



A REPORT ON THE MEETINGS OF THE COMMISSION INTERNATIONALE
MEDICO PHYSIOLOGIQUE [CIMP] HELD IN LAUSANNE 19-20 JUNE
2004.

Dr. Peter Saundby, Secretary CIMP

Introduction:

This document covers three meetings, a report of the Board meeting held on the Saturday morning, a report of the Scientific Meeting held on the Saturday afternoon, which was open to all interested parties, and the minutes of the Plenary meeting held on the Sunday morning. Additional to the meetings, a dinner was held on the Saturday evening and following the Plenary meeting, the General Secretary of the FAI, Max Bishop kindly invited all to a barbeque lunch at his private home.

CIMP Bureau:

A meeting of the CIMP Bureau was held on the Saturday morning in order to review agenda items. Those attending were:

Dr Pedro Ortiz	President
Dr René Maire	President of Honour
Dr Phivos Christophides	Vice President
Dr Eero Vapaavouri	Vice President
Dr Peter Saundby	Secretary

The Board reviewed the agendas and identified issues needing discussion, especially those that had been raised in National reports. There were also the fifteen questions raised by the European Aviation Safety Agency [EASA] which had to be addressed. To accommodate these it was agreed that the Plenary Meeting would have to start earlier than previously announced, at 09.15 on the Sunday. There had been a proposal to hold the next meeting in association with the International Congress of Aviation and Space Medicine [ICASM] to be held in Warsaw in the autumn of 2005. The advantages are that there is a wide audience for air sport matters present and some distant CIMP members normally attend ICASM. The disadvantage is the high registration fee. It was decided to put this proposal to the Plenary after discussion with the Polish delegate.

CIMP Scientific Meeting:

Those attending were:

Dr P. Ortiz	Spain	President
Dr. T.C Killeen	Ireland	President of Honour
Dr B. Schober	Austria	
Dr E. Vapaavouri	Finland	
Dr J. Knueppel	Germany	
Dr. P. Christofides	Cyprus	
Prof A. Dal Monte	Italy	
Dr K. Shimada	Japan	
Dr J. Marek	Poland	
Dr G. Marek	Poland	

Dr H. Lindholm	Sweden
Dr. R. Maire	Switzerland
Mr E. Grätzer	Switzerland
Dr. S. Drechsel	Switzerland
Dr P. Saundby	United Kingdom Secretary
M Max Bishop	General Secretary FAI

Following a welcome to all by the President of CIMP, the first item was a presentation by Max Bishop on the application of the World Anti Doping Agency [WADA] rules on doping to the air sports. He reported that new FAI Anti-doping rules had been implemented on 1st May 2004, following acceptance by the previous FAI General Conference and a new edition of the sporting Code. Therapeutic Use Exemptions [TUEs] would be issued at national level except those in the 'Registered Testing Pool'. These 'international level athletes' would probably be those who had won medals at previous world championships. FAI had not yet signed a contract with WADA for the provision of out-of-competition tests, but would probably have to do so before the World Games in Duisburg, 2005. Those in the registered testing pool would have to provide whereabouts information. WADA had asked FAI to review policy with regard to inclusion of alcohol on the prohibited list. CIMP decided not to make any change to the current policy [alcohol is prohibited above a level of 0.2g/Litre.]

The application of WADA rules by nations has affected the air sports and Dr Kazuhito Shimada presented some of the practical problems following national testing in Japan. CIMP agreed to authorise the CIMP Bureau to nominate doctors to be members of the FAI TUE and Independent review panels. For reasons of location and language, these will have to be appointed as and when required.

A written report by Dr Julio Quevedo cast doubt upon the alleged advantage given by beta-blocking drugs, but under doping rules that is not a reason to permit their use without adequate clinical indications.

It was noted that for the first time a pharmaceutical manufacturer has claimed that a drug will improve flying performance. The licensed use of the drug, Donepezil, is to reduce the memory loss in Alzheimer patients. It is unlikely that any TUE could be granted, but a possibility exists for misuse.

