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National Air Traffic Services Ltd
Aeronautical Information Service
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MODERN MEDICAL PRACTICE AND FLIGHT SAFETY

1 Background

1.1 Medical practice has changed dramatically in recent years. Improved knowledge of various diseases, better investigation techniques, improved treatments and increased pressure on hospital facilities have resulted in very rapid assessment and intervention for an increasing number of medical problems.

2 Current Requirements

2.1 The Air Navigation Order states that individuals shall not be entitled to act as flight crew members or as Air Traffic Control Officers if they know or suspect that they may be unfit to do so. It also requires medical certificate holders to inform the Authority in writing in the event of:

(a) Any personal injury involving incapacity;

(b) any illness involving incapacity throughout a period of 21 days or more; or,

(c) in the case of a woman, reason to believe that she is pregnant.

These requirements are summarised on the medical certificate.

3 The Impact of Modern Medical Practice

3.1 In recent years developments in medical practice have resulted in markedly reduced periods of hospitalisation and time off work for certain investigations and treatment. The increase in use of 'over-the-counter' medication is a further complicating development. In these circumstances, licence holders may not be aware of the possibility of serious flight safety implications when they have been affected by such medical events that have been rapidly investigated and/or treated. Some examples requiring advice from an Authorised Medical Examiner (AME) before returning to duty are given below:

(a) Any surgical operation;

(b) Any medical investigation with abnormal results;

(c) Any regular use of medication;

(d) Any loss of consciousness;

(e) Kidney stone treatment by ultrasound (lithotripsy);

(f) Coronary angiography (catheterisation of the heart);

(g) Transient ischaemic attack (TIA);

(h) Abnormal heart rhythms including atrial fibrillation/flutter.

3.2 The above list is not exhaustive but illustrates some conditions which may now, in certain circumstances, be dealt with over hours rather than days yet still have serious implications. It is worth emphasising that before agreeing to any medical intervention, licence holders must ensure that their doctor knows they are flight crew or Air Traffic Control Officers and that, if there is any possibility performance could be affected or risk of incapacitation increased, advice must be obtained from an AME before exercising any licence privileges. Furthermore, they must feel, and believe themselves to be, fully fit for operations before reporting for duty.

4 Conclusion

4.1 Modern medical practice is developing rapidly. This Circular is intended to draw the attention of licence holders to the need for aeromedical advice to be sought when determining fitness to operate after what may appear to have been a minor medical event because of the short duration of the condition or its treatment.

This Circular is issued for information, guidance and necessary action.

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