

Daniel E Tyler LLM

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30th June, 2014

Dear Deputy Prime Minister,

I refer to the recent release of the Aviation Safety Regulation Review Report and applaud the government's decision to commission that review. I am broadly in agreement with the findings of the Forsyth Report and, subject to the specific points mentioned hereafter, I urge the government to act quickly to implement the Panel's recommendations. I look forward to these changes promoting a more productive and cooperative environment between members of the aviation community and the regulator, with whom I share a commitment to promoting aviation safety.

I am concerned, however, that current regulatory reform proposals to change the category of operations in which helicopter medical retrieval flights are conducted may be a costly and retrograde step – and I do not believe that those proposals should be implemented without further detailed economic impact assessment just because many in the industry suffer “reform fatigue”.

I note that the report cited “. . . a view within industry that inputs to the rule-making process are ignored by CASA.” I feel that CASA's pushing forward in spite of industry concerns about Notice of Proposed Rulemaking (NPRM 1304OS) “Regulation of aeroplane and helicopter ‘ambulance function’ flights as Air Transport operations” could be an example of this issue. The proposal appears to be slated for early implementation in spite of the many serious concerns that have been expressed about its economic impact and, in particular, its impact on rural and regional communities.

I fail to see why urgent medical retrieval flights into and out of small-town hospital helipads, sporting ovals, and other ad hoc landing sites, should necessarily be operated using the same procedures and mandatory performance standards that apply to scheduled services operated by airlines to and from established airports.

Aside from the possibility that much of the existing air medical fleet may need to be replaced to meet these standards, the cost of surveying all landing sites used, however infrequently, for these life-saving flights will impose a massive cost burden on someone – whether it be the cash-strapped government or charitable helicopter operators such as the one I work for, or the cash-strapped state public hospital systems or local communities.

Detailed obstacle surveys of hospital landing sites and the surrounding areas are, without question, an incident of taking helicopter medical transport out of the traditional “Aerial Work” category and placing it in the “Public Transport” category. I do not believe the cost of conducting formal surveys of obstacles and airspace surrounding these sites has been given any or adequate weight in CASA's consideration of these proposals. Nor have I ever seen any safety studies showing that the lack of the surveys or the performance standards now being proposed has been responsible for a pattern of accidents in the past. It might be argued that the proposal is a solution in search of a problem.

Given the number of major aviation jurisdictions in the world who treat non-scheduled air medical transport as an entirely different category of operation compared to scheduled airlines – I doubt that it can truthfully be said that there is a mandate for selective harmonization in the way that is proposed. I am unconvinced that a safety case has been made for their immediate necessity and I do not believe the proposals have been costed adequately.

I therefore urge the government to adopt most of the recommendations from the Forsyth Report – but at the same time the government should discourage CASA from pushing forward with implementation of NPRM 1304OS until the true costs of the proposal have been quantified; or until compelling evidence of a safety mandate has been produced.

Yours faithfully,

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(Capt) Daniel E Tyler LLM

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