

1. **In 2013 EU medical certificates** are introduced for class 1 and 2. The transition was rather smooth, as it was in EMPIC that we used before. Because the requirements are taken from the JAR mainly, the assessment itself was not quite different. Nevertheless there are some minor deviations, which requires that the AME needs a precise look at the new requirements. The assessment has to be performed with the rules next to the pc on the table. The format of the text of Part-MED is quite different from the JAR, it prohibits a quick check of the Implementing Rules and Acceptable Means of Compliance.
2. In the Netherlands there is **a law on governmental processes**. This is a very complex and extended matter. The AME is subject to this law, which means that he is fully responsible and liable for his activities. This cannot be taken over by the authorities in case of a referral to the Medical Assessor, as in Part-MED for class 1&2. The MA gives a binding advice but doesn't issue the medical certificate. The AME has to issue the medical certificate, even if he doesn't agree with the decision of the MA. This has led to many intense discussions between the authorities, lawyers, AMEs and AeMCs. The MA offered a full day course for training the AMEs and AeMCs in this legal field. Still it is unclear for many AMEs how to deal with this. The appeal procedure is still controversial. The consequences of this law are that AMEs are afraid of performing aeromedical assessments because of the legal consequences and the appeal procedure.
3. **Accidents**: in the last years there was an increasing number of accidents in General Aviation. This was analyzed by the Safety Board. The cause of most incidents and accidents was that the pilot did not follow the procedures. It is important to have an open culture in GA to discuss incidents and dangerous situations. Measurements are necessary to improve the skills and risk perception of pilots. (In 2014 a General Aviation Congress on safety was organized)
4. Since 2005 **licences and medical certificates for unpowered aircraft** were issued by the National Aero Club, mandated by the Ministry. This was cheap, simple and safe. Unfortunately in 2013 the Ministry decided that issuing licences was a task again for the authority. All licences will be issued now by a commercial organization, which is expensive and they are not experienced at all in aviation matters.
5. **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.
6. Activities of the **Netherlands Association of Aviation Medicine**:
 - a. Scientific meetings on Spatial Disorientation, Flight Simulation, Living and Working in Space (André Kuipers), several presentations in a joint meeting with the Belgian aeromedical federation AMABEL
 - b. AME training course, basic and advanced
 - c. Aeromedical Working group involved in scientific research and publications (DM and insulin: published in The Lancet Diabetes and Endocrinology)