## Utdrag fra Luftfartstilsynets informasjon av 10.04.2013

Se hele informasjonen her: <http://www.luftfartstilsynet.no/regelverk/Europeisk_regelverk/article6474.ece>

(Tekst spesielt relevant for medisinsk personell i luftambulansetjenesten er markert gult)

Gjennom Europaparlaments- og Rådsforordning (EU) nr. 216/2008 (Basisforordningen) og de underliggende “implementing rules” er det felleseuropeiske regelverket utvidet på flere områder innen sivil luftfart, herunder om sertifisering av besetningsmedlemmer. De nye regelverkene har også utvidet myndigheten til EASA (European Aviation Safety Agency) slik at den omfatter de nye områdene som er innlemmet i det felleseuropeiske regelverket. Regelverket om sertifisering av besetningsmedlemmer vil bli gjort gjeldende i Norge gjennom EØS-avtalen.

"Regulation on Aircrew" består av syv vedlegg (Annexes) som ble vedtatt i to faser, herunder gjennom forordningen 1178/2011 vedtatt av Europakommisjonen 03. november 2011 og forordningen 290/2012 vedtatt 30. mars 2012. Forordning 1178/2011 er hovedforordningen og forordning 290/2012 supplerer 1178/2011 med endringer og ytterligere tre vedlegg.

Forordningen inneholder felleseuropeiske regler for sertifisering av flybesetninger som opererer ethvert luftfartøy uavhengig om flyging foretas som et ledd i ervervsmessig virksomhet eller privat. Unntatt fra forordningens virkeområde er personell som opererer luftfartøyer som er listet opp i Basisforordning 216/2008 Anneks II, som ikke er omfattet av denne forordningens virkeområde. Dette omfatter i hovedsak mikrolette fly og helikoptre, eksperimental luftfartøyer og historiske luftfartøyer. Personell som opererer fartøyer i militær- og statsluftfart vil heller ikke omfattes av Regulation on Aircrew.

**Nærmere om Regulation on Aircrew**

Forordningen består av regler om;

* Pilotsertifisering (Annex I)
* Konvertering av nasjonale sertifikater (Annex II)
* Sertifikater fra tredjeland (Annex III)
* Helsemessige krav (Annex IV)
* Kabinbesetningsmedlemmer (Annex V)
* Krav til myndighetene (Annex VI)
* Krav til organisasjoner (Annex VII)

EASA har videre publisert "acceptable means of compliance" (AMC) og veiledningsmateriale (GM) til Part-FCL, Part-MED, Part-ARA og Part-ORA, samt veiledningsmateriale til Part-CC. AMC materiale til Part-CC ventes publisert innen kort tid

Annex IV – Part-MED

Part-MED inneholder bestemmelser omkring helsemessig skikkethet for flygere og kabinbesetningsmedlemmer, samt bestemmelser vedrørende flyleger og flymedisinske sentre.

De medisinske kravene for utstedelser av legeattest klasse 1 og 2 for piloter er stort sett sammenfallende med gjeldende regelverk. Utstedelse av legeattest for LAPL er for øvrig gitt en litt annen og forenklet prosedyre. Når det gjelder utstedelser av legeattester så følger det av det nye regelverket at det er flylege og flymedisinsk senter som skal utstede disse dersom vilkårene for slik utstedelse foreligger. Luftfartstilsynet vil være tilsynsmyndighet ovenfor flyleger og flymedisinske sentre, samt håndtere eventuelle klager i forbindelse med legeattester.

Part-MED gir også regler om helsekrav for kabinansatte. Ved innføringen av Regulation on Aircrew og de nye regler for kabinbesetningsmedlemmer vil det ikke bli utstedt nasjonale legeattester i henhold til bestemmelsene i BSL C 1-2 og 1-3 som etter dagens ordning. Kabinbesetningen skal imidlertid undergå medisinske vurderinger som er angitt i Part-MED subpart C, og vil ved tilfredsstillende helsetilstand få utstedt en medisinsk godkjenning (Cabin crew medical report). Slik medisinsk godkjenning vil utstedes av flylege eller flymedisinske sentre godkjent av luftfartsmyndigheten, i henhold til bestemmelsene i Part-MED. Nytt av reglene i Part-MED er også at det innføres et krav om at ballongførere og seilflygere nå skal har legeattest klasse 2 (MED.A.030 section 2).

*ANNEX IV*

**[PART-MED]**

SUBPART A

***GENERAL REQUIREMENTS***

*SECTION 1*

***General***

**MED.A.001 Competent authority**

For the purpose of this Part, the competent authority shall be:

(a) for aero-medical centres (AeMC):

(1) the authority designated by the Member State where the AeMC has its principal place of business;

(2) where the AeMC is located in a third country, the Agency;

(b) for aero-medical examiners (AME):

(1) the authority designated by the Member State where the AMEs have their principal place of practice;

(2) if the principal place of practice of an AME is located in a third country, the authority designated by the Member State to which the AME applies for the issue of the AME certificate;

(c) for general medical practitioners (GMP), the authority designated by the Member State to which the GMP notifies his/her activity;

(d) for occupational health medical practitioners (OHMP) assessing the medical fitness of cabin crew, the authority designated by the Member State to which the OHMP notifies his/her activity.

