CIVIL AVIATION AUTHORITY
OF NEW ZEALAND
Te Mana Rererangi Tūmatanui o Aotearoa

Safe Haven
A Revolution Down Under?

Dr Kate Manderson – CASA PMO
Dr Tim Sprott – CAA NZ CMO

Osaka
大阪市

5 November 2024

Australian Government
Civil Aviation Safety Authority

Tim

CAA NZ employee

Safe Haven Board member

Darth Vader

Kate

CASA Australia employee

Wicked Witch*

Safe Haven overview

- What is the problem? KATE
- What is it? TIM
- Risk framework KATE
- Update New Zealand TIM
- Update Australia KATE
- The role of MESHs in Safe Haven TIM

Current “Low Risk” Model

- Full **verification** by CASA
  - We don’t believe you
    - **DISTRUST**
- No decisions by DAMEs*
  - All certificates issued by CASA experts
    - **“BENIGN PATERNALISM”**

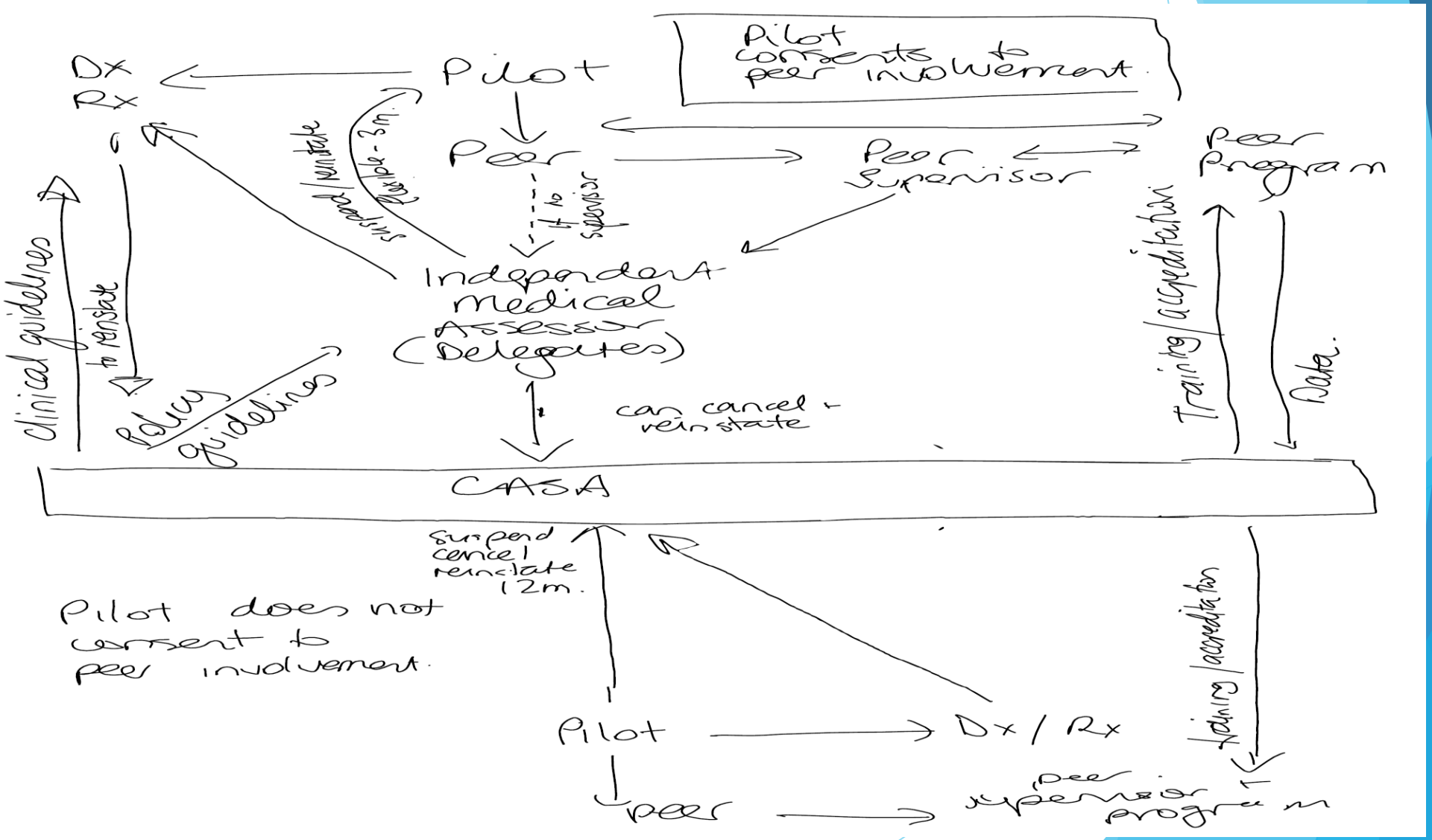
Current “Low Risk” Model

- Low tolerance of medical risk
  - Uncertainty = unsafe
  - Limited exploration of uncertainty
  - We are really safe now, so why change?
- Low integration with rest of system
  - Licensing
  - Operations
  - Enforcement

