CRD TO EASA NPA 2008-17c and NPA 2009-02e

Resulting Text
Part-MED

CRD b.2

Commentor:	UK CAA

Page No: 2 - Paragraph No: MED.A.001 (c)

Comment:
The GMP must declare his/her activity to the competent authority in the state where they have their main practice.

Justification:
Resulting text reads as though GMPs can declare their activity to a State of their choosing irrespective of principal place of business. Declaration of activity will be covered in AR. Use of expression 'principal place of business' enables consistency with the rest of this rule.

Proposed Text (if applicable):
MED.A.001 (c) For GMPs, the authority designated by the Member State where the GMP ~~declares~~ **has** ~~its~~ **his/her principal place of business** ~~to which the GMP declares activity~~.

Commentor:	UK CAA

Page No: 3 - Paragraph No: MED.A.010 Definitions

Comment:
Use of terminology is confusing, as highlighted at the EASA Committee 13.07.10.

Justification:
Clarity

Proposed Text (if applicable):
Use **'investigation'** instead of **'test'** throughout the requirements.

Amend definitions as follows:
- 'Investigation' means ~~the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order~~ **tests undertaken** to verify the presence or absence of a medical condition.

Add new definitions as follows:

- 'Examination' means the confirmation of the presence or absence of indicators of disease by enquiry and clinical inspection.

- 'Assessment' means the determination of fitness to undertake an aviation activity.

- 'Evaluation' means the determination of the severity of one or more medical conditions affecting an applicant.

Commentor:	UK CAA

Page No: 3 - Paragraph No: MED.A.020

Comment:

1) The Explanatory Note states "MED.A.020 on medical certification received several comments from National Aviation Authorities (NAA) asking to add a minimum age for a candidate to apply for a medical certificate. These comments were not accepted because it would be an addition to the present JARs, and a minimum age to apply for a medical certificate is not mentioned in ICAO Annex 1". As a minimum age is not accepted, EASA needs to add a consent on the application form to include a space for parent/guardian signature if the applicant is under 16 (Note for EASA: does legal age of responsibility differ in different states?)

2) It is also important to note that other aspects of medical assessment need to be considered for the assessment of children. These include Anthropometry, ECG interpretation, examination ethical issues, legal issues such as Criminal Records Bureau (CRB) checks and aspects of paediatric examination not encountered in adult medical practice.

Justification:

1) A child cannot legally sign a consent form.
2) AMEs may not be competent in paediatric medicine.

Proposed Text (if applicable):
Parental/guardian signature……

Commentor:	UK CAA

Page No: 4 - Paragraph No: MED.A.030 (d)

Comment:
The final sentence should be revised.

Justification:
The word "incorrection" does not mean error or mistake as appears to be the intended meaning here.

Proposed Text (if applicable):
MED.A.030 (d) The licensing authority may also re-issue the medical certificate ~~when it has identified any administrative incorrection~~ **to make any necessary corrections to the information on the certificate**.

Commentor:	UK CAA

Page No: 7 - Paragraph No: MED.A.050 (b) (4)

Comment:
Agree with Comment No 332 from FOCA Switzerland.

Justification:
It is appropriate to allow electronic authentication as an alternative to a signature, whether handwritten or electronic. The requirement for digital signatures would be a cost burden which is unnecessary when alternative electronic verification systems exist and are currently in use in many States.

Proposed Text (if applicable):
Suggest use text as proposed by Switzerland:

MED.A.050 (b) (4) submit without delay a signed, **or electronically authenticated,** full report to include the assessment result…

Commentor:	UK CAA

Page No: 7 - Paragraph No: MED.A.055 (a) (3) (ii) and (iii)

Comment:
Response to Comment No 48 states that the validity periods for Class 2 medical certificates are based upon JAR FCL 3. This is contrary to the agreed basis for EASA Class 2 being the ICAO SARPs.

Justification:
It has been agreed that EASA Class 2 should be based on ICAO.

