

Message from the Chief Medical Officer

Dear AME

During the past few months we have worked hard to ensure that our website is up to date and as easy to use as possible. Do please take a few minutes to browse through the areas you may not normally access as part of your daily work and let us know how you think we could improve it further.

Two important e-mails have been sent to you recently. The first was to inform you about the Scheme of Charges Consultation (effective from April 2010). This contains some proposed changes for differential charging for submitting medical examination reports to the Authority using AME Online or in hard-copy. Details on how to respond are on the CAA website. The consultation closes on 11 December 2009. The second asks you to let us know if you have requested a Licence to Practice (LtP) from the GMC. If you have not responded to us, it is imperative that you do so as it will be a requirement for an AME practising in the UK to hold an LtP from this date. AMEs working outside the UK are not affected.

As a further step in the regulation of doctors the government has drafted legislation on Responsible Officers (RO) and has published the draft text for Consultation. Every doctor practising in the UK will need to report to an RO in the future. I would urge you all to read the guidance published with the consultation to ensure that you are clear on the reporting pathway that is being proposed for you. The Consultation, which is being lead by the Department of Health, closes on 25 October 2009. Full details are on the DH web site: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_086443

I hope you find this newsletter informative.

Best wishes and kind regards,

Sally Evans
Chief Medical Officer

Audit

Reports to AMEs from annual returns

All AMEs who submitted an annual return between January and March 2009 should have received a letter which summarises their activities and will hopefully be of use for any future appraisal. Thank you to those AMEs who took time to provide us with very positive feedback on this. We will e-mail you in December about the annual return form for your activities in 2009. This should be submitted between January and March 2010. If anyone who submitted a return on time has not received a letter please contact Ewan Hutchison at ewan.hutchison@caa.co.uk. We regret that we can no longer accept returns for 2008 or provide letters for appraisal purposes covering activities in 2008 to those who did not submit an annual return on time.

Disposal of clinical waste

AMEs generate clinical waste, usually when assessing haemoglobin, and are responsible for ensuring that it is disposed of safely. AMEs operating from a purpose built medical centre are likely to have arrangements for this in place. If you are operating from other facilities, such as your own home, you must ensure that you are aware of how the waste you generate is classified and that you are compliant with the relevant legislation such as the Hazardous Waste Regulations 2005. Disposing of clinical waste by putting it with other household waste is likely to be a breach of these regulations and may put others, particularly family members, at risk.

Chaperones and intimate examination

The provision of a chaperone to applicants at the time of their medical has been a frequent discussion point during audit visits. We find that AMEs tend to consider chaperones with female applicants but feel uncomfortable raising the issue with male applicants. In many cases there are no formal documents kept to record whether the issue was discussed with applicants, male or female, which may be important if a complaint is subsequently made against the AME.

The General Medical Council guidance on "Maintaining Boundaries" is published on its web site. It states that wherever possible "you should

offer the patient the security of having an impartial observer (a 'chaperone') present during an intimate examination. **This applies whether or not you are the same gender as the patient.** They also advise that "you should record any discussion about chaperones and its outcome".

We strongly advise that all AMEs consult this guidance and ensure that their own practice is consistent with GMC guidance.

[GMC Guidance: Maintaining Boundaries](#)

Good Practice

The following has been selected from our database which records examples of what we feel are good practice.

An AME telephoned the AMS having completed a JAA Class 1 medical. At the medical the pilot's hearing was noted to have deteriorated and so the AME arranged a functional hearing assessment and printed the relevant forms for the pilot from our website. The assessment proved satisfactory and so the AME rang to say that the data for the medical was being entered onto AME Online, including the appropriate limitation, and a certificate was being issued.

Delay incurred by sending the audiogram to the AMS which may then take 10 working days before a letter is sent out informing the pilot they need a functional hearing assessment, with the results sent back to us for review and certificate issue, was avoided.

