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# Minutes

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

**held in Lausanne, Switzerland**  
on 13 to 15 June 2008

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**REPORT ON THE MEETING OF THE COMMISSION  
INTERNATIONALE MEDICO PHYSIOLOGIQUE (CIMP) HELD IN  
Lausanne 13 -15 June 2008**

Juergen K. Knueppel, MD, Secretary CIMP

**Introduction**

The CIMP meeting took place in the Olympic Museum in Lausanne, Switzerland. At the commencement of 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 13 June at 21.30 hr,
- 2. The Technical Meeting; Saturday 14 June, 09.30 – 17.00 hr.
- 3. The Plenary Meeting; Sunday 15 June, 09.30 – 13.00 hr.

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

**The CIMP Bureau Meeting, Friday 13 June**

Attended by:

Dr. Peter Saundby, President  
Dr. Phivos Christophides, Vice President  
Dr. Pedro Ortiz, Vice President  
Dr. Bernhard Schober, Vice President  
Dr. Rene Maire, Past President  
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 anti doping policies of WADA and the FAI response to the recent NPA by EASA.

**The CIMP Technical Meeting, Saturday 14 June**

This was attended by:

Dr. Peter Saundby, President (United Kingdom)  
Richard Shawyer, (Commercial Pilot, Presenter, UK)  
Dr. Bernhard Schober, Delegate Austria  
Dr. Phivos Christophides, Delegate Cyprus  
Max Bishop (FAI Secretary General)  
Robert Hughes, (FAI General Project Manager FAI)  
Dr. Eero Vapaavuori, Delegate Finland  
Dr. Thierry Villey, Delegate France  
Dr. Juergen Knueppel, Germany;  
Dr. Eckhart Schroeter, Observer Germany  
Dr. Samuel Samuelsson, Delegate Iceland  
Dr. Antonio Dal Monte, Delegate Italy  
Dr. Marja Osinga, Delegate Netherlands  
Dr. Pedro Ortiz, Delegate Spain  
Dr. Rene Maire, Delegate Switzerland  
Dr. Tony Segal, Alternate Delegate United Kingdom  
Dr. Richard T. Garrison, Alternate Delegate United States of America

#### Scientific Sessions:

1. For the opening presentation, Dr. Juergen Kneueppel reported on the latest Human Factors developments. EASA will become responsible for Air Sport Pilots and their licensing requirements. There will be a legal requirement for human factors training and this will need adaptation for the air sports. There is a need within EASA for a working group on human factors and this was discussed. Scientific evidence is lacking in sports aviation. HFACS has proved a useful tool to classify accidents by cause. Evaluation using HFACS has demonstrated varying reliability of assessors and difficulties with expert agreement (Journal of Aviation, Space, and Environmental Medicine; O'Conner, Vol. 79: June 2008.) HFACS needs both experienced personnel and funding for training. A review of glider accidents during competitions in Germany from 1998 to 2007 showed that 55% occurred away from the airfield. One in seven accidents was the result of a midair collision.

2. Richard Shawyer, a civil pilot, told the meeting of his suffering with chronic bowel disease and his inevitable struggle with the aeromedical authorities to gain certification. After valiant efforts he was granted a Class 1 commercial pilot medical certificate by both the FAA and the UK CAA. Delegates present discussed this case in light of their own national practices and the ease or difficulty of certification. Cultural and legal differences exist which would make the outcome of this case very different from country to country. Also the appeal opportunities following denial of certification denials vary greatly. These range from no appeal possible, to being available but never used. A legal recourse to the courts is common in some countries but can result in perverse judgements. The CIMP considered that an international medical appeal board would serve EASA well and could improve aeromedical practice.

