

CIMP meeting 28. 6. 14 Lausanne

Report by Wolfgang Lintl, appointed as CIMA observer

11 Delegates were present: USA, Germany, Netherland, Belgium, Japan, Austria, Switzerland, France, Iceland, Finland. I was the only ASC representative.

FAI President John Grubbström/ FAI SG Susanne Schödel were present during the first half day.

FAI President talked about the present situation of FAI:

New film at YouTube to present Air Sports as a short trigger.

General Konferenz in October, will be held in Thailand.

WAG: In Turkey and Spain WAG was not performed in the spirit of the original idea. Italy was better, but not in respect of finance. Therefore a new try with Dubai in December 2015.

World Games 2017 in Warsaw.

Several other events with air sport involved like Urban Games, a project of Sport Accord. No date and venue so far.

Asian Beach games in Pataya.

New strategic plan of FAI: Mission and Vision

FAI will be visible as organisation for air sport and recreational flying, fighting for a safe participation, available for everyone for reasonable cost.

Therefore running FAI-Championships. Be present in several international organisations

Recognize and reward significant achievements. Protection of the history of aviation achievements and records.

SG Schödel, Head office:

They see themselves as a service institution for commissions and pilots. The major aim is to make air sport visible for the public.

Outlook for Olympic Games: Summer Games are full with disciplines and there are many more in the queue. But there might be a chance for the participation in the Winter Games. The IOC is looking to attract young people with "action sport" and therefore there might be a chance for one of our aviation disciplines.

In the following discussion with J. Grubbström, CIMP president asking for a release from the rule, that the commissions have to pay the expenses for the FAI-official if a commission meeting will not be held in Lausanne.

Reason: CIMP has no income.

FAI-President will discuss the subject in the board.

TOP 4. Aviation Medicine

New developments in aviation medicine: New oral anticoagulants (NOAC) and fitness to fly

In use since a few years, allowed by FDA/USA, but Anticoagulants are not accepted by JAR.

EASA accept the new anticoagulants under certain conditions, but is not willing to fully accept the new medicine and the experience visible since a few years.

Preliminary Survey Physiological Stress in Air-Sports

Background: WADA is going deeper into the anti doping protection, because the way they do it like now is too expensive. WADA will perhaps focus more on the specific drugs used in the specific sports. The ASC-Presidents will ask for their feedback.

WADA will concentrate on three points, that are exclusively determined physically: strength/power, muscle endurance, cardio endurance.

Document is available at CIMP website at <http://www.fai.org/cimp-news/35762-whats-new-in-the-fai-anti-doping-plan>

Drivers licence medical CAMA & FAA Commentary 2014

Proposal from Hungary to accept that someone who is able to drive a car might be able to fly an aircraft in medical respect.

The other idea: medicals are different from country to country, so why do not respect medical from another country in a way of mutual recognition because it is a legal issue.

In US there might be a change, initiated from Congress to accept drivers licence with its medical requirements as a flight medical. But only for two seater aircraft, less 6000 lbs, less 6 seats, vfr day only. Drivers licence in US has to be renewed every five years, the 'medical' is a kind of self declaration/self assessment paper. A vision test is compulsory. In US no medical for ballon, glider, ultralights.

What is the medical risk in aviation?

Only 3 % of accidents and fatal accidents are in some respect caused by medical reasons.

Pete Saundby GB:

Requirement of medical was invented in the 1920th. But since then the health system all over the world has improved. Time for a new look.

There is to less attention for flight training, flight oversight, incident and accident investigation. anattention to flight training

Medical risk management should be done as any other risk management: Identifying the risk, evaluate, compare effort to risk reduction. There should be acceptance of a certain level of risk still existing.

In the last 30 years no accident in ballooning, where no medical is required.

As well the risk for third party is very minimal. Pete Soundby's findings:

Between 1946-1996 British Air Force lost in accidents 7000 airplanes with 4424 crew members. But only 727 related to airplanes less of 2 tons

There where 121 third party death and 108 injured.

Determination of the mental and physical ability of a student to fly is a job for the flying instructor. That means: better pilot education ist needed to avoid risk. One methode might be a system of local supervision.

There is a need of independent check on pilots honesty if he do high risk operation. If in doubt, asking a doctor, who is as well competent in medicine and in flying activities.

Abolition of coloured light signals to avoid colour perception testing and exclusion of individuals.

The system of British medical certification of all pilots is expensive, depends of pilots honesty and has poor predictive.

Proposals:

Pilot should be responsible

A kind of medical self declaration should only required for passenger flights. A doctor should not required to certify the fitness to fly.

