



*Fédération
Aéronautique
Internationale*



Minutes

of the
Annual Meeting
of the
**FAI Medico-Physiological
Commission (CIMP)**

held in Lausanne, Switzerland
on 9 and 10 June 2012
at Maison du Sport International

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1. Welcome by President

Opening Remarks by JK welcoming all.

2. Roll-Call 9 June /2012

- There are no conflicts of interest. The only conflict noted was that all members were active aero-medical examiners (AME) and / or national aero club officers. Any other conflicts of note will be delivered to the secretary.

President :

- Juergen Kneuppel President (Germany) (JK)

CIMP Bureau Members:

- Rene Maire President of Honour (Switzerland) (RM)
- Kazuhito Shimada Vice President (Japan) (KS)
- Marja Osinga-Meek Vice President (Netherlands) (MO)
- Richard Garrison Secretary (USA) (RG)

CIMP Delegates:

- Martti Lopojarvi Delegate (Alternate) Finland (ML)
- Antonio Dal Monte Delegate Italy (AD)
- Bernhard Schober Delegate Austria (BS)
- Thierry Villey Delegate France (TW)
- Henry Lindholm Delegate Sweden (HL)

CIMP Observer:

- from Republic of Azerbaijan

Guest:

- Roland Schneider (Micro Light Commission)

FAI Representative:

- Segolene Rouillon, FAI Head Office (SR)

APOLOGIES :

- John Grubbstrom, Sweden, FAI President
- Jacek Kibinski, Poland
- David Barford, UK
- Geoff McCarthy, USA
- Peter Saundby UK
- Samuel Sammuelson, Iceland
- Oldrich Truska, Czech Rep
- Phivos Christophides, Cyprus

3. FAI Report, Current Issues: (SR)

- 3.1 Discussed the addition of four expert panels to FAI, with a plan for two more to be added. The difference in mission between a technical commission and an expert group was elaborated on by (JK).
- 3.2 The global partnership with Breitling has brought increased financial resources to FAI. With this partnership comes a greater exposure of FAI through marketing.
- 3.3 A new corporation "FAME" (FAI Air-Sport Marketing) has been formed as a separate entity to market FAI and air sports.
- 3.4 The staff at FAI has increased to eight office personnel
- 3.5 The next FAI General Conference 2013 will be in Kuala Lumpur, Malaysia

4. Clinical Aviation Medicine:

- 4.1 (MO) presented the current status of EASA rule making proposals for aeromedical certificates. The “acceptable means of compliance” are still being worked out by the EASA expert group, which includes FAI-CIMP members and an asset with respect to advice on air sport considerations. The LAPL is still in transition with basic rules in place and implementation slowly in the member countries. The LAPL medical certification by GPs question will be left up to the individual countries.

The certification of diabetic pilots will become a reality. Only Type 2 will be considered. The LAPL and Class 2 will have TML, OML, and OSL limitations. The LAPL will have a deadline of 2015 for final implementation by the member countries.

EASA has stated that special conditions (Alternate Means of Compliance) will be certified at the National Level without prior approval of EASA. This is felt by AMEs to be a terrific shift of liability which is of major concern to European AMEs and may become problem in the near future.

- 4.2 (RM) Presented the status of EASA medical certification and contrasted them with JAR certification standards. RM reiterated that CIMP expert contributions have been invaluable in the process. The time line of implementation of EASA standards are as follows:

2014 - AeMC (Aeromedical Centers) compliant with ORA
2015 - LAPL Medical and licensing standards will be introduced throughout EASA
2017 – Complete set of standards on medical certification throughout EASA

JAR is defunct, but Class 1 in EASA will mirror JAR standards and be ICAO compliant. ECG standards will be the same.

Class 2 will be similar to current JAR and ICAO standards. Differences include ECG only after 40 years and visual standards are less than ICAO standards. Type 2 diabetes will be certified with a TML or OSL limitations. Cardiovascular conditions allowed along with anticoagulation will also be considered.

-LAPL certificate has no ICAO or JAR equivalent.

- 4.3 (PS) was not able to participate in this CIMP meeting. He prepared a PPT-presentation about “Medical Examinations and its Aeromedical Problems”. The content was shown to the delegates without any further discussion.
- 4.4 (RG) The presentation was a an overview of current safety statistics in USA aviation. There has been no increase in accidents. The new Light Sport segment has been similar to the situation with USA Glider and Balloon accident data and has not seen any increase or abnormal increase in medically related incidents in this segment which has no required formal medical certification.

