



European Aviation Safety Agency

**EU-MEDICAL  
PILOTS AND CABIN CREW**

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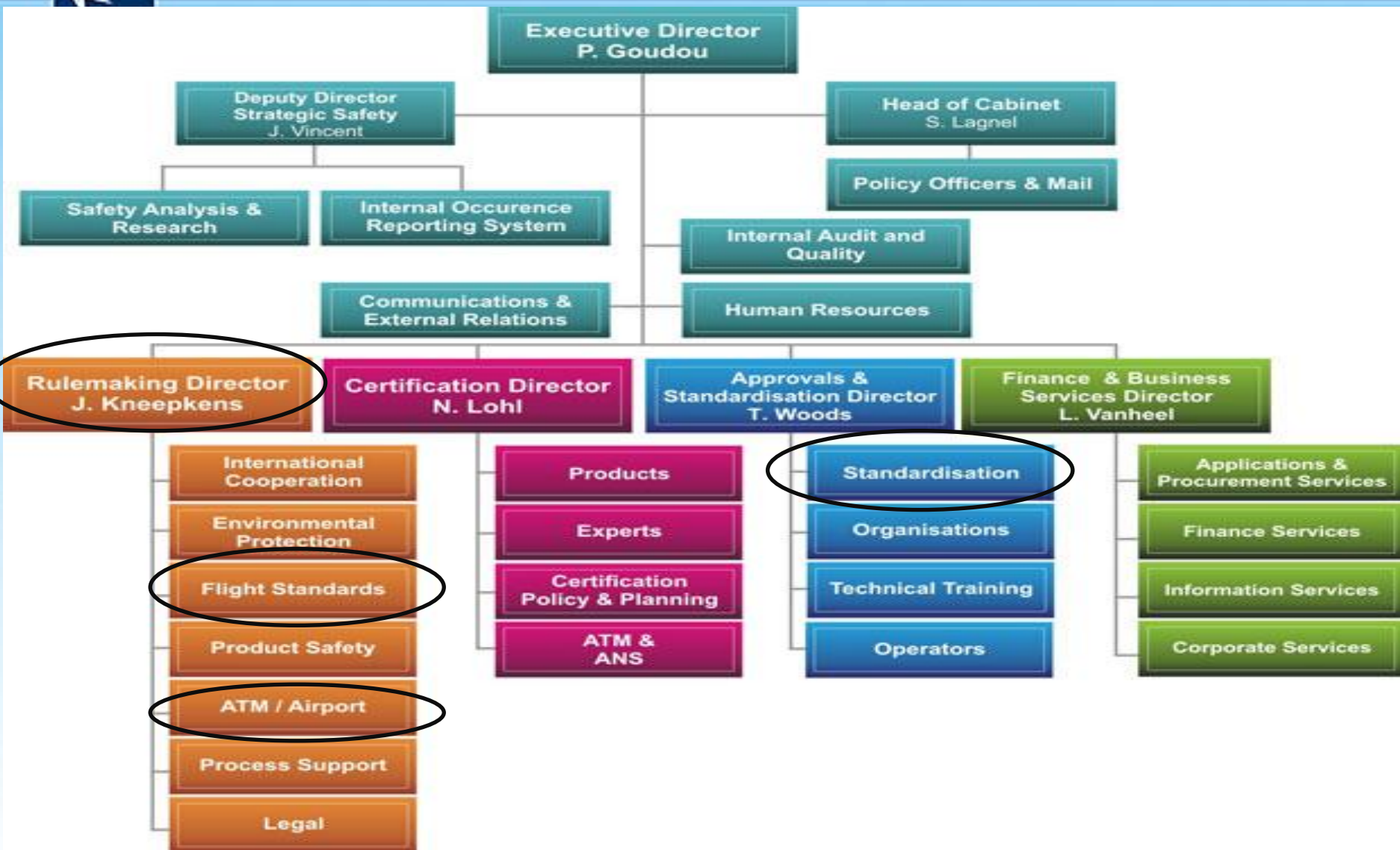


