



*Fédération
Aéronautique
Internationale*

Minutes

of the Annual Meeting of the **FAI Medico-Physiological Commission**

held in Zagreb, Croatia
from 4 to 6 September 2009

*Avenue Mon-Repos 24
CH-1005 Lausanne
(Switzerland)
Tél.: +41(0) 21/345.10.70
Fax: +41(0) 21/345.10.77
E-mail: sec@fai.org
Web: www.fai.org*

**MINUTES OF THE MEETINGS OF THE COMMISSION
INTERNATIONALE MEDICO PHYSIOLOGIQUE (CIMP) HELD IN
Zagreb 4-6 September, 2009**

Juergen K. Knueppel, MD, Secretary CIMP
Richard Garrison, MD, Alternate Delegate USA

Introduction

The CIMP meeting took place in the Central Hotel, Zagreb, Croatia. Prior to the Plenary Session, Delegates were asked if they had potential conflicts of interest to declare. Inevitably all are, or have previously been, employed in the field of aviation medicine. Those present were informed that if any had additional interests which could influence their actions, these must be disclosed in confidence to the Secretary.

Three sessions are covered by this report:

- 1. The Bureau meeting; Friday 4, September at 21.00 hr,
- 2. The Technical Meeting; Saturday 5 September, 10:00 – 18.00 hr.
- 3. The Plenary Meeting; Sunday 6 September, 09.00 – 13.00 hr.

(Please note that a glossary of abbreviations and acronyms is at the end of the report.)

The CIMP Bureau Meeting, Friday 4 September

Attended by:

Dr. Peter Saundby, President
Dr. Pedro Ortiz, President of Honour
Dr. Kazuhito Shimada, Vice President
Dr. Bernhard Schober, Vice President
Dr. Rene Maire, President of Honour
Dr. Juergen Knueppel, Secretary

At the Bureau Meeting, the previously published agenda was reviewed and confirmed. The principle issues for debate were identified as the administration of TUE's according to WADA policies and the controversies concerning the LPL proposals by EASA. The problem of the aging pilot and measures that could be taken by airports would be a major debate.

The CIMP Technical Meeting, Saturday 5 September

This was attended by:

Dr. Peter Saundby, President (United Kingdom)
Dr. Bernhard Schober, Delegate Austria, Vice President
Dr. Eero Vapaavuori, Delegate Finland
Mr. Joel Amiable, Observer France
Dr. Assaad Assaker, Delegate Lebanon
Dr. Juergen Knueppel, Delegate Germany
Dr. Eckhart Schroeter, Observer Paragliding and Hang Gliding DHV Germany
Dr. Samuel Samuelsson, Delegate Iceland
Dr. Antonio Dal Monte, Delegate Italy
Dr. Kazuhito Shimada, Delegate Japan, Vice President
Dr. Jacek Kibinski, Observer CIMA Poland
Dr. Pedro Ortiz, Delegate Spain
Dr. Marie Josep Marti, Alternate Delegate Spain

Dr. Henry Lindholm , Delegate Sweden
Dr. Rene Maire, Delegate Switzerland
Dr. Sutuspun Kajornboon, Delegate Thailand
Dr. David Bareford, Alternate Delegate United Kingdom
Dr. Geoffrey McCarthy, Delegate United States of America
Dr. Richard T. Garrison, Alternate Delegate United States of America

Scientific Sessions:

1. This opened with a welcome by the President and introduction of those present.
2. Unfortunately WADA reported that the FAI has the worst record of positives for prohibited drugs. These are the number of drugs detected following screening tests. Positives were mainly a failure to obtain a TUE when justified, although some pilots had been unwise in consuming recreational cannabis. A discussion followed by Dr McCarthy explained the differentiation of substances used for orthodox treatment versus performance enhancement. The discussion of national versus international definition and determination was discussed. The option of a small (3) versus a larger group (5) to speed TUE approval was debated. A proposal for a five member panel was agreed, together with a detailed procedure for managing TUE requests. A minimum of 3 members voting would assure a quorum.
3. The EASA Leisure Pilot License proposal and two articles in the ASMA journal were discussed. The authors from the European Society of Aviation Medicine had raised questions of minimum age and frequency of medical review. They also challenged the LPL concept and authorizing GMPs to conduct medical examinations. There is no agreement on the desirability of a sub ICAO licence, but there was agreement that the complex LPL medical certification proposals made by EASA could not work. It was pointed out that these do not follow any extant practice in Europe. A meeting of the European Aerospace Medical Association in Wiesbaden in August of 2008 had decided that JAR class 2 is the standard that should be used for the LPL. However this would not be agreed by many others,- especially in the glider & microlight pilots community-, and would be contrary to the provisions of European basic aviation law.
4. Dr Ortiz presented his comparison of Ultra light operations and accidents in Spain and France. His comparison showed that increased regulation decreases activity but not accident rate. - Preliminary accident investigation reports in general should be published earlier as before (i.e. 3 months) after an event.
5. The question of the minimum age for licensing and solo flight in aviation had been raised by the ESAM and was discussed. Each attendee was queried as to what age to allow solo piloting. The consensus centered at 16 years minimum for solo flight. However Delegates had different opinions, especially concerning the start for Gliding at 14 years. The meeting felt that provided the child met the minimum anthropometric size and weight, the age issue is not primarily a medical decision because there must be an inverse relationship between maturity and the supervision provided.
6. A discussion as to whether a General Medical Practitioner should be permitted to do LPL examinations was opened by the chairman. It was agreed that with some basic training a GMP could indeed examine and certify medical fitness for flying. GMP licences differ between nations. Training between 2 and 6 years, licence for treating patients with national health insurance, etc. Especially the question of an Aeromedical Course would alter the opinion about the GMP qualification to a positive one. Ultralight Pilots prefer the GMP