3. Rob Hughes, the new FAI Projects Manager, explained the FAI relationship with WADA and the immediate difficulties resulting from a prohibition by WADA of all supplemental oxygen. International aviation regulations require the use of oxygen by pilots and this is a conflict with WADA rules. CIMP agreed that for safety reasons supplemental oxygen cannot be prohibited. A FAI statement drafted by Rob Hughes was supported after minor changes. The FAI must take a firm line so that there is no risk of individual competitors being unjustly accused. Some positive drugs findings had been reported and these comprise two groups, firstly when legitimate prescribing had not been supported by a TUE. Secondly there were positive findings of unwise and illegal use of recreational drugs. Blood alcohol during an actual contest is set by WADA at a limit of 0.2gm/l and this follows what was proposed previously by CIMP. THC is an absolute disqualifying substance in all air sports but caffeine is no longer excluded. The WADA website will be linked to the FAI site ([www.wada-ama.org](http://www.wada-ama.org)). Performance enhancement has not been a problem but education is needed to ensure that competitors comply with the rules on therapeutic drugs and avoid unwise and illegal recreational use. Educational materials will follow from the FAI. For statistical analysis it is important that the FAI is notified of all positive results of doping tests.

#### 4. EASA NPA

One week prior to the CIMP meeting, EASA had published a Notice of Proposed Amendment (NPA 2008-17a-c) that contained several hundred pages. This followed the basic aviation law, 216-2008 that had been published in March. These documents contain internal contradictions, many contentious points and some omissions that will require a strong response. Of special interest to sporting aviators are the proposals for the Leisure Pilot Licence (LPL). It was agreed that the Bureau of CIMP would draft a response for the FAI and that this would be circulated to CIMP. In addition delegates should encourage their own national aero clubs to submit their own response reflecting local difficulties and for information these could be circulated after the closing date. The stated intention of EASA is to align the Class 2 with ICAO and to establish a Leisure Pilot Licence and these concepts are supported. It is the

proposed implementation that will cause problems. Contentious are issues of medical confidentiality, the use of general medical practitioners and the definition of standards.

#### 5. Comments on the LPL Medical Questionnaire

Dr. Maire reviewed in detail the content of the proposed LPL medical questionnaire. He pointed out, that there were many mistakes and violations of existing medical standards. The expected simplicity of the proposed LPL license is not to be found. In the subsequent discussion, not one delegate supported the medical questionnaire proposed for the LPL.

#### 6. A Review of National and Commission Reports:

6.1. Austria: The Austrian Society of Aviation Medicine was initiated this past year. Educational meetings were given to AME's with the inclusion of free disorientation training included. The Austrian Delegate invited members of CIMP to the planned seminars to be found at [www.flugmedizin.net](http://www.flugmedizin.net). There are other international air sport events, included on this web page

6.2. Cyprus: Legal problems exist with the building of the Air Sport Centre and this has halted construction activities, but the government is supportive and we hope for the completion of the centre in 2009.

6.3. Czech: A review of current pilot population was presented. The adequacy of GMP medical examinations for air sport participants was questioned.

6.4. Finland: Increases in the cost of fuel are a great deterrent to general aviation. The procurement of insurance coverage has become difficult impeding general aviation. There has been a success in certifying some pilots with visual defects that is welcomed by the aeromedical community. These have previously been an unequivocal disqualifying condition.

6.5, France: Changes in ICAO rules for Class 2 medicals will be adopted for the French pilot community. This results mainly in reduced frequency of examinations. Therefore the cost of examinations will be a secondary benefit. The LPL certificate is in question and France asks to have more standardization. Unfortunately the accident rate has increased significantly and answers are being sought.

6.6. Germany: Political decentralization (13 Federal Aero-clubs in German Regional States) is causing problems to the representation of the National Aero Club with Governmental Departments. Improvement will be needed in the representation of all airports. AMEs in Germany will resist giving detailed medical information on medical pilot-records to government authorities as proposed by EASA. At present only the examination result and the name/address is recorded by the AeMS. – The World Gliding Championship 2008 will take place in Berlin-Luesse during August and with this will be the scientific congress of OSTIV.