# Acronyms

- **IR**      **Implementing rule**
- **AMC**    **Acceptable means of compliance**
- **GM**      **Guidance material**
- **MS**      **Member State**
- **CC**      **Cabin Crew**
- **OHMP**   **Occupational Health Medical  
Practitioner**
- **MC**      **Medical Certificate**



# European Aviation Safety Agency





# EASA Roles

- **Executive Role**
  - Certification of Aircraft
  - Approval of Organisations in Third Countries
    - Appeal Board
  
- **Legislative Role**
  - Right of initiative
  - Draft Opinions
  - Publish Decisions (AMC and GM Material)
  
- **Monitoring Role**
  - Standardisation



# Principles

- **One set of rules for all MS**
  - IRs as published in European Journal
  - AMC/GM are non-binding
  - Alternative AMCs: compliance with IRs to be ensured
  
- **Free movement of people and workplace**
  - AMEs may work in several MS
  - Medical Certificates are valid in all MS
  
- **Oversight**
  - Standardisation to ensure compliance in all MS



# Regulation Aircrew

## Cover Regulation

Annex I  
Part FCL

Annex IV  
Part Medical

Annex VI  
Part ARA

Annex II  
Conversion of  
national licences

Annex V  
Part Cabin Crew

Annex VII  
Part ORA

Annex III  
Acceptance of TC  
licences



# Regulation Aircrew

## Cover Regulation

Annex IV  
Part Medical

Subpart A  
General Rules

Subpart B  
Flexibility Clause  
Medical Rules

Subpart C  
Medical Rules  
Cabin Crew

Subpart D  
AMEs and GMPs

Annex VI  
Part ARA

ARA GEN

ARA.AeMC

ARA.MED

Appendices

Annex VII  
Part ORA

ORA.GEN

ORA.AeMC





# Part-MED Subpart A

## Main differences Part-MED versus JAR-FCL 3

### Regulation Aircrew

- Competent authority
- Licensing authority
- Number of AMEs/AeMCs not limited
- GMPs to acts as AMEs for LAPL MC if permitted under national law

### JAR-FCL 3

- Authority
- ./.
- Number of AMEs/AMCs determined by the authority
- Only AMEs to determine fitness to fly
- No LAPL



