



JULY 2019



An aerial view of the European Parliament in Strasbourg

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EUROPEAN ELECTIONS 2019 - IMPLICATIONS FOR EUROPE AIR SPORTS
Timo Schubert reports

- Political groups: EPP European People’s Party
 S&D Socialists and Democrats
 ALDE Alliance of Liberals and Democrats for Europe

MEP – Member of the European Parliament EP – European Parliament

The European parliamentary elections of 23-26 May have resulted in a clearly pro-European Parliament. While the Eurosceptic parties have gained some ground, around 70% of the 751 seats will be filled with MEPs who strongly support the European project. However, for a first time the Parliament's two largest groupings EPP (Conservative) and S&D (Socialist) rely on other groupings in order to secure a majority. This means that

even closer collaboration will be required between **EPP**, **S&D**, Greens and **ALDE** (Liberal) if they are to marginalise influence by the Eurosceptic MEPs.

Following the elections the EU will undergo significant institutional changes in the coming months. In July the EP is expected to decide which MEPs will sit on which of the standing committees. From the perspective of EAS it will be interesting and important to understand who will be the key players in the Committee on Transport and Tourism, which deals with the EU's aviation policy. In the second half of the year we will start to organise rounds of introductory meetings with some of these MEPs.

In parallel, the race for the new President of the European Commission has begun and it is too early to predict who will win this race. Following his or her election, negotiations among the EU Member States will start regarding the new College of Commissioners. Here again, it will be important to watch who will become Transport Commissioner. While delays can always be expected, we can assume that the institutional changes will be completed before the end of 2019.

Importantly though, the elections also mean a high degree of stability. This is because the vast majority of European civil servants will remain in place and continue with their work largely unaffected by the top-level political changes. EAS will make sure to stay in close contact with the key decision makers through the remaining year, in parallel to building and revising representation activities at EU political level.

U-SPACE – Michel Rocca looks at the future of Air Traffic



Everyone knows that there are fewer and fewer birds in the skies but more and more drones.

Two regulations were published on 11 June for classifying drones into three categories and prescribing the way to operate them.

The point now is about integrating them in great numbers into non-segregated airspace, namely about mixing them with manned aircraft.

In Europe, the concept for making the integration possible and safe is called "U-space".

This naming is taken from an US acronym "UTM" which stands for "Air Traffic Management for Unmanned Aircraft Systems". "UTM" is about how airspace will be managed, to enable multiple drone operations beyond visual line-of-sight, where air traffic services are not provided.

So, you could think that "U-space" is a kind of Air Traffic Management-driven topic.

We have gathered information from EASA, we have watched one or two demonstrations in the Gulf of Finland and we have met DG MOVE. We can now say that "U-space" is much more than a traditional issue.

This will be "a digital system delivering a set of automated functions, services and procedures to ensure safe, secure, sustainable and efficient aircraft operations in a specific volume of airspace".

Every flight will have to be connected and accepted by the automated service provider. Every flight will be subject to cost-recovery, of course.

The acceptance should be fair and demand-driven.

"U-space" will represent a change in how we see things. It will open new horizons.

Our community has the whole summer for changing its mindset, since an Opinion is planned to be delivered late Q3/2019. The formal consultation of the stakeholders should follow early Q4/2019. The regulation should be adopted at the end of this year and be published Q1/2020.

EAS is already "in the loop" for defending the cause of light aviation.

STANDARD CHANGES AND REPAIRS – Senior Vice-President Rudi Schuegraf brings news on the latest revisions

EASA has recently published the third issue of **Certification Specification -Standard changes and repairs – CS-STAN**. It is one more important step for the General Aviation community. We are grateful and appreciate EASA's efforts.

EASA publishes CS-STAN Issue 3

The third edition of CS-STAN has a number of new interesting changes in order to facilitate modifications of GA (General Aviation) aircraft.

CS-STAN consists of standard changes and repairs which do not require an additional approval of EASA. Certifying staff and maintenance organisations can use these standard changes and repairs to perform e.g. avionic upgrades or usual repairs.

Here are examples of the useful and important additions for our members and community.

- Section **CS-SC005** enables the data-link between GPS sources and transponders, for the voluntary transmission of ADS-B data.
- **CS-SC035a** addresses the installation of solar cells on sailplanes.
- For the installation of visual awareness lights see **CS-SC036a**.
- Another example of the new changes embodied into issue 3 is **CS-SC086a** for the exchange of a balloon 'Bottom-End'.