rule, as working in France. In the USA no medical certificate is required, a driving licence being sufficient, but in Italy harsh military equivalent rules are applied to the same group, therefore large variations exist. There was no agreement but a vote 10 to 5 approved the GMP solution.

7. The problem of ageing pilots was the next major issue. Three measures have been used, to prohibit certain activities above a specified age, to increase the frequency and severity of medical checks, and to increase frequency of flight checks and currency requirements for older pilots. A presentation submitted by Dr Marja Osinga was shown in her absence. The feeling was that testing of mental status is of use in determining the fitness to fly but also the cardiovascular risk increases exponentially with age. Neuropsychological functions are important but difficult to validate. It was agreed that research is essential to provide the evidence on which rational policy decisions can be made.
 8. Dr. Maire gave two presentations. The first was the evaluation of glider accident patterns in Switzerland and its correlation to age. After 60 years of age the Swiss Government is contemplating for medical examinations in this age group of pilots. The second on the use of radiofrequency ablation of ventricular arrhythmias in a pilot was given on 6 September before the plenary meeting. This procedure proved effective in returning a pilot to flying status.
6. Submitted National Reports are attached to this document.
- .

CIMP Plenary Meeting, Sunday 6 September.

Dr. Peter Saundby, President (United Kingdom)
Dr. Bernhard Schober, Delegate Austria, Vice President
Dr. Eero Vapaavuori, Delegate Finland
Mr. Joel Amiable, Observer France
Dr. Assad Assaker, Delegate Lebanon
Dr. Juergen Knueppel, Delegate Germany;
Dr. Eckhart Schroeter, Observer Paragliding and Hang Gliding DVH Germany
Dr. Samuel Samuelsson, Delegate Iceland
Dr. Antonio Dal Monte, Delegate Italy
Dr. Kazuhito Shimada, Delegate Japan, Vice President
Dr. Claude Preitner, Delegate New Zealand
Dr. Jacek Kibinski, Observer CIMA Poland
Dr. Pedro Ortiz, Delegate Spain
Dr. Marie Josep Marti, Alternate Delegate Spain
Dr. Henry Lindholm , Delegate Sweden
Dr. Rene Maire, Delegate Switzerland
Dr. Sutuspun Kajornboon, Delegate Thailand
Dr. David Bareford, Alternate Delegate United Kingdom
Dr. Geoffrey McCarthy, Delegate United States of America
Dr. Richard T. Garrison, Alternate Delegate United States of America

1. The President opened the formal plenary by welcoming all those present. No deaths of former delegates were reported.
2. The Roll Call of delegates was completed by the Secretary FAI-CIMP.

3. Apologies were received from those Delegates who were unable to attend:
 - Dr. Oldrich Truska, Delegate, Czech Republic
 - Dr. Thierry Villey, Delegate, France
 - Dr. Marja Osinga, Delegate, Netherlands
 - Dr. Phivos Christophides, Delegate, Cyprus.
4. The minutes of the 2008 CIMP meeting, held in Lausanne, Switzerland had been distributed electronically and no comments had been received. The meeting approved these minutes.
5. Matters arising from minutes:
 - 5.1. Affiliation with ASMA is pending. This will by Statute be proposed to the FAI General Conference which has authority on all external relations. No difficulty is anticipated and an announcement can be made by Dr. Shimada and Dr. McCarthy as soon as confirmed. In addition delegates were informed of the advantages of ASMA membership.
6. Report of the President:

