regional contribution	Good practices, experts, tools or support the State may be able to share

Table 11-1. Recommended MID NCMC State Progress Report Structure

11.2.10 Figures and status information should be verified against the current OLF and approved State records immediately before presentation.

11.2.11 The report should identify the data cut-off date so that participants understand the period to which the information relates.

11.2.12 The NCMC should obtain approval from the competent State authority before presenting information that has not previously been officially released, concerns an open MIR or SSC, concerns a draft activity report, identifies a serious unresolved national deficiency, includes information owned by another State authority, or may create a policy, legal or reputational implication.

11.2.13 Following a regional NCMC meeting, the NCMC should brief relevant State authorities, distribute approved meeting outcomes, record actions assigned to the State, identify any change affecting State procedures, update the regional-coordination register, initiate approved assistance or peer-support action, and monitor completion of national follow-up.

11.2.14 The internal briefing should distinguish between conclusions or decisions formally agreed by the meeting, draft conclusions requiring endorsement by a higher regional body, Secretariat proposals, information presented by another State, and informal discussion or advice.

11.3 Priority Subjects for Regional Collaboration

11.3.1 Regional collaboration should focus on areas where coordinated action can produce measurable improvement in State safety oversight capability.

11.3.2 Priority subjects may include recurring regional challenges and other matters identified through NCMC consultation, as reflected in paragraph 11.3.4.

11.3.3 Regional cooperation should respond to demonstrated needs rather than create activities solely for visibility or duplication.

11.3.4 Regional NCMC consultation has identified common regional challenges including uneven EI, shortages of qualified technical personnel, weaknesses in surveillance and enforcement, outdated legislation, limited SSP implementation, inadequate safety-data management, fragmented cooperation, limited continuous professional development, resource constraints and institutional continuity issues. Recommended responses included targeted assistance, mentoring, regional inspector pools, regulatory updating, stronger data sharing, competency-based training and succession planning.

11.4 Peer Support and Mentoring

11.4.1 A State may seek peer support from another MID Region State, bilaterally, multilaterally or through an ICAO or regional cooperation mechanism, where it can strengthen a national USOAP CMA process or safety oversight capability. Peer support complements, and does not replace, ICAO's official assessment role, the authority of national technical personnel, or the State's own responsibility for its corrective action and the accuracy of information it submits to ICAO.

11.4.2 Peer support may take forms such as mentoring a newly appointed NCMC, exchanging procedures and templates, reviewing evidence-management approaches, supporting an internal readiness review, or exchanging lessons learned following an ICAO activity.

11.4.3 A State requesting peer support should record the problem to be addressed, the desired output, the required expertise, the proposed period and confidentiality arrangements, and obtain approval from the competent State authority.

11.4.4 Before accepting a peer expert, the requesting State should verify the expert's technical competence, impartiality and absence of an unmanaged conflict of interest. Participation in a previous ICAO activity is relevant experience but does not, by itself, authorize the peer expert to make an official ICAO determination.

11.4.5 Peer support should be conducted under approved terms of reference covering objectives, scope, roles, confidentiality and reporting. A peer expert should not submit information to ICAO on the State's behalf, use another person's OLF credentials, or represent an internal conclusion as an official ICAO result, unless specifically authorized.

11.4.6 The output of peer support should identify the scope completed, observations, gaps and recommendations. The competent State authority should review and approve any resulting action; a peer-support recommendation does not become an official State position until approved through the applicable national process.

11.5 ICAO and Regional Technical Assistance

11.5.1 A State requiring assistance may coordinate through the assigned RCMC, the PH, the ICAO MID Regional Office, an official ICAO assistance programme, a regional safety organization, or another approved bilateral or multilateral mechanism — while routine procedural questions on a specific PQ, CAP, MIR, SSC or activity continue to follow the Chapter 9 arrangements. A request for broader capacity-building assistance should identify the underlying capability gap, not just the immediate document to be completed.

11.5.2 Before requesting assistance, the State should assess the safety and oversight consequence of the gap, the applicable PQs and root causes, resources and prior assistance already used, and how the improvement will be sustained afterward. A formal request should identify the issue, the relevant PQ, CE or CAP reference, the assistance and output sought, proposed timing, and approval by the competent State authority.

11.5.3 Before an assistance activity begins, the State and provider should agree on objectives, scope, deliverables, respective responsibilities, confidentiality and reporting arrangements. Technical assistance may help identify gaps and strengthen oversight capability, but the State remains responsible for its own decisions, implementation and the information it submits to ICAO; ICAO MID assistance missions are recognized regionally as supporting States in this way.

11.5.4 Following an assistance activity, the State should review the deliverables, approve the resulting actions, assign responsible offices and milestones, integrate them with existing CAPs, and evaluate effectiveness. Assistance is not complete simply because a mission or report has been delivered — completion depends on sustained implementation.

11.6 Confidentiality and Information Governance

11.6.1 Regional cooperation should be based on controlled and authorized information sharing.

11.6.2 Before information is shared, the NCMC should determine the information owner, the classification, the intended recipients, the purpose of disclosure, the authorized method of transmission, retention and disposal requirements, and whether further State or ICAO approval is required.

11.6.3 Shared information should be limited to what is necessary for the approved cooperation activity.

- 11.6.4** Where examples are used for training or peer exchange, they should be anonymized where practicable.
- 11.6.5** External experts should sign or formally accept appropriate confidentiality and information-use commitments before receiving restricted State information.
- 11.6.6** At completion of the activity, external participants should return, delete or securely dispose of State information as specified in the agreed terms of reference.

— End of Chapter 11 —

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APPENDIX A — PQ TRACKING MATRIX TEMPLATE

A.1 Document-Control Information

A.1.1 Each PQ Tracking Matrix should contain the document-control information in Table A-1.

