



# Doctor At Large

**P**acific Wings' nomadic reporter, Mike Feeney, travelled to the Manawatu last month to go flying with the man who now conducts some 20% of the nation's pilot medicals throughout New Zealand. After conducting his own assessment of this energetic and innovative young man, Mike has declared him to be a particularly "fit and proper person" and a breath of fresh air on the AvMed scene.

The RNZAF has always had aero-medical doctors, but for as long as any of us can remember, civil licence holders have used local GPs approved by CAA to act on its behalf. Most of those doctors had—or still have—an interest in aviation. Many have been pilots or have taken an interest in their local aero clubs.

At present there are 74 CAA-approved Medical Examiners—41 approved as Class-1 examiners and 33 as Class-2s. Their geographical spread is much as one would expect with 47 in North Island and 27 sparsely scattered throughout the South Island.

## A Conversation with Doctor Dave.

Before I first met Dave earlier this year, I had no idea what to expect. On my arrival at his new facility adjacent to the Palmerston North control tower, I half expected to be met with brisk "doctorly" talk like, "Good morning Mr. Feeney... how are we feeling today?" Instead, Dave—a much younger man than I had expected, and with a natural engaging, energetic and enthusiastic manner—sprung from his vehicle and greeted me cheerily with a, "G'day, Mike—good to see you. Come inside and have a coffee!"

He showed me around his fine new aviation medical centre, the "Bulls Flying Doctor Service". It is the HQ for Dave's brainchild and the base from which he provides an aviation medical service to pilots at remote airstrips. His centre contains medical examination facilities, administration rooms and space to hangar his Cessna, which is the true workhorse of the organisation. Definitely not your typical hangar, Dave's

contains large rotary filing systems, planning white-boards, large photograph displays and wall murals executed by his artistically talented daughters Niki and Anna, as well as a plethora of interesting material covering the expansive wall areas.

Dave first attended Victoria University during the mid 1970s but took a couple of years' break to do what he loved best which was outdoor stuff such as possuming and deer shooting, especially amongst the mountains of the South Island, a land he relishes. But, partly in order to ease his mother's concerns about his long-term future, he completed a science degree at Massey, which opened the entry-door to medical studies. At Massey, he came to realise that, whilst some students were super-intelligent, most who succeeded in gaining entry into professions such as medicine and veterinary science were just hard working, focused young people who did not see failure as an option and he realised that it was good old-fashioned hard work that produced success.

Dave's hard work was rewarded in 1980 in what turned out to be a very big year for him as he not only began undergraduate training at Otago Medical School, but also got married to Sandi who he describes as his "best mate". After working his way through medical school, he briefly considered specialising in cardiology but recognised that his nature was that of a generalist so he followed the general-practice route with the aim of developing a rural or semi-rural general practice. Before "settling down" as a GP, however, he joined the RNZAF's aero-medical team and was based at Ohakea for several years in the 1980s and early '90s, which developed his interest in aviation medicine.

According to Dave, RNZAF Base Ohakea was a strike base that just "rocked" with constant action and the sound of fast jets—an aviator's paradise! (He still can't believe that New Zealanders allowed their politicians to scrap the first-class strike force we had). Dave officially left the RNZAF in 1991 to buy the long-established local general practice of Drs Geoff and Joan Walton who had been GPs in the area for 47 years.

He then set about developing the Bulls Medical Centre until

it reached the point whereby he could attract another GP as a business partner and he was then able to pursue his strong interest in aviation and to fulfil his dream of establishing an aviation medical service.

Dr Dave considers that Dave Saxton, whom he counts as a highly valued friend and mentor, had a huge influence on his deciding to set up the service, which he thinks may never have happened had it not been for Saxton's encouragement and motivating influence.

Dave did his flight training with United Aviation at Palmerston North and speaks well of that organisation and the training he received. After he obtained a commercial licence and multi-instrument rating, Dave was offered a part-time job with United flying night freight operations in the company's Beech Baron to New Plymouth and Wellington. This built up his single-pilot IFR experience, which has given him the confidence to operate his single-engine Cessna in cloud and at night. Without this ability, the flying doctor service would not have been feasible.

I asked Dave why he thought so many GPs had given up doing pilot medicals for CAA.