The report of the President is attached. Arising from his report and adverse comments on the dearth of scientific evidence to support policy decisions, a group was formed to formulate research topics. This group includes Drs Maire, Kibinski, Saundby, Ortiz.
7. It is clear from the lack of evidence that the EASA has given little attention to the outcomes of safety regulation. A proposal was discussed and later tabled to form working groups to organize and collect data on outcomes. The members lent their comments to formulate a resolution which would communicate this to regulatory bodies. The president authorized working groups to form statements on the following issues to be presented to the FAI for dissemination.
 - a) Therapeutic Use Exemptions (TUE): A group was appointed to carry out reviews for the FAI. Drs Assaker, Kajornboon, McCarthy, Shimada, Schroeter
 - b) Recommendations to EASA on the examination of LPL holders:
Drs Maire, Kibinski, Saundby, Ortiz.
 - c) Accident data collection and its standardization: McCarthy, Knueppel, Ortiz. ASMA proposal will be distributed. (It was later learnt at the ICASM that ICAO has recognized this problem and will be forming their own advisory groups).
8. Election of officers: In accordance with FAI procedures, the following were elected as officers:
 - President: Dr. Peter Saundby, United Kingdom
 - Vice President Dr. McCarthy, USA
 - Vice President Dr. Kazuhito Shimada, Japan
 - Vice President Dr. Bernhard Schober, Austria
 - Secretary Dr. Juergen Knueppel, Germany
9. Regional meetings were agreed but must be chaired by a Bureau member and reported to the general CIMP meeting. It was provisionally agreed that a regional meeting chaired by Dr McCarthy could be held in Singapore immediately prior to ICASM2010.
10. The next meeting will be in Lausanne on 18-20 June 2010 and will follow the same pattern as previously. Dr Maire offered to act in any local liaison. On alternate years meetings will

be held at the site of the ICASM meeting and this was ratified by a two thirds majority. ICASM2011 is to be held in Bucharest and so CIMP will be 09-10 September 2011.

11. Working Groups established for specific purposes.
12. EASA response: The CIMP-Bureau has to work on EASA issues. The President of CIMP will lead.

Juergen K. Knueppel
Secretary CIMP, 6 September, 2009

Attached documents:

President's Report.

National reports: Austria, Czech, Finland, Germany, Italy, Japan, Spain, Switzerland, UK, USA

Abbreviations and acronyms:

AME Aeromedical Examiner
AMC Acceptable Means of Compliance
AeMC Aero Medical Centre
AMS Aero Medical Section of National Aviation Authority
CAA Civil Aviation Authority
CAB Civil Aviation Board
CIA Ballooning Commission
CPL Commercial Pilot License
CRM Crew Resource Management
CT Computer Tomography
DGAC French CAA
DHV German Hang Gliding Association
EASA European Aviation Safety Agency
ECG or EKG Electro Cardiogram
EEG Electro Encephalogram
EGU European Gliding Union
ESAM European Society of Aviation Medicine
FFPULM French Microlight Federation
GAISF General Association of International Sports Federations
GMP General Medical Practitioner
HF Human Factors
HFACS Human Factors Analysis and Classification System
ICASM International Congress of Aviation and Space Medicine
ICAO International Civil Aeronautical Organization
JAA Joint Aviation Authority
JAR FCL Joint Aviation Regulation – Flight Crew Licensing
LBA German CAA
LPL Leisure Pilot Licence or Light Aircraft Pilot Licence
LSST-M Licensing Sub Sectorial Team (Medical) of the JAA
MDM O32 EASA light sport aircraft working group
MRI Magnetic Resonance Imaging
NAC National Aeronautical Council
NPPL National Pilot License
NVG Night Vision Goggles
PPL Private Pilot License
SD Spatial Disorientation
TMGs Touring Motor gliders
TUE Therapeutic Use Exemption
UL Ultra Lights
WADA World Anti-Doping Agency
WG Working Group

CIMP 2009 Zagreb Croatia

President's Report
Dr Peter Saundby

Since we met in Lausanne last year, it has been a professionally interesting and eventful year. This was driven by the activities in Europe following the passing of an aviation law in early 2008 and the resulting task put on the European Aviation Safety Agency to implement that law. Their proposals resulted in a large number of responses. Following accidents there have been changes in Swiss law requiring the medical examination of older pilots. In the USA experience is being gained following the relaxation of medical requirements for sports pilots. These issues are agenda items for this meeting in Zagreb.

Harmonisation in Europe means changes, for some of those affected the results are more onerous and expensive requirements. Where there is no safety issue, or the proposed remedies are not seen as curative, these are resented by pilots. For the first time in my country the aviation press has attacked aeromedical doctors and demanded that we be excluded from any input concerning the drafting of regulations. Similar criticisms have been made previously on a German language web site.

The real underlying problem is the dearth of scientific evidence concerning the fitness of air sports pilots. Military and commercial practices have been applied with little modification. Much money is spent collectively by pilots on routine physical examinations. Relatively little is spent on investigation of accidents and autopsies are not routine in many nations. Aeromedical training is minimal and almost nothing is spent on research. Even when EASA offered a research project, there were no bids. We may not be able to answer all the questions raised during our meeting, but at least we should be able to identify questions for research.