Field	Information to record
State	Official State name
Responsible authority	Authority responsible for maintaining the consolidated matrix
Matrix owner	Primary NCMC or other formally assigned custodian
Applicable PQ edition	Edition and revision used for the matrix
ICAO source date	Date on which the PQ information was obtained or verified
Matrix edition	State document edition or version
Matrix revision	Current revision number
Effective date	Date from which the current matrix applies
Approved by	Designated State approval authority
Approval date	Date of approval
Last consolidated review	Date on which the complete matrix was last reviewed
Next planned review	Planned review date or review trigger
Classification	Applicable State information-security classification
Storage location	Controlled electronic location or system reference
Superseded version	Reference to the preceding matrix version
Remarks	Relevant limitations, migration issues or temporary arrangements

Table A-1. PQ Tracking Matrix Document-Control Record

A.1.2 The NCMC should ensure that the applicable PQ edition and revision are clearly identified before the matrix is used for internal assessment, management reporting, preparation for an ICAO activity, regional reporting, or calculation of internal performance indicators.

A.2 Master PQ Tracking Matrix

A.2.1 The State should maintain the fields in Table A-2, as applicable.

Field	Information to record
PQ number	Official PQ identifier from the applicable ICAO edition
PQ edition/revision	Applicable edition and revision
Audit area	LEG, ORG, PEL, OPS, AIR, AIG, ANS, AGA or SSP, as applicable
Critical Element	CE associated with the PQ
Safety Management component	Applicable component where the PQ forms part of the Safety Management framework
PPQ designation	Yes/No, according to the current ICAO designation
Applicability — ICAO record	Official ICAO applicability where available

Applicability — State assessment	State technical determination and rationale
Official ICAO PQ status	Current ICAO-assessed status
Official status date	Date of the ICAO activity or assessment establishing the status
Official activity reference	Audit, validation or other ICAO activity reference
State internal rating	Internal rating from Chapter 8
Internal rating date	Date of the latest approved State assessment
Technical owner	Competent authority responsible for the subject
Technical focal point	Named focal point or position
Supporting authorities	Other departments or entities contributing to the PQ
ICAO references	Applicable Annex, PANS, manual or other ICAO reference
National legal reference	Primary legislation, regulation or other legal instrument
National procedure reference	Manual, procedure, checklist or internal instruction
Implementation evidence	Records demonstrating practical implementation
Evidence location	Document-management reference or controlled link
Evidence revision/date	Current revision and effective or record date
Evidence owner	Authority responsible for maintaining the evidence
Evidence-quality result	Result of review against Table A-4
Gap identified	Concise description of any confirmed gap
Gap type	Legal, regulatory, organizational, resource, competency, procedure, implementation, evidence or other
Safety significance	Critical, high, medium or low under the approved State methodology
Internal corrective-action reference	Reference where no corresponding ICAO finding exists
ICAO finding reference	Official finding or report reference, where applicable
ICAO CAP reference	Applicable CAP reference
CAP acceptability	Acceptable, partly acceptable, not acceptable or pending ICAO assessment
CAP progress	State-reported progress percentage or implementation stage
Target implementation date	Approved target date
Revised target date	Approved revised date, where applicable
State-reported completion date	Date the State considers the action implemented
Evidence submitted to ICAO	Yes/No and submission reference
ICAO validation status	Not assessed, pending, validated or other official ICAO result
MIR reference	Applicable MIR reference and deadline
SSC relevance	Yes/No and applicable reference
EFOD/CC relevance	Related Annex provision or differences action
Training relevance	Competency or training action required
Last technical review	Date of latest technical-owner review

Last NCMC process review	Date of latest NCMC completeness and consistency review
Approving authority	Authority approving the State internal position
Approval date	Date of State approval
Next review date	Planned reassessment date
Review trigger	Amendment, organizational change, activity notification, MIR, SSC, CAP milestone or other trigger
Priority	Critical, high, medium or low
Current action status	Open, in progress, awaiting evidence, awaiting approval, submitted, internally closed or officially validated
Remarks	Relevant qualifications, limitations or follow-up

Table A-2. Master PQ Tracking Matrix

A.2.2 States may add fields appropriate to their national systems, provided that additional fields do not confuse State internal information with official ICAO determinations, change the official ICAO status terminology, conceal a gap through aggregation, remove traceability to the technical authority and supporting evidence, or weaken document-control and approval arrangements.

A.3 Required Distinction Between Official and State Information

A.3.1 The matrix should clearly distinguish among the official ICAO PQ status, the State's latest internal assessment, the State's reported CAP progress, ICAO's assessment of CAP acceptability, State-reported completion of corrective action, and ICAO validation of implementation.

Information	Responsible authority	Meaning
Official ICAO PQ status	ICAO	Status determined through the applicable ICAO process
State internal rating	Competent State authority	State management assessment used for readiness and corrective action
CAP progress	Responsible State action office	State-reported progress toward implementation
CAP acceptability	ICAO	ICAO determination concerning whether the proposed CAP adequately addresses the finding
State-reported completion	Competent State authority	State determination that planned action has been implemented
ICAO validation	ICAO	ICAO confirmation through the applicable activity that implementation supports a change in official status
Official EI	ICAO	Calculated from ICAO-assessed applicable PQ statuses
Potential internal impact	State analytical estimate	Internal planning information only; not an official EI result

Table A-3. Status and Authority Distinctions

A.3.2 The following expressions should not be used for a State internal result:

- official satisfactory;
- official not satisfactory;
- ICAO validated;

- finding closed by ICAO;
- official EI increased; or
- SSC resolved,

unless ICAO has formally made and communicated the corresponding determination.

A.3.3 State internal ratings should use consistent, clearly State-labelled terminology, distinguishable from official ICAO PQ statuses, such as:

- Implemented and supported;
- Partially implemented;
- Not implemented;
- Evidence incomplete;
- Not applicable — State assessment; or
- Further review required.

A.4 Evidence-Quality Review

A.4.1 Evidence recorded in the matrix should be reviewed against the criteria in Table A-4.

