



DEFENCE AVIATION SAFETY AUTHORITY
COMMENT RESPONSE DOCUMENT TO
NPA 2021/012 – DASR MED.05 AVIATION MEDICINE TRAINING

INTRODUCTION

1. **General.** This Comment Response Document (CRD) summarises DASA's agreed regulation changes as a result of the Notice of Proposed DASR Amendment (NPA) process to NPA 2021/012, and finalises public consultation on the NPA. DASA will consider arguments opposing the views expressed in this CRD only in exceptional circumstances. Any member of the regulated community having arguments to support an appeal against the decisions documented in this CRD may petition DASA.
2. **Background.** DASA released NPA 2021/012 (DASR MED.05 *Aviation Medicine Training*) for regulated community comment on 3 Nov 21. The period for public comment closed on 30 Nov 21. DASA subsequently consulted with each environmental command HQ and IAM to ensure DASA responses to NPA feedback were acceptable.

ANALYSIS OF COMMENTS

General

3. DASA received 72 comments in response to NPA 2021/012. The comments are individually listed in Annex A together with their corresponding DASA responses.

Environmental command endorsement positions

4. Environmental command HQs provided endorsement to NPA 2021/012 as follows:
 - a. HQFAA and HQ AVNCOMD accepted the proposal without change
 - b. HQAC, specifically the Institute of Aviation Medicine, advised the proposal was unacceptable without addressing the changes defined in Annex A.
5. **DASA response.** The majority of feedback has been accepted and incorporated into the revised regulation. DASA forwarded the revised draft back to each environmental command HQ, and received subsequent endorsement.

Environmental command resource implications

6. No environmental command HQ advised that additional resources would be required as a result of NPA 2021/012.
7. **Transition plan.** DASA has incorporated a transition plan with the update to DASR MED.05. In this plan, DASA will provide a 12 month transition period, commencing on the date of publication of DASR MED.05. This transition period will allow the regulated community to make the necessary changes to their aviation medicine training and currency management systems. DASA will not enforce compliance with any new requirements introduced by the revised DASR MED.05 when conducting oversight activity during the transition period. DASA will consider extensions to the transition period on request.

AUTHORITY

8. The content of this Comment Response Document is authorised.

C Pouncey

WGCDR

Deputy Director – Flight Operations

Directorate of Aviation Operations

Defence Aviation Safety Authority

Tel: 03 5169 8204

11 Mar 22

Annex:

- A. NPA 2021/012: DASR MED.05 *Aviation Medicine Training* – Regulated Community Feedback

