June 25

UK Civil Aviation Authority

PILOT HEALTH AND PERFORMANCE

SAFETY SENSE

SSL 24

Your safety sense leaflet for:
Pilot health and performance

This Safety Sense Leaflet (SSL) is an introduction to pilot health and performance, including the considerations pilots must make before flight. SSLs are aimed at private pilots and this leaflet includes guidance on the health risks associated with flying and how to stay healthy as a pilot.

In order to exercise the privileges of their licence, UK private pilots are required to hold either a UK Part-MED certificate or to have made a Pilot Medical Declaration (PMD) where permitted. This leaflet provides a summary of the requirements of these two systems for certifying your medical fitness for private flying.

Guidance is also included for flying instructors regarding the health and performance of pilots who they train and assess.

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Your health and performance

Being a safe pilot requires an appropriate level of human mental and physical performance. A variety of issues can interfere with human performance including (but not limited to) health problems.

Factors affecting human performance

As part of assessing your personal fitness to fly, you should make an assessment of your likely performance, taking the following factors into account:

Stress

Stress is the reaction people have to excessive pressures or other types of demand placed on them and is an inescapable part of human life. It is impossible to live without experiencing some degree of stress, whether at home, during your work role or at leisure. An optimum amount of stress is necessary for an individual to function efficiently, but excessive physical or mental stress will reduce performance.

Fatigue

Fatigue is a physiological state of reduced mental or physical performance capability. It is recognised to increase reaction time, reduce motor skills and leads to reduced vigilance, concentration, and memory. These factors directly increase the risks from flying and so ensuring that you are fully rested prior to acting as a pilot is critical.

Hydration and nutrition

Both diet and hydration status directly affect performance. Skipping meals as well as fasting for health or religious reasons can lead to low energy levels, mood swings, or even stomach issues mid-flight. Dehydration subtly degrades your performance by causing fatigue, headaches, and a lack of alertness and can be exacerbated by the thermal stress of a light aircraft cabin in hot summer conditions.

Alcohol

In the UK, pilots must not exercise the privileges of their licence if their blood alcohol concentration exceeds 20 mg per 100 ml of blood. These standards are specified in UK law and are more stringent than current driving alcohol standards. In practice, any alcohol consumed in the previous 24 hours could lead to a positive alcohol test.

Mental health

Mental health conditions like anxiety or depression can be related to stressful situations but may have more long-lasting effects which do not resolve immediately as stress is removed. Feeling persistently low or anxious will affect your concentration, decision-making and response times, and as a result it is critical to acknowledge when you are not mentally at your optimal level – take a pause from flying and seek medical advice.

General health and flying

Pilots must be aware of their state of health. Symptoms, which some may find trivial, for example mild earache or the common cold, can become much worse when flying. Whilst a medical assessment by a doctor may be reassuring, assessments carried out by non-aeromedical specialists, who may not have experience with the environment pilots encounter whilst flying, can be less reliable than a pilot's self-determination of fitness or unfitness.

Even when you hold the correct medical certificate or declaration, you need to actively assess and decide that you are fit to fly, each time you walk out to the aircraft.

As well as upper respiratory tract infections, other common medical conditions that can affect flight safety include gastroenteritis and food poisoning. Any injuries or other musculoskeletal conditions can cause important functional limitations that may affect safe handling and control of the aircraft, or safe egress, particularly in an emergency.

In addition, pain experienced in flight will distract a pilot from the flying task, increasing the risk of errors.

Medications including those commonly taken for pain or mild allergies, can lead to undesirable side effects. These are described in the leaflet accompanying both prescribed and over-the-counter medications. Sometimes these side effects occur immediately and predictably, but not always – there may a delay in onset.

When you start a new medication, it is important to leave a few days before flying to see how your body reacts. You will usually need to get specific aeromedical advice on whether you can fly on medication, including the length of any 'trial period'. This is discussed in more detail in the Medical Fitness Requirements section on page 12.

Ageing

The natural process of ageing is also associated with reduced performance, including slower reaction times, reduced memory, and increased susceptibility to fatigue. As well as trying to stay healthy as much as possible, older pilots need to be aware of the potential for gradual reductions in human performance.

These changes will eventually affect flight safety even in the absence of any specific health condition. As an older pilot, it is sensible to discuss your performance with a flight instructor as part of regular currency checks to ensure you are making good decisions about maintaining your pilots licence.

