

**A REPORT ON THE MEETINGS OF THE COMMISSION
INTERNATIONALE MEDICO PHYSIOLOGIQUE (CIMP) HELD IN WARSAW
27-28 AUGUST 2005.**

Dr Peter Saundby, Secretary CIMP.

Introduction:

This report covers three meetings, the decisions of the Bureau Meeting held at 08.00 Hrs, The Technical Meeting held on the Saturday 27, 09.00–17.00 and the minutes of the Plenary Meeting held on Sunday 28 August, 09.00–12.00. All three meetings were held in the offices of 'Petrolet' adjacent to Warsaw Airport. The local organisation was first class and our thanks go to the Polish Aero Club, and especially to the Drs Janusz and Grzegorz Marek, uncle and nephew, who spared no effort or expense to make the meeting a success.

Bureau Meeting:

The purpose of this meeting was to finalise the draft agendas for both meetings. It was attended by:

Dr Pedro Ortiz	President
Dr Phivos Christophides	Vice President
Dr Kazuhito Shimada	Vice President
Dr Grzegorz Marek	Alternate Delegate for Poland & local organiser
Dr Peter Saundby	Secretary

The Technical Meeting agenda is to comprise three parts, firstly the three scientific presentations already notified, secondly the National Reports, some of which had already been received. Thirdly to debate issues raised by the National Reports. These had been identified as:

1. Implementation of JAR-FCL 3 in European countries with special reference to Germany.
2. WADA update and experience with TUEs.
3. The proposals of the Medical Policy Study Group of ICAO.
4. Future actions of CIMP.

Report on Technical Meeting:

This was attended by:

Dr Bernhard Schober	Austria
Dr Phivos Christophides	Cyprus
Dr Jürgen Knüppel	Germany
Dr Ernst Hollmann	Germany
Dr Colm Killeen	Ireland
Dr Kazuhito Shimada	Japan
Dr Janusz Marek	Poland
Dr Grzegorz Marek	Poland
Dr Pedro Ortiz	Spain (Chair)
Dr John Grubbström	Sweden + CIA
Dr Rene Maire	Switzerland
Dr Peter Saundby	United Kingdom
Dr John McCann	USA

Abstracts of the four formal scientific presentations are attached to this report. Three of the papers were also due to be presented at the forthcoming International Congress of Aviation & Space Medicine [ICASM]. At CIMP there was an opportunity for more leisureed and deeper debate than would be available at the congress. Peter Saundby first addressed the question of third party casualties with an analysis of the loss of nearly seven thousand British military aircraft over fifty years. Regulatory authorities often cite this hazard as a justification for stringent regulation, but the evidence is that aircraft of less than two tonnes present little risk, largely because they have insufficient mass to penetrate buildings. Jürgen Knüppel presented a paper on human factors in aviation and especially addressed the question of accident investigation. The input of human factors expertise in the many fields of recreational aviation had been very deficient and the correction would be a multi-disciplinary task. Accurate and perceptive accident investigation was the ultimate audit of our activities, but the standard left a great deal to be desired. CIMP is now an entirely medical commission, but our title is more inclusive and we should be open to related professions. René Maire presented a paper on the return to flying of Six pilots following catheter treatment of atrial fibrillation, normally a disqualifying heart condition. The new technical capabilities for treating these and other cardiac conditions will enable the return of pilots who would previously have been grounded. As with all other pilots their prognosis and recertification will have to be judged on a statistical basis. In discussion it was agreed that treatment of pilots should always be guided by clinical decisions and that licensing considerations must always be secondary. Drs Janusz and Grzegorz Marek presented a paper on the work of the Aero Medical Centre of the Polish Aero Club. They compared work done during 91-94 with 01-04. The social and political changes within Poland have resulted in major differences, the numbers examined increased, but the percentage of rejections has fallen. Most notable is a reduction in applicants rejected because of electro-encephalogram findings, especially the so-called 'brain bioelectric immaturity'! A more 'friendly' approach has demonstrated that more sports pilots can be considered 'fit' without jeopardising flight safety. Those National Reports submitted in writing are attached and some complaints proved to be common between several countries. There had been a general decrease in activity related to diminishing airspace, increased regulation and costs. Among the European nations many national reports reflected a common discontent with the strict application of JAR-FCL 3 to their air sports pilots. In some countries there had been problems with additional regulatory controls being introduced without due evidence. The Spanish Aero Club was challenging the need for routine drug tests to be applied to all pilots, Germany was applying a political vetting to all pilots with the intended aim of eliminating potential terrorists, and the UK required vetting of flying instructors under child abuse legislation. The difficulty in every case is the desire of politicians to be seen to take some action. No great difficulties had arisen with the application of the WADA rules and the necessary issuance of Therapeutic Use Exemptions [TUEs]. The majority of these had been for the treatment of allergic disease, but at least one insulin dependent diabetic had been granted a TUE. The relationship of air sports activities to UNESCO was raised. In common with other sports, we need to look to UNESCO as the UN

