

Report

From Wolfgang Lintl, CIMA-Observer at the FAI Medico Physiological Commission (CIMP)

During the last 12 month the main activity of CIMP was to deal with the COVID 19 Pandemic. The commission put a paper together to give all FAI members advice how to continue on a safe way their air sport.

At September 27th I had the opportunity to attend the CIMP ePlenary.

Apart from the content it was interesting to see, how a plenary, organized via Zoom, was able to run with about a dozen participants.

The most interesting point for me was a presentation from Dr. David Bareford from UK about the useless of medical at least for general aviation. It was net really new, because his predecessor Peter Thornby did the basic research some years ago.

The essence of the presentation is:

“The FAI Medico-physiological Commission (CIMP) has accumulated evidence to prove that a slight reduction in medical standards for some air sports will not adversely affect aviation safety.

With this evidence CIMP will are proposing to ICAO that it should adopt lower medical standards based on a 5% predicted risk of sudden incapacity in the next year (Class 4) and a 20% risk (Class 5) for lower risk air sports (e.g. not including aerobatics and aircraft over 2.5 tonnes). This will reduce overall costs of flying and increase participation in the sport without significantly increasing the risk of injury to third parties.”

If taken UK as an example, the cost burden for pilots would be lowered by about 5 Million Euro without having a significant higher risk of pilot’s incapacity during flight.

ICAO set medical standards for pilots to improve flight safety. These have formed the medical examination and been based on historical data and there has been no subsequent evidence-based effort to proof their effectiveness. Evidence suggests that the incapacitation risk limits used by some states, particularly for cardiovascular disease, may be too restrictive when compared with other aircraft systems, and may adversely affect flight safety if experienced pilots are retired on overly stringent medical grounds. States using the 1% risk-rule should consider relaxing the maximum acceptable sudden incapacitation risk to 2% per year. Evidence provided by CIMP indicates that the introduction of lower medical standards to some private flying could be introduced without significantly compromising flight safety.

The author is happy to share his presentation with our delegates, but he is asking in return for as much information as possible from your country/flying organization on medical incapacitation rates and their perception of medical standards.

Other topics at the CIMP plenary:

1. One of the best experts about vaccine explain the difficulties about to develop COVID 19 vaccine.
2. Short presentation of the results from a survey about mental health of pilots in connection with the COVID 19 pandemic.

3. Thomas Drekonja, a former Red Bull air race pilot talked about personal risk assessment in such air races. As a conclusion, CIMP highly recommend for all major air sport events a standardized risk assessment and guidance for organizer.
4. During the last year only a handful TUE's (Therapeutic use exemption) needed to be confirmed for those FAI athletes to fulfilling the Anti-Doping rules.
5. At the end, Marja Osinga-Meek from the Netherland was reelected as CIMP president in an open vote.
6. One of the CIMP representatives is interested to join our meeting to give a short explanation about the anti-accident program

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Wolfgang Lintl

CIMA President