AME Online

Implementation of European Class 3 for ATCOs

On 1st September the new requirements for ATCOs were implemented and the AME Online system updated accordingly. As with any new process there have been a couple of areas which have needed clarifying/amending.

Limitations

JAA limitations should not be applied to UK Class 1s (Flight Engineers and Flight Navigators) or European Class 3s (ATCOs). Although the system will allow users to add a JAA limitation to screen 7

of the Routine Medical (even if the entry was put on the tracker as a UK Class 1 or European Class 3 medical), it will not print out on the FE/FN or ATCO certificate. Please only use the appropriate UK/European Class 3 limitations, as follows:

UK Class 1 Flight Engineers or Flight Navigators	European Class 3 ATCOs
CLL	APC
NVL	ATL
SLL	AUD
AUD	CLL
RLL	IGR
	RLL
	VSA

Removing limitations

The AME Online system has previously allowed AMEs to alter some limitations. This however is contrary to JAR and our [limitations guidance](#) document and so, as some of you have already noted, we have had to amend AME Online and you will no longer be able to remove limitations.

Guidance document

A couple of the pages in the [UK CAA Guidance document for ATCOs](#) have been amended and, for those of you who have already printed out a hard copy, updated pages are available at the end of this newsletter.

- Contents page – updated with page numbers;
- Page 86 – HIV and Sleep Apnoea text amended;
- Page 106 – Renal algorithm inserted;
- Last two pages renumbered.

AME Online Rollout plan

Further to Dr Evans' email of 18 September, we would urge you to contact us as soon as possible if you are not already utilising the AME Online system. Dates for going online will be allocated on a 'first come, first serve' basis. Please contact Medical Department's Business Manager, Katherine Bradley by e-mailing katherine.bradley@caa.co.uk or by telephoning 01293 573665.

New process for applicants whose audiogram is outside the limits

Further to item 0063 of the Notification Index (dated 18/6/2009), when loading an audiogram for a JAA Class 1 medical that is outside the requirements, but acceptable for issue of the medical certificate, please ensure the correct result type (*2a-Abnormal/Acceptable JAA Class 1*) is used. Users should not be entering a result of "Normal Acceptable".

Updating pilots information online

We continue to have letters returned to us by the postal service or receive 'distressed' phone calls from pilots and ATCOs because they have not received correspondence from us because their personal details have not been updated at the time of their last medical. Please ensure that the address, telephone number, general practitioner details etc are correct (and match the MED160 form) when you complete a medical online. In addition, information such as previous medical history and current medications is very important, as is current employment and flying history. These should also be updated at **EVERY** medical. If you are having difficulty with this, then please contact us for assistance by calling **01293 573700** then selecting '1' for medical and '5' for AME Online technical queries.

The 'flashing yellow paperclip'

When you are reviewing a pilot's record on-line, you may notice a flashing yellow paperclip icon at the top right-hand of your screen. Please click on this and read it before performing the medical, as it is likely to contain an important message from us, about the applicant.

In particular the applicant may have changed their state of licence issue from the UK to another JAA member state. In these circumstances the medicals must not be loaded online. The medical report must be completed using the Med160, 161 forms etc.

Web

There have been a number of updates to pages on our website, as listed below.

- At the end of June the Medical Flight Test forms were added to the list of Documents for Download on the web
[Medical Flight Test Form \(General\)](#)
[Medical Flight Test Form \(Sub-standard vision in one eye\)](#);
- In August the minutes to the [January 2009 MAP](#) meeting were uploaded;
- On 1st September the European Class 3 requirements were implemented and a number of pages have been updated and new pages uploaded
[ATCO Home Page](#)
[Guidance documents](#)
[Forms](#)
[Algorithms](#);
- Also in September the [Medical Appeals procedure](#) was updated.
- October 2009 the [Administration](#) section was been modified slightly, for clarity, and links to "SpecCalc" and the Certificate Validity Table have been added.

