## **EASA**

## **Comment Response Tool**

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Title	Implementing Rules for Pilot Licensing - Part-Medical	
NPA Number	NPA 2008-17c	

**European Gliding Union (EGU)** has placed **9** unique comments on this NPA:

Cmt#	Segment description	Page	Comment	Attachments
1705	(General Comments)	0	The comments in this response to NPA17c represent the formal response of the European Gliding Union. EGU represents the national gliding organisations of 25 countries (Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Luxembourg, The Netherlands, Norway, Poland, Serbia, Spain, Slovakia, Slovenia, Sweden, Switzerland & UK)	
1706	(General Comments)	0	General comment: The EGU, which represents approximately 82,000 glider pilots throughout the EU, strongly supports the FCL proposal to introduce two EU glider pilot licences which are identical in all respects other than the differential medical standards and medical validation processes. The EGU is emphatically supportive of the principles embodied in the LPL medical standards, which will enable a significant number of glider pilots to exercise their right to fly, or continue to fly, with absolutely minimal risk to others. This principle is in accordance with the Commission's stated view, endorsed by the Transport Committee of the EU Parliament, of the need for proportionate regulation relative to risk."	
1713	(General Comments)	0	General comment: Absence of a board of Appeal Although the basic law in 216/2008 introduces mechanisms for appeal in other areas of certification, this does not apply to medical decisions. To establish an EASA medical appeal board would reduce the possibility of discontented individuals going to law and the probability of diverse judgments setting unwelcome precedents.  EGU Proposal: That EASA establish an independent medical appeal	

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			board and that this be available initially through national escalation process.	
1707	C. Draft Opinion Part-MED - Subpart A: General Requirements - Section 2: Issuance, revalidation and renewal of medical certificates - MED.A.050: Obligations of AeMC, AME and GMP	6 - 7	MED.A.050 Obligations of AeMC, AME and GMP  (e) Upon request by the competent authority, AeMC, AMEs and GMP shall submit to the competent authority all aeromedical records and reports, and any other information, as required for oversight activities.  Comment: This provision appears contrary to the European Directive on data protection and to normal medical ethics. While AMEs are recognised as agents of the Authority, GMPs are unlikely to open their medical records collected for clinical purposes to the authority. It removes any possibility of co-operation by GMPs and is also unnecessary.  EGU Proposal: That MED.A.050 (e) be deleted.  Reference: Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995.	
1708	C. Draft Opinion Part-MED - Subpart C: Aero Medical Examiners (AMES) - MED.C.010: Requirements for the issue of an AME certificate	19	MED.C.010 Requirements for the issue of an AME certificate Applicants for an AME certificate shall: (a) be fully qualified and licensed for the practice of medicine and hold a qualification in general practice or other medical specialty relevant to aeromedical practice; (b) have undertaken a training course in aviation medicine; (c) demonstrate to the competent authority that they: (1) have adequate facilities and functioning equipment suitable for aeromedical examinations; and (2) have in place the necessary procedures and conditions to ensure medical confidentiality according to the applicable national legislation.  Comment: The requirements for AMEs are set out in the basic regulation, 216/2008. In addition to aeromedical training, it is a requirement that they "have acquired practical knowledge and experience of the conditions in which pilots carry out their duties." This has been	

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	·		omitted from the NPA and no implementing rule exists except as an option for GMPs. This omission needs addressing. It is interesting that many complaints have been made in the past by pilots against denial of certification and these often arose because of a lack of knowledge by doctors of the piloting task.	
			EGU Proposal: That an Implementing Rule be drafted defining how this basic law is to be enabled eg: the past or current possession of a pilot licence as in MED.D.001. It is accepted that many current AMEs do not comply with the basic law and 'grandfather rights' would have to be permitted.	
			Reference: Regulation (EC) No 216/2008 of the European Parliament and of the Council on common rules in the field of civil aviation Annex 111, 4.b.1. (iii).	
1709	C. Draft Decision Part-MED - Subpart A: General Requirements - Section 2: Issuance, revalidation	22 - 29	Section 2 Issuance, revaldiation and renewal of medical certificates. On occasions licences may need to be restricted. Examples of restrictions are the prohibition of passenger carriage, or in the case of a disabled pilot, a restriction to a demonstrated aircraft type with approved modifications	
	and renewal of medical certificates - AMC to MED.A.040: Requirements for the issue, revalidation and renewal of medical certificates - Limitations to LPL medical		Comment: In their comments the BGA proposes a list of possible limitations and associated codes coming from JAR-FCL 3. These are satisfactory and cover all possible contingencies. However they do apply to all medical certificates and should be in a general section. Limitations provide the tool by which mitigating measures described in 216/2008 are implemented. Rules and guidance are also needed on the application of these limitations.	
	certificates		EGU Proposal: The EGU supports the limitations and associated codes proposed by the BGA	
1710	C. Draft Decision Part-MED - Subpart A:	22 - 29	AMC to MED.A.040 Requirements for the issue, revalidation and renewal of medical certificates - Limitations to LPL medical certificates	

