

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

European Gliding Union (EGU) (Meike Mueller has placed **1** reactions on this NPA:

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0	(general reactions)	<p><u>Comment of European Gliding Union</u></p> <p>EGU represents with around 70000 members from 27 gliding associations the gliding movement of the different European Member states.</p> <p>The CRD to NPA2008-17c represents the response of EASA to a high amount of comments to different aspects of the first proposed rules. EGU respects and appreciated, that in different aspects adaptations were drafted which improved the documents.</p> <p>However, a number of rules will induce a number of problems and will tackle the further development of gliding as an air sport by the induction of costs and decreased access to this sport. EGU see different aspects which are not acceptable so far. Mainly the changed proposal for the LAPL medical certificate and the possibility to allow a general medical practitioner for the respective assessment is not acceptable. The drafted proposals in the CRD will in fact not allow this solution in the majority of the EU Member States.</p> <p>The reasons and arguments given by EASA for such changes and the given proposal for a less liberal regulation compared to that written in the NPA2008-17c are not conclusive. The given proposal induces the feeling that the discussion process in and around the review group was dominated by the opinion of the representatives defending the privileges of the AME. A conflict of interest can not be excluded.</p> <p>First of all, regulation (EC) 216/2008 Article 7 states that;</p> <p>`...in the case of a leisure pilot licence a</p>	

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		<p>general medical practitioner who has sufficient detailed knowledge of the applicant's medical background may, if so permitted under national law, act as an aero-medical examiner, in accordance with detailed implementing rules adopted pursuant to the procedure referred to in Article 65(3); these implementing rules shall ensure that the level of safety is maintained.'</p> <p>During the work of MDM.032 and the FCL.001 working group the draft for the proposed regulations laid down in NPA 2008-17c was established by EASA. The requirements for a general practitioner (GMP) were defined in NPA 2008-17c as follows:</p> <p>MED.D.001 Requirements for general medical practitioners</p> <p>In order to issue LPL medical certificates, general medical practitioners (GMP) shall be fully qualified and licensed for the practice of medicine in accordance with applicable national rules, and</p> <p>(a) have completed postgraduate training in general medical practice or any speciality relevant to aeromedical practice ; or</p> <p>(b) have completed a training course in aviation medicine and have either:</p> <p>(1) 1 year fulltime, or parttime equivalent, experience in practicing a medical speciality relevant to aeromedical practice; or</p> <p>(2) hold, or have held a pilot's licence for any kind of light aircraft.</p> <p>(c) declare their activity to the competent authority.</p> <p>The wording in the CRD was redrafted and published in the CRD as follows:</p> <p>MED.D.001 Requirements for general medical practitioners</p> <p>(a) GMPs shall act as AMEs for issuing LAPL medical certificates only if exercising their activity in a Member State where the GMP has appropriate access to the full medical records of pilots.</p> <p>(b) In order to issue LAPL medical certificates, general medical practitioners (GMP) shall be</p>	

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		<p>fully qualified and licensed for the practice of medicine in accordance with applicable national rules, and</p> <p>(a1) have completed postgraduate training in general medical practice and</p> <p>(b2) have acquired knowledge in aviation medicine</p> <p>(23ii) hold, or have held a pilot licence for any kind of aircraft.</p> <p>(cc) GMPs acting as AMEs shall declare their activity to the competent authority</p> <p>These changes of the requirements for a general practitioner are not acceptable as these rules will hinder the possibility for GMPs to act as AME in the majority of EASA member states. The requirement in clause MED.D.001 a) requiring the use of the full medical records of the applicant is not applicable in most of the countries as such records are not in place. The Basic Regulation states that such a regulation shall be given by national law and not by European law.</p> <p>Simply spoken, by this sentence, the will of the basic regulation can not be fulfilled in most of the Member States. EGU proposes to delete MED.D.001 a).</p> <p>Justification:</p> <p>One rationale of the use of GMPs is the close relation to the applicant, which is in the majority of the cases more close than to other physicians. The good knowledge of the health conditions of the applicant by the GMP should result in a limited number of clinical exams, which should decrease the financial burden for the pilots without a safety risk. A full medical history represents an overinterpretation of the Basic Regulation which only require sufficient information about the applicants` s health and not a life time reflecting medical history. This interpretation does not increase safety in a measurable amount. It has to be stressed that the world wide existing data material does not show differences between countries using a medical requirement for Air Sport as gliding and those which does not.</p> <p>In addition, it is not clear how the LAPL</p>	

