

2013

# ESAM Strategy Planning Minutes

9<sup>th</sup> February 2013.

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**Location: German Airforce Institute of Aerospace Medicine,  
Furstenfeldbruck,  
Germany.**

**Panelists:**

Kevin Herbert	Cristian Panait	Elena Cataman	Claudia Stern
Anthony Wagstaff	Ries Simons	Roland Vermeiren	Jean-Francois Paris
Vincent Feuille	Jürgen Graf	Lars Tjensvol	
Declan Maher	René Maire	Lilla Ungváry	
Carla Ledderhos	Walter Gabor	Hans Pongratz	

Apologies from Patricia Jung unable to attend due to illness.

09:40. The President opened the meeting.

The programme for the weekend was outlined.

The strategy meeting will be completed today.

**Strategy Meeting Purpose:**

ESAM has grown in the past 6 years

- We want participation from all.
- We need to find a way forward for the organisation.

We will use the post-its to draw up ideas.

**Introductions:**

All gave a short self introduction to the group:

Kevin:

- 25 years as a GP,
- 5 years in management.
- Practicing AME.
- Learning to play guitar.

Declan:

- GP for 20 years in Ireland.
- AME since 1999
- Founding Secretary of the AB Committee

Roland:

- Founding President of ESAM 2006-2012.
- Eurocontrol.
- Before then, in Sabena.
- Previously a GP in northern Belgium.

Elena:

- From Moldova,
- 14 years as an AME.
- CMO and lecturer in AME training.
- 15 years as a cardiothoracic surgeon.
- Vice President of ESAM 2006-2012,- happy to continue to be a part of ESAM.

Claudia:

- President of German Society.
- Former Vice President of ESAM.
- Ophthalmologist.

## Cristian:

- From Romania.
- CMO of the CAA, Romania.
- GP in public health until 4 years ago.

## Carla:

- Medicine, physiology.
- 2001 scientific research in German Air Force

## Lilla:

- Ophthalmologist at medical centre in Hungary.
- 5 year member of ESAM EC.
- Chair of the Nominations Committee.
- Diploma in health care systems communications at Budapest University.

## René:

- Cardiology glider pilot,
- CIMP
- AME
- Cardiologist to the Swiss CAA. Interrupted his skiing holiday to be here today.

## Walter:

- Medical Services Fraport,
- 1 of 2 experts at WHO on communicable disease.

## Jürgen:

- Incumbent, following Prof. Stüben's retirement.
- Internal medicine for 15 years,
- Joined Lufthansa and become an AME.

## Hans:

- Retired Surgeon General of the Luftwaffe after 30 years of active service.
- AME, Occupational Medicine.
- Founding member of ESAM.
- ESAM representative at AsMA.

## Lars:

- From Norway.
- GP for 25 years, and AME with FAA.
- Founding member.
- Appointed Interim President of ESAM. Member of the Nominations Committee.
- Represents ESAM in the ESSI at ECAHST.

## Anthony:

- From Norway.
- 1992 Started working in Aviation medicine
- Previously worked in occupational health.
- Head of the military Institute of Aviation Medicine (the only AMC in Norway and linked to the AMS).
- Member of the first EC.

## Jean-Francois:

- Chief of AMC at Air France three years, previously Deputy Director at main military aeromedical center, Paris.
- 26 years in aeronautical medicine.
- Cardiology and Endocrinology interest.
- Active in AMS,
- Member of SOFRAMAS

## Vincent:

- 15 years as AME,
- Interned at Air France,
- Vice President of Air France medical dept.
- Expert in Infectious disease and Tropical medicine.
- First involvement in ESAM at Naples. In 2012.

Ries:

- Netherlands.
- GP and Tropical Doctor for many years.
- 25 years aeromedical research.
- Physiology research, at the Human Factors Institute, TNO.
- Founding member and Chair of the AB Committee.

### **Background:**

ESAM has achieved many of its representations in a very short period of time. We need to avoid entering Limbo and Consolidation. What did we do right and what we did wrong?

It depends on how far back you want to go. We are not only, but also an AME organisation and we have lost sight of the AME, focusing on EASA and AsMA. The last two ECAM have failed to bring together the members of ESAM. We were to assist organisations to progress in their activities at a scientific level. We had a low cost meeting to bring them together. Our conferences were more like other meetings. We also need to have experts. We need to have conferences and meetings, bringing together the experts with the AME's.

We were to have a Conference Committee, but then there was the AB, which was to be the meeting point for the groups. How should we use electronic media to bring about the communication needed?