Dr Pedro Ortiz presented the NPA 21 to JAR 3. A section concerns cardiology and a submission has been made to the JAA by the Swiss CAA of a document drafted by Dr René Maire. Cardiology has developed rapidly over the last decade, especially with interventional treatment. The need for further investigation and possible treatment of these cases is not disputed, but the proper division between clinical and regulatory medicine caused debate. The President agreed to draft a letter to the JAA on the indications for further investigations. Other components of the NPA concerned improvements to the Psychiatric and the Tropical Medicine sections of the Manual.

Next was a presentation by Eric Grätzer, his proposal is for a European Parachuting Centre providing training for both civil humanitarian purposes and military use. This Centre would be supported by the equipment manufacturers and offer economies of scale. His proposal raised some discussion concerning the potentially uncomfortable relationships if humanitarian relief organisations shared facilities with military units associated with special operations.

At a recent meeting in Montreal to discuss ICAO Annex 1, [ICAO Flight Crew Training and Licensing Panel, Working Group B, 23 May - 4 June 04] the FAI was represented by Don Koranda. Annex 1 includes the medical aspects of flight crew licensing and a paper had been presented by the International Gliding Commission. Dr Peter Saundby reviewed a report of that meeting by Peter Eriksen and a copy of his report is attached. Much of the meeting was taken up with the proposed Multi-Crew Pilot's licence [MPL]. This is a new entry to a commercial pilot career. A proposal for a separate Air Sport Pilot licence was not accepted, largely because of the problems associated with commercial balloon operations. One important point was that flight instruction is not seen as a commercial operation. There was support for a view that the present ICAO Class 2 was unsuited for many air sport activities and the ICAO Medical Commission was tasked with a review.

Two papers had been received from Dr Julio Quevedo of Guatemala, one challenging the concept that Beta blockers could improve performance in aeromodelling contests, the other expressing concern on noise damage when flying micro-light aircraft. As policy the FAI does not add to the requirements needed to meet national airworthiness certification. The most severe noise certification is in Germany, but this for environmental reasons and regulates controls external noise. It is established that noise can damage hearing, so the FAI General Secretary asked the Microlight Commission for advice. In summary, their reply was that the application of established technology could solve the problem in Guatemala. There have been problems with specifications for helmets because of conflicting requirements, but noise exclusion and suppression are technically feasible. While CIMP remains concerned with preventing hearing loss, the solutions are technical rather than medical.

The European Aviation Safety Agency [EASA] has published a list of fifteen questions with an invitation to any interested party to submit a response. These are complex and the purpose behind the question is not always obvious. It was agreed to manage the response in two stages, to go through the questions during the Scientific Meeting seeking an understanding of what the questions meant, then considering answers overnight and to formulate responses in the Plenary meeting. Because not all were concerned with medical matters, the CIMP response would go to the FAI Executive Board who, because it is a regional matter, would forward their response

to Europe Air Sports.

The final presentation of the Scientific Meeting was by Dr Bernard Schober on paragliding accidents in Austria. During the period 1987-91, 70 paraglider pilots had to be rescued. The injury pattern primarily affected the lumbar spine. A major cause was inexperience which suggests that improved training is required. Equipment could offer better protection.

CIMP Plenary Meeting.

This was held on Sunday 20 June and these Minutes record the formal CIMP meeting at which decisions were taken. As Agenda Item 1, the President welcomed all present. Before opening business, the President asked all to stand for a minute in respect of Dr Dominik Weibel who for very many years had been President of CIMP. Our President also mentioned the sad loss of the wife of Prof Antonio Dal Monte and we expressed our collective sympathy.

