

Minutes of the Meeting on Harmonization of Training in Aviation Medicine, Frankfurt

Date: 23 February, 2009

Persons present:

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| 1 | Dr. Dario Di Blasio | Italian Aerospace Medical Association | DDB |
| 2 | Dr. Elena Cataman | Vice-President of ESAM, Moldavian Society of Aviation Medicine | EC |
| 3 | Dr. Eigil Gulliksen | Norwegian Association of Aviation Medicine | EG |
| 4 | Dr. Susanne Josephsen | Organiser of training in Denmark | SJ |
| 5 | Dr. Helmut Fleischer | German Society of Aerospace Medicine (German Institute of Aviation Medicine) | HF |
| 6 | Prof. Dr. Uwe Stüben | Chairman of the Advisory Board of ESAM, German Academy of Aviation and Travel Medicine | US |
| 7 | Dr. Matthias Vonmuellmann | German Academy of Aviation and Travel Medicine | MV |

Apologies have been received from Dr. Ivan Bonev and Dr. Mariyanka Spahieva from Bulgarian Society of Aviation, Navy and Space Medicine, due to flight delay. They couldn't come but were expected to participate.

First we thanked Prof. Dr. Uwe Stüben and his staff who kindly has made arrangements for the meeting.

1. Approval of the agenda.

The agenda was approved.

2. Review of the training in aviation medicine in Europe.

EC has made a presentation on the training that is organised in different countries. Some data was taken from the questionnaire, completed in 2007 by the colleagues from Austria, Belgium, Bulgaria, Croatia, Denmark, Germany, Finland, Moldova, Lithuania, Netherlands, Norway, Poland, Romania, United Kingdom. Some other data was submitted before the commencement of the meeting by colleagues from:



- Aeromedical Association of Belgium - Dr. Gilbert Brisaert,
- Bulgarian Society of Aviation, Navy and Space Medicine - Dr. Mariyanka Spahieva
- Bulgarian Association of Aviation and Space Medicine and Psychology – Dr. Roumen Zlatev and Dr. Ivan Nedkov;
- German Society of Aerospace Medicine (German Institute of Aviation Medicine) – Dr. Klaus Kimmich,
- German Academy of Aviation and Travel Medicine – Prof. Uwe Stüben,
- Netherlands Association for Aviation Medicine – Dr. Ries Simon
- Russian Civil Aviation Medical Association – Dr. Elena Kolesnikova
- Spanish Society of Aerospace Medicine – Dr. Enriqueta Alomar Serrallach,
- Swedish Association of Aviation Medicine – Dr. Lennart Johansson
- Association of Aeromedical Examiners from United Kingdom – Dr. Kevin Herbert

Most of the courses organized in Europe are conducted in compliance with syllabus of JAR-FCL 3.

Information from curriculums, presented by German Society of Aerospace Medicine, German Academy of Aviation and Travel Medicine, Romanian Society of Aerospace Medicine and proposals from Belgium, Russia, Moldova, as the syllabus of JAA and ICAO Curriculum in aviation medicine training were open for discussions.

DDB presented experience on training in Aviation Medicine organized by the Aerospace Medicine Department (Flight Test Center) of Italian Air Force. It takes place in Pratica di Mare AFB (Rome), twice a year, and deals with a Basic course for 20-25 attendees, usually 60-70% military, 30-40% civilian.

The course is organized for 3 different kinds of AMEs that can only re-issue Class 2 medical certification:

1. Air Force Flight Surgeons Officers (military)
2. Aviation Medicine Physicians (civilian)
3. Sports Medicine Physicians (civilian).

In Italy Class 1 (any issuing), Class 2 (first issuing and any waiver decision) are delegated to one of the following AMS/AMCs:

- a) Italian Air Force Aeromedical Institutes (Rome and Milan)
- b) Maritime and Aeronautical Health Departments
- c) Centers authorized by Health, Transportation or Defense Ministry.