NPA 2021/012: DASR MED.05 AVIATION MEDICINE TRAINING – REGULATED COMMUNITY FEEDBACK

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
1.	Multiple	IAM	Change 'AvMED' to 'AvMed'	DASA included an amendment to the glossary to change the term to 'AvMed' to ensure alignment with IAM.
2.	MED.05(a)	IAM	Need to make it clear that (a) is referring to 'initial' AvMED training	DASA amended wording of MED.05(a) to include the word 'initial'. Consequently, DASA amended the relevant derogation clause (MED.05(b)) to apply specifically to initial AvMed training. Additionally, DASA introduced a derogation clause (MED.05(f)) to apply to AvMed Currency training provided by AFIC member nations.
3.	MED.05(c)	IAM	Delete 'Single Service AvMED Adviser (SSAMA) or their authorised representative'. 1) Request remove all ' SSAMA or their authorised representative. Could be open to interpretation. If CO is absent, a T or A will be formally appointed & therefore have the appropriate delegation. 2) Irrespective of service, all AvMed training is completed under IAM LMP's and therefore CO IAM has the sole responsibility. SSAMA's have a role in the development but have no authority	1) DASA removed all references to 'Single Service AvMED Adviser (SSAMA) or their authorised representative' as an authority for endorsing changes to AvMed training from the IR.
4.	MED.05(d)1	IAM	Add at the end: Overall AvMED currency is dependent on maintaining both AvMED currency and SAvMed currency.	DASA amended what is now MED.05(e) to include IAM proposed wording. However, the text was incorporated in MED.05(e)1 to improve regulatory clarity and readability.
5.	MED.05(d)2	IAM	Insert para 2. For members from AFIC nations, AvMed currency reverts to ADF requirements, based on the completion date of their most recent AvMed training or refresher course, once under DASR control.	DASA introduced MED.05(f) to allow AFIC member nation Aircrew to exercise the privilege of that AFIC member nation AvMed training Currency, until the expiry of that Currency. Once that AFIC member nation Currency expires, the derogation is no longer applicable and Defence AvMed Currency requirements apply.
6.	MED.05(d)2	IAM	Delete 'Single Service AvMED Adviser (SSAMA) or their authorised representative'.	DASA amended MED.05 accordingly. LSN 3 relates.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
7.	MED.05(d)2(ii)	IAM	This should also have a timeframe. Recommend 90 days	DASA removed reference to a specific time limit or decision maker, LSN 26 refers. The rationale is that command (the Environmental Commander, MAO or Sponsor) would define the risk retention level (ICW CO IAM), associated with the time limit of any currency extension, in OIP, rather than in DASR. This provides command flexibility, for example, in instances where IAM cannot run an AvMED course, and an extension beyond 90 days is considered (with appropriate controls).
8.	MED.05(d)3	IAM	Change 'SAvMED' to 'SAvMed'	The term 'SAvMED' has been updated to 'SAvMed' following the change to the term 'AvMED' detailed in LSN 1.
9.	MED.05(d)5	IAM	Delete in total IAM have elected to take this out as it has created some confusion. Point to note as above is that to have AvMed Currency you must have a current AvMED Initial or Refresher qual and a current SAvMed qual.	DASA removed MED.05(d)5 as requested by CO IAM, noting CO IAM was the originating author.
10.	MED.05(e)	IAM	Delete 'Single Service AvMED Adviser (SSAMA) or their authorised representative'. Consistent with LSN 3 above. This follows throughout document. Where there is reference to SSAMA or RSAVMO that has been deliberate	DASA amended MED.05 accordingly. LSN 3 relates.
11.	MED.05(g)	IAM	This para needs to stay, but may need to change position, see comment of paras h & i	LSN 12 relates.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
12.	MED.05(h) & (i)	IAM	<p>1) The addition of ANSP and UAS here seems like an afterthought. Why is the section for aircrew so prescriptive, but this section so broad?</p> <p>2) We know what is required for ANSP and UAS, and it is the same as for aircrew, so, should this either be spelled out in full (as per aircrew), or ANSP and UAS included in the aircrew section?</p> <p>3) Concerned that this will not be sufficient when AF brings in the larger UAS platforms</p>	<p>1) The section for Aircrew is prescriptive on the basis of the requirement to remain aligned with AFIC standards. The section dealing with UAS uses 'broader' language to allow for:</p> <p>a) UAS operator AvMed requirements are yet to be defined</p> <p>b) the flexibility to provide tailored AvMed training to a potentially large volume of UAS Crew more efficiently (i.e. it may not be efficient to provide hypoxia recognition and recovery training to of the order of hundreds of UAS operators).</p> <p>For ANSP Aircraft Controllers, the 'broader' language allows for the fact that, at present, they only conduct AvMed training as part of their IET. Additionally, Aircraft Controllers at present, have no ongoing AvMed Currency requirements.</p> <p>2) The requirements for Aircraft Controllers and UAS Crew are a subset to the requirements for Aircrew. By calling these requirements out in separate clauses, and pointing to the requirements set by CO IAM, the regulation is 'future proofed' enabling CO IAM to adjust future UAS Crew and Aircraft Controller AvMed training requirements to meet CRE without the need to amend the regulation.</p> <p>3) The 'larger UAS platforms' will be captured as either Certified or Specific Type A Category UAS (where the Authority has stipulated a requirement to comply with DASR MED.05 in the relevant UASOP). This regulation empowers CO IAM to define the AvMed training requirements for such UAS Crew.</p>
13.	MED.05(h)	IAM	<p>Delete ' or their authorised representative'.</p> <p>Consistent with LSN 3 above. This follows throughout document. Where there is reference to SSAMA or RSAVMO that has been deliberate.</p>	LSN 3 relates.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
14.	MED.05(i)	IAM	Delete 'the SSAMA, or their authorised representative'.	DASA amended MED.05(i) accordingly. LSN 3 relates.
15.	MED.05(j)	IAM	What about HAPO parachutists? Currently they do AvMed initial, and three yearly AvMed refreshers. That meets AFIC standards.	DASA added an IR for HAPO personnel in line with that provided to address UAS operators and ANSP. This will ensure an appropriate regulatory control for HAPO personnel within MED.05, while providing CO IAM flexibility to align AvMed training and Currency requirements for HAPO personnel, with AFIC standards.
16.	AMC MED.05(a)a.	IAM	Delete 'or the Single Service Aviation Medicine Advisor (SSAMA) Initial AvMed must be completed at IAM regardless of service.	DASA amended MED.05(a)a accordingly. LSN 3 relates.
17.	AMC MED.05(a)b.i	IAM	Should this include ANSP and UAS?	DASA has not included ANSP and UAS within AMC MED.05(a)b.i. IR MED.05(a) is focussed solely on Aircrew as they have defined AFIC standards. AvMed Training and currency requirements for ANSP, UAS and HAPO personnel are under review (as advised by XO IAM), therefore, the decision was made to keep ANSP, UAS and HAPO personnel separate until AFIC standards for them, have been provided.
18.	AMC MED.05(a)c.	IAM	Does this need to be so prescriptive? CO IAM owns the LMPs, which undergo regular audit/review etc IAW SADL & are adjusted to meet changes to CRE and emerging aeromedical risk. Changes are done IAW AFIC standards, and in consultation with stakeholders such as the SSAMAs	DASA amended and simplified the AMC MED.05(a)c. LSN 71 relates.
19.	MED.05(b)2.	IAM	Should this include ANSP and UAS?	Not incorporated. LSN 17 relates.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
20.	GM MED.05(d)a.	IAM	1) Delete CO, IAM conducts AvMED refresher training - not CO IAM 2) Do we need to clarify that the SSAMA is for Navy/Army only?	1) DASA deleted 'CO'. 2) DASA amended GM MED.05(d)a. to: a. to clarify SSAMA provided AvMed training is applicable to Navy and Army only b. elevating it to AMC1 MED.05(e) in consultation with CO IAM to match the structure provided in AMC.05(a)- <i>Initial AvMed training</i> , and because IR MED.05(a) now only relates to Initial AvMed training requirements (LSN 2 relates).
21.	GM MED.05(d)b.i	IAM	Five year currency period should Include ANSP and UAS operators	Discussion with XO IAM identified that AFIC standards for ANSP and UAS operators are yet to be defined WRT AvMed Currency. A decision was made to maintain the proposed IR, providing CO IAM flexibility WRT ANSP and UAS operator AvMed Currency requirements - with the intent for CO IAM to publish currency requirements (at the appropriate level) once AFIC standards are established.
22.	GM MED.05(d)b.ii	IAM	SAvMED training may be conducted by SSAMA or IAM representative, not just a SAMLO Needs to also include: SSAMA or IAM representative	DASA amended MED.05(d)b.ii accordingly.
23.	AMC MED.05(d)b.ii	IAM	Physiological limitations of Aircrew Should this include ANSP and UAS?	LSN 12 relates.
24.	GM MED.05(d)2a.	IAM	Delete 'SSAMA or their representatives' 1) CO IAM is the authority not SSAMA as CO owns the LMP/TMP 2) As per previous when CO is absent a replacement will be promulgated - no requirement for representatives.	1) DASA amended GM MED.05(d)2a accordingly. 2) LSN 3 relates.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
25.	NPA Feedback	AWC-(IAM)/HQAC	<p>The RAAF Institute of Aviation Medicine (IAM), through AWC, have deemed the proposal as unacceptable without changes.</p> <p>HQAC A9 disagrees with the IAM recommendation of 90 day timeframe for MAO-AM extensions within MED.05(d). There should be a risk-managed pathway that allows for extensions of any duration. Different platform CRE would generate different hazards, but why could extensions beyond 90 days not be acceptable with sufficient controls?</p>	DASA addressed the raised issues in LSNs 7, 26, 28.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
