CIMP report for CAI March 2015

CIMP held its annual meeting on 28 June 2014

Again the two major topics of conversation were medical examinations and WADA.

Med Examination of Air-Sport Pilots:

There is still a great difference of opinion with CIMP as to the value of medical examinations. Medical examinations vary from the possession of a driver's licence in the USA to the ICAO Class 2 medical in Europe. EASA will bring in a reduced medical examination from the current ICAO class 2 (for flights in Europe) though will still involve an AME. The UK presently operates with a medical which is far less stringent and cheaper than either the Class 2 or the EASA class 2.
These are the comments about the value of the medical examination from the USA CIMP delegate:-

1. What variable is the medical exam designed to detect? And what is the sensitivity/specificity? The Aeromedical Exam seeks to detect disease or deterioration that will have a finite, determinable probability of degrading flying safety before the next exam. There has never been a scientific evaluation of the AME exam.
2. An AME often regards the aeromedical exam as a preventive medical exam for all the aspects of the pilot's health. It is not. It is only to detect and intervene in a condition or disease that will compromise flying safety before the next exam.
3. AMEs have a clear bias with several dimensions: They act as concerned physicians, they believe in the value of the exam…and…they are paid for it! Is this not a conflict of interest?!! I did hundreds, maybe thousands of exams in the Air Force (25/day, 5d/wk., and all done by noon) and discovered almost no pathology. The "yield" of the exam, to speak statistically, was and is, very close to 0
4. I will add a 4th dimension, that of politics and individual human rights: Here in the US, glider pilots are not required to have a Class III exam. Why should they? If they die in the cockpit, no other citizen can be injured. Do parachutists need a Class III? I personally believe this is the correct and moral approach to recreation: If my actions cannot injure another, then the "state" has no right to interfere. I think this is a unique American philosophy!!

IAOPA, at its 27th World Assembly, approved the resolution:-
that, national regulators should adopt requirements for private pilots similar to those currently being considered in the United States which expands upon the FAA's successful Sport Pilot Rule and that ensures safety is maintained while significantly reducing burdensome regulatory barriers.

The basic principles of risk management should be extended to medical risk assessment. Multiple areas of risk concern have no effect on public safety, but pilot behavior is today probably the most risky one. It is not addressed by current examination standards.

WADA/FAI Anti-Doping Program

Update on 2014 WADA Strategy after WADA General Conference 2013

The major changes in the FAI Anti-Doping Rules include the following:

1. The standard sanction will be 4 years for cases involving non-specified substances. As well, the new Code introduces the concept of "Intentionality" of the violation. If it is proven the offense was unintended, the suspension may be even decreased by the Sports Arbitration court. Other violations have different ineligibility periods
2. Therapeutic Use Exemption: New Recognition process: 1) International Level athletes always apply to their International Federation (IF); 2) If they already have a Therapeutic Drug Exemption (TUE) from their National Federation, the IF must recognize the TUE; and, 3) the IF may choose to extend the validity of a TUE automatically for a class of substances or for selected classes of substances.
3. Whereabouts/Out-Of-Competition Tests: IFs may decide (based on their Test Distribution Plan), to have different tiers of Testing Pools. IFs may have a Registered Testing Pool (RTP) as before (with athletes providing whereabouts every day, and also subject to eventual sanctions) and/or have Testing Pools (with athletes providing only general information ex: address of home and training, telephone number etc.) The FAI has adopted the second option and moved away from the need to have an RTP. The Athletes in the Testing Pool are not subject to sanction IF they are not available for a random test.

Note that Alcohol remains a prohibited substance in competition. The "trigger" level is 0.10g/l in the breath test, equal to 2-3 glasses of wine, or 2 pints of beer, for an average size adult. Support and staff members are subject to the same testing probability.

Unfortunately, the new anti-doping rules, especially pertaining to out of competition testing seems to be directed at professional athletes at designated training camps using performance enhancing drugs. We all agree there are no performance enhancing drugs within aviation. Whether a pilot is abusing drugs while training is purely a safety problem and should not be any concern of WADA. What is important to us is to be reassured we are not flying along during a competition with a pilot who is as high as a kite (as they say). I am just worried that pilots may be sanctioned because they have inadvertently taken a prohibited drug before asking for a TUE.

Finally the First UAE International Symposium on Air Sport Medicine will be held in Dubai Dec 6th-8th 2015 during the World Air Games

David Bareford