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		<p>medical shall be handled by an AeMC or AME in countries without a complete set of records using the given form? The assessment by an AME is the only alternative for the applicant if he / she can not use the GMP in the respective country. As the AeMC or AME also has to perform the assessment for the LAPL medical in accordance with the respective regulation and should use the records for assessing the health of the applicant, this requirement will avoid the implementation of the LAPL medical in the majority of the countries affected. The high level of requirement for the LAPL medical compared to Class 1 and 2 is not logic and appropriate for the risk of the related activities. It is again not acceptable for EGU and the draft jeopardizes the concept of lighter requirements for air sport related pilot licences. This rule does not provide a level playing field [basic regulation] for gliding in EASA Member States and the consequences have to be approved in a RIA.</p> <p>Comment to MED.B.090</p> <p>The wording of NPA 2008-17c stated as follows:</p> <p>MED.B.90 Medical examination of applicants for LPL medical certificates</p> <p>Aeromedical examination and assessment of applicants for a LPL medical certificate shall consist at least of the following:</p> <ol style="list-style-type: none"> (1) evaluation of their medical history; (2) examination of vision; (3) urine test; (4) blood pressure test; (5) whispered voice test; (6) examination of musculoskeletal system. <p>Several comments by NAA and AME opinion during the NPA consultation process has resulted in the following proposal within the CRD:</p> <p>MED.B.90 Medical examination of applicants for LAPL medical certificates</p> <p>(a) An applicant for a LAPL medical certificate shall be assessed based on aeromedical best practice.</p>	

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		<p>(b) Special attention shall be given to the applicant's complete medical history.</p> <p>(c) The aero-medical examination shall include at least the following:</p> <ol style="list-style-type: none"> (1) clinical examination; (2) blood pressure; (3) urine test; (4) vision; (5) hearing ability. <p>(d) Notwithstanding (c), after the first issue of a LAPL medical certificate the aeromedical examinations until the age of 50 can be reduced with due regard to the evaluation of the applicant's medical history.</p> <p>The rule described under MED.B.90 b) points again to the assessment of the complete medical history, which is in the majority of EASA Member States not available and this is also the case if an AME or a GMP performs the respective assessment. The major question is already, if a risk can be recognized by the medical assessment. This is clearly not possible for acute incapacities occurring to the applicant between the assessments. More slow occurring health decreasing pathologies will not result in aeromedical hazards. The medical assessment following aeromedical best practice will not detect any unknown and asymptomatic condition of a seriousness that causes safety risk. Diseases are either of slow onset and will be stated in the clinical history of the applicant or a disease is of sudden onset and can not be predicted by an examination. The rules proposed in the CRD prevent the implementation of the relevant element of Regulation (EC) 216/2008 as intended by the Parliament and Council. EGU again demand to ensure the possibility to use GMP for LAPL medical assessment in all EASA member states as ruled by the Basic Regulation.</p> <p>Comment to MED.A.060 Suspension of exercise of privileges</p> <p>Proposed wording:</p> <p>(a) Holders of class 1 and class 2 medical</p>	

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		<p>certificate shall not exercise the privileges granted by their licences when they:</p> <p>.....(6) have been suffering from any significant illness involving incapacity to function as a member of the flight crew.....</p> <p>The status of significant illness is not clear for the user of the rule. As no further clarification is given in the AMC, another wording should be used.</p> <p>Comment to MED A.055</p> <p>As the Basic Regulation stated the periodical evaluation of the health status of a licence holder, these periods of validity for the different medicals were proposed in NPA2008-17c.</p> <p>These followed mainly ICAO Annex 1 and only those for the LAPL medical differed significantly. The rationale for these periods was the very low risk of incapacities induced by diseases at ages up to 45 as e.g cardiovascular diseases which could result in sudden incapacities. As pilots in recreational aviation exercises the privileges of their licences not in that extent as holders of commercial licences, the risk for an incapacity during exercising is minimal.</p> <p>The comments of AMEs and NAAs forced EASA to change the validity periods in the CRD, although no clear argument can be given for such a decision. A significant financial and work burden is induced and paid by the pilots without detectable improvement of safety.</p> <p>As MED.A.60 requires LAPL holders to report changes in health status and therefore the long validity could be accepted in the light of the minimal risk there are no clear explanations given by EASA in the CRD why the first draft is no longer acceptable.</p> <p>The tremendous increased number of assessments during the life span of a pilot (already at younger age) will increase the related costs dramatically. EGU can not accept this more stringent rule.</p>	

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		<p data-bbox="528 309 1139 376">Comment to Medical examination report for LAPL medical certificates</p> <p data-bbox="528 387 1123 645">Further clarification is needed to the use of the form for the assessment of a LAPL medical as described in AMC to Med B.0.90, when every item of in the form shall be checked by an exam, why are only single items not grey shaded and therewith mandatory?</p> <p data-bbox="528 651 938 680">Further clarification is needed.</p>	