organisation with overall responsibility for our activities. This requires a monitoring of their web site to ensure that we are in compliance with their policies.

Discussions:

1. Germany: Problems had arisen because of the strict application by the LBA of the FAR-FCL 2 Class 2 medical certification to German Glider Pilot Licences despite the fact that these are not JAA licences. Further problems arose from errors in translation of documents. This had led to many discontented pilots initiating political opposition. There was a general pressure for simpler systems by which adequate medical fitness for air sports pilots could be assured. The outcome was a proposal to set up a Working Party, composed ex-officio of all CIMP delegates from EU and candidate EU countries to find common positions. This would be needed to provide the evidence and lobby EASA through Europe Air sports.
2. WADA: Despite some initial doubts, the procedure for issuance of TUEs and the testing of competitors at high level had been without difficulty. No positives had been reported and it was anticipated that if these negative experiences continue with the air sports, then national sports authorities will turn their attention elsewhere.
3. ICAO Medical Policy Study Group has proposed changes in the monitoring of pilots, especially with reference to cardiology. These reduce the frequency of periodic medical examinations for all under the age of forty years to sixty months, but make Electro-cardiography mandatory over the age of fifty. Reductions in frequency also are proposed for Class 1. For both proven 'myocardial infarction' is no longer disqualifying. CIMP resolved to support the MSPG proposals.
4. Future of CIMP. With the centenary celebrations of the FAI in progress, it is necessary to consider the future of CIMP. The development of concepts of Human Factors would widen the role of CIMP beyond a single professional base and the appointment of delegates with a professional background in related fields such as Aviation Psychology would be welcome. Despite difficulties with the present Congress [ICASM] and our failure to obtain an 'Air Sports' section, it was agreed that we should continue to seek links. Aerospace medicine is larger than the specialised care of a few astronauts or military pilots. To this end CIMP would plan to hold our 2007 meeting immediately prior to the ICASM in Vienna. Meanwhile CIMP must seek to produce papers of high scientific value despite having to compete with government funded research institutions. CIMP has to establish itself as the World Centre of Competence in air sports medicine.

Minutes of the 2005 Plenary Meeting of CIMP:

1. The meeting opened at 09.00 on Sunday 28 August 2005 with a welcome by the President, Dr Pedro Ortiz.

2. The meeting stood for a minute of silence in respect for Dr Valdemar Traman, Delegate from Russia since 1975, Vice President and then First Vice President of CIMP until 1996. He was a distinguished sport parachutist as well as a doctor.

3. The roll call of delegates took place. Present were:

Dr Pedro Ortiz	President (Spain)
Dr Colm Killeen	President of Honour, (Ireland)
Dr Rene Maire	President of Honour (Switzerland)
Dr Phivos Christophides	Vice President (Cyprus)
Dr Kazuhito Shimada	Vice President (Japan)
Dr Bernhard Schober	Delegate (Austria)
Dr Ernst Hollmann	Delegate (Germany)
Dr Jürgen Knüppel	Alt delegate (Germany)
Dr Janusz Marek	Delegate (Poland)
Dr Grzegorz Marek	Alt delegate (Poland)
Dr John Grubbström	Delegate (Sweden)
	CIA representative
Dr John McCann	Alt delegate (USA)
Dr Peter Saundby	Secretary (UK)

4. Apologies and proxies:

Apologies had been received from:

Dr Thierry Villey	Delegate (France)
Dr Oldrich Truska	Delegate (Czech Rep)
Dr Geoffrey McCarthy	Delegate (USA)

No proxies had been appointed.

5. Minutes of the last meeting: These had been published on the web site and no amendments had been proposed. They were approved.