This touched on something very important. The frustration of getting the groups to contribute. It was extremely difficult to achieve communication. We need to find ways to activate interaction from the national bodies. Consider mechanisms to make this possible. People are busy in their professional lives.

### **Before the big bang!**

We need to remember "The origin of the origin", before the big bang! Berlin and Vienna, 2002/3. Members of the JAA subcommittee and others, sought to find an informal mechanism of interaction. At a meeting in Poland three different ideas were proposed:

1. A representative voice;
2. A scientific work think-tank;
3. A union for AME's.

Out of these came the statutes of ESAM:

- To make contact with the organisations outside the group.
- Start the scientific work.
- Lose the concept of a trades union.

The first ESAM GA was a conflict of two of these ideas, the Formation of a union like structure and a scientific body.

Uwe's use of the expert groups and for the formation of the AB was an attempt to create the scientific body, but in practice, it didn't work, because you don't need representatives to an AB, you need active members.

There is very little scientific study and data, and this is in limited areas [of Aerospace Medicine.]

In representation, we have done very well e.g. in EASA etc., but not in ICAO as we are not seen as being global. Getting the associations together has been slow.

We need to do research but we don't have the facilities, but we can be filters of information and produce reports on issues such as fatigue etc. We need to note the presence and use of this information to the regulators. We are all working in the world of aviation medicine. Communication and confer.

A history of the real experience of the AB and of the AB committee was presented. The processes that evolved from open invitation through the formation of position papers to the principle of an appointed AB committee were described.

EASA produced both a positive and a negative effect. The positive was the contact with EASA. The negative was the focus on EASA and the LAPL. There is confusion about who ESAM and EASA are. People still think we are the regulator.

Strengthen the scientific impact.

EASA was the stimulus to bring all together in the argument for a strong medical voice. We are aboard the boat and the waters are calmer. Now there will be working groups and using scientific input. It will be for risk management, insulin, epilepsy, dealing with the "not fully-fit pilot". Now that the rules are set, we need to look at the other areas.

We need to identify the people who are expert in certain topics. Address the topic first, then the people next.

We need a clear vision of who we are and where we are going. Our website was the vision. We need to have a clear role for ESAM,

ESAM has done very much to date. What we have is better than the best guess of what we had hoped ESAM would be. According to the statutes, we were set up to look at flight safety. We have not looked at safety. We haven't brought the military with us. We haven't brought non-doctors. Why should we bring non AME's? It is very important to bring in the non AME's. We need focus on our field and bring in areas from the military, dealing with specialists who are full time. Getting people to devote time to topics. We are including more than 50% of the experts available to aviation in ESAM.

Initially, curiosity carried people along. How do we reach them? One way is through the congress and another is through the Advisory Board (AB). From science to practice. We, who work full time in aerospace medicine, should be in the AB to call on the experts that can then be used to include the AMEs. This organisation can combine both.

One major aim of ESAM should be to continue to look at the role of EASA.

### **Representation**

We must remember that we represent the AME, as they are the core membership of ESAM.

There appears to be a difference in the representing the AME's and the scientific work. We are working for flight safety. We can also identify factors of flight safety and bring them to the surface.

Flight safety is the big issue and to find the scientific data to advise the regulator. It was the threat from EASA that focused on the AME's, but we should never be a spokesperson for the interests of the AME.

### **Flight Safety.**

The real causes of accidents. We sometimes skip issues that are relevant to the accident. The data we have on accidents is not transparent and includes only the final reason of the accident, not the factors that contribute, e.g. fatigue, colour vision, human limitations. We have missed this in the regulation as we don't have any reference in the regulation. The research has been done. We can involve the Human Factors in the regulation. We discussed, in Wiesbaden, about the role of Human Factors in accidents. We need to know what the evidence and data from the association scientists.

Find a way to reach out to the professionals and we should chase them. The benefit of ESAM is that we now have national associations. That is the basis of networking. Medical is only a very small area of impact in aviation. There are more fields than the pilot, e.g. Aerodromes and occupational health. If you want experts, we need to link with other organisations, e.g. with the USA. We need to expand to the regions that border us and that we contact in contact with.

We have made a very good umbrella, but we need to include more under the umbrella. We recognise the role that ESAM did with the regulator. A lot of the work in flight safety has to do with Human Factors and psychology, but others are putting opinion with whom we are not working. We should look at air safety today, look at the big issues and have working groups creating activity. Quality is what we need, to pull in others.

It has already happened. ESAM has been invited to act in Human Factors and want to work as ESAM representative. We were not asked because we were ESAM members, but because we were the experts. ESAM is already in there in pilot work groups. Combining areas of interest with the ECAM will draw people.