Proposed Text (if applicable):
Delete MED.A.055 (a) (3) (ii) and (iii) and replace with **(ii) 24 months after the age of 40.**

Commentor:	UK CAA

Page No: 8 - Paragraph No: MED.A.055 (a) (5) (c) (1)

Comment:
'Early revalidation' as proposed in Comment No 419 would not lead to any increase in validity periods above those given in the NPA or in ICAO as stated in EASA's response to this Comment. The maximum period of validity is 45 days above the stated periodicities as allowed by the 45 day rule in both these sets of requirements. The use of the term 'early revalidation' differentiates this from a renewal examination when a pilot has let his certificate expire and does not penalise a pilot who attends early for his next medical, which is often the result of operational relocation.

Justification:
No increase in validity period results from this proposal. The proposal is beneficial for pilots and uses ICAO SARPs. It ensures clarity and compliance with ICAO.

Proposed Text (if applicable):
Add new text to **MED.A.055 (b) In the case of a pilot attending for examination in advance of 45 days prior to expiry, the period of validity shall be calculated from 45 days after the date of examination.**

Commentor:	UK CAA

Page No: 13 - Paragraph No: MED.B.005 (e) (5) (v)

Comment:
Comment no 631 from Dr Huber, cardiologist AeMC Frankfurt proposed amendment to AMC MED.B.005 (e) 9.2 to 'Applicants with a **ventricular** anti-tachycardia pacemaker should be assessed as unfit'. This was rejected by EASA as **MED.B.005 (e) (5) (v)** Applicants with an anti-tachycardia pacemaker should be assessed as unfit' was included in the IR. However other comments resulted in it being deleted entirely in the Resulting Text. Dr Huber's comment is correct.

Justification:
Some pacemaker devices have atrial anti-tachycardia programme settings, which are compatible with certification. It is only the ventricular anti-tachycardia pacemakers that should be precluded.

Proposed Text (if applicable):
MED.B.005 (e) (5) (v) ‘A~~n~~ **ventricular** anti-tachycardia pacemaker;

Commentor:	UK CAA

Page No: 13 - Paragraph No: MED.B.010 (d) (1)

Comment:
A substantial increase in requirement compared to JAR FCL 3.

Justification:
Too many pilots with minor, uncomplicated and stable disease will require referral to the Authority with the CRD Resulting Text.

Proposed Text (if applicable):
MED.B.010 (d) (1) Asthma **which is not considered stable** ~~requiring medication~~

Commentor:	UK CAA

Page No: 13 - Paragraph No: MED.B.010 (d) 5

Comment:
Separate respiratory and cardiological evaluations may not be required.

Justification:
Specialists in cardio-respiratory medicine may undertake both aspects of the evaluation competently.

Proposed Text (if applicable):
MED.B.010 (d) 5 Applicants with an established diagnosis of the conditions specified in (3) and (5) shall **undergo cardiological evaluation** ~~be evaluated by a cardiologist~~ before a fit assessment can be considered.

Commentor:	UK CAA

Page No: 14 - Paragraph No: MED.B.015 (e) (1)

Comment:
Reference has been omitted.

Justification:
Editorial.

Proposed Text (if applicable):
MED.B.015(e)(1) should read ‘specified in **(d)** (2), (4) and (5)..’

Commentor:	UK CAA

Page No: 14 - Paragraph No: MED.B.020 (c) (1)

Comment:
This IR is not consistent with ICAO guidance and should be flexible to permit certification of low risk individuals treated with insulin.

Justification:
Some applicants with insulin treated diabetes mellitus are within the acceptable level of risk of incapacitation for Class 1 and Class 2 medical certification.

Proposed Text (if applicable):
MED.B.020(c)(1) Applicants with diabetes mellitus requiring insulin shall be assessed as unfit **unless it can be demonstrated that blood sugar control is optimised and monitored to demonstrate an acceptably low risk of hypoglycaemia.**

Commentor:	UK CAA

Page No: 15 - Paragraph No: MED.B.020 (d) (1) and (2)

Comment:
This will result in a substantial increase in requirement for referral to the Authority compared to JAR FCL 3. Also this text excludes all endocrine conditions other than diabetes.