CS-STAN is supported by some **AMC (Acceptable Means of Compliance)** material, incorporated by the **CS** itself and by **AMC M.A.801 to Part-M**. All standard changes and repairs require a release to service by completing Form 123. When completing the Form 123, the certifying staff have to document and sign off the example test or calculations or considerations required by the individual changes or repairs.

MEDICAL RULEMAKING

Marja Osinga, a qualified doctor (MD) and Aeromedical Examiner (AME) gives a detailed update on the recent changes that have been finalised to the Medical regulations (Part-MED). Marja is the Europe Air Sports Medical Technical Officer and represents us in relevant meetings and groups.

These details are likely to be of particular interest to members with a medical background, or to pilots who have medical conditions that could affect their flying.



Medical Rulemaking: Update of Part-MED and AMC/GM to Part-MED

AMC - Acceptable Means of Compliance

GM - Guidance Material

The update of Part-MED (Annex 1 to regulation (EU) 2019/27), published on January 10th 2019, and the AMC/GM published on January 28th, is the result of the work of the Rule Making Group RMT.0287/288. Later the outcome of RMT.700 was merged.

The work started in 2012. The main specific tasks and interface issues were:

- Review and amendment of all part-MED, regarding gaps, editorial and needs for clarification;
- New **AMCs** to Subpart A as requested by the EASA Committee;
- New Guidance Material to explain risk levels for incapacitation of pilots, also clarifying expressions in the Implementing Rules as "sufficient", "functional", "minor", etc. in the context of medical conditions;

- Revision of the syllabi for basic and advanced training courses for **Aeromedical Examiners (AMEs)**;
- Review and amendment of related text in Part-ARA (Authority requirements for air operations) and Part-ORA (Organisation requirements for air operations);
- Review of several medical conditions related to new medication and other treatments;
- Defining the acceptable risk for incapacitation, and to replace or reintroduce the so-called 1% rule;
- Proposal to harmonise the secondary review procedure for pilots who were assessed as unfit;
- Extension to medical certification of Air Traffic Controllers.

The publication was planned for 2015, but the German Wings accident and the introduction of new related rules, as proposed by Rule-Making Task RMT.700, caused a delay. In addition, the rulemaking process of EASA has slowed down due to the extensive numbers of Notices of Proposed Amendments and related issues.

The amendments introduced are expected to improve the level of safety by providing further clarification and guidance.

The main changes are mentioned below, regarding the requirements of class 2 and LAPL medicals. For recreational and sports flying these categories will be the most applicable ones.

a) The wording of MED.A.030(c) is new and – in combination with an upcoming change Part-FCL – allows holders of e.g. a PPL(A) to exercise the privileges of LAPL(A) even when the class 2 medical has expired, as long as the LAPL(A) medical is still valid. In other words, a PPL (A) holder will no longer be required to “downgrade” his or her air crew certificate to LAPL (A), just because the medical certificate is on a lower level. This alleviation has already been implemented in a number of countries.

b) MED.B.050(b) includes a new alleviation making it simpler for disabled persons to fly specially modified/suitable aircraft. The wording is as follows:

1. “Applicants who do not have satisfactory functional use of the musculoskeletal system to enable them to safely exercise the privileges of the licence shall be assessed as unfit. However, where their functional use of the musculoskeletal system is satisfactory for the safe exercise of the privileges in respect of a certain aircraft type, which may be demonstrated where necessary through a medical flight or a simulator flight test, the applicant may be assessed as fit and their privileges shall be limited accordingly.”

While there have been some possibilities even before the change of the rule, this could significantly increase the access to flying for disabled individuals.

Relevant changes for class 2

- GM1.MED.A.020 “Decrease in medical fitness”, Guidance Material is added for aircrew on fitness-to-fly. Also an overview of groups of medication and alternative medicine, with their effects and side effects regarding safety.
- AMC1 MED.A.025 “Obligations of the AeMC, AME, GMP and OHMP” (the doctors who are allowed to perform aeromedical assessments), to inform aircrew regarding the implications of incomplete, inaccurate or false statements on their medical history. This is an important issue for pilots. Inappropriate information can have extended consequences.
- Cardiovascular: New AMC2 MED.B.010 is added, relating to certain heart valve diseases and rhythm and conduction disturbances. It also covers the issue of heart and heart/lung transplantation.
- AMC2 MED.B.010 refers to a newly introduced limitation ‘**ORL**’ (**Operational Pilot Restriction Limitation**). This means that the applicant can either fly with a safety pilot, or without passengers. This extends the possibilities for class 2 and LAPL pilots, if they need a limitation for a medical condition.