# Part-MED Subpart A

## Main differences Part-MED versus JAR-FCL 3

### Regulation Aircrew

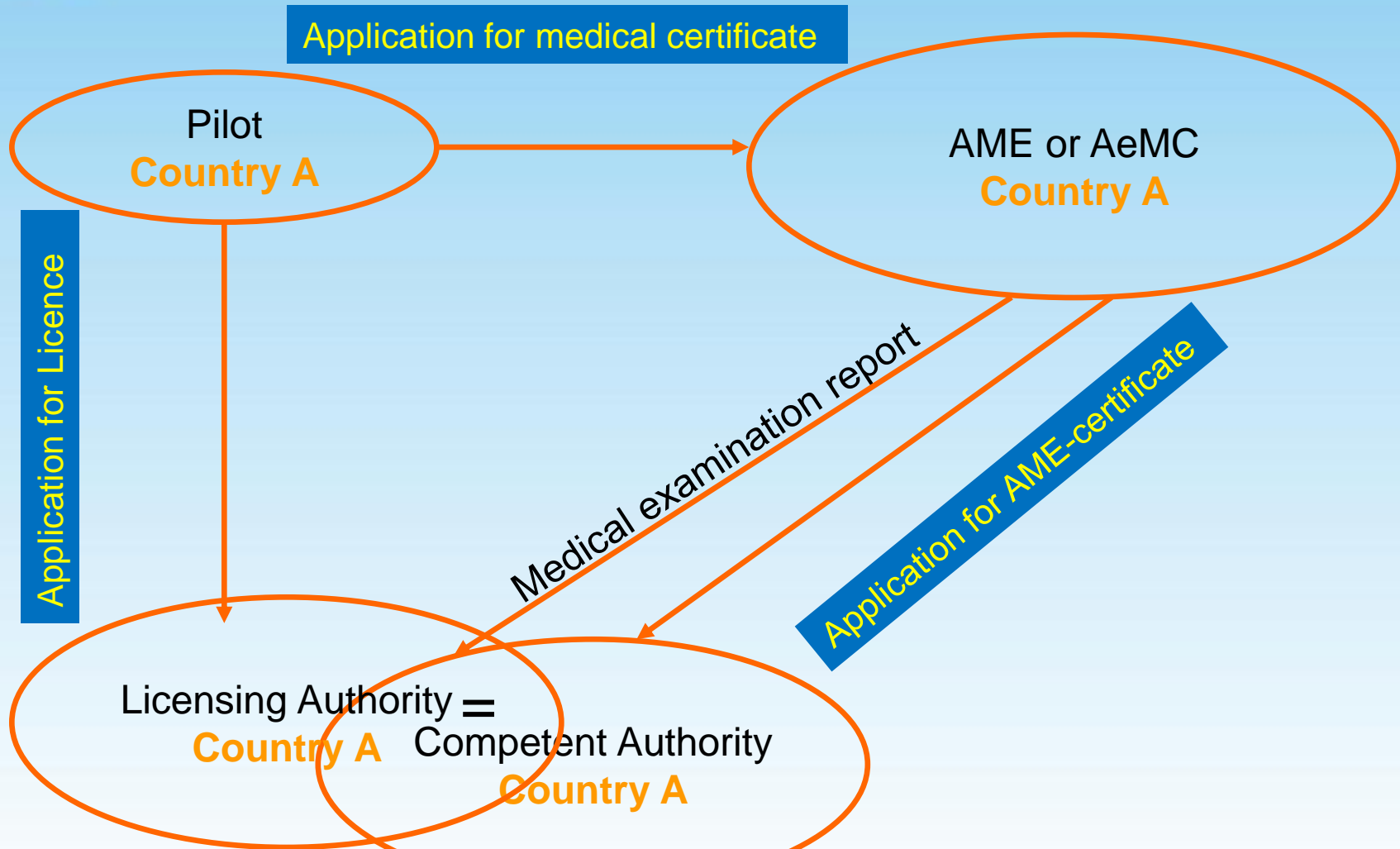
- Licensing authority may issue MC in specific cases (referral, error)
- Class 2 MC for commercial ballooning
- Inclusion of provisions for cabin crew
- OHMP may determine medical fitness of CC

### JAR-FCL 3

- Initial class 1 MC issued by the AMS or delegated to AMC
- ./.
- ./.
- ./.