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	LPL medical certificates should be issued following examination in accordance with the following report: Page 23/66 This report consists of questions that have 'yes' or 'no' answers that are indicated by ticking boxes. If all ticks are in clear boxes the medical certificate can be issued immediately by the doctor undertaking this examination. If any of the ticks are in a shaded box the medical report should be referred to an AME or AeMC for further assessment.  Comment: This lengthy report form for the LPL does not meet the requirement in the preamble of 216/2008 to achieve simple measures for non commercial activities. The medical form proposed for the LPL is complicated in the extreme. Our suggestion is that it could benefit from reviewing the experiences of Road Transport Authorities in Europe who require a similar standard as that required for the LPL. It should make use of the universally available individual national/public health records. It should also not attempt to incorporate the actual standards into the form.	
	The EGU is very concerned that the complexity and thereby potential cost of the process for an applicant to obtain medical clearance through a GMP will create a significant barrier to entry to the sport of gliding for young people, and indeed a barrier to older, retired people on lower incomes to continue in gliding, where the periodicity of medical renewal decreases with age.  EGU Proposals:  1. That the proposed LPL form be simplified in a similar fashion to that used by the New Zealand Gliding Association and which permits either validation by reference to records or by a physical examination.  2. That when records are not available and a physical examination is required, the EASA Class 2 form is used.  3. That separate guidance material is prepared.  References: GLIDING NEW ZEALAND INC. MEDICAL REQUIREMENTS.	
	Page	examination in accordance with the following report: Page 23/66  This report consists of questions that have 'yes' or 'no' answers that are indicated by ticking boxes. If all ticks are in clear boxes the medical certificate can be issued immediately by the doctor undertaking this examination. If any of the ticks are in a shaded box the medical report should be referred to an AME or AeMC for further assessment.  Comment:  This lengthy report form for the LPL does not meet the requirement in the preamble of 216/2008 to achieve simple measures for non commercial activities. The medical form proposed for the LPL is complicated in the extreme. Our suggestion is that it could benefit from reviewing the experiences of Road Transport Authorities in Europe who require a similar standard as that required for the LPL. It should make use of the universally available individual national/public health records. It should also not attempt to incorporate the actual standards into the form.  The EGU is very concerned that the complexity and thereby potential cost of the process for an applicant to obtain medical clearance through a GMP will create a significant barrier to entry to the sport of gliding for young people, and indeed a barrier to older, retired people on lower incomes to continue in gliding, where the periodicity of medical renewal decreases with age.  EGU Proposals:  1. That the proposed LPL form be simplified in a similar fashion to that used by the New Zealand Gliding Association and which permits either validation by reference to records or by a physical examination.  2. That when records are not available and a physical examination is required, the EASA Class 2 form is used.  3. That separate guidance material is prepared.

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1711	C. Draft Decision Part-MED - Subpart B: Requirements for Medical Certificates	31	Subpart B REQUIREMENTS FOR MEDICAL CERTIFICATES  Comment: This long section fills the same function as Chapter 6 of ICAO Annex 1 in that it sets out disqualifying conditions. However while ICAO uses the term 'likely to interfere with the performance of duties', in most cases the NPA requires reference to a specialist. This avoids the question of quantifying unfitness. While defects of function are tested in training, the risk of sudden incapacity remains a medical problem. Following a classic paper by Peter Chapman, the JAR-FCL 3 defined aeromedical risk as the chance of incapacity occurring during the next year. By comparison with other airworthiness standards, the limit was set at 1% for both Class 1 and 2. Another reason for using numerical standards is that after a period of time, accident and incident data can confirm whether intended standards have actually been met.  EGU Proposal:  1. That the risk of sudden incapacity be defined in numerical terms and limits be set. Suggested limits are  Class 1 1% (Existing JAA level)  Class 2 2%  Class 2 0PL 5%  LPL 2% (Group 2 drivers in the UK)  LPL OPL 20% (Group 1 drivers in the UK)  References:  1. Chapman P.J.C. (1984). The consequences of in flight incapacitation in civil aviation medicine. Journal of Aviation and Space Environmental Medicine, 55,	
1712	C. Draft Decision Part-MED - Subpart D: General Medical	66	AMC to MED.D.001 Requirements for general medical practitioners A speciality relevant to aeromedical practice in the sense of MED.D.001(a) should be considered as any speciality that gives competence to perform medical	

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Requir for ge medic	co D.001: rements eneral	Comment: The intent of this paragraph is not obvious. If, as proposed, the qualification of a GMP is to have access to prior records, then in a few cases it might also be appropriate for other specialists with access to clinical records to provide certification.  EGU Proposal: An in depth briefing about the air sport concerned shall make the GMP ready to perform medical examinations.	

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