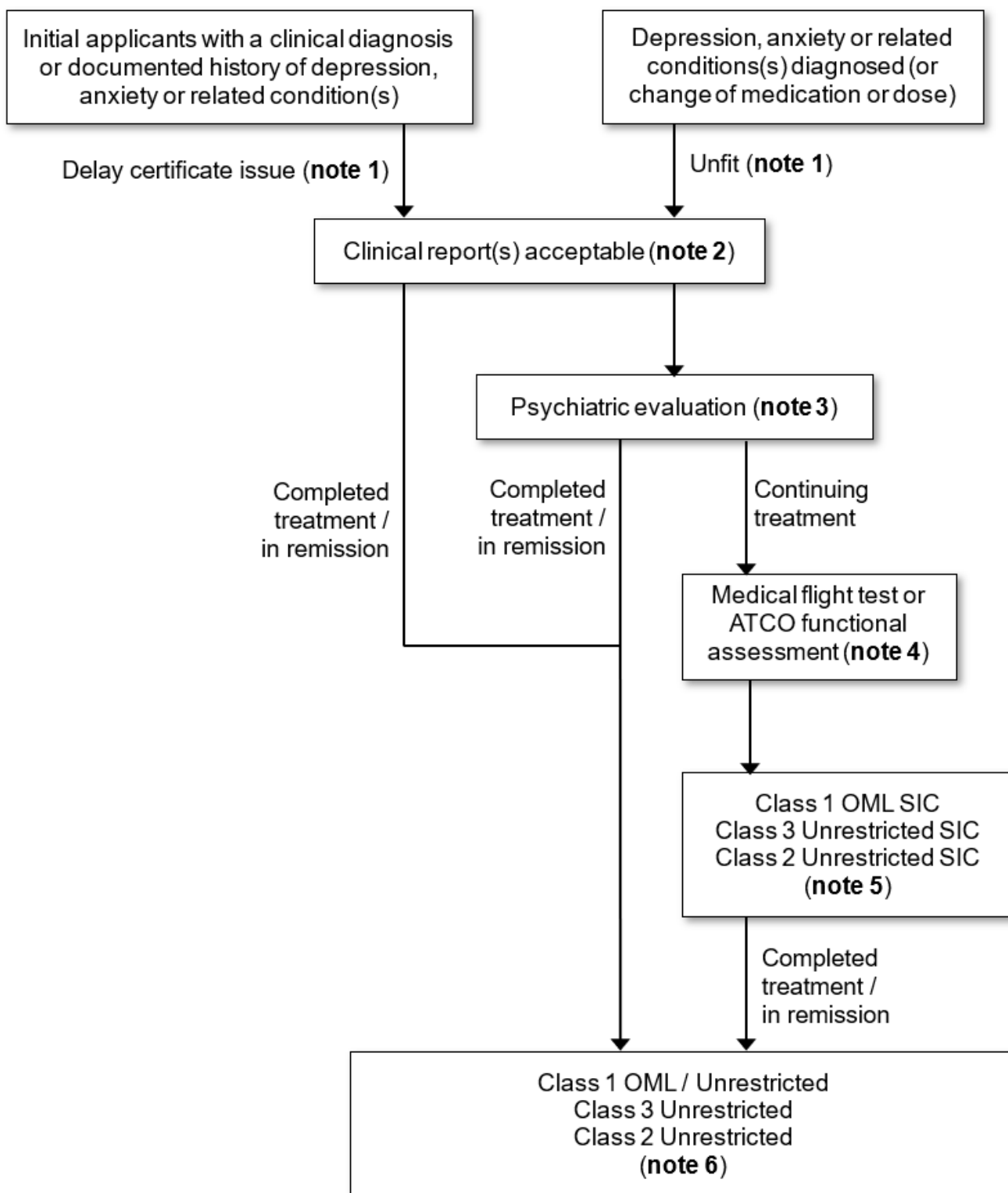


Class 1 / 2 / 3 certification – depression, anxiety and related conditions

This flow chart sets out the medical certification process for pilots and air traffic controllers with a history or diagnosis of depression, anxiety and related conditions.



Diagnosis, documented medical history or change of medication (note 1)

Existing certificate holders with a new diagnosis or recurrence of symptoms should be assessed as unfit and can be considered for assessment after a minimum of 4 weeks following resolution of symptoms.

If being treated with antidepressant medication and the type or dosage is changed, then a further minimum 4 week period (or 8 weeks for fluoxetine and possibly longer for other agents not listed in **note 2**) of unfitness is required.

Class 1 and 3

Initial Class 1 and 3 applicants with a clinical diagnosis or documented history of depression, anxiety or related condition(s) should be referred to a CAA medical assessor with appropriate reports, provided they remain in remission.

Existing Class 1 and 3 certificate holders with a new diagnosis, recurrence of symptoms or change in type or dose of medication(s) should be referred to a CAA medical assessor with appropriate reports once they have achieved remission.

The CAA medical assessor will decide whether CAA or local specialist assessment is required.

