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To whom it may concern,

The Canadian Owners and Pilots Association (COPA) represents close to 13,000 thousand pilots, aircraft owners, aerodrome and airport users in Canada. COPA's mission is to promote, advance and inspire general aviation, and to preserve Canadian's freedom to fly. Our association is the largest Aviation Association in Canada and third largest in the world. Our work includes advocating on behalf of our members to ensure fair and equitable practices within the aviation industry, to protect their interests, and to ensure our members are represented in situations that appear to be unreasonable by aviation industry standards and practices.

COPA strongly supports the promotion of flight safety and believes opportunities to streamline core regulatory processes should be investigated while also managing risks associated to those processes. To this end COPA applauds Transport Canada's efforts to improve Civil Aviation Medicine (CAM) services through consultation with the aviation industry. Current processes and policies in many cases have created backlogs, extended wait times for applicants and in some cases appear to be outdated or overly restricted when advancements in medicine and medical care are considered. We greatly appreciate the opportunity to contribute to this vital dialogue surrounding the CAM service and processes. To frame the issues, we have tried to look at the process holistically from end-to-end and highlight key comments and concerns as they appear in the process. Please accept the following observations and recommendations for consideration in review of CAM services.

First it is necessary to observe that access to medical services has become more difficult in general and this is reflected in the ability to find Civil Aviation Medical examiners (CAME) available to do medicals. In more remote areas there is usually no CAME in close proximity and even in large centers there is often only a few available to the pilot population. This can lead to long wait times to book appointments and can place a significant workload on individual CAME who may need to provide services for a large number of pilots.

To improve on this situation, it seems important that more examiners be made available in the system, or the process needs to be changed so examination can be done in a different way. Recruiting and qualifying additional CAME in different areas could be one

solution. Alternately, considering the success of the FAA Basic Med program, COPA would recommend consideration of a similar self-medical system, which could reduce the amount of medical certificate applications through CAME and in turn allow for regular physicians to process more medical certificates. This would allow for more options for some pilots and allow for greater availability by both time and location for a physician.

Following on the shortage of CAME, the next area of concern in process focuses on individual support for applicants who encounter complications in the initial medical. In many cases where an underlying medical condition is identified individual pilots become one of many being and it can become difficult for an applicant to get additional guidance from a their CAME when dealing with that condition. Understandably, individuals end up working with local medical experts but CAME, or regional aviation medical involvement / advice can be difficult or impossible to access for the applicant, or other medical personnel, once the initial medical has been concluded. Normally, applicants are left to find their own specialists, book appointments, describe the situation and its impact to CAM approval and finally to bring results back to the process. In most cases this is done with no CAM involvement with specialists until tests / treatments are done and results are forwarded to regional CAM personnel. Often these assessments and treatments can be done without context to the concerns of aviation medicine and may not meet the standards expected. It is understood local medical services are focused on priority medical cases so pilot assessments and treatments may hold lower priority. This reality makes the need to access and communicate / coordinate with CAM resources even more important to minimize the level of efforts by all parties.

Processes or procedures could be considered which would allow for specialist / CAM coordination early in assessing conditions so the most appropriate testing / treatment options can be explored and implemented as early as possible. This coordination could then potentially expedite approval of medicals once results are submitted.

Perhaps during the initial medical process, CAMEs should be allowed to recommend tests and suggest specialists for an applicant's condition so the required tests needed can be accessed quickly. This could reduce the need for the test to be required and requested after submission of the medical and could shorten the processing time for the medical certificate. A CAME should be able to liaise with specialists that they are familiar with to arrange further testing that may be required. If an applicant has a specialist that they utilise for a condition prior to the medical examination, that specialist should be able to provide information on the medical condition and "sign off" the applicant as part of the initial medical if the condition is not considered a risk. Additionally, if a CAME deems the applicant fit to fly after treatment or after further tests that have been conducted, they should be empowered to sign off a medical certificate without necessarily requiring the further input of the RAMO.

These previous observations are meant to ensure as many medicals as possible are processed at the initial stage and are not moved into additional assessment where Transport Canada medical resources are needed to assess a pilot's fitness. This "In office process" seems to be the biggest area of current concern and the source of the greatest delays in process.

While aviation safety is first concern it must be highlighted that the current practice of referring any question on an underlying medical condition or overall medical fitness to the regional Transport Canada resources creates a point of failure in the system where limited resources become responsible for dealing with files with the highest level of effort. Once a medical is not approved at the CAME level applicants by default are no longer medically valid and cannot fly. COPA believes this current approach to the default refusal / suspension of aviation medicals merits a re-evaluation. It has come to our attention that instances of default suspension, regardless of individual factors being taken into consideration, have raised concerns within our aviation community and is a significant source of delay in processing applications.

While pilots are required to be fit to operate aircraft safely, the blanket suspension of aviation medicals without a consideration of individual circumstances is a cause for, in some cases, unnecessary delay and disruption. Pilots who are capable of safely flying may find themselves grounded due to medical conditions that may not apply to them or that do not render them unfit to fly. We have seen cases where medicals were suspended because a physician had prescribed a drug that could be used for treating multiple conditions and it was assumed by CAM that it was being used for a disqualifying condition. Despite medical confirmation that this was not the case suspensions remained in place. This is just one example among many that highlights a more individualized assessment process should take into account the specific nature of medical conditions and the potential impact on flight safety. This approach would be more aligned with the principle of ensuring aviation safety while also recognizing individual cases and the severity / impact of any individual affliction or medication.

