

Notification of Alternative Means of Compliance
Regulation Reference: COMMISSION REGULATION (EU) No 1178/2011 Annex IV (PART MED)
Subject: LAPL medical examination and/or assessment process by General Medical Practitioners
<p>Summary:</p> <p>Information on the method of complying with the LAPL IRs has been written for UK GMPs to assist them in assessing applicants for a LAPL medical certificate. The information instructs GMPs to refer applicants with specified medical conditions to AMEs or AeMCs for assessment.</p>
<p>Implementing Rule: MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates</p> <p>(a) An applicant for an LAPL medical certificate shall be assessed based on aero-medical best practice.</p> <p>(b) Special attention shall be given to the applicant’s complete medical history.</p> <p>(c) The initial assessment, all subsequent re-assessments after age 50 and assessments in cases where the medical history of the applicant is not available to the examiner shall include at least the following:</p> <ol style="list-style-type: none"> (1) clinical examination; (2) blood pressure; (3) urine test; (4) vision; (5) hearing ability. <p>(d) After the initial assessment, subsequent re-assessments until age 50 shall include:</p> <ol style="list-style-type: none"> (1) an assessment of the LAPL holder’s medical history; and (2) the items under paragraph (c) as deemed necessary by the AeMC, AME or GMP in accordance with aero-medical best practice.
<p>Existing Acceptable Means of Compliance: AMC1 MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates</p> <p>When a specialist evaluation is required under this section, the aero-medical assessment of the applicant should be performed by an AeMC, an AME or, in the case of AMC 5(d), by the licensing authority.</p>

UK Alternative Means of Compliance:

Alternative AMC1 MED.B.095 Medical examination and/or assessment of applicants for LAPL medical certificates by General Medical Practitioners

[See attached flow charts](#)

Assessment:

Assessed as meeting the Implementing Rule MED.B.095

The UK CAA has established processes for the management of the medical examination and/or assessment for LAPL medical certificates by GPs to ensure that when aeromedical judgements have to be made applicants are referred to AMEs with qualifications and experience in aviation medicine.

Approved for submission to the Agency by: *Dr Sally Evans, Chief Medical Officer*

Signature:



Date: 14/09/2012

Guidance for UK GPs on Light Aircraft Pilot's Licence (LAPL) Medical Assessments

NOTES

- 1) If there is, or likely to be, any uncertainty (see note 4 below) regarding fitness or need for application of a limitation (other than for wearing corrective lenses), applicants are advised to seek assessment/examination by an AME or at an Aeromedical Centre (AeMC), with copies of relevant medical reports. If a pilot has been previously assessed by an AME (including the application of one or more limitations), the pilot's UK GP can conduct the routine re-assessment provided there has been no change to the clinical status of the pilot. Limitations shall be maintained by the GP, and can only be removed by an AME or AeMC.
- 2) In the UK, in addition to AeroMedical Examiners (AMEs), the pilot's own UK NHS General Practitioner (GP) is permitted to certify fitness if they have access to the individual's complete medical history. The GP is required to notify the CAA every time they undertake a pilot assessment.
- 3) There should be no language barriers and applicants should be reminded it is an offence to provide inaccurate or false statements. Any previous LAPL certificate should be available. The [application form](#) should be completed by the applicant, and the GP should confirm the pilot's identity. A record of the assessment and result should be kept in the applicant's NHS record.