There are concerns if groups are made up without a doctor. It would be useful to speak to AsMA.

Move away from regulations, we have set standards, the regulators will follow. ESAM could set the standards. We have vertical specialisation, but aviation medicine is a horizontal form, acting as a grid, where you interact with psychology/engineer/etc.

In Schiphol, we worked on the topics and the areas that would produce peer review. We are experts in the matrix rather than the expert in a single role. Most of us are not recognised as an expert, how do we organise this to be effective?

We come from different sectors. We have to define: "What is Aerospace Medicine?" Without that definition we have no mechanism as to how to define a direction that we are travelling in. There should be no problem where no physicians are active.

Confine to three areas:

- Flight Safety
- Diversity
- Scientific activity.

There is a good umbrella, we need to define our direction. We must be careful not to represent just one group. We are the conduit of communication to the regulators. We need to improve the communication. We live in the real world that cannot live in science alone, it will include politic, business, etc.

### **Reality Check**

The inverse pyramid. At the top is EASA and at the bottom is the individual member. We haven't communicated down, even to the individual organisation and not to the members!

We need to get our message out to the individual.

That is why the president travelled to many states. Rapid growth was a response to the talk on the relevance of ESAM. Roland used a survey to identify those issues in ESAM. He presented the results of his study. In associations that have no representative it must be worse.

We should include associations in scientific activity and research. We should post the results on the website and post the results to two or three in each association. Most don't know of the website.

### **Website**

The website is very important. A working group could be active working on it. The congress is important. We need to define our members and this is not easy. It is possible to be cheap and open. Many are deterred by the high costs. We need to identify why so few people travelled.

Having two organisations is not unusual. How many are joined in activity? Is there conflict? co-members? What is the basis of the number of associations?

We, in our country, are an example of the inverse pyramid. There are very few actively interested and want to deal with ESAM. They have given their proxy to the national board to act. We have found it very difficult to get the AME's involved. We should only progress with the active group i.e. the 5%.

It is a very good idea to have the questionnaire and add an open question as to what they want from ESAM.

It is a social process. An example society of 250 members, only 40 attend, no one looks at the website. Not interested in the science, only the gossip. We need something out of the box for the conference.

Is it possible to be unattractive to be a member of ESAM?

Competition for conference and content. The sexy part, i.e. location/social.

Meeting broke for lunch at 12:00

Re-convened 13:10

### **Reality Check ECAM.**

How can we reach the group of the AME's to get them interested in the whole of ESAM? We will address ECAM yet, but we are the new boys on the block.

People come to conference to meet other people. Maybe, we should define a place in Europe. Consider a permanent home for ESAM as Cologne is used by other groups.

### Location

Usually people are drawn to a nice location, rarely it is due to "true science." They can travel in their own speciality, but they want something that has event attraction such as the air travel. Having it at the same location would work only once.

The GA will never be enough to draw people. We need a scientific meeting and another attraction such as Duxford.

Sinsheim was the best location I was at. AsMA used Seattle and the Boeing experience.

You must remember everything east of Berlin; the demography must be considered. The added value is one thing, but the attraction is important.

Areas where people are having issues, Eastern and Southern places. Bring in experience from the East.

We now have the Ukraine involved. Kiev is an excellent location. Those who are working in the area need to be involved, even the bug players as in Germany. We need people to work together, as a family. It is our job to get people involved. We must get them to be active in the AB.

It is one thing to say to keep it cheap, but it is not always easy to keep the costs low.

We can also consider Istanbul. There are costs associated with the visas that can be variable. Bulgaria and the Czech Republic have many sites that could be considered.

Consider some of the bigger airports, in Antalya or in St. Petersburg. Some of the larger airports have centres that can be used at lower costs.

We should have the seminar at the weekend.

We should think about having the ECAM on a weekday. It is not a hobby, it is our work. It should happen in the working week.

The fact that we have more than one association in many countries suggests that there are reasons why they are apart. Who are we? We try to merge the populations, the 5% professionals who want to meet during the week, and the 95% who don't want to lose their work and therefore want to meet at the weekends. Which population do you want on the congress?

I would like to go back to the concept that "we are a family". The concept of the family might not be attractive to making more people to become active, the family is a closed concept, not an open welcoming one, as you have to belong, you can't just join a family. Ask people to make it attractive while they "pass through" aviation medicine. We do the "fun" part of Occupational Health and we should attract others to see what we do. Stay open to other specialities and combine with other groups that touch it [occupational health]. Attract the group that might say "this is a meeting I would like to go to, once in a lifetime".

A number of groups were invited share the ECAM 3.