A useful contribution has been the publication this year in English of an aeromedical text book translated from the original German. The 'Principles and Practice of Aviation Medicine'. When advising on a difficult case, it can be illuminating to read the anecdotal accounts of similar cases cited in this book.

02 September 2009

NATIONAL REPORT OF AUSTRIA 2009

Bernhard Schober, Austrian Aero Club Delegate, CIMP Vice-president

1. Medical Regulations for the EASA – LPL

The standards for the LPL is a matter for discussion during the meeting of the Austrian Society for Aviation Medicine

(Niederöblarn , Styria, Austria, 12.9.- 13.9.2009

www.flugmedizin.net)

In this meeting we express significant concern about the flight safety consequences of the proposed aeromedical requirements of the LPL. The issuance of the certificates by general practitioners may increase the flight safety risk. GP will have no chance to gain sufficient experience in dealing with aeromedical problems .

2. Air Sport Events

Parachute World Cup Series 2009

28.- 30.8.09 Zell am See

Zell am See is hosting the PWCS competition again this year.

Find a lot of infos on : www.flugplatz-zellamsee.at

Acro World Cup Paragliding, Salzburg, 17.07.- 19.07.2009

www.ikarus-pinzgau.com

3. Airshow: AIRPOWER Zeltweg/Austria; Have a look at

www.airpower09.at

4. Accidents :2 accidents(Catana ,4 fatalities)

**National Report – Czech Republic
FAI – CIMP
5th– 6th September, Zagreb, Croatia**

The Czech Aeroclub (CZ AC) associates about 123 organizations with 7 521 members (private pilots, paragliders, glider pilots, ultraligt – pilots, parachutists.

The number of members split up according the age – see tab. below:

Young people (up to 26 y)	People (26 – 60 y)	Seniors (over 60 y)
1162	5215	1144

CZ AC is an owner of 136 aircraft. The private pilots have flown 23 000 flying hours during 100 000 take offs. Glider pilots have flown 40 000 flying hours during 71 000 take offs. Parashutists have had 66 000 jumps (the number of jumps during the basic training has been 8 172).

We have recorded 2 accidents with a crew injury and destroyed aeroplane and 2 serious incidents among private pilots. Glider pilots have had 10 accidents and parachutists have suffered 1 serious accident with death.

For more details – see tab. below:

Type of flying	Accid.	Serious Incident	Incid.	Ground accid.	Death	Injury
Privat Pilots	2	2	5	3	0	2
Glider pilots	10	2	0	0	0	2

Para	9	54	-	-	1	8
-------------	----------	-----------	----------	----------	----------	----------

Oldrich TRUSKA, MD
Czech delegate of the CIMP

National Report / Finland / E. Vapaavuori

1. Medical standards

Since the dead line for comments on the proposed EASA LAPL regulations , no information has been given either by our national CAA or EASA so far.

2. Airsport activities

The international junior gliding world championships were arranged in Räyskälä, Finland. Two championships were won by German junior pilots, the best Finnish pilot came as 11th.

3. The Helsinki International Airshow on 15. – 16.8. was arranged as the 90th anniversary celebration of the Finnish Aeroclub. It was a success, although a very close call happened on the second day of the show, when an aerobatic manouver almost hit the ground.

4. Accidents

There have been quite a few accidents mainly of the microlights including two fatalities.

COMMISSION INTERNATIONALE MEDICAL PHYSIOLOGIQUE (CIMP)

National Report - Germany

By Juergen K. Knueppel, MD

Sporting aviation accidents are reviewed by the Federal Flight Investigation Institute (BFU). Overall numbers (published for 2007); accidents//injured//killed//rate/100AC:

1. Balloons	:	10	/	6	/	0	/	0,7
2. Gliders	:	92	/	14	/	18	/	1,2
3. Motor-Gliders	:	18	/	1	/	5	/	0,6
4. Air-Planes < 2.0 t	:	110	/	22	/	28	/	1,4

So far at the time there is no real professional investigation in AC mishaps on possible Human Factors involved, like medical factors, pilot errors, predisposing factors, environmental and organizational factors, contributing to these accidents.

Flight Safety:

- German government finished to support General-Aviation "Flight Safety Inspectors"(FSI). For more than 55 years the General- & Sports Aviation were supported by a system of 9 highly respected, regional FSIs . They were often former professional pilots and engineers. They conducted theoretical training and flight safety programs. Follow up measures are now discussed.
- With Date 30 March 2009 the EASA NPA on Human Factors was commented on by nations. - The German proposal: – Content: More practical approach in the human factors training syllabus, deleting the majority of physiological issues, concentration on human competence, communication and avoidance of failures.
Only a few NPA comments were drafted by other EASA Nations. This might indicate the difficulty to discuss these academic issues with the flying community.

