

Southern African Aerospace Medical Association



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Reference:

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Subject: AsMA Affiliated Organizations - Request for Information

Dear Sir

I have not had the privilege to meet you, but hope that such an opportunity will soon materialise.

Dr. Philip Buys has forwarded your letter to me concerning the matter at hand. I have taken over from Dr. Buys as President of our aviation medical association, and as you have noted our name has changed for two reasons.

- . Firstly, we made the decision to fully dedicate our association's efforts to aviation medical matters.
- . Secondly, we would like to extend our base to cover Southern Africa.

SAAsMA has renewed its commitment to the furtherance of Aviation Medicine in Southern Africa, but with a new focus.

We realise that our client is the Aviation fraternity primarily, and not SACAA (South African Civil Aviation Authority) or IAM (Institute for Aviation Medicine) as was perceived in the past.

SACAA is the Legislator and IAM the Military authority. SAAsMA on the other hand needs to represent and audit the clinical entity which is outside the scope of practice of both SACAA and IAM.

To achieve the goals forthcoming from this paradigm shift, SAAsMA is developing a process whereby the client has direct access to our website and our members have privileged access on our website to a forum for both parties to stimulate communication and interaction. The anticipated outcome is trust and confidence by the client/patient in the aviation clinician and SAAsMA.

We are developing a CPD (continued professional development) component in conjunction with University of Pretoria which will be accessible on the same website, and this will be purely aviation medicine- minded with the aim to improve our member's knowledge regarding SACAA's protocols and procedures, as well as ICAO standards and other relevant international trends.

The CPD activities will be used in conjunction with the member's aviation medical activities to advise SACAA on the seniority status of such a member. Peer review if required by SACAA will also heavily depend on participation in these activities, which is preferable to the current non-academical process employed by SACAA. SAAsMA insist that peer review must be our domain and is not the function of the legislator or military functionaries. This was never addressed in the past and is at present a contentious matter to be resolved.

SAAsMA was recently approached by the University of Pretoria to assist with the development of an M.Med. Aerospace degree. The sole purpose is to allow registration of such qualified professionals as medical specialists. I believe this is a novel approach and should provoke international interest, especially in the African context.

At our recent conference the decision was made to develop an aviation psychology branch within SAAsMA. This is now being developed by the very able Mr Trevor Reynolds who is a prominent neuro-psychologist in South Africa. One of the major challenges in aviation psychology is the integration and realities of Cultural Bound Syndrome. In the African context there are a myriad of cultural expressions very foreign to the Western social and contextual paradigm, which typically leads to being made unfit for aviation duties. This is both ethically and politically unacceptable. To marry the physics and norms of aviation safety with the African cultural expression and still maintain international safety standards seems like a paradox, but with due diligence solutions will be forthcoming.

At present the association hosts biennial conferences and is investigating avenues to finance annual conferences. Due to the South African currency being very weak measured against the major international currencies; we find it extremely difficult to fund internationally esteemed speakers and equally difficult to subsidise our attendance of international conferences. This is the main hurdle for us to overcome and the possibility of attracting a major long term sponsor is at present becoming our main focus. Without a committed financier any further development, research or expansion of our activities will be severely curtailed.

Our member base is small in comparison to that of Western countries, but we hope to grow it with emerging interest in Southern African regions. We would like to convince SACAA that compulsory membership of SAAsMA by Aviation Medical Examiners in South Africa would be to their benefit once SAAsMA assumes the responsibility of peer review and academic development of our members. The current situation of strictly voluntary association with SAAsMA, with no incentive by the legislator to invite membership, within the small community of Aviation Medical Examiners needs urgent review. SACAA is very reluctant to entertain such a notion, but would consider the possibility only if this has been done successfully elsewhere. Bureaucratic indecision and fears to step up to the task seems to be the reason for being passive. The phrase: "l'État, c'est moi!" certainly also aptly applies.

If this has been done successfully by an AsMA member the forwarding of contact details to me would really be appreciated.

SAAsMA would like to reiterate its desire to remain an affiliated organisation of AsMA. We do have members, including me, who are individual members of AsMA. The sad state of non-attendance of AsMA conferences needs to be addressed once the financial constraints have been rectified.

Be assured that SAAsMA is a loyal affiliate searching for avenues to strengthen our ties with AsMA. We are privileged to have Dr. Philip Buys as a member and Past President, who now is assuming the role of Chair of the AsMA International Activities Committee, starting May 2013. Although this is a feather in his cap, we closely associate with his achievement and do strive to produce future functionaries for AsMA.

With regards

Dr Chris Opperman (President: SAAsMA)

