

Board of Pilot Commissioners for the Bays of San Francisco, San Pablo and Suisun

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**PILOT FITNESS COMMITTEE MEETING
January 12, 2011
MINUTES**

The Board of Pilot Commissioners Pilot Fitness Committee met January 12, 2011 at 1:00 p.m. at the Board of Pilot Commissioners office, Pier 9, Suite 102, San Francisco, California.

In attendance were Commissioner Roberts, presiding, Committee members Brigadier General Chester Ward, MD, MPH, and Barbara Price. Members of the public present were Dr. Robert Kosnik of the University of California, San Francisco Medical School, Ray Paetzold Esq., Board President Knute Mike Miller, Executive Director Allen Garfinkle and Staff Services Analyst, Brian Vu.

Open Meeting-

1. Call to Order and Roll Call.

Chairman Roberts called the meeting into order at 1:20 p.m. General Ward and Barbara Price were present, constituting a quorum.

2. Approval of minutes from December 15, 2010 meeting.

Chairman Roberts requested approval of the minutes of the December 15, 2010 meeting. Barbara Price moved for approval. General Ward seconded the motion which passed unanimously on a voice vote.

3. Status report of the study work plan as outlined within the contract with UC San Francisco. Discussion of content and timeline for project completion.

Recommendation #1: The Board of Pilot Commissioners replace the Seafarers Health Improvement Program (SHIP) Committee guidelines with the NVIC 04-08 "Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials", or any successor thereto, as guidance to the Board appointed physician conducting the physical examination and the fitness for duty determinations as a pilot, inland pilot or pilot trainee in HNC Section sec. 1176(b) and (c).

Portions of NVIC 04-8, or any successor thereto, specifically applicable to "First Class Pilots and those individuals 'Serving As' Pilots" should be highlighted and portions dealing with Great Lake Pilots should be excluded. The Physical Abilities Guidelines in Enclosure (2) are not specific to Pilots. These guidelines should be met for routine movement and emergency

routines. The agility required for embarking and disembarking on a pilot ladder is addressed later in this study. This recommendation is complete.

Recommendation #2: The Board of Pilot Commissioners establishes the following qualifications for the appointed physician through the contracting process in support of HNC Sections sec. 1176 (a):

- Licensed by the California Medical Board
- At least 5 years of experience in general occupational medicine or maritime occupational medicine
- Preferably has accompanied a Board licensed pilot on at least one trip, or if he or she is physically unable to do so, has obtained equivalent experience acceptable to the Medical Review Officer (MRO), once per contract period. The equivalent experience is intended to focus on increasing the understanding of the physical and cognitive demands of the pilot. It includes witnessing an agility test of a pilot, reviewing the San Francisco Bar Pilot video showing the job of a pilot (including pilot's ladder), and undertaking an interview with the MRO. The review of the SFBP video should be in the company of a Board licensed pilot, the Executive Director of the BOPC or the MRO in order to provide additional commentary and answer questions.

Recommendation #3 : The Board of Pilot Commissioners adds a requirement to the contract for Board appointed physicians to review and maintain a copy of the following:

- The NVIC 04-08 or its successor "Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials"
- The National Maritime Center form CG-719K, "Medical Evaluation Report"
- The Board of Pilot Commissioners, Statement of Fitness for Duty form
- State statutes and regulations relevant to the determination of a pilot's fitness for duty, including the Harbors and Navigation Code Section 1176 and Title 7 Cal. Code of Code of Regulations Section 217.

Recommendation #4: The Board of Pilot Commissioners amend 7 CCR 217 to conform to the Statute at HNC 1176, include including a complete view of statutory and regulatory language to ensure consistency in terminology (e.g. "Board appointed physician" in the statutory language and "a physician designated by the Board" in the regulatory language).

Recommendation #5: The Board of Pilot Commissioners maintain 7 CCR sec. 217 Medical Examinations (a)(1), 217 (b)(1) and 217 (b)(2) to require pilots and pilot trainees to provide a fitness for duty status from a Board appointed physician prior to each of the following:

1. The entry into a training program and annually thereafter while in the program
2. The issuance of the original license
3. The renewal of a license (annually)

Recommendation #6: The Board of Pilot Commissioners continues to follow Statue HNC sec. 1176(e) which requires the following:

- A pilot, or a pilot trainee who is prescribed either a new dosage of a medication or a new medication, or suspends the use of a prescribed medication must submit within 10 days that information to the Board appointed physician who conducted the last fitness for duty examination
- “if the physician determines that the medication change results in the pilot or pilot trainee being unfit for duty, the physician shall inform the Board”.

There was a discussion regarding the 10 day requirement. It was suggested that the language be changed to “...as soon as possible, but no longer than 10 days.