Medical Examination:

- The number of physicians, who retired, has increased.
 - +National "68 Year Rule" (AMEs over 68 y have to stop working!);
 - EASA plans not to promote such a rule.
 - +Increase of state-administration to AME Class 2, which is unpopular.
 - +Discrepancy between required time for administration and benefit.
- National rules incorporate still JAR FCL Regulations, -amendment 5 -, which puts higher demands on pilot examinations, than required by ICAO, mainly on waiver procedures.-German CAA is not involved any more in permitting waivers.
- Lufthansa AMC-Academy conducts now a pan-European AME Course in English.
- EASA NPAs have started intensive discussions in between AMEs, especially about planned LPL examination standards in Europe.
- A German Pilot Group approached the European Court because of equal rights issues concerning overloaded medical restrictions on glider pilots.

27 August 2009

COMMISSION INTERNATIONALE MEDICAL PHYSIOLOGIQUE (CIMP)

National Report 2009 - Germany Annex Hang-Gliding/Para-Gliding

By Dr. Eckhart Schröter

Sporting aviation accidents

Overall numbers (published for 2007) reviewed by the DHV:

	accidents	injured	killed
Paragliding	182	102	6
Hanggliding	43	27	7

A significantly increased number of accidents at the pilot age over year 50 indicates on less performance or increased medical issues in this group. A more detailed review in the future is planned.

The international database with members of the EHPU for hang-/paragliding accidents is still under construction. The biggest problem is incoherent or absent databases in most countries.

Air sports activities

The World Championship in Hanggliding Class I was held in Laragne, Haute Provence, France in June 2009. Pitch level controls of the gliders are now mandatory even though there were no penalties. On this championship we had no fatal accidents or severe injuries. Even announced to do so in France, no anti doping tests were performed.

A fatal accident at the Paragliding World Cup in Brazil and a lot of rescue parachute uses keeps the discussion about competition safety on going.

Safety

Due to liberalisation for testing and certifying agencies new standardised testing protocols were performed. This lead also to a new harness protector testing set up. Additionally first dummy tests on Paragliding Harness Protectors were performed by the DHV, also in a tilt position.

31 August 2009

Abbreviations:

DHV German Hang Gliding Association

ITALIAN REPORT TO CIMP 2009

SUMMARY

- 1) Safety of Flying.**
- 2) MEDICAL EXAMINATION.**
- 3) MOST FREQUENT ACCIDENT**
- 4) ACCADEMIC ACTIVITY**

THE REPORT IS NOT COMPLETE FOR THE 2009 BECAUSE THE YEAR IS NOT YET FINISHED.

THE ITALIAN NATIONAL AGENCY FOR THE FLYING ACTIVITIES REPORTS THAT IN THE 2008 WERE REPORTED 1850 DECLARATIONS OF POTENTIAL OFFENCE IN THE FIELD OF FLIGHT SAFETY OF WHICH ONLY 90 WERE REFERRED TO SEVERE TECNICAL PROBLEMS OR REAL ACCIDENTS.

IN 2008 IN ITALY WERE LOST 23 PEOPLE MOSTLY IN GLIDING ACTIVITY AND IN PRIVATE FLYING.

NOT WAS POSSIBLE OBTAIN PRECISE DATA ABOUT THE ULM ACTIVITY OR IN PARACHUTING SINGLE OR TANDEM PARAMOTOR ETC.

IN PARTICULAR THE ACCIDENTS WITH MOTOR AIRCRAFT WERE 66, WITH THE HELICOPTERS 10 AND 12 FOR THE GLIDERS.

THE NUMBER OF THE ACCIDENTS IS LESS THAN IN THE PREVIOUS YEARS BUT THIS DOES NOT REPRESENT AN IMPROVEMENT IN SAFETY, BUT IT IS TO BE PUT IN CORRELATION WITH THE REDUCTION OF THE FLYNG ACTIVITIES CAUSED BY THE ECONOMIC DEPRESSION.

IN THE LAST YEAR NOTHING NEW IN THE FIELD OF MEDICAL EXAMINATIONS RULES: THIS IS A POSITIVE ASPECT, BECAUSE EVERY TIME SOMETHING NEW IN THE MEDICAL RULES WAS INTRODUCED, THE CHANGEMENT NOT WAS POSITIVE.

BUT WE HAVE TO TAKE INTO ACCOUNT THAT THE RULES FOR THE MEDICAL EXAMINATIONS APPLIED IN ITALY ARE THE MOST SEVERE THA IN ALL THE OTHER PARTS OF THE WORLD.

