

## National Report 2006 - The Netherlands

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1. Since October 2004 the Royal National Aeronautical Association, the KNVvL, got mandate of the Minister of Transport, Public Works and Water Management to issue licenses and medical certificates for the un-powered recreational aviation. These certificates are issued in accordance with art. 33 of the Convention on International Civil Aviation.
2. The medical certificates are issued in accordance with the provisions of Annex 1 to ICAO. There is a national version of these provisions, performed in consultation with the CAA.
3. The KNVvL makes the medical certificates obligatory for gliding (incl. gliding with turbo), ballooning and para-motoring. For other air sports the medical certificate is in discussion (situation June 2006).
4. For the other powered aviation the CAA demands a JAR/FCL3 cl. 2 assessment. This includes a. o. TMG, microlight and SEP.
5. The majority of the KNVvL medical assessments are performed by sport doctors who are contracted by the KNVvL. They are joined in the Federation of Sport Medical Institutions. A small number of assessments are done by AME's or an AMC also based on a contract with the KNVvL. The detailed national situation for medical assessments will be sent separately to the CIMP delegates.
6. Since 2003, after the sad death of Peter Quispel, the Medical Commission of the Gliding Department is reactivated and now consists of 5 medical doctors. The commission plays a major role in the institution, the introduction and the execution of issuing medical certificates.
7. In 2006 the Aviation Medical Advisory Commission of the KNVvL for all airsports has started. Main tasks: 1. To give advise, on demand or not, to the Board of the KNVvL concerning medical aspects in recreational aviation, 2. Represents all air sports, 3. National and international representative of the KNVvL. 4. Acting on international level.
8. There are regular meetings with the Aeromedical Board of the Military Airforce.
9. There are regular meetings with the Medical Department of the CAA.
10. Members of the Medical Commissions join the National Association of Aviation Medicine. This Association has decided to join the new ESAM. The KNVvL and the Association intend to organise aero medical activities in the next 2 years because of there lustrum celebrations.
11. Accidents: in 2005 there were 2 fatal accidents in microlight aircraft and 1 severe accident in gliding (instructor died, pupil partial spinal injury). The causes are not yet fully known. The glider had a weak link break in appr. 200 ft. and turning to the right it hit the ground. In 2006 there was a fatal accident (2 pilots) with a TMG during take-off procedure.
12. In autumn there will start a new course for AME's, set out by the National Association of Aviation Medicine in cooperation with the Royal Air Force Medical Department.
13. Activities to bring young people to aviation: the iFly system, a granting procedure for gliding, sponsored by an aviation training & selection centre (EPST), offers the opportunity to start gliding at low costs.

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