



A REPORT ON THE MEETING OF THE COMMISSION INTERNATIONALE  
**MEDICAL PHYSIOLOGIQUE [CIMP]**  
OF THE FEDERATION AERONAUTIQUE INTERNATIONALE [FAI]  
HELD IN MADRID IN OCTOBER 2003.

Dr Peter Saundby, Secretary CIMP.

Introduction:

The usual organisation of the annual meeting of CIMP is to hold an open scientific meeting on a Saturday and the formal plenary on the Sunday of a weekend. However this year the CIMP meeting was held in conjunction with the annual meeting of the International Congress of Aviation and Space Medicine [ICASM] where the scientific meeting of CIMP was replaced by an Air Sports Medicine Panel which occupied the Tuesday afternoon of the Congress. The Congress is a major event and attended by most Chief Medical Officers of National Aviation Authorities, Senior Airline and Military medical officers as well as many doctors from research establishments. All meetings were held in the Colegio Oficial de Médicos de Madrid. This combination with the ICASM had advantages and disadvantages. Those CIMP members who normally also attend the Congress saved on transport and time, but the ICASM registration fees are high and this deterred others. However a large and influential audience heard the case for air sport medicine. The details will be reported in a later paragraph, but we were well received and the scientific committee of ICASM requested that this be repeated at their meeting to be held in Warsaw during 2005.

CIMP Bureau:

A short meeting of the CIMP Bureau was held on the evening of Saturday 04 October before the formal meeting in order to review agenda items and confirm procedures. It continued immediately before the main meeting. Those attending were:

Dr Pedro Ortiz	President
Dr René Maire	President of Honour
Dr Phivos Christofides	Vice President
Dr Eero Vapaavouri	Vice President
Dr Peter Saundby	Secretary

## **CIMP MINUTES:**

The plenary meeting of CIMP was held on Sunday 05 October.

**Agenda Item 1, Welcoming address:** The President, Dr Pedro Ortiz opened the meeting by welcoming those present, especially those attending for the first time. All stood for a minute in recognition of Dr. Peter Quispel who had died since the previous meeting.

**Agenda Item 2, Roll call of delegates, the following were present:**

Dr. Pedro Ortiz Garcia	Spain	President
Dr. René Maire	Switzerland	President of Honour
Dr. Phivos Christophides	Cyprus	Vice-President
Dr. Eero Vapaavouri	Finland	Vice-President
Dr. Peter Saundby	United Kingdom	Secretary
Dr. Bernard Schrober	Austria	
Dr. Ernst Hollmann	Germany	
Dr. Uwe Stüben	Germany	
Dr. Julio Quevedo	Guatemala	
Prof. Antonio Dal Monte	Italy	
Dr. Kazuhito Shimada	Japan	
Dr. Janusz Marek	Poland	
Mr. Gregorz Marek	Poland	
Dr. Branko Brodnik	Slovenia	
Dr. John McCann	United States of America	
Dr. Geoff McCarthy	United States of America	

**Agenda Item 3, Apologies:** Apologies had been received from the following countries:

- Denmark
- France
- Luxembourg
- Russia
- Sweden

**Agenda Item 4, Minutes of the last meeting:** The minutes of the CIMP meeting held in Cyprus in June 2002 were approved.

**Agenda Item 5, Report of the President.** The annual report of the CIMP President, also to be presented to the General Conference, was given. This is at **Annex 1**. The President called particular attention to the high rate of fatal accidents in the air sports and advocated the need for safety measures. Due to the close proximity of the CIMP meeting to the General conference, some matters were yet to be debated. The acceptance of the World Anti Doping agency [WADA] and medical standards were ongoing issues. It was noted that the FAI is no longer represented on the JAA Medical Committee.

**Agenda Item 6, a preview of the items to be presented to the ICASM.** These are at **Annex 2** and would include an overall presentation by Dr Ortiz, a review of human factors in Japanese gliding accidents by Dr. Shimada, a consideration of the hazards of alternating accelerations during aerobatics by Dr. McCarthy and two linked presentations on the evolution and introduction of pilot medical declarations by Dr. Saundby and Dr. Evans of the United Kingdom Civil Aviation Authority.