Agenda Item 3. A formal roll call recorded those national delegates as attending to be:

Dr P. Ortiz	Portugal
Dr. T.C Killeen	Ireland
Dr B. Schober	Austria
Dr E. Vapaavouri	Finland
Dr J. Knueppel	Germany
Dr P. Christofides	Cyprus
Prof A. Dal Monte	Italy
Dr K. Shimada	Japan
Dr J. Marek	Poland
Dr H. Lindholm	Sweden
Dr R. Maire	Switzerland
Dr P. Saundby	United Kingdom [also holding proxy from Guatemala]

Others attended as observers.

Agenda item 4. Apologies were received from:

	Dr O Truska	Czech
Republic		
Dr T Villey	France	
Dr F Brice	France	
Dr J Quevedo	Guatemala	
Dr Geoff McCarthy	USA	
Dr John P. McCann	USA	

Agenda Item 5. The minutes of the last meeting which was held in Madrid had been distributed by the Secretary. These were approved.

Agenda Item 6. Report of the President.

Dr Pedro Ortiz, President CIMP, reported on the anti-doping testing which had been implemented. The problems that had arisen were concerned with methods and procedures. The FAI

policy has been to accept passively national testing because there has been no indication for a more active control. The accident rate to air sport aircraft is too high and has been disappointingly unchanged. This is serious because accidents are a major disincentive to membership. Consequent difficulties in obtaining insurance cover can limit activity. A new approach is needed to reduce the accident rate and other fields of aviation have shown this to be possible. Our influence with regulatory bodies and fitness of pilots is an issue. CIMP regretted the limited medical representation on bodies where the FAI had observer status and it was considered representation should be sought, both in the JAA European region and at ICAO.

Agenda Item 7. National reports, those tabled are attached to these minutes.

Agenda Item 8. The meeting agreed to refer to the FAI Board the points made in response to the EASA questions. To obtain consistency in the responses it was confirmed that all subscribed to the aims of free movement throughout Europe, safety and environmental protection. It was considered for the air sports that this could be achieved by EASA establishing Essential Requirements [ERs], but delegating the attainment of these to the lowest practicable level.

The questions from EASA are set out as following:

Question 1: The Agency is interested in knowing the opinion of stakeholders on the best means to set the safety objectives for the regulation of air operations and flight crew licensing: the transposition by reference of related ICAO Standards or the establishment of dedicated essential requirements at Community level.

ERs should be set at Community level. To follow ICAO would be inflexible because the whole world would have to change before Europe could change. The European Community should be a leader, not a follower.

Question 2: The Agency is interested in knowing whether the attached essential requirements actually meet the criteria developed here above and constitute a good basis for the regulation of air operations and pilot proficiency. The Agency also welcomes any suggestion to improve the essential requirements as described in Annex 1 and 2 by using the forms provided, including proposals to address flight engineers.

Those attached ERs which relate to outcome are satisfactory, but there be no ERs which relate to process. That pilots should be fit to fly is an outcome, the appointment of AMEs is a process.

Question 3: Do stakeholders agree that third country aircraft used for non-commercial activities in the Community by third country operators should be subject to Community legislation?

This question has no medical implications.

Question 4:

- a) Do stakeholders agree that all categories of pilots should be subject to Community legislation?
- b) If not, which categories should be excluded?

CIMP considers that all categories of pilots should be subject to Community legislation provided that this is restricted to compliance with ERs. Rather than excluding some categories, the ERs should reflect the differing levels of aeronautical risk. Implementation should be at national level as for driving licenses [Council Directive 91/439/EEC of 29 July 1991].

Question 5:

- a) Do stakeholders agree that all non-commercial operations should be subject to Community legislation?
- b) If not, should:
- corporate aviation and/ or
 - recreational aviation be excluded?
- c) Would the answer be dependent on the type of aircraft? If so what should be the threshold?

This question has no medical implications.

Question 6:

- a) Do stakeholders agree that fractional ownership operations should be subject to Community legislation?
- b) Do stakeholders agree that unmanned air vehicles operations should be subject to Community legislation?

This question has no medical implications.

Question 7: Do stakeholders agree that:

- flight dispatchers and/ or
 - flight engineers
- should be subject to Community legislation?

