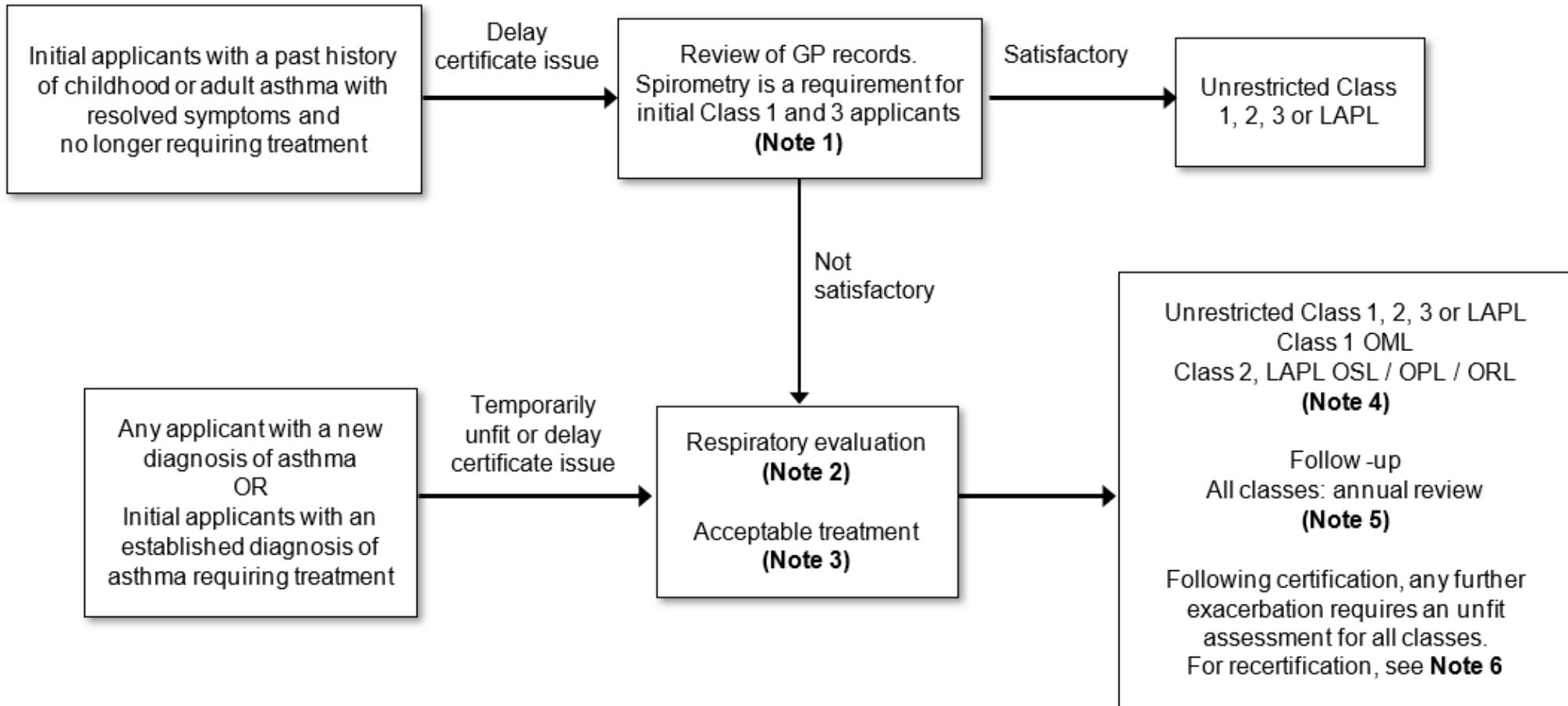


Class 1, 2, 3 & LAPL certification - asthma

This flow chart sets out the pathways for medical certification of pilots and air traffic controllers with a history or diagnosis of asthma.



Spirometry and review of GP records (Note 1)

- Satisfactory review of GP records including prescription history should demonstrate that there have been no symptoms or exacerbations and no treatment for at least five years for Class 1 & 3, two years for Class 2 and one year for LAPL applicants.
- Class 1 & 3 applicants require satisfactory spirometry results, with $FEV_1 / FVC \geq 70\%$, and FEV_1 and FVC within the normal range of the predicted value.

If satisfactory, the fitness assessment for initial Class 1 & 3 applicants can be made by an aeromedical examiner (AME) at an aeromedical centre (AeMC), and for initial Class 2 and LAPL applicants by an AME.

If not satisfactory, or if there is any adverse history, respiratory evaluation will be required (Note 2).

Respiratory evaluation (Note 2)

Any adverse history within the past five years for Class 1 & 3, two years for Class 2 or one year for LAPL applicants is normally disqualifying for initial certification.

Applicants may be reconsidered for certification after the relevant period has passed without an adverse occurrence.