THE AOPA and EAA in the US have petitioned the Federal Air Surgeon to create an exception for the current Third class medical for pilots who hold a current drivers license and no previous denial of FAA medical to fly without a medical certificate. They would be limited to one passenger and pilot, day VFR in aircraft of less than 4 seats, fixed landing gear, and less than 180 horse power. They would request that all of these pilots take a course on aeromedical self certification and other related topics to comply for this exception. There has been no response by the FAA on this proposal.

The FAA is going to streamline certification of many more conditions that currently require a “special issuance” by the FAA initially and allow AMEs to do this on initial evaluation without first having the FAA review the information first.

A demonstration of the MedXpress system was performed to allow the delegates to see this in action.

5. World Anti-Doping Agency (WADA) / FAI Anti Doping Program

- 5.1 (JK) specified the new strategies and practical legal consequences in the 2009 WADA Code. Under the political influence of the International Olympic Committee (IOC), the UNESCO and by the will of all Nations numerous high level lawyers developed in Montreal new “tricky” rules and regulations to counter the ongoing worldwide doping mentality in international sports.- WADA requires a consequent implementation of rules.

The basic strategies are:

- a. Only one Doping List.
- b. All sports are treated the same.
- c. No exceptions are granted
- d. The Strict Liability Rule applies, without presumption of innocence.
- e. Only sports rules apply, national courts can not be approached.
- f. If Nations, Federations and States do not comply: Subsidy will be stopped and Championships are forbidden.

– All rules are reviewed in a democratic process.

Millions of Dollars are invested by states to administer, control and promote AntiDoping.

It seems to be a bit difficult for Federations to build a comprehensive Anti-Doping-Plan without understanding and establishing its own wise overall concept. – Out of Competition Testing (OoCT) is mandated by WADA for FAI, improvements discussed.

- 5.2 (RM) Narrated a presentation to highlight the Swiss Aero Club AntiDoping methodology. The program includes gliding, parachuting, aerobatic and precision flying sports. The responsible organizations involved in the program are either the Swiss Aero Club or the NOC. There is no Out of Contest Testing. All contestants are informed of AntiDoping standards before a competition. The Swiss NADO publishes also the official prohibited list in a national release. The delegates feeling is that there might be the ability for the AntiDoping Manager (ADM) of FAI to negotiate with WADA the Out of Competition Testing and to make the in international competition test pool (RTP) be even smaller.
- 5.3 (JK) and (SR) presented the ongoing work of the FAI Anti Doping Advisory Group (FAI-ADAG) to build a reasonable FAI-Anti Doping Plan (ADP) until October 2012. FAI ADAG is chaired by Executive Board Member Bob Henderson who negotiated several times with the European WADA Rep in Lausanne to learn and improve the making of the FAI-ADP. CIMP is performing the TUE decisions for athletes who have to take medicine.

Nations and FAI Air Sport-Commissions were involved into an overall Risk Assessment of all FAI Air Sport Disciplines. WADA experiences showed that positive doping tests in AirSports were documented, which supported the WADA strategy to include all Sport-Disciplines into the World Anti Doping Program. Qualified physicians are part of this work, but the main tasks lay in the operational and administrative tasks.

The following decisions were registered:

- Qualified physicians can be nominated by the FAI EB, if proposed by CIMP or others without being a national CIMP delegate. All options to strengthen the qualifications and training of the TUE-Panel were discussed.
- Beta-Blockers do not show any more an important enhancement in AirSports, why it was voted to delete it from the “additional” prohibited list for Air-Sports.
Aviation Medicine rules have to apply nevertheless (i.e. with a medical waiver).
- Alcohol is still considered to be a prohibited substance and should stay in the “additional” List for AirSports. The effect of being an “Anxiolytic Agent” it may enhance risk taking in flying and to win in a competition, as also known from other flying experiences. - The prohibition of Alcohol in flight is an additional issue and was considered by the delegates as another important point.