"I think it was a combination of factors really. There was a downturn in the number of experienced New Zealand-trained rural GPs, which had an influence. General practice work and medicine itself—like the rest of society—is becoming bogged down in paperwork, so the additional burden of yet more paperwork to certify pilots became understandably too much for many GPs. What used to be a quick process of examining a topdressing pilot and then signing off on two forms has become a big deal and very time consuming."

In his aircraft, Dave carries all the medical equipment necessary to examine pilots and after examinations are complete, he does the administration and certification himself at his Palmerston North HQ.

"A big reason why my flying doctor service has done quite well is because I offer a 'one-stop-shop' aviation medical service to pilots in some of the areas where GPs have stopped certifying pilots," he said.

"My original plan was to try to offer a service to just the West Coast and Mt Cook, which would have allowed me to do some deer hunting at the same time. However, it has been such a hit with most pilots that my service now covers the country from Invercargill to Gisborne! I love it and it is a dream come true for me."

I asked Dave for his views on the situation with the CAA during the 1990s concerning medical standards and the 1% rules.

"The whole period was really messy and heaps of doctors and pilots just gave up; the politics got really nasty and although I became involved and made a submission to a select committee at the time, I steer clear of politics now. Fortunately we have a pilot running CAA—which was not the case then—and the aviation medical section of CAA is also now staffed by pilots and aviation enthusiasts, which must be a good thing.

"I am now 'on fire' with my Bulls Flying Doctor Service; I love dealing with front-line pilots in their home territories around

NZ, so why would I want to waste time in an office fighting it out on some committee? I am happy to accept that the finer points of the system will come and go and I just hope that the powers that be know what they are doing—in the meantime, I shall be whizzing through NZ's amazing Southern Alps and dealing with the front-line troops."

I was curious as to the number of pilots on Dave's client list and was somewhat astonished to hear it was about 1,300. He has been told that he is doing about 20% of the total CAA medicals—that is a lot of people!

To put Dave's client base in context, as at July 2005, there were 9,304 medical certificates held by New Zealand pilots and controllers, comprising 3,683 PPLs, 3,524 CPLs, 1,791 ATPLs and 306 Air Traffic Control (Class 3) certificates.

This is not the number of licence holders, as many hold more than one class of licence, but each medical certificate requires an examination—or multiple examinations, including those by specialists. Some certificates must be renewed every six months, others annually or every two years.

Not counted in this number are the many glider and microlight pilots who never go near a CAA-approved doctor but use their local GPs (something that will be formalised once the NZ Recreational Pilot Certificate is finally in place).

Dave is adamant—and it is something he tells every pilot—that he is not in business to "fleece" folks for exorbitant licence medical fees, but rather that he is there to provide a comprehensive "aviation medical service"—an opportunity for pilots to consult him about any aviation medical problems. In addition, Dave's service includes a "reminder" for pilots once their medical is within a month of expiry.

The planning and recording system Dave has developed appears very professional and is far from being what was originally described by some cynics as "medicals from a car boot". Indeed, he has facilities for examining pilots at many small airports, which he calls his "Aerospace Research Centres". He programmes his regional visits on a big planning board. Week one covers the lower South Island where he has facilities at Invercargill, Gore, Te Anau, Wanaka, Haast, Fox Glacier, Twizel and Hokitika with additional calls on demand to Alexandra, Pudding Hill and Omarama.

During week two, Dave concentrates on the east coast of the North Island with calls to Hastings, Gisborne, Taupo and Masterton, and occasional calls to Waipukurau and Onga Onga. Week three and it is back down south, this time to Otago, Motueka and the odd visit to Kaikoura and Karamea. The last week of each month is spent at home at the Bulls Flying Doctor Service HQ at Palmerston North airport completing the paper work.

He works seven days a week, including an average of two-and-a-half days a week of "normal" GP duties at the Bulls Medical Centre. This is an enormous workload but Dave relishes it. To date, a large part of his workload has been in developing the concept and getting the infrastructure up and running, but when it all settles down, he'll truly have the best job in





Dr Dave (right) and son Marc with the Bulls Flying Doctor's workhorse C172K XP11 ZK-RJG

the world—being self employed and running a family-based business which involves flying around the back-blocks of NZ doing aviation medicine. Recently, his son Marc came on board to carry out much of the organisational and administration work. Marc has just completed a helicopter commercial pilot licence and so he has an understanding of the core business. Daughter Niki is a bit of a computer whiz so she assists in that area when required.