Recommendation #7: The Board of Pilot Commissioners amend 7 CCR sec. 217 medical Examination to require pilots and pilot trainees to submit a notification to the Board and to submit a notification along with supporting information to the Board appointed physician who conducted the last examination of fitness for duty requesting a review of his/her fitness to work, following each of the following:

4. The onset of a new medical condition diagnosed by a physician and listed in CG-719K, or the successor thereto, under circumstances that would require further review or a waiver under NVIC 04-08 or the successor thereto.
5. Any change in a current medical condition which impairs, to an appreciable degree, the ability of the individual to conduct his or her piloting duties.

Supporting information includes a statement from his/her personal physician providing care for the pilots or pilot trainee long with diagnostic tests, consultations, or other information as outlined in the NVIC 04-08 or the successor thereto, for medical conditions subject to further review.

Recommendation #8: The Board of Pilot Commissioners amend 7 CCR sec.219 Duties of Pilots (q) to require pilots and pilot trainees (who are not covered under sec.219 (q)):

1. If the medical disability continues for either 30 consecutive days or a total of 30 days in any 60-day period, to be medically examined in accordance with subsection (d) of Section 217 prior to returning to duty.

Recommendation #9: The Board of Pilot Commissioners amend 7 CCR sec.217 Medical Examination to require the Board appointed physician who conducted the last examination to issue a statement on fitness for duty upon receipt of a notice from a pilot or pilot trainee for the following changes in medication or medical condition:

- a) A change in a medication
- b) The onset of a new medical condition
- c) A change in a medical condition
- d) The return to duty after a medical disability

Recommendation #10: The Board of Pilot Commissioners adopts a procedure requiring applicants for the training program, the license or renewal, and pilot trainees undergoing annual physical examinations to provide the most recent completed CG-719K, all supporting documentation for medical condition/medications requiring further review or waiver under NVIC 04-08, or the successor thereto, and results of the review/waiter to the Board appointed physician and the Medical Review Officer.

This procedure involves the release of personal health information. The procedure should require an acknowledgement and a release to ensure the proper authorization and disclosure of the information. The following two steps are recommended:

1. The applicants acknowledge the requirement to disclose personal health information to the Board appointed physician and the Medical Review Officer (concurring physician) similar to the privacy act statement on page 1 of the most recent CG-719K.
2. The pilot or pilot trainees sign a release of information on the statement of fitness for duty. This release could serve as authorization under sec.217 Medical Examination (c)(1) to provide the information to the reviewing physician(s). It could be similar to the release in Section II of the most recent CG-719K form.

Recommendation #11: The Board of Pilot Commissioners amends sec.217 Medical Examination (c)(1) whereby the Board appointed physician attests to having reviewed the most recent CG-719K, the information supporting a waiver, the list of medications mandated in HNC 1176(b), and the information supporting a waiver, the list of medications mandated in HNC 1176(b), and the information supporting any interim events listed in Recommendation #7 or #8 (that is, any changes in medical condition, or medical disability) since the last annual examination and provides a statement on fitness for duty status. The Medical Review Officer, having reviewed the same information, attests to the review and, the concurrence or non-concurrence of the findings of the Board appointed physician.

A suggested application form and a statement of fitness for duty form have been drafted to illustrate this content and process. The details as to the number of forms and details beyond the medical issues will be left to the Board staff. The statement of fitness for duty form should reflect the following:

1. Attestation by the Board appointed physicians to what he or she reviewed
2. Affirmative showing the physician discussed the status determination (whether FFD, NFF, or PNFFD) with the pilot or pilot trainee
3. Authorization by the pilot or pilot trainee to discuss and share all documentation and examination results with the MRO
4. Attestations by the MRO as to his/her independent determination of the fitness for duty status
- 5.

Recommendation #12

The Board of Pilot Commissioners amend 7 CCR sec.217 Medical Examination to require pilots and pilot trainees to undertake an agility test which simulates the physical demands of the job as follows:

- Prior to entry into the training program, issuance of the original license, return to work after a medical condition affecting physical abilities tested in this test;
- Biannually thereafter; and
- As directed by a Board appointed physician or the Medical Review Officer.

The agility test will be administered by a qualified personal trainer, physiotherapist, or kinesiologist. The content of the agility test is designed to reflect balance, a pilot ladder circuit climb, stair climbing, floor to waist lifts, a single rope slide and heart rate recovery after activity.

The Board appointed physician shall review the agility test results as a part of the review to determine pilot fitness. The MRO reviews the agility test results as part of the second review to determine concurrence with the statement of pilot fitness for duty. The MRO routinely review the test itself and compares with the track record of pilots or pilot trainees who become NOT FIT FOR DUTY as a result of a physical limitation that should have been caught by the agility test. The MRO will periodically report to the Board on his or her observations and recommend adjustments to the test itself.