- 5.4 (SR) presented in a practical way the WADA Internet Platform “ADAMS” and showed how regular TUEs are distributed to the TUE-Panel Members. The final decisions are put into a template which incorporates Data Protection and WADA

6. Flight Safety and Air sports

- 6.1 A presentation on accidents in air sports in the USA was given by (RG). There had been no increases but a spectacular accident at the Reno Air race was reviewed and brought out the question of GLOC in aerobatic and race pilots. FAA’s interest in this may increase awareness of this and mandate GLOC training and may impose more stringent qualifications for this type of activity at venues with spectators or low level performances. A presentation was given about the FAA FFAST program. Proactive Accident Prevention is a key issue in this program. An explanation of the “WINGS” awards for pilot education and proficiency was given.
- 6.2 The Italian micro light presentation by (AD) echoed the others that micro light accidents were mostly a pilot proficiency issue. Concerns were also the high performance and the unstable characteristics of the micro light operation.

- 6.3 The UK representative was not in attendance, but his presentation on the GASCO initiative for safety in the UK was reviewed by the group.

7. Micro light Accidents and Aeromedical Concerns

Roland Schneider of the Germany micro light investigation department presented one of the main topics in this conference. He showed the primary trends in German micro light safety.

The number of micro light accidents in Germany stay at a high level in the past years. The cause of accidents is still a matter of airmanship. Maintenance is also a major contributing factor in a number of accidents. The numbers reported are still not accurate due to many incidents not being reported. This is true also for most of the other countries where MicroLights are operated. It is assumed that up to 40 % of all incidents are not reported. Manufacturers are also a factor since some designs are inherently unsafe. About 165 different types are technically approved for operation. Also there were examples shown here, where a manufacturer purposely did not acknowledge or correct a major design problem.

As these types of AC are not regularly registered by the national CAAs a complete picture of safety concerns is difficult to achieve. – This presentation gave the delegates a better view on that kind of AirSports performed in FAI.

National regulations stay very different, other licensing issues, like required medical examinations, have alternative solutions. – It was decided to support the idea to help to improve the safety awareness in this discipline.

8. Information on Aeromedical Conferences and FAI Representation

- 8.1 A review of the CIMP representatives showed that most Aerospace Medicine related meetings will be attended by at least one Delegate in the coming year.

- ECAM, ICASM, ASMA (USA), others.

The program was adjourned by JK at 17:00

9. Minutes of the last FAI-CIMP meeting:

The Minutes of the last FAI-CIMP meeting was reviewed and finally accepted by all delegates.

10. Matters arising from the previous minutes:

CIMP has joined with (MO) and (JK) the EASA Medical Expert Group (MEG) and participated in two EASA expert medical group meetings in Cologne.
AirSports interests and comments concerning AirSports Operations were done.

11. President's report:

The clarification of the CIMP mission was reviewed. The need for medical / psychosocial support at FAI events has been addressed after EB inquiry last year. The WADA issues are being discussed and recommendations for the FAI AntiDoping Plan (ADP) will be made. The interaction of the CIMP members is important to the FAI-ASC mission and is going to be improved. EASA expert groups now have the representation of airports with the inclusion of FAI CIMP members. This has been a major positive step forward in EASA aeromedical policy making.

12. National reports:

The following are summaries. The complete reports are published on the FAI web site:

- 12.1 **Netherland** report: Highlighting need for accident reports and closure of thr national glider centre.

- 12.2 **Japan:** Micro light accidents were reviewed. The number of flight hours, pilots, and AMEs are declining. ICAO standards for age 60 were not recognized and Airline movements were refused with pilots older than 60 years.
- 12.3 **Switzerland:** Changes in medical certificates for gliders, MicroLights were discussed. Switzerland still forbids there flight but there is an exemption for MicroLights under 450 kg. There is an ongoing fight by NAC to allow micro-lights. - Conflict over Zurich airspace still goes on with Germany.
- 12.4 **Austria:** Meeting at Salzburg the Austrian Society of Aviation Medicine was given by this group and was the first time it was not done by CAA . EASA 2013 medical certification will be the standard. LAPL pilots will be certified by AME.
- 12.5 **Sweden:** Decline in aviators and aircraft except for MicroLights. Their administration has been delegated to the Royal Swedish Aero Club. The responsibility for accident investigation has also been turned over to the club and is in a formative state. - Lack of available fuel has limited flying due to unprofitability of fuel sales. The number of airports has been decreasing by the cities taking land for development and from complaints from citizens about noise. LAPL will be tabled for 2 years.
- 12.6 **Italy:** The trend in Italy is for more high performance equipment in every area including parachuting and MicroLights, which has been an observation by the delegate and he feels that a recommendation is to stop increased performance in aircraft systems without proper experience and training. MicroLights have become more reliable. The medical examinations in Italy have been aligned with EASA standards. The delegate requested the standardization of the national reports.
- 12.7 **France:** The NAC has an annual meeting and has been successful in communicating activities. The Class 2 has been lengthened to 5 years but after 40 it is 2 years. Over 50 years an EKG must be done annually. No medical required for MicroLights. More accidents with 80 fatalities in recreational flying. The airport situation is degrading with cities complaining about noise and encroachment by populations. AntiDoping agency is active and has few positives in AirSports.
- 12.8 **Finland:** MicroLights are the only expansion of recreational flying and fuel situation has been difficult. There are mandatory safety courses and all pilots must attend them every three years. The LPAL has been postponed till 2015. European glider championships will be in Finland in 2015.
- 12.9 **Germany:** The paragliding community has had an increase in accidents due to new designs that have proven to be unsafe. Also there is a need for increased education of the pilots to decrease these accidents. No effective moves by the government or national aero club so far to establish a Safety Commission. EASA standards now to be implemented in 2013. The LAPL may have no GP medical examination and will be done by AMEs. Airspace is being reduced and effects areas around Frankfurt and Berlin. Fatalities in MicroLights are 25 of the 77 in all other aircraft.
- 12.10 **USA:** The accident rates are stable. The focus on air show and air races brings out the need for more surveillance with emphasis on G tolerance and possible more focused medical evaluation of air show/ aerobatic pilots by the FAA.