6. **Report of the President:**

Dear Colleagues,

One more year and the main issues affecting air sports in our field of activity remain unchanged. These issues are:

 - > Antidoping policies
 - > Medical regulations and
 - > Human factors in air sports.

The international antidoping policies are becoming part of national laws in more and more countries. The limitations of the application of such regulations to air sports outlined in our previous CIMP sessions, are appearing: lack of means to enforce them and low impact in our sports. The regulatory aspects of medicine in air sports are changing. While in USA/Canada/ UK new simplified procedures for light aircraft are implemented, in others (continental Europe) regulations aimed specifically at PPL are being applied to ULM, balloons and gliders. The arrival of a new European governing body i.e. EASA, will certainly have an impact in our activities. In ICAO a new version of the medical regulations is being prepared, and it may have an

influence in air sports medicals; many of us hope the new ICAO CMO will ease a transition to more adapted regulations (it will be a very difficult task).
 Finally, once more we must acknowledge that the airsports safety performance remains poor and its statistics inconsistent. Certain activities such as paragliding have accident rates exceedingly high. The national aeroclubs and hence the FAI do not have adequate tools to analyse the facts. As a consequence, specific policies to prevent accidents and monitor the results of the programs are impossible to establish. This is my last report as President of FAI CIMP. It has really been an extraordinary experience to serve in this position this FAI body and the outstanding group of medical professionals that form it. I strongly believe that renovation is a main shift for the advance and development of organisations: our group deserves it. Be sure that I will continue to contribute to CIMP as Spanish delegate in the future. Thank you dear colleagues and friends for your confidence and support in the past years.
 Pedro Ortiz MD
 CIMP President 2001-2005

7. National Reports: These had been received from:

Austria
 Cyprus
 Japan
 Germany
 Spain
 Switzerland
 United Kingdom

Issues arising had been agenda items of the previous meeting. The original reports are attached

8. Medical Advice to the FAI Board: No specific advice other than that already reported.

9. There was no other business:

10. Election of Officers: A previously indicated, the President, Dr Pedro Ortiz decided to stand down. After the election of the new President, and a special tribute from Dr René Maire, the meeting unanimously voted him as a President of Honour. In accordance with FAI procedures, the following were elected as officers:

President	Dr Peter Saundby	United Kingdom
President of Honour	Dr Pedro Ortiz	Spain
President of Honour	Dr René Maire	Switzerland
President of Honour	Dr John Firth	United Kingdom
Vice President	Dr Phivos Christophides	Cyprus
Vice President	Dr Bernhard Schober	Austria
Vice President	Dr Kazuhito Shimada	Japan
Secretary	Dr Jürgen Knüppel	Germany

11. CIMP Programme 2005-7. In addition to the working parties to be established, it was decided that the 2006 meeting would be held in Lausanne, preferably on the 17-18 June if a meeting room in the Olympic Museum is available. The following year, 2007 it is intended to hold the CIMP meeting in Vienna over the weekend immediately prior to the ICASM. Dr Bernhard Schober will facilitate arrangements but it must be accepted that no cost falls upon the Austrian Aero Club. It was thought important to maintain contact with this Congress for reasons of scientific credibility and because many of the CIMP membership are attendees, they also economise on travel costs. It is important to maintain contact with OSTIV and it was noted that Dr Tony Segal (UK) is a member of that body.
12. The major work in the next year will fall upon Working Groups set up for specific purposes. The three WGs are:
 - WADA – This WG will be led by Dr René Maire who will co-opt members. However it should include Dr Antonio Dal Monte who was unfortunately absent from this meeting of CIMP.
 - EASA – This WG will comprise, ex officio, all delegates and alternate delegates from EU Countries and candidate EU countries. Dr Peter Saundby will lead it because it is complementary to his role as Technical Officer (Medical) of Europe Air Sports.
 - HFACS – Dr Jürgen Knüppel will lead This WG with the objective of developing human factors. Membership will be co-opted and need not be restricted to present members of CIMP, [although individuals must have the support of their NAC].
13. The next meeting of CIMP will be held in Lausanne, the date being subject to early confirmation.

Peter Saundby
Secretary CIMP
03 September 2005

ABSTRACTS OF PAPERS PRESENTED TO CIMP MEETING; 2005.