Mental health

Mental health is as important as physical well-being. Symptoms of concern may include:

- use of alcohol or drugs
- loss of interest/energy
- eating and weight changes
- sleeping problems
- low mood
- anger
- agitation
- high mood
- any suicidal thoughts

Where you have concerns about your mental health, you should discuss this with your AeroMedical Examiner (AME) after seeking medical input. Your GP will be experienced in dealing with mental health problems, and will be able to offer treatment, therapy, and access to specialised services.

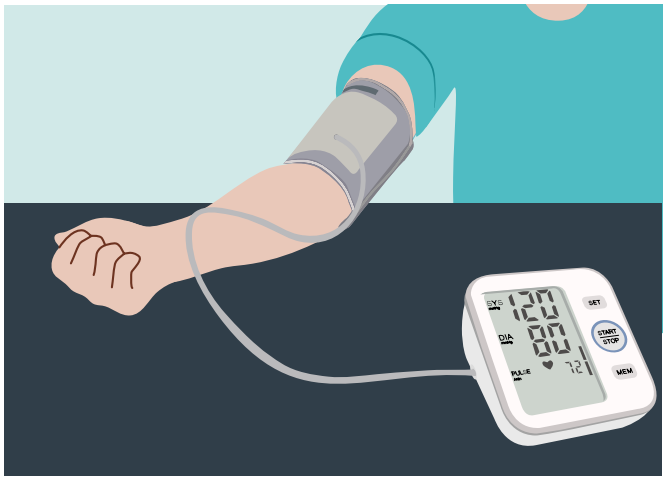
A diagnosis of a mental health condition, including for example depression or anxiety, is compatible with flying in many cases where symptoms are effectively managed, with or without acceptable treatment. If you are prescribed a medication for a psychiatric illness, you must consult with an AME.

Alcohol and drugs may have negative effects on emotions and mood. Exercise, doing something you usually enjoy or spending time with other people can be beneficial. Sometimes sharing feelings with people you trust, such as family or friends, can help you see things more clearly.

They may be able to offer advice and, if necessary, help keep you safe. The NHS website provides a wealth of information and guidance on mental health, as well as links to support organisations, helplines and services providing support in the event of a crisis or emergency.

Medical incapacitation risks

Some medical conditions can cause sudden and unpredictable incapacitation, making them a serious concern for flight safety. These conditions may prevent you from safely piloting your aircraft at any point during a flight, even if you showed no signs of a serious medical issue beforehand. The most critical causes of sudden incapacitation are related to the heart, blood vessels, and brain, as even brief disruptions in circulation or brain function can lead to immediate incapacitation.



Other potential causes include sudden, severe pain, vertigo, or sudden vision loss—though vision loss is often linked to circulatory issues. Severe food poisoning or gastroenteritis can also rapidly render a pilot incapacitated.

To reduce the risk of incapacitation as a pilot, consider the following recommendations:

- Stay healthy, including monitoring cardiovascular risk factors to minimize heart and vascular issues.
- Take any warning signs seriously, such as chest pain or vertigo, even if they have not yet occurred while flying.
- Wash your hands with soap after using the toilet and before handling food or drink to reduce the risk of gastroenteritis.

Hearing and flying

Adequate hearing is essential for safe flight, as reliable communication with air traffic control and other aircraft is important, particularly in the typically noisy environment of a light aircraft. Hearing may naturally deteriorate with age, though this occurs at different rates in different people. Once hearing loss affects the higher frequencies required to interpret speech, understanding radio communications will become more challenging.

High-quality aviation headsets can mitigate degrees of hearing loss, and also reduce noise exposure to the ear, reducing the risk of further damage. However, if you have any concerns about your hearing, you should seek aeromedical advice and a hearing test.

Once your level of hearing loss has been assessed, it is often possible to return to flying with an optimal aviation headset, following a functional hearing check with an experienced flight instructor.

Vision and flying

Maintaining appropriate standards of vision is fundamental to safe flying. Pilots rely heavily on eyesight for critical tasks such as judging aircraft landing, spotting other aircraft quickly, navigation and monitoring instruments. Good vision allows you to judge distances, read aviation charts, and respond to visual cues in the environment, all of which are critical for decision-making in the air.

With time and age, vision tends to deteriorate. In particular, the ability of the lens to focus on near objects decreases with age, making near objects appear blurry. This may make reading cockpit instruments or aviation charts more challenging. Cataracts can gradually form in later life which tend to affect night vision first and then impact on overall visual acuity. These normally form slowly so may go unnoticed, except during regular eye checks.

