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# Minutes

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

**held in Lausanne, Switzerland**  
on 17 and 18 June 2006

*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](mailto:sec@fai.org)  
Web: [www.fai.org](http://www.fai.org)*

**REPORT ON THE MEETING OF THE COMMISSION  
INTERNATIONALE MEDICO PHYSIOLOGIQUE (CIMP) HELD IN  
LAUSANNE 16 -18 June 2006**

Juergen K. Knueppel, MD, Secretary CIMP

Introduction

The CIMP meeting took place in the Olympic Museum/Conference Center in Lausanne, Switzerland. Thanks to Max Bishop (FAI Secretary General) and Dr Rene Maire, who took care of the local arrangements. Three sessions are covered by this report: - 1. Bureau meeting on Friday 16 June, 20.00 h, - 2. Technical Meeting on 17 June, 10.00 – 17.00 h and - 3. Plenary Meeting, Sunday 10.00 – 13.00 h.

Concerning the current FAI rules since 2003:

Delegates were asked if they had any potential conflicts of interest to declare. There were no such declarations. The majority of those present did, or had, worked in the field of aviation medicine.

– List of abbreviations at the end of this paper.-

I. Bureau Meeting

The existing plan of the agenda was reviewed and confirmed. It was attended by

Dr Peter Saundby,	President
Dr Phivos Christophides,	Vice President
Dr Pedro Ortiz,	Vice President
Dr Bernhard Schober,	Vice President
Dr Colm Killeen,	Past President
Dr Rene Maire,	Past President, local organizer
Dr Juergen Knueppe,l	Secretary

In addition to the planned presentations a discussion on “Donepezil”, an Alzheimer’s medication, was anticipated by the CIMP Group. The purpose is to inform WADA on the possible impact of this drug.

“Hyperbaric chamber runs used for doping”: There were discussions on this WADA proposal. Considerations on hyperbaric chamber runs in that mentioned respect might inflict restrictions on recreational pilots.

Thirdly, recommendations should be made to the FAI Board, on how far the new JAR Regulations should be based on ICAO recommendations, especially the intervals of class 2 medicals, which are different in JAR FCL.

II. Report on Technical Meeting

This was attended by: Dr Bernhard Schober, Austria; Dr Phivos Christophides, Cyprus; Dr Eero Vapaavuori, Finland; Dr Thierry Villey, France; Dr Juergen Knueppel, Germany; Dr Colm Killeen, Ireland; Dr Antonio Dal Monte, Italy; Dr Kazuhito Shimada, Japan; Dr Marja Osinga, Netherlands; Dr Janusz Marek and (Alt) Dr Gregory Marek, Poland; Dr Pedro Ortiz, Spain; Dr Rene Maire, Switzerland; and Dr Peter Saundby, UK; (Chairman).

#### Presentations:

1. Dr. Pedro Ortiz presented a new approach of a cooperating Spanish and German Aeromed Evac Company, who have introduced “CRM” and “Human Factors” in the field of patient care in the air. The system tries to identify deficits of all processes, which will be recorded, and discussed. Awareness will be made to all “players” to constantly improve the system. The well established anonymous data collection method constantly helps track options for improvement.
2. Dr. Juergen Knueppel reported about the Human Factors Working Group efforts to upgrade the existing syllabus, teaching tools and HF (Human Factors) questionnaires for sports aviation in Germany. Through networking with other human factors specialists of other areas (industry, airlines, military), a joint approach is anticipated to improve the basic human factors training of recreational pilots by 2008. The anticipated HFACS system is already used worldwide.
3. Dr. Bernhard Huber presented a new program in a civilian Austrian aviation company on spatial disorientation. They use a newly developed training device, a SD Trainer-, which incorporates all current modern technologies to demonstrate dangerous SD (Spatial Disorientation) mishaps to the pilot community.
4. Dr. Rene Maire presented a paper on new cardiology issues. He demonstrated that cardiovascular illnesses should use state of the art technology, like CT and MRI to verify abnormal ECG findings. These methods might even reveal false positive findings, which can help to clarify problematic license issues. With some case reports he demonstrated the above mentioned procedures.
5. Dr. Peter Saundby presented about 20 medical cases of questionable medical findings of pilots who applied to receive valid a pilot – license. Waiver practices and medical decisions from the various European states were widely discussed, to get a feeling for differences. Besides all discussed options and solutions, Peter Saundby presented some cases and the outcomes, as well as the decisions that had been taken by the BGA Medical Advisor.