Other

Submitting Medical Forms Promptly

Over the last few months we have had a number of pilots contacting us regarding medical certificates we had no record of. Many had made licence applications that had been rejected because of this. In most cases it transpired that a medical had taken place and a certificate issued but their AME had not submitted any paperwork in some cases up to 18 months after the medical. An AME's terms and conditions of approval states that "Medical examination reports and information shall be submitted to the AMS promptly." JAR FCL 3 indicates this should be within 5 days of the medical. Occasionally it is acceptable to go beyond this time limit, for example where further information is required before an assessment can be completed. If you are still using paper report forms please ensure they are sent to us within a few days of the medical examination.

"SpecCalc"

AMEs who have been appointed since the closure of our AME Forum may not be aware of the spectacle calculator (*SpecCalc*) created by our

optometrist, Adrian Chorley. The calculator allows you to enter your applicant's prescription details and from the result you will be able to see immediately whether they are acceptable for Initial/Revalidation/Renewal certification. The calculator is now available in the AME Area of our website, within the [Administration](#) section. Please note that the applicant name and CAA Reference number fields are protected, so you will need to print off the result and hand-write these details in if you require a hard copy.

Amendments to Review of Approval of an AME Policy

The CAA's policy for reviewing the approval of an AME was introduced in December 2008 (see Guidance Documents/Notification Index in AME Area on CAA Website). This outlines the process whereby an approval may be suspended or revoked. Until now there were no time constraints set on this process in relation to how long a suspension might last and when the process for revocation would start.

The CAA has reviewed and revised this policy to ensure that it is in line with other policies on approvals that exist elsewhere within the Safety Regulation Group. The latest version of this policy is available on the [CAA Website](#).

Applicant's name & date on ECG

Please remember to write the name of the applicant on the ECG and ensure that the correct date has also been recorded. In addition you should also write the correct code on any computer read ECGs.

For pilots the codes are:

- 55 Normal/Acceptable JAA 1/UK 1 Computer Read
- 56 Abnormal JAA 1/UK 1 Computer Read to AMS

For ATCOs the codes are:

- 58 Normal Acceptable Euro 3 Computer Read
- 59 Abnormal Euro 3 Computer Read to AMS

Uncorrected visual acuity

Uncorrected visual acuities need to be measured and recorded online or on the Med 161 (or 162 if appropriate) at all examinations. Initial Class 1 applicants who wear contact lenses must be

advised when they book their medical to remove them for at least 48 hours prior to their appointment.

[JAR-FCL 3.215 (b)(2) and 3.215 (c)(2) – Class 1]
 [JAR-FCL 3.335 (b)(2) and 3.335 (c)(2) – Class 2]

AMEs change of address and e-mail

With every notification we e-mail to AMEs we always receive a few returns from servers where the address has not been recognised. If you have received this newsletter then it is safe to assume that we have an up to date e-mail address. Please remember, that if you change this address in the future, to let us know. The AME terms and conditions of approval state "any change in practice address, postal address, email address or contact telephone number shall be notified to the CAA as soon as possible".

Links

- [Department of Health Consultation](#)
- [GMC Guidance: Maintaining Boundaries Limitations Guidance Document](#)
- [Medical Flight Test Form \(General\)](#)
- [Medical Flight Test Form \(Sub-standard vision in one eye\)](#)
- [January 2009 MAP](#)
- [ATCO Home Page](#)
- [Guidance documents](#)
- [Forms](#)
- [Algorithms](#)
- [Medical Appeals procedure](#)
- [Administration Section](#)
- [Speccalc](#)
- [Certificate Validity Table](#)
- [Policy on Review of AME approval](#)