Criterion	Review question	Result
Authenticity	Is the evidence an authorized record from the responsible authority or organization?	Acceptable / Improvement required
Currency	Does the evidence reflect the current applicable arrangement and practice?	Acceptable / Improvement required
Relevance	Does the evidence directly address the PQ or assessment criterion?	Acceptable / Improvement required
Traceability	Can the evidence be linked to the applicable requirement and process?	Acceptable / Improvement required
Completeness	Does the evidence demonstrate all material elements required by the PQ?	Acceptable / Improvement required
Implementation	Does the evidence demonstrate actual and sustained application, where required?	Acceptable / Improvement required
Consistency	Is it consistent with legislation, regulations, procedures and other State information?	Acceptable / Improvement required
Accessibility	Can authorized personnel retrieve it promptly?	Acceptable / Improvement required
Approval	Has the document or record received the required authorization?	Acceptable / Improvement required
Protection	Is the evidence handled according to confidentiality and information-security requirements?	Acceptable / Improvement required

Table A-4. Evidence-Quality Review

A.4.2 The matrix should not contain only a general document title where the PQ requires a specific page, section, paragraph, record or implementation example.

A.4.3 Evidence references should identify, as applicable, document title and number, edition or revision, approval and effective date, page, section or paragraph, record date, file or approval number, evidence owner, and controlled storage location.

A.5 Gap and Corrective-Action Tracking

A.5.1 A separate internal corrective-action reference should be established where the State identifies a gap for which ICAO has not issued a finding.

A.5.2 An ICAO CAP reference should be used only where the action is linked to an official ICAO finding.

A.5.3 The matrix should identify whether an action addresses one PQ, several PQs in the same audit area, several Critical Elements, several State authorities, or a systemic or cross-functional cause.

Field	Information to record
Action reference	Internal corrective action or ICAO CAP reference
Related PQs	All PQs affected by the action
Confirmed gap	Precise deficiency being addressed
Root cause	Confirmed root cause or causes
Contributing factors	Additional conditions contributing to the gap
Corrective action	Specific action to be implemented
Accountable authority	Authority accountable for completion
Action office	Office performing the action
Supporting offices	Other authorities contributing
Resources	Budget, personnel, technical or legal resources required
Milestones	Interim implementation steps
Target date	Approved completion date
Revised date	Approved revised completion date
Progress	Current implementation progress
Interim risk control	Temporary mitigation where required
Expected evidence	Evidence required to demonstrate completion
Effectiveness measure	Method for verifying that the cause has been addressed
State verification	Reviewer, date and result
State approval	Closure authority and approval date
ICAO submission	Date and submission reference, where applicable
ICAO result	Acceptability or validation result, where applicable

Table A-5. Corrective-Action Monitoring Fields

A.5.4 State-reported completion should not be recorded solely because a document has been drafted, a regulation has been approved but is not yet applicable, training has been scheduled but not completed, a system has been procured but not placed into operation, an inspection plan has been developed but not implemented, or evidence has been submitted without verification of effectiveness.

A.6 Priority and Risk Coding

A.6.1 The State should assign an internal priority to each open matter using an approved risk-informed methodology.

Priority	Illustrative criteria	Expected management treatment
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Critical	Immediate or potentially immediate safety concern; SSC relevance; essential PPQ gap; serious CE-6, CE-7 or CE-8 failure; imminent ICAO deadline	Immediate escalation, mitigation and executive oversight
High	Significant implementation gap; overdue ICAO finding; MIR; major regulatory deficiency; repeated systemic issue; activity within the near term	Formal action plan, frequent monitoring and senior-management visibility
Medium	Material but controlled gap; evidence deficiency; process weakness; action not immediately safety-critical	Managed corrective action and periodic monitoring
Low	Editorial, administrative or low-impact improvement with no material implementation deficiency	Routine correction and normal review

Table A-6. Internal Priority Levels

A.6.2 PPQ designation should be considered in priority assignment but should not be the sole determining factor.

A.6.3 Priority should also consider safety consequence, implementation status, open ICAO finding, SSC or MIR relevance, operational complexity, regulatory effort, resource dependency, previous delays, systemic effect, evidence uncertainty, and proximity of an ICAO activity.

A.7 Review and Update Triggers

A.7.1 The matrix should be updated following any material change affecting a PQ, including: a new or revised PQ edition, ICAO migration or mapping instructions, or a change in official PQ status, MIR status, or SSC status; completion or updating of a State internal assessment, CAP, implementation evidence, or internal readiness review; and amendment of relevant legislation, regulations, procedures, organizational or staffing arrangements, or CC/EFOD information.

A.7.2 The NCMC should coordinate a periodic review of the complete matrix. The review frequency should be approved by the State and should reflect the number of open findings and actions, the pace of regulatory change, the proximity of an ICAO activity, and the State's risk profile.

A.8 PQ Amendment and Migration Control

A.8.1 Following a PQ amendment cycle described in Chapter 6, the NCMC should confirm that the matrix correctly reflects new, amended, merged, split or deleted PQs and that migrated records remain complete and traceable.

A.8.2 The matrix should retain a record of superseded PQ identifiers for continuity and traceability, in accordance with the mapping principles described in Chapter 6.

A.9 Dashboard and Management Reporting

A.9.1 The State may use the matrix to produce a management dashboard.

A.9.2 A dashboard should distinguish official ICAO information from internal State information, and should identify the data cut-off date.

A.9.3 The State should not use the matrix to publish an unofficial EI value as though it were the official ICAO result.

A.9.4 Internal scenario calculations may be used for planning, provided that they are clearly labelled as internal estimates, based on documented assumptions, not submitted or published as official EI, not used to claim that ICAO status has changed, and protected from misleading circulation.

A.10 Roles and Responsibilities

Activity	Responsible authority	NCMC role
Determine PQ applicability — State assessment	Competent technical authority	Coordinate and record
Determine implementation position	Competent technical authority	Coordinate and perform process-quality review
Validate technical evidence	Competent technical authority	Confirm traceability and completeness
Determine official PQ status	ICAO	Record the official result
Develop internal corrective action	Responsible State action office	Coordinate and monitor
Develop ICAO CAP	Responsible State action office	Quality-review and submit approved CAP
Approve State internal position	Designated State authority	Confirm approval
Maintain consolidated matrix	Designated records owner/NCMC	Update and control
Maintain source documents	Competent information owners	Record locations and monitor currency
Conduct peer or independent review	Competent reviewer	Coordinate
Approve closure of internal action	Designated State authority	Confirm evidence and record closure
Validate CAP implementation	ICAO	Record ICAO result
Report to senior management	State management function	Prepare consolidated reporting
Protect matrix information	All authorized users	Administer access and records controls

Table A-7. PQ Tracking Matrix Responsibilities

A.10.1 The NCMC should not amend a technical determination without referral to the competent technical authority.