**MED.A.005 Scope**

This Part establishes the requirements for:

(a) the issue, validity, revalidation and renewal of the medical certificate required for exercising the privileges of a pilot licence or of a student pilot;

(b) the medical fitness of cabin crew;

(c) the certification of AMEs; and

(d) the qualification of GMPs and of occupational health medical practitioners (OHMP).

**MED.A.010 Definitions**

For the purpose of this Part, the following definitions apply:

— ‘Accredited medical conclusion’ means the conclusion reached by one or more medical experts acceptable to the licensing authority, on the basis of objective and non-discriminatory criteria, for the purposes of the case concerned, in consultation with flight operations or other experts as necessary,

— ‘Assessment’ means the conclusion on the medical fitness of a person based on the evaluation of the person’s medical history and/or aero-medical examinations as required in this Part and further examinations as necessary, and/or medical tests such as, but not limited to, ECG, blood pressure measurement, blood testing, X-ray,

— ‘Colour safe’ means the ability of an applicant to readily distinguish the colours used in air navigation and correctly identify aviation coloured lights,

— ‘Eye specialist’ means an ophthalmologist or a vision care specialist qualified in optometry and trained to recognise pathological conditions,

— ‘Examination’ means an inspection, palpation, percussion, auscultation or other means of investigation especially for diagnosing disease,

— ‘Investigation’ means the assessment of a suspected pathological condition of an applicant by means of examinations and tests in order to verify the presence or absence of a medical condition,

— ‘Licensing authority’ means the competent authority of the Member State that issued the licence, or to which a person applies for the issue of a licence, or, when a person has not yet applied for the issue of a licence, the competent authority in accordance with this Part,

— ‘Limitation’ means a condition placed on the medical certificate, licence or cabin crew medical report that shall be complied with whilst exercising the privileges of the licence, or cabin crew attestation,

— ‘Refractive error’ means the deviation from emmetropia measured in dioptres in the most ametropic meridian, measured by standard methods.

**MED.A.015 Medical confidentiality**

All persons involved in medical examination, assessment and certification shall ensure that medical confidentiality is respected at all times.

**MED.A.020 Decrease in medical fitness**

(a) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time when they:

(1) are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;

(2) take or use any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence;

(3) receive any medical, surgical or other treatment that is likely to interfere with flight safety.

(b) In addition, licence holders shall, without undue delay, seek aero-medical advice when they:

(1) have undergone a surgical operation or invasive procedure;

(2) have commenced the regular use of any medication;

(3) have suffered any significant personal injury involving incapacity to function as a member of the flight crew;

(4) have been suffering from any significant illness involving incapacity to function as a member of the flight crew;

(5) are pregnant;

(6) have been admitted to hospital or medical clinic;

(7) first require correcting lenses.

(c) In these cases:

(1) holders of Class 1 and Class 2 medical certificates shall seek the advice of an AeMC or AME. The AeMC or AME shall assess the medical fitness of the licence holder and decide whether they are fit to resume the exercise of their privileges;

(2) holders of LAPL medical certificates shall seek the advice of an AeMC or AME, or the GMP who signed the medical certificate. The AeMC, AME or GMP shall assess the medical fitness of the licence holders and decide whether they are fit to resume the exercise of their privileges.

(d) Cabin crew members shall not perform duties on an aircraft and, where applicable, shall not exercise the privileges of their cabin crew attestation when they are aware of any decrease in their medical fitness, to the extent that this condition might render them unable to discharge their safety duties and responsibilities.

(e) In addition, if in the medical conditions specified in (b)(1) to (b)(5), cabin crew members shall, without undue delay, seek the advice of an AME, AeMC, or OHMP as applicable. The AME, AeMC or OHMP shall assess the medical fitness of the cabin crew members and decide whether they are fit to resume their safety duties.

**MED.A.025 Obligations of AeMC, AME, GMP and OHMP**

(a) When conducting medical examinations and/or assessments, AeMC, AME, GMP and OHMP shall:

(1) ensure that communication with the person can be established without language barriers;

(2) make the person aware of the consequences of providing incomplete, inaccurate or false statements on their medical history.

(b) After completion of the aero-medical examinations and/or assessment, the AeMC, AME, GMP and OHMP shall:

(1) advise the person whether fit, unfit or referred to the licensing authority, AeMC or AME as applicable;

(2) inform the person of any limitation that may restrict flight training or the privileges of the licence, or cabin crew attestation as applicable;

(3) if the person has been assessed as unfit, inform him/her of his/her right of a secondary review; and

(4) in the case of applicants for a medical certificate, submit without delay a signed, or electronically authenticated, report to include the assessment result and a copy of the medical certificate to the licensing authority.

(c) AeMCs, AMEs, GMPs and OHMPs shall maintain records with details of medical examinations and assessments performed in accordance with this Part and their results in accordance with national legislation.

