CIMP report to the FAI General Conference.

By Dr Peter Saundby, President CIMP.

The year since the last General Conference has been very active. This largely arose from the legislation of the European Parliament and the implementing proposals of the European Aviation Safety Agency (EASA) concerning the Leisure Pilot Licence (LPL). There has also been activity arising from the issuance of Therapeutic Use Exemptions (TUE) for competitors taking part in contests in accordance with WADA rules.

The annual meeting of CIMP was held in Zagreb during early September immediately prior to the International Congress of Aviation & Space Medicine (ICASM). This arrangement economised on travel for some and facilitated later contact with influential persons. Twenty attended CIMP from fifteen nations and four Airsport Commissions were represented. The first and simplest measure was to clarify and simplify the administration of those TUE applications submitted to the FAI office.

Many nations, both in and outside Europe, permit medical approval of air sport pilots by means that do not comply with the ICAO annexes. Last year the European Parliament enacted a provision for a leisure pilot licence (LPL) and EASA has published proposed implementing rules. These have proved very controversial and open opposition has come from the European Society of Aviation Medicine (ESAM). CIMP members were unanimous that the proposed LPL medical certification proposals from the EASA were impracticable, but there was disagreement concerning the desirability of a sub ICAO medical standard and the authorisation of doctors other than Authorised Medical Examiners to approve pilots. However following a vote, the majority supported the principle of a LPL.

A paper comparing France and Spain demonstrated clearly that regulations were effective in reducing the total activity of micro-light flying, but had no influence on the accident rates.

The proposed minimum age for pilots had been criticised by ESAM. While there was a consensus within CIMP for age sixteen for first solo, because of a complex interaction between maturity and the provision of supervision, it was agreed that this should be controlled at national level.

The only essential medical criteria are the need to meet those minimum anthropometric weight and sizes specified in the aircraft design requirements.

The management of ageing pilots was discussed. With advancing age both mental and physical capabilities decline and the cardio-vascular risk rises. However there is great variation between individuals. Three different tactics have been employed by various nations, to enforce arbitrary age limits on certain activities, to apply greater currency requirements and flight checks, or to impose more frequent and stringent medical checks. No scientific evidence is available to show which, or all, of these is effective.

An underlying problem is the dearth of scientific evidence concerning the fitness validation of air sports pilots. Military and commercial practices have been applied with little modification. Unsupported opinion predominates. Much money is spent collectively by pilots on routine physical examinations. Relatively little is spent on investigation of accidents and autopsies are not routine in some nations. A medical contribution and investigation of human factors is usually absent from reports of accidents. Aeromedical training of both pilots and doctors is minimal and almost nothing is spent on research. Even when EASA offered a research project, there were no bids.

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