Dave's instrument rating and his IF-capable aircraft are invaluable as they allow him to make night departures from Palmerston North Airport in order to arrive early at any destination ready for a full day's work. Depending on the provision of lights and nav aids, he can also fly to succeeding locations at day's end, or return home. Dave is committed to maintaining his schedule for examining pilots because he believes many now rely on him to get things sorted, so if the weather is really atrocious he will use his own car or use scheduled airlines and rental cars to keep to his schedule.

When Dave started out, he had to put up with a "bit of stick" but he gradually overcame this by giving as many talks as he could to pilot groups and at aviation medicine conferences where he could explain what he was doing. The fact that he is now doing over 20% of NZ's pilots' medicals suggests the service must be okay, and in fact a number of Australian and Canadian doctors are now interested in developing similar programmes.

### A Day With Dr. Dave.

I recently spent a day with Dave to watch him at work and joined him in Taupo where he had flown early that morning to conduct three medicals. Naturally, I was interested to see how this very busy man would conduct our IFR flight to Gisborne—the location for his next several medicals.

His pre- and after-start drills were thorough and unhurried, the nav and comm boxes were all neatly set for the departure, SID and en-route charts were well organised, and he even gave me an emergency briefing. It soon became obvious that this medical doctor changed hats easily to become a professional pilot. Dave's handling was smooth but positive and the large amount of instrument flying he has done was soon evident.

Of his approximately 3,200 hours, around 1,500 have been flown in RJG so he knows the aircraft intimately. ZK-RJG is a Cessna R172K Hawk XP II, which is essentially a 172 fitted with a 210-hp, six-cylinder Continental IO-360 driving a constant-speed propeller. The extra 50 hp considerably enhances take-off and climb performance and is generally more compatible with the higher cruise levels that Dave uses on IFR flights.

He tends to cruise at a moderate 120 knots TAS. A fuel flow indicator and an EGT unit are fitted to enable monitoring of all six cylinders. Dave tends to use number five as the primary leaning reference and runs about 15 or 20 degrees on the rich side of peak. RJG is a lovely aeroplane and is packed with all manner of nice things. Features of the plane include a large foldup right door to enable easy in-flight egress (Dave wears a parachute for night IFR ops and will not carry a passenger), a life-raft for trips over water and long-range tanks (125 litres a side), which extend endurance to some eight hours at 10,000 feet.

It is also fitted with dual nav-comms, ADF, two attitude indicators, TCAS and a superb Garmin Map 296 GPS. There are also multiple cell phones on board. The cockpit is heavily festooned with all manner of checklists, reminders and data placards, and there is scarcely any remaining space for new items, but this is Dave's working environment and over time, he has customised it to serve his needs.

The rear of the aircraft is usually filled with well-organised working tools and client files which are contained in strong aluminium cases. Everything needed for examinations is on board. There is also a well-stocked survival kit including a portable locator beacon.

The aircraft is serviced by Neil Mathieson at Feilding. Neil helped Dave to source the machine and because he is well aware of how much time it spends in clouds and at night, he devotes every effort to ensure the reliability of its engine, systems and avionics.

Dave has considered the possibility of eventually replacing the 172 with a light twin but is in no hurry as RJG has served him well and he is very fond of it. If he were to purchase a twin, it would need to have very good single-engine performance at the weights at which it would be used, have an engine-out ceiling higher than the IFR MSAs around the country and would also need to have good short-field capability; all these various requirements make it somewhat difficult to select a replacement. Should a twin be financially possible, it may well be a Partenavia P68, which, at the lighter weights that Dave would operate it, would have good short-field performance, good range and pretty good single-engine performance.

Regardless of what aircraft Dave might use in future, for now, it is just great to have an AvMed man on the scene who actually practices aviation in the real sky. I enjoyed flying with you, Doctor Dave...May your own medical remain in force for several decades yet!

Double Daves—Dr Dave (left) with mentor and good friend Dave Saxton whose motivation and encouragement played a big part in helping Dr Dave set up his Flying Doctor service.