All presentations were discussed and looked at under the various national perspectives, as rules, laws, and practices are often very different in nations. The preconditions, training and medical perceptions will greatly influence the outcome of controversial decisions. It was agreed that more exchange of opinion and findings will help to standardize aviation medicine issues.

#### Concerning Issues:

1. “Donepezil”: A Working Group was established with Dr Dal Monte (chair) and Dr Villey from France. They will do additional research on the drug. It is assumed, that this group of drugs is already incorporated in the WADA list. Confirmation will be done and if necessary a statement will be released to WADA.

2. Hyperbaric Chamber Training: In addition to all kinds of other efforts to increase the oxygen uptake and efficient use of oxygen stores in certain sports, hyperbaric chamber training is not considered an issue for air sports and recreational flying. In contrast to that, an additional statement should be included in the WADA regulations. The hypoxia demos and training are considered a flight safety issue. (Chamber runs up to regularly 3 hours per day, if required) for recreational pilots should not be considered doping.

Max Bishop, FAI, reported that he had attended a WADA meeting. It became clear that even among the Olympic federations, only 50% comply with the WADA rules as regards to competition testing. Plans were being made to create a management agency under the auspices of GAISF, which International Federations could use to conduct tests.

### III. Plenary Meeting

1. This was attended by: Dr. Schober, Austria; Dr. Christophides, Cyprus; Dr. Villey, France; Dr. Knueppel, Germany; Dr. Killeen, Ireland; Dr. Dal Monte, Italy; Dr. Shimada, Japan; Dr. Osinga, Netherlands; Dr. Marek J and Dr. Marek G, Poland; Dr. Ortiz, Spain; Dr. Maire, Switzerland; Dr. Saundby, UK; (Chairman).

2. Apologies for not being able to attend

- Dr. John McCann
- Dr. Geoff McCarthy
- Dr. Oldrich Truska
- Dr. Ernst Hollmann

3. Minutes of Plenary 2005, Warsaw

The Minutes had been previously distributed and were approved by the group. In the future, the minutes will be cleared by the President and then distributed via the internet. This will be done prior to their formal approval at the next meeting.

### 4. National Reports

Japan: Japanese Medicals are done on ICAO compatible standards.  
Accident reports.  
See attached report

Spain: Safety issues are paramount.  
Accident reports.  
See attached report

France:

- Governmental subsidy for air sports will be reduced. This results in problems.

Italy:

- The number of recreational pilots has stayed constant. The number of Para gliders has increased.
- Airstrips around Rome have various conditions.
- Doping is considered a state offence. So far, no one has been imprisoned.
- The accident rate is constant. There is no data on UL (Ultra Lights).
- UL flying is performed partially illegally. Accident-numbers are unknown, but are presumed to be low.
- Cooperation with the School of Aviation Medicine is close. (Presentations)

Austria:

- Austria has introduced JAR FCL this year.
  - Report on several glider accidents.
  - Activities: International Air Cadet Exchange is supported by the Austrian Aero club (age: 18-21).
- The ICASM meeting will take place in Vienna in 2007.  
See attached report

UK:

- The First World Gliding Contest was held in the UK this year, despite historical complaints about the “bad” weather in UK.
  - Drug testing was performed.
  - There are 21 000 PPLs in the UK. Pilots get their medicals under the new UK National PPL rules. There is a slow decline of recreational and sports pilot numbers.
  - The GP principle did not result in reduced work for the AMEs. Some pilots with a JAA license, who failed their medical exam, become NPL pilots. As a rule, they fly with restrictions.
  - Accident investigation issues were discussed in meetings with European Air Sports. (EAS)
- See attached report

Germany:

- In Germany there also exists a JAR PPL license, next to a National PPL. PPL Licenses are issued by more than 20 federal state authorities. Different authority levels apply. CPL by the AMS, UL by the German Aero club, DAeC. - PPL Medical Waivers have a basic administration charge of about 250 €
- There are 5 AMCs (Aero medical Centers), including the IAM (Institute of Aviation Medicine) of the Armed Forces.
- Lufthansa AMC started to build a Data bank for waiver decisions to improve the future waiver process.
- German JAR FCL requirements to renew an AME license are hard to achieve. One hundred pilot medical exams in three years is too large a requirement. The number is difficult to meet.