26.	MED.05(d)5	HQAC	<p>HQAC A9 recommend deletion of MED.05(d)2(i) and (ii), and rewording of MED.05(d)2:</p> <p>2. by derogation from DASA MED.05(d)1, in consultation with the CO (IAM), SSAMA or their authorised representative, and risk managed IAW DASA.SMS, the MAO or Sponsor may grant a currency extension.</p> <p>(i) the member's Commanding Officer may grant an extension of not more than 30 days</p> <p>(ii) the MAO-AM may grant a further extension.</p> <p>If the currency extension is granted through a risk management process, the risks posed by the extension would be accepted at the appropriate level. Therefore, there is no need for the Regulation to specify at what level, or for how long, the extension should be granted. The Environmental Commander, MAO or Sponsor may determine any specific considerations in their own OIP.</p> <p>Minor rewording of the GM would also be required.</p>	<p>DASA deleted MED.05(d)2(i) and (ii) and amended the IR now incorporated as MED.05(e)4 as follows:</p> <p><i>by derogation from DASA MED.05(e)3, in consultation with CO IAM, and risk managed IAW DASA.SMS, the AM or Sponsor may grant a currency extension.</i></p> <p>DASA amended the relevant MED.05 GM to refer to the singular 'extension' accordingly.</p> <p>DASA benchmarked against UK/NZ AvMed Regs. The proposed MED.05 derogation provides improved Command flexibility while ensuring appropriate risk mitigations are considered, through a risk management process, including risk acceptance at the appropriate level. The relevant UK/NZ Regs state:</p> <p>UK RA 2135 (5) - Aviation Medicine Training d. The procedures to be followed when a dispensation or extension to aviation medicine training requirements is deemed necessary. (1) The relevant medical authority should be consulted prior to any dispensation or extension to aviation medicine training requirements.</p> <p>NZDF Aviation Orders dated 11 Mar 2020 Leaflet F8 Aviation Medicine Training Online F8-1 8.8 AVMED currency is five yearly. Any extension to aviation medicine training currency of up to one month is to be made by the Unit Commander; any longer extension requires Director of Airworthiness (DOA) Ohakea (OH) / Auckland (AK) approval.</p> <p>Of note, the Canadian MAA also includes provision for an AvMed training extension beyond five years.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
27.	MED.05(d)3	HQAC	<p>HQAC A9 recommend the deletion of MED.05(d)5:</p> <p>5. additionally, SAvMED training must be completed in the period between two and four years following initial AvMED or AvMED refresher training.</p> <p>HQAC A9 observe that the SAvMed currency requirements are ambiguous, and the complexity makes it difficult to interpret the intent of the currency.</p> <p>The use of the word ‘additionally’ generates confusion as to how many times the training must be received. If it is conducted between two and three years to satisfy the three-year currency, does it have to be conducted again before the end of year four?</p> <p>If the intent of the SAvMed training is met by the three-year SAvMed currency requirement (ie to extend the three-year AvMed training currency out to five years), then there is no need for any other additional mandatory training event.</p> <p>Deleting MED.05(d).5 creates the following scenarios:</p> <p>a) SAvMeD is only required once to remain current if conducted between years two and three</p> <p>b) SAvMeD conducted prior to year two would require an additional SAvMeD within three years of the previous SAvMeD</p> <p>c) There are no corner cases.</p>	<p>DASA deleted the NPA proposed MED.05(d)5.</p> <p>LSN 9 relates.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
28.	NPA Feedback	ACG	<p>1) ACG request ability for CO, OC and FEG CDR to have graduated ability to approve practical AVMED extensions. The 30-day CO extension is thought not to be an adequate time frame as AVMED courses may not be conducted on a monthly basis.</p> <p>2) ACG have concerns regarding annual application of SAVMED which would impose increased resourcing compared to current application and interpretation of MED.05.</p>	<p>1) DASA removed reference to a specific time limit or decision maker, LSN 26 relates. The rationale is that command (the Environmental Commander, MAO or Sponsor) would define the risk retention level (ICW CO IAM), associated with the time limit of any currency extension, in OIP, rather than in DASR.</p> <p>2) DASA is not mandating annual SAVMed training. The currency requirement is 3 yearly. Feedback highlighted the need for additional clarity WRT SAVMed related AMC. Hence, DASA amended the AMC as follows:</p> <p style="text-align: center;"><i>AMC MED.05(e)2 – SAVMed training</i></p> <p style="text-align: center;"><i>a. Recommend the MAO-AM or Sponsor provide annual SAVMed training.</i></p>
29.	MED.05(f)2	ACG	Spell our PERRT in first instance	DASA amended MED.05(f)2 accordingly.
30.	MED.05(g) Remote pilots	ACG	<ul style="list-style-type: none"> • UAS = UNMANNED Aircraft System • UAS is not UNCREWED aircraft system. Refer DASA glossary. <p>This is not a sexist woke term....I've also seen uninhabited and uninhibited which were also quite creative.</p>	DASA did not amend the term 'Uncrewed Aircraft System', the term is currently undergoing DCP review (DCP 2021-049), for incorporation into the DASR Glossary.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
31.	AMC MED.05(d)2(i)	ACG	<p>AvMED is only run at IAM/EDN. If, due genuine reason, member misses AvMED course, when is next one? 30 days? 60/90 days? Slots available? Ability to get to EDN?</p> <p>The extension TIME should reflect the reasonable practicalness of attending IAM for a rescheduled AvMED session. It's not like getting an annual aircrew medical by your local AVMO. It would make sense for this flexibility extension provision to be more like 3-6 months (IOT book another session in EDN). Noting, FEGs can add in additional measures for extensions etc, ie: members requesting an AvMED extension must do SAVMED top-up IOT gain extension waiver etc?</p> <p>Can we not bug the MAO-AMs on these matters which can be managed by a GPCAPT OC of the members Wing? Going from CO to AIRCDRE is not an appropriate level of risk escalation/approval.</p> <ul style="list-style-type: none"> • SO, maybe CO 2 months and OCs 4 months...and any additional extensions require MAO-AM approval? • Whilst not related to this DASR, the aircrew medical extension provision in the AC SI also jumps from CO to CDR, when previously (since forever), it was always CO 30 days, OC 60 days....don't bug the busy CDR on issues that can be managed LOW risk SFARP. I wouldn't say missing AvMED for 3-6 months or an aircrew medical by >30 days is a MEDIUM risk requiring FEG CDR adjudication. • FYI, due to no currency provision and COVID prohibiting interstate travel to EDN, this year ACG has had to issue a FEG CDR Command Clearance for AvMED extensions. 	<p>DASA removed reference to a specific time limit or decision maker, LSN 26 refers. The rationale is that Command (the Environmental Commander, MAO or Sponsor) would define the risk retention level (ICW CO IAM), associated with the time limit of any currency extension, in OIP, rather than in DASR.</p> <p>LSN 28 relates.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
32.	AMC MED.05(d) – SAvMED training	ACG	<ul style="list-style-type: none"> • “The MAO or Sponsor should provide annual SAvMED training.” <p>1) In the above statement, SAvMED currency is being increased to ANNUALLY? Noting in AMCs, when the word SHOULD is applied, unless an AtIMOC is approved, then SHOULD becomes MUST...so you are inadvertently requiring an ANNUAL currency requirement vs 3 yearly. Can you replace SHOULD with RECOMMEND etc? Also consider SAMLO availability/workload in units for annual requirements.</p> <p>2) This contradicts MED.05(d) 4 & 5...4) the maximum SAvMED Currency period is three years, and 5) additionally, SAvMED training must be completed in the period between two and four years following initial AvMED or AvMED refresher training. [ACG agrees with these two statements. We’ve seen SAvMED done at random times that don’t meet the AvMED ‘top up’ intent.....so between 2-4 years is AOK and provides flexibility].</p>	<p>1) DASA amended AMC MED.05(d)a. as follows:</p> <p><i>While the minimum Currency requirement for SAvMed training is three years, IAM recommends the AM or Sponsor provide annual SAvMed training.</i></p> <p>2) DASA removed MED.05(d)5 at the request of IAM, to improve clarity.</p>
33.	MED.05	HQCSG	Accepted without change	No action required.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
34.	GM MED.05(d)2	SRG	<p>Paragraph details the circumstances surrounding extensions in extenuating circumstances.</p> <p>(ii) the MAO AM may grant a further extension.</p> <p>SRG S&A has been heavily involved with a recent extension which was granted to 2SQN following their inability to travel interstate and complete the requisite AVMED training.</p> <p>1) Whilst this change is an excellent addition, we believe that a little more clarity be afforded to the sub para 3. Citing the MAO AM may grant “further extension” is ambiguous, and doesn’t leave room for escalation.</p> <p>2) Perhaps we could discuss a time period allocated to a MAO AM extension, before the extension is re-prioritised. Eg. 1) The member’s CO may grant not more than 30 days, 2) The MAO AM may grant up to 6 months etc</p> <p>By providing a time limit, members and supervisors will more cognisant of the restrictions and this will also prohibit the allocation of extensions when they are in fact achievable. We anticipate that the recent Command Clearance extensions granted to ACG and SRG may set a precedent for future extensions if not considered holistically.</p>	DASA removed reference to a specific time limit or decision maker, LSN 26 refers. The rationale is that command (the Environmental Commander, MAO or Sponsor) would define the risk retention level (ICW CO IAM), associated with the time limit of any currency extension, in OIP, rather than in DASR.
35.	MED.05	44WG	No Issues Raised	No action required.
36.	MED.05	AVNCOM D	Accepted without change	No action required.
37.	MED.05	HQFAA	Accepted without change	No action required.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
38.	MED.05	HQAFTG	<p>IR, GM and AMC identification formatting does not match with formatting for other DADR</p> <p>Review MED.05 numbering for consistency throughout DADR. The AMC numbering format does not match other DADR AMC, eg AMC AO.GEN.05.D. That is, AMC MED.05(a) would be 'AMC MED.05.A' if formatted as for DADR AO.GEN.</p>	DADR MED.05 formatting conforms to the Interim DADR Style Guide released in 2021, the document provides guidance on the updating and development of regulations. As DASA progressively updates the FLTOPS DADR, the DADR will gradually all transition to the format specified in the DADR Style Guide.
39.	MED.05	HQAFTG	<p>Replace all instances of 'MAO', related to responsibility and accountability, with 'MAO-AM'.</p> <p>A MAO is an organisation whereas responsibilities and accountabilities are assigned to a person, which is the MAO-AM.</p>	DASA amended MED.05 to reflect 'MAO' as far as each context allows. This provides the organisation the flexibility to issue OIP at any organisational level, not exclusively at FEG-level by the MAO-AM. For example, where there is a requirement on an individual 'AM' to provide or ensure something, AM has been retained. Conversely, where the regulation refers more broadly to the organisation providing OIP, the term 'MAO' has been used.