1. Third Party Risk: Dr Peter Saundby.

The risk of third party casualties on the ground secondary to aircraft accidents, which has influenced the state regulation of pilots. A high standard of medical fitness is justified to protect the public and according to ICAO the same Class 2 applies to a small sailplane as to a 5.7 tonne airplane. This study is a review of 6972 military aircraft losses suffered by the United Kingdom Royal Air Force between 1946 and 1996. The losses were subdivided into non-flying, those occurring in the vicinity of airfields, and those over land or at sea. These losses were also analysed by type, and hence weight of aircraft. Overall there were 121 third party deaths and 108 injured, this compares with the 4424 aircrew deaths. When the 727 aircraft weighing less than two tonnes were considered separately, there were 202 aircrew killed with eight others on the ground. Two of these were on airfields and remaining six were all military personnel in an observation post struck by a low flying aircraft. There were no random civilian casualties arising from those 386 accidents which were both over land and away from airfields. The smallest aircraft to penetrate a building and cause a civilian casualty was Harvard [T-6] trainer, weighing 2,500 Kg. The conclusion is that aircraft of less than two tonnes present a minimal third party ground risk and that pilot medical fitness standards can be relaxed for the solo flying of lightweight air sports aircraft.

2. Human Factors: Dr Jürgen Knüppel.

Dr. Jürgen Knüppel presented a paper on Human Factors with special reference to the investigation of accidents. He drew heavily on the work of Dr Reason and others and cited this important report is to be found at:

http://www.hf.faa.gov/docs/508/docs/cami/00_07.pdf

Human factors are a multi-disciplinary concern and the resolving of problems requires a multi-disciplinary approach. Human factors affect not only pilots, but engineers and all others concerned with the operation of aircraft. At present there are serious deficiencies of knowledge and this has been exposed by the quality of the investigation of recreational aircraft accidents in many European countries. Local police cannot have the expertise, national aviation bodies do not have the resources and Air Sports Federations do not have the authority. Yet it is vital that a solution is found because accident investigation is the ultimate audit of all our activities.

3. Fitness to fly in pilots after catheter ablation of atrial fibrillation: Dr René Maire.

Atrial fibrillation [AF] presents one of the cardiological problems related with difficult licensing decisions. The recently introduced catheter technique with circumferential ablation of the pulmonary veins in patients with paroxysmal or persistent AF provides a promising therapeutic procedure. But follow up data, including success rate and consequences for fitness decisions in pilots who

have undergone such a procedure are lacking. The follow up of all pilots in whom a catheter ablation of the pulmonary veins [CA] had been performed by the same interventionist in two university hospitals between 2002 and 2004 was retrospectively analysed. Six male subjects, one commercial and five private pilots, mean age 58.5 (46-64) underwent CA. Four of them had paroxysmal and two persistent AF, five were unfit to fly. In all patients, no underlying cardiac pathology was present. The procedure CA was uncomplicated in five patients, in one a cardiac tamponade occurred, managed by pericardiocentesis. During the follow up period until April 2005, there was no recurrence on AF in three patients; two pilots had a second CA because of a recurrence of AF and this was successful in both. One pilot with previous persistent AF showed paroxysmal AF, he died in an aircraft accident, the cause of which was not medical. Another pilot stopped flying for non-medical reasons. The four remaining were declared fit to fly without restriction. The conclusions are that a cure was achieved in half this small group and this rate increased following a second CA. This therapy can be considered for pilots on an individual basis.

4. Aeromedical examination in aviation sports in the scope of the main Aeromedical Centre of the Polish Aero club in Wroclaw: Drs Janusz Marek & Grzegorz Marek.

Aviation sports are still more elite than common activity in Poland. However during the last ten years there was a dynamic growth and development in this discipline. Increasing number of candidates for aviation sports creates certain problems concerning aeromedical examining. In Polish Aero Club there is the Main Centre of Aeromedical Examinations [GOBLL] in Wroclaw, which has the largest experience in qualifying applicants and periodic medical examinations for aviation sports. The implementation in 2001 of JAL-FCL Part 3 Requirements in Poland and introducing the new Aviation Law in 2002 has had significant influence on the aeromedical assessment. There also has been a change in profile of disqualifying conditions and health disorders affecting aviation sports applicants. Data of all aeromedical examinations of the sub population of sports aviation pilots and parachutists performed in GOBLL in the years 1991-1994 and 2001-2004 were analysed. These years were chosen because during the first four-year period the examinations were performed according to the old national regulations and the latter period includes the examinations done according to JAR-FCL 3. The examinations were divided into groups, initial and renewal, and with respect to gender. In the two time periods the reasons for considering unfit for flying duties were analysed and compared. A number of disqualifications in different disorder groups were counted in both periods. During the period 91-94 there were a total of 11202 aeromedical examinations performed in GOBLL, including 3306 initial and 7896 renewals. In 371 initial examinations, the unfit verdict was placed. In renewal examinations there were only 29 unfit cases. In the period 01-04, the total number of aeromedical examinations amounted to 15679, including 3682 initial and 11997 renewals. In these years the unfit decision was given in 67 initial cases and 27 renewals. During the second period we found a significant decrease in the number of 'unfit' decisions. Most frequent in the first period was a disqualifying neurological condition found on the