A.10.2 The technical owner should promptly notify the NCMC of any change affecting applicability, implementation, evidence, corrective action, target dates, legal or regulatory references, or operational significance.

A.11 Records, Access and Retention

A.11.1 Access to the matrix should be role-based and limited to authorized personnel.

A.11.2 The State should maintain the current approved matrix, superseded versions, revision and change history, approval records, migration records, management reports generated from the matrix, and evidence of periodic review.

A.11.3 The matrix should be protected from unauthorized alteration, accidental deletion, uncontrolled duplication, loss during personnel transition, and inappropriate external disclosure.

A.11.4 The succession and continuity arrangements in Appendix C should identify the matrix custodian, the storage location, access arrangements, backup arrangements, update procedures, open priority actions, and the process for transfer to a successor NCMC.

Note.— The matrix may contain restricted USOAP CMA and State information. Distribution and access should be controlled in accordance with the applicable State information-security classification.

A.12 Minimum Illustrative Entry

Field	Illustrative entry
PQ number	[Insert applicable PQ number]
Audit area	ANS
CE	CE-7
PPQ	Verify against current ICAO edition
Official ICAO status	Not satisfactory
State internal rating	Partially implemented
Technical owner	Air Navigation Services oversight authority
National reference	[Insert regulation/procedure]
Implementation evidence	Surveillance programme and completed inspection records
Confirmed gap	Planned surveillance not completed for all applicable service-provider functions
ICAO finding reference	[Insert report/finding reference]
CAP reference	[Insert OLF CAP reference]
Corrective action	Revise risk-based surveillance plan and complete deferred inspections
Target date	[Insert approved date]
State progress	In progress
Evidence location	[Insert controlled reference]
State-reported completion	Not yet complete
ICAO validation	Not assessed
Priority	High
Next review	[Insert date]
Remarks	Official PQ status remains unchanged until ICAO validation

Table A-8. Illustrative PQ Entry

Note.— The illustrative entry is provided only to demonstrate completion of the matrix fields. It is not a real State record and should not be reproduced as an actual PQ determination.

— End of Appendix A —

APPENDIX B — INTERNAL READINESS AND OFFICIAL ACTIVITY CHECKLISTS

B.1 Checklist Control and Completion-Status Vocabulary

B.1.1 To avoid ambiguity, each checklist item in this appendix should be marked using one of the following completion statuses:

Status	Meaning
Complete	The item has been fully actioned and supporting evidence or records exist.
In progress	Work on the item has begun but is not yet complete.
Not started	No work on the item has yet begun.
Not applicable	The item does not apply to this State, activity or audit area, with the reason recorded.
Blocked	The item cannot proceed because it depends on an unresolved external or internal condition, with the condition recorded.

Table B-1. Checklist Completion-Status Vocabulary

B.1.2 A checklist should not be treated as complete while any applicable item remains “Not started” or “Blocked.”

B.1.3 Each completed checklist should record the name and role of the person completing it, the date of completion, and any reviewer sign-off required under Section B.2.

B.1.4 Internal completion-status entries reflect the State’s own readiness assessment. They are not, and should not be represented as, an official ICAO determination.

B.2 Internal Review Governance

B.2.1 The NCMC should coordinate completion of the checklists in this appendix. The competent technical authority for each audit area remains responsible for the underlying technical determinations.

B.2.2 Each Part One checklist should be reviewed by a person other than the person who completed it, before being reported as complete to senior management.

B.2.3 Each Part Two checklist should be reviewed by the NCMC focal point responsible for coordinating the relevant stage of the official activity.

B.2.4 Disagreement between the person completing a checklist item and the reviewer should be resolved through the competent technical authority, and should not be resolved by simply marking the item complete.

Note.— Internal review under this section is a quality-assurance step. It does not substitute for the process-quality controls described in Chapter 8, Section 8.10.

B.3 Audit-Area and Safety-Management Readiness

B.3.1 For each audit area, and for SSP, the NCMC should confirm the items in Table B-2 before treating the internal self-assessment exercise described in Chapter 8, Part A, as complete.

Note.— The LEG row below is completed as a worked example only. States should complete all nine rows based on their own actual status and reset the LEG row before use.

Audit Area	Self-Assessment Complete	Evidence Packaged (Section 8.8)	CAP Approved for All Unsatisfactory PQs
LEG	Complete	Complete	Complete
ORG			
PEL			
OPS			
AIR			
AIG			
ANS			
AGA			
SSP			

Table B-2. Self-Assessment Readiness Checklist by Audit Area

B.3.2 This table is a completion record, not an assessment tool in itself. The underlying PQ-by-PQ determinations are made and recorded through the process described in Chapter 8 and tracked in Appendix A.

B.4 PQ and Evidence Readiness

B.4.1 For each PQ within an audit area, the NCMC should confirm:

- the State internal rating has been recorded in Appendix A;
- supporting implementation evidence has been identified and referenced;
- evidence has been reviewed for quality in accordance with Chapter 8, Section 8.8;
- evidence has been packaged in the agreed format and location; and
- any confirmed gap has been recorded with a corresponding corrective action.

B.4.2 The NCMC should not treat PQ readiness as complete where evidence exists but has not yet been reviewed for quality.

B.5 Corrective-Action Readiness

B.5.1 For each PQ with a confirmed gap, the NCMC should confirm:

- a corrective action has been developed by the responsible State action office;
- the corrective action has been approved by the designated State authority;
- a target date has been set and is realistic;
- a CAP has been submitted to ICAO where required; and
- progress against the target date is being tracked in Appendix A.

B.5.2 The NCMC should escalate to senior management any corrective action that is at risk of missing its target date.

B.6 Review Completion and Reporting

B.6.1 On completion of Sections B.3–B.5 for all audit areas, the NCMC should prepare a consolidated readiness report for senior management, summarizing:

- overall self-assessment completion status;
- evidence-packaging status;

- open corrective actions and target dates;
- areas of concern requiring management attention; and
- a recommendation on overall internal readiness.

B.6.2 Senior management should record its acceptance of the readiness report, or its decision to direct further work, before the internal self-assessment exercise is treated as concluded.