European Class 3 medical Certification Implementation Documentation

Effective

Tuesday
29 September 2009

Amendment 1

Page	Item	Change
Contents	Text	Page numbers added to list of contents and hyperlinks to pages added
86	Text	Sleep Apnoea paragraph amended to read " <i>Please refer to AMS</i> " HIV paragraph amended to read " <i>Please refer to AMS</i> "
106	Algorithm	Renal Stones algorithm inserted
1-108	Numbering	Pages renumbered

Contents

1. Introduction.....	3
2. Definitions and Abbreviations.....	7
European Class 3 Abbreviations and Acronyms	9
Definitions.....	10
3. Transitional Arrangements	11
Deferred UK Class 1 applicants	13
UK Class 1 holders who are made “temporarily unfit”	13
4. Grandfather Rights	15
5. Initial European Class 3 Medical Certification	21
6. Role of the Aeromedical Section	25
7. Role of the Aeromedical Centre	27
8. AME Approval and Training	31
Approval of Aeromedical Examiners (AMEs)	33
Approved Medical Examiner (AME) Training	33
Refresher Training.....	33
9. Administration.....	35
Notification of revalidation or renewal of medical certification	37
ECGs for European Class 3 certification	37
Change of State of Licence Issue	39
SOLI form	40
Mutual recognition of European Class 3 medical certificates	41
10. Medical Review Procedures.....	43
Fit/Temporarily Unfit (TU) Process	45
Deferrals Procedure	45
Denial Procedure.....	45
11. Medical Appeals Procedure	47
12. Documentation	51
Medical Application forms	53
European Class 3 Medical Certificate	63
Denial Form.....	67
13. Limitations/Endorsements	71
Standard limitations.....	73
Proximity endorsements.....	73
Grandfather rights - IGR.....	73
New spectacle limitation for ATCOs – VSA.....	74
14. Requirements	75
Comparison of European Class 3 to UK Class 1 Requirements	77
Summary Table Of Requirements	78
Visual Standards – Initial.....	79
Visual Standard - Revalidation/Renewal	80
Colour Vision	81
Refractive Surgery.....	81
Audit	82
Blood testing.....	82
Hearing Standards	82
Audiogram Outside range	83
OSD Form	84
Over 65 Cardiology Review.....	85
Diabetic Medication	85
Pregnancy	86
Hayfever	86
Oncology	86
Sleep Apnoea.....	86
HIV	86
15. Algorithms	87

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Over 65 Cardiology Review

EMCR(ATC) 2: Cardiovascular System, para 2.1.2(d)

At the age of 65 years, an exercise ECG to the Bruce protocol is required and then at four yearly intervals.

Diabetic Medication

EMCR(ATC) 5: Metabolic, Nutritional and Endocrine Diseases

European Class 3 certificate holders are required to undertake:

1. An annual diabetic review by a diabetic specialist/endocrinologist or GP

A medical report should be forwarded to the CAA to include the results of blood tests (HbA_{1c}, urea & electrolytes, lipids), urinalysis, details of current medication, specific comment on diabetic control and whether there are any renal, neurological or ophthalmology complications of diabetes.

2. An annual cardiology review by a cardiologist

A medical report should be forwarded to the CAA to include the results of an exercise ECG (performed to the attached Bruce Protocol) with an assessment of cardiovascular risk factors (eg lipids, blood pressure).

This is the minimum frequency of review and additional investigations or reviews may be required at the discretion of the CAA Aeromedical Section.



Diabetic Treatment Options

MEDICATION	European Class 3 Certification
Diet	Acceptable
Alpha-glucosidase inhibitors Acarbose	Acceptable
Biguanides Metformin	Acceptable
Thiazolidinediones Rosiglitazone, Pioglitazone	Acceptable if: mono-therapy or in combination with alphaglucoSIDase inhibitors, or in combination with biguanides <i>BUT</i> <i>NOT ACCEPTABLE with a sulphonylurea</i>
Sulphonylureas eg, Gliclazide	<i>NOT ACCEPTABLE</i>
Insulin Secretagogues (Meglitinides) Repaglinide Nateglinide	<i>NOT ACCEPTABLE</i>
Insulin	<i>NOT ACCEPTABLE</i>

Pregnancy

EMCR(ATC) 9: Gynaecology and Obstetrics

After an ATCO has informed us of their pregnancy, if they are clinically well, they remain fit to control until 6 weeks before their estimated date of delivery (EDD).