Electro- Encephalogram [EEG] and the only increased unfitness was in aviation psychology. The results of the statistical analyses indicate the fact that even though there has been a certain change in the profile of the most common disorders which were disqualifying for applicants and pilots in the aviation sports, the most important changes occurred in the regulations when implementing the JAR-FCL 3. The more 'friendly' approach especially towards the candidates proved that more sports pilots can be considered 'fit' without jeopardising flight safety. Nevertheless certain issues especially in aviation neurology still require a careful investigation, among them the problem of so called 'brain bioelectric immaturity' in aviation sports applicants, and the concurrent deviations in EEG, mainly because of the possible functional repercussions are waiting for a solution.

NATIONAL REPORTS PRESENTED TO CIMP 2005.

AUSTRIA

Austrian National Report to FAI CIMP 2005

1. JAR FCL 3

In Austria JAR FCL-3 will be implemented in near future.

Hopefully we can start with JAR FCL- 3 next year.

At the moment we are talking about the installation of Aero Medical Centers in our country.

2. New Regulations for Glider Pilots

Since September 2004 we have new regulations for glider pilots: The validity of a glider pilot licence can be prolonged to 3 years.

3. Accidents

One fatal glider accidents in the mountains.

One severe Paraglider accident (collision with a high tension voltage cable)

4. Air sport events 2005 in Austria

PARACHUTING

Austrian Championship Wiener Neustadt www.paraclub.at

Austrian Championship Classic Fürstenfeld <http://nationals.swoop.at>

HOT AIR BALLON Championship Krems www.ballon2005.at

UL EXPO, Flugplatz Zeel /See www.flugplatz-zellamsee.at

Bernhard Schober

Austrian Delegate FAI -CIMP

CYPRUS

NATIONAL REPORT OF CYPRUS TO CIMP-AUGUST 2005

1. In my report last year I stated that Cyprus would soon become a full and mutually recognized member of the JAA regulatory system. Unfortunately this is not yet a fact due to serious problems that the Cyprus Department of Civil Aviation faces. The lack of professionalism and vision, in association with a well established bureaucracy and fear of responsibilities, led to a situation far below the expectations of the aviation community in Cyprus. The recent aviation accident in Greece of a Boeing 737, registered in Cyprus, with 121 fatalities revealed a series of weaknesses in the DCA.

2. The Cyprus Airsports Federation, private pilots, pilot schools and others are under pressure because of the implementation of regulations and restrictions, which to a great extent are not justified. For these reasons the Cyprus Airsports Federation has applied to the Cyprus Ombudsman in an effort to clarify the legislation and protect the rights of its members.

3. Cyprus now issues only Class 2 licenses and there is only one AME to perform medicals. This is unacceptable for safety reasons, because no one else controls the quality of those examinations, (AMS and AMC have not yet been established within the DCA).

4. No injuries or fatalities to report in airsports last year.

GERMANY

From: "Dr. Ernst Hollmann" <Dr.Hollmann@T-Online.de>

To: "FAI org." <cimp-com-l@fai.org>

Subject: National Report Germany

The implementation of JAR FCL 3 in Germany resulted in frustration and unhappiness from pilots and AME's alike.

Several reasons are responsible for this situation.

1) Understaffing in the aeromedical dept. of the LBA resulting in inefficiency of handling review cases, creating long delays for ungroundings, special requests or waivers. LH has claimed enormous loss of money because of these delays.

2) Overboarding bureaucracy in handling of procedures by local state authorities who are responsible for cl. 2 certification.

