

## The AsMA Global Connection Story with the EU Chief Medical Officers Forum

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Dear readers, members and friends of AsMA,

In this issue of your Journal I interview Dr. Sally Evans from the United Kingdom, who is also the chair of a unique group of medical assessors of all European countries, meeting regularly to discuss the impact of EASA regulations, and also more and more to develop common practices and policies with a view to harmonising the European medical certification of pilots and ATCOs, and also to give common advice on very difficult clinical cases.



Sally Evans

Nowhere else in the world are there regular meetings of so many civil aviation authority medical assessors! Apart from our meetings in Europe (3 to 4 times per year depending on whether there are new regulations or problems) we now also organize a CMO meeting at each AsMA congress, and I'm proud to be one of the 50 or so members of this distinctive group!

### So, Sally, could you perhaps introduce yourself?

I'm the Chief Medical Officer and Head of the Medical Department of the UK Civil Aviation Authority (CAA) and a Consultant in Occupational Medicine specializing in Aviation and Space Medicine. After qualifying as a general practitioner, I worked for British Airways and then moved to the UK CAA in 1993 where I gained my PPL. I was Head of the CAA's Aeromedical Section from 1999 until 2005 when I became Chief Medical Officer.

I'm a member of the ICAO Medical Provisions Study Group, an honorary Civilian Consultant Adviser in Aviation Medicine to the Royal Navy, a Fellow of the Royal College of Physicians of London and Edinburgh, a Fellow of the Royal Aeronautical Society, Vice-Chair of the UK Specialty Advisory Committee in Aviation and Space Medicine, and Deputy Secretary General of the International Academy of Aviation and Space Medicine. I'm also Chair of the European Aviation Authorities' Chief Medical Officers' Forum (known as the CMOs' Forum) and chaired the EASA FCL.001 Medical Sub-Group that drafted the European Union aviation medical requirements. In 2015 I was a member of the European Aviation Safety Agency's Task Force on measures following the accident of Germanwings Flight 9525.

My main research interests are incapacitation, mortality, and cancer risk in aircrew. I have published on incapacitation and cardiovascular risk in commercial pilots, lifestyle, reproductive outcomes, fitness to fly after chemotherapy and malignant disease in aircrew, color vision assessment of pilots, and medical considerations for spaceplane operations.



### What is the CMOs' Forum?

The CMOs' Forum is a working group I set up in 2008, when the Joint Aviation Authorities was being disbanded, to facilitate discussion between European Member States on aviation medical matters. Its aim is to promote harmonisation and support safe aeromedical regulatory practice in Europe. The European Aviation Safety Agency (EASA) started rulemaking and standardization activities in 2012, but the Forum has continued as it is the individual States that retain responsibility for the issuing of medical certificates and the associated administration. The Forum often raises certification issues and proposes topics on which they believe new rulemaking is needed to EASA, as well as providing mutual inter-State support.

### What is your relationship and personal involvement with AsMA?

I have been a member of AsMA for many years and am now a Fellow. I passionately believe that as aviation is a global industry the aviation medical associations need to work together. All of us are working towards a safe aviation system and it is essential that we meet to discuss how to continuously improve it and to flag at an early stage any potential actions, new medications, or individual demands to change existing rules that could be accompanied by new risks.

I have been involved in many AsMA working groups (WG). I have contributed to the Airman Medical Examination Periodicity WG and Jack Hastings' Clinical Aerospace Medicine Committee. I became involved in the Mental Health Working Group following the Germanwings accident as I was a member of the EASA Task Force set up to review the aeromedical system in Europe after the accident and assisted the accident investigators.

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I was actively involved in the formal recognition and setting up of the specialty of Aviation and Space Medicine in the UK and am involved with the Aerospace Medicine Specialty WG.

**What aspects of global collaboration work well and what more could be done?**

I have my ideas on information-sharing:

It is my hope that there will be worldwide recognition of our specialty in coming years and this is something that requires continued international collaboration which is the lifeblood of all the international aviation aerospace medicine organizations. There are ongoing discussions about how to manage the scheduling of international conferences so that all organizations can continue to thrive and support the whole aeromedical community. With continual pressure on costs it is essential that we work together and support each other.

It has been a real pleasure for me to have worked closely with my compatriots in Europe over many years and many have become extremely good, lifelong friends. Getting to know people well and establishing strong links and lines of communication are key to overcoming issues at an early stage when they arise and also instrumental in pushing forwards the boundaries of our specialty.

Aviation safety is at a record high in many States. My vision for the immediate future is to see greater outreach to other States where the aerospace medicine infrastructure and training may not be available or may be difficult to access. I believe this is where we can achieve the greatest benefits. Modern technology has revolutionized the way we communicate and travel and we should embrace it.

Many thanks for sharing your work and great ideas Sally! We will continue to work closely together in the future.