6.7. Iceland: As with the JAA, EASA is adopted by Iceland which will comply with the rules. The airfield at Reykjavik has been threatened with closure recently, but this is stalled.

6.8. Italy: Drug testing in sport aviation has been a concern and is an agenda item for Italian air sports. A proposed improvement in glider crash survivability was presented by Dr. Dal Monte offering the concept of a crash cage cockpit which separates from the fuselage on impact. This may spare the occupants from the 'Hammer Effect' of the heavy wing spar assembly which can intrude into the cockpit environment during a crash. The Italian Aero Club is also developing the concept of small emergency vehicles for small airfields and work is proceeding on this project.

6.9. Japan: The Japanese CAB are working on aligning the periodicity of medical examinations with ICAO for the younger age group. LASIK is now acceptable for astronaut selection as being safer than contact lenses.

6.10. Netherlands: The requirement for Mode S transponders includes gliders, hang gliders, and balloons. The adverse effect of electromagnetic radiation has been shown to be inconsequential but other problems remain.

6.11. Spain: With the sad loss of the Aero Club and FAI leader Antonio Quintana, Spain will continue to support general aviation, but a search exists for new leadership.

6.12. Switzerland: The Swiss Association of Aviation Medicine has been re-established this past year. An increase in fees for aircraft usage has been a major problem for the flying population. Airspace for general aviation is decreasing quickly and the Swiss Aero Club is working on the issue.

6.13. UK: The treatment of ADHD by stimulant drugs been increasing and results in aeromedical problems for young persons. Are these individuals ill and should be excluded, or have they been mistreated and for whom participation in air sports would be therapeutic? Those that have been permitted to fly perform well. This problem was echoed by others. The aero medical community needs to collect experience of this condition and establish how it should be managed.

6.14. USA: Pilot statistics and accident statistics remain stable. The new regulation to extend the permitted pilot age from 60 to 65 was enacted in the past year. The new FAA MedXpress system was presented. The goal is that all administrative FAA communications with the pilot community will use electronic data processing.

6.15. Ballooning Commission (CIA) reported that balloon statistics continue to reflect a low rate of in-flight incapacitation. Even when incapacitation or loss of the pilot has occurred, the balloon descends slowly and injuries to passengers are rare.

6.16. Paragliding: Although not a formal Commission report, an interesting illustrated presentation on accident statistics and a review of the literature on injuries in the sport were reviewed. Injury prevention devices were shown in use.

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**CIMP Plenary Meeting, Sunday 16 September.**

This was attended by the following Officers and National Delegates.

Dr. Peter Saundby, President (United Kingdom)  
Dr. Bernhard Schober, Delegate, Austria  
Dr. Phivos Christophides, Delegate, Cyprus  
Dr. Eero Vapaavuori, Delegate, Finland  
Dr. Thierry Villey, Delegate, France  
Dr. Juergen Knueppel, Secretary and Delegate, Germany;  
Dr. Samuel Samuelsson, Delegate, Iceland  
Dr. Antonio Dal Monte, Delegate, Italy  
Dr. Marja Osinga, Delegate, Netherlands  
Dr. Pedro Ortiz, Delegate, Spain  
Dr. Rene Maire, Delegate, Switzerland  
Dr. Tony Segal, Alternate Delegate, United Kingdom  
Dr. Richard T Garrison, Alternate Delegate, United States of America

Others present:

Max Bishop (FAI Secretary General)  
Dr. Eckhart Schroeter, Observer Germany and representing para-gliding.

1. The President opened the formal plenary by welcoming all those present. Fortunately this year there were no deaths of former delegates to report.