This question has no air sport medical implications.

Question 8:

- a) Do stakeholders agree that powers should be given to the Commission to adopt implementing rules for the regulation of the safety of third country aircraft flying in the territory covered by the EC Treaty?

Compliance with ERs has to be assured.

Question 9:

- a) Do stakeholders agree that powers should be given to the Commission to adopt implementing rules for the regulation of the operation of third country aircraft flying in the territory covered by the EC Treaty?
- b) Do stakeholders agree that the Agency should be given powers to issue appropriate approvals to third country air transport operators?

This question has no medical implications.

Question 10:

- a) Do stakeholders agree that pilots of corporate or heavy motor-powered aircraft should hold a licence? If so, what should be the definition of such heavy motor-powered aircraft?

b) Do stakeholders agree that powers should be given to the Commission to adopt implementing rules for the issuing of such licences?

It is thought that this question applies to ex military aircraft. It is a real problem, but not soluble at Community level. These pilots should be subject to special oversight and this should include aeromedical expertise.

Question 11:

a) Do stakeholders agree that pilots of light recreational or sport aircraft should not be required to hold an official licence? If so, what should be the definition of light recreational or sport aircraft?

b) Do stakeholders agree that pilots of recreational or sport aircraft should show compliance with the essential requirements to qualified bodies?

c) Do stakeholders agree that powers should be given to the Commission to adopt implementing rules for the accreditation of such qualified bodies by national aviation authorities?

A licence is simply a record of knowledge and skills achieved. It may not be needed for student pilots and others flying within a supervised club environment. A number of separate categories of light recreational aircraft already exist defined by the FAI, and it is suggested that these existing classifications be followed. The stringency of the ERs need to be related to the third party risk and graded proportionately. The Commission should ensure that accreditation is extended to the lowest practicable level because this is the only means by which compliance will be assured.

Question 12:

a) Do stakeholders agree that powers should be given to the Commission to adopt implementing rules on physical and medical fitness of pilots of corporate or heavy motorpowered aircraft?

b) Do stakeholders agree that there is no need for implementing rules on physical and medical fitness of pilots of light recreational or sport aircraft?

c) Do stakeholders agree that powers should be given to the Commission to adopt implementing rules for the accreditation of aeromedical examiners by national aviation authorities?

Medical fitness should be proportionate to the risk exposure. For this, passengers and the aircraft mass need to be counted. For airsport aircraft the lowest acceptable level of fitness for solo pilots not carrying passengers or pupils could correspond to the Group 1 [private] driving licence. Problems arose with the appointment of aeromedical examiners because some national authorities have ignored the EU laws on fair competition. No other special rules are required.

Question 13:

a) Do stakeholders agree that there should be implementing rules for the regulation of commercial operations other than air transport?

b) If not, do stakeholders consider more appropriate to apply the approach described here above to regulate these activities?

c) In such a case, do stakeholders agree that powers should be given to the Commission to adopt implementing rules for the accreditation of qualified entities by national aviation authorities?

This question has no medical implications.

Question 14:

- a) Do stakeholders agree that corporate aviation operations should be subject to the form of self-regulation described in paragraph 34?
- b) In such a case, do stakeholders agree that powers should be given to the Commission to adopt implementing rules for the accreditation of qualified entities by national aviation authorities?
- c) Do stakeholders agree that general aviation and recreational activities should be directly subject to the essential requirements without the need for implementing rules, nor certification? If so, what should be the definition of general aviation?

It is for EASA to define the ERs after consultation with relevant organisations. Following the principle of subsidiarity, the task of implementation should then be delegated to the lowest practicable level. The audit of this delegation has to be by accident statistics. To obtain valid and reliable incident and accident information, attention will have to be given by EASA to the reporting and investigation of air accidents using established human factors tools, eg HFACS.