B.7 ICAO Activity Notification Readiness

B.7.1 On receipt of an ICAO activity notification, the NCMC should confirm the items in Table B-3 before beginning detailed preparation described in Section B.8.

Item	Confirmation
Activity Plan received and reviewed	
Activity type, scope and audit areas confirmed	
Provisional dates and duration confirmed	
DG/CEO informed and authorization to begin preparation obtained (Section 8.14)	
NCMC preparation team and focal points designated	
Preparation timeline established	
Budget and logistics requirements identified	

Table B-3. ICAO Activity Notification Checklist

B.8 Full State Readiness Preparation

B.8.1 The NCMC should confirm the items in Table B-4, organized by readiness domain, in preparation for the official activity.

Domain	Checklist Item	Status
Governance	DG/CEO briefed on scope, schedule and roles	
Governance	National coordination structure activated	
Governance	Escalation path to DG/CEO confirmed (Chapter 5)	
PQ/Evidence	Self-assessment readiness confirmed (Section B.3)	
PQ/Evidence	Evidence packaged and staged (Section 8.8)	
CAP	All required CAPs submitted and current	
CAP	CAP acceptability status confirmed with ICAO	
Personnel	Focal points designated for each audit area	
Personnel	Interview participants briefed on minimum-exposure discipline (Section 8.8.2)	
Personnel	Availability of key personnel confirmed for activity dates	

Table B-4. Full State Readiness Preparation Checklist

B.8.2 Gaps identified through Table B-4 should be assigned an owner and a completion date before the activity begins.

B.9 Logistics and Site-Visit Readiness

B.9.1 The NCMC should confirm the items in Table B-5 before the activity begins.

Item	Status
Meeting facilities confirmed and reserved	
Interpretation or translation support arranged, if required	
IT and document-sharing access confirmed	
Stakeholder and interview-participant lists finalized	
Industry site-access permissions secured in advance (Section 8.19)	
Transport and site-visit logistics confirmed	
Contingency arrangements confirmed for schedule changes	

Table B-5. Logistics and Site-Visit Readiness Checklist

B.10 Opening Meeting Readiness

B.10.1 The NCMC should confirm DG/CEO and focal-point attendance at the opening meeting (Section 8.15).

B.10.2 The NCMC should prepare a short statement of the State's own objectives for the activity, for delivery at the opening meeting.

B.10.3 The NCMC should confirm that all focal points understand their roles and points of contact for the duration of the activity.

B.11 Activity Coordination Readiness

B.11.1 During the activity, the NCMC should:

- hold the daily recap, with the NCMC always present (Section 8.16);
- mobilize focal points on the same day for any emerging concern;
- maintain minimum-exposure discipline in interviews (Section 8.8.2);
- track any request for additional evidence and confirm timely response; and
- record any preliminary observation raised informally by the activity team.

B.11.2 The NCMC should escalate to the DG/CEO, in accordance with Chapter 5, any concern that cannot be resolved at the focal-point level.

B.12 Closing Meeting Readiness

B.12.1 The NCMC should prepare an internal briefing for the DG/CEO ahead of the closing meeting (Section 8.17).

B.12.2 The NCMC should confirm venue and attendance logistics for the closing meeting.

B.12.3 The NCMC should treat preliminary results presented at the closing meeting as provisional, not as the official draft report.

B.13 Post-Activity Readiness

B.13.1 Immediately following the activity, the NCMC should:

- complete administrative wrap-up (Section 8.18);
- capture informal impressions while fresh, clearly labelled as informal and provisional; and

- begin internal analysis of preliminary results ahead of the draft report (Section 8.20).

B.13.2 The NCMC should not circulate informal impressions captured under this section as though they were the official ICAO result.

B.14 Draft-Report Review Readiness

B.14.1 On receipt of the draft report, the NCMC should confirm the items in Table B-6.

Item	Status
Draft report received and logged	
Draft report circulated to relevant technical authorities	
Factual accuracy reviewed against State evidence	
Comment period deadline confirmed and tracked	
State comments consolidated, approved and submitted within the ICAO deadline	
Any disagreement escalated through the applicable ICAO channel	

Table B-6. Draft-Report Review Checklist

B.15 Final-Report and CAP Follow-up Readiness

B.15.1 On receipt of the final report, the NCMC should confirm the items in Table B-7.

Item	Status
Final report received and logged	
Updated official PQ statuses and EI recorded in Appendix A	
New or revised MIRs identified and assigned	
CAPs updated or newly submitted for any unsatisfactory PQ	
Findings communicated to senior management and relevant technical authorities	
Lessons learned recorded for the next self-assessment cycle	

Table B-7. Final-Report and CAP Follow-up Checklist

B.16 Overall Readiness Summary

B.16.1 Before an official USOAP CMA activity begins, the NCMC should prepare a single overall readiness summary consolidating the results of Sections B.8–B.15.

B.16.2 The summary should identify any item marked “Not started” or “Blocked” and the plan to resolve it before the activity begins.

B.16.3 The summary should be presented to the DG/CEO for review before the readiness declaration described in Section B.17 is made.

B.17 Readiness Declaration and Approval

B.17.1 On completion of Section B.16, the designated State authority may record an internal readiness declaration confirming that the checklists in this appendix have been completed and reviewed.

B.17.2 The readiness declaration is an internal State record. It does not bind ICAO, predict the official activity result, guarantee that evidence will be accepted, change an official PQ status, alter activity scope, or substitute for the State’s obligation to cooperate with the official activity.

B.17.3 The readiness declaration should be signed by the designated State authority and retained as a controlled record in accordance with Section B.18.

Note.— The readiness declaration reflects the State's own internal assessment of its preparation. It is not, and should not be represented to ICAO or to any other party as, confirmation of the activity's outcome.

B.18 Records, Access and Retention

B.18.1 Completed checklists, readiness reports and the readiness declaration should be retained as controlled records for a period covering at least the current and immediately preceding USOAP CMA cycle.

B.18.2 Access to completed checklists should be role-based and limited to authorized personnel.

B.18.3 The succession and continuity arrangements in Appendix C should identify the custodian of the records maintained under this appendix and the process for transfer to a successor NCMC.