40.	DADR Glossary	HQAFTG	<p>Reword DADR Glossary 'Sponsor' entry: <i>The person responsible for defining the required aviation outcome, receives or uses the outcome and is responsible for funding the related activities, processes, project or products required to safely achieve the outcome.</i></p> <p>The DADR Glossary entry for Sponsor requires revision to remove the use of a solidus and remove citation to 'organisation'.</p> <p>An organisation cannot be responsible or accountable, only individuals.</p>	Changes to the definition of Sponsor were not included in the NPA to this regulation, this feedback will be considered in the NPA for DADR.NDR instead, as it will require consultation.
41.	DADR Glossary	HQAFTG	<p>Add DADR Glossary entry for includes:</p> <p><i>Includes (rules of interpretation) *</i> <i>Includes means 'includes but is not limited to'.</i></p> <p>The clause '(but are not necessarily limited to)' used in the draft MED.05, and similar throughout DADR would not be required anywhere in DADR because 'includes' means 'includes but not limited to' by DADR Glossary definition.</p>	This Glossary change is out of scope for this NPA.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
42.	DASR Glossary and DASR Acronym List	HQAFTG	<p>Are the:</p> <ul style="list-style-type: none"> * Squadron Aviation Medical Liaison Officer (SAMLO) * Squadron Aviation Medical Officer (AvMO) * Regional Senior AvMO (SAvMO) * Single-Service Aviation Medical Advisor (SSAMA) <p>and definitions created by DASR or used by DASR? If created by DASR, add those created to the DASR Glossary and Acronym List. If not created by DASR the roles and responsibilities of these appointments may be described in GM but should instead be referred to the authoritative publication.</p> <p>If not created by DASR, external terms should be used only if needed. If created by DASR, the term needs to be fully defined in DASR.</p>	<p>The terms listed below are not defined by DASR. DASA added footnotes referring to the authoritative publications as follows:</p> <p>‘AvMO & SAvMO as defined IAW Defence Health Manual Vol 2 Part 17 Chap 3.’</p> <p>‘SSAMA as described in the Defence Health Manual.’</p> <p>‘SAMLO as defined IAW IAM SI (PERS) 03-04 Aviation Medicine Instructor Standardisation.’</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
43.	MED.05(a)	HQAFTG	<p>Reword:</p> <p><i>(a) The MAO AM or Sponsor1 (1 Sponsor only applicable when required by DADR NDR.05(b) or DADR MED.05(e)) must ensure Aircrew are trained in AvMED IAW learning approved by an authority of CO Institute of Aviation Medicine (IAM), prior to the Aircrew conducting flight operations in a military Configuration Role and Environment (CRE).</i></p> <p>1) Adds Note 1 from AMC MED.05.A.d: 1 (1 Sponsor only applicable when required by DADR NDR.05(b) or DADR MED.05(g)), to follow 'Sponsor'.</p> <p>Elevating the Note 1 to the IR MED.05.A negates the need for Note 2 in AMC MED.05(a)d, consolidating all equivalent notes in the DADR MED.05 in to one Note.</p> <p>2) Replaces 'MAO' with 'MAO-AM'.</p> <p>3) Learning Management Package was at one time a curriculum. We do not know what will be the term in to the future. DADRs should not be unnecessarily tied to externally defined terms. Replacing 'Learning Management Package' with 'learning approved [by an authority of CO IAM]' solves this problem.</p> <p>Simplification and improved readability</p>	<p>1) DASA amended the note accordingly and incorporated it within MED.05(a).</p> <p>2) LSN 39 refers.</p> <p>3) DASA removed reference to LMPs and replaced with 'learning requirements approved by CO IAM'. LSN 3 refers.</p>
44.	MED.05(a)	HQAFTG	<p>Add new IR elevated from AMC MED.05(a)d, with associated AMC:</p> <p><i>nnn. The MAO AM or Sponsor must ensure AvMED training results are recorded for all personnel. V AMC</i></p> <p>AMC MED.05(nnn) – Documentation <i>Acceptable means include: certificates, an enterprise personnel management database, flying logbooks.</i></p>	<p>1) DASA amended the IR to include MED.05(c) that states:</p> <p><i>The AM or Sponsor must ensure AvMed training results are recorded for all relevant personnel.</i></p> <p>2) DASA amended the AMC as proposed, incorporating it as AMC MED.05(c).</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
45.	MED.05(b)1	HQAFTG	<p>Delete IR MED.05(b)1</p> <p>IR MED.05(b)1 is not required because the exemption is implicit in IR DASR MED.05(a).</p> <p>Keep the GM MED.05(b)1 and incorporate it as GM in to MED.05(a).</p>	<p>1) Amended IR and GM as proposed.</p> <p>2) LSN 61, which addresses the format for GM MED.05(a) is related.</p>
46.	MED.05.(b)2	HQAFTG	<p>Demote IR DASR MED.05(b)2 to become AMC under AMC MED.05(a)1 with the AMC for (a)1 changed as suggested.</p> <p><i>1. The MAO-AM or Sponsor may meet the AvMED training requirements by ensuring that Aircrew complete AvMED training provided by:</i></p> <p>....</p> <p><i>c. Air Force Interoperability Council (AFIC) member nations.</i></p> <p>With MED.05(a) amended and the AMC MED.05(a)1 also amended, AFIC nation training is within the scope of 'approved by an authority of CO IAM'.</p> <p>See GM MED.05(b)2, which is also to be merged in to GM MED.05(a).</p>	<p>DASA has not incorporated the change. The ability for command to allow AvMed training requirements to be met through AFIC provided AvMed training is in effect a derogation. Derogations must be at the IR level IAW the Interim DASR Style Guide.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
47.	MED.05(c)	HQAFTG	<p>Reword:</p> <p><i>Any additional AvMED training required by the MAO-AM or Sponsor must comply with MED.05.A.</i></p> <p>1) The current clause does not conform to Defence Learning Manual terms: Design; Develop; Implement; Evaluate. However, DASR should not overlap with the DLM. Specify what training is to be and who is the authority for that training but do not delve in to the how specified by the DLM.</p> <p>2) The obligations on a MAO-AM and Sponsor to ensure training is provided, and that it must be delivered by an authorised trainer, using media approved by an authority of CO IAM is already scoped in MED.05.A. Any training identified by the MAO-AM or Sponsor additional to that prescribed by CO IAM must meet the same requirements. Pointing to MED.05.A does just that.</p>	<p>1) DASA removed DLM verbs.</p> <p>2) DASA amended MED.05(d) as follows:</p> <p><i>Where an AM or Sponsor identifies a requirement for additional AvMed-related training to that provided by IAM, this training is to be co-ordinated and approved under the authority of CO IAM.</i></p>
48.	MED.05(d)1	HQAFTG	<p>Reword:</p> <p><i>five years is the maximum Currency period after AvMED training</i></p> <p>Reword to eliminate passive, convoluted sentence. Initial and refresher AvMED is just 'AvMED'</p>	<p>DASA amended MED.05(d)1 as follows, to maintain consistency with LSN 52:</p> <p><i>five years is the maximum Currency period for AvMed training.</i></p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
49.	MED.05(d)2	HQAFTG	<p>Reword: <i>2. by derogation from DASR MED.05(d)1, in consultation with an authority of CO IAM and risk managed IAW DASR.SMS:</i> <i>(i) the Commanding Officer may grant 30 days extension</i> <i>(ii) the MAO AM or Sponsor may grant a further extension</i></p> <p>Rewording MED.05(d)2(i) simplifies and removes passive sentence construct.</p> <p>'An authority of CO IAM' is defined in revised AMC MED.05(a)a and b, replicated following:</p> <p>Reword and rearrange as follows:</p> <p>AMC MED.05.A – AvMED training 3. An authority of CO IAM may include: Squadron Aviation Medical Officer (AvMO); Regional Senior AvMO (SAvMO); Single-Service Aviation Medical Advisor (SSAMA)). </p> <p>MED.05(d)2(ii) Why is the Sponsor not also listed alongside the MAO-AM? Is there a maximum period to which the MAO-AM or Sponsor may apply an extension?</p> <p>AC SI(OPS) 01-39 Aviation Medical Requirements (paras 21 to 23) as listed below: (not included in this copy)</p>	<p>DASA has not incorporated the concept of 'an authority of CO IAM'. IAM advised the only IAM authority for the purpose of this derogation, is CO IAM. Hence, on advice from IAM, DASA deleted the phrase 'SSAMA or their authorised representative'.</p> <p>DASA amended MED.05(d)2 to include the 'Sponsor'.</p> <p>LSNs 3, 7, 26 & 28 refer.</p>
50.	MED.05(d)4	HQAFTG	<p>Reword:</p> <p><i>4. three years is the maximum Currency period for SAvMED training</i></p>	<p>DASA amended what is now MED.05(e)5 accordingly.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
51.	MED.05(d)5	HQAFTG	The IR is ambiguous: <i>5. additionally, SAvMED training must be completed in the period between two and four years following initial AvMED or AvMED refresher training</i>	DASA deleted MED.05(d)5 on advice from IAM. LSN 9 refers.
52.	MED.05(e)	HQAFTG	Demote this IR to AMC for AvMED currency. MED.05(e) is already in the scope of IR MED.05(a) by amending the training to be provided by personnel approved by CO IAM and merging the demoted IR and associated GM MED.05(e) as required into IR for AvMED currency. This doesn't need to be a separate IR. MED.05(e) is already in the IR by amending MED.05(a) to scope the training provided by personnel approved by CO IAM and merging the AMC MED.05(e) and GM MED.05(e) as required into IR MED.05(a). Reworded insert in to AMC removes 'CO (IAM) or SSAMA or their authorised representative, or Regional SAvMO'. Any person authorised by CO IAM is an approved person.	DASA has not demoted the IR. Rationale: There is no alternate means of compliance. Endorsement from CO IAM is a mandatory requirement prior to the conduct of any AvMed related training - CO IAM is the authority for all AvMed training. Where there is no alternate means of compliance DASA will publish mandatory obligations at IR level.
53.	MED.05(f)	HQAFTG	Demote this IR in to AMC for AvMED currency.	DASA has not demoted the IR. LSN 52 refers.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
54.	MED.05(g)	HQAFTG	<p>Reword:</p> <p><i>(g) The MAO-AM or Sponsor must ensure that persons who authorise or operate Unmanned Aircraft Systems (UAS) in the following Categories of UAS meet the AvMED training requirements defined by an authority of CO IAM:>GM</i></p> <p>1. DASA UAS.20(a) Certified Category UAS</p> <p>2. DASA UAS.30(a) Specific Type A Category UAS, where the Authority has stipulated a requirement to comply with DASA MED.05 in the relevant UASOP.</p> <p>Readability and consistency with other revisions.</p> <p>The IR does not need to state 'within [the or their] organisation' because the MAO-AM and Sponsor are only authorised to manage within the organisation. Deleting this clause simplifies the reading.</p> <p>Replaces 'uncrewed' with 'unmanned' because UAS is Unmanned Aircraft System IAW the DASA Acronym List and DASA Glossary of 28 Oct 21.</p>	<p>DASA amended MED.05(g) accordingly. However, DASA retained the word 'Uncrewed' - DASA is transitioning the DASA progressively to reflect that UAS refers to 'Uncrewed Aircraft Systems'. DASA will update the Glossary accordingly in due course.</p>