IN ITALY THE PROFESSONAL AND COMMERCIAL PILOTS AND CREW MEMBERS ARE EVALUATED BY THE MILITARY DOCTORS IN THE SPECIFIC INSTITUTES.

THE PPL AND GLIDERS PILOTS ARE EXAMINED BY THE DOCTORS BEARING THE FOUR YEARS UNIVERSITY POST GRADUATE LICENCE IN AEROSPACE MEDICINE.

THE PARACHUTISTS HANG GLIDERS AND THE OTHER FLYERS ARE EXAMINED BY THE SPORT MEDICINE DOCTORS. ALSO IN THIS CASE THE POST GRADUATE LICENCE OF THE M.D., ARE OBTAINED THROUGH FOUR YEARS OF UNIVERSITY COURSE.

ABOUT THE MORE FREQUENT CAUSE OF ACCIDENTS: FOR THE ELICOPTERS ARE REPRESENTED BY THE ELECTRODUCTS COLLISIONS IN THE MONTANEOUS LANDSCAPE.

THE MORE FREQUENT GLIDING ACCIDENTS CAUSES ARE ALWAYS THE SAME: CRASH AGAINST TREES OR MOUNTAINS.

I REMEMBER TO ALL OF YOU THAT ONE NOT OFFICIAL EVALUATION OF THE CRASH SPEED CONDITIONS IN GLIDING SHOW THAT WITH A REALLY REINFORCED COCKPITS, LIKE THEY ARE IN CAR AND MOTORBOAT RACING VEHICLES, NO HUMAN LIFE CAN BE LOST IN GLIDING ACTIVITY!

BUT THIS IS ANOTHER STORY!

CURIOSLY IN ONE YEAR WERE IN ITALY 72 RUNWAY INCURSIONS.

IT SEEMS THAT THE WIND SHEARS PROBLEMS ARE INCREASING, AT LEAST IN ITALY.

I PERSONALLY GAVE FOUR ACADEMIC PAPERS IN AEROSPACE MEDICINE IN DIFFERENT ITALIAN UNIVERSITIES.

THE NEXT OCTOBER, IN THE EUROPEAN SCIENCE CONGRESS THAT WILL BE HELD IN TANTALYA (TURKEY) I WAS OFFERED TO PRESENT ONE OFFICIAL INTRODUCTORY SPEECH ON THE SPORT AVIATION ACTIVITIES.

National Report – Japan (Kaz Shimada)
FAI – CIMP
5th– 6th September, Zagreb, Croatia

1. Medical Standards

We are in the middle of 5 year cycle for PPL standards review. No notable change was made during the last 12 months.

2. Licensure rules

Multi-Crew Pilot License (ICAO, for airline co-pilots) is not yet introduced.

3. Notable accidents

A private helicopter over low clouds attracted some attention. Helicopter IFR operations are not seen in private sector.

4. Air Sports activities

A) Turin World Air Games, June 2009

Japanese entrants were for Hot Air Balloon, Powered Paraglider, Paraglider-accuracy.

B) Japanese NAC had an annual public event at Shizuoka for 2008, which drew 53,000 people despite rain. The site was a new public Fuji-Shizuoka Airport.

C) Well represented at model helicopters and free flight model ((July 2009, Croatia <http://www.aeromodelarstvo.net/Forum/forums/thread-view.asp?tid=1219&start=1>) competitions.

D) Powered paragliders are expanding.

E) Free-fly made a 108-person world record with a female Japanese diver.



5. Public Health control of

H1N1/swine flu

A) In Asia, strict process were applied at some airports, including Tokyo/Narita.

B) As competition is an extraordinary place in terms of group control, FAI needs to prepare some guidelines.

National Report 2009 - The Netherlands

1. In the past years the **airspace** for non-commercial aviation, in the favour of commercial operation, is diminished dramatically. On many sport airfields it is nearly impossible to fly due to the corridors of the TMAs. A number of gliding clubs has moved to the few glider sites where less rigorous restrictions are. Cross country flying is threatened to this phenomenon and clubs are losing members.
2. Another problem is the demand of **mode S transponders** in controlled airspace for balloons, gliders, para gliders. Each aeroplane needs its own transponder, so for clubs with a certain number of planes it is a huge investment. From 8 April 2010 the transponder is obligated for the whole country. The maximum height will be 1200 feet!
3. The influence of **electromagnetic radiation** on pacemakers is investigated by the Medical Advisory Board. The conclusion is that, with our knowledge until now, there are no negative effects on pacemakers when flying with a transponder on board. For all pilots the Board advises a minimum distance of 10 cm to the antenna.
4. The Department of Parapent and Hang Gliding performed the **experiment on centripetal forces** during spiral dives. Result: G forces up to 4 G were measured. On base of the results recommendations were formulated and instructor guidelines rewritten. The Medical Advisory Board monitored the medical conditions of the participants of the experiment.
5. **Events:**
 - World Championship Parachuting on Teuge.
 - For the first time the Zeppelin NT of DZR in Friedrichshafen made a trip from England to The Netherlands, airport Valkenburg, in 4 days. 10 passengers were enraptured about the impressive tour.
 - Each year the National Gliding Day is organised, with many presentations, discussions and exhibitions. This year the Medical Commission Gliding performed a workshop about the aging pilot.
6. The proposed **EASA** regulations formed an important part of the activities of the Medical Advisory Board.
7. **Fatal accidents:** until now one fatal accident happened. Just before a thunderstorm a glider crashed during final glide. One pilot died and one pilot was severely injured. The accident is under investigation of the national authorities.

