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<b>Title</b>	Implementing Rules for Pilot Licensing - Part-Medical
<b>NPA Number</b>	2008-17c

**British Gliding Association** (office@gliding.co.uk) has placed **11** unique comments on this NPA:

Cmt#	Segment description	Page	Comment	Attachments
508	(General Comments)	0	<b>The comments in this response to NPA17c represent the formal response of the UK British Gliding Association</b>	
1053	C. Draft Opinion Part-MED - Subpart A: General Requirements - Section 1: General - MED.A.005: Scope	3	<p>The British Gliding Association strongly supports the concept of a GMP medical.</p> <p>Under a similar GP endorsed self declaration system within UK national regulation, thousands of pilots are able to fly with no greater first or third party risk from medical incapacitation than others who hold JAR medical certificates.</p> <p>There are however a number of details within the NPA proposals that the BGA believes should be considered. These are listed below.</p>	
95	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	<p>Page 7 of 66</p> <p><b>MED.A.050 Obligations of AeMC, AME and GMP</b></p> <p>(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.</p> <p><i>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, GMP's 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.</i></p> <p><b>BGA Proposal: That MED.A.050 (e) be deleted.</b></p> <p><i>Reference: Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995.</i></p>	
96	C. Draft Opinion Part-MED - Subpart C: Aero Medical Examiners (AMES) - MED.C.010: Requirements for the	19	<p>Page 19 of 66</p> <p><b>MED.C.010 Requirements for the issue of an AME certificate</b></p> <p>Applicants for an AME certificate shall:</p> <p>(a) be fully qualified and licensed for the practice of medicine and hold a qualification in general practice or other medical speciality relevant to aeromedical practice;</p>	

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	issue of an AME certificate		<p>(b) have undertaken a training course in aviation medicine;</p> <p>(c) demonstrate to the competent authority that they:</p> <p>(1) have adequate facilities and functioning equipment suitable for aeromedical examinations;</p> <p>and</p> <p>(2) have in place the necessary procedures and conditions to ensure medical confidentiality according to the applicable national legislation.</p> <p><i>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 omitted from the NPA and no implementing rule exists except as an option for GMPs. This omission needs addressing. 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.</i></p> <p><b>BGA 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.</b></p> <p><b>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).</b></p>	
97	C. Draft Opinion Part-MED - Subpart D: General Medical Practitioners (GMPS) - MED.D.001: Requirements for general medical practitioners	21	<p>Page 21 of 66</p> <p><b>MED.D.001 Requirements for general medical practitioners</b></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><i>Comment: In Article 7 of 216/2008 it states "in the case of a leisure pilot licence a general medical practitioner who has sufficient detailed knowledge of the applicant's medical background may . . . ". The requirements listed above are different and miss the essential point that the advantage of a GMP is that they actually know the medical</i></p>	

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			<p><i>history of the applicant and falsification is not possible. The instruction for the LPL medical report actually authorises a GMP to complete the form without such knowledge and in breach of the basic law. The depth and length of the medical history available to the GMP need to be defined.</i></p> <p><b>BGA Proposal: That a GMP completing a report on an applicant for an LPL must have access to at least three years of medical records that have been accumulated for clinical purposes.</b></p> <p><b>Reference: Regulation (EC) No 216/2008 of the European Parliament and of the Council on common rules in the field of civil aviation...</b></p> <p><b>Article 7, para 2.</b></p>	
98	C. Draft Decision Part-MED - Subpart A: General Requirements - Section 1: General - AMC to MED.A.025: Decrease in medical fitness	22	<p>Page 22 of 66</p> <p><b>AMC to MED.A.025</b></p> <p><b>Decrease in medical fitness</b></p> <p>1. Holders of class 1 or class 2 medical certificates should seek the advice of an AeMC or AME if in any doubt about their fitness to fly.</p> <p>2. Holders of LPL medical certificates should seek the advice of an AeMC, AME or GMP.</p> <p><i>Comment: This minimal advice seems inadequate and does not implement the requirements of 216/2008 where there is a need for all pilots to know of "human performance and limitations". Pilots are responsible for their fitness to fly between periodic medical certification and in the case of the LPL, this could exceed thirty years. Unfitness can arise from fatigue, minor infections or even unwise indulgence. However there should be no obligation for an AME to be informed of minor unfitness. Rules are required to define the responsibilities and powers of pilots, AMEs and GMPs in these circumstances. Lawyers and Authorities need to recognise that informal measures must be permitted, otherwise any requirement to report decreased fitness may be ignored.</i></p> <p><b>BGA Proposals:</b></p> <p><b>1. Pilots may ground or limit themselves for a period of up to 21 days at their own discretion. After 21 days an AME or the certifying GMP must be informed.</b></p> <p><b>2. Pilots are responsible to ensure that any Over the Counter (OTC) medicine does not adversely affect flight.</b></p> <p><b>3. Pilots receiving treatment or medication from any doctor are to enquire of possible adverse effects on flight.</b></p> <p><b>4. AMEs or certifying GMPs may informally suspend or limit a medical certificate for up to 90 days. This would include the recovery period from most surgical operations.</b></p> <p><b>5. After full recovery within 90 days, an AME or certifying GMP can lift any suspension or limitation. If there is a permanent change in health status a revalidation becomes necessary and this may impose a limitation. If the pilot</b></p>	