-Same problem with official AME theoretical training hours. Twenty hours are offered (only) with limited access, so AMEs fail to prove enough hours of attendance.

See attached report

Netherlands:

-Medicals for Glider Pilots, Glider (turbo), TMGs and Balloon are done by “Sport Doctors”. They don’t meet the AME requirements with 60 hours of AME training. See attached summery.

-The Aero club Federation Surgeons had intensive meetings with the AMS and military institutions to discuss medical issues. Cooperation with EGU development of proposals. -Special Glider accidents: Winch cable brake, TMG (wing not locked), 2 UL crashed.

-The national CAA is increasing the control of air sports.

-To motivate beginners, the program “I fly” was initiated to start gliding at low cost (age 14). Air Cadet Exchange.

-The national Flight Surgeon Association opted to become a Member of ESAM.

Addendum: In the following discussion the Netherlands “Sport Doctor” system was discussed. (Sport Doctors receive special training in general sports issues)

-ICAO states that an AME must be a licensed physician, who has to participate in a 60 hours Aviation Medicine Course. This also fulfils the JAR specifications, if registered by the AMS.

-EASA also anticipates the Recreational (National) Pilot License, with reduced requirements. Here nations may accept a “Medical” by a less trained doctor, like a GP.

- As NL “Sports Doctors” obviously refrain from taking a 60 hour AME course (time and financial constraints) and perform basic medical examinations by their general standards, the basic requirements (training course) are not met in respect of EASA Essential Requirements. In the view of the CIMP Secretary, this means these physicians have “no special AME training” and are of “any licensed specialty”. This can be acceptable for NPPL.

-It was discussed, if CIMP should ask EASA for clarification as implementing rules mention the AME and the GP. – No decision has been made yet!

-The CIMP president proposed: “These physicians should be recognized as “AME with limited competence”. They must comply with national aero club/ CAA Principles. The Senior AME of that group must comply with the the rules of a fully trained AME.

Cyprus:

-A reorganization of the national CAA took place with various needs to discuss sports aviation issues.

-JAR FCL was implemented in March, 2006. Currently 3 AMEs have been appointed. No Class 1 licensing is possible; an AMC is planned for the future.

-High prices of fuel and administration costs hinder national air sports.

-There is a national air sports center.

- One motorized paraglider crashed. Human factors will be a subject for next year.

#### Switzerland:

- UL flying was prohibited until now. (noise, political decision). Now some UL flying (so called "Ecolights") is allowed in Switzerland. ( motorized hang gliders are still banned)
  - The JAR System is supported by the EMPIC program.
  - There is an information exchange between the Glider Association, the EGU and the national CAA. For glider pilots there is only one first "Entry Examination", no further medical examination is required. There is a legal point of view to it. It is almost a bit of a "free uncontrolled space". The CAA authorities discussed it. They want to wait for EASA. There won't be any other decisions before that. On the "internal level" difficulties with these rules are discussed.
  - As everywhere, there are financial restrictions.
  - Gliding safety seminars are performed as a 1 day course, which is considered a competent way of doing it.
  - There is consideration to implement a Flight Safety Officer in flying clubs. Safety awareness is improving.
- See attached report

#### Ireland:

- The number of pilots decreased.
- In contrast, helicopter flying got bigger.
- Prices for recreational flying went up, i.e. 15 €for a landing. Many pilots move elsewhere, as the CAA administration cannot help to improve the situation.
- There are meetings of the aero club with the military.
- The bureaucracy is as elsewhere overwhelming. "Help yourself" is the momentary task.
- Model Aeronautics activities are increasing, as is ballooning.
- Micro light activities are also going up, but rules and regulations are not enforced enough.
- There will be no air shows anymore because of the high cost.

