



ICAO

INTERNATIONAL CIVIL AVIATION ORGANIZATION

**Eighth Meeting of the Africa-Indian Ocean Regional Aviation Safety Group
(RASG-AFI/8)**

Kigali, Rwanda, 7 - 11 November 2022

Agenda Item 3: 3.3. Other Safety Initiatives

Operationalization of the Centre for Aviation Medicine

(Presented by South Africa)

SUMMARY

Establishment of Regional Centres and building of capacity for Aviation Medicine in the Region can be achieved by supporting existing programmes already taking place in the region, these programmes are not well coordinated at regional level but are matured and some have been in place for more than 40-years.

These include amongst others Aviation Medicine Training in Civil and Military space, sharing of information, Aviation Medicine Training Conferences locally and internationally and coordinating of Aerospace Medic, and workshops which may be virtual or in person

Ensure continues training of Aviation Medical Assessor and Aviation Medical Examiners by attending and participation in Regional Associations such as the Aerospace Medicine Associations in Southern Africa, ICASM, ASMA and others

This working paper relates to ICAOs Compliance to ICAO Annex 1; Chapter 6; and support the RASG AF1/7

1. The objective is to improve aerospace activities in the African continent and the region though aerospace medicine training, conferences and workshops which may be virtual or in person
2. Build capacity among trained Aviation Medical Examiners, Medical Assessor and all Specialists in all States.
3. Support upcoming and existing Aerospace Medicine Associations in various region, the Southern Africa Aerospace Association and sharing of information
4. Regional Platforms to develop Medical Assessors and share Specialists
5. Collaboration with Universities and Military Institutions to invest in the research and coordinate, create awareness to Medical Students on Aerospace Medicine opportunities at Medical Schools
6. Participate and become members of global aviation fora such as ICASM, ASMA and share information on opportunities for global scholarships relating to Aviation Medicine
7. Share information on lessons learned from medical appeals, litigation, conflict of interest, medical causes of accidents and incidents and other related issues

<i>Strategic Objectives:</i>	Safety
<i>Financial implications:</i>	None
<i>References:</i>	<ol style="list-style-type: none">1. ICAO Annex 1 Convention on International Civil Aviation2. ICAO Manual of Civil Aviation Medicine (Doc 8984) an /895

1. INTRODUCTION

1.1 Medical Examiners and Assessors working for regulatory bodies should be fully aware of the operational aspects, instruction and training of flight crew concerning action in the event of in-flight pilot incapacitation, should include early recognition of incapacitation as well as the appropriate action to be taken by other flight crew members;

1.2 Aviation Medical Examiners, Medical Assessors and Specialist must consider operational considerations and understand the environment in which pilots, air traffic controllers and cabin crew operate in order to make decisions based on acceptable risk. Risk assessment differs based on stressors of flights which may not be applicable to air traffic controllers, single vs multicrew operations, age, under-lying conditions and other considerations

1.3 ICAO requires that States ensure that Accredited Medical Conclusions is reached, this means the conclusion reached by one or more medical experts that is acceptable to the Director for the purposes of the case concerned, in consultation with flight operations or other experts as necessary

1.4 Aeromedical decisions must be based on factual and objective data, which is evidence-based and supported by documentation to ensure aviation safety

1.5 Close collaboration with other departments e.g. Flight Operations, Air Traffic Controllers, Cabin Crew Inspectors and Legal & Compliance Division with the CAA and Medical Assessors is necessary to provide input especially when dealing with complex operational issues like medical practical flight tests and non-compliances.

1.6 Research in the West indicates that the risk of sudden incapacitation of aircrew is low; this is credited to the high standards of fitness required for initial screening medicals and follow-up surveillance.

1.7 The consequences of a negligent or wrongful certification by either a Medical Assessor or an Aviation Medical Examiners, which would permit an unqualified person to take the controls of an aircraft or an air traffic controller position, can be serious for the public, for the Government, and for the examiner. There are documented number of accidents relating to medical conditions in the West, one of the recent one being the German Wing Crash in Germany

1.8 Until 2011; the previous Chief Medical Officer of ICAO in Montreal, used to organize Regional Training Meetings in the various parts of the continent, there has been limited activity in this regard and SACAA Medical Department joined ICAO in 2011; to present the training. These pre-existing activities may assist the region in accomplishing its mandate speedily.

1.9 The Southern African Aerospace Medicine Association is n association comprising of aviation medical examiners, it is a non-profit organization that host conferences every 2 years. The conference is in person or online and is open for attendance by a number of countries in the continent and outside of the continent. These conferences, training workshops must be attended by the Regional Medical Assessors and Aviation Medical Examiners. The existing structures must be strengthened and supported

2. DISCUSSION

2.1 We have limited local research if any, which creates a challenge to the local Aviation Regulatory Authorities, as development and revision of local medical policies are based on information from the West, which differs significantly with regard to the demography of those populations and diseases endemic on the African continent; How do we remedy this situation?

2.2 How do we as CAA's encourage collaboration with medical universities to ensure research which will assist in exercising our responsibilities with aplomb and confidence

2.3 There is a shortage in the number of Medical Assessors in the AFI Region and there is a need for collaboration, training and sharing of information, how do we achieve this?

2.4 Information must be shared among AFI States about the mechanisms in place to penalize those aviation medical examiners and aviation personal who are non-compliant, and the Just Culture concept must be strengthened to ensure voluntary reporting

3. **ACTION BY THE MEETING**

The meeting is invited to:

- a) Review and discuss inputs made on the draft SSP Establishment of Regional Centres and Building of Capacity for Aviation Medicine in the Region initiation document and provide feedback that would build on the final document to be completed in collaboration with ICAO;
- b) Note the progress made in the establishment of the SSP Establishment of Regional Centres and building of capacity for Aviation Medicine in the Region and to continue to support efforts made by States.