Question 15:

- a) Do stakeholders agree that cabin crew should hold a licence issued on the basis of common implementing rules adopted by the Commission?
- b) Do stakeholders agree that flight dispatchers should hold a licence issued on the basis of common implementing rules adopted by the Commission?

This question has no air sport medical implications.

Agenda Item 9. Any other business: arising from the EASA questions it has to be admitted that the standard of investigation of air sports accidents was often very deficient. In many countries these investigations are conducted by inexperienced local police. A standard reporting system was required and Dr Jürgen Knueppel explained the HFACS system. [Secretary's note: The original paper is called The Human Factors Analysis and Classification system - HFACS and is available from the internet at: www.nifc.gov/safety/accident_invest/humanfactors_class&analysis.pdf]

Agenda Item 10. Election of Officers:

Following nominations, and with an election supervised by Max Bishop, the following were elected to the Bureau:

- | | |
|-------------------------|----------------|
| Dr Pedro Ortiz | President |
| Prof Antonio dal Monte | Vice President |
| Dr Kaz Shimada | Vice President |
| Dr Eero Vapaavouri | Vice President |
| Dr Phivos Christophides | Vice President |
| Dr Peter Saundby | Secretary |

Agenda Item 11. Working groups

The following working groups were established:

1. Accident statistics and analysis:

Dr Jürgen Knueppel
Dr Kaz Shimada
Dr Phivos Christophides
Dr B. Schober
Dr Henry Lindholm

2. CIMP Web page:
Dr Kaz Shimada
3. WADA and Doping:
Prof Antonio dal Monte
Dr René Maire
Dr G. Marek
4. Scientific papers for the 2005 meeting:
Dr J. Marek
Dr Pedro Ortiz
Dr Peter Saundby

Agenda Item 13. Date and place of the next meeting:

CIMP agreed to accept the proposal to hold the 2005 meeting in association with the International Congress of Aviation and Space Medicine to be held in Warsaw during the week 28 August - 1 September 2005. There would be an Air Sport Panel on one of the mid-week days which would replace our usual Scientific Meeting and Plenary would be held on an adjacent day. Dr J. Marek offered to be the local organiser and the CIMP meeting would occupy two mid-week days. In discussion it was considered that the advantages of obtaining this wide aeromedical audience outweighed all other problems. A vote was required because any Commission meeting away from Lausanne requires a two-thirds majority, the vote was unanimous. Details of the ICASM Congress are at www.icas2005.org

Peter Saundby
25 June 2004

Attached documents:

National reports from:

Cyprus
Finland
Japan
Poland
Spain
Switzerland
United Kingdom

Report on the ICAO Annex 1 Meeting, Peter Eriksen.

NATIONAL REPORT OF CYPRUS TO CIMP-JUNE 2004

1. On the 1st of May 2004 Cyprus became a full member of the European Union, with all the rights and obligations emanating from the accession to the European family.
2. On the 10th of October 2003 by the decision of the Council of Ministers and the Parliament, Cyprus adopted the JAA legislation.
3. By the end of April 2004 Cyprus became a recommended member of the JAA after a long adaptation period. It is expected that by October this year Cyprus will become a full and mutually recognized member.
4. The number of AME's in Cyprus has been limited to only one person. This, however is being disputed by other qualified doctors.
5. The implementation of new regulations was met with grate concern by the airports community and particularly General Aviation, which is affected adversely. More demands on licensing, medicals, exams, airport fees etc, are the critical points for allowing General Aviation, microlights, gliding etc to survive.
6. There are no accidents to report in relation to airports activities
7. WADA regulations on doping are adopted. More than 400 tests have been performed so far for all sports, but none for airports yet.

Dr Phivos Christofides

Delegate for Cyprus

CIMP 2004

Report on visual acuity matters in Finland

By Dr Eero Vapaavouri

1. the upper limits for correction of refractive errors were raised to comply with the limits set by ICAO.

+ or - 5.0 Dioptre for initial medical of professional pilots, +5.0/-8.0D for renewal.

+5.0/-8.0D for private pilots.