Current “Low Risk” Model

- “**Very safe**” approach to medical decisions in isolation
- (verification, benign paternalism, limited risk assessment)
- Impact on the function of the system → **less safe**

Framework sketch Cologne 2023…



What is it?

- *Revolution - Leading edge … BUT*
- *In reality it formalises what some AMEs are already doing*
- *Program to extend this opportunity to all pilots and ATCs*
- *Keep pilots and ATCs flying or operating as long as it is* ***safe to do so*** *or* ***promote their earliest possible return*** *to flying or operating if their medical certificates need to be withdrawn*

What is it?

AME led operational "safe zone" within the regulatory system that is program to promote pilot and ATC:

- ***TRUST*** *with AMEs and regulators*
- *Open reporting culture following changes in their health and well being*
- *Early uptake of healthcare*
- *Empowerment with their health, wellbeing and agency/control of decisions related to their medical certification*

What is it?

*A **“Safe zone”** that:*

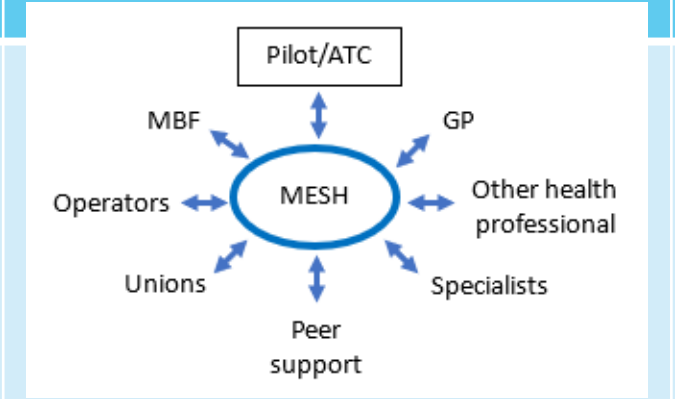
- *Reduces fear and stigma*
- *Allows for confidential disclosure at “arms length” from the regulators*
- *Protects aviation safety - “guard rails”, specially trained experienced AMEs, escalation pathways for significant health concerns, and regulatory oversight*
- *Provides legal and regulatory protections*

SAFE ZONE FOR PILOT OR ATCs

Voluntary Entry

- Self referral
- AME referral
- Peer support referral
- Other health professionals referral
- Regulators

Safe Haven System



- No legal jeopardy for using system
- Disclosure to Regulators
  - Escalation pathway for severe safety risks
- No regulatory action unless significant or immediate safety risks
- MESH delegations and exemptions
- Governance structure
- MESH peer support

Voluntary Exit

- Case management completed
  - No regulatory reporting unless immediate safety risks
- Voluntary pilot/ATC withdrawal
  - No regulator notification unless serious or immediate risk escalation pathway needed