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			<p><b>remains unfit for any flight, the Authority must be informed whether or not a revalidation medical examination took place.</b></p> <p><i>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, 1.b.1 (v).</i></p>	
99	<p>C. Draft Decision Part-MED - Subpart A: General Requirements - Section 2: Issuance, revalidation and renewal of medical certificates - AMC to MED.A.040: Requirements for the issue, revalidation and renewal of medical certificates - Limitations to LPL medical certificates</p>	22 - 29	<p>Page 22 of 66  <b>AMC to MED.A.040</b>  <b>Requirements for the issue, revalidation and renewal of medical certificates - Limitations to LPL medical certificates</b>  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.</p> <p><i>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 LPL compares quite unfavorably with the Sport Pilot Licence of the USA and the existing UK NPPL - both of which provide valuable working approaches. 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.</i></p> <p><i>It has been said that the basic regulation 216/2008 requires a physical examination for the LPL prior to certification by a GMP but this has not been identified in the text. There seems little usefulness in requiring applicants to demonstrate that they can extract a cork using a corkscrew with either hand! The cost difference of these approaches (ie: record examination vs. actual examination) to the applicant can be considerable; the British Medical Association web site suggests for members a charge of £15 for a validation from records but £169.50 for a report such as that required by EASA.</i></p> <p><b>BGA Proposals:</b>  <b>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</b></p>	

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			<p><b>reference to records or by a physical examination.</b></p> <p><b>2. That when records are not available and a physical examination is required, the EASA Class 2 form is used.</b></p> <p><b>3. That separate guidance material is prepared.</b></p> <p><b>4. That air sports associations nominate doctors to their Authority who comply with the requirements for AMEs especially in respect of having practical knowledge and experience of the air sport concerned. These can advise both GMPs and AMEs on difficult cases.</b></p> <p>References:</p> <p>1. Regulation (EC) No 216/2008 of the European Parliament and of the Council on common rules in the field of civil aviation...</p> <p>Preamble (7-8)</p> <p>2. United States House of Representatives; Committee on Transportation and Infrastructure. FAA Oversight of falsifications on airman medical certificate applications. Released March 27, 2007.</p> <p>3. BMA -Suggested fees for services that can only be provided by the patient's own GP. <a href="http://www.bma.org.uk/ap.nsf/Content/noagreement~onlybygp">www.bma.org.uk/ap.nsf/Content/noagreement~onlybygp</a></p> <p>4. International Centre for Alcohol Policies. <a href="http://www.icap.org/PolicyIssues/drinkingGuidelines/StandardUnitsTable/">www.icap.org/PolicyIssues/drinkingGuidelines/StandardUnitsTable/</a></p> <p>5. GLIDING NEW ZEALAND INC. MEDICAL REQUIREMENTS. <a href="http://www.gliding.co.nz/sites/gliding.co.nz/downloads/MOAP/MOAP/Forms/OPS/OPS%201.pdf">www.gliding.co.nz/sites/gliding.co.nz/downloads/MOAP/MOAP/Forms/OPS/OPS%201.pdf</a></p>	
100	C. Draft Decision Part-MED - Subpart A: General Requirements - Section 2: Issuance, revalidation and renewal of medical certificates - AMC to MED.A.040: Requirements for the issue, revalidation and renewal of medical certificates - Limitations to LPL medical certificates	22 - 29	<p>Page 23/66</p> <p><b>Section 2 Issuance, revalidation and renewal of medical certificates.</b></p> <p>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</p> <p><b>Comment: A list of possible limitations and associated codes is to be found in 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.</b></p> <p><b>Proposals:</b></p> <p><b>1. On a revalidation of a medical certificate, a previous limitation may be carried forward without question.</b></p> <p><b>2. On initial issue of an LPL following denial of a Class 1 or medical certificate, a limitation is to be expected.</b></p> <p><b>3. Any AME or GMP may impose any limitation.</b></p> <p><b>4. Following evidence of recovery, a limitation may be rescinded.</b></p>	