**Agenda Item 7, Antidoping.** Prior to this CIMP meeting, Dr. Quevedo had circulated to CIMP members and others his objections to the adoption by the FAI of the WADA anti doping code. Dr. Maire opened the debate by outlining the history of FAI involvement. In 1995, CIMP had recommended adoption of the IOC list and this obligation had been incorporated into the Sporting Code. For reasons of flight safety CIMP had recommended inclusion of recreational drugs. Dr, Maire listed the ten points in favour of adopting the WADA code and these were accepted. These are at **Annex 3**. In 2003 a World Conference on doping in sport had emphasised the need for fair play, dignity and courage. Eighty-one countries signed the WADA Code and sixty-two nations adopted anti doping measures into law. WADA had published the 2004 list of drugs. Particular issues related to out-of-contest testing and therapeutic use exemption. The options for CIMP were to recommend acceptance of the WADA Code, acceptance with variations or non-acceptance. In practice, the list was constantly evolving and CIMP had given professional advice so variations would be a matter for evolution. Dr Quevedo spoke strongly and at length against WADA. He said that drugs were a tool to heal sick people and their use should not be inhibited. Individual competitors had been harmed. A competent doctor was an ethical doctor. Many drugs were listed which could not be performance enhancing and he used banned drugs in his routine clinical practice. Other sports such as chess and bridge had not accepted the WADA code. Politics should not interfere with medical treatment. However a detailed review by members of CIMP of alleged cases where application of the doping regulations had caused harm suggested that in some countries the proper use of the 'therapeutic use exemption' had not been implemented or understood. Olympic committees were accustomed to dealing with young athletes and not elderly physically unfit competitors flying model aircraft. Dr. Quevedo finally suggested the FAI should spend money on providing medical personnel at contest sites rather than testing. He concluded by stating that we did not need IOC recognition and could write our own code. Prof. Dal Monte replied that while he enjoyed Plato, he preferred to recognise the truth. Pharmacological effects might be small, but small performance differences counted in contest. Drugs could alter physical performance or mental attitudes. The

latter would be important for the air sports. Therapeutic use has been abused and he gave examples. Doping had been universal in some countries, destroying the health of competitors, especially female athletes. Now, due to WADA these competitors are again beautiful ladies and no longer wear beards. In discussion it was recognised that doctors had not been good at identifying dishonesty, but that the low prevalence of doping in the air sports could only justify a minimal rate of testing. In particular, no known drugs could enhance performance without being apparent during in-contest testing. With only two voting against, the CIMP decided to confirm the previous policy of supporting anti doping measures. The FAI should adopt the WADA code.

**Agenda Item 8. The European Aviation Safety Agency [EASA].** The Essential Requirements for licensing had been published and were sensible. However details had yet to be defined. In particular the regulations would permit endorsement of a pilot declaration from medical records as an alternative to a medical examination in those countries where adequate clinical records existed.

**Agenda Item 9, National Reports.** These had been received from the following countries and are attached with the **Annexes:**

- Austria
- Cyprus
- Czech Republic
- Denmark
- Finland
- Guatemala
- Japan
- Russia
- Spain
- United Kingdom

A common item is concern with the practicalities of introducing anti doping measures enforced by their governments.

Agenda Item 10, Advice to the FAI Board. Arising from agenda item 7, CIMP recommends to the Board that the FAI adopt the WADA code. This will be presented of behalf of CIMP by Dr Saundby as Secretary to the FAI General Conference which he is attending as the UK national delegate.

**Agenda Item 11, Any other business:** Under this heading the case of a 54 year old pilot who had recovered from a small brain infarction secondary to cardio-vascular disease was discussed. This case is now before the courts.

**Agenda Item 12, Election of Officers.** All the current officers, President, Vice Presidents and Secretary were

standing for re-election. Nominations were called and the following were proposed.

President	Dr. Ortiz
Vice Presidents	Dr. Christophides
	Prof Dal Monte
	Dr. Vapaavuori
	Dr. Shimada
Secretary	Dr. Saundby

Because the total number of nominated Vice Presidents is within the permitted number, all were declared elected. Agenda Item 13, CIMP programme 2003-4. There will be ongoing consultation with WADA over specific drugs.

**Agenda Item 14, Working Groups.** A standing working party on doping is required and this will consist of:

- Dr. Maire
- Prof Dal Monte
- Dr. Shimada
- Dr. Marek
- Dr. Quevedo
- Dr. McCarthy

**Agenda Item 15, Next meeting.** The next meeting will be held in Lausanne during a weekend of June 2004, the exact date may depend upon the availability of rooms, but will be notified by the Secretary as soon as known.