55.	MED.05(h)	HQAFTG	<p>Reword:</p> <p><i>(h) Aircraft Controllers within an Air Navigation Service Provider (ANSP) must meet the AvMED training requirements defined by an authority of CO IAM.</i></p> <p>Simplified and improves readability.</p> <p>Replaces 'CO (IAM), the SSAMA, or their authorised representative' with 'an authority of CO IAM'. 'An authority of CO IAM' is defined in added AMC.</p>	<p>DASA amended MED.05(h) accordingly, excluding the term 'authority of CO IAM'—on advice from IAM, that CO IAM is the only approving authority.</p> <p>LSN 3 relates.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
56.	MED.05(i)	HQAFTG	<p>Reword: (i) <i>UAS Crew and Aircraft Controller AvMED training requirements must be defined:</i> 1. <i>on the basis of the CRE</i> 2. <i>consistent with AFIC Standards.</i></p> <p>Deletes 'CO (IAM), the SSAMA, or their authorised representative' because IR MED.05(g) and (h) already state the authority for defining the AvMED training requirements. IR MED.05(i) therefore doesn't need to repeat this element, only the items on which a needs analysis conducted IAW the DLM need to cover. All training requirements must go back to the CO IAM who may authorise other persons to review and approve on behalf of CO IAM but the IR doesn't need to state this—the DASR are not Legislative Instruments only administrative policy.</p> <p>Deletes (including Remote Pilots) because it is redundant as 'UAS Crew' already includes Remote Pilots by definition.</p> <p>Replaces 'a Training Needs Analysis' with 'the CRE'. The DASR is about configuration, role and environment, the Defence Learning Manual is about training policy. The correct Defence learning doctrinal term is 'needs analysis' not 'training needs analysis'. However, the AvMED training requirement stems from the UAS CRE not a needs analysis. The needs analysis is a DLM activity to assess what needs to be done to achieve the requisite competency based on inherent skills in the target population and that required for the UAS CRE and is not a DASR function but a DLM one.</p>	<p>1) DASA retained 'CO IAM must define' in the IR statement, to create a regulatory obligation on CO IAM. While MED.05(i),(j) and (k) state the authority for defining AvMed training and Currency requirements, these clauses are obligations on MAOs and Sponsors, ANSPs and personnel conducting High Altitude Parachute Operations.</p> <p>DASA amended MED.05(l)as follows:</p> <p>2) deleted 'the SSAMA, or their authorised representative' 3) deleted 'Remote Pilots' 4) replaced 'TNA' with 'CRE'.</p>
57.	MED.05.J	HQAFTG	Delete this IR and associated GM MED.05.J	LSN 58 relates.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
58.	GM MED.05	HQAFTG	Add applicability to passengers: <i>b. Applicability to Passengers. DASA MED.05 does not apply to Passengers. The control for AvMED related Hazards to Passengers is captured in DASA AMC ORO.70(a), Pre-Flight Briefings.</i>	DASA has not incorporated, exceptions must be promulgated at the IR level IAW the Interim DASA Style Guide.
59.	GM MED.05(a)	HQAFTG	Delete the as drafted GM MED.05(a).	DASA deleted GM MED.05(a) where it referred to the achievement of AvMed training requirements via completion of training conducted by IAM.
60.	GM MED.05(b)1a	HQAFTG	Move to GM MED.05(a) and reword: GM MED.05(a) – AvMED training <i>1. Aircrew are performing military CRE related flying duties when operating Defence Registered Aircraft.</i> <i>2. Aircrew are not performing military CRE related flying duties when operating an NDRA in a CRE substantially similar to an equivalent civilian Aircraft Type. Aircrew participating in the ACFS, operating entirely in accordance with the Defence AA recognised NAA regulations, and with no specific military aspect to the CRE, is a case where the Aircrew are not performing in a military CRE.</i> <i>3. However, where there is a military aspect to the CRE, such as conducting tasking in a NDRA where the operation may include requirements to operate outside the normal crew duty limits prescribed by the NAA, Aircrew are performing military CRE related flying duties.</i>	1) DASA broke out and moved GM MED.05(b)1a into three points (GM MED.05(a) a, b, and c), to improve readability. DASA removed the parenthesis and replaced with commas. 2) DASA amended 'DefAA' to 'Defence AA' within what is now, GM MED.05(a)b. 3) DASA removed the word 'VIP', from what is now GM MED.05(a)c.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
61.	GM MED.05(b)2a	HQAFTG	<p><i>Move to GM MED.05(a) and reword as follows:</i></p> <p>GM MED.05(a) – AvMED training</p> <p>....</p> <p><i>4. Air Force Interoperability Council (AFIC) Air Standards detail the requirements for AvMED training of each AFIC member nation. AvMED training that meets the AFIC requirements is acceptable to other AFIC member nations—allowing Aircrew to perform flying related duties with any AFIC member nation. The MAO-AM or Sponsor may refer instances of AvMED training conducted by a non-AFIC member nation to an authority of CO IAM for advice regarding recognition of learning.</i></p> <p>See IR MED.05(b)2</p>	<p>1) DASA retained GM MED.05(b) in position immediately following the IR derogation clause to which it refers.</p> <p>2) DASA retained reference to 'MAOs' in preference to 'MAO-AM' to indicate this is a responsibility on the organisation (for which the 'AM' is accountable). The obligation to seek RPL from IAM may be delegated to any appropriate level within the MAO. LSN 39 relates.</p> <p>3) DASA amended GM MED.05(b) in line with IAM advice, as the only approval authority is CO IAM, vice an 'authority of CO IAM'.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
62.	GM MED.05(d) Part 1	HQAFTG	<p>Reword</p> <p><i>GM MED.05(d) – AvMED refresher and Supplemental Aviation Medicine (SAvMED) training</i></p> <p><i>a. AvMED refresher.</i> AvMED refresher is training approved by an authority of CO IAM to renew AvMED Currency.</p> <p><i>b. SAvMED training.</i></p> <p><i>i. The five-year Currency period for Aircrew AvMED training, benchmarked on AFIC standards, presents a Hazard that knowledge and skills may fade throughout the Currency period.</i></p> <p><i>ii. SAvMED training provides a control to the Hazard of Aircrew knowledge and skill fade. Additionally, SAvMED training provides a means for the MAO-AM or Sponsor to provide tailored AvMED related training pertinent to contemporary or emergent AvMED issues affecting operations within the organisation.</i></p> <p><i>iii. SAvMED differs from AvMED training in that it has no defined practical elements. Commanders may schedule SAvMED training pertinent to their capability at any time and any location—providing significant flexibility to ensure Aircrew SAvMED currencies are met.</i></p>	Response provided in LSN 62 Part 2.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
62.	GM MED.05(d) Part 2	HQAFTG	<p>Simplification and readability.</p> <p>1) Replace 'SAvMED' in the GM title with 'Supplemental Aviation Medicine (SAvMED)'. Abbreviation SAvMED used in the title is not introduced until DASR MED.05(d)3. All abbreviated forms are to be introduced in full text IAW ADF Writing Manual.</p> <p>2) Replaces 'MAOs and Sponsors' with 'the MAO-AM or Sponsor'.</p> <p>3) Deletes a rogue closing parenthesis after '... against the residual risk' that doesn't have a matching opening parenthesis.</p> <p>4) Reflects replacing 'CO (IAM), SSAMA or their authorised representatives' with 'An authority of CO IAM' elsewhere in the recommended changes. 'An authority of CO IAM' is defined in revised AMC MED.05(a)a and b, replicated following:</p> <p><i>AMC MED.05.A – AvMED training</i></p> <p>....</p> <p>3. An authority of CO IAM may include: Squadron Aviation Medical Officer (AvMO); Regional Senior AvMO (SAvMO); Single-Service Aviation Medical Advisor (SSAMA)).</p> <p>....</p>	<p>1) DASA amended GM MED.05(d) accordingly.</p> <p>2) LSN 61 refers.</p> <p>3) DASA deleted the rogue parenthesis.</p> <p>4) DASA did not incorporate IAW IAM advice (LSN 3 refers).</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
63.	GM MED.05(d)2	HQAFTG	<p>Reword:</p> <p>GM MED.05.D.2 - AvMED Currency <i>a. The Currency extensions allowed for in MED.05.D.2 should only be applied in extenuating circumstances (ie after the decision maker has conducted risk management IAW DASR.SMS and consulted with an authority of CO IAM, and the operational need to apply an extension is warranted when weighed against the residual risk). Extenuating circumstances excludes the routine or casual application of Currency extensions.</i></p> <p>Reflects replacing 'CO (IAM), SSAMA or their authorised representatives' with 'An authority of CO IAM' elsewhere in the recommended changes. 'An authority of CO IAM' is defined in revised AMC MED.05(a)a and b, replicated following:</p> <p>Improved readability.</p> <p>AMC MED.05.A – AvMED training 3. An authority of CO IAM may include: Squadron Aviation Medical Officer (AvMO); Regional Senior AvMO (SAvMO); Single-Service Aviation Medical Advisor (SSAMA)). </p>	<p>DASA did not incorporate IAW IAM advice.</p> <p>LSN 3 refers.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
64.	GM MED.05(e)	HQAFTG	<p>Reword and relocate GM MED.05(e) to AMC MED.05(d) along with demoted IR MED.05(e) and (f)</p> <p>....</p> <p>1) a. A SAMLO is an Aircrew member who has received additional AvMED training to assist in the ongoing provision of SAvMED training in conjunction with IAM, the Regional SAvMO or Squadron AvMOs.</p> <p>b. SAMLOs are a link between units and IAM on all AvMED related matters. SAMLO is a secondary duty for Aircrew assigned by their unit.</p> <p>2) c. A SAMLO may also assist in the conduct of decentralised Physiological Event Recognition and Recovery Training (PERRT), conducted by IAM, subject to meeting the additional pre-requisite requirements.</p> <p>3) d. Aircrew appointed as a unit SAMLO must meet:</p> <p>i. initial and ongoing training requirements defined by CO IAM before exercising the privilege of conducting SAvMED training</p> <p>ii. additional initial and ongoing training requirements defined by CO IAM before exercising the privilege of assisting in the conduct of PERRT by IAM.</p>	<p>DASA separated what was GM MED.05(e)a into two sub paragraphs as recommended. However, DASA retained the content as GM IAW Interim DASA Style Guide.</p> <p>DASA did not demote the relevant IR clauses. LSNs 52 and 53 refer.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