#### Poland:

- ICASM and CIMP Meeting took place in Warsaw.
- JAR FCL is implemented in Poland. The Aero club has a new President.
- The Aero club has to fight financial limitations, as elsewhere.
- Polish accident statistics: Over 300 in last year. About 60 in the aero club. There were 9 fatalities, 15 heavily injured. See attached report

#### 5. Report of the President:

- The President has to make an annual report to the General FAI Conference.
- The last General Council was held just after our meeting in Warsaw, when I was appointed. I made the report, although it was actually the work of Dr. Pedro Ortiz. That report was distributed to CIMP.

- We are in process of major changes in assessments of medical fitness of air sport pilots. -The USA has now an Air sport pilot license, based on a driver license. Canada has a recreational pilot license, called Class 4. EASA has proposed a European recreational pilot license.
- It is obvious from previous discussions, that opinions in CIMP differ, both on matters of policy and in the assessment of individual cases.
- Any medical recommendation for EASA must go through non medical committees, the LST for JAA and the Bureau of Europe Air Sports.
- There is no medical authority in the conceptual process. Anything that we propose has to be acceptable to these non medical bodies.
- Therefore, whatever is proposed has to be supported by hard evidence, not merely medical opinion. Regulatory impact will be demanded.
- We are in a period of change. In Europe, (driven by France and Airbus), EASA is pressing onwards faster than anyone expected. The EASA Chief Exec is an engineer with experience from military aircraft maintenance. He has a new look to regulations.
- Costs are involved in a regular assessment.
- European laws prevent discrimination unless justified. This applies to any denial of medical certification.
- The development is difficult to forecast. Others try to influence the process. There is opposition. Some try to ignore the rules, while others are “going out”. They apply for licenses in neighboring countries.
- EASA MDM O32 is a working group concerned with regulatory problems.
- To make one thing clear, EASA has one important objective as a basis for all oncoming solutions: the essential requirements must be applied.
- I.e.: Assurance of public safety. As long there is no threat to public safety, and things are reasonably safe, practicable solutions with less stringent regulations will be applied. This also applies to the medical field.
- Another issue clarified by European Air sports: almost all present practices in Europe (but a few extreme deviations) stay legal in the future.
- We have both opportunities and threats.

#### Additional comments:

- All national reports shall be reviewed and approved by their representatives before being published in the final draft of the minutes.
- Dr. Antonio dal Monte is Chief Editor of a Sports Journal, which is a highly rated magazine in the field of sports and physical fitness. He offered to publish articles of special interest.
- The LSST-M has not adopted the minimum ICAO interval between medical exams.

### 6. Medical Advice to the FAI Board

The Board meets 4 times a year.



ICAO Standards:

Comments:

LSTM agreed that ICAO minimum requirement should be followed. The question is, if we should reopen this question, to raise it again. As to minimum requirements of ICAO Standards agreed to, that might be followed also for PPL medicals above 50, altering the 1 year interval between medical exams.

There is no scientific evidence for any periodicity of medical examinations. If pilots get grounded, it happens primarily after an illness, not so often after a medical examination.

Dr.Rene Maire objected: He is not sure, if we then pick up those, who didn't report their illness. Examination detects those.

It was also mentioned, that there exist a published screening rules of the population. These principles are evidence based. Further, the ICAO WG went through these arguments, if there was evidence for certain intervals.

EAS proposal follows the ICAO requirements.

EGU wants to be as close to ICAO, as possible. Compatibility to ICAO nations becomes easier.

Decision: EASA should follow ICAO minimum requirement, concerning intervals of medical examinations.

#### Medical Intervals for Class 2 Pilots

age	<30	<50	>50
ICAO	5	2	2
JAA	5	2	1

Compliance with WADA rules:

-CIMP considered whether FAI should conduct testing in order to become compliant with the WADA Code, which required all stakeholders to test. The conduct of tests by National Anti-doping agencies at FAI competitions did not constitute compliance by FAI with the Code.

-CIMP's recommendation for the FAI board is:

-Out of competition testing is not justified in air sports. Overdoses of hormones are not our problem. The only useful tests are those done during air sports competition.

#### 7. Any Other Business:

JAA Documents:

-They are now on the Web, without charge

-ICAO Documents: ICAO documents are not available on the web. The ICAO representative shall be contacted for that reason by the Secretary.