***(Afternote by FAI Secretary General: Following subsequent investigations and consultations, it was decided that the next meeting would be held at the Olympic Museum in Lausanne, on Saturday 19 and Sunday 20 June 2004.)***

The ICASM Air Sports Panel:

This took place as an integral part of the ICASM agenda on the afternoon of Tuesday 07 October. The opening presentation by Dr. Ortiz showed that while the accident rate was too high, especially for rotary winged aircraft, relatively few arose from medical causes and there was little difference between those countries with strict medical requirements and those which took a more liberal view. He explained that very large numbers of pilots are involved in air sports, unlike the far smaller numbers of military, commercial, or especially space crews. Dr. Shimada gave an account of human factors in Japanese gliding accidents and illustrated these with photographs of gliding operations. Dr. McCarthy analysed the problems of rapidly alternating accelerations, which are imposed by air sports aircraft in contests. Dr. Saundby told of the development of medical declarations in the British Gliding Association and this was followed by Dr. Evans who told how these were adopted for the UK National Private Pilot's Licence. The CIMP presentations were well received and it became clear that the need to ensure

fitness at low cost with large numbers of pilots was a new problem to many of the ICASM participants. The outcome was the Scientific Committee of the ICASM has asked that an Air Sports Panel be included in the meeting to be held in Warsaw during the autumn of 2005.

Peter Saundby  
29 October 2003

## 96th FAI GENERAL CONFERENCE KRAKOW 2003

### FAI CIMP President Report 2003

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Dear Friends,

In the past year, the changes in international anti-doping scenario have continued to bother the airports community becoming one of the most debated issues.

Our Commission has been deeply involved in this situation, participating in the World Anti-doping Agency – Agence Mondiale Antidopage (WADA AMA) Conference, answering WADA-AMA requests to FAI on anti-doping rules in airports, trying to give answers to the different controversies that have risen in several international discussions and finally giving technical support to FAI's Secretary General in this complicated arena.

Many CIMP Delegates have also been individually very active at national level helping to solve the problems created by the application of the new anti-doping system, particularly in the out-of-contest testing.

FAI clearly needs our continuous support in this matter. As already detected in the last conference of Dubrovnik, many of the concerns on anti-doping may come from emotion and a lack of clear and unbiased information. A FAQs section on anti-doping is already included in our web, but a bigger effort is to be done to produce much more precise anti-doping information and guidance material for our airports community. It will be our effort in the coming year to enhance our web page on this topic and circulate amongst FAI good quality information. CIMP will continue to produce also evidence based information to WADA AMA to support a realistic approach to anti-doping in airports.

This year's CIMP meeting is in liaison with the 51st International Congress of Aviation and Space Medicine ICASM 2003. This move to make more present air sports medical peculiarities in international aeromedical fora, has been our group's policy in the recent years. On our request, the ICASM scientific committee has accepted a session on Air Sports Medicine that will be held on Tuesday October 7<sup>th</sup> 2003. Another important aspect is the presence of a CIMP representative in the JAR licensing medical commission (LSST M). The aim of this policy is to increase the awareness on the specific medical aspects of airports in the aeromedical world, including the policy-making people. In this way we pursue to have more appropriate medical licensing practices for airports pilots and to stimulate the investigation on our specific medico-physiological issues.

Finally, may I point again that we continue to have an unacceptable high number of casualties in airports and a lack of an international reliable statistic system on them; as already said, if we want to prevent, we need to measure precisely the impact of our initiatives. Some countries and institutions are making remarkable contributions to safety, but I believe that we have to make new efforts in many ways (aircrafts design, pilot training, safety seminars, competitions rules, medical assessment, etc) if we want to make airports safer and attract more people to them.

Thank you very much for your attention.

Pedro Ortiz MD  
CIMP President 2002-3

# 51<sup>ST</sup> INTERNATIONAL CONGRESS OF AVIATION AND SPACE MEDICINE

## ICASM 2003

### PANEL ON AIRSPORTS MEDICINE: FINAL PROGRAMM

#### Venue:

ICASM 2003. **Aula Magna** Médicos de Madrid (Madrid's Medical College). Calle Santa Isabel 51, Madrid  
Tuesday October 7th 2003, starting at 15.00 h – end 16.15 h

#### Co - Chairmen:

Prof. JP Crance (France)  
Dr. P Ortiz (Spain)

#### Presenters:

Dr P Ortiz : *An Introduction to Air Sports Medicine*

Dr K. Shimada: *Human Factor trends in Glider Accidents in Japan*

Dr GW McCarthy : *The Effects of Negative to Positive G<sub>z</sub> in aerobatic flight.*