The NHS recommends regular eye examinations for everyone at least every two years, or more frequently if advised by an optometrist. Whilst you may have more regular checks by an AME, an optometrist can also offer glasses or contact lenses if this will improve your vision, and detect early signs of conditions such as cataracts and glaucoma that may not be noted at a standard renewal medical.

If you require glasses or contact lenses as a pilot, you must always have a spare pair of glasses with you when flying. To optimise vision in bright light conditions, wearing sunglasses with UV protection is advisable. The CAA provides guidance on appropriate use of sunglasses for pilots which recommends against using polarised and photochromic lenses.

I AM SAFE

You must become effective at self-assessment and determining whether you are 'fit to fly'. Plan an adequate sleep opportunity of at least 8 hours prior to the day of a flight.

Flying should not take place less than 8 hours after any alcohol consumption. If you have consumed significant quantities, you may have to wait for up to 24 hours for the alcohol to leave the body. Eat a healthy meal of moderate size, within several hours of the flight. Avoid excessive carbohydrates that may cause a rapid increase and subsequent fall in blood sugar levels.

The CAA recommends the use of the I AM SAFE mnemonic to quickly assess the key day-to-day threats to flight safety from health and performance.

This mnemonic summarises much of the guidance in this SSL and we advise using the checklist before setting off to the aircraft, in the same way you would check the weather, NOTAMS or carry out a pre-flight check.

I — **Illness**
Do I have any symptoms that might affect my ability to fly?

A — **Attitude**
Am I emotionally ready and fully focussed on the flight?

M — **Medication**
Am I taking any prescription or over-the-counter drugs that might affect my performance?

S — **Stress**
Am I under pressure or have any worries and anxieties?

A — **Alcohol**
Have I been drinking within the last 24 hours?

F — **Fatigue**
Am I tired or not adequately rested?

E — **Eating**
Am I adequately nourished?

Health risks of flying

The aviation environment potentially exposes the human body to a unique combination of health risks, including acute exposure to reduced atmospheric pressures, G-forces, carbon monoxide exposure and thermal stress. Private pilots should have some understanding of these issues, particularly if they plan to undertake activities such as flying above 8,000 ft, instrument flying or aerobatics.

Gas expansion

With exposure to decreased atmospheric pressure at altitude, any gas trapped in the human body will tend to expand. Anywhere in the body where gas could become trapped is a potential problem, both with decreased pressure exposure on ascent or as atmospheric pressure increases again on descent.

The most important point is to avoid flying with a respiratory tract infection (cold). You should know how to 'clear your ears' using the Valsalva technique (a breathing technique that can be used to unclog ears) and if you cannot clear your ears before flight, stay on the ground because you may tear an eardrum, or suffer severe pain in your ears or sinuses on descent.

On ascent excess gas trapped in the abdomen could cause discomfort, but this is unusual at typical GA altitudes. However, gas expanding within cavities caused by tooth disease is known to cause intense and incapacitating pain with increasing altitude exposure. As a result, maintaining a good standard of dental care is also relevant to flight safety.

Hypoxia and hyperventilation

All pilots should be aware that decreased atmospheric pressure affects the performance of aircraft. It also leads to changes in how the human body absorbs oxygen. The human body requires a constant adequate supply of oxygen to maintain heart, brain, and visual function. If the level of oxygen available falls below demand from the body, hypoxia will occur.

Above 8,000 ft altitude, subtle changes in vision can be detected with reduced contrast sensitivity particularly in low light conditions. At altitudes above 10,000 ft, hypoxia can cause individuals to become confused, clumsy and drowsy with effects similar to alcohol intoxication. The extent of the symptoms depends upon the altitude and time of exposure as well as individual risk factors.

Hyperventilation, or excessively rapid breathing, can be a sign of hypoxia but can also be caused by stress or anxiety. As a student pilot, your instructor will give you advice if they notice you are breathing rapidly when under training. However, if you or a fellow crew member or passenger experience symptoms which may be due to hyperventilation, if at high altitude, it may be hypoxia – descend to a lower altitude where the air is more breathable.

To prevent hypoxia, flights without oxygen or pressurisation must be at an altitude less than 10,000 ft. For flights above 10,000 ft, you should use supplementary oxygen in compliance with NCO.OP.190.