Note.— Checklists and readiness reports may contain restricted USOAP CMA and State information. Distribution and access should be controlled in accordance with the applicable State information-security classification.

— End of Appendix B —

APPENDIX C — NCMC WRITTEN AUTHORITY, SUCCESSION AND CONTINUITY PLAN TEMPLATE

C.1 Written Authority Instrument Template

C.1.1 The written authority instrument should address the matters listed in Table C-1 at a minimum (Section 4.3.2 refers).

Field	Content to Record
Issuing authority	Director General, CEO, or equivalent senior executive; date of issue.
NCMC designated	Name and title of the individual designated to the NCMC function.
Scope of authority	Statement that the NCMC is authorized to coordinate collection of USOAP CMA-related information and documentation from all relevant departments.
Reporting line	Confirmation that the NCMC reports directly to the Director General, CEO, or equivalent senior executive for USOAP CMA matters.
Interdepartmental access	Statement that all departments are required to respond to NCMC requests within established USOAP CMA timelines.
OLF authority	Confirmation that the NCMC holds administrative authority over the State's OLF account, including issuing, modifying and deactivating focal-point access.
ICAO communication	Confirmation that the NCMC is authorized to communicate directly with ICAO MAC, the RCMC, and USOAP Team Leaders on the State's behalf.
Resource allocation	Commitment of sufficient time, budget and administrative support for USOAP CMA responsibilities.
Review date	Date by which the instrument should next be reviewed or reissued (Section 4.3.3).

Table C-1. Written Authority Instrument Template

C.1.2 A written authority instrument that omits any field in Table C-1 should be treated as incomplete, and the omission should be corrected before the instrument is relied upon.

C.2 Alternate NCMC and Continuity Arrangements

C.2.1 The State should designate an Alternate NCMC with independent OLF access, in accordance with Chapter 4.

C.2.2 The Alternate NCMC's written authority should be confirmed using Table C-1, completed separately for the Alternate.

C.2.3 The Alternate NCMC should have access to the same essential records described in Section C.4, so that the Alternate can perform the function without depending on the Primary NCMC's availability.

Note.— An Alternate NCMC designation that exists on paper but lacks independent OLF access or record access does not provide effective continuity.

C.3 Succession and Continuity Plan Template

C.3.1 The succession and continuity plan should address the matters listed in Table C-2 at a minimum (Section 4.5.2 refers), and should be maintained as a living document.

Field	Content to Record
Primary NCMC	Name, title, contact details, and date of designation.

Alternate NCMC	Name, title, contact details, date of designation, and confirmation of independent OLF access.
Active CAPs	Location of the current record of active CAPs and their implementation status.
Open MIRs	Location of the current record of open MIRs and their response deadlines.
PQ evidence locations	Location of PQ evidence in the OLF and in the State's document-management systems.
Focal point contacts	Current contact details for all audit-area and Annex focal points.
Current activity cycle status	Status of any USOAP CMA activity currently in progress or scheduled.
OLF access review	Date of the last annual OLF user-account review (Section 4.5.2).
Handover protocol	Planned handover period (at least four weeks recommended) and briefing record for any NCMC transition.
Last reviewed	Date the plan was last reviewed, and the trigger for that review.

Table C-2. Succession and Continuity Plan Template

C.3.2 Where an NCMC departs without the planned handover period described above — for example, due to unplanned resignation, incapacity, or emergency reassignment — the Alternate NCMC should assume the NCMC function immediately and without a transition period, using the succession and continuity plan's own records (Table C-2) as the handover reference in place of a live briefing from the outgoing NCMC.

C.4 Essential USOAP CMA Records

C.4.1 The plan should identify the location and custodian of the following essential records:

- the current PQ Tracking Matrix (Appendix A);
- all active and closed CAPs;
- all open MIRs and their response deadlines;
- packaged implementation evidence (Appendix B refers);
- the current written authority instrument (Table C-1);
- the current OLF user-account list; and
- correspondence records with ICAO MAC, the RCMC and USOAP Team Leaders.

C.4.2 Essential records should be stored in a location accessible to both the Primary and Alternate NCMC, and should not depend on a single individual's personal files or personal access credentials.

C.5 Status and Priority Dashboard

C.5.1 The NCMC should maintain a brief status and priority dashboard, updated at each plan review, summarizing the number of open, high-priority corrective actions, any upcoming CAP or MIR deadline within the next reporting period, any scheduled or anticipated ICAO activity, and any open item that would require immediate attention by an incoming NCMC.

C.5.2 The dashboard is a summary tool for continuity purposes. It does not replace the detailed tracking maintained in Appendix A.

C.6 OLF and Information-System Continuity

C.6.1 The plan should record the current list of OLF user accounts, their access levels, and the process for issuing, modifying and deactivating access.

C.6.2 The Alternate NCMC's OLF access should be tested periodically to confirm that it remains active and functional, and not only granted in name.

C.6.3 The plan should record access arrangements for any other information system used to maintain PQ evidence, CAPs, MIRs or correspondence records.

Note.— OLF access is personal to the individual and should not be shared between the Primary and Alternate NCMC. Each should hold independent, individually attributable access.

C.7 Planned Handover

C.7.1 Where an NCMC transition is planned in advance, the outgoing NCMC should complete a structured handover with the incoming NCMC over a period of at least four weeks, covering:

- a walkthrough of the current PQ Tracking Matrix and open items;
- a walkthrough of essential records under Section C.4;
- introduction to focal points and key external contacts;
- confirmation of OLF and information-system access for the incoming NCMC; and
- a joint briefing to the DG/CEO confirming the transition.

C.7.2 The handover should be recorded in the succession and continuity plan, including the date of completion and the names of both the outgoing and incoming NCMC.

C.8 Emergency Assumption of the NCMC Function

C.8.1 Where the Primary NCMC becomes unexpectedly unavailable, the Alternate NCMC should assume the NCMC function immediately, using the succession and continuity plan and the essential records under Section C.4 as the working reference.

C.8.2 The DG/CEO should be notified without delay of the Alternate NCMC's assumption of the function.

C.8.3 Where the Alternate NCMC is also unavailable, the DG/CEO should designate an interim NCMC and issue a written authority instrument under Table C-1 as soon as practicable.

