

CONSULTATION RESPONSE

Name of organisation:

Department of Health (DH)

Name of consultation/policy document:

Application for recognition of a new medical specialty for Aviation
and Space Medicine (ASM)
Stage 2 consultation

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The Joint Royal Colleges of Physicians Training Board (JRCPTB) have applied for the recognition of a new specialty in aviation and space medicine (ASM).

The Department of Health (DH) wishes to understand whether the application is supported and has sought comments from a wide range of interested parties, including the Faculty of Occupational Medicine.

Faculty of Occupational Medicine response

History

The Faculty has discussed on a number of occasions the proposal that a new specialty of aviation medicine should be established.

In 2011 a consultation among 80 relevant Faculty of Occupational Medicine members (those holding the Diploma in Aviation Medicine – DAvMed) revealed a limited appetite for the formation of a separate Faculty of Aviation Medicine. However, there was some support for the formation of a specialty of aviation medicine, possibly as a subspecialty of occupational medicine. Key areas of concern included a considerable overlap between the proposed curriculum for aviation medicine and that for occupational medicine. Moreover, it was considered likely that most potential specialists would want joint accreditation, (i.e. in both occupational medicine and aviation medicine). At that time the Faculty's preference was to work with the Royal College of Physicians to facilitate joint accreditation.

When Stage 1 approval for a separate specialty of aviation and space medicine was given by DH in July 2012 the Faculty re-considered its position. The former concerns were re-affirmed and many Faculty members retained a preference for ASM to be a sub-specialty of occupational medicine. However, we supported and included the aviation medicine experts in our membership by explicitly adding a representative to our Faculty Board.

Current position

The Faculty has reviewed again its position in respect of the proposal and offers the following comments and observations.

Purpose and developments

Service need

The Faculty does not consider that the proposal is able to demonstrate a service need for a new specialty. The Faculty believes that the most likely future demand can be met by the existing specialty and sub-specialty arrangements.

Currently the great majority of practitioners working in ASM in the UK are occupational physicians who are also qualified in ASM. Leaders in the field include most of the specialists practising in the main regulatory authorities and other key organisations in the ASM field, the tri-Service lead for aviation medicine, the Royal Navy and Army Consultant Advisers in Aviation Medicine and all the physicians specialising in ASM in the Royal Navy and Army.

There is currently only one accredited specialist in ASM in the UK. The absence of other practising specialists in ASM has not, to the Faculty's knowledge, fettered the major developments and growth in the aerospace industry in the UK or hampered the significant advances in survival equipment, aircrew training or safety in either commercial or military aviation operations.

There is no evidence that the current arrangements for the provision of suitably trained and experienced doctors in ASM does not adequately support UK commercial or military flying activities. Indeed the medical risk assessment process adopted by the CAA since the 1970s has been a major factor in reducing the impact of ill health on the safe operation of aircraft, a system delivered in most part by a body of authorised medical examiners overseen by specialists in occupational medicine working at the CAA.

Training requirement

The Faculty understands that there is currently one trainee in ASM in the UK, who is working at the CAA.

The Faculty considers it most likely that the requirement for specialty training in ASM will be no more than 1-2 trainees per year.

The Faculty has been informed that the requirement for ASM in the RAF is for 2 trainees to be recruited during the period 2015-2020. The Royal Navy and Army will continue to train specialist occupational health physicians who sub-specialise in ASM (possibly via credentialling in future) rather than training specialists in ASM (decision minuted by the Aviation Medicine Specialist Advisory Committee (SAC)).

Currently the great majority of UK candidates for the DAvMed examination are military doctors. The Faculty believes that it is likely that the Armed Forces will continue to be the source of most doctors training to practise in ASM.

Content of the curriculum

The Faculty notes that the proposed curriculum overlaps almost completely with the current Diploma in Aviation Medicine curriculum, with some elements from the curriculum for trainees in Occupational Medicine.

Assessment system methods

Current DAvMed examination

A significant proportion of the ASM curriculum coincides exactly with the Faculty and DAvMed curriculum so it is likely to meet the current requirements. There is no system in place to ensure that it meets future requirements, however. The Faculty would be sympathetic to requests for changes to the DAvMed syllabus in the future in order to assist a potential new specialty, should its formation be approved. The Faculty would also be sympathetic to any new system or process suggested by the Aviation Medicine SAC.

However, the Faculty must balance the needs of the generalist specialist occupational physicians, who will continue to make up the majority of the candidates sitting the DAvMed, against the needs of the very limited number of ASM trainees who may take this examination.

The Faculty has a tried and tested mechanism in place to approve centres providing training that leads to its examinations. Approval is reviewed on a 3-yearly basis with a detailed assessment of how the course meets the syllabus, examination outcomes, candidate feedback and other quality assurance mechanisms.

Kings College London is the only approved centre for the DAvMed at present. However, at least one other centre has expressed an interest to the Faculty in becoming an approved centre for training for the DAvMed examination. The Faculty would be prepared to approve other centres providing they meet the various criteria and maintain quality standards.

Potential future membership-level examination

The Faculty believes that the current DAVMed is a reasonable and appropriate assessment for a Diploma level examination. If significant change to the examination were required, as part of recognition for ASM as a new specialty, then the Faculty considers it unreasonable to expect either the Faculty or the majority of non-ASM trainee DAVMed candidates to resource the extra costs of that change for the benefit of a very small number of DAVMed candidates training in ASM.

It is not clear to the Faculty whether either the JRCPTB or RCP would be prepared to cover the significant additional costs of changing the DAVMed examination for the one or two ASM trainees expected per year.

Of note, the Faculty has not been asked to develop a membership level examination or an exit examination for ASM. If asked to do so the Faculty would need considerable financial resource from the JRCPTB or the RCP to cover the considerable costs of providing this examination for the likely very small number of ASM trainees.

The Faculty believes that it would be difficult, if not impossible, to regulate an examination standard for such small numbers of candidates. In addition, such an examination is very unlikely to meet the General Medical Council requirements on monitoring for differential attainment, given the very low numbers and lack of statistical power.

Conclusion and general concerns

The Faculty acknowledges the special expertise of our colleagues in aviation medicine, but on balance is currently unable to advocate the establishment of a separate new specialty of ASM. We perceive that the service need case has not been made and that the most likely number of trainees in the foreseeable future will be very small, of the order of one or two per year. This in turn would lead to difficulties in providing a suitably rigorous assessment process and incur a substantial cost for developing a new membership-level examination.

The Faculty further considers that, the support for the establishment of a new specialty is likely to reduce significantly given that most practitioners in the field in the UK are, and will continue to be, occupational physicians also trained in ASM. Whilst the proposal might just work satisfactorily now, the Faculty is concerned that the situation will be very different in 5 years' time, particularly if the number of trainees is even fewer than predicted.

The Faculty does not believe there to be any evidence that the current specialty and sub-specialty arrangement for ASM do not adequately support UK aviation activities in military or commercial environments. There is no intention to train ASM specialist physicians in either the Royal Navy or Army.

The Faculty concludes that there is no need for a new specialty for ASM and that scarce resources would be better spent elsewhere. We will continue to support our occupational physician colleagues who have a special expertise in ASM just as we do our many colleagues who have special expertise in other clinical areas or industry sectors (e.g. oil and gas, diving, radiation, higher education or healthcare).

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