Justification:
Too many pilots with uncomplicated and stable endocrine conditions will require referral to the Authority with the CRD Resulting Text.

Proposed Text (if applicable):
MED.B.020 (d) (1) applicants for a class 1 medical certificate **with suboptimal** ~~requiring medication for blood sugar~~ control shall be referred to the licensing authority;
MED.B.020 (d) (2) fitness of class 2 applicants **with suboptimal** ~~requiring medication for blood sugar~~ control shall be determined in consultation with the licensing authority.

Commentor:	UK CAA

Page No: 21 - Paragraph No: MED.B.090 (c)

Comment:
CRD text is broader than required.

Justification:
Proposal below has been demonstrated to provide a level of safety that is satisfactory for private flying for the UK NPPL.

Proposed Text (if applicable):
MED.B.090 (c) The aero-medical examination shall include at least the following:

~~(1) clinical examination;~~
(**1**) blood pressure;
(**2**) ~~urine test~~ **urinalysis**;
(**3**) ~~vision;~~ **visual acuity;**
(4**) hearing ability.**

Commentor:	UK CAA

Page No: 23 - Paragraph No: MED.C.010 (a)

Comment:
This rule may not be satisfied by older AMEs, older AME applicants or AME applicants from third countries.

Justification:

The CCST system only came into use in the 1990s and is not applicable world wide.

Proposed Text (if applicable):
MED.C.010 (a) be fully qualified and licensed for the practice of medicine and hold a certificate of completion of specialist training, **or equivalent.**

Commentor:	UK CAA

Page No: 25 - Paragraph No: MED.D.001 (a)

Comment:
This inadvertently implies the GMP has to access licensing authority medical records.

Justification:
The GMP shall have access to the records of their own patients who are applying to them for a LAPL medical certificate, not access to medical records of pilots which would be held by the Authority.

Proposed Text (if applicable):
MED.D.001 (a) GMPs shall act as AMEs for issuing LAPL medical certificates only if exercising their activity in a Member State where the GMP has appropriate access to the full medical records of ~~pilots~~ **applicants.**

Commentor:	UK CAA

Page No: 25 - Paragraph No: MED.D.001 (b) 2 and 3

Comment:
GMP does not need aviation medicine knowledge.

Justification:
GMP verifies criteria set by the regulator in respect of medical history and confirms whether certain physical signs are present/absent on examination. These criteria are used to either issue or deny a certificate or refer to an AeMC or AME.

(b)(2) New AMC written specifically for GMPs makes clear which applicants have to be referred to an AeMC or AME. They do not have to use aviation medicine knowledge to make that decision.

(b)(3) Holding a pilot's licence is not relevant with the new AMC as no aviation medicine judgement is being made.

Proposed Text (if applicable):
MED.D.001 (b) In order to issue LAPL medical certificates, general medical practitioners (GMP) shall be fully qualified and licensed for the practice of medicine in accordance with applicable national rules, and

~~(1)~~ have completed postgraduate training in general medical practice.~~; and~~
~~(2) have acquired knowledge in aviation medicine; or~~
~~(3) hold, or have held a pilot's licence for any kind of aircraft.~~

Commentor:	UK CAA

Page No: 26 to 30 - Paragraph No: MED.E.001 through to MED.E.025

Comment:
Whole section should be rewritten to be in line with the level of assessment required under EU OPs.

Justification:
There is no safety case to justify any increased medical requirements above those of EU OPs.

Proposed Text (if applicable):
MED.E.001 **An operator shall ensure that the cabin crew member has passed a medical assessment at regular intervals appropriate to their duties so as to check their medical fitness to discharge those duties.**

Other IRs:
The initial and regular medical assessments should require no more than what is required by EU OPS.
Cabin crew to be fit to perform their tasks.
Reporting of illness injury or pregnancy to the operator.
Occupational health practitioner or AME to undertake the assessment.