



MEDIA STATEMENT

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CIVIL AVIATION AUTHORITY LAUNCHES COMMITTEE AIMED AT TACKLING CHALLENGES IN THE MEDICAL CERTIFICATION PROCESSES

In the aviation sector, the medical wellbeing is as important if not more critical as the competency of personnel. In fact, medical wellbeing is a matter of life and death when flying an aircraft. So says the South African Civil Aviation Authority's Director of Civil Aviation, Captain Colin Jordaan; who was addressing delegates at the launch of the Aeromedical Committee on Wednesday, 28 April 2010.

The newly formed Aeromedical Committee is an advisory body consisting of medical, psychological, surgical and ancillary health experts. These medical specialists are tasked with advising the Director of Civil Aviation on any medical risks posed by existing or prospective aviation personnel who are required in terms of the Civil Aviation Regulations to hold medical certificates.

Explaining the need for the Aeromedical Committee, Jordaan said that since the inception of the South African Civil Aviation Authority in 1998, aviation medical functions have been decentralised. Some of the functions were previously overseen by the Institute for Aviation Medicine, a military institution that reports to the Department of Defence.

"The decentralisation of the civil aviation medical services inevitably resulted in many challenges, including outdated medical protocols which led to unnecessary medical appeals, a lack of clear definition of an acceptable medical risk and limited participation by medical institutions," Jordaan told delegates.

Jordaan further told delegates that flying is a highly skilled job that involves a complex interaction between the aviator and the machine in an environment that is full of stressor factors. "Although aeroplanes may fail occasionally, it is the human component that is the cause of aviation accidents more than 70% of the time. This is an age-old phenomenon and the field of aviation medicine came into existence during World War I, when it was realized that more pilots died due to medical incapacity, than the pilots that died as a result of enemy gunfire," he elaborated.

The flying environment differs from other occupational environments in terms of the following altitude stressors: hypoxia, noise and vibration, low humidity leading to dehydration, fatigue, decompression syndrome, acceleration and spatial disorientation. Because of these stressors, aircrew are required to maintain high levels of physical and mental fitness, and are legally required to have their medical fitness assessed in order to carry out their professional duties.

“In that regard, aeromedical decisions must be based on factual and objective data which is evidence-based and supported by documentation, in order to ensure aviation safety. There is no doubt that aviation medicine is complex and combines aspects of preventative, occupational, environmental and clinical medicine with the physiology and psychology of the human-in-flight. Due to these complexities, as the Safety Regulator we often find ourselves at loggerheads with aviators and their medical doctors. Only an impartial body, in this case the Aeromedical Committee, can help us find a common ground by making rulings based on nothing but factual and objective data, said Jordaan,

The Aeromedical Committee comprises eleven (11) permanent members and four (4) non-permanent members appointed by the Director of Civil Aviation. The following entities are represented on the Aeromedical Committee; namely, the University of Pretoria, University of Limpopo (Medunsa Campus), University of the Witwatersrand, and South African Society of Aerospace and Environmental Medicine, South African Military Health Service and a relevant aviation employee organisation.

The members of the committee are:

1. Prof Girish (Chairperson)
2. Dr A Jordaan (Vice Chairperson)
3. Prof K Boffard
4. Prof L.M Ntlhe
5. Prof M Baker
6. Dr M T Mpe
7. Dr C Duvenage
8. Dr P Makhambeni
9. Dr M Mathey
10. Dr P Molete
11. Dr N Sishaba
12. Dr N.N. Sangweni
13. Dr W. Buys
14. Capt. M Viljoen (representing the Airline Pilots' Association of SA)
15. Mr. T Reynolds

“The formation of this Committee comes at the right moment, as a recent research survey indicated that the most common medical conditions encountered that lead to medical unfitness among civil aviation personnel in South Africa are; neurology, cardiovascular and psychiatric conditions. The involvement of the medical institutions is crucial for future research and the training of aviation medical examiners. We are thus pleased and now confident that the SACAA will be able to deal decisively and expediently with aviation medical matters,” concluded Jordaan.

-NOTES TO EDITOR-

The field of aviation medicine came into existence during World War I, when it was realized that more pilots died due to medical incapacity, than the pilots that died as a result of enemy gunfire. With the introduction of medical standards for pilot duties, the fatality rates dropped significantly.

The Aeronautical Society of South Africa was born in 1911, and the pilot's medical requirements at the time included a good working knowledge of motorcycle/motorcars, perfect short and distant eyesight, without the aid of glasses, a restriction on age (35), and applicants were required to be single. These medical requirements have since been replaced by the stringent medical and psychological standards laid down in the ICAO (Annex1).

The formalization of Aviation Medicine in South Africa took place when the Aviation Wing of the South African Medical Corps was established in 1922. At this time, a Royal Air Force medical officer was seconded to conduct the medical examination on the SAAF pilots, and train local physicians about the processes involved in the selection of pilots.

After World War II, the civilian aviation environment expanded rapidly and the emphasis on aviation medicine shifted from the military to the civilian sector. South African Airways was born in 1937, and due to limited expertise in aviation medicine, the oversight was left with the military.

Prior to the establishment of the SACAA, all aviation medicine activities were overseen by the Institute for Aviation Medicine, a military institution that reports to the Department of Defence. At the time, all the aviation medicine activities were centralized, until 1991, when a decision was made to decentralize the system, and delegate the authority to designated medical examiners to examine and certify applicants.

The Aviation Medical Department of the SACAA was established subsequent to an audit finding by ICAO in 1999, which indicated the need for an in-house medical establishment within the CAA. With the adoption of Part 67 of the Regulations and the creation of the Aviation Medical Department, the medical certification oversight function was now under the SACAA

About the SACAA:

The South African Civil Aviation Authority (SACAA) was established on 1 October 1998 following the enactment of the South African Civil Aviation Authority Act, No.40, in September of the same year. The SACAA promotes and maintains a safe, secure and sustainable civil aviation environment, by regulating and overseeing the functioning and development of the industry in an efficient, cost-effective, and customer-friendly manner according to international standards.

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