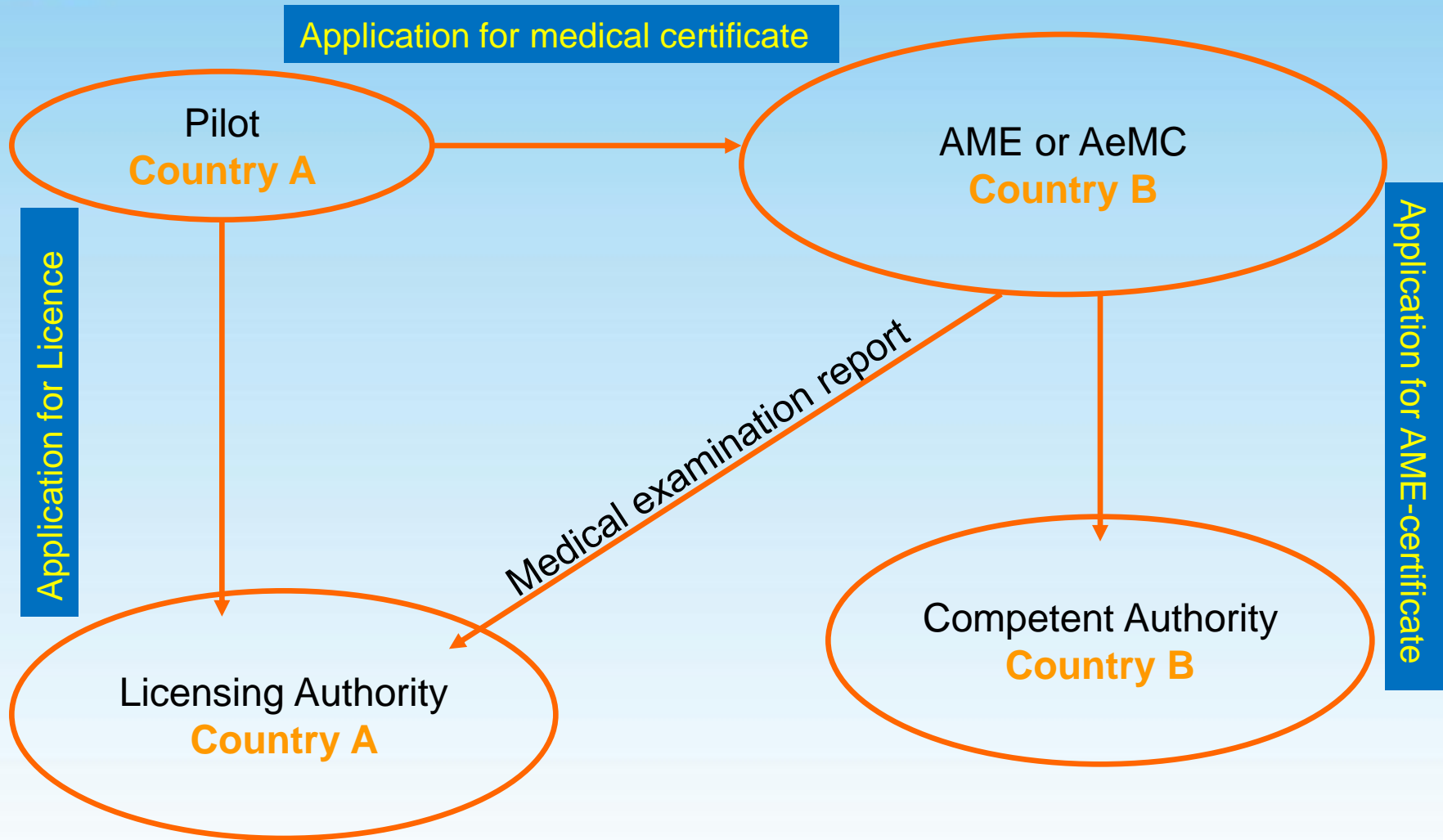


# Competent & Licensing Authority





# Competent & Licensing Authority





# Licensing Authority

=

**Competent Authority** that issued the pilot's licence



# Part-MED Subpart B

- **Flexibility clause**
- Non-compliance with the requirements but considered not to jeopardise flight safety
  - **Class 1:** Referral to the licensing authority as indicated in Subpart B
  - **Class 2:** Decision on fitness by AME or AeMC in consultation with the licensing authority
  - **LAPL:** AME or AeMC Decision



## MED.B.005 – MED.B.090

- **Implementing Rules** for class 1 and class 2 medical certificates, including the medical conditions that require
  - an **unfit** assessment, or
  - a **referral** to the licensing authority (class 1), or
  - an aero-medical decision in **consultation** with the licensing authority (class 2)
  
- The rules do **not** contain specific values with the exception of blood pressure (160/95 mmHg max)



# MED.B.095

- THE (only) **Implementing Rule** for a **LAPL** medical certificate
  - does not contain any specific medical provisions
  - main focus is on the assessment of the medical history of the applicant
  
- Initial examination and all examination after age 50:
  - clinical examination
  - blood pressure
  - urine test
  - vision
  - hearing ability





## Subpart C – Cabin Crew

- Cabin crew shall undergo **aero-medical assessments** which does not necessarily mean aero-medical examination.
  