Marja Osinga, M.D.

Delegate FAI/CIMP for the Netherlands
September 3rd 2009

FAI CIMP Meeting 2009

Zagreb, 5 – 6 September 2009

National Reports

SPAIN

1. Information of the Spanish Air Accident Investigation Commission CIAIAC Comisión de Investigación de Accidentes e Incidentes de Aviación Civil

The information provided by the CIAIC to the airports community has improved greatly with the development of its web page http://www.fomento.es/MFOM/LANG_CASTELLANO/DIRECCIONES_GENERALES/ORGANOS_COLEGIADOS/CIAIAC/ and a change in the information policy: the commission does not wait for the full completion of the investigation and publishes preliminary reports, so a better picture of the accidents and incidents evolution is possible.

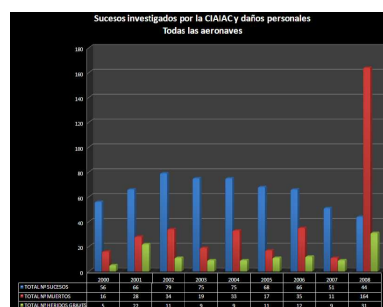
The CIAIC produces specific reports on ULM providing interesting material for research and prevention (mostly training interventions). See:

http://www.fomento.es/MFOM/LANG_CASTELLANO/DIRECCIONES_GENERALES/ORGANOS_COLEGIADOS/CIAIAC/Ultraligeros/

2. Accidents in 2008

The year 2008 has been dramatic for the aviation safety in Spain, particularly for the disaster of the Spanair MD-82 at Barajas Airport in Madrid that occurred on August the 20th. -08-2008. EC-HFP. A preliminary report in English is available at: http://www.fomento.es/NR/rdonlyres/C58972BC-B96C-4E14-B047-71B89DD0173E/43303/PreliminaryReportA_032_2008.pdf

The following table CIAIC Table shows the evolution of investigated events and the impact of this accident in 2008:



3. EASA: Wait and see

No new developments in the regulatory aero medical management of airports pilots. Administrative bodies seem to wait for the future EASA regulations. There are no visible actions.

4. AME training by University Camilo Jose Cela

A private University Camilo Jose Cela has performed a basic training course for AMEs homologated by the Spanish DGAC -civil aviation authority-. This is the second course done by this University (previously the Spanish Society of Aerospace Medicine SEMA organised the training). The costs of this training are higher than in the previous scheme.

August the 7nd 2009

Pedro Ortiz MD
Spain Delegate to FAI CIMP
Maria Josep Martí MD
Spain Alternate Delegate to FAI CIMP

CIMP-Meeting 05./06.09.2009, Zagreb, Croatia - National report of Switzerland

Dr. René Maire, Delegate of the Aero-Club of Switzerland (AeCS)