C.8.4 Any emergency assumption of the function should be followed, once circumstances allow, by a review of the succession and continuity plan and, where needed, a new designation under Chapter 4.

C.9 Competency and Training Continuity

C.9.1 The plan should record the training and competency-development activities completed by the Primary and Alternate NCMC, in accordance with Chapter 10.

C.9.2 The Alternate NCMC should complete, at a minimum, the core NCMC competencies identified in Chapter 10 before being relied upon to assume the function under Section C.8.

C.9.3 A gap in the Alternate NCMC's training or competency should be recorded and addressed as a priority item on the dashboard under Section C.5.

C.10 Continuity Testing and Exercises

C.10.1 The State should periodically test the continuity arrangements described in this appendix, for example by having the Alternate NCMC independently retrieve a specific essential record or respond to a simulated request without assistance from the Primary NCMC.

C.10.2 The result of each continuity test should be recorded, including any gap identified and the corrective action taken.

***Note.**— A continuity test that only confirms the Alternate NCMC's title, without testing actual access to records and systems, does not demonstrate effective continuity.*

C.11 Periodic and Event-Driven Review

C.11.1 The plan should be reviewed periodically, at an interval approved by the State, and following a change in the Primary or Alternate NCMC, a change in the current USOAP CMA activity-cycle status, a material change in the State's PQ compliance position, an emergency assumption of the function under Section C.8, or the result of a continuity test under Section C.10 identifying a gap.

C.11.2 Each review should be dated and should record the trigger for the review.

C.12 Completion, Approval and Acknowledgement

C.12.1 On completion of the templates in this appendix, the designated State authority should approve the plan and record the date of approval.

C.12.2 Approval of the plan confirms that the State has established documented continuity arrangements. It does not, by itself, demonstrate that all personnel are competent or that all system access is operational; those matters should be confirmed through the training and testing activities described in Sections C.9 and C.10.

C.12.3 The Primary NCMC and Alternate NCMC should each acknowledge, in writing, their designation and their familiarity with the current plan.

***Note.**— This appendix and its templates are internal State tools. They do not, by themselves, satisfy any ICAO requirement; the underlying legal designation and reporting-line arrangements remain governed by the State's own legislation and administrative procedures, as described in Chapter 4.*

— End of Appendix C —

APPENDIX E — NCMC COMPETENCY AND SELECTION CRITERIA/Framework

E.1 Selection Principles

- E.1.1** The State should select the NCMC based on demonstrated competency and suitability for the function, rather than solely on organizational seniority or availability.
- E.1.2** Selection should be documented and should be capable of review, in accordance with Section E.12.
- E.1.3** Where no available candidate meets the full baseline described in Section E.2, the State should still designate the best-available individual rather than leave the function unfilled, and should record the gap and a plan to close it.

E.2 ICAO Strongly-Recommended Baseline Qualifications

- E.2.1** A minimum of four years' experience working within a civil aviation organization in a technical or associated aviation safety role is the baseline qualification strongly recommended for the NCMC function (Doc 9735 Appendix F refers). This four-year experience criterion should not be described as an absolute Convention or MOU requirement unless the State has formally adopted it as such.
- E.2.2** Working knowledge of the ICAO organization, the Chicago Convention, ICAO Annexes, and ICAO guidance material relevant to the State's civil aviation activities forms part of this baseline.
- E.2.3** Familiarity with the USOAP CMA process, the OLF, and the Protocol Questions applicable to the State's audit areas forms part of this baseline.

Note.— Where no available candidate meets this baseline, the State should treat CBT completion and close DG/CEO oversight of that individual's work as immediate priorities until the experience gap is closed.

E.3 Additional Desirable Qualifications

- E.3.1** The following qualifications are desirable, and strengthen a candidate's suitability without being a strict precondition for designation: familiarity with regulatory affairs, rulemaking, or compliance monitoring within a civil aviation authority; familiarity with safety management system (SMS) and quality management system (QMS) principles; experience conducting or participating in safety audits or assessments, including internal quality reviews; programme or project management experience, particularly across multiple departments or stakeholders; and experience working in an international civil aviation context, including participation in ICAO meetings or regional safety groups.

E.4 Knowledge Criteria

- E.4.1** Table E-1 states what the NCMC should know, drawing on Sections E.2 and E.3 above.

Criterion	Requirement	Status
ICAO knowledge	Working knowledge of the ICAO organization, the Chicago Convention, ICAO Annexes, and ICAO guidance material relevant to the State's civil aviation activities.	Baseline
USOAP CMA knowledge	Familiarity with the USOAP CMA process, the OLF, and the Protocol Questions applicable to the State's audit areas.	Baseline

Regulatory affairs	Familiarity with regulatory affairs, rulemaking, or compliance monitoring within a civil aviation authority.	Desirable
SMS/QMS principles	Familiarity with safety management system (SMS) and quality management system (QMS) principles.	Desirable

Table E-1. Knowledge Criteria**E.5 Skills Criteria**

E.5.1 Table E-2 states what the NCMC should be able to do.

Criterion	Requirement	Status
Language	Sufficient proficiency in the working language required to communicate with ICAO MAC and the RCMC, and to manage OLF submissions. English is the primary working language for USOAP CMA activities.	Baseline
Information technology	Ability to use standard office software and the ICAO OLF platform for PQ self-assessment, CAP management, SAAQ updates, and EFOD submissions.	Baseline
Audit or assessment conduct	Experience conducting or participating in safety audits or assessments, including internal quality reviews.	Desirable
Programme management	Programme or project management experience, particularly across multiple departments or stakeholders.	Desirable
International engagement	Experience working in an international civil aviation context, including participation in ICAO meetings or regional safety groups.	Desirable

Table E-2. Skills Criteria**E.6 Behavioural Criteria**

E.6.1 Table E-3 states the behavioural attributes the NCMC should be expected to demonstrate in the role. These are harder to certify than knowledge or skills, so should be assessed through interview, reference, or observed performance rather than a document check.