Dr S Janvrin : *The Implementation of the UK National Private Pilot's Licence*

Dr Peter Saundby : *Experience of the British Gliding Association Medical Declaration System & Development of the UK National PPL.*

- All presentations will be strictly limited to 10 minutes.
- After the presentations a time for questions & answers will be allowed.
- The conclusions of the session will be summarised by Prof. Crance

#### Important:

1. To make the presentations and attend this panel all participants will have to be inscribed at the ICASM 2003. For information and inscriptions go to [icasm2003.org](http://icasm2003.org). **Attention!**: the ICASM 2003 web-inscription procedure requires to put some character in the hotel booking screen to proceed to the next page and complete the inscription process. **IF YOU ARE NOT BOOKING AN ORGANISATION HOTEL, PUT SOME CHARACTER (EG. A BLANK OR A "—") AT THE HOTEL CASES.**
2. A copy of the presentations to ICASM 2003 made by CIMP members will be circulated in our internal CIMP list. Provided the ICASM authorisation, we will publish those presentations at the CIMP web site: [fai.org/medical](http://fai.org/medical).

## The New World Anti-Doping Code and FAI

### Recommendations of CIMP for the FAI General Conference in Krakow in October 2003-10-05

1. CIMP recommends to the FAI General Conference to adopt the New World Anti-Doping Code. There are several arguments in favour for this recommendation:  
**2'. From a medical and technical point of view, WADA principles are sound**
2. FAI, as an IOC-recognized international sports federation, has been taken clear position to fight against doping since several years. The propositions in this respect, made by CIMP 1995, found a wide acceptance within FAI and resulted in a change of the FAI Sporting Code.

Citations of two paragraphs: FAI Sporting Code, GENERAL SECTION:

3.11.2.2: FAI condemns the use by competitors, in the misguided belief that they improve performance in the air, of substances banned by the International Olympic Committee (IOC). Such substances may degrade pilot performance and compromise flight safety. The activities, defined as "doping", are contrary to the FAI's principles of fair play, and are potentially damaging to competitors health and safety.

3.11.2.3: Doping consists of the use, whether intentional, negligently, or otherwise, of one or more prohibited therapeutic substances, or of blood or blood products and/or of pharmacological physical or chemical manipulation aimed at making these substances difficult to detect. The list of prohibited substances is the IOC list valid at the moment of testing, including alcohol, marijuana and betablockers.

3. Because the anti-doping position of FAI has been in concordance with the IOC-anti-doping rules so far, and because – within a transforming process of the IOC – WADA has become the governing body in international anti-doping matters, FAI has to follow the line of WADA, if it intends to continue its anti-doping policy which has been proven to be useful within the last several years.
4. The new World Anti-Doping Code aims at achieving a universal and effective anti-doping regime, applicable to all sports throughout the world. The World Conference on Doping in Sport, held in Copenhagen from 3-5 March 2003, accepted the Code, and participants undertook to seek to obtain agreement from their respective organisations to enable the Code to be formally signed and implemented before the next Olympic Games in Athens in 2004. The Copenhagen-conference was attended by over 1000 delegates and observers from governments, national anti-doping organisations, medical organisations, international federations, non-governmental bodies, the Olympic movement, press and media, and many governments were represented at ministerial level.
5. If FAI did not implement the New World Anti-Doping Code, this attitude would **/could** be interpreted as an abolition of the ethical principles of the anti-doping movement, and FAI would probably be excluded from the Olympic movement. Not adopting the new Code could be misunderstood in the international sports world as that airports competitors do take doping substances, that they cheat, and that they are afraid that this becomes public (thus, that they intend to hide something). The IOC President, Dr. Jacques Rogge, gave a clear indication at Copenhagen that organisations (national or international) that refuse to sign the Anti-Doping Code would forfeit financial and other support from the Olympic movement. Furthermore,

FAI has not the capacities to build up and to maintain its own doping-list of forbidden substances and its own doping systems.