The only problem might be the dishonesty of the pilot.

Marja OSINGA-MEEK, NL, is member of EASA Medical expert group and Rule Making Group where was discussed the case with New Anticoagulantia.

Discussion about colour vision test: CAD-method much better fitted for the demand of aviation things. Accepted in the Rule Making Group .Marja reports, that some smaller countrys CAA want to have a medical class 2 for every pilot, including ML.

Flying high:

Zero tolerance policy for hypobaric hypoxia as part of good airmanship in place of general and static regulatory altitude limits before supplementary oxygenation is required?

Current regulation for using oxygen: above 14.000 ft or above 12.500 ft if longer than 30 minutes.

But: At 1.500 m: lung alveolar O₂ pressure reduced to 81 percent, in 3.000 m only down to 61 %

Conclusion: Necessary for a pilot to start very early feeding with oxygen.

Antonio Dal Monte, IT:

Research Project for the Ergonomic Balance System for Helicopter Pilots

TOP 5. WADA

Update on 2014 WADA strategy after WADA General Conference 2013

Budget of 24 Mio. Dollar

Fine for the first infringement will change from 2 years to 4 years.

In case we know, that the violation was not intended, WADA are open to reduce the fines.

Strong effort to force nations to produce a national law, that when a doctor had supported a doping, he might lose his approbation.

- FAI TUE Panel: current statistic and decision
Details from Marja OSINGA-MEEK and Hiltrud Garthe

- Anti-doping Pharmacology and problems of Off-Label-Rules
Jacques Berlo from Belgium
Something about genetic things I did not understand.

- Flight safety in FAI Air Sports
GA/Sports Aviation
Detailed Accident Statistics from Richard T. Garrison US:
Presentation from a US perspective. A lot of cases without any consequences for Microlight and Paramotor.

Fatal accident with Aero Models in Japan
not related to microlight and paramotor

- Accident Prevention Programm in GA and Air Sports
Jürgen Knüppel, CIMP President:
Many different groups taking care of flight safety, but there is not enough interaction in between.
The solution might be "pro activ flight safety"
„We need to think about to improve pilots proficiency“
FAI should make at least a statement to EASA that we are interested in a more activ flight safety.

- UAV-Operation and Air Sports, how to separate this traffic?
nothing to highlight in my report

TOP 7. Aerobatics flight safety and aero medical concerns

Tine Kirchberg, GER:

Basic physiology in Aerobatics

We got an overview of evolution in glider aerobatics. More and more advanced, faster and more max G-force.

Human factors and limitation in aerobatics

every human factor relevant for flying is involved in aerobatics

Presentation provides from Jürgen Knüppel: G-Force consequences where explained.

Personal remark:

Very good advice in case CIMA will have some competitions with G-Force to be expected. It seems to me that in that case we should ask CIMP for advice!

Red Bull Air Races and others: Presentation and Discussion

National Reports:

GB:

The success of anti European parties influences the attitude of British authorities and they start to fight against too strict European regulations. As well there are several problems with translation and transformation of EASA rules into national law.

Netherlands:

Annex II aircraft: are not subject to EASA but national legislation is applicable. To prevent that the authorities will impose too stringent medical requirements for simple aircraft (like MLA), the Aeromedical Board of the National Aero Club started proposals for requirements applicable to the complexity of the aircraft involved. This is still under discussion but the authorities are willing to follow the proposals.

Swiss:

Federal Court judged, that prohibition of microlight has no clear legal basis. Now authorities and stakeholders have worked out detailed regulations.

Finland:

Growing number of microlight accidents. Nearly all of them are caused by bad airmanship. Findings are, they mostly happen with so called 'lonely wolves', flying outside of clubs, flying by themselves and are not controlled by a club structure. In negotiation with the NAC they try to improve the oversight of pilots by clubs or airfield owners.

General points of discussion:

There is a big demand for numbers of accidents and flight hours for microlights to be able to make recommendations for safety.

CIMP intend to force EASA to provide more and better, reliable data about accidents and incidents. CIMP insist to have emergency exercise before the beginning of a competition.

TOP Election of officers

President : Juergen KNUEPPEL (GER)

Vice President : Marti LEPOJARVI (FIN)

Vice President : Marja OSINGA-MEEK (NED)

Vice President: Kazuhito SHIMADA (JPN)

Secretary : Richard GARRISON (USA)

President: Jürgen Knüppel

Secretary: Richard Garrison

Vicepresident: Marty Finland, Maria NL. KAS Japan. Jeff USA are reelected.