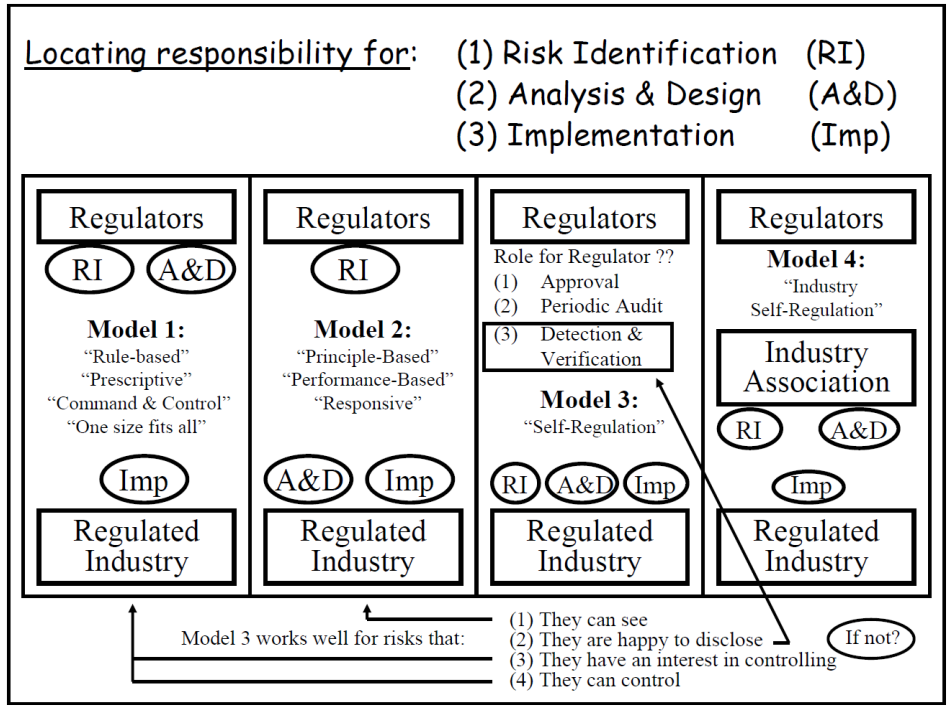
Regulator Support and Overview

- Medical certification guidelines
- MESH training
- Other stakeholder and inductor training/awareness
- Regulator support for MESHs
- Regulator confidential auditing
- Escalation pathway
- New MESH delegations and exemptions
- Legal protections
- Hypothetical discussions

What is the Safe Haven Concept?

- MESHs (Special AMEs) will manage most situations without notification to the regulators
- Escalation pathway for serious safety relevant or aeromedically situations through the Medical Director, and where appropriate to CAA NZ or CASA
- Collaboration between participants, MESHs, Safe Haven, other health professionals, peer support programmes, operators and aviation community

What are Sparrow's regulatory models?