2. The Roll Call of delegates was completed by the Secretary FAI.

3. Apologies were received from these who were unable to attend:

Dr. Geoff McCarthy, USA  
Dr. Kazuhito Shimada, Japan  
Dr. Oldrich Truska, Czech Republic  
Dr. David Bareford, CIA.  
Dr. Claude Preitner, New Zealand  
Dr. Henry Lindholme, Sweden

4. The minutes of the 2007 CIMP meeting, held in Vienna, Austria 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. If the CIMP wishes to affiliate with ASMA, this must by Statute be proposed to the FAI General Conference which has authority on all external relations. Affiliation remains open and Dr. Shimada and Dr. McCarthy may pursue this further. Individual CIMP Delegates are encouraged to join ASMA and publication in their Journal is open to all.

6. Report of the President:

The President had published an interim report on 05 May concerned with EASA and a second report on 22 May concerned with the Presidents Commission and WADA. However the EASA NPA came out 06 June, one week before the CIMP meeting and this has overtaken the initial interim report. There was not time to rewrite the report but the draft response document will cover the same ground. The second report concerned Prescom and WADA and this is attached. It should be noted that half the discussions at the Presidents Commission concerned matters relating to Technical Commissions.

## 7. Actions:

7.1. WADA: The document concerning oxygen drafted by Rob Hughes was supported with minor amendment. There is absolute agreement on the medical aspects but the political negotiation has to be the task for the FAI office.

7.2. The new EASA NPA was published so recently that there has not been time to develop a draft response. Nevertheless a response is vital and must be drafted within the next few weeks. It was strongly recommended, that all national aero clubs, including those outside the European Union should also respond. While the draft FAI will be circulated, to avoid accusations of collusion, national responses should not be circulated until after the closing date.

## 8. Medical Advice to the FAI Board

Action has been taken in respect of the rules of WADA concerning the use of oxygen and a draft response to the EASA NPA will be submitted.

## 9. Other business:

9.1. The World Air Games will take place during June 2009 in Turin. The organisers have included 'medical' within their organisation diagram. This will need to provide clinical services to the competition teams and emergency arrangements in the event of an accident.

9.2. There remains a need to remind National Aero Clubs that competition pilots receiving treatment must hold a TUE in advance.

## 10. Election of Officers:

10.1. Dr. Kazuhito Shimada, Japan was not present but it was assumed without dissent that he was prepared to remain a Vice President. It was also noted that Presidents of Honour may attend meetings of the Bureau. Unfortunately, and because of administrative deficiencies within his National Aero Club, Dr. Christophides was not eligible for re-election.

10.2. FAI rules now permit a two year term of office following election; however CIMP decided that for the immediate present, it will remain at one year.

10.3. In accordance with FAI procedures, the following were elected as officers:

President:	Dr. Peter Saundby,	United Kingdom
Vice President	Dr. Thierry Villey,	France
Vice President	Dr. Kazuhito Shimada,	Japan
Vice President	Dr. Bernhard Schober,	Austria
Secretary	Dr. Juergen Knueppel,	Germany

## 11. CIMP Programme 2009:

By a two thirds vote the CIMP confirmed the previous proposal that the next meeting would be held in Zagreb, Croatia in September 2009 in association with the International Congress of Aero Space Medicine. However Dr. Thierry Villey offered that a CIMP meeting could be held in France at the French Aero Club and this was a reserve position. Otherwise CIMP meetings would be held in Lausanne.

## 12. Working Groups established for specific purposes.

12.1. EASA response: The CIMP-Bureau has to work on EASA issues. The President of CIMP will lead.

12.2. Anti Doping, WADA, President will coordinate: Dr. Kazuhito Shimada, Dr. Eckhart Schroeter, Dr. Geoffrey W. McCarthy.- Dr. Peter Saundby, Dr. Antonio dal Monte, Dr. Thierry Villey are available to advise on doping issues. When problems arise it is inevitable that the local national delegates will also have to become involved.

Juergen K. Knueppel  
Secretary CIMP,

17 June 2008

## Abbreviations and acronyms:

ADHD	Attention-Deficit-Hyperactivity-Disorder
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
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