MM has done presentation on basic, advanced, refresher courses and Diploma in aviation medicine that are organised by the German Academy of Aviation and Travel Medicine from 1991. Every year basic and advanced training courses for 25 attendees are conducted. The content of the basic course should be better oriented to the general aviation issues and the advanced training - for topics related to airline operations according to the scope of the work of AME(s), for whom the courses are conducted. In Germany for nearly 100 000 pilots there are about 700 AME(s), 100 of them are for Class 1 medical certification. All of them are holders of different types of pilot licenses.

Refresher training is organized every year, 200-250 AME(s) attend it. In the Course for the Diploma in aviation medicine more attention is given to the cockpit experience, doctors could fly as observers, getting the knowledge and work experience of the airline pilots.

EG has done presentation on training that is conducted in Norway. It is a basic course for military and civilian doctors (50%/50%). Big attention is given to practical demonstration of hypoxia, spatial disorientation simulation and others. Due to the fact that doctors in occupational medicine could get accreditation points for this course, there are 30-40 attendees for this course each year.

US – in Germany waiver decision is delegated to AMC and to AME(s) Class I This means that more responsibility lies on them. They should be extremely well trained.

SJ – in Denmark from 1988 the training was provided by military. From 1999 when JAR-FCL 3 has been implemented – in conjunction with CAA. 2 basic (for 20 AME(s)) and 1 advanced course (for 8-9 AME(s)) are organized annually. Courses could be conducted in English if foreigners attend it. The duration of the courses: 3 weeks for the basic course and 3 weeks for the advanced. More practical demonstrations are included. We intend to organize the course for the administrative procedures. AME(s) should be more motivated and be stronger in taken decisions. Different complicated cases will be analysed during this course together with administrative aspects.

HF made a presentation on the experience of the German Institute of Aviation Medicine that conducts the training in aviation medicine since 1959. It organises 3 courses each year, 2 weeks for basic, 2 weeks for advanced, 2 weeks for the military doctors. Basic and advanced courses are held according to JAR's syllabus, 77 hours each. Many hours (more than 20) are given to practical training.

4. Proposals for improvement in training.

US – the basic training should address more the problems that are related to pilots of general aviation and health problems that could occur in pilots from 14 to 85 years old. For example: hypoxia training for glider and small aircraft pilots is more important than for the airline and military pilots who are always supplied with oxygen so must be better reflected at the basic course. For advanced more information should be given referring to the cabin environment like rostering, jet leg, fatigue etc. The topics should be different for recreational flying (basic) and commercial transport operations (advanced).

SJ – basic course could be attended by doctors in aviation medicine, not interested in medical certification – more general aspects of aviation medicine should be given.

EG – air force doctors would not be too much interested in some civilian topics.



EC – what about the airline doctors and what training should they have? There are no international requirements for the airlines to have doctors, but a lot of activity in airline operations should be under the direct responsibility only of a doctor, like first aid kits, contraindications for some passengers to be transported by regular flight, health issues of the cabin and flight crew members, like fatigue, radiation etc.

US – if GPs will be involved in certification of LPL pilots in the very nearest future, all the system of AME training will be destroyed. Much less AME will be needed and there will be no attendees for the courses.

All participants expressed opinion to define better practical training and the content for the basic and advanced training.

5. Work on the common curriculum for aviation medicine

Participants of the meeting reconsidered the content of the training manual, going through point by point of the curriculum based on the syllabus of JAA, ICAO curriculum and proposals of the members. The Curriculum that was elaborated is attached to the Minutes of the meeting.

The Curriculum will be sent to the members of ESAM, who participated during discussions on training in aviation members. There will be only 2 days for their comments and after the discussions the curriculum will be entered into the CRT to NPA 17c on behalf of ESAM at latest 27 February, 2009.

All participants expressed the wish to cooperate in future through exchange in training experiences in aviation medicine, supporting each other by lecturers on different aspects of the training and other problems.