

SWIM LANES AND CERTIFICATES

Dr Chris King looks at the implications of new EASA medical regulations.

 As all pilots know, aviation regulation will change from JAA and be under the auspices of EASA, based in Cologne in Germany and coming into force in the UK on 17th September 2012, having recently been postponed from July 2012. These regulations have come into being to achieve the following: common high safety standards, standardisation across the EU, economic harmonisation and to provide legally robust processes.

I have just been on the CAA course to understand these changes. This article is based on my understanding of these changes and is, I hope, broadly accurate.

Any JAA medical certificate issued after 8th April 2012 and before 17th September 2012 is deemed to be an EASA certificate. All medical certificates must be EASA certificates by 7th April 2017.

Pilots attending for medicals with a UK AME will need to bring some photo ID, their previous medical certificate (if they have one) and have a good command of the English language. Failure on any of these will mean that the medical cannot be undertaken.

Written consent

Pilots changing AMEs will need to provide written consent to the new AME before their medical records can be accessed by their new AME.

Class 1 and 2 EASA medical standards remain the same except that the actual certificate may look different. Apart from microlights, gyroplanes and other Annex II aircraft, all the NPPL licences will cease to exist. All other NPPL pilots, as well as glider pilots and balloon pilots, will require a light aircraft pilot licence (LAPL) and medicals.

The only major change in class 2 certification is that no ECG is required until the age of 40, otherwise the intervals for ECG, audiogram etc. for class 1 and class 2 EASA certificates remain the same.

In the case of the LAPL, the medical certificate for these can be issued by an AME, or by a GP if CAA-approved and the pilot has no medical problems. In many cases, where there are any medical problems the pilot will require a LAPL medical, which will need to be undertaken by an AME before the LAPL medical certificate is issued. The exact nature of the LAPL medical has yet to be determined.

There is to be greater surveillance of AMEs and their practices with a greater emphasis on audit of AME performance via the AME online system which AMEs use to transmit pilot medical details to the CAA at the time of their medical.

AMEs will also be given greater access to the CAA online system and be able to access all the scanned letters and details of the CAA casework in relation to the pilot and his medical details. The plan is that AMEs will be able to undertake most of the casework for class 2 and LAPL medicals and some of the class 1 medical casework and make the appropriate decisions.

Flowcharts

The CAA is planning to produce flowcharts to help pilots and AMEs to check that medical conditions achieve an acceptable means of compliance before being issued with a medical certificate and 'swim lanes' to guide AMEs through the decision-making process. The flowcharts and swim lanes will be available online and are currently being formulated.

Much of the casework will require medical reports from pilots' medical advisors. It is important that details of what is required is obtained from the downloadable CAA flowcharts, collated with a covering letter and sent to the CAA in one bundle. Your AME should be able to help you collate all the necessary information.

AMEs will be able to assess certain medical problems and issue fit or unfit letters. The temporarily unfit status is being abolished. There will now be only three categories: fit, unfit or referred.

As before, medical fitness is the pilot's responsibility at all times. Any change in fitness as per the reverse of the medical certificate must be discussed with your AME or regulatory authority.

It may be possible for instructors to instruct on a class 2 medical and obtain remuneration but they would not be able to instruct for an instrument rating.

Certain relaxations

Certain medical standards will be relaxed, including changes to refractive errors, the use of anticoagulants and the use of anti-depressants. However, there are no further details on this currently.

I would suggest that for any medical query that a pilot has your AME should be the first port of call. All AMEs will have attended the mandatory EASA training, although they may have to spend considerable time understanding all the new regulatory standards for the various medical certificates, flowcharts and swim lanes.

In summary, the standards for professional pilots remain the same with some easements. AMEs will have greater responsibility and be more involved in the case management of private and LAPL pilots.