- New rules for the use of anticoagulants are added, with an extension to the so-called NOACs (Novel Oral Anticoagulants).
- Respiratory: AMC2 MED.B.015 provides details on examination of the lungs.
- Digestive system: AMC2 MED.B.020 provides additional details on liver disease.
- Infectious diseases: AMC2 MED.B.040 provides new criteria on tuberculosis and positive HIV.
- Musculoskeletal: AMC2 MED.B.050: details are added to cover abnormal musculoskeletal system, including obesity.
- Mental health: MED.B Psychiatry and Psychology are merged under the new MED.B.055 "Mental health". The associated AMC and GM for class 1, 2 and LAPL are also merged. It provides details on mental health assessment, mainly for class 1, including comprehensive assessment during the initial examination, psychoactive substance screening and criteria for applicants with a diagnosis or history of psychiatric conditions. The member states can add drugs to the list for screening, and can perform random drug screening tests.
- Neurology: AMC2 MED.B.065: new criteria are added on migraine and disorders of the nervous system due to vascular deficiencies, including stroke or transient ischaemic attack (TIA).
- Visual system: AMC2 MED.B.070 provides improved criteria for applicants with impaired visual acuity. The CAD test is approved for colour vision testing.
- Otorhinolaryngology (Ear, Nose and Throat or 'ENT'): New AMC2 MED.B.080 is added to provide criteria for fitness to fly with profound deafness or major disorder of speech, with a [SSL](#) limitation ([Special restrictions as Specified](#)).
- Oncology: AMC2 MED.B.090 is amended to include criteria regarding chemotherapy or radiation treatment

A vintage Kranich, the type of glider that Marja owned for many years



Specific requirements for LAPL

- Cardiovascular: AMC2 MED.B.095 regarding anticoagulation therapy.
- Additional criteria for automatic implantable defibrillators: applicants with this condition should be assessed as unfit. For a pacemaker a fit assessment can be considered.
- Respiratory: additional criteria added for morphological or functional testing.
- Digestive system: additional criteria for applicants with gastric ulcer, digestive and abdominal surgery, or liver disease.
- Diabetes mellitus: diabetic pilots using insulin may be assessed as fit, under strict conditions. An ORL limitation (with a safety pilot OR without passengers) will be imposed (this was OSL (Operational Safety pilot Limitation) in the previous rules).
- Genitourinary system: new criteria following renal transplantation.
- Infectious disease: new criteria for HIV and other (chronic) infections.
- Mental health: Additional clarifications are added on mental or behavioural disorder following the use of psychoactive substances, and on schizophrenia. New criteria and GM on functional psychotic disorders, mood disorders and the psychological evaluation are added. Psychiatric evaluations and reports may include reports from the applicant's flight instructor.

- Neurology: new criteria on migraine and nervous disorder due to vascular deficiencies (e.g. stroke, TIA). A medical flight test may be required.
- Otorhinolaryngology (ENT): new criteria regarding hearing aids and profound deafness or major disorder of speech. A fit assessment is possible, with a SSL limitation.
- Oncology: new criteria on a history or clinical diagnosis of malignant tumour in the brain.

For LAPL most attention was paid to clarify the [AMC/GM](#), in order to help the [AME](#) or GMP to make decisions on a well-considered base, tailored to air sports.

The new RMT.0424 is active for the regular update of Part-MED. As a member of the group I am involved for General Aviation, representing Europe Air Sports.

FROM THE PROGRAMME MANAGER'S DESK - Nils Rostedt

The recent activities regarding U-Space, a far-reaching initiative for airspace management of drone traffic, have involved also your Programme Manager.

In early June I was involved in responding to an informal European Commission/EASA consultation, which was quite concerning. Not only were the proposed rules and principles radically different from what the aviation community has developed during the history of aviation. But we also learned that the rulemaking procedure takes place as a "delegated act". This can mean that the common public consultation process ([NPA - Notice of Proposed Amendment](#) and [CRD - Comment Response Document](#)) are replaced by "focused consultations" done only by a smaller rulemaking task working group. In my personal view this is insufficient for a change of this magnitude! The consultation response was sent out to EAS membership. Read more about U-Space elsewhere in this newsletter.