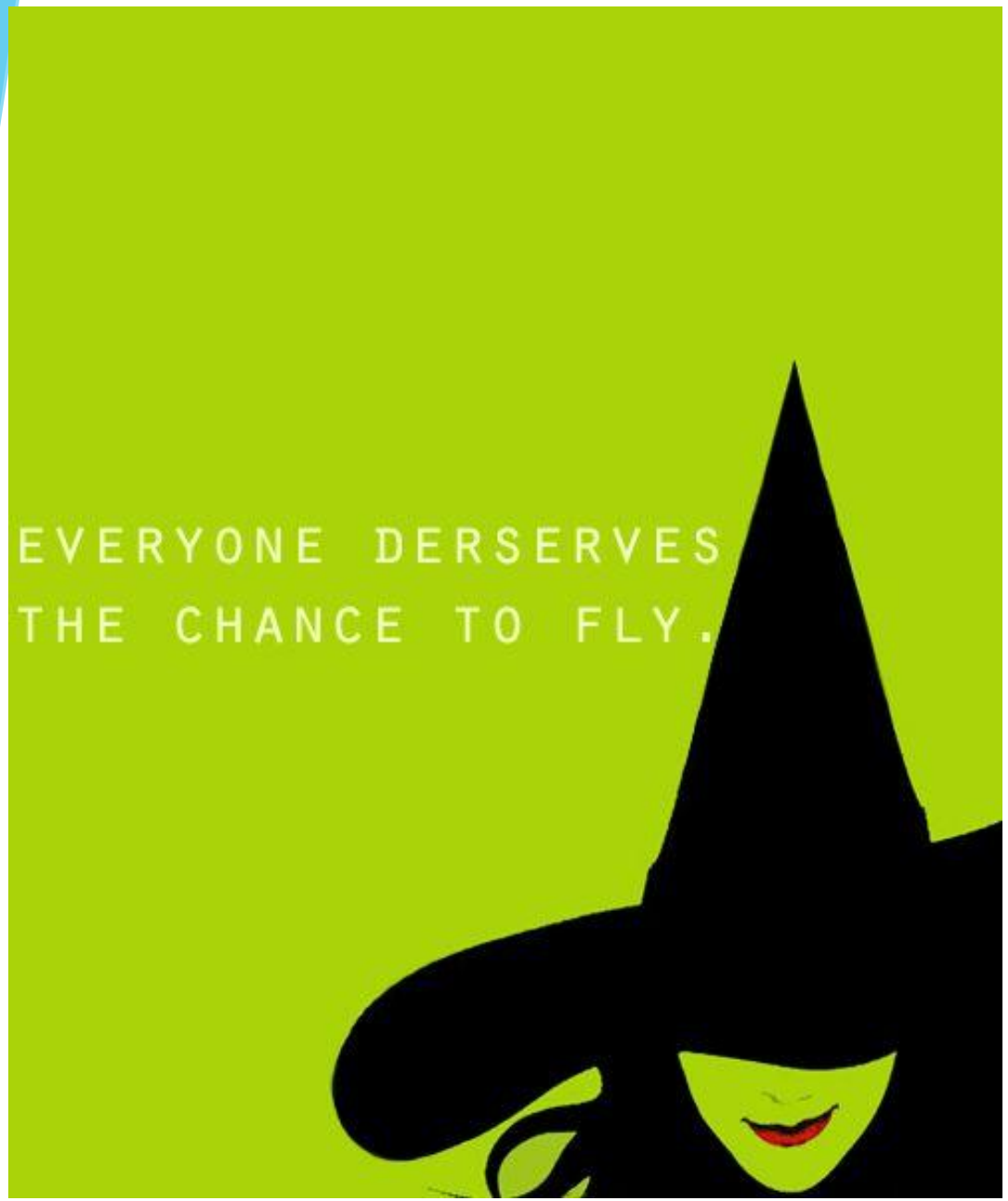


How will CAA NZ and CASA provide regulatory oversight of Safe Haven?

- Regulator monitoring will be developed in consultation with Safe Haven
- Regulators recognise that oversight and monitoring needs to be undertaken in a way that does not become a barrier people accessing to Safe Haven
- Avoids regulatory drift and industry capture – either in the direction away from acceptable levels of safety or creep towards “overreach” by the regulators
- Monitoring of Safe Haven implementation, management systems, and case management against clinical guidelines

How will CAA NZ & CASA provide regulatory oversight of Safe Haven?

- Random audits of Safe Haven cases – with the participants details de-identified
- Audit compliance with regulatory requirements of the relevant legislation and guidelines
- Review of any critical events or identified serious errors.
- Review of MESH, stakeholder and participant experiences of training, currency, provision of information and other system processes.
- Collaborative review of oversight activities and reports (audits, events, surveys) between CAA NZ and CASA



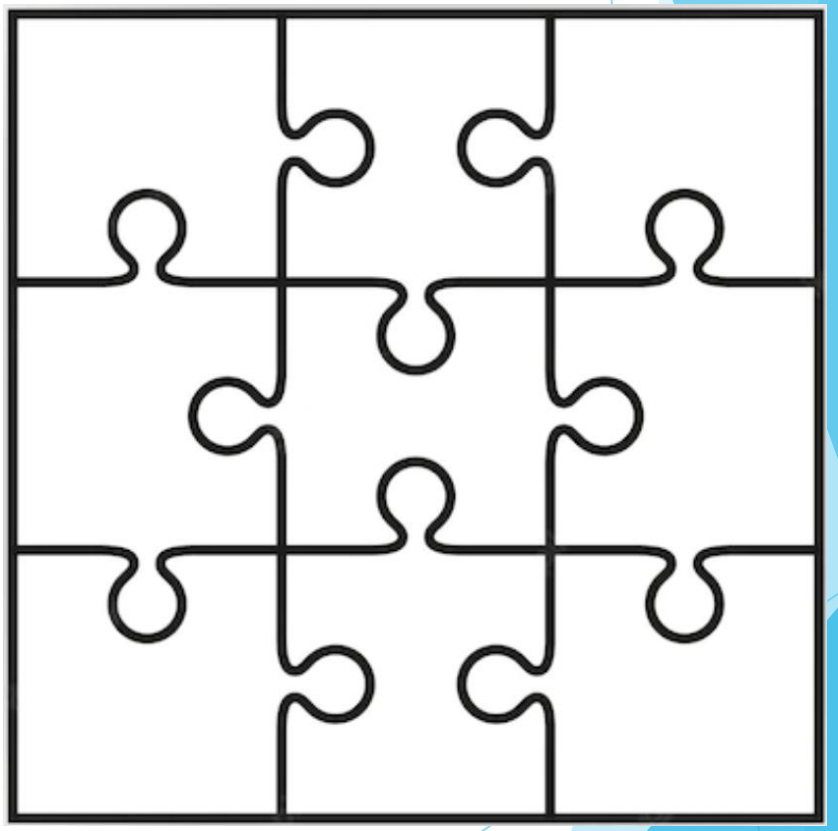
Risk Assessment

Modern Regulatory Model

- Safety management **system**
  - Complex interaction
  - Interdependent variables
  - No single critical element
    - Elements can be flexible
    - Elements must be balanced
- HARDER WORK
- SCARY WORK