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			<p><b>5. Temporary and time limited limitations may be applied.</b></p> <p><b>6. Guidance for limitations:</b></p> <p><b>CODES with LIMITATIONS as set out in JAR-FCL 3.</b></p> <p><b>TML VALID ONLY FOR ..... MONTHS</b></p> <p><i>This limitation is applied when the applicant is suffering from a condition that may deteriorate prior to the next routine periodic review. It can also be used when the condition may improve when it is usually associated with another limitation, although there is nothing to prevent a pilot with a limitation from seeking a review at any date.</i></p> <p><b>VDL SHALL WEAR CORRECTIVE LENSES</b></p> <p><i>The applicant requires a refractive correction of vision in order to meet the prescribed standard. With this limitation it is also a requirement that a spare pair of spectacles is carried.</i></p> <p><b>VNL SHALL HAVE AVAILABLE CORRECTIVE LENSES</b></p> <p><i>The applicant has good distance vision but requires correction for certain close tasks such as map reading. It is the usual limitation for older pilots suffering presbyopia.</i></p> <p><b>VCL FLIGHTS ONLY WITHIN FIRS OF A MEMBER STATE, VFR FLIGHTS BY DAY ONLY.</b></p> <p><i>The applicant does not meet ICAO standards, usually in respect of the ability to discriminate colour. For an EASA licence, this would be within the Flight Information Regions of EASA member nations.</i></p> <p><b>OML VALID ONLY AS OR WITH QUALIFIED CO-PILOT</b></p> <p><i>This limitation is applied when there is a risk of incapacity that is greater than normal but not so high as to warrant grounding. It only applies to pilots flying aircraft certified for two pilot operation and would be unusual for non commercial pilots.</i></p> <p><b>OCL VALID ONLY AS CO-PILOT</b></p> <p><i>A similar limitation to OML, but this limitation also precludes flying as aircraft captain.</i></p> <p><b>OSL VALID ONLY AS SAFETY PILOT AND IN AIRCRAFT WITH DUAL CONTROLS.</b></p> <p><i>A pilot with this limitation has few privileges over an unlicensed pilot and it is not an equivalent to the OML for private pilots. It can be applied as a temporary limitation while recovering from illness.</i></p> <p><b>OAL RESTRICTED TO A DEMONSTRATED AIRCRAFT TYPE</b></p> <p><i>This limitation is applicable to a pilot with an anthropometric or orthopaedic limitation that might make control difficult. Commonly pilots with a lower limb abnormality find the operation of the wheel brakes is difficult with some designs but not others. Pilots with such a limitation must seek flying instructor</i></p>	

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			<p><i>clearance and an entry in their flying log book for each type that is to be flown.</i></p> <p><b>OPL VALID ONLY WITHOUT PASSENGERS</b>  <i>This limitation is applied when there is a risk of incapacity that is greater than normal but not so high as to warrant grounding. By excluding inexperienced passengers the major third party risk is removed, the ground risk being very remote following incapacity. Continued solo flight or flying with another pilot is permitted with this limitation. Unless there is evidence that the disqualifying disease has improved, this limitation should be applied to all LPL pilots who have been previously denied a Class 2. Elderly pilots can expect to be limited OPL as they age.</i></p> <p><b>APL VALID ONLY WITH APPROVED PROSTHESIS</b>  <i>This limitation is to be applied to pilots with a prosthesis that could affect their ability to control an aircraft. It would commonly be combined with an OAL limitation.</i></p> <p><b>AHL VALID ONLY WITH APPROVED HAND CONTROLS</b>  <i>This limitation is applied to paraplegic pilots or those with lower limb defects that prohibit normal rudder pedal control. In this case the aircraft has to be modified to meet the needs of that pilots and only aircraft so modified may be flown.</i></p> <p><b>AGL VALID ONLY WITH APPROVED EYE PROTECTION</b>  <i>This limitation has been applied to monocular pilots flying open cockpit aircraft. However dust or debris can adversely affect both eyes and protective goggles are recommended for all pilots in these aircraft.</i></p> <p><b>SSL SPECIAL RESTRICTIONS AS SPECIFIED</b>  <i>This limitation permits any restriction to be written in. These could be geographical, climatic or altitude limits. One useful application concerns suspected or minor psychiatric disease when a recreational pilot can be restricted to a named club where responsible officials have been informed, in confidence and with the consent of the applicant, of possible problems. Subsequent reports from these officials become a vital contribution to a sensible and fair medical decision.</i></p> <p><b>SIC SPECIAL INSTRUCTIONS - CONTACT AMS</b>  <i>This does not affect the privileges of a licence but is a warning to an AME not to revalidate without consulting the AMS. This limitation might be applied in a case of past psychiatric disease or previous misdemeanour by the applicant.</i></p> <p><b>VAR VARIATION - ICAO ANNEX 1 PARA 1.2.4.8</b>  <i>This does not affect the privileges of a licence but indicates that the provisions of ICAO are not met, although the pilot is considered fit. It is only applicable to ICAO compliant licences.</i></p>	