I also took the opportunity to visit a U-Space demo arranged by the [SESAR*](#)-sponsored GoF (Gulf of Finland) consortium at Pyhtaa airfield, Southern Finland. The intention of the demo was to show how a "Flight Management Information System" (FIMS) was capable of tracking in real time both drones, a real General Aviation aircraft, and radio controlled models, all flying locally around the airfield. Tracking technologies included 4G mobile, Flarm, and traditional transponder/ADS-B.

* [SESAR - Single European Sky ATM Research \(European air traffic management system\)](#)

Systems like this are envisaged by U-Space developers to replace existing ATM systems in the low level airspace below 500 feet.

From a visitor's viewpoint the demo seemed to work, but unfortunately I've seen no detailed results or evaluations of the demo published.

Let's now look at the EASA-regulatory corner of the Programme Manager's desk. Since last newsletter, EAS responded to two [NPA](#) consultations:

- Aircraft cybersecurity, NPA 2019-01
- Embodiment of the level of involvement of acceptable means of compliance and guidance material in Part 21, EASA NPA 2019-03

At this moment, there are five active EASA NPA consultations, of which two are relevant for the members of Europe Air Sports. These proposals are:

- Management of information security risks, NPA 2019-07; Deadline: 27/09/2019
- Regular update of CS-ETSO (European Technical Standard Orders), NPA 2019-06; Deadline: 07/08/2019

The first one above touches organisations in all regulatory domains (initial airworthiness, maintenance, licensing, operations) and is thus worthy of attention. The second NPA is more about codifying technology advances in various aircraft equipment. Should you wish to contribute to EAS's response, please contact me!

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KEY CONTACTS

President	Andrea Anesini	andrea.anesini@europe-air-sports.org
Senior Vice-President	Rudi Schuegraf	r.schuegraf@europe-air-sports.org
General Secretary – central EAS management & administration	Pierre Leonard	p.leonard@europe-air-sports.org
Programme Manager and regulatory work	Nils Rostedt	n.rostedt@europe-air-sports.org
Newsletter Editor	Diana King	d.king@europe-air-sports.org

And finally:

TMZs AND LISTENING SQUAWKS

Julian Scarfe reports: In airspace used by Commercial Air Transport, Transponder Mandatory Zones (TMZs) are a useful alternative to class D or C airspace to deconflict IFR from VFR. TMZs do not require a clearance to enter. However, without communication, it is difficult for CAT pilots and controllers to know the intentions of other aircraft. The "listening squawk" is a voluntary system in which the pilot of a VFR flight in the TMZ sets a transponder code to signal that they are listening out on the designated frequency. Then, if a need arises for ATC to contact the pilot, it can do so.

The Deutscher Aero Club has produced some useful reminders about the listening squawk options relating to Transponder Mandatory Zones (TMZs). The reminder is in a kneeboard-friendly design (A5) and is also available as hardcopy from Deutscher Aero Club.

LISTENING SQUAWK IN TMZ

Version 02/2019

Dietrichshof Monitor: 125,225 Squawk: 6102
Friedrichshafen Monitor: 119,925 Squawk: 2877
Hahn Monitor: 125,600 Squawk: 0424
Hamburg Monitor West: 134,250 Monitor N/S: 136,675 Squawk: 4871
Hannover Monitor: 131,325 Squawk: 4876
Memmingen Monitor: 129,450 Squawk: 4404
Nürnberg Monitor: 129,525 Squawk: 4404
Münster Monitor: 129,300 Squawk: 6104
Paderborn Monitor: 125,225 Squawk: 6102
Weeze Monitor: 128,500 Squawk: 6101
Witmund (HX) Monitor: 129,600 Squawk: 7000

Points to remember:

- Set squawk for the TMZ using Mode S
- Tune in frequency and listen out, do not transmit
- Change back to squawk 7000 when leaving frequency or TMZ
- You can stay with FIS unless otherwise instructed!

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LISTEN TO...!

Listening Squawk in TMZ

The listening squawk increases flight safety in TMZ significantly. You may receive traffic information about IFR traffic individually or via broadcast call, before getting too close. Your Mode-S transponder makes it possible to be contacted by ATC, without calling in initially.

For correct squawk & frequency see over or take a look on current aeronautical charts. Reference AIP VFR ENR 1-1B.

Example: Not for navigational purposes.

A listening squawk does NOT:

- Clear you into controlled C or D airspace
- Provide Flight Information Service or ATC-Service

➤ If you need assistance or clearances contact FIS or appropriate ATC frequency

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