3) Lack of sufficient guidance by the LBA

4) JAR has been implemented in Germany in the context of a law.

It is extremely difficult to change a law. Therefore it was not possible to correct initial translation errors and mistakes so far.

The last series of amendments to JAR could also not be implemented. We are looking forward to the coming change to EASA which will have the power of a legal European Authority.

There is an ongoing discussion to move cl. 2 certification to a different body in the future to ease things up.

Conclusion: Not the JAR FCL 3 are a problem locally - but the German Authorities are.

Ernst Hollmann

16. August 2005

IRELAND

Report of National Aero Club of Ireland

The Irish Aviation Club title which we have been using for years was deleted in favour of the term National Aero Club of Ireland so as to be in harmony with other world national clubs.

Light aviation has decreased markedly in Ireland for a number of reasons. Legislation, Airspace restrictions, Insurance cover escalation, massively more expensive airplanes to buy and various other reasons. The Irish authorities have the tendency to interpret the dictates of the JAR sternly, strictly and intensely.

As regards the Aero Club of Ireland, we used to get a good stipend from Aer Rianta for over 40 years, sadly this has stopped in the past two years. We are trying to set up a trust of wealthy donors interested in light aviation who might like to help the young take part in competing internationally in aviation sports.

There are still small flying clubs around the country run by the dedicated few. However commercial flying schools where the licence for commercial is sought are few and far between. There is a new commercial in the south east of Ireland which is being plugged by the Irish Aviation Authority. However they do not have a simulator so everything learnt has to be in normal flying, hence expensive.

In Weston there is a very good simulator where I brush up my flying as I have not been flying too much in the last year.

Flying clubs around the country have difficulty in recent times due to the airspace restrictions imposed by the government and the interpretation of the JAR regulations for flying licences. The cost of fuel, insurance cover having escalated has damped the desire to fly privately. Hence the decrease in Irish flying. Only model flying seems to be flourishing. All other sports are down.

Colm Killeen

JAPAN

2005 Japanese report to FAI CIMP(Warsaw)
Kaz Shimada (Japan)

1. Japanese regulations

Japanese CAB began its hearing for (ICAO compatible) pilot physical standard revision. They say they revise it every 5 years. General Aviation community would like them to revive 'third class' for domestic flights. Japanese CAB is to apply 'ICAO English Test.'

2. Doping Control

Domestically nothing remarkable. We are waiting for government budget plan to the new 'UNESCO Convention On Anti-Doping' scheme. Japanese 2005 contribution to WADA is US\$1,502,800, but Japanese government does not have budget for doping control tests.

3. Accidents/Training

Soaring community here had 3 fatal accidents so far in 2005, which is far more frequent than average. Possible heat exhaustion is hinted in one case. At last, civilian hypobaric chamber became available to Japanese pilots. Budget issue is not solved yet.

4. Notable air sports 2005 events in Japan

Hot Air Balloon Honda Grand Prix series (5 competitions) in progress.

Airplane Aerobatics

FAI World Grand Prix Aerobatics Japan 2005 (Honda) – cancelled

Glider Aerobatics

Aerobatic Japan at Kakuda (regional + invited international) October

5. 2005 World Records by Japanese pilot

DO (Open Class Gliders) Feminine Free distance using up to 3 turn points : 1 270.5 km
11/01/2005 Reiko MORINAKA (Japan) Chapelco (Argentina) Sub-class DO (Open Class Gliders) Feminine Out-and-return distance : 1 187 km

30/12/2004 Reiko MORINAKA (Japan) Chapelco (Argentina)

Class D - Gliders / Claim number : 11812 DO (Open Class Gliders) Feminine Category

Distance using up to 3 turn points: Serres (FRA): 1 240 km: Reiko MORINAKA (JPN)

Glider : Glaser-Dirks DG-400 M17: 04.08.2005

Current record : none Minimum achievement for the first record : 1 044 km

Sub-class F1N (Indoor Glider): Duration (ceiling 15m - 30m) : 1 min 11.4 sec 04/06/2005

Pilot: Mitsuru ISHII (Japan) Course/place: Saitama (Japan)

6. Miscellaneous – for fun

(STS-114 Flight Surgeons: Effenhauser, Bauer, Koike, **Shimada**, et.al.)