In cases where there is uncertainty about an impact on flight safety, consultation with medical professionals, experienced with a specific condition, should occur as soon as possible. Specialists provide valuable insights for making well-informed decisions upon any individual case and whether it would cause impairment for a pilot to command an aircraft. While CAME and RAMO are tasked with assessing a wide variety of factors in the renewal of a medical certificate, they may not be able to adequately assess the extent of a certain factor that could warrant suspension. A specialist in that factor could provide much further insight. Unless there is specific evidence that a condition, or severity of a condition, has not been correctly identified, specialist input validating fitness should be considered as qualifying a candidate whenever that input is received in the process. Specialist input should not need to be debated by regional staff but accepted as the expert assessment it is.

Developing new guidelines that allow flexibility in the criteria for suspensions should also be considered. Current medical treatments, therapies and medications are

continually evolving and improving. Similarly, research and information on impacts of different conditions is continuously evolving. In response, rules and guidelines need to be dynamic to be able to respond to changes in medicine as it happens. Assumptions on restrictions that a medical condition may have on a pilot can quickly be outdated so new condition specific rules defining where flexibility surrounding suspension of a medical can be applied should be developed and revised regularly. Additionally, as aviation medical authorities around the world gather more information and change limitations on pilots, Transport Canada should utilise this information and testing to ensure that unnecessary restrictions and suspensions are not placed on Canadian pilots. Flexibility to apply 'an equivalent level of safety' through applying rules of other ICAO compliant aviation authorities should be considered if available.

While focusing on medical evaluation and testing as processes to reduce risk one must also consider an operational risk-based approach which could be linked to the medical process to prevent suspension and keep pilots flying with a medical condition or while medical evaluation is ongoing. Medical risk is one risk to be considered in aviation and is currently applied by approving, or not approving, medical qualification which is binary in its approach and disqualifies any pilot from flying without a medical. Risk could also be mitigated by imposing operational limitations to licenses for medical conditions, or while medical conditions are evaluated. For instance, a medical certificate may be conditional for a pilot and operationally they may be restricted on their license or permit to flying at day only or with only one passenger. This limitation system could also be used for conditions on the medical certificate, such as adding the requirement of flying with another pilot.

While refusal/suspension of a medical remains a primary concern, changes to the current processes and policies for re-evaluation and re-certification of medicals are also required.

When an individual receives notification of refusal/suspension there needs to be clear guidance on what may be needed for reassessment and/or re-certification of a medical. Individuals need specific information to determine what treatments and/or criteria that must be met to allow renewal of a medical. This information needs to be communicated to the individual, and to any of their medical team, as needed to try to help an applicant re-qualify.

The process once a file cannot be approved at the first regional level the current review process needs to be reconsidered. Currently, an applicant can appeal a refusal to the Aviation Medical Review Board (AMRB) where a group of TC medical personnel assess a file and decide if there are additional factors to be considered which may allow a medical to be approved. In practice the AMRB is a closed-door process where an applicant, or a representative, is not allowed to participate and present evidence/information on their own behalf. While it may be that an applicant could be considered unqualified for the tribunal, it is possible that they are able to contribute valuable information that should be considered. Additionally, specialists acting on behalf

of the applicant should be allowed in the tribunal process to provide expert opinion on that subject. Transparency and impartiality in the process, and in the review of information, is paramount and it should be considered to open the review process and review board to applicants and/or a representative.

We believe that these measures would not only improve the fairness of the process but also continue to uphold aviation safety to the highest standard. It is crucial to strike a balance between safeguarding safety and supporting pilots who are medically fit to fly.

In addition to the direct medical process, we would also like to highlight the concern over long processing times for medicals. We understand that Transport Canada has been experiencing challenges in recent times, but the extent and impact of these delays on our members cannot be overstated. Many of our members have been left in a state of uncertainty and frustration due to the substantial waiting times for their medical certificate applications to be processed. This situation not only creates undue stress for the pilots themselves but also poses potential disruptions and safety concerns for the whole aviation community.

Apparent lack of consistent and transparent communication from Transport Canada during the process is another concern. Our members have repeatedly reported difficulties in obtaining updates on the status of their medical certificate applications. Without this information, pilots are left in a state of limbo, which is detrimental to both their personal well-being and their ability to maintain safe and responsible aviation practices.

Utilising a system such as an online portal, as used by other aviation authorities worldwide, would allow an applicant to track the progress of their medical application, access information on their file, and understand the reasoning behind any delays. If a concern is flagged, an applicant would be able to take action early to be able to send any further tests or observations to speed up the processing time.

Given the crucial role that general aviation plays in the Canadian transportation landscape, it is imperative that the processes and communication channels related to medical certificate processing are streamlined and efficient. We understand that Transport Canada is working diligently to address these challenges, but the persistent nature of these issues demands a more proactive and effective approach.

We urge Transport Canada to allocate additional resources and implement procedural changes to significantly reduce the current backlog of medical certificate applications. Clear communication on expected processing times would greatly alleviate the stress on our members and pilots across Canada.

While we appreciate the diligent work that Transport Canada undertakes to ensure the safety and integrity of Canada's aviation sector, our goal in raising our concerns is to foster an environment where aviation safety is upheld while ensuring that pilots are treated fairly, and that disruptions and delays are minimised.

Thank you for considering our perspective on this matter. We eagerly anticipate your response and look forward to continued collaboration in enhancing aviation safety and regulation.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Ferrier', with a long horizontal flourish extending to the right.

James (Jim) Ferrier
Director of Aviation Operations
Canadian Owners and Pilots Association