Recommendation #13:

The Board of Pilot Commissioners includes in the duties of the Medical Review Office a requirement to stay apprised of the developments in cognitive function testing and to report those developments periodically to the Board.

Recommendation #14:

The Board of Pilot Commissioners amends 7 CCR sec.217 Medical Examination to include a separate appointed physician termed a Medical Review Officer. The duties of the Medical Review Officer will include the following:

- Provide a statement of concurrent or non-concurrence following a review the CG-719K, related medical information, agility test results, changes to medication or medical conditions, and the findings of the Board appointed physician; and a specific statement on fitness for duty.
- Maintain a separate set of files with the personal health information on each pilot. The MRO contract include language to ensure ease of access file for appeals and in the event of a change in MRO
- Review the agility test itself and compare the track record of pilots or pilot trainees who become NOT FIT FOR DUTY as a result of a physical limitation that should have been caught by the agility test and annual report to the Board on his or her observations and recommend adjustments to the test itself.
- Stay apprised of the developments in cognitive function testing and to report those developments annually to the Board
- Undertake annual peer review of the Board appointed physicians.
- Undertake annual quality assurance on the medical examination and the fit for duty processes.
- Provide advice to the BOPC on matters relating to pilot fitness

- Participate as a member of the Appeal Board to review fitness determinations of pilots, including the appointment of an independent medical evaluator
 - {The Appeal Board to review the fitness determination of a pilot will include the following: the MRO, a physician identified by the pilot and a third physician jointly identified by the first two.}}

Recommendation #15:

The Board of Pilot Commissioners establishes the following qualifications for the Medical Review Officer the contracting process in support of the proposed amendment to 7 CCR 217 in Recommendation #10:

- Licensed by the California Medical Board
- Board Certified in Occupational Medicine by the American Board of Preventive Medicine
- At least 10 years of experience in occupational medicine
- Ideally, experience with the oversight of medical monitoring programs on groups of workers, and
- Preferably has accompanied a Board licensed pilot on at least one trip, or if he or she is physically unable to do so, has obtained equivalent experience acceptable to the Executive Director of the BOPC, once per contract period. The equivalent experience is intended to focus on increasing the understanding of the physical and cognitive demands of the pilot. It includes witnessing an agility test of a pilot, reviewing the San Francisco Bar Pilot video showing the job of a pilot (including pilot's ladder), and undertaking an interview with the Executive Director. The review of the FSBP video should be in the company of a Board licensed pilot and the Executive Director in order to provide additional commentary and answer questions.

Recommendation #16:

The Board of Pilot Commissioners seeks to procure all of their medical service and testing requirements from one medical facility.

There was a discussion of the forms to be used. The forms consist of : Notification, Advisement, Request for Review, and MRO Ability to Examine. Commissioner Roberts expressed his desire that the notification form and advisement form for FFD be amalgamated.

Dr. Kosnik added that he intends to re-write the introduction and add to the scope.

4. Discussion of random and post accident drug and alcohol testing. Review multi-panel versus Department of Transportation (DOT) 5 Panel tests.

Commissioner Roberts stated that he had a conversation with Louis Meltz of American Maritime Safety, who administers SFBP drug testing and asked about the possibility of higher panel drug testing. According to Mr. Meltz, in October 2010, USCG expanded their 5 panel test (still 5 panel but testing for additional substances). Commissioner Roberts added that SFBP has to remain consistent with the DOT, however some companies can test, in conjunction, for additional substances.

Board President Miller expressed his desire for abolishing random testing, with the concern that a given pilot may not be selected for years. His suggestion is that every pilot is randomly tested every year.

5. Review and discuss budgetary requirements related to projects concerning this committee. Possible recommendation to board on budget proposals.

Executive Director Garfinkle stated that the Spring Finance Letter due date has been pushed forward from February 14, 2011 to January 28, 2011. Executive Director Garfinkle also noted that without recommendations endorsed by the Board and firm costs for the recommended services it would be premature to go to the legislature asking for money at this time. He pointed out that the fall Budget Change Proposal would be the time to incorporate any new contracts in the budget request.

6. Public comment on matters not on the agenda.

Doctor Bob Kosnik stated that he might be ready to have a final study in February.

Board President Miller stated that the Board has to vote on every item that it wants to push forward at the next scheduled Board meeting.

7. Proposals for additions to next committee meeting agenda.

There were none.

8. Adjournment

The meeting was adjourned at 3:50 p.m.

Respectfully Submitted,



Brian Vu
Staff Services Analyst