Modern Regulatory *System*

- Medical
  - Likelihood and consequences of impairment / incapacity
- Licensing
  - Competence and currency
- Operational
  - Endorsements, performance, altitude, instruments
- Aircraft
  - MTOW, complexity
- Airspace
  - Controlled, built-up, high-volume airports
- Surveillance and oversight
  - Ramp checks, currency checks, audit and enforcement, peers



Balancing risk

Medical risk **increases** with:

- Lower qualification / capacity of decision-maker
- Higher uncertainty of disease status and impact
- Higher incapacity / impairment

WE ASSUME THIS IS EVERY MEDICAL

Operational risk **increases** with:

- Higher complexity of aircraft
- Higher likelihood of emergency
- Higher likelihood of failure (accident)
- Higher consequence of failure (fatalities)
- Higher demand of flight

WE ASSUME THIS IS EVERY FLIGHT

Reducing risk

Medical risk **reduces** with:

- Better training, guidance, support for decision-maker
  - CPGs/ADGs
  - DAME/MESH training and currency
  - Quality assurance and oversight
- **Comprehensive data about disease status and impact**
  - Multiple sources of data
  - Expert doctors, tests, data, peers, ops
- Lower incapacity / impairment
  - Medical literature

Comprehensive data about disease status and impact

Criterion	Green – Not safety relevant	Amber – May be safety relevant	Red – Safety relevant
Diagnosis[1]	Acceptable diagnosis/diagnoses, no excluded condition present	n/a	Unacceptable diagnosis / excluded condition present
Clinical status[2]	Stable clinical status (no or minimal symptoms)	Concerning clinical status (new/worse symptoms, mild or moderate)	Significant symptoms, moderate-severe, multiple symptoms
Safety-critical features[3]	No safety-critical features present	n/a	Safety-critical features present
Medications[4]	Acceptable medication status	At-risk medication status (change in dose / cessation, commence new medication)	Unacceptable medication status
Peer Compliance[5]	Full compliance with agreed SH peer plan	Concerns with compliance (occasional slips or lapses)	Non-compliance (disengagement, consistent pattern of behaviour)
Reporting[6]	Acceptable reporting from SH participants	Some concerns identified by participants	Specific concerns identified by participants

Reducing risk

- Operational risk **reduces** with:
  - Less complex aircraft
    - or more complex aircraft safety systems
  - Lower likelihood of emergency
    - More robust aircraft
  - Lower likelihood of failure (safety systems or multicrew)
  - Lower consequence of failure (less POB, remote areas, ATC)
  - Lower demand of flight (altitude, G, cognitive burden, fatigue)

Modern regulatory system

- Defined **medical** parameters
  - Detailed risk assessment to apply in different system settings
- Defined **system** parameters
  - Detailed risk assessment to apply to different medical settings

Safe Haven Regulatory system

- Defined medical parameters
  - Detailed risk assessment applied within system settings
- Defined system parameters
  - Detailed risk assessment applied to different medical situations

BALANCE

Safe Haven NZ Update

- **Collaboration** between CAA NZ and CASA
- NZALPA, AIA, Airways, NZAF, NZAAA, Air NZ and others
- PAN NZ and HIMS NZ
- **NZ and Australia Framework Document**
- **Recognise the IFALPA Pilot Assistance Manual 2nd edition (2022)**
- Safe Haven Board
- Safe Haven Charitable Trust
- Safe Haven Medical Director – Dr David Powell
- Minister of Transport briefing

Safe Haven NZ Update

- **MOU** in development between Safe Haven Trust, NZALPA and CAA
- **Funding** 50:50 NZALPA and CAA
- **Legal Framework**
- For ANY health concern not just mental health
- First MESH workshop September 2024
- Follow up MESH training with CAA NZ and CASA combined
- Draft comms
- **Initial contact with MESH at no cost to pilot or ATC**
- Launch Q 1 2025

NZ Legal Framework –New Temporary Medical Directions General Direction

Schedule B: Temporary medical conditions managed by a Safe Haven ME (MESH)

Where a person presents to a MESH with a medical condition likely to be amenable to treatment as a temporary medical condition under Safe Haven Protocols, the MESH has 30 days from initial presentation in which to perform the initial workup to determine whether the presentation is safety-relevant or of aeromedical significance or not. A detailed clinical picture should be established, and a Safe Haven Management Plan (SH-MP) prepared for Medical Director approval.