65.	GM MED.05(g)a	HQAFTG	<p>Replace with:</p> <p><i>Although Remote Pilots and UAS Crew are normally employed in ground roles, there may be a requirement for tailored AvMED training relevant to the CRE. For Crew, this is only where there is a Non-Technical Skills (NTS) relationship of the Crew with the Remote Pilot critical to flight safety.</i></p> <p>The as drafted GM:</p> <p>Although Remote Pilots and UAS Crew are normally employed in ground roles, there may be a requirement for tailored AvMED training (for Crew, only where there is a Non-Technical Skills (NTS) relationship with the Remote Pilot critical to flight safety) relevant to their CRE.</p> <p>is awkward reading.</p>	<p>DASA amended GM MED.05(i) as follows:</p> <p><i>Although Remote Pilots and other UAS Crew are normally employed in ground roles, there may be a requirement for tailored AvMed training relevant to their CRE. For Crew, this is only where there is a Non-Technical Skills (NTS) relationship with the Remote Pilot, critical to flight safety.</i></p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
66.	AMC MED.05(a)a and b Part 1	HQAFTG	<p>Reword and rearrange as follows:</p> <p>AMC MED.05.A – AvMED training</p> <p><i>1. The MAO-AM or Sponsor may meet the AvMED training requirements by ensuring that Aircrew complete AvMED training provided by:</i></p> <p><i>a. the Institute of Aviation Medicine (IAM)</i></p> <p><i>b. a person authorised by the CO IAM, which may include: Squadron Aviation Medical Liaison Officer (SAMLO); Squadron Aviation Medical Officer (AvMO); Regional Senior AvMO (SAvMO); Single-Service Aviation Medical Advisor (SSAMA))</i></p> <p><i>c. Air Force Interoperability Council (AFIC) member nations.</i></p> <p><i>2. AvMED training is to be:</i></p> <p><i>a. relevant to the applicable aircraft CRE</i></p> <p><i>b. approved by An authority of CO IAM.</i></p> <p><i>3. An authority of CO IAM may include: Squadron Aviation Medical Officer (AvMO); Regional Senior AvMO (SAvMO); Single-Service Aviation Medical Advisor (SSAMA)).</i></p> <p><i>4. AvMED training should:</i></p> <p>....</p>	Comments provided in LSN 66 Part 2.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
66.	AMC MED.05(a)a and b Part 2	HQAFTG	<p>The current AMC MED.05(a) a and b:</p> <p>a. The MAO or Sponsor may meet the AvMED training requirements by ensuring that Aircrew complete the appropriate AvMED training to their CRE conducted by the Institute of Aviation Medicine (IAM) or the relevant Single Service Aviation Medicine Advisor (SSAMA).</p> <p>b. The SSAMA is responsible for AvMED advice to the relevant Service; and ensuring AvMED training meets COMAUSFLT, COMD AVNCOMD, or ACAUST (as applicable to the relevant Service) requirements. AvMED training should:</p> <p>i.</p> <p>makes for complex reading and includes scope not applicable to the MAO-AM and Sponsor. The AMC can be simplified by:</p> <ul style="list-style-type: none"> * rendering CO IAM as the training authority * providing for An authority of CO IAM to approve training * providing for CO IAM to authorise personnel to deliver training * further breaking down the elements of AMC a and b. <p>Anyone whom CO IAM clears to deliver the learning IAW the training approved by CO IAM is within the AMC. This revision deletes '... or the relevant Single Service Aviation Medicine Advisor (SSAMA).' Whether training is delivered by IAM or SSAMA or any other approved individual, the training and the provider has to be approved by CO IAM. Additional words such as SSAMA are not needed for IR and AMC. Expansion such as the SSAMA may be appropriate for GM but isn't needed for AMC.</p> <p>Those formerly known as APTOs [now Squadron Aviation Medical Liaison Officer (SAMLO)] may deliver AvMED theory, for example, but are not listed in this AMC. The proposed revision fixes this.</p>	<p>DASA amended AMC MED.05(a)a as follows:</p> <p>a. <i>The MAO or Sponsor may meet initial AvMed training requirements by ensuring that Aircrew complete AvMed training:</i></p> <p>i. <i>appropriate to their Configuration Role and Environment (CRE)</i></p> <p>ii. <i>conducted by the Institute of Aviation Medicine (IAM).</i></p> <p>LSN 3 refers.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
67.	AMC MED.05(a)b	HQAFTG	<p>1) 'Delete or move 'The SSAMA is responsible for AvMED advice to the relevant Service; and ensuring AvMED training meets COMAUSFLT, COMD AVNCOMD, or ACAUST (as applicable to the relevant Service) requirements.'</p> <p>2) Defining the responsibilities of the SSAMA does not belong in AMC for the requirements on the MAO-AM and Sponsor compliance with DASR MED.05(a) as it has nothing to do with responsibilities of the MAO-AM or Sponsor.</p> <p>3) Responsibilities of the SSAMA belongs in the Glossary or another IR if it is within DASRs responsibility to define the responsibilities of the SSAMA. Otherwise, point to the authoritative publication.</p>	<p>DASA removed from AMC MED.05(a) the following:</p> <p><i>The SSAMA is responsible for AvMED advice to the relevant Service; and ensuring AvMED training meets COMAUSFLT, COMD AVNCOMD, or ACAUST (as applicable to the relevant Service) requirements.</i></p> <p>DASA inserted the following in GM MED.05(e)b:</p> <p><i>Single Service Aviation Medicine Advisor² (² as described in the Defence Health Manual)(SSAMA). The SSAMA is responsible for AvMed advice to the relevant Service; and to ensure AvMed training meets COMAUSFLT, COMD AVNCOMD, or ACAUST requirements (as applicable to the relevant Service).</i></p> <p>Rationale: the description of a SSAMA is now included in GM, in the paragraph immediately following the first mention of a SSAMA, in the context of a provider of SAvMed training.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
68.	AMC MED.05(a)b.i to iii	HQAFTG	<p>Replace with:</p> <p><i>4. AvMED training should:</i></p> <p><i>a. address the common Hazards present when Aircrew operate Aircraft in the military CRE</i></p> <p><i>b. be tailored to target specific Aircraft Hazards associated with the relevant Organisation</i></p> <p><i>c. regardless of Organisation, ensure that Aircrew are provided an appropriate level of AvMED training for the specific Aircraft Type.</i></p> <p>Rewording to align with the revision in AMC MED.05(a)a and b.</p> <p>1) AMC MED.05(a)b.ii and iii replacing 'Service' with 'Organisation' because the requirement applies to more than the Navy, Army and Air Force, applicable to every Service and Group in Defence. However, note that both the 'Service' and 'Organisation' is within the defined scope of the 'Environment' element of 'CRE'.</p> <p>2) AMC MED.05(a)b.iii replacing 'their' with 'the' because the aircraft do not belong to the aircrew, hence 'their' is not correct grammar in either the classical possessive form of 'they' nor the non-gender-specific contemporary usages. Replacing 'their' with 'the' corrects the grammar.</p>	<p>1) DASA retained reference to 'Service' in consultation with Safety Manager AFTG.</p> <p>2) DASA amended AMC MED.05(a)b.iii replacing 'their' with 'the'.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
69.	AMC MED.05(a)c Part 1	HQAFTG	<p>Remove all learning verbs from the DASR AMC MED.05(a)c.ii and iii, and merge AMC MED.05(a)c in to revised AMC MED.05(a)b, rewording as follows:</p> <p><i>4. AvMED training should:</i></p> <p>....</p> <p><i>d. include:</i></p> <p><i>i. lectures in AvMED appropriate to CRE of Aircraft Type to be operated</i></p> <p><i>ii. where appropriate, practical hypoxia awareness training that may include:</i></p> <p><i>(a) rapid decompression</i></p> <p><i>(b) pressure breathing</i></p> <p><i>(c) effect of hypoxia on night vision.</i></p> <p><i>iii. where appropriate:</i></p> <p><i>(d) spatial disorientation, including spatial disorientation in fixed- or rotary-wing aircraft simulator</i></p> <p><i>(e) high-G environment</i></p> <ul style="list-style-type: none"> • <i>anti-G straining manoeuvre</i> • <i>centrifuge training</i> <p><i>(f) parachute descent and landing fall</i></p> <p><i>(g) physiological limitations with use of Night Vision Devices (NVD)</i></p> <p><i>(h) ejection seat</i></p> <p><i>(i) fast jet, fixed wing or rotary wing aircraft characteristics</i></p> <p><i>(j) Physiological Event Recognition and Recovery Training (PERRT).</i></p> <p><i>iv. Other specific Aircrew training needs. For example, Aircrew Instructors may require training detailing the AvMED aspects of the instructional Role and Environment.</i></p>	Comments provided in LSN 69 Part 2.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
69.	AMC MED.05(a)c Part 2	HQAFTG	<p>1) The learning levels 'demonstration' and 'exposure' may not match with that prescribed by CO IAM. The verbs can be removed and not change the DASR requirement.</p> <p>2) Break-out 'anti-g straining manoeuvre' in to a separate clause. The AGSM does not need to be related to centrifuge training hence needs to be separately listed.</p> <p>3) Replace 'physiologic' with 'physiological'. Physiologic is an adverb and limitations is a plural noun. Hence physiologic is not the correct grammar.</p> <p>4) Replace 'specifics' with 'characteristics', which is more appropriate than 'specifics' in the context, and noting that the 'specifics' is in the scope of the 'CRE'.</p>	<p>1) DASA deleted learning verbs in AMC MED.05(a)c.ii and iii.</p> <p>2) DASA amended and broke out high-G environment, Centrifuge and anti-G straining manoeuvre separately, for clarity.</p> <p>3) DASA amended AMC MED.05(a)c.iii(f) replacing 'physiologic' with 'physiological'.</p> <p>4) DASA amended AMC MED.05(a)c.iii(h) replacing 'specifics' with 'characteristics'.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
70.	AMC MED.05(d)a and b Part 1	HQAFTG	<p>Reword: AMC MED.05(d) – Supplemental Aviation Medicine (SAvMED) training <i>a. The MAO-AM or Sponsor should provide annual SAvMED training.</i> <i>b. SAvMED training may include:</i> <i>i. topics appropriate to the CRE of Aircraft Type being operated</i> <i>ii. physiological limitations of Aircrew, and how to:</i> <i>(a) mitigate these limitations</i> <i>(b) recognise and recover from approaching or exceeding these limitations.</i> <i>iii. AvMED aspects of recent aviation Occurrence Reports relevant to the Type being flown.</i> <i>c. The MAO AM or Sponsor must obtain approval from an authority of CO IAM for a Squadron Aviation Medical Liaison Officer (SAMLO) to provide SAvMED training.</i> <i>i. A SAMLO is an Aircrew member who has received additional AvMED training to assist in the ongoing provision of SAvMED training in conjunction with IAM, the Regional SAvMO or Squadron AvMOs.</i> <i>ii. SAMLOs are a link between units and IAM on all AvMED related matters. SAMLO is a secondary duty for Aircrew assigned by their unit.</i> <i>iii. A SAMLO may also assist in the conduct of decentralised Physiological Event Recognition and Recovery Training (PERRT), conducted by IAM, subject to meeting the additional pre-requisite requirements.</i> <i>iv. Aircrew appointed as a unit SAMLO must meet:</i> <i>(a) initial and ongoing training requirements defined by CO IAM before exercising the privilege of conducting SAvMED training</i> <i>(b) additional initial and ongoing training requirements defined by CO IAM before exercising the privilege of assisting in the conduct of PERRT by IAM.</i></p>	Comments provided in LSN 70 Part 2.