- A **clinical examination** is required for the **initial assessment** only
  - Cardiovascular system
  - Respiratory system
  - Musculoskeletal system
  - Otorhino-laryngology
  - Visual system
  - Colour vision



## Subpart D – AME, GMP, OHMP

- Requirements for
  - initial issue and revalidation of an **AME certificate**
  - **extension of privileges** for AMEs class 2
  - **GMPs** work under national law and
  - declare their activity to the competent authority
  - **OHMPs** need knowledge in aviation medicine as relevant to the operating environment of cabin crew



# AMC - General

- IRs for class 1 and class 2 are **combined** in one Subpart to avoid repetitions in the rule text
- AMCs contain specific medical requirements in different sections
  - for **class 1 in AMC 1** MED.B. ... (section 2)
  - for **class 2 in AMC 2** MED.B. ... (section 3)
  - for **LAPL** in AMCs MED.B.095 (section 4)



# AMC - General

## Specific medical requirements include

- Necessary **examinations or tests** (e.g. ECG) for **routine** aero-medical examinations
- Examinations and tests to be done in cases of applicants presenting with **medical conditions** outlined in the IRs (e.g. myocardial infarction)
- **Assessment** of test results (e.g. INR values in case of anticoagulation)
- **Follow-up** after a fit assessment (e.g. pacemaker checks)
- Placement of **limitations**



## Example MED.B.010 Cardiology

- Commercial pilots with any of the following conditions have to be assessed as unfit:
  - aneurysm of the thoracic or supra-renal abdominal aorta before or after surgery
  - significant functional abnormality of any of the heart valves
  - heart or heart/lung transplantation
  - myocardial ischaemia
  - symptomatic coronary artery disease
  - symptoms for coronary artery disease controlled by medication



# Example MED.B.010 Cardiology

- Commercial pilots with any of the following conditions have to be assessed as unfit:
  - symptomatic sinoatrial disease
  - complete atrioventricular block
  - symptomatic QT-prolongation
  - automatic implantable defibrillating system
  - ventricular anti-tachycardia pacemaker



## Example MED.B.010 Cardiology

- **Initial** applicants for a class 1 medical certificate with a history of any of the following conditions have to be assessed as unfit:
  - myocardial ischaemia
  - myocardial infarction
  - revascularisation for coronary artery disease
  
- However, most differences between initial and revalidation requirements have been abolished.



# Example AMC 1 MED.B.010 Cardiology

- A pilot (class 1) applies for a medical certificate after venous thrombosis.
  - MED.B.010(b)(3)(viii) requires **referral** to the licensing authority
  - AMC 1 MED.B.010 (g) further determines:
    - » **Unfit** while anticoagulation is used as treatment
    - » A **fit assessment** with an **OML** may be considered **after 6 months** of stable anticoagulation for prophylaxis
    - » Anticoagulation is considered stable if during this time at least 5 INR values are documented of which 4 are within the INR target range





## Example AMC 5 MED.B.095 (LAPL)

- Metabolic and endocrine systems (d)(3)
  - **diabetes mellitus type 2 treated with insulin**
    - aero-medical assessment by, or under the guidance of the licensing authority. **Fit assessment** with OSL and TML (12 months) **possible**.
    - yearly review of
      - Logging of blood sugar
      - Cardiovascular status
      - Nephropathy status
      - Ophthalmological review
      - Blood testing at 6 monthly intervals



# Transitional Periods

- The Cover Regulations contains the provisions for transition to the new system

The Aircrew Regulation is applicable as from  
8 April 2012

However .....



# Horizontal opt-out

Prepare for implementation until **7 April 2013** ...

..... to implement on **8 April 2013** at the latest

..... however .....



# Grandfathering

- **JAR-compliant** medical **certificates** and aero-medical examiner certificates shall be deemed to have been issued in accordance with Regulation Aircrew
- **Non-JAR-compliant certificates** shall remain valid until the date of their next revalidation or until 8 April 2017, whichever is earlier
- Revalidation of these certificates shall comply with Annex IV to Regulation Aircrew (Part-MED)