Adverse history includes, but is not limited to:

- severe / life threatening attacks
- hospital admissions, urgent treatment at A&E
- urgent / ongoing treatment with a nebuliser
- previous ventilation
- brittle asthma
- treatment at a tertiary centre

Class 1 & 3: report from a respiratory specialist:

- a report from a respiratory specialist should include spirometry, a fractional exhaled nitric oxide (FeNO) test, a validated symptom questionnaire such as the [Asthma Control Test™ \(ACT\)](#), and a review of GP records and prescription history
- if the asthma diagnosis is in doubt, further testing, for example, a bronchial challenge test, may be required
- further details of requirements for [respiratory reports](#) are available

Class 2 & LAPL: report from a GP:

- a report from a GP should include spirometry or serial peak flow readings, a validated symptom questionnaire such as [an ACT](#), any exacerbations or adverse history, prescription history and adherence to treatment
- a Class 2 applicant with an FEV_1/FVC ratio $<70\%$ on spirometric examination will require evaluation by a respiratory specialist
- depending on symptom control, severity and frequency of exacerbations, adherence to treatment and any adverse history, evaluation by a respiratory specialist may be required
- note that the LAPL medical examination must be performed by an AME

Treatment (Note 3)

Treatment should be based on achieving optimum control and in accordance with recognised guidelines developed by the [British Thoracic Society](#) (BTS), [National Institute for Health and Care Excellence](#) (NICE) and [Scottish Intercollegiate Guidelines Network](#) (SIGN).

Maintenance and reliever medication should be available when flying or controlling.

Acceptable medication

- inhaled long and short acting β 2 agonists
- inhaled corticosteroids
- montelukast requires confirmation from the treating physician that there are no neuropsychiatric side effects

Unacceptable medication

- oral theophylline
- steroid-sparing agents, for example, methotrexate, cyclosporins, azathioprine
- monoclonal antibodies
- long and short acting muscarinic receptor antagonists, for example, tiotropium, ipratropium bromide

Note: Oral steroids are not acceptable for Class 1 & 2 applicants. A low dose of oral steroids (≤ 10 mg prednisolone or equivalent) may be acceptable for Class 3 & LAPL applicants as indicated in the acceptable means of compliance (AMC1 ATCO.MED.B.015 and AMC3 MED.B.095).

Medical certification (Note 4)

The medical report should confirm satisfactory lung function, and stable and well-controlled asthma on acceptable medication.

- for all Class 1 applicants, the specialist's report should be referred to a CAA medical assessor
- for Class 3 applicants, if the specialist's report is satisfactory, certification may be undertaken by an AME at an AeMC; in all other cases, the report should be referred to a CAA medical assessor
- for Class 2 & LAPL applicants, the GP / specialist's report can be assessed by an AME

Operational limitations (OML for Class 1 or OSL / OPL / ORL for Class 2 & LAPL applicants) may be required if there are clinical features of concern, for example, poor adherence to treatment, frequent exacerbations or repeated courses of oral steroids.

Follow-up (Note 5)

All applicants require at least an annual review and a report from their GP practice or respiratory specialist, including a validated symptom questionnaire such as [an ACT](#). If asthma is stable and well-controlled, follow-up reports can be assessed by an AME. If there are concerns about fitness, Class 1 & 3 cases can be referred to a CAA medical assessor. It may be appropriate to apply a TML, depending on the validity of the certificate.

For all classes, depending on history, symptom control, severity and frequency of exacerbations, and adherence to treatment, there may be a requirement for more frequent follow-up or a review by a respiratory specialist.

Acute exacerbations (Note 6)

This note applies to applicants who have previously undergone certificatory assessment according to the pathway for applicants with a new diagnosis of asthma and initial applicants with an established diagnosis of asthma.

An acute exacerbation of asthma is the presentation of symptoms including, but not limited to, wheezing, coughing, chest tightness or shortness of breath which requires treatment such as nebulised medication, oral steroids or antibiotics.

An acute exacerbation requires an **unfit assessment** for all classes.

A fitness assessment may be considered by the AME at least two weeks after completion of any course of oral steroids and antibiotics prescribed for the exacerbation, once fully recovered and when asthma is stable and well-controlled on acceptable medication. A shorter period of one week could be considered for Class 3 applicants demonstrating full recovery, stability and control.

For an exacerbation requiring hospital admission or urgent treatment at A&E / by GP, the discharge summary and a respiratory evaluation by a respiratory specialist (Class 1 and 3) or GP (Class 2 and LAPL) will be required before any fitness assessment may be considered. Class 1 & 3 applicants should be referred to a CAA medical assessor.

For recurrent exacerbations (more than 2 in a month or more than 4 in a year), a review by a respiratory specialist may be required.

Operational limitations (OML for Class 1 or OSL / OPL / ORL for Class 2 and LAPL applicants) may be appropriate. If there are concerns about fitness, Class 1 & 3 applicants may be referred to a CAA medical assessor.