

Time to revisit medical requirements for non-commercial flying?

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What's new since Part-MED was introduced



- ★ New Basic Regulation, allowing more freedom for proportionality
- ★ FAA introduction of BasicMed and recent review of its effects
- ★ UK introduction of Pilot Medical Declarations and recent review
- ★ Increasing trends in sports and recreational aviation away from EASA aircraft towards Annex I activities
- ★ Accessibility/Diversity in Flightpath 2030+

New Basic Regulation



- ★ The Basic Regulation 2018/1139, unlike its predecessor 216/2008, allows for implementing rules not to require medical certificates.

Art 21(1) "Pilots shall be required to hold a pilot licence and a pilot medical certificate appropriate to the operation to be performed, **except for situations in which, as a result of the adoption of implementing acts referred to in point (c)(i) of Article 23(1), taking into account the objectives and principles set out in Articles 1 and 4, and in particular the nature and risk of the activity concerned, such licences or medical certificates are not required.**"

- ★ In several regulatory domains, we have moved from certification to declaration (e.g. DTO, Part-21 Light)

FAA BasicMed



★ FAA Extension, Safety, and Security Act of 2016 introduced BasicMed

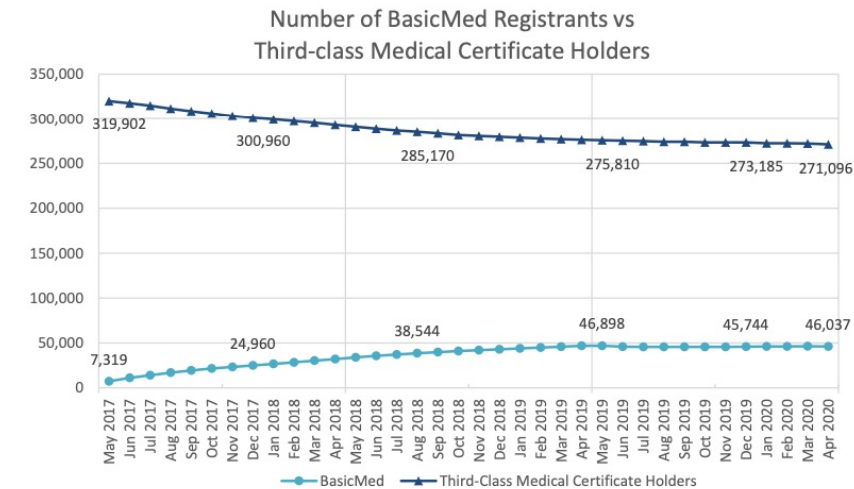
★ System

- Must hold US Drivers License
- Must *have held* FAA med cert
- Complete Comprehensive Medical Examination Checklist
- Physical examination (every 4 years) by any State-licensed physician, completes CMEC
- BasicMed online medical education course (every 2 years)

★ Privileges

- Up to 5 passengers, 6-seat aircraft
- MTOM < 2730 kg
- < 250 KIAS, < 18,000 ft
- Non-commercial only
- No limitation on number/type of engines or VFR/IFR

