

Consultation: Pilot Medical Declaration (PMD) Phase 2 review

CAP2604



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Civil Aviation Authority Aviation House Gatwick Airport South West Sussex RH6 0YR

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Chapter 1

Introduction

1.1 <u>CAP1284</u> (Public consultation: UK Private Pilot Licence and National Private Pilot Licence Medical Requirements) was released in June 2015 and resulted in 1,823 responses; one of the largest responses to a consultation we have ever seen.

- 1.2 The response document published to this was <u>CAP1397</u> (Comment Response Document: UK Private Pilot Licence and National Private Pilot Licence medical requirements) which goes into some detail on the areas the CAA wanted to take forward and implement. This document was published in May 2016.
- 1.3 Pilot Medical Declarations (PMD) were launched in August 2016. Subsequent to the launch, following further community feedback, a number of modifications were made to the PMD system and guidance. This included the alternative criteria for a less than 2000kg category. To date we have had over 14,000 PMD's submitted.
- 1.4 Following a post implementation review in October 2020, by our internal audit team, of the PMD process, the audit team summarised the review and proposed 3 options based on what they found.
 - Option 1: Make no material changes to the PMD process
 - Option 2: Strengthen the PMD process by means of amendment
 - Option 3: Remove the PMD scheme
- 1.5 Based on the findings of the audit and the highlighted risks, we did not feel option 1 was the best course of action. A project was launched to review the whole PMD process and the basic data we hold for PMD holders. From the initial findings which are highlighted in 1.7 and 1.8 below, we felt that option 3 was also not the best course of action based on the finding that the vast majority of PMD holders are declaring correctly. We therefore believed that option 2 would be the best direction to go in.
- 1.6 In November 2020, we also released a consultation on UK General Aviation (GA) opportunities for change now that the UK has left EASA (<u>CAP 1985</u>) followed by the UK General Aviation opportunities after leaving EASA Comment Response Document (<u>CAP 2146</u>) in April 2021. This resulted in 46 initiatives that we wanted to take forward. One of those being a review of the PMD process in order to enhance the end user experience and identify opportunities in the context of the simplification and rationalisation of GA flight crew licensing.
- 1.7 We reviewed 800 out of 14400 PMD holders. We looked at around 400 pilots who had previously had a medical status of unfit or had a medical referred. We also looked at another sample of 400 pilots who had no previous unfit or referred status (control group). This control group was an equal mix of pilots across all age groups.

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1.8 We found 4% of the 800 PMD holders that we reviewed should not be self-declaring for various reasons. If this percentage is representative across all PMD holders, the number made in error is of concern to the CAA. These errors included disqualifying heart conditions, neurological conditions and drug/alcohol misuse. It is not clear to us whether this is due to unclear guidance material or a misunderstanding on the pilot's part.

- 1.9 As part of the project, based on our findings above, we then wanted to revisit the questions originally asked as part of the consultation prior to the launch of PMD. Pilot Medical Declaration review (<u>CAP 2408</u>) was released on the 24th October 2022 and closed on the 5th December.
- 1.10 We received 1770 responses from individuals and 2 responses from Organisations.
- 1.11 57% of respondents were PMD holders. We received a clear indication that the majority of respondents felt that the PMD was contributing to flight safety and was proportionate to the risk involved in recreational flying with 91% agreeing.
- 1.12 We also received additional comments from 917 individuals with proposed changes to the PMD system including but not limited to, introducing spot checks of PMD submissions, introducing more regular declarations, improving the declaration form on the portal and also the guidance on the form and website.
- 1.13 The overwhelming theme, equating to over a third of the individual comments, was regarding the use of a PMD for students to fly solo, in particular student pilot seeking a Sailplane Pilot Licence (SPL) students.

How to respond and next steps

How to respond

1.14 Any enquiries regarding this consultation should be submitted via email to gaconsultations@caa.co.uk.

Next steps

1.15 We will review all the comments received following the closure of this consultation. Based on these comments, we will consider any need to amend the direction of the PMD review project and will issue a Comment Response Document (CRD) outlining the decision. A summary of the comments received will be provided in the CRD.

Chapter 2

Current Pilot Medical Declaration regulations

- 2.1 Current regulations within the ANO that apply to Pilot Medical Declarations can be found in Article 163 (Appendix 1)
- 2.2 Current guidance is also found on our website (Appendix 2)
- 2.3 Current exemption ORS 4 No. 1575 is in place to allow for the difference in criteria for the at or less than 2000kg weight category (Appendix 3)

Chapter 3

Consultation themes and questions

Analysis

- 3.1 We have held multiple internal working groups to discuss all responses to the phase 1 consultation as well as the safety recommendations from the Air Accidents Investigation Branch (AAIB) relating to the fatal accident involving G-CBDJ in March 2022 at Beccles Aerodrome.
- 3.2 The safety recommendations relating to this project are as follows:
 - Safety recommendation 2023-007. It is recommended that the UK Civil Aviation Authority provides comprehensive guidance for