Heat and cold

A light aircraft cockpit can quickly trap energy from the sun like a greenhouse, especially when taxying on the ground in hot conditions for any length of time. This can lead to dehydration and a degree of heat exhaustion that can impair pilot performance.

Simple mitigations can include staying well-hydrated and wearing appropriate breathable clothing. You may find that scheduling flights for cooler parts of the day is best during peak summer heat, particularly if you are expecting to hold on the ground for any length of time or complete multiple flights throughout the day.

Cold exposure in light aircraft can also be hazardous. Some light aircraft will not have heating systems – this will be a particular problem as the temperature drops at altitude on colder days. Cold hands can lead to reduced manual dexterity, making it difficult to handle controls precisely or operate instruments.

A drop in core body temperature will slow your reaction times and also be a distraction from the flying task. Dressing warmly and switching on aircraft heating systems can control this risk, though malfunctioning piston aircraft cabin heaters can cause carbon monoxide exposure.

Carbon monoxide

Carbon monoxide (CO) is a colourless and odourless gas that can be present in piston engine exhaust gases. If inhaled, it can lead to symptoms similar to hypoxia as it interferes with oxygen transfer in the blood. Carbon monoxide poisoning has been cited as a factor in multiple fatal GA accidents. Although such accidents are rare, CO poisoning remains a persistent threat to pilots and passengers flying in piston engine aircraft particularly when cabin air heating systems are used. For more guidance on this issue, see Safety Sense Leaflet 34: Carbon Monoxide Safety.

Aerobatics and G-forces

Flying aerobatics in light aircraft will involve exposure to 'G-forces' that do not form part of normal flying. These forces originate from the rapid changes in aircraft direction and speed that occur during aerobatics. As well as putting physical strain on the aircraft fuselage, these forces affect the circulation of blood to the eyes and brain, potentially resulting in visual changes and loss of consciousness.

If you learn to fly aerobatic manoeuvres, you will need to be trained in physical countermeasures, including muscle tensing and the full anti-G straining manoeuvre. You should also pay special attention to health factors such as dehydration, physical fitness, and cardiovascular health due to the increased strain from subjecting the body to G-forces. More guidance on the effects of G-forces is available in Safety Sense Leaflet 19: Aerobatics in Light Aircraft.

Spatial disorientation

Spatial disorientation occurs when a pilot's perception of the aircraft's position contradicts the real situation, often due to misleading sensory inputs from the body's balance system. This can lead to incorrect control inputs, putting the aircraft and its occupants at risk. When flying in good visual meteorological conditions (VMC) during the day and maintaining a good lookout, the risk of spatial disorientation is low. The visual information available from being able to see the horizon effectively overrides any other sensory inputs that could lead to disorientation.

However, in any situation with limited or misleading visual references such as night flying, instrument flying or even sloping cloud banks that appear as a false horizon, balance inputs particularly from the inner ear can lead to an incorrect perception of your aircraft's position in space. These sensations can be very strong and compelling. If these are due to spatial disorientation, this can be recognised as the sensations of movement or position that will contradict the indications on cockpit instruments.

The potential for spatial disorientation is the primary reason pilots without an instrument flying qualification should never enter clouds. Without appropriate training, sudden loss of visibility will likely cause rapid disorientation and loss of aircraft control. However, even experienced instrument-rated pilots have described hazardous situations occurring due to spatial disorientation.

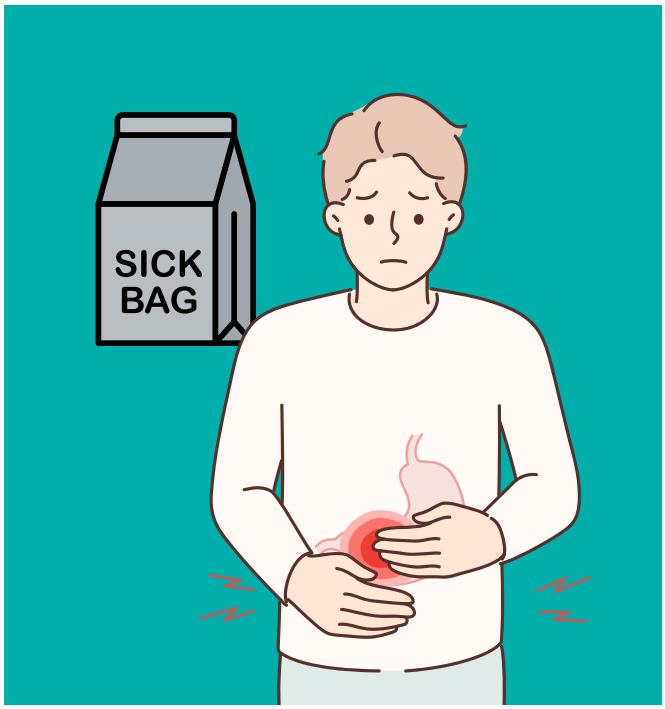
If you unintentionally enter cloud, the best course of action is to trust your instruments, level the wings, and stabilise your flight path, before trying to regain visual references. Further guidance on spatial disorientation is available in Safety Sense Leaflet 33 VFR Flight into IMC.

