



# CIMP 2008 Lausanne

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President CIMP

# Agenda Items 5 & 6

- Regulation (EC) 216/2009 Basic Aviation Law, published 20 February 2008
- Notice of Proposed Amendment (NPA), No 2008-17 a – c. published 03 June 2008  
(This includes the proposals for the Light Aircraft Pilot Licence listed in the agenda)

# Volume of documents

- Basic law 216/2008 49 pages
- NPA 2008-17 a 85 pages
- NPA 2008-17 b 647 pages
- NPA 2008-17 c 66 pages

I will try in this presentation to identify major changes, contentious points or notable omissions in the NPAs. We cannot cover everything in this meeting.

# EUROPEAN LAW

## GERT structure

- The Basic Law contains Essential Requirements, passed by Parliament.
- Implementing Rules. Passed by Council of Ministers.
- Acceptable Means of Compliance. Can comprise alternatives.
- Guidance material.

# Comment on an NPA

- Anyone can comment.
- All details are on the EASA web site.
- [www.easa.europa.eu/ws\\_prod/r/r\\_npa.php](http://www.easa.europa.eu/ws_prod/r/r_npa.php)
- The Comment Response Tool must be used.
- Registration is required
- Closing date for 2008-17 is 2008-08-28  
(End of August this year)

# Comments by CIMP

- CIMP should comment, through the President of the FAI and with the support of the Executive Board.
- Individuals can comment.
- These persons need not be EU citizens, it could be valuable to have comments from those with experience of other systems.

# Basic Law 216/2008

- Article 7. “in the case of a leisure pilot licence, a general medical practitioner who has sufficient detailed knowledge of the applicant’s medical background may, if permitted under national law, act as an aeromedical examiner.”



# Basic Law 216/2008

- Annex 111, para 4.b.1. An aeromedical examiner must (iii) have acquired practical knowledge and experience of the conditions in which pilots carry out their duties.

(This follows ICAO, but more later)

# NPA 2008-17 A

- EASA has developed medical certification for pilots of balloons and sailplanes that were not included in JARs.
- These new developments were based upon ICAO Annex 1 and some existing national regulations.
- For the LPL, the medical certificate may be issued by a GMP.

# NPA 2008-17 A

- Appendix 11 contains explanations of how the Part medical was drafted.
- Initial Class 1 can be issued by an Aeromedical Centre.
- EASA Class 2 is valid for 24 months after the age of 50. (JAR Class 2 valid 12 months after the age of 60)

# NPA 2008-17 A

- All numbers, such as permissible BP limits have been transferred to AMCs so that changes are easier in the light of improved medical knowledge.

# NPA 2008-17 B

- The minimum age to fly solo in powered aircraft is 16
- But for sailplanes and balloons it is 14 years of age. ( this complies with ICAO but is lower than the age now set in some EU countries)
- No maximum age for private pilots.
- Training requirements include Human Factors

# NPA 2008-17 C

- Medical confidentiality could be an issue
- MED.A.050 (e) states "On request by the competent authority, AeMC, AMEs and GMPs shall submit to the competent authority all aeromedical records and reports, and any other information, as required for oversight activities".

# NPA 2008-17 C Subpart D

- Requirements for General Medical Practitioners.
- This section sets out the qualifications of GMPs, either as postgraduate training or as a pilot licence.
- Contrary to the Basic Law, it does not require a knowledge by the GMP of the applicant.

# NPA 2008-17 C AMC to MED.A.015

- The medical report for the LPL differs from traditional reports being seven pages long.
- Medical history has to be completed by the doctor, not the applicant.
- No guidance in statistical terms as to what is the level of acceptable risk.
- Little guidance on the use of limitations.



# NPA 2008-17 C

- Section 2 lists medical requirements for the LPL.
- These are likely to be contentious, especially in the cardio-vascular field.
- Although the level of acceptable risk may be different, why should the medical conditions for the LPL differ from those in other licences.

# What are our problems?

- Undiagnosed disease in the population?
- Concealment of known disease by applicants?
- Unwise certification of applicants by dishonest doctors?

# UNANSWERED QUESTIONS

- Why did EASA not follow the JAR-FCL 3 in setting statistical limits for acceptable risk?
- Should an Implementing Rule lay down the minimum aviation experience of AMEs required by the Essential Requirements?
- When the Essential Requirements permit less fit pilots to fly subject to mitigating limitations, should not the AMCs contain detailed guidance on when these limitations be applied?

# GMPs

- Will GMPs be willing to do this work?
- Will GMPs be willing to permit authorities to inspect clinical records that were not collected for the purpose of aeromedical certification?
- Will AMEs be willing to issue LPL medical certificates if a GMP has refused?