6. Doping has different significances in different sports. In sports aviation doping in respect of enhancing the sportive performance is less important than for example in cyclism or athletics. Therefore it has never been in the interest of FAI that a most sophisticated and expensive anti-doping-control-system for airsports is built up. Analyzing first the amount of anti-doping actions which have been performed at FAI sports events during the last several years and second their costs – and this under IOC conditions -, then FAI has not been overwhelmed by this topic. And it is quite probable that this will not really change with the New World Anti-Doping Code.
7. Out-of-Competition Testing: Under the provisions of the World Anti-Doping Code, FAI might need to establish a pool of international athletes whose whereabouts are tracked, so as to permit “out-of-competition” anti-doping tests to be carried out on them by National Anti-Doping Agencies or the World Anti-Doping Agency (WADA). Such testings in airsports have a low significance. FAI has repeatedly made this position clear towards WADA during the consultation process, and there are good chances that those “out-of-competition”-testings will not be performed in reality at airsports events, or, if performed, only affecting a tiny group of selected airsports “athletes. Even if the introduction of “out-of-competition”-testing is not in the interest of FAI, this fact does not justify a denial of the whole New World Anti-Doping Code by FAI.
8. WADA intends to introduce the World Anti-Doping Code *International Standard* for Therapeutic Use Exemptions (TUE) as part of the World Anti-Doping Program. This is a new tool which lies also in the interest of FAI. It regulates the procedures which have to be undertaken with athletes which have documented medical conditions and require a continuation of their medication. This regulation provides a more flexible solution for such cases compared with the actual system.
9. Most decisions made by WADA are results of long opinion making processes, in which also the “IOC-recognized international sports federations” like FAI are involved. WADA is interested to have a good communication with the sports federations, and this is also appreciated by FAI.
10. With the implementation of the New World Anti-Doping Code FAI consolidates its position as an international sports federation on IOC-level.

05.10.2003/ Dr. René Maire

PS for Peter : Make also some comment for 1) technical implications as Antonio mentioned (**official anti-doping** laboratories with defined routine procedures) and 2) that we believe that the whole doping matter will change with the time in the sense that WADA will handle doping matters on a more individual basis for the different international sports federations (**our experience is good in the way WADA communicates**).

**Pedro Ortiz Comments in BOLD**

Sorry for the delay of the National Report.

This year we had two international air-sport events in **Austria**:

The first was the "11th European Precision Flying Championship 2003", organized by the Aeroclub Ried/Kirchheim. (June 21st - 28th). 13 nations participated and Austria got the third place in this competition.

The second event was the "European Championship of model flying aircraft " in the classes F4B and F4C, which took place in Styria/Austria. Austria became second. place.

Austria accepts the WADA-regulations. 2003 there were no dopingcases during airsport competitions.

Austria will hopefully start with JAR FCL 3 next year, or maybe some years later..?

As attachment you will find two short presentations about the Gliding World Championship and the Hang Gliding World Championship.

Best regards,

Bernhard Schober

## CYPRUS AIRSPORTS FEDERATION

### National report to CIMP-Madrid - October 2003

1. Cyprus is in procedure to join JAA and a huge work is going on to change legislation and regulations concerning all aspects of Civil Aviation including aero medical issues.
- 2 AMEs must comply with the new situation and they will be audited for their capabilities to carry out medical examinations for pilots.
3. Cyprus Sports Organisation, the official sports authority has decided not to accept in the future the results of competitions, in case the competitors have failed to obtain the Medical certificate of the Sports Medical Committee.
4. Cyprus Airsports Federation has accepted the out of the competition antidoping control.
5. Athletes taking part in international events are given information on doping.
6. There were no accidents related to airsports activities in Cyprus.

Dr.Phivos Christofides

Delegate for Cyprus

## THE NATIONAL REPORT FROM THE CZECH REPUBLIC

1.. There is nothing new to report

2.. Our country uses JAR since the year 2000 without any big problem

3.. About doping policy :

I am not regularly watching this problem. From my point of view it seems a huge problem in the human society and in other sports than in sport aviation. But this problem will never be successfully solved because the improvement of human performance has been on the top since the last decades of 20th century. The question is how to improve the human performance because visitors and TV companies and other companies, who pay a huge money for advertisement, will only pay when the records will be pushed up - but there are the physiological borders who any sportsmen/women/ cannot normally overcome.

The pharmacological companies earn pretty good money on this business and they produce also the tests against the forbidden drugs. But their tests are one generation behind the newest doping drugs and when the coach and a sportsmen use this new drug according the original doping calendar composed by pharmacological company, you can never catch them!!

So there can be only talks till the sport remains a big business with huge money. For public maybe these talks look that somebody does something against this "cancer" but public can not see the "retired" athletes with liver cancer or destroyed skeleton.

The problem in general aviation and during racing is probably simpler.

Aviators probably tend to use stimulants during long duration racing and hypnotics after their busy days. It could be tested and we - aviation doctors, can not solve the problem of doping in such as huge human activity as sport is.

Sorry for this boring story

Kindest regards

O.Truska, Prague

Below please find the **Danish National Report**. Unfortunately I am not able to attend the meeting in Madrid.