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
70.	AMC MED.05(d)a and b Part 2	HQAFTG	<p>1) Replaces 'MAO' with 'MAO-AM'</p> <p>2) Replaces 'accidents and incidents' with 'Occurrence Reporting' IAW the terms as defined in DASR BR Appendix 1 and DASR Glossary.</p> <p>3) Elevates AMC MED.05(d)c to a new IR nnn as for AMC MED.05(a)d, replicated following:</p> <p><i>The MAO AM or Sponsor must ensure AvMED training results are recorded for all personnel. V AMC</i></p> <p>AMC MED.05(nnn) – Documentation <i>Acceptable means include: certificates, an enterprise personnel management database, flying logbooks.</i></p> <p>4) Clause 'The MAO AM or Sponsor must obtain approval from an authority of CO IAM for a Squadron Aviation Medical Liaison Officer (SAMLO) to provide SAVMED training.' is prescribed to comply with MED.05.A regarding CO IAM authorisation for persons to deliver AvMED training, merging demoted MED.05(e) as AMC in MED.05(d)</p>	<p>1) DASA retained 'MAO' LSN 39 refers.</p> <p>2) DASA amended AMC2 MED.05(e)2 as follows:</p> <p><i>... AvMed aspects of Occurrence Reporting, as well accident and incident reports from other global operators relevant to the Aircraft Type being flown...</i></p> <p>Rationale: it is appropriate to also consider accident and incident reports from global operators of related Aircraft Types rather than to constrain this AMC requirement to Occurrence Reporting as defined by the DASR.</p> <p>3) DASA elevated AMC MED.05(d)c accordingly, inserting it as IR at MED.05(c). Additionally, DASA amended the AMC accordingly.</p> <p>4) Not incorporated, LSN 3 refers.</p> <p>Additionally, DASA raised the requirement to seek CO IAM approval for SAMLO provided SAVMed training to IR. DASA demoted the additional information related to SAMLO to GM MED.05(g), IAW the Interim DASR Style Guide.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
71.	AMC MED.05(d)c	HQAFTG	<p>Elevate this AMC to IR with the 'Acceptable means ...' text retained as AMC to the now IR as for AMC MED.05(a)d:</p> <p><i>The MAO AM or Sponsor must ensure AvMED training results are recorded for all personnel. V AMC</i></p> <p>AMC MED.05(nnn) – Documentation <i>Acceptable means include: certificates, an enterprise personnel management database, flying logbooks.</i></p> <p>See AMC MED.05(a)d</p> <p>Elevating Note 2 to the IR MED.05(a) as for Note 1: * eliminates this footnote * eliminates repetition of the same note. If retained, both footnotes are required to be marked 1 because they are exactly the same note.</p> <p>PMKeyS is not an enduring name. DASR should not unnecessarily incorporate names of unenduring systems.</p> <p>PMKeyS, UltraFP and PEX are specific examples of the 'Enterprise personnel management systems'.</p>	<p>DASA removed the duplicate note and amended MED.05 accordingly.</p> <p>LSN 70 refers.</p>