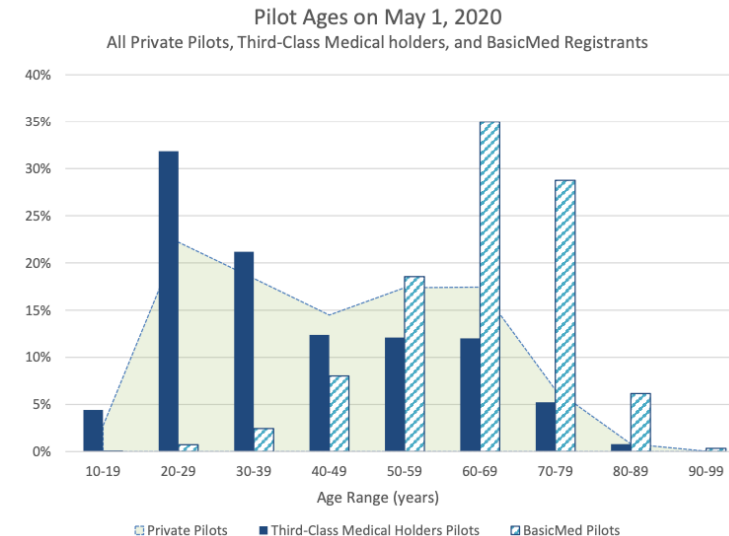
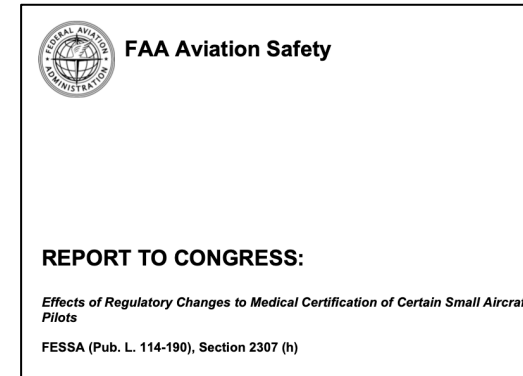
By April 2020
271,000 class 3 med certs
46,000 BasicMed registrants



FAA BasicMed Review



- ★ Review required by implementing act
- ★ Reported to US Congress in March 2023
- ★ Major findings:
- ★ No significant differences (BasicMed vs Class 3) (after adjusting for age, flight time, gender) in:
 - Risk of accident (43 fatal 214 non-fatal within BasicMed scope)
 - Severity of accident
 - Autopsy findings
- ★ Tends to be used by older pilots so...
 - Higher base risk of incapacitation



UK Pilot Medical Declarations



- ★ UK implemented PMD system in 2016 and applied it to national licences
- ★ Privileges
 - Applied this to Part-FCL licences before LAPL conversion deadline
 - Now allows the system for all PPL/LAPL holders exercising LAPL privileges
 - UK airspace only (not ICAO Annex 1 compliant)
- ★ Requirements
 - meet the medical requirements for a Group 1 (Car) Licence issued by the Driver and Vehicle Licensing Agency
 - no medication for psychiatric illness
 - Countersigned by registered family doctor with sight of medical history (no exam)
 - for aircraft between 2000 kg and 5700 kg, certain conditions or history of them are excluded
- ★ Review in 2022 of a sample of 800 of about 14400 PMD holders
 - Survey issued on attitudes to PMD
- ★ Results not yet published but informal conversation with UK CAA suggests:
 - UK CAA intends administrative and documentation improvements to the system
 - No major changes to the system

The flight to Annex 1

- ★ Europe Air Sports represents a broad range of sports and recreational activities, most of whom want to be outside the scope of EASA regulation
- ★ One of the most important reasons for this is medical requirements



EGU

EHPU



EMFU

EFLEVA



EPFU

PPL/IRE

EMF



Diversity and Accessibility of GA

- ★ EASA GA Flightpath 2030+ rightly identifies the potential decline of GA though a lack of accessibility to younger people, and those of different backgrounds.
- ★ How can we expect to improve accessibility and diversity when we impose a medical system that was originally designed to select young military pilots of peak fitness?
- ★ Third-party risk in GA is very, very low.



“The measures taken under this Regulation shall correspond and be proportionate to the nature and risk of each particular activity to which they relate. ... shall take into account, as appropriate for the activity concerned: ...
(f) **the extent to which the persons affected by the risks involved in the operation are able to assess and exercise control over those risks; ...**”

Conclusion and Recommendations



- ★ GA needs a more proportionate approach to pilot medical fitness
- ★ It is not sufficient to defer to medical experts – this is about safety management and consistency with other domains
- ★ The pilot medical must be assessed on the basis of its diagnostic power to detect unacceptable risk for the operation
- ★ An evidence-based “engineering analysis” of the link between incapacitation risk and acceptable level of safety is required
 - UK’s PMD system was introduced on this evidence, and the FAA probably has extensive data