Question to Max Bishop (FAI Secretary General):

Do we have good safety data for air sports?

Max Bishop: Parachuting has good data, some national data collections (NAC s) are very bad. It is inconsistent between years, and continues to be a problem.  
Recommendation to EASA: There should be better accident investigation data for air sports.

EASA Consultation:

There is a 6 weeks response time (including aero club response) for circulated drafts and comment for EASA.

ASMA, Link from FAI CIMP:

- There was the question if FAI CIMP and its LOGO should be more visible for interested persons as a related organization in the ASMA Journal and on the ASMA Web Side. This could help for information and communication of sports aviation issues.
- Michal Bagshaw (as former President of ASMA) will be approached to discuss that issue.

ICASM 2007, Call for papers:

- During the ICASM conference in Vienna next year, there should be a session: "Air- Sports Aviation" to get more visibility.
- CIMP should organize it to bring up some scientific papers.
- Proposal: HFACS analysis of different air sports, developing web based training tools,
- Outcomes of the Cochran Collaboration Method.
- Put out a plea into the aero med list from Doug Watson.

Cardiovascular Issue, Open Patent Foramen Ovale:

- Dr. Rene Maire asked, if it is possible to find out, if and how much this abnormality is screened by applicants in military aviation? "Are they checked, what happens with this finding?"
- Delegates are asked to contact their national IAM to answer this question.

8. Election of Officers:

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

President	Dr Peter Saundby	United Kingdom
Vice President	Dr Phivos Christophides	Cyprus
Vice President	Dr Pedro Ortiz	Spain
Vice President	Dr Bernhard Schober	Austria
Secretary	Dr Juergen Knueppel	Germany

9. CIMP Programme 2006-6:

-The next CIMP meeting will take place before the ICASM Conference in Vienna, 15/16 September 2007. Dr Bernhard Schober presented his plan of that event.

Further details will follow.

-The CIMP Meeting 2008 is anticipated to take place again in the Olympic Museum / Conference Center in Lausanne, second weekend in June, 14 - 15 June 2008. The idea behind it is, ICASM moves every second year out of Europe.

-Main Topics are: WADA, EASA, Human Factors, Cooperation/Interaction with other Institutions (EASA, ESAM), link to ASMA.

10. Working Groups for specific purposes.

- WADA: Dr Antonio Dal Monte with support of Dr Thierry Villey will continue to coordinate medication and other related problems. Main subject today: "Donepezil".
- EASA: The WG comprises all delegates from European countries. As the President of CIMP is also Technical Officer (Medical) of EAS, he will be in the lead.
- Human Factors: The objective is to develop human factors. Dr Juergen Knueppel, Dr. Pedro Ortiz, and Dr. Bernhard Schober will make this a primary planning subject for the next ICASM Conference, Session Air sports.

11. Next CIMP Meeting immediately prior to the Congress of Aerospace Medicine: Vienna, 15/16 September 2007.

Juergen Knueppel  
Secretary CIMP,  
28 June 2006

Abbreviations:

AE	Aero medical Evacuation
AMS	Aero medical Section
CAA	Civil Aviation Authority
CAB	Civil Aviation Board
CPL	Commercial Pilot License
CRM	Crew Resource Management
CT	Computer Tomography
EASA	European Aviation Safety Agency
ECG	Electro Cardiogram
EGU	European Gliding Union
ESAM	European Society of Aviation Medicine

GAISF	General Association of International Sports Federations
GP	General Practitioner
HF	Human Factors
HFACS	Human Factors Analysis and Classification System
ICASM	International Academy of Aviation and Space Medicine
ICAO	International Civil Aeronautical Organization
JAA	Joint Aviation Authority
JAR FCL	Joint Aviation Regulation – Flight Crew Licensing
LSST-M	<b>JAA LSST(M)-JAA</b> License Sub Sectorial Team (Medical)
MDM 032	EASA Multi Disciplinary Matters 032 Working Group
MRI	Magnetic Resonance Imaging
NAC	National Aeronautical Council
NPL	National Pilot License
PPL	Private Pilot License
SD	Spatial Disorientation
TMGs	Touring Motor gliders
UL	Ultra Lights
WADA	World Anti-Doping Agency
WG	Working Group