The medical standards required for different airports in Denmark are unchanged i.e. JAR-FCL Class 2. However, a proposal for a national pilot license (NPL) for glider pilots/ballonists similar to the NPL in the UK for glider pilots has been submitted to the authorities. The medical requirements for the NPL are based on changes made to the ICAO class II medical requirements.

After several meetings with the Danish Civil Aviation Administration the Danish Soaring Association filed a draft to the Danish Civil Aviation Administration. A meeting with the Danish Civil Aviation Administration discussing the draft is planned to take place later this year and we are still optimistic.

The NPL for glider pilots/ballonists is aimed to be the first step in an effort also to achieve a NPPL equal to the UK NPPL with ratings for SEP (Single Engine Piston).

No aeroclubs or national airports competitions have been confronted with antidoping tests in Denmark during the last year.

I wish you a good meeting in Madrid and look forward to receive highlights from the meeting.

Best regards

Hans Chr. Hoeck

**Now, here is the Finnish National Report:**

No international air sports competitions were arranged in Finland this year. There was one international event, however, the Vintage Glider Club's (VGC) yearly meeting at Jämi airport. There were more than 50 "Oldies but Goldies" wooden gliders from many European countries flown by more than 100 pilots during the last week of July. I had the pleasure to take my friend and famous Canadian bush pilot and author Bob Grant to the event, and he promised to write a report about the show and get it published in one of the aviation magazines.

The medical standards required for different airports in Finland have remained the same as last year: a national class 2 for glider-, ultralight and hotair balloon pilots - this is very similar to the JAR-FCL class 2 for PPL. A proposal for a national recreational license (similar to the UK- and US recreational licenses) has been submitted quite recently to the authorities; unfortunately, it seems very likely to be turned down.

As far as antidoping in Finnish airports is concerned, nothing has happened since the year 1988, when the first test was performed! The antidoping code is followed to satisfy the ministry of Traffic and the ministry of Education: three (3) tests have been performed at various occasions per year (with no positive results so far).

Looking forward seeing you soon in Madrid  
Eero Vapaavuori

----- Alkuperäinen viesti -----  
Lähetäjä: "Peter Saundby" <peter.saundby@virgin.net>  
Vastaanottaja: "CIMP [closed]" <cimp-com-1@fai.org>  
Lähetetty: 24. syyskuuta 2003 16:57  
Aihe: Annual meeting of CIMP Mad

Dear Dr. Saundby:

As of today, only 3 disciplines of air sports are represented

in the **Asociación Guatemalteca de Deportes Aéreos**.

Aeromodelling, paragliding and hang gliding. Although under FAI by-laws paragliding and hand gliding are covered under the same umbrella, here in Guatemala, they are completely different organizations, with different by-laws and officers.

Civil and Sports aviation, and home building, that in the past have been part of AGDA, decided not to pay their dues for 2003, so officially they are not part of AGDA, and so no part of FAI for this year. Hopefully, they will be back in 2004.

In aeromodelling, paragliding and hang gliding there are no medical requirements that have to be met. In paragliding and hang gliding there is a sort of flying proficiency test, that is carried out during initial training, and I have been told that most refusals have been due to too young in age.

In civil, sport and commercial aviation, all pilots have to take a yearly medical, that includes visual acuity and need for glasses, a hearing test, but sadly only for pure tones and not for speech recognition, an electrocardiogram and a chest x-ray.

I know of no heart attacks during flight, but some accidents remain unexplained.

Very truly yours

Dr. Julio Quevedo E. M. D.

