

Guidance Material for UK GPs on Decrease in Medical Fitness for LAPL pilots

NOTES

The key functional abilities for flying are for good vision and hearing together with the strength and coordination similar to that needed to drive a car. Medical incapacitation (particularly if unheralded) can pose more of a risk in the air as the pilot cannot 'pull-over' to deal with an acute medical issue. In the air, pilots are also potentially subjected to noise and g-forces, and hypoxia & cold with increasing altitude.

- 1) Licence holders shall not exercise the privileges of their licence and related ratings or certificates at any time
 - a) when aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges
 - b) when taking any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence
 - c) when receiving any medical, surgical or other treatment likely to interfere with flight safety
- 2) Licence holders shall, without undue delay, seek fitness advice from the General Practitioner (GP) or Aeromedical Examiner (AME) who issued their medical certificate when they:
 - a) have undergone a surgical procedure or invasive procedure
 - b) have commenced the regular use of any medication
 - c) have suffered any significant personal injury or illness involving incapacity to function as a pilot for at least 21 days
 - d) are, or have reason to believe, they are pregnant
 - e) have been admitted to a hospital or medical clinic
 - f) first require corrective lenses
- 3) After illness or injury, the GP may only advise of fitness if a complete recovery has been made with no residual disability, no untoward effects of medication, and no increased incapacitation risk. **Cases of doubt should be referred for examination/assessment by an AME.** Medical reports from treating doctors may be required. Medical Flight Tests may be required.
- 4) The UK LAPL medical standards (AMC1 to UK Part MED.B.095) can be accessed on the CAA website (link). Special consideration should be made of pilots with multiple conditions. **The following conditions will normally require assessment by or referral to an AME or AeMC:**

<ul style="list-style-type: none"> Reduced visual acuity in <u>either</u> eye below 6/9 despite any correction Visual field defect Need for hearing aid(s) Angina/coronary disease Cardiac valve replacement Recurrent fainting Cerebral disorders Use of antidepressant medication Major surgery 	<ul style="list-style-type: none"> Sedative medication Diabetes requiring medication Implanted cardiac device Chronic lung disease Organ Transplant Alcohol/substance misuse Psychotic disorder Endocrine disorder 	<ul style="list-style-type: none"> Physical disability Malignant disease Heart failure Pneumothorax Epilepsy Personality disorders Learning difficulties Sleep disorder
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- 5) GPs can apply a limitation to wear glasses or maintain existing limitations. The application of other limitations requires referral to an AeMC or AME
- 6) Applicants who have one or more limitations applied, or who are assessed as unfit, have a right of appeal to the CAA.

Fees for assessment and/or provision of reports are the pilot's responsibility