Attribute	Why It Matters
Objectivity and independence	The NCMC should recognize when a personal or departmental interest could affect the impartiality of a PQ self-assessment determination, consistent with the principle that a team member should not review work they themselves are responsible for (Section 8.3.2 refers).
Discretion	The NCMC should exercise discretion in handling PQ findings and other audit-related information, consistent with the minimum-exposure discipline applied during official activities (Section 8.8.2 refers).
Cross-departmental coordination	The NCMC should be able to coordinate effectively with departments that have no reporting relationship to the function, since the NCMC's authority to do so derives from a written instrument rather than organizational hierarchy (Section 4.3 refers).
Composure under deadline pressure	The NCMC coordinates concurrent PQ, CAP, and differences-notification deadlines and should remain reliable and communicate difficulties early rather than let them surface only when a deadline is missed (Sections 5.2.7 and 7.6 refer).

Table E-3. Behavioural Criteria

Note.— An individual who meets the baseline criteria but lacks audit or compliance experience should complete the training identified in Chapter 10 before the designation takes full operational effect.

E.7 Conflict-of-Interest Assessment

E.7.1 Before designation, the State should assess whether the candidate has a personal, financial, or departmental interest that could compromise the impartiality of the NCMC function, for example responsibility for an audit area the candidate would also be required to review.

E.7.2 A confirmed conflict of interest should be documented, and, where it cannot be adequately mitigated, should disqualify the candidate from designation.

E.7.3 Where a conflict emerges after designation, it should be documented and managed in accordance with the State's conflict-of-interest procedures, which may include recusal from specific determinations.

E.8 Selection and Evaluation Process

E.8.1 The State should evaluate candidates against the criteria in Sections E.2–E.6 using a documented process, which may include a review of qualifications and experience, a structured interview, and reference checks.

E.8.2 The evaluation should record how the candidate meets, partially meets, or does not meet each criterion, and any mitigation proposed for a criterion not fully met.

E.8.3 The evaluation record should be retained as a controlled record supporting the selection approval described in Section E.12.

E.9 Primary, Alternate and Support-Team Criteria

E.9.1 The criteria in Sections E.2–E.6 apply in full to the Primary NCMC and, in accordance with Chapter 4 and Appendix C, to the Alternate NCMC.

E.9.2 Members of a wider NCMC support team who do not hold independent designation or OLF access may be selected against a reduced subset of the criteria appropriate to their specific role, at the State's discretion, provided that any individual with independent OLF access or authority to represent the State to ICAO meets the full criteria.

E.10 Designation and Notification

E.10.1 On completion of selection under Section E.8, the State should issue the written authority instrument described in Appendix C, Table C-1.

E.10.2 The State should notify ICAO of the designation through the applicable official channel, in accordance with Section 4.6.

E.10.3 Notification correspondence should be directed through the current official ICAO channel confirmed at the time of notification; specific ICAO contact addresses should not be reproduced in permanent guidance material, since they may change independently of this document.

E.11 Periodic Suitability Review

E.11.1 The State should periodically review the NCMC's continued suitability against the criteria in Sections E.2–E.6, at an interval approved by the State.

E.11.2 A review should also be conducted following any confirmed conflict of interest under Section E.7, or any material change in the individual's role or responsibilities.

E.11.3 The result of each review should be recorded, including any training or development action identified.

E.12 Selection Approval Record

- E.12.1** The designated State authority should approve and sign a selection approval record confirming that the evaluation under Section E.8 and the conflict-of-interest assessment under Section E.7 have been completed.
- E.12.2** Approval under this section confirms that the selection process described in this appendix has been followed. It does not, by itself, constitute an ICAO endorsement or approval of the individual designated.

***Note.**— This appendix is an internal State selection and competency framework. It does not create an ICAO qualification requirement beyond what ICAO itself has established, and the four-year experience baseline in Section E.2 should be verified against the current edition of Doc 9735 before being applied as a firm threshold.*

— End of Appendix E —

APPENDIX F — ABBREVIATIONS

F.1 This appendix lists the abbreviations used in this Guidance Material, in alphabetical order.

Abbreviation	Term
AGA	Aerodromes (USOAP CMA audit area)
AIG	Aircraft Accident and Incident Investigation (USOAP CMA audit area)
AIP	Aeronautical Information Publication
AIR	Airworthiness (USOAP CMA audit area)
AIRAC	Aeronautical Information Regulation and Control
ANS	Air Navigation Services (USOAP CMA audit area)
CAA	Civil Aviation Authority
CAP	Corrective Action Plan
CBT	Computer-Based Training
CC	Compliance Checklist
CE	Critical Element
CEO	Chief Executive Officer
CMA	Continuous Monitoring Approach
DG	Director General
EB	Electronic Bulletin
EFOD	Electronic Filing of Differences
EI	Effective Implementation
GASP	Global Aviation Safety Plan
ICAO	International Civil Aviation Organization
ICVM	ICAO Coordinated Validation Mission
LEG	Legislation (USOAP CMA audit area)
MAC	Monitoring, Analysis and Coordination (ICAO office)
MID	Middle East (ICAO Region)
MID-RASP	MID Region Aviation Safety Plan
MIR	Mandatory Information Request
MOU	Memorandum of Understanding
NASP	National Aviation Safety Plan
NCMC	National Continuous Monitoring Coordinator
OLF	Online Framework
ORG	Civil Aviation Organization (USOAP CMA audit area)
OPS	Operation of Aircraft (USOAP CMA audit area)
PANS	Procedures for Air Navigation Services

PEL	Personnel Licensing and Training (USOAP CMA audit area)
PH	Portfolio Holder
PPQ	Priority Protocol Question
PQ	Protocol Question
QMS	Quality Management System
RASG-MID	Regional Aviation Safety Group — Middle East
RCMC	Regional Continuous Monitoring Coordinator
SAAQ	State Aviation Activity Questionnaire
SARP	Standards and Recommended Practices
SEI	Safety Enhancement Initiative
SEIG	Safety Enhancement Implementation Group
SMS	Safety Management System
SSC	Significant Safety Concern
SSP	State Safety Programme (USOAP CMA audit area)
SSPIA	State Safety Programme Implementation Assessment
USOAP	Universal Safety Oversight Audit Programme

Table F-1. Glossary of Abbreviations*— End of Appendix F —*