Class 2

Initial Class 2 applicants with a clinical diagnosis or documented history of depression, anxiety or related condition(s) and existing Class 2 certificate holders with a new diagnosis or recurrence of symptoms will not usually need to be referred to a CAA medical assessor, but the aeromedical examiner (AME) may wish to consult with a CAA medical assessor prior to completing their assessment once the applicant has achieved remission.

Clinical reports (note 2)

Report(s) from the treating physician (GP and / or specialist) should be available to the CAA medical assessor (Class 1 and 3) or AME (Class 2) and confirm full recovery or that the applicant is in remission without symptoms, with or without continuing stable acceptable treatment:

- any psychological treatments that are recommended by National Institute for Health and Care Excellence (NICE), and / or
- SSRIs: citalopram, sertraline, escitalopram or fluoxetine within normal BNF dose range are acceptable as maintenance therapy

Other antidepressant medication (for example, licenced SNRIs) may be considered on an individual basis. When assessing these cases, the following will be considered:

- demonstrated stability of the underlying condition
- stability of medication type and dose
- absence of significant adverse effects
- evidence of reliable adherence to treatment
- absence of significant discontinuation effects
- structured follow up arrangements

Psychiatric evaluation (note 3)

For Class 1 and 3 cases, the CAA medical assessor will determine if assessment with a CAA specialist advisor in psychiatry is required, depending on the clinical history and treatments provided.

Assessment by a CAA specialist advisor in psychiatry will normally be required in all Class 1 and 3 cases where the applicant is still undergoing therapy and / or taking acceptable antidepressant medication prior to recertification or issue of initial certificate.

In Class 2 cases, this evaluation may be conducted by a qualified psychiatrist having adequate knowledge and experience in aviation medicine or a local psychiatrist in accordance with the [CAA guidance for psychiatric reports](#).

The assessment should include a review of reports and the Hamilton Depression Scale (a score of 7 or less may be acceptable) or clinician-administered equivalent, as well as a prognosis and risk of recurrence, whether causing subtle impairment or acute partial or complete incapacitation.

If the type or dosage of the antidepressant medication has been changed, or the condition is not stable, then further period(s) of unfitness shall be required until both dose and condition are stable. Further report(s) from the treating physician may be required. If the antidepressant medication is being discontinued, the earliest return to fitness is 4 weeks after ceasing citalopram, sertraline and escitalopram, 8 weeks after ceasing fluoxetine, or longer in more complex cases. Psychiatric evaluation will usually be required.

Functional assessment (note 4)

For all those continuing antidepressant medication, a [medical flight test](#) (MFT) or [ATCO functional assessment](#) is required. This should be repeated if the type of medication is changed or the dosage increased.

For initial applicants who have not yet commenced flight training and may therefore find it difficult to arrange an MFT prior to certification, a medical certificate may be issued with a TML endorsement limiting the period of validity. The MFT should then be completed at an early stage of training, with the outcome reviewed by the AME without the need for referral to the CAA.

Certification and follow up (note 5)

Following certification, provided the condition is stable, in remission and the certificate holder is not on antidepressant medication, no further assessment beyond routine aeromedical examination is anticipated.

For individuals who remain on antidepressant medication, and in more complex cases, periodic follow up is required.

Class 1 and 3

The frequency and arrangements for follow up will be determined by a CAA medical assessor (in consultation with a CAA specialist advisor in psychiatry where necessary). Typically, initial follow up should take place within 3 months, then 6 monthly, reducing to annually following a sufficient period of stability. Buddy reports may be required.

Class 2

Follow up may be managed by an AME (in consultation with a CAA medical assessor where necessary) and may be conducted by a local psychiatrist, GP or AME as appropriate. Follow up reports do not need to be referred to a CAA medical assessor but should be reviewed and uploaded to the medical record by the AME.

Reports should include a review of the applicant's

- clinical condition and stability
- absence of pertinent symptoms
- evidence of compliance with medication (and / or therapy) and absence of side effects
- risk assessment (suicidal ideation, substance misuse)
- planned follow up frequency
- risk of symptom recurrence
- perpetuating and protective factors, as well as overall functional performance

Where appropriate, clinical questionnaires such as PHQ9, GAD7 or Hamilton Depression Scale may be used to aid the follow up assessment.

In addition to the above, for all classes re-assessment by an AME will be required if any of the following occur:

- a change in the condition, or
- for those taking antidepressant medication, a change in the dose or type of antidepressant medication being used

An OML – operational multicrew limitation will be required in Class 1 cases where an individual continues to take antidepressant medication.

A SIC – specific regular medical examination(s) – will be applied to a medical certificate where ongoing follow up is required to maintain certification.

Removal of endorsements (note 6)

Removal of endorsements can usually be considered following a sufficient period of demonstrated stability. Unrestricted Class 1 (without OML) is usually possible 6 months following discontinuation of antidepressant medication, although a longer observation period may be required in more complex cases.

A further psychiatric evaluation will usually be required prior to removal of limitations, particularly where there are any residual clinical concerns or where the clinical history is more complex.