CIMP delegate

Guatemala

Asociación Guatemalteca de Deportes Aéreos, AGDA

## Report of Japanese Skysports/Aeromedical Status 2002-2003

Kaz Shimada, M.D./ FAI-CIMP Japanese Delegate  
FAI-CIMP Madrid 5 October 2003

- 1 Japanese Skysports Events 2002-2003
  - 1.1 Paragliding World Cup (March 2003, Ibaraki, Japan)  
This circuit holds 5 competition per year. Started as non-FAI. Later became FAI Category 2 event. No doping control procedure taken.
  - 1.2 Saga International Balloon Fiesta 2003 / 19th Pacific Cup (30 Oct. – 3 Nov.)  
National/regional event. No doping control procedure anticipated.
- 2 Aviation Medicine Topics
  - 2.1 Microlight proficiency and medical control was transferred from NAC to CAB (government.) – financial burden on NAC.
  - 2.2 Approved medication list for Class 1/2 is still short – only for hypertension therapy.
- 3 WADA
  - 3.1 In August 2003, Japan Anti-Doping Agency (JADA) invited Mr. David Howman/WADA for its WADA doping policy acceptance ceremony.
  - 3.2 As of September 2002, JADA accredited 120 doping control officers from 49 participant sport associations.
  - 3.3 Membership for JADA costs US\$1,350 to join and \$450 per year. NAC is discussing if each sky sport association has to join independently or not. Japanese government pays the most to WADA but spends no budget for each sport event.
  - 3.4 JADA urinary test fee is \$285 per on-site specimen, \$150 per off-site specimen. One day personnel fee is \$136 plus transportation for medical officer, \$90 for technical officer. Service is only for member association.
  - 3.5 NAC (Ms. Sakasai) sent a letter to FAI (Max Bishop) on Aug.5 saying:
    - 3.5.1 Simpler code is requested.
    - 3.5.2 Doping test consent form is an unnecessary prerequisite to issue a sporting license.
    - 3.5.3 No out-of-contest testing for national athletes requested.
    - 3.5.4 NAC cannot bear expense of hearings.

Happy landings.

## **Report from the FAS of Russia**

Medico-Physiological Committee on its activities in 2002 / 2003

Dear Dr Pedro Ortiz Garcia, President of the CIMP of the FAI,  
Dear CIMP delegates,

For the period under review the activities of the FAS of Russia Medico-Physiological Committee were mainly aimed at studying thoroughly the World Anti-Doping Code having been worked out by the World Anti-Doping Agency (WADA) and Doping Control Regulations for FAI Air Sports, which in principle are approved by our Committee to put them in operation for the air sportsmen worldwide.

Our activities in this field have been carried out in a close cooperation with the Anti-Doping Center of Russia, Ministry of Public Health, National Olympic Committee and other sports organizations of Russia. A considerable amount of work has been done for the medico-physiological support of the national teams in aerobatics and parachuting during their training sessions for the World Championships in the USA ( aerobatics ) and France ( parachuting ), in which our teams have performed very successfully. In connection with a growing popularity of amateur parachuting, we have revised some test rates regulating medical requirements to make them more accessible for amateur parachuting.

We fully support the activities of the CIMP Bureau during the year under review and its policy in the Doping Control.

Unfortunately, due to unforeseen reasons, I am unable to attend the CIMP meeting and would like to ask you, Dr. Pedro Ortiz Garcia, be authorized to use my vote by proxy, if it is acceptable to you.

Wishing all CIMP delegates a successful work at the meeting  
I remain,

respectfully yours,

Dr. V. Traman  
FAS of Russia delegate in the CIMP  
President of the FAS of Russia  
Medico-Physiological Committee

Madrid FAI CIMP Meeting 2003  
October 5<sup>th</sup> 2003  
9. National Reports

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SPAIN

Two aspects to be outlined for the 2002-03 period:

**1. Implementation of WADA AMA rules.**

Spanish sport authorities are enforcing WADA AMA policies, adapting its structures and legal rules. In the airsports community the main concern has arisen from out of competition testing. Work is to be done in two directions:

- a. to influence WADA AMA rules and Spanish Rules in the sense that in our sports there is no medical or technical justification for such a practice, and
- b. to improve the information to the airsports community (there is a real problem of unjustified fears and misinformation)

**2. Changes in the medical licensing rules.**

As it was expected, the medicals for glider and balloon pilots are now JAR FCL Class 2. In Spain this change is positive because previously the official requirements were well above ICAO class 2 ones (by decision of the spanish DGAC -civil aviation authority-); JAR rules are medically more reasonable than the previous situation.

The medical rules are presently the following:

Aerobatics Balloon Glider PPL Rotorcraft ULM	JAR FCL Class 2
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Aeromodelism Hang gliding Parachute Paragliding	No medical standards
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September 20<sup>th</sup> 2003

Pedro Ortiz MD  
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## **National report of Switzerland, by Dr. René Maire, Delegate of the Swiss Aero-Club**