Motion sickness

A persistent mismatch between visual information and internal balance senses can lead to motion sickness, due to similar limitations with the human balance system that cause spatial disorientation.

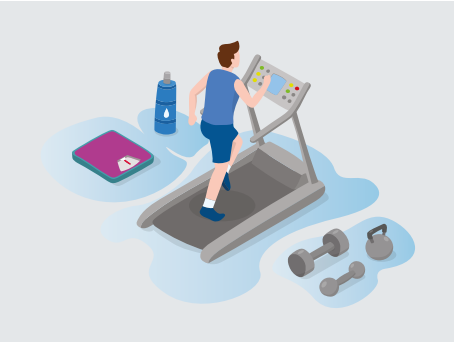
Even with good visibility, motion sickness can occur particularly in pilots during initial exposure to aerobatic manoeuvres.

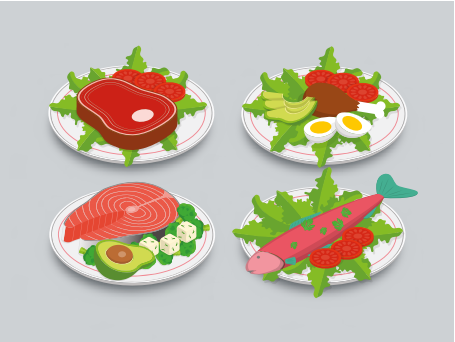
The first signs tend to be feeling warm followed by nausea which can quickly become distracting even if not followed by vomiting. The feeling may persist until back on the ground, so be prepared to return to the aerodrome earlier than anticipated.



Staying healthy

As a private pilot, maintaining your physical health is important to ensure that you are fit to fly safely and effectively. Most health risks to flight safety are the same as national priorities for healthy living: maintaining physical fitness, good nutrition and keeping to a healthy weight, as well as managing cardiovascular health risks. In addition, as a pilot you should ensure your vision and hearing remains at a good standard.





Physical fitness

Maintaining a good standard of physical fitness should give you reserves to help manage stressful situations during flying. UK guidelines for adults recommend at least 150 minutes of moderate exertion activity or 75 minutes of vigorous exercise per week. The NHS gives detailed guidance on physical activity for working-age adults and for older adults.

Balanced diet

Pilots should eat a balanced diet. Maintaining a healthy weight is important both for practical reasons and to reduce the risk of heart disease. GA aircraft tend to have limited space in the cockpit and being above an ideal weight could cause functional issues and impair evacuation in an emergency.

Carrying excess body fat is associated with high blood pressure, high cholesterol and diabetes which all increase the risk of heart attacks and strokes. For more information on maintaining a healthy weight, NHS Eatwell guidance explains what we should eat to achieve a healthy, balanced diet. If you are above a healthy weight, the NHS also provides guidance on understanding calories in food and losing weight safely.

Health checks

Other factors should also be checked and controlled in order to maintain cardiovascular health. Both smoking and the use of e-cigarettes can increase the risk of heart disease over time. The NHS provides support to help people to stop. Pilots who undergo regular medical checks should have these risk factors identified and controlled.

Every adult in England between the ages of 40 and 74 is entitled to five-yearly health screening under the NHS Health Check scheme as long as they have not already been diagnosed with heart disease. This is particularly important for any pilots using the PMD.

It is recommended that alcohol consumption is kept to a minimum and drug use is avoided. The UK Chief Medical Officer's guidance includes that to keep health risks from alcohol to a low level it is safest for both men and women not to drink more than 14 units a week on a regular basis. If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days and limiting the amount of alcohol you drink on any occasion.

