

COMMISSION INTERNATIONAL MEDICAL PHYSIOLOGIQUE (CIMP)

President's Report

By Dr Peter Saundby

The Sport Pilot Licence is now established in the USA with the minimal medical requirement that the pilot must hold a US driver's licence. It is too early for sufficient statistical data to have been obtained in order to judge the safety or otherwise of this measure. In Europe the European Aviation Safety Agency selected me to be a member of the medical sub group of the licensing group. This has involved a heavy work load, a meeting most months in Cologne together with associated work preparing or commenting upon papers. The work load was so high that the other member from 'industry' who represented commercial aviation has had to resign, leaving me as the only medical member who is not from a regulatory authority.

The transfer from the Joint Aviation Authorities to EASA has necessitated a re-writing of the JAR-FCL 3 to meet the format required in which the Essential Requirements laid down by the European Parliament are met by 'Implementing Rules' [IRs], these in turn have 'Acceptable Means of Compliance' [AMCs] supported by non binding 'Guidance Material'. Reports of all EASA meetings have been circulated to those CIMP delegates who are from the EASA member nations. An issue is that EASA does not intend to appoint specialist professionals but rather to co-opt these when required. However they will depend upon national authorities to carry out their policies and being without internal expertise they may find it difficult to resolve disagreements. There are few issues with Class 1 professional pilots but the JAA Class 2 had been set above ICAO and did not include glider or balloon pilots. After debate and referral to the Medical Committee of the JAA [LSST-M], it was agreed that the EASA Class 2 need be set no higher than ICAO.

One controversial issue yet to be addressed is pilot age. This factor was included by the European Parliament but has not previously been considered for Class 2 pilots by the JAA. While advancing years may both bring reduced ability and greater risk of incapacity, the onset varies greatly between individuals. It has been suggested that any limitations relating to a fixed age should be an operational rule, albeit based upon medical evidence.

A real problem has been that the evidence base on which to base any medical policy decisions is very poor. Autopsies are not routine in many nations and it cannot always be known whether the fatality preceded the accident. Medical contributing factors in non fatal accidents are usually unclear. However a mathematical model has been developed in order to compare incapacity outcomes of the various policy options.

EASA will also establish a Leisure Pilot Licence and another group called MDM.032 is established to write the necessary Implementing Rules. Opinions and experience in Europe vary from stringent entry medical criteria to minimal fitness requirements. However, as Dr Pedro Ortiz showed previously, the accident rates from medical causes are both low and differ little between countries.

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