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1. Ultralight flying: For several years ultralight flying within the territory of Switzerland has been forbidden. The Swiss Aero-Club (AeCS) did never accept this restrictive national regulation and has been fighting intensively against this restriction. Now, this controversy did end in favour of the AeCS and the Swiss ultralight pilots, such as the restriction has been suspended at the begin of this year. Now, ultralight flying is allowed in Switzerland. Actually, the procedure of testing and approving the diverse types of ultralight airplanes take place.
2. Europe Airports: At the next AeCS-Symposium in November of this year, representatives of Europe Airports will participate and will update the AeCS with newest information about Europe Airports. The AeCS will analyze the different aspects and consequences of a membership of Europe Airports. It is not excluded that the AeCS will apply for a membership afterwards.
3. BB-licence and Medical Certificate: Private pilots performing passenger flights with smaller motoraircrafts on a commercial basis (for example touristic flights on weekends) in Switzerland were allowed to do so if they were holders of a BB-licence (« beschränkte Berufspilot »-licence). For a BB-licence only a JAR-FCL-Medical-Certificate Class 2 has been required, so far. There is a change of this regulation. From 1st January 2004, a JAR-FCL-Medical-Certificate Class 1 is required with the modification that the intervals of the aero-medical examinations remain the same like in Class 2-regulation. This new regulation called for many negative responses in the private pilots community.
4. FVS-courses might come to an end: Since several decades young people in the age of 17 and 18 years could apply for FVS-courses. FVS (« Fliegerische Vorschulung») is a system which allows young people, who like to get a formation as a pilot and who have fulfilled a first selection process, to attend two courses flying school either in gliding or in motoraircraft flying. The attendants have not to pay for these courses. The costs are covered by national sources. All candidates for military pilots have to perform these FVS-courses, and theses courses build also a good basis for those who intend to start a commercial pilot career. Some time ago it was decided to change some aspects of the FVS-system. For example there shall be only courses with motoraircraft-flying and not with gliding any more. In August this year the last course in gliding took place. – Bad news came in just some days before the actual CIMP-Meeting. The Swiss parliament decided to cut the budget for the FVS-courses. This was part of a huge budget reduction process in which the Swiss parliament and Swiss government actually are involved. The continuation of the FVS-courses is now questionned. If these courses were stopped, it would have a significant impact on the recruitment of young Swiss military, commercial and private pilots.

5. AeroMed AeCS : Since the 1st January 2003 the AeCS has an official medical commission, called AeroMed AeCS. For a transitional period there is a co-presidentship with an administrative and a medical president. The administrative president is member of the «Zentralvorstand» AeCS and is not medical doctor, the medical presidentship is hold by me. The commission contains four other medical doctors (« Verbandsärzte») and another administrative person. The plan is, to replase the co-presidentship by a medical presidentship only, in the near future.
  
6. Doping: Since the 1st January 2002, Switzerland has a new national doping-concept with new statutes established by the Doping Commission of Swiss Olympic. In 2002, a small AeCS-working group, where I did participate, ruled out a concept in which these requirements were adapted to airports. After bilateral negotiations of this AeCS working group and the representatives of the Doping Commission of Swiss Olympic, the AeCS-proposal was accepted by Swiss Olympic. The anti-doping-concept of the AeCS will be presented at the CIMP-Meeting. I call this anti-doping concept for the Swiss airports the « Swiss Model » because it can be considered as model for doping-matters of other Aeroclubs and especially as a model for doping-matters within FAI (application of the new World-anti-doping Code, established by WADA).

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Madrid, 05.10.2003

CIMP 2003

## **United Kingdom National Report**

Dr Peter Saundby

The major aeromedical event over the last year has been the introduction of the UK National Private Pilot's Licence. This entitles, subject to training, a pilot to fly a single engined aircraft up to two tonnes. The same medical system applies to microlight, balloons and glider pilots. Medical fitness is ensured by a pilot declaration endorsed by a doctor with access to the clinical records. Thus integrity is dependent upon past records and not a physical examination. The pilot is responsible for fitness for flight, this to include consideration of short term illness, fatigue and alcohol or drugs.

Two standards are permitted, these correspond to those for professional and private road drivers. A pilot who falls below the professional [Group 2] standards is classed as 'restricted' and may not be responsible for inexperienced passengers in the air. Solo flight and flying with another pilot is permitted. Some 700 NPPLs have been issued, the vast majority being to older and less fit experienced pilots who have returned to flying with a restricted category. Most of the younger trainee pilots on Group 'A' aircraft still elect to undertake the full JAA PPL. Microlight and glider pilots largely follow the simpler and cheaper NPPL declaration.

The outcome of endorsed declarations appears to differ from a physical examination mainly in the exposure of neurological and psychiatric disease. It is clear that there has been concealment of these diseases. Each airport has appointed a medical adviser who assists family doctors in borderline cases. The existence of a restricted category has proved acceptable and does not generate the resentment consequent on being grounded.

A presentation on this subject will form part of the Air Sports section of the International Congress [ICASM] next week.