At the post-natal check (a minimum of 4 weeks after delivery), if the ATCO has been advised by their GP or midwife that all is satisfactory, they can return to controlling duties. There is no requirement to inform us and a post-natal medical report is not required.

Hayfever

The following medication is acceptable, if there are no side-effects experienced:

- Clarityn (Loratadine)
- Neoclarityn (Desloratadine)
- Telfast (Fexofenadine)
- Zirtek (Cetirizine)
- Beconase nasal spray
- Flixonase nasal spray

A trial dose should be taken when not controlling to ensure there are no side-effects from the medication.

Oncology

Applicants with a history of a malignancy should be referred to the AMS for certificatory assessment.

Sleep Apnoea

EMCR(ATC) 3: Respiratory System, paras 3.2(i) and 3.2.7

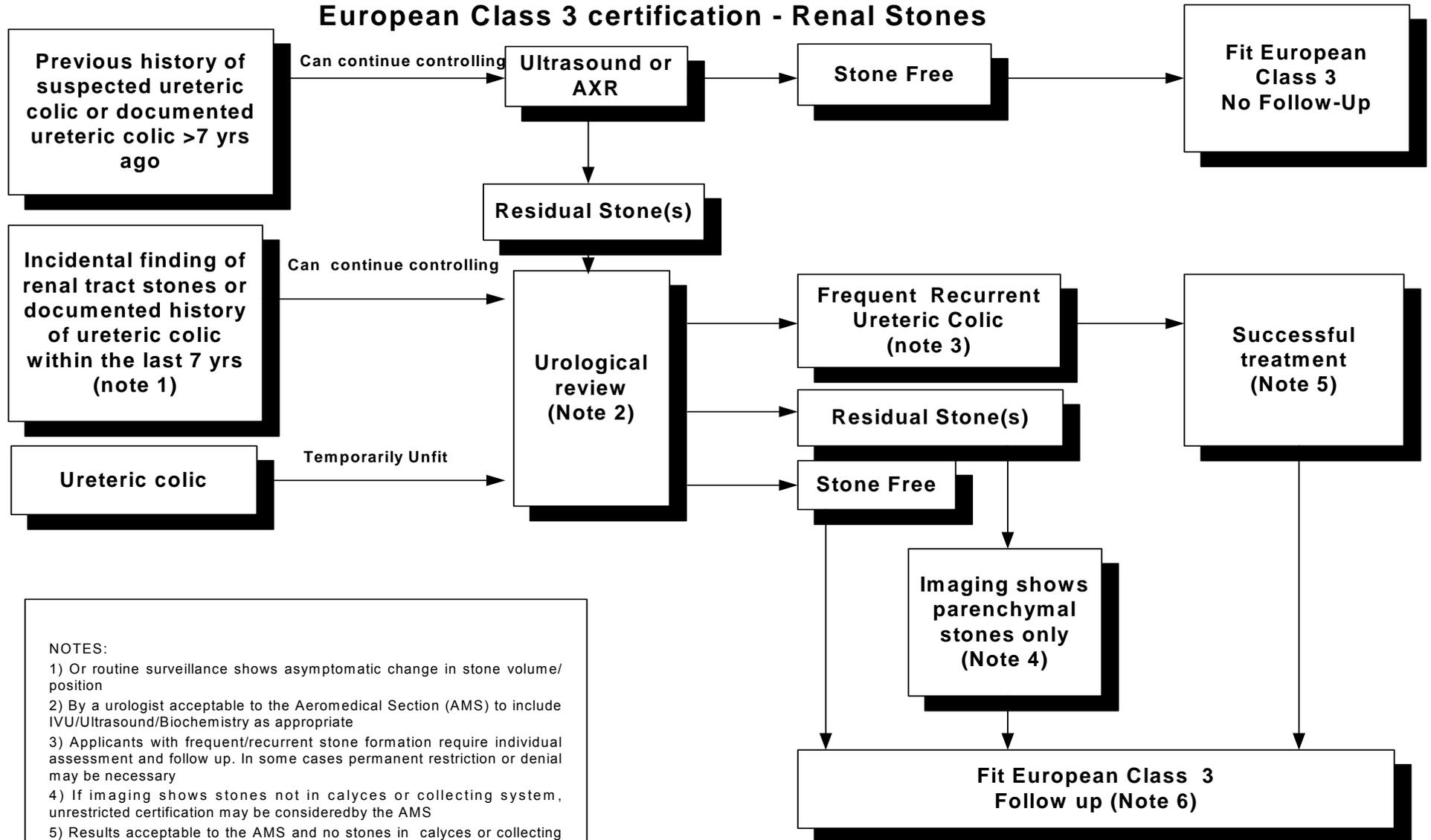
Please refer to the AMS.