13. Formal approval of any resolutions

- 13.1 Beta blockers to be removed from the list of forbidden list of substances in AirSports. There is presently no known performance enhancement proven with these substances.
- 13.2 Alcohol is known to be an Anxiolytic. CIMP has decided that this pharmacologic effect could be especially performance enhancing in AirSports. This effect may be used by participants to increase risk taking behaviour to win a competition. This is a well known issue in other flight operations.

14. Formal approval of any advice to the FAI executive board

- 14.1 To recommend to EB that designs of equipment for air sports with intrinsically dangerous characteristics be examined and possible regulation or education to be implemented to protect participants who operate equipment which may be of greater performance but with an obvious loss of safety / rescue factors.

14.2 Discussions of accident/safety reporting within all FAI member countries were on going and a continuation of last year's resolution. The need for data collection is again felt to be a major need. The responsibility for collecting data and especially within EASA should be reinforced through appropriate means.

14.3 WADA issues must focus on the need for FAI to do what is best for the athletes and continue negotiations for the need to test out of competition.

14.4 Self reporting of safety issues by pilots has been a useful tool in enhancing aviation safety in certain countries. A non punitive system to report incidents and safety issues during competitions would be useful. CIMP asks that the executive board move forward to initiate developing a program to foster reporting of incidents to improve general flight safety, especially during competitions.

15. Any other Business

15.1 Web site maintenance and control group was designated as SR, JK, and RG

15.2 It was agreed that as needed other qualified members can be appointed to the CIMP -TUE panel if deemed necessary. It is not required that these members be delegates

15.3 FAI -CIMP asks FAI to support the cost of WADA training of CIMP member's in the CIMP TUE panel.

16. Election of Officers

16.1 SR and RM officiated over the election process

a) Nominations for president were requested. Only J. Kneuppel was nominated and he accepted

b) Vice president nominations were as follows :
Kazuhiro Shimada, Marja Osinga-Meek, Geoffrey McCarthy, Martti Lepojarvi, Henry Lindholm.

c) Henry Lindholm declined

16.2 By affirmation Juergen Kneuppel was re-elected President. Vice presidents: Lepojarvi, Osinga and Shimada were elected. Garrison re-elected Secretary

17. CIMP programme 2012-2013

The emphasis of the next meeting will be recent limiting experiences in Acrobatics, Ballooning and Parachuting in addition to general Aviation Medicine and other usual topics. A Gordon Bennett presentation is anticipated. The possibility of a parachuting presentation will be evaluated.

Appropriate representatives will be invited to participate. Details will be finalized over the next year together with (TV).

18. Nomination of TUE panel:

The group appointed GM (consent over telecom) as chairman of the TUE panel and nominated KS, MO, JK, RG as additional members.

19. Date and place of next CIMP meetings:

Next meeting in Paris at the Aero Club of France, June 7 through 9, 2013. (TV) will make required arrangements.

Meeting adjourned at 13.00 h, 10 June 2012, Richard T. Garrison, Secretary FAI-CIMP

Richard T. Garrison, Secretary FAI-CIMP