(d) When required for medical certification and/or oversight functions, AeMCs, AMEs, GMPs and OHMP shall submit to the medical assessor of the competent authority upon request all aero-medical records and reports, and any other relevant information.

SUBPART C

***REQUIREMENTS FOR MEDICAL FITNESS OF CABIN CREW***

*SECTION 1*

***General requirements***

**MED.C.001 General**

Cabin crew members shall only perform the duties and responsibilities required by aviation safety rules on an aircraft if they comply with the applicable requirements of this Part.

**MED.C.005 Aero-medical assessments**

(a) Cabin crew members shall undergo aero-medical assessments to verify that they are free from any physical or mental illness which might lead to incapacitation or an inability to perform their assigned safety duties and responsibilities.

(b) Each cabin crew member shall undergo an aero-medical assessment before being first assigned to duties on an aircraft, and after that at intervals of maximum 60 months.

(c) Aero-medical assessments shall be conducted by an AME, AeMC, or by an OHMP if the requirements of MED.D.040 are complied with.

*SECTION 2*

***Requirements for aero-medical assessment of cabin crew***

**MED.C.020 General**

Cabin crew members shall be free from any:

(a) abnormality, congenital or acquired;

(b) active, latent, acute or chronic disease or disability;

(c) wound, injury or sequelae from operation; and

(d) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken **that would entail a degree of functional incapacity which might lead to incapacitation or an inability to discharge their safety duties and responsibilities.**

**MED.C.025 Content of aero-medical assessments**

(a) An initial aero-medical assessment shall include at least:

(1) an assessment of the applicant cabin crew member’s medical history; and

(2) a clinical examination of the following:

(i) cardiovascular system;

(ii) respiratory system;

(iii) musculoskeletal system;

(iv) otorhino-laryngology;

(v) visual system; and

(vi) colour vision.

(b) Each subsequent aero-medical re-assessment shall include:

(1) an assessment of the cabin crew member’s medical history; and

(2) a clinical examination if deemed necessary in accordance with aero-medical best practice.

(c) For the purpose of (a) and (b), in case of any doubt or if clinically indicated, a cabin crew member’s aero-medical assessment shall also include any additional medical examination, test or investigation that are considered necessary by the AME, AeMC or OHMP.

*SECTION 3*

***Additional requirements for applicants for, or holders of, a cabin crew attestation***

**MED.C.030 Cabin crew medical report**

(a) After completion of each aero-medical assessment, applicants for, and holders of, a cabin crew attestation:

(1) shall be provided with a cabin crew medical report by the AME, AeMC or OHMP; and

(2) shall provide the related information, or a copy of their cabin crew medical report to the operator(s) employing their services.

(b) *Cabin crew medical report*

A cabin crew medical report shall indicate the date of the aero-medical assessment, whether the cabin crew member has been assessed fit or unfit, the date of the next required aero-medical assessment and, if applicable, any limitation(s). Any other elements shall be subject to medical confidentiality in accordance with MED.A.015.

**MED.C.035 Limitations**

(a) If holders of a cabin crew attestation do not fully comply with the medical requirements specified in Section 2, the AME, AeMC or OHMP shall consider whether they may be able to perform cabin crew duties safely if complying with one or more limitations.

(b) Any limitation(s) to the exercise of the privileges granted by the cabin crew attestation shall be specified on the cabin crew medical report and shall only be removed by an AME, AeMC or by an OHMP in consultation with an AME.

SUBPART D

***AERO-MEDICAL EXAMINERS (AME), GENERAL MEDICAL PRACTITIONERS (GMP), OCCUPATIONAL HEALTH MEDICAL PRACTITIONERS (OHMP)***

*SECTION 1*

***Aero-Medical Examiners***

**MED.D.001 Privileges**

(a) The privileges of an AME are to issue, revalidate and renew Class 2 medical certificates and LAPL medical certificates, and to conduct the relevant medical examinations and assessments.

(b) Holders of an AME certificate may apply for an extension of their privileges to include medical examinations for the revalidation and renewal of Class 1 medical certificates, if they comply with the requirements in MED.D.015.

(c) The scope of the privileges of the AME, and any condition thereof, shall be specified in the certificate.

(d) Holders of a certificate as an AME shall not undertake aero-medical examinations and assessments in a Member State other than the Member State that issued their certificate as an AME, unless they have:

(1) been granted access by the host Member State to exercise their professional activities as a specialised doctor;

(2) informed the competent authority of the host Member State of their intention to conduct aero-medical examinations and assessments and to issue medical certificates within the scope of their privileges as AME; and

(3) received a briefing from the competent authority of the host Member State.

*SECTION 2*

***General Medical Practitioners (GMPs)***

**MED.D.035 Requirements for general medical practitioners**

(a) GMPs shall act as AMEs for issuing LAPL medical certificates only:

(1) if they exercise their activity in a Member State where GMPs have appropriate access to the full medical records of applicants; and

(2) in accordance with any additional requirements established under national law.

(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 national law.

(c) GMPs acting as AMEs shall notify their activity to the competent authority.