HIV

EMCR(ATC) 8: Sexually Transmitted Diseases and Other Infection, paras 8.1(b), 8.1.2 and 8.1.3

Please refer to the AMS.

European Class 3 certification - Renal Stones

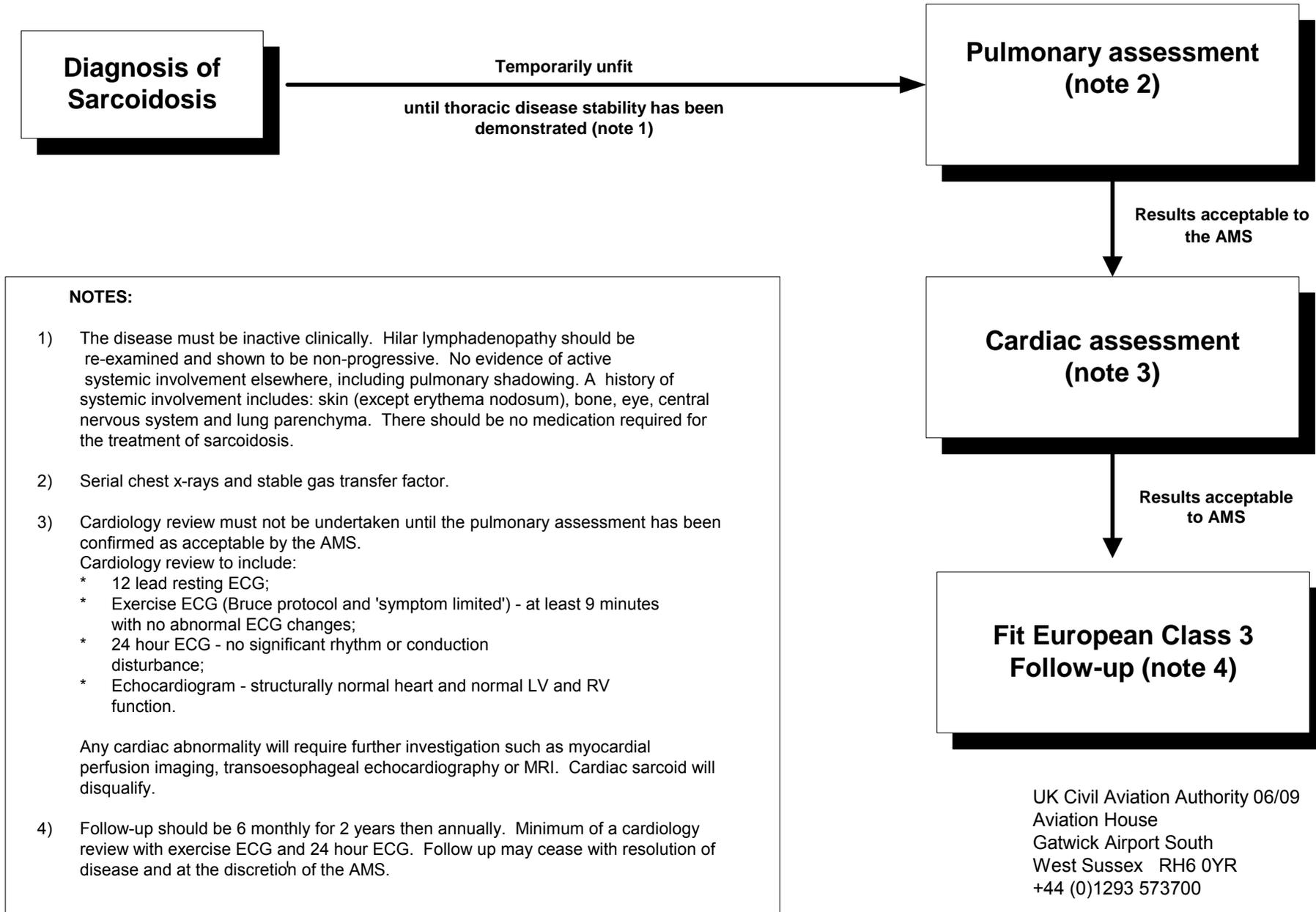


NOTES:

- 1) Or routine surveillance shows asymptomatic change in stone volume/ position
- 2) By a urologist acceptable to the Aeromedical Section (AMS) to include IVU/Ultrasound/Biochemistry as appropriate
- 3) Applicants with frequent/recurrent stone formation require individual assessment and follow up. In some cases permanent restriction or denial may be necessary
- 4) If imaging shows stones not in calyces or collecting system, unrestricted certification may be considered by the AMS
- 5) Results acceptable to the AMS and no stones in calyces or collecting system
- 6) Surveillance imaging shows no recurrence and/or change in volume / position of stone(s): AXR or Ultrasound at years 2 & 7