Further advice on staying physically and mentally healthy can be found in a guide published by the International Civil Aviation Organization (ICAO) on "Fitness to Fly - A Medical Guide for Pilots". A preview of the contents including infographics from the book is available from the ICAO website.

Medical fitness requirements

In order to exercise the privileges of their licence, UK private pilots must comply with the medical requirements for the type of licence they hold or are training for. With exceptions for the early stages of flying training, both student and trained private pilots are either required to hold a UK Part-MED certificate, or to have made a PMD, where permitted.

CAA authorised Aeromedical Examiners (AMEs) are approved to undertake the appropriate medical examinations for all Part-MED certificates.

PMDs are made by the pilot on the basis that:

- they reasonably believe they meet the medical requirements for a Group 1 (car) licence issued by the DVLA; and
- are not subject to a disqualifying medical condition.

At the time of publication in June 2025, there are two maximum take-off weight (MTOW) limits applicable under the PMD, depending on the requirements the pilot can meet:

- 2,000 kg; or
- 5,700 kg.

Maintaining flight safety relies on pilots' honesty and integrity regarding their medical status. This is the case for both traditional medical certification and the PMD option. Whilst medical certification is an external assessment of your health and the PMD is based on a self-assessment, both require pilots to declare new symptoms and medical conditions at the point of assessment and between assessments.

If you hold a medical certificate, you must seek aeromedical advice in the following circumstances:

- Surgical operation or invasive procedure
- The regular use of any medication
- Significant injury involving incapacity to act as flight crew
- Significant illness involving incapacity to act as flight crew
- Pregnancy
- Hospital or medical clinic admission; and
- First requirement for correcting lenses.

If you have made a PMD, it is recommended to seek the advice of an AME if you are in any doubt as to your continued fitness to fly.

For full details of which medical certificates are required for which licences, please see the UK CAA website.

Applying for a Part-MED certificate

Many private pilots hold a UK CAA Class 2 medical certificate which covers both PPL flying training and subsequent private flying. Both initial and renewal of Class 2 medical certificates can be carried out by any UK CAA authorised AME.

Full details of how to apply are available on the UK CAA website but in summary, this requires:

1. Registration for a Cellma medical records account through the CAA Customer Portal;
2. Applying for a Class 2 medical certificate via Cellma; and
3. Attending a medical examination with an AME.

The medical requirements to hold a Class 2 medical certificate can be found in the Medical Standards sections of the UK CAA website.

Alternatively, a LAPL medical certificate is a more accessible medical certification option for pilots who only plan to fly under the privileges of a Light Aircraft Pilot Licence (LAPL). In many circumstances, the required medical examination can be completed by their UK General Practitioner (GP) without the need for AME review, with more details of the process explained in CAP1127P.

Making a Pilot Medical Declaration

The PMD was introduced by the UK CAA in 2016 to allow private pilots to self-certify their medical fitness, without the need for a medical examination by an AME or GP. The privileges of a PMD are more restrictive than with a medical certificate, and normally may only be exercised on UK registered aircraft and within UK airspace.

The PMD system relies on honesty and integrity. Prior to making a declaration, pilots must ensure they are familiar with the requirements of both the PMD and the underlying DVLA medical standards that the declaration is based on. Further information can be found on our website which also includes a link to the DVLA requirements.

If you are unsure about the applicability of a condition, treatment, or medication, you should consult with an AME or medical professional to discuss if it may prevent you making a PMD.

If you choose to make a PMD, you need to take personal responsibility for the following:

- Reading and understanding the DVLA guidance for any medical conditions to ensure you meet Group 1 standards and ask for medical advice if you are unsure.
- Reporting new medical symptoms promptly to your GP (or equivalent) and informing your clinician that you are a private pilot.
- Withdrawing your PMD as soon as you are aware that you do not meet DVLA Group 1 standards.
- Considering if you should be flying when taking medication, especially any medication that could affect your concentration and reaction time, such as strong pain relief.
- Assessing if you are sufficiently mobile to enter and exit your aircraft safely, including in an emergency situation.
- Safely practising challenging flying tasks with an instructor to ensure you remain mentally fit and agile enough to deal with the unexpected.
- Scheduling your own regular eye checks as vision can change over time and this will not be regularly monitored by an AME if you choose to make a PMD.
- Monitoring your hearing ability to ensure you can communicate safely and reliably in flight.
- If in any doubt about your medical fitness to fly, seeking advice from a UK CAA approved AME as to whether you may reasonably self-declare your medical fitness.