If the Medical Director accepts the SH-MP AND the MESH can reasonably foresee that the person will be assessed as "not of aeromedical significance" status (and sustainably so) within 6 months of entering the programme AND no excluded condition is present or arises during treatment and management, the person may continue to be managed as having a temporary medical condition in accordance with the General Directions.

NZ Legal Framework –New Temporary Medical Directions General Direction

List of excluded Health conditions:

- Mental Health
- AOD
- Other Health Conditions

As per the Risk Framework

Safe Haven Australia Update

Modern regulatory philosophy – progress

- Standing on the beach
  - BC2 Exemption ✅ 2018
  - RAMPC ✅ 2016
  - DAME2 Delegation – Class 2 DAME certificates ✅ 2018
- Dip a toe in the water
  - Class 5 self-declaration ✅ 2024
- Take a shallow dive
  - Class 2 DAME advice to issue ✅ Nov 2024-Feb 2025
  - Expanded auto-issuance ✅ Nov 2024-Feb 2025
  - Improved Class 2 DAME certificates ✅ Nov 2024-Feb 2025
  - Awareness, education, information ☑️ 2025
  - Class 4 GP certification ☑️ Jan 2026

Modern regulatory philosophy - progress

- Move through the breakers
  - Safe Haven 2025
  - Limited class 1 and 3 certification... 2026?

- Swim with the dolphins* (and some sharks)
  - Full* DAME certification

Safe Haven – Australian Delivery

Providing:

- Better training, guidance, support for decision-maker
  - CPGs/ADGs ✅
  - DAME (MESH) training and currency ✅
  - Quality assurance and oversight ☑️ 2025 **Safe Haven Program**
- Comprehensive data about disease status and impact
  - **Expert doctors**, tests, data ✅
  - **P**eers, ops ☑️ 2025...
- Lower incapacity / impairment **impact**
  - Medical literature
  - **AVIATION** Medical risk assessment ☑️ 2025

What is a MESH?

A MESH is an AME who has -

- demonstrated a high level of aeromedical competency within the regulatory system
- who has shown an interest in the wellbeing and support for pilots and ATCs
- has completed MESH competency training
- are current with ongoing CME training
- are expected to work effectively in respectful professional relationships with all stakeholders in Safe Haven

What are the expected MESH qualities?

- MESHs have demonstrated the attributes of empathy, thoughtfulness, understanding, compassion, non-judgmental, and insight
- Proven ability to make safety critical decisions within the aviation regulatory system
- Integrity.
- Ability to maintain and handle confidential information.
- Willingness to work as a team member within the Safe Haven team, external health professionals, regulators and other stakeholders.
- Agreement to follow the established protocols and medical standards

What are MESH roles?

- Follow the fundamental principles: maintain flight safety and support participants through the regulatory system.
- Employ active listening skills to facilitate conversations with participants regarding issues of concern
- Support participants' agency, to take responsibility for and participate in their own solutions, and to help identify steps for maintaining flying/operational privileges, or minimising time off flying or operating as long as it is safe to do so
- Signpost participants towards specialist intervention, when necessary
- When appropriate and particularly if flight safety related concerns arise, consult with Safe Haven's Medical Director

What are MESH responsibilities?

- Be mindful of participants' ability to manage their own problems and that they are seeking support voluntarily
- Provide safe, respectful, and confidential environment for a conversation, building trust with the participants
- Explain the MESH role and confidentiality (and limitations) with participants
- Safeguard confidentiality whilst being aware of escalation of concerns about flight safety to the Medical Director
- Consult with the Medical Director if a participant is not progressing towards adequate resolution of their circumstances
- Brief and debrief with the Medical Director after handling a call or contact through Safe Haven
- Make time for, and engage with, supervision with the Medical Director
- Maintain good quality records of any Safe Haven contact
- Attend recurrent MESH team training

MESH care and support?

- Care should be taken that the MESHs are not overloaded
- Medical Director will supervise the MESHs' workload
- Medical Director will supervise to help prevent MESHs from inadvertently stepping out of their roles and accepting responsibility inappropriately
- Supervision mechanism in place, with the Medical Director, to allow MESHs to discuss difficult cases
- MESH peer support
- Ability for MESHs to remove themselves temporarily as needed
- Financial support for MESHs including for training