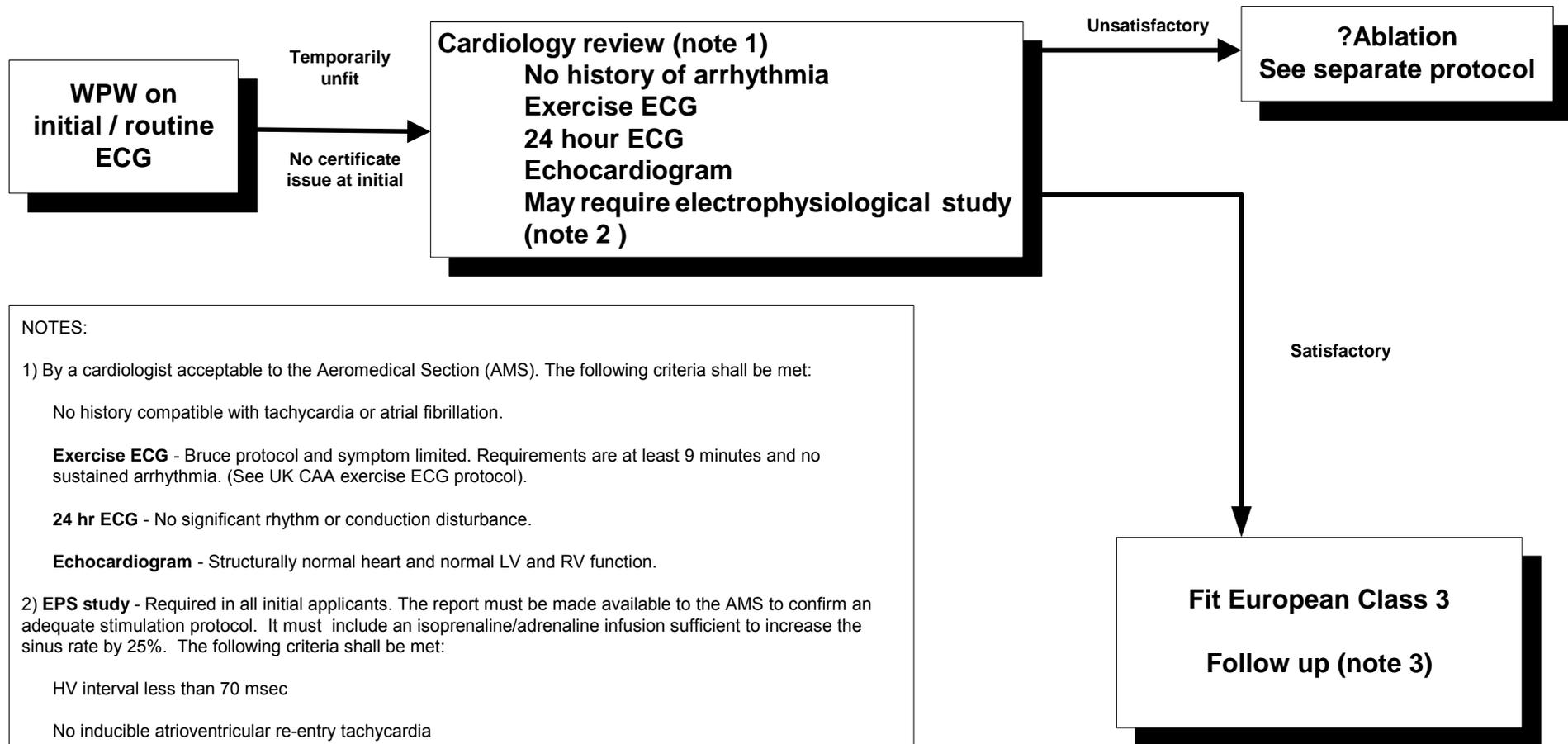
UK Civil Aviation Authority 06/09
 Aviation House
 Gatwick Airport South
 West Sussex RH6 0YR
 UK +44 (0)1293 573700

European Class 3 certification - Sarcoidosis



UK Civil Aviation Authority 06/09
Aviation House
Gatwick Airport South
West Sussex RH6 0YR
+44 (0)1293 573700

European Class 3 certification - Wolff-Parkinson-White (WPW) pre-excitation



NOTES:

1) By a cardiologist acceptable to the Aeromedical Section (AMS). The following criteria shall be met:

No history compatible with tachycardia or atrial fibrillation.

Exercise ECG - Bruce protocol and symptom limited. Requirements are at least 9 minutes and no sustained arrhythmia. (See UK CAA exercise ECG protocol).

24 hr ECG - No significant rhythm or conduction disturbance.

Echocardiogram - Structurally normal heart and normal LV and RV function.

2) **EPS study** - Required in all initial applicants. The report must be made available to the AMS to confirm an adequate stimulation protocol. It must include an isoprenaline/adrenaline infusion sufficient to increase the sinus rate by 25%. The following criteria shall be met:

HV interval less than 70 msec

No inducible atrioventricular re-entry tachycardia

Delta-delta interval during atrial fibrillation >300 msec (>250 msec with isoprenaline)

Antegrade refractory period of accessory pathway >300 msec (>250 msec with isoprenaline)

Cycle length with 1:1 accessory pathway conduction >300 msec (>250 msec with isoprenaline)

No evidence of multiple pathways

The report will be reviewed by the AMS. In difficult cases a secondary review panel of cardiologists will be convened.

3) Follow up shall be at the discretion of the AMS.

UK Civil Aviation Authority 06/09
 Aviation House
 Gatwick Airport South
 West Sussex RH6 0YR
 +44 (0)1293 573700