Changes in medical fitness

In addition to holding a Part-MED certificate or having made a PMD, pilots must be satisfied that they are fit to fly before each flight.

Pilots should not fly when they have medical issues that could affect flight safety. In addition, pilots should consider their broader performance status before flying including the effects of fatigue, stress, and their nutritional status.

If you are concerned about a change to your fitness to fly as a private pilot, you should:

- not fly until you become fit to fly again and
- Consider discussing your fitness to fly with an AME/GP (as appropriate) to seek confirmation of your medical fitness status.

Medication

In the case of taking medication that could affect your performance in flight, you should also note that current UK Rules of the Air state that:

"… No person whose function is critical to the safety of aviation (safety-sensitive personnel) shall undertake that function while under the influence of any psychoactive substance, by reason of which human performance is impaired …" [UK Reg (EU) No 923/2012 Standardised European Rules of the Air (SERA) SERA.2020]

Be cautious when using prescribed medication to treat a mental health disorder such as depression, or strong pain relief such as codeine, tramadol, or morphine.

You must withdraw your PMD if you are advised that you are medically not fit to fly or drive, or if you no longer believe you meet the DVLA Group 1 standards. Remember that you are personally responsible for your overall fitness to fly before each flight, irrespective of whether you hold a Part-MED certificate or have made a PMD.

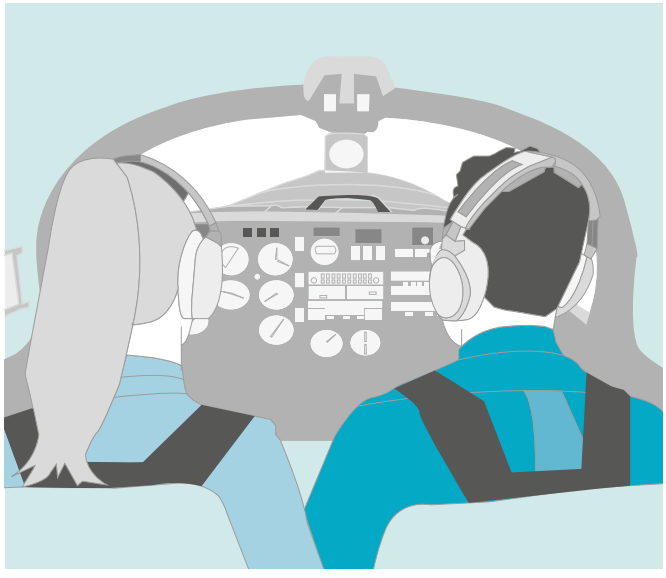
Flight instructor guidance

Flight instructors and examiners need to ensure that pilots demonstrate the necessary skills and judgement to operate the aircraft safely. This applies to teaching student pilots and assessing the competence of qualified pilots for the revalidation or renewal of ratings.

Health issues or age-related deterioration in physical or cognitive function may affect pilot performance, and instructors should be aware of this when assessing a pilot's standard of flying.

Training new private pilots

When training student pilots, instructors should be vigilant for indicators of fatigue, stress, or any sign of health issues that could impair their performance. Even with a valid medical certificate, physical or mental health related issues may manifest themselves, and student pilots may not yet have the knowledge and awareness to effectively self-assess fitness to fly. Instructors should foster an open dialogue about these potential issues, encouraging students to report any concerns about their health and well-being.



Most student pilots will undergo an aeromedical examination either prior to or at an early stage of their flying training. However, whilst these assessments can highlight potential issues, an AME cannot fully evaluate a potential pilot's operational capability during a medical consultation.

Evaluating qualified private pilots

The periodic requirement for private pilots to fly with an instructor or examiner (where applicable) forms an essential part of the assurance process. Instructors should be particularly alert to any signs that unidentified effects of health conditions or ageing could be affecting performance and flight safety. Signposting an experienced pilot to the guidance in this Safety Sense Leaflet would also be an appropriate part of a discussion about how they monitor and manage their personal health and performance.

Managing flight safety concerns

Any flight safety concerns identified during assessment or training should in the first instance be discussed with the pilot under training. Depending on the situation, a flight instructor may either recommend remedial training or discussion with an AME if a potential health concern is identified. Significant concerns about flight safety that instructors are unable to address themselves should be raised with either the Head of Training (if appropriate) or directly to the Civil Aviation Authority.