LSN	NPA Reference	Originator	Community Feedback, Explanation or Suggested Change	DASA Response
72.	MED.05	AMG	<p>Seems a lot more complicated - and certainly more lengthy - than the existing, particularly IR level. There doesn't appear to be anything that would increase compliance, apart possibly from the points below.</p> <p>1) Proposed MED.05 (d) 5. states “ additionally, SAVMED training must be completed in the period between two and four years following initial AvMED or AvMED refresher training”</p> <p>2)Proposed AMC MED.05(d) – SAVMED training a. states “The MAO or Sponsor should provide annual SAVMED training” (This AMC in SECTION 2)</p> <p>3) This last AMC statement appears to contradict the first IR. The present AMC states:</p> <ul style="list-style-type: none"> o As an effective aircrew safety control, the MAO should consider provision of supplemental aviation training as part of the units traing programme, for example: during an Annual Safety Day. IAM recommends annual SAVMED training; and while SAVMED is considered less formal in nature, for periods longer than three years post formal aviation medicine training, SAVMED must be formally recorded at least once during years 3 to 5. 	<p>DASA removed the requirement: 'additionally, SAVMED training must be completed in the period between two and four years following initial AvMED or AvMED refresher training'. LSN 9 refers.</p> <p>DASA amended AMC MED.05(d) to clarify that the minimum requirement for SAVMed Currency is three years, but IAM recommend annual SAVMed training. LSN 32 refers.</p>