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			<p><b>AMS ISSUED BY AMS</b>  <b><i>This does not affect the privileges of a licence but is a hint to an AME that there may have been some special consideration in the past.</i></b></p>																			
101	C. Draft Decision Part-MED - Subpart B: Requirements for Medical Certificates	31	<p>Page 31 of 66</p> <p><b>Subpart B REQUIREMENTS FOR MEDICAL CERTIFICATES</b></p> <p><i>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.</i></p> <p><b>BGA Proposal:</b></p> <p><b>1. That the risk of sudden incapacity be defined in numerical terms and limits be set. Suggested limits are</b></p> <table border="0"> <tr> <td><b>Class 1</b></td> <td><b>1%</b></td> <td><b>(Existing JAA level)</b></td> </tr> <tr> <td><b>Class 1 OML</b></td> <td><b>2%</b></td> <td></td> </tr> <tr> <td><b>Class 2</b></td> <td><b>2%</b></td> <td></td> </tr> <tr> <td><b>Class 2 OPL</b></td> <td><b>5%</b></td> <td></td> </tr> <tr> <td><b>LPL</b></td> <td><b>2%</b></td> <td><b>(Group 2 drivers in the UK)</b></td> </tr> <tr> <td><b>LPL OPL</b></td> <td><b>20%</b></td> <td><b>(Group 1 drivers in the UK)</b></td> </tr> </table> <p>References:  1. Chapman P.J.C. (1984). The consequences of in flight incapacitation in civil aviation medicine. <i>Journal of Aviation and Space Environmental Medicine</i>, 55, 497-500</p>	<b>Class 1</b>	<b>1%</b>	<b>(Existing JAA level)</b>	<b>Class 1 OML</b>	<b>2%</b>		<b>Class 2</b>	<b>2%</b>		<b>Class 2 OPL</b>	<b>5%</b>		<b>LPL</b>	<b>2%</b>	<b>(Group 2 drivers in the UK)</b>	<b>LPL OPL</b>	<b>20%</b>	<b>(Group 1 drivers in the UK)</b>	
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102	C. Draft Decision Part-MED - Subpart B: Requirements for Medical Certificates - Section 2: Specific requirements for LPL medical certificates	60	<p>Page 60/66</p> <p><b>Specific requirements for LPL medical certificates</b></p> <p><i>It is not understood why these specific requirements for the LPL exist. There are two differences between the LPL and other levels of medical fitness certification. Firstly the methods employed to validate fitness should be simple and cheap, secondly and because of the lower risk exposure, a greater risk of incapacity can be accepted especially when mitigating limitations are applied.</i></p>																			

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			<p><b>BGA Proposal:</b>  <b>That the need for these to apply to the LPL be reconsidered by EASA</b></p>	
103	C. Draft Decision Part-MED - Subpart D: General Medical Practitioners (GMPS) - AMC to MED.D.001: Requirements for general medical practitioners	66	<p>Page 66 of 66</p> <p><b>Subpart D</b>  <b>GENERAL MEDICAL PRACTITIONERS (GMPS)</b>  <b>AMC to MED.D.001</b>  <b>Requirements for general medical practitioners</b></p> <p>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 assessments in any of the systems described in Subpart B.</p> <p><i>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.</i></p> <p><b>APPEALS</b></p> <p><i>Comment: 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.</i></p> <p><b>Proposal: That EASA establish an independent medical appeal board and that this be available initially through national escalation process.</b></p>	