[In our meetings] We try to use the Friday for the professionals such as military and then the AME's on Saturday.

### **Questionnaire**

The questionnaire is an excellent idea. We can analyse what our associations want and the nature of the groups that attend the ECAM and GA.

We need to explain why we are doing such a survey.

We need to go back to the statutes and take charge of the ECAM. We should have the Conference Committee. Perhaps the EC should appoint the committee so that we can get involved.

Also ask what do we do with the GA? Would you also consider having a meeting that has a session set aside for the AB?

The mechanism that was at ECAM 2 was not a good idea.

We should have an input into how the local association is working towards the ECAM. Stick to a low budget operation and allow people to find hotels for their budget.

We need a practical idea of how many are going to the ECAM/GA, Once you go over 100 you have limited availability.

We need a cheap location.

We have been down this road before. Universities will house up to 500. The cost is only for the congress. It could be possible to find partner institutes that would give facilities. Sometimes they use cinemas that are not in use. Avoid the package.

We should have the conference committee look at the options.

We need to look at more affordable venues, consider Eastern/Southern Europe. Using cinema/institutes should be considered.

Consider the very end of the season at the Black Sea.

The ECAM 1 model worked. We need a standing Conference Committee, to use the committee to design the GA and otherwise the ECAM

### **Vote**

We should move from the electronic vote.

We should continue with the idea of asking the candidates to publish their mission statement in advance. The use of voting by proxy also avoids the risk of non-attendance.

We should go back to democracy, people being there to vote. We need to get people to attend the GA.

We need people to attend the GA. Many are in favour of on-site voting.

That was the reason the Nominations Committee was set up. It was the electronic system that was a solution in response to the disaster of the real time vote at the ECAM.

We want the voters to come.

The statutes give the option to have either [Electronic or traditional]. We are entitled to vote by proxy. Some don't believe in the proxy vote.

Democracy does not require you to meet the candidate.

In reality, we have used it, as in Bucharest, where there would have been insufficient to have a quorum. You should stimulate people to be there, but allow a proxy where there is a need. We must be inclusive and not alienate people who want to be active.

We should do something that is an attraction, making the ECAM attractive i.e. to be there at the voting.

### **Hot topics.**

The GA is generally not attractive. It can be if it is combined with an ECAM/congress. The issue of electronic vote is not important.

According to the statutes, we need an annual GA.

Remember that we will combine the GA with ECAM/ICASM.

As there are changes in the presidency, it is important that with such a huge society that it should be an annual GA.

### **Statutes**

There is a place to change in the statutes, such as the concept of a spine of the basic rules that can be fleshed out with detailed structured rules. We will test this. There is an agreement that we need to get the members engaged. How that is done changes by opinion. Sinsheim was given as a good example of a location that could be attractive to a wide variety of aviation specialists.

We should consider inviting member associations to attend as we did in Seville, Spain.

Consider St Petersburg and ask Sergey and Alexander.

Speakers cost money.

We need to speak about living within our means and applying this to the ECAM.

### **Planning Horizon.**

2016 the 10 year anniversary of ESAM. GA in 2013, ECAM in 2014, GA in 2015

The idea of holding the GA in Friedrichshafen was raised. Direct flights from Rotterdam, Frankfurt, etc. We need a venue for ECAM 2014 and we have had an invitation to be with ICASM in Oxford. Are there any offers to offer a location for 2014/16?

There is an expected charge for the room for €200 for the GA.

Look into the matter, rather than decide a location, but not today.

What would be the cost to get there and stay one night? The congress will be conducted in German. Do you have a fixed content? Consider sessions in English. Parallel speakers.

This is a very good suggestion. Consider alternatives. Consider Eastern Europe.

### **Conference Committee**

Install a Conference Committee to look at the options and propose a decision. There was talk of the issues that might make it attractive. Half must be done in English.

Consider the conference room at the AMS/Airport from Romania in Bucharest. Direct flights.

Establish the Conference Committee.

We need to have a structure that will look to maintain the direction that we started to set in the past hour. We go for one day. We can set up something scientific.

Some of the smaller organisations use of the universities, it's a lot of work. You need someone active within the country to co-ordinate planning.

When ECAM1 was they started in March. Sometimes you need a deadline.

We have relied on someone locally to organise, we need to have someone to do the planning.

We want to reach the people who can't afford to go to ICASM. Who do we want to meet?

They are looking at the burden of working on which location. Finding venues for the 2014 and the 2016 ECAM. Members volunteered while he is an ordinary member.

The decision must be made within the month for the venue of the GA and for the next EC-AB meeting.