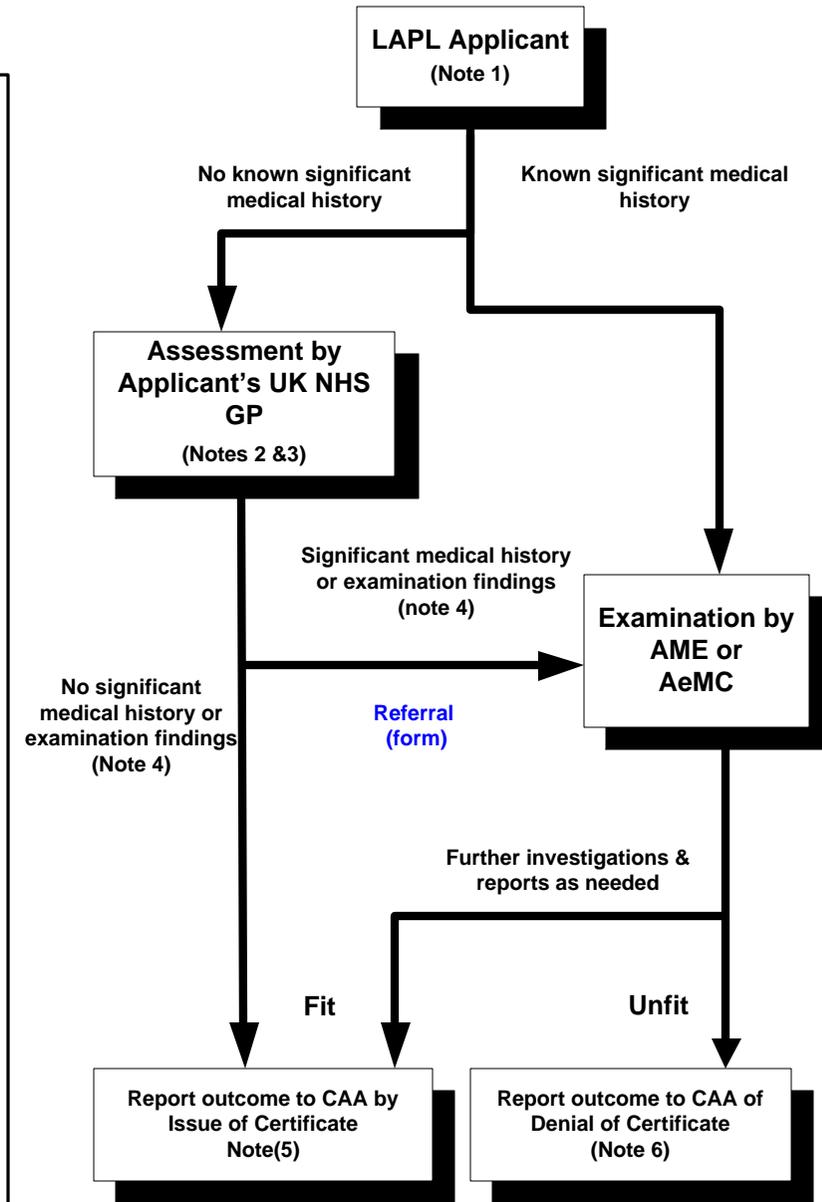
Review of the application form and known medical history is mandatory for all assessments. For revalidation/renewal applicants under 50yrs, examination is only required on clinical indication. Where examination is required, it shall comprise of a general clinical examination, including pulse, blood pressure, urinalysis, vision (acuity and visual fields) and conversational hearing ability. Colour vision testing is only required for a night rating.

- 4) The EASA LAPL medical standards (AMC1 to 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:**

Reduced visual acuity in <u>either</u> eye below 6/9 despite any correction	Sedative medication	Physical disability
Visual field defect	Diabetes requiring medication	Malignant disease
Need for hearing aid(s)	Implanted cardiac device	Heart failure
Angina/coronary disease	Chronic lung disease	Pneumothorax
Cardiac valve replacement	Organ Transplant	Epilepsy
Recurrent fainting	Alcohol/substance misuse	Personality disorders
Cerebral disorders	Psychotic disorder	Learning difficulties
Use of antidepressant medication	Sleep disorder	Endocrine disorder
Major surgery		

- 5) An initial medical certificate can be issued by the GP pending issue of a CAA reference number which will be sent to the applicant by the CAA. The applicant should annotate the certificate with the reference number once issued.
- 6) Applicants who are assessed as unfit or have a limitation applied have a right of appeal to the CAA, in the first instance to an AME.

Any fees associated with assessments and examinations by a GP, AME or AeMC are the pilot's responsibility.



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 EASA LAPL medical standards (AMC1 to 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