Class Astronautics - Space records / Claim number : 11813

Type of record : Assembled mass of spaceships linked in flight

Course/location : NASA Kennedy Space Center, FL (USA)

Performance : 294 850 kg

Crews : STS-114 and ISS crews members (International)

Spacecraft : Space Shuttle Orbiter "Discovery" & International Space Station

Date: 28.07.2005

Current record : 264 432.8 kg (18.10.2002 - STS-112 and ISS crews)

SPAIN

Spanish National Report

Dr Pedro Ortiz, Delegate to FAI CIMP

In Spain, the main areas of medical interest in the airports field are the following ones:

1. Medical fitness to fly. JAR FCL 3 has been implemented in Spain for several years now and its Class 2 medical applies not only for PP, but also for gliders, ULM and balloons. As in

other EU countries, frustration and unhappiness from pilots and AME's do exist, mostly related with the understaffing in the aeromedical dept. of the DGAC resulting in poor handling review cases with very long delays in solving them. A new concern has risen recently: the Spanish SGAC is considering to include regularly tests for substance abuse in all the Class 2 medicals. The Spanish Aeroclub has sent a letter against this intended rule since it would only represent an increase in costs for the pilots without any evidence of increase in the safety.

2. Antidoping policies.

In Spain the anti doping policies based in legal regulations are being implemented. Awareness on this topic is increasing and the Airsport Federation/Spanish Aeroclub receive regularly requests of advice from the airports community (organisers and sportmen/women) on the application of the rules.

SWITZERLAND

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

1. International Airport Zurich-Kloten: restrictions for the airtraffic: The restrictions for the airtraffic of the Airport Zurich-Kloten above German territory, imposed by Germany, has also some consequences for the sports aviation activity, because there was a need, to partly reorganize the separation of controlled and uncontrolled airtraffic zones.
2. Federal Office for Civil Aviation (CAA) of Switzerland: An enormous reorganisation has been taken place. One year ago, a new director was nominated, and from the 01.01.2005 the CAA functions according to the new concept with a clear separation of different tasks with the main aim to increase the safety level in aviation.
3. JAA-regulations: Switzerland has already several years of experience with the JAA-regulations, as it belongs to the nations which adopted the JAA-regulations first. There is no great debate anymore about the medical examinations; the JAR-FCL-Medical-system (medical examinations/ judgements according to its requirements/ administrative work etc.) seems to be quite well established. Since May 2005, the results of the medical examinations performed by the AME's are reported directly online (EMPIC-software). There have been several introduction-problems of the EMPIC-software, but now it functions well, at least for routine-cases.
4. Europe Airports: In 2004 the AeCS was joining Europe Airports. I talked to some AeCS-officials who are directly involved in Europe Airports matters (attending meetings etc.), and they consider it as important and successful that the AeCS has joined Europe Airports.
5. Doping: There have been no positive doping-cases at airports events within the last twelve months in Switzerland.

Warsaw, 27.08.2005

UNITED KINGDOM

UK National Report.
Dr Peter Saundby, UK Delegate.

The NPPL medical documentation which is based upon a medical declaration endorsed by a Doctor with access to relevant clinical records has been working well. The establishment of a 'restricted' category in which pilots are not permitted to be responsible for inexperienced person in the air has allowed many experienced, but aging and less fit, pilots to return to flying. These number over a thousand on the present count. An un-anticipated outcome of the

requirement to have the pilot medical declaration endorsed by a doctor with previous knowledge was the exposure of disease in the psychological/psychiatric category. As illnesses within these diagnostic categories are seldom disclosed to independent AMEs, there must be a deficiency in that system. Our usual practice in borderline cases is to permit flying at a named club on condition that senior officials there have been made aware, 'in confidence' of the nature of the problem. The subsequent lay reports greatly facilitate the necessary medical decision making.

The aging of the recreational pilot population is a feature of many countries and caused the Royal Aeronautical Society to hold a Symposium on that question in April. A report was published in Today's Pilot [Jul 05].

The past Deputy Chief Medical Officer of the UK CAA, Tony Evans, has been appointed CMO of ICAO in Montreal. He is an enthusiastic pilot and has long recognised the interests of recreational pilots. We can expect his support when future regulations are under consideration.

A few Therapeutic Use Exemptions [TUEs] have been agreed including [surprisingly] insulin in a hang glider pilot. Most of the other TUEs arose from the treatment of asthma or related allergic diseases.

Regards, Peter Saundby