The price! Set up a business plan for each of the proposals. The attendance to the GA has been free of charge, the GA is always free.

If the meeting is not held in Friedrichshafen then it must be in November. Each month on our website, a member society could be invited to produce a brief account of their history and membership. Any member can sign up to receive notification from ESAM via a targeted email e.g.

1. A calendar event
2. A paper/blog published
3. I would be willing to participate in a survey.

This is an excellent idea as there are specialists that can be reached where there is particular role/question.

Using a map that shows where each signed up member is located.  
Coffee break 15:15

Nominations Committee reports downloaded.

## Content of the ECAM

Topic based meeting.

### Standards

One thing to remember about Wiesbaden was the fact that the people who attended were experts. It could be used as setting standards. Possible to speak about the outcomes of the specialists to the AME's.

The idea of having workshops, we can come up with a list of issues. A national society can set up an issue and organise who would be in the workshop, it is important that the AME's are involved in the workshop.

We ask for 5 volunteers for the Conference Committee. We need to appoint the chair. They will look at the framework for the conference such as lectures, posters, workshops.

We need to analyse where it will be.

Consider the use of the OSKE workshop system, where a number of speakers will speak to small groups of AME's that are repeated with a number of groups. This format allows for the interaction between the speaker and the group. It also allows for a large number of issues to be addressed and to allow access by a large number of attendees.

It could be used in the area involving the military,

"Would you fly with this pilot?" panel was suggested. Also consider poster campaigns for those that don't speak fluent English. Also the use of publication of the abstracts in advance on the website.

We have had some problems with people being able to post the presentations on line. The size of the presentations and the links have proven to be a problem, but work is ongoing.

After ECAM 1 we had the DVD and publication of the presentations.

### Abstracts

It is good to publish the abstracts. The value is in having the abstract but it is the presenter and the presentation, that is the attraction and not the dissemination of the pdf. He always asks for the area of interest when people are asking for the downloadable pdf.

Some experts expressed concern that he will see his own work being presented at other venues that he has been invited to attend. Some were willing to release their presentations, others weren't.

The abstracts should be only online after the meeting.

What are the views of e-learning? The refresher course uses this method. EASA not ready to give credit for the work.

Setting up e-learning is difficult.

It is a lot of work, it is better that people attend.

Do we follow the didactic model or do we move towards a new process? Panels on issues and call in other experts outside of medicine.

The meetings at AsMA use the hot topic meetings and the use of the OSKE. Both would be helpful especially to the AME's.

Some support the concept moving away from the ICASM model.

Don't underestimate the issue about the size of the location. The form of presentation is limited only limited by the limit of the presenter.

A discussion about the logistics of the meetings followed. Including panel sessions, presentation.

There is a reason why congresses are done the way they are, but don't move away from the system that works. Demos of something like a centrifuge run and of hypoxia. Who are we going to bring to the meeting? We need topics that are current. We will not find a single format that will answers all. Use the CPC model as in college [grand rounds]of the experts arguing over a case.

Consider a mixture, a formal session and parallel session.

Funding for speakers. We need to decide a budget.

We have the group to look at this.

The risk is not always to attract the experts, but to attract the AME's.

We should keep it simple.

Some feel that the AME's should not be the target. We could have the panels that answer the specialist questions, not to the AME's.

A need to ask the experts.

We need to ask who needs to be asked.

Poster Task.

**Living within our means**

It's important to have a message that the money that we spend, we spend wisely. Today we are spending very little as we are in the institute and using the accommodation. We need to be conscious to book our flights ASAP and find the accommodation. We need to all do our bit to minimise the costs. We need to demonstrate that we are wise in the way that we spend the money.

Is there a role for the auditors?

There needs to be very clear criteria as to how the money is spent. Is the funding sufficient? Do we need to prioritise how the money is used and is it used wisely?

**Business Plan**

This was based on the concept that ESAM would have €50,000 to fund an ECAM. The London budget was £125,000. The Conference Committee will come and present a business model to be considered by the EC.

The main expenditure has been the congress and the revenue has been building. We have a stability of finance. If the conference committee can show the true risk, i.e. not include the room package.

Does everyone get paid by ESAM?

If all requested their costs, the budget would be unable to pay.

We haven't increased our subs. There are issues around how the money is used. Provide the average spend.

The budget needs to be able to reflect the real expected expenses.

We change the EC every two years. The need for fees and support are reviewed. We have to be cautious as to how we might spend our funds, as we might be liable to tax. We will need to look at the subscription issue.

Discussion about the funding followed.

The President thanked all for their patience and input and closed to meeting at 16:40.