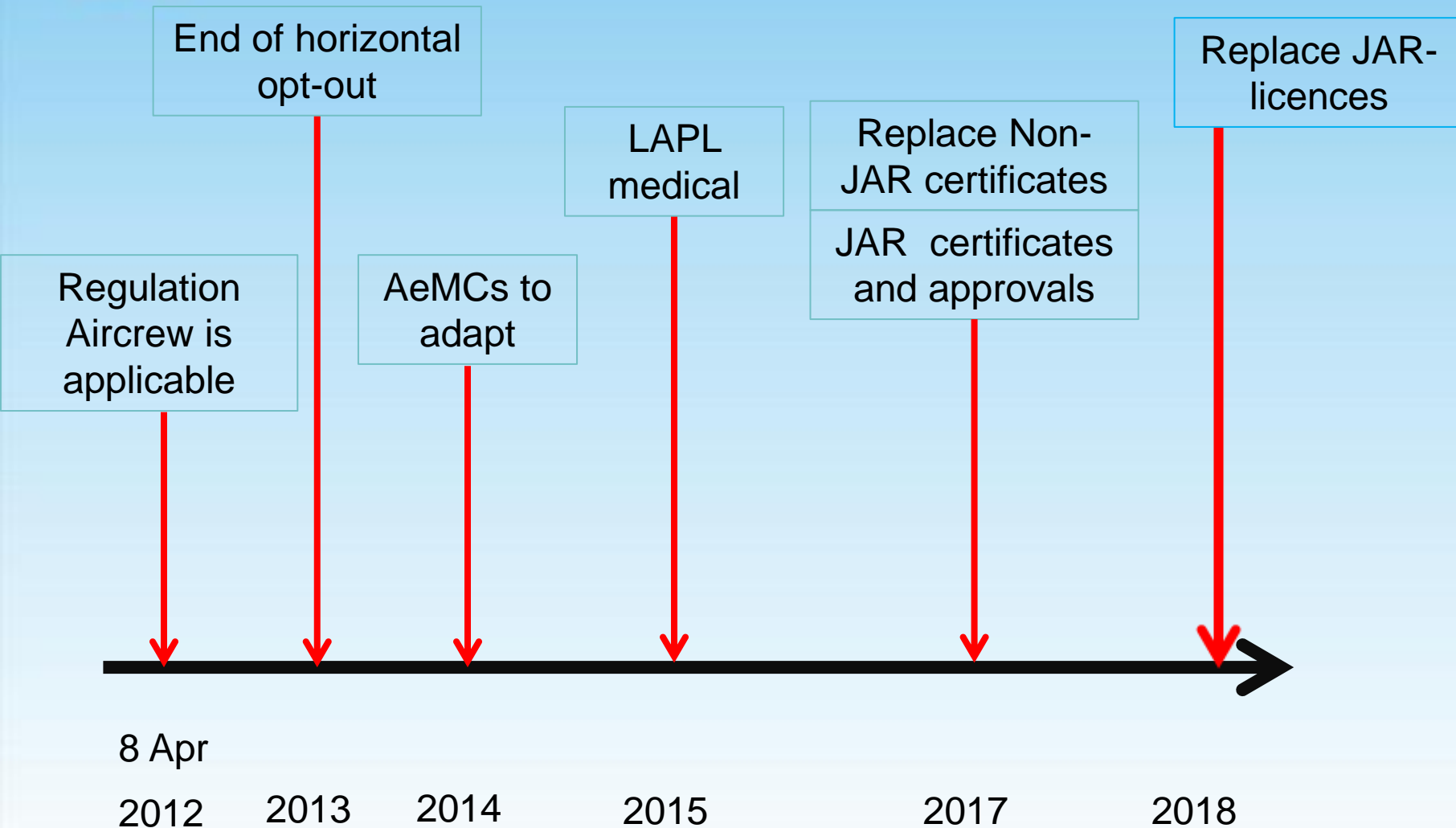


# Opt-outs other than horizontal

- **By 8 April**
- **2014** – **AeMCs** shall have adapted their management systems, training programmes, procedures and manuals to be compliant with Part-ORA
- **2015** – **LAPL Medical** (and licence) shall be introduced
- **2017** – AME and AeMC **approvals** and pilot medical **certificates** shall have been **replaced** by certificates in the format as required in Part-ARA



# Transition





# Rulemaking Programme

- **Rulemaking Programme Medical:**
  - 2010 – 2012      Develop Opinion ATCO.MED
  - 2010 – 2013      Develop Decision ATCO.MED
  - 2011 – 2014      Update Part-MED
  - 2012 – 2013      Update medical kits
  - 2012 – 2013      NPA OML
  - 2012 – 2013      (A-NPA Age limits)
  - 2012 – 2014      Develop guidance for Part-MED



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