1. EASA and Switzerland: Since 01.12.2006 the EASA-rules/-regulations/-legislation are valid in Switzerland. Switzerland is member of the EASA in accordance to the bilateral contracts with the EU. In summer 2008 a working group of the Aero-Club of Switzerland (AeCS) was involved in studying the EASA NPA No. 2008-17a-c (mainly 17c). The result of that analysis by this group was sent to EASA.
2. Medical checks for glider pilot - consequence of several glider accidents in summer 2008: In summer 2008 several fatal glider accidents occurred in Switzerland, the number being greatly above the annual average. These accidents draw the attention of the media. Fatal glider accidents have been a main topic in the newspapers and TV for several weeks. The question was raised why the glider pilots have no medical checking (in fact since 1981 we had the following regulation: a mandatory initial medical examination corresponding to the JAR-FCL-Medical-Class 2-certificate; afterwards no other medical examination required). The rule has now changed: The Federal office for civil aviation of Switzerland (FOCA) decided the following regulation, which is now valid since 01.03.2009: 1) Initial medical examination (this is unchanged); 2) after the age of 60 all two years a medical examination; 3) independent of age, in case of occurrence of any important illness it is compulsory to announce it immediately to the FOCA. - For the glider pilots we have now a national gliding medical licence. If the glider pilot wants to acquire a JAR-FCL-Medical-Class 2-certificate, then he has to fulfill those criteria. The basis for decision making for the national gliding medical licence are the JAR-FCL-Medical-Class 2-requirements, but - in special cases - the limit can be set lower until ICAO-level. The aeromedical examination of glider pilots must be performed by an AME. - More about this topic will be presented at the CIMP-meeting.
3. SSAVmed (Swiss Society of Aviation Medicine): This organisation has been revitalized in May 2008. New activities including events for the members have been and will be undertaken. SSAVmed will apply for membership of ESAM (European Society of Aerospace Medicine).
4. Swiss Olympic: This is the Swiss national body where most national sports federation are members from. Swiss Olympic is among others responsible for doping matters and for the attribution of subventions to the national sports federations and to athletes in national teams, respectively. The Aero-Club of Switzerland is member of Swiss Olympic and can profit from these subventions even if these budgets for aviation sports are much smaller than those for more popular sports like skiing sports, athletisme etc.
5. Doping: Since many years we have doping-controlls in Switzerland for aviation sports participants, and we have not had any positive doping case so far. This is due to a good and consequent information policy which the Aero-Club of Switzerland in coordination with the Aero-Club-medical doctors has been performing since years.
6. International Airport Zurich-Kloten: The statement of my national report of 2008 is still valid: „The problems related to restrictions for the airtraffic of the Airport Zurich-Kloten above German territory, imposed by Germany, are still a huge matter of political and aviatic debate.“

03.09.2009

COMMISSION INTERNATIONALE MEDICAL PHYSIOLOGIQUE (CIMP)

National Report - United Kingdom

By Dr Peter Saundby

During the year there have been no serious sporting aviation accidents caused by disease. There was a case in which a glider pilot attended his club, but saying that he did not feel well he decided not to fly, but to return home in his car. Sadly he died when on route and tragically hit and seriously injured a young woman in a car going in the other direction. It is a commentary on media interest that this accident was only reported in the local newspaper. One suspects that if he had crashed an aircraft into a car and inflicted the same injuries, the news would have been reported world wide.

A difficult case arose with a pilot suffering paranoid delusions. He held a JAA Class 2 which was suspended when the Civil Aviation Authority heard of the problem. The pilot went to a psychiatrist who after a short interview issued him with a letter stating that there was no obvious illness. Armed with this he demanded restoration of his medical certification. None of the persons falsely accused were prepared to give formal evidence and at no stage was his general practitioner consulted. His licence was restored but he is not flying because no club in the region will accept him as a member.

During the year there was a great deal of work in preparing responses to the proposed implementation of the European Leisure Pilot Licence. The major problems concern the medical certification. While all would agree that a full knowledge of any adverse pathology suffered by a pilot applicant is an essential prerequisite for sensible aeromedical decisions, there is disagreement on how that knowledge is reliably and economically best obtained. A further consideration is that the administration of gliding (in the British Empire) was delegated during 1931 to the British Gliding Association by the then Air Ministry. This self governance will now be lost and replaced by regulation by officials in Cologne. The loss of local democracy is resented and it is unsurprising that political parties opposed to the European Union gained in the recent elections.

As was stated at the Europe Air Sports Conference, the great scientist Charles Darwin demonstrated that variation was essential for evolution. It should be understood by officials that if no variation is permitted, there can be no progress. Harmonisation will inhibit development if treated as an objective. It is only the measurement of outcomes that should be subject to standard calibration.

Airlines have been put to additional costs because of the EASA requirement for the medical examination of cabin crews. One major airline has said that they had employed diabetics and persons who had suffered a fit without problems, but these may now have to be discharged. British Airways stated in evidence that while cabin crews were occasionally ill, usually from gastro-intestinal disease, there had never been a case when a passenger has been hazarded by the illness of a cabin staff member.

09 August 2009

United States Report to The Federation Aeronautique Internationale
Commission Medico-Physiological
2009

The population of pilots in the USA remains stable during the past year of record. Accidents and safety factors have not trended in either a positive or negative direction. Aero medical transport has come under FAA scrutiny with new regulations are promised.

Air sport activities are still well attended and participation remains strong. The NTSB has been addressing the number of aerobatic accidents. In 2009 so far there have been 9 aerobatic accidents: 2 involved former military aircraft, and 2 involved practice for air shows. These numbers are too small to infer any trends. The FAA has narrowed the approved methods of color vision approval via the waiver process. This is on account of color vision significance in EFIS displays.

There have been a few drug TUE requests of the NAA with amphetamines being one of note which was denied.

The implementation of the light sport pilot goes forward with increasing numbers of pilots either obtaining the certificate or degrading piloting privileges to sport pilot level. These increases in numbers have not shown any increase in accidents.