2. Photorefractive Surgery [PRK/LASER/LASIK etc]
Since March 2004, corrective surgery is not considered to cause unfitness for any licence, initial or renewal.
The time following surgery has ben shortened from 12 months to 3 months with a suggestion of even shorter follow-up times, down to 2 weeks.

1 Events that took place

- 1.1 FAI WORLD GRAND PRIX 2003 was cancelled due to the accident during the first elimination day 'time challenge' session on 31 October 2003, in which a Russian contestant Alexandre Krotov/SU-26 RA2821K sustained an injury that was treated in an ICU. He returned home for further treatment in December. The event was regularly held at the Honda Motegi Circuit. It is still to see how the sponsor react to this next season. No information on anti-doping procedure was available (it is likely there was none).
- 1.2 Japanese pilot ranked third at the 2003 Hot Air Balloon World Honda Grand Prix. No info on anti-doping procedure available.
- 1.3 Two were killed in a tandem-jump accident.
- 1.4 One spectator was killed in a helicopter model competition. The model drifted and dropped onto the victim. An injury was reported in 1991.

2 Events to come

- 2.1 November 2006, the 17th world championship for hot air balloon will take place at Motegi, Japan. It was held at Saga, Japan in 1989 and 1997.
- 2.2 Model helicopter Asia-Pacific competition in 2006 may be held in Japan.
- 2.3 Another considered for 2006 in Japan is a hangglider world championship.
- 2.4 Details of test methods to use for ICAO physical are to be revised in 2005-2006.

3 In discussion

- 3.1 Budget/resource for anti-doping control is sought after by Japanese NAC. Although Japanese Government paid for the WADA Tokyo Office, it does not help in test fees.
- 3.2 Self-reporting of accidents/incidents of those modalities of flight not classified as aircraft are being discussed. In Japan, gliders and microlights are treated as aircraft but not the balloons. Glider pilots need the ICAO Class 2 physical. Because there is no exemption of liability for the sake of air operation safety, self-reporting information has potential conflict of legal interest.

4 Statistics for 2003

2003	hot air balloon	experimental airplane and gyroplane	private airplane	glider	model	parachuting	hangglider and paraglider	microlights	powered paraglider and hangglider
number of member pilots	1732	130	544	635	7936	800	20164	2200	n/a
number of accidents	4	0	7	2	1	0	31	3	5
number killed	0	0	5	0	1	0	7	2	2

NATIONAL REPORT POLAND - 2003

1. JAR-FCL implementation process completed.
2. **96th FAI General Conference** took place from 9 to 11 October 2003 in Krakow. More in **FAI NEWS: 96th FAI General Conference (1) 20/10/2003 | Posted by JeanMarc**
3. **28th World Gliding Championship** were held in Leszno 18.07-10.08.2004. The antidoping procedures were performed by the staff of Aeromedical Centre in Wroclaw. More information at <http://www.wgc2003.pl>.
4. Certification of two new **Aeromedical Centres** by the Civil Aviation Department and also the first group of independent polish **Aeromedical Examiners** working outside Aeromedical Centres..
5. Annual air accidents analysis in Polish Aeroclubs was performed during the **Polish Aeroclub Safety Conference** in Leszno in August 2003. During the conference there were presentation of papers on the role of human factor in air accidents. These presentations were prepared by physicians and psychologists from AMC at Wroclaw.
6. The process of preparation of the **53rd International Congress of Aviation and Space Medicine** is advanced. It will be held in Warsaw from August 28th to September 1st, 2005. Currently there is call for papers. More information and registration forms at: <http://www.icas2005.org>.

Spain's national report 2004

By Pedro Ortiz
Spain Delegate to FAI CIMP

1. Medical regulations for air sports pilots have been modified in July 2003: glider, balloon, private pilots, private helicopters, and ULM require a JAR FCL class 2. All other airsports do not require a medical examination. Presently, delays occur in the transposition of the existing waivers to the new JAR format.
2. An effort is being done trying to obtain official approval for paraplegic glider student pilots. An adapted glider (ASK21) is available, a granting program exists but the legal permissions fail.
3. 2004 FAI's general Conference will be held in Madrid from the 30th September to the 3rd October. All the Spanish airsports community is committed to its success.

CIMP-Meeting 20.06.2004, Lausanne

National report of Switzerland, by Dr. René Maire, Delegate of the Swiss Aero-Club (AeCS)

1. Europe Airsports : At the AeCS-Symposium in November 2003, representatives of Europe Airsports informed the executive pannel of AeCS about Europe Airsports. The-reafter, the pannel decided that AeCS will ask Europe Airsports to become member of this organization.
2. Ultralight flying: One year ago I have reported that the restriction of ultralight flying within the territory of Switzerland has officially been suspended. After this legal step has been undertaken the procedure of testing and approving the diverse types of ultralight airplanes should take place now, but unfortunately this process is delayed. This is mainly caused by the fact, that the Federal Office for Civil Aviation actually is subject of a major process of reorganization.
3. Zurich International Airport: The airspace restrictions above German territory for the airtraffic in relation with Zurich Airport, imposed by Germany, and the new landing routes of Zurich Airport as a result of these restrictions have also major consequences for the airports acitivities. In several areas the airspace is not free any more for airports acitivities.
4. Medical regulations: There has not been any major change of the aeromedical regulations in Switzerland. Switzerland has implemented the JAR-FCL-regulations some years ago, thus regulataory changes correspond to those of JAA.
5. Doping : Since the 1st January 2002, Switzerland has a totally revised national doping-concept with statutes established by the Doping Commission of Swiss Olympic. The new World-anti-doping Code, established by WADA in 2003, imposed a change of the Doping Statute of Swiss Olympic; thus a revised version is now valid since 12 May 2004. This revision of the Doping Statute has no important consequences for the anti-doping-concept of the AeCS; the agreement the AeCS has worked out with Swiss Olympic (21.09.2002) is still valid. Generally, the "philosophy" of the AeCS-anti-doping-concept is congruent with the one of the FAI-anti-doping-concept.

Lausanne, 20.06.2004

CIMP 2004
United Kingdom National Report
Dr Peter Saundby

The establishment of the National PPL in late 2003 introduced a common medical declaration system for pilots of gliders, balloons, microlight aircraft and other single engined powered aircraft up to two tonnes. Nearly a thousand have been issued, the majority to established pilots who had lost their fitness for a JAA Class 2, but remain fit for a restricted NPPL. This permits solo flight, or with another pilot, but does not permit the carriage of inexperienced passengers. The majority of young pilots who commence flying training are still opting for a JAA PPL and the numbers of these have not declined.

There has been much concern that the establishment of EASA will prohibit many existing sub-ICAO activities. These have been carried on for many years with no flight safety problem. It is known that CIMP will debate this issue.

The change in the JAA rules prohibiting the self improver route to a commercial licence has meant that no longer are there numerous enthusiastic young persons trying to accumulate flying hours. Glider towing in particular has become an activity for pensioners. There have been two accidents caused by the death in the air of the single pilot, one aged 72, the other aged 81. Both held valid JAA Class 2 medical certificates. In both cases the glider released and landed uneventfully.

Peter Saundby
15 June 2004

Report on the ICAO Flight Crew Training and Licensing Panel (FCTLTP), Working Group B, Montreal, 23 May to 4 June 2004.

About 25 persons participated to the meeting, Experts from Europe, North America, Asia and Australia together with representatives from interested organizations. Don Koranda was the FAI representative with two advisors, Mary Anne Stevens, ballooning expert and me as gliding expert.

In order to explain the structure of the ICAO Annex 1 work, Working Group B is one of three working groups under the FCTLTP, tasked with a number of items, one of them being to structure the Private Pilots License (PPL), the Commercial Pilots License (CPL), the Air Traffic Pilots License (ATPL) and the new Multi-crew Pilots License (MPL). The FCTLTP is reporting to the ICAO Air Navigation Committee (ANC) which has the power to change the ICAO Annex 1, where licenses are regulated.

As you probably know, ICAO is a fairly heavy system. It is difficult to change things, which certainly was confirmed during this meeting.

The situation in Annex 1 today is that glider and balloon licenses are defined separately in Annex 1. A proposal has been made to bring them in as ratings under the PPL. This had before this meeting been changed so that the glider license still was kept separate, but the balloons were maintained in the PPL together with a CPL balloon.

Most of the effort in the meeting was used on the MPL. This is a new type of license for the ab initio pilot starting directly at the flying school with the aim of becoming air line pilot. When these pilots have completed their education they can sit in the right seat of a B777, but they can't fly a PA28 alone.

It was only in the second week of the meeting that air sports were discussed. In order to address the subject, a small subgroup was formed. This subgroup came up with a new proposal, to group these air sports activities in a separate Sports license. As far as I can see, this proposal accommodated all the six items we have in our IGC policy.

Unfortunately this proposal was turned down, probably because it was too progressive, but also because it had to cover the balloon operations as they are today, which means that it had to encompass semi-commercial operations.

Towards the end of the meeting we were faced with three different solutions:

1. Reverse towards the present situation, where glider and balloon licenses remain as separate licenses.
2. Bring balloons in under the PPL/CPL structure, while gliders remain separate (the proposal made before the meeting)
3. Progress the Sporting license.

It was impossible for the WG to reach agreement on this subject, as a consequence the situation remained unchanged, meaning that the original proposal to bring balloons into the PPL/CPL structure, and keep gliders separate.

The reason for this is that some balloon operations were seen as commercial, carrying several passengers, whereas gliding in general was considered as non-commercial, carrying only one passenger. The limited commercial glider operations that do take place in some countries are, and shall be continue to be, dealt with on a national basis.

In this respect it is worth to notice that flight instruction not in general is considered as a commercial operation, and that the club structure we in general have within gliding is considered non-commercial, also when we fly with passengers in order to introduce new potential members to the sport.

The viewpoint that no ICAO recognition was needed for air sports in general was raised by the ICAO representative, and I had to argue that ICAO in that case not would do it's job, leaving sports aviation with a myriad of bilateral agreements and no international recognition. This was accepted by the meeting.

The medical issue was addressed. There was some support to the viewpoint that the present ICAO Class 2 medical was unsuited for the purpose. It was agreed to recommend the ICAO medical commission to review the medical requirements for glider and balloons. Let's see what that leads to. If we have any possibility to influence this group, it is now we have to act.

The issue of motor gliding was addressed in the proposal for a sports license, but when this was taken off the table the issue was not raised again. I did not find it appropriate to raise it again, considering the amount of time spent on air sports towards the end of the meeting. I prefer to come back on that on a later occasion.

The working group developed a working paper arguing that the glider license should be maintained in Annex 1 as a separate license. It should be noted that this now have to pass through the Flight Crew Licensing and Training Panel, and then go to the Air Navigation Commission for final endorsement. Things may change during this process, especially as gliding now is left alone on the sideline. We will be kept informed about the development, and may have to react if things start to move in the wrong direction.

To sum up the six items in our policy:

Remain as ICAO license: Accepted by the WG

Professional license: Agreed to be a national issue, not part of Annex 1.

TMGs: Raised, but no conclusion

Delegation to Associations: Not discussed

No change to Annex 1 skills, knowledge and experience: Agreed

Medical: Raised, recommendation to the Medical Committee to review the requirements

As a final remark I would like to say that, even if we not always were in agreement with all the members, the FAI representatives were well received by the working group and that there at all times were a good and constructive climate in the meeting. I would like to thank Mary Anne Stevens and Don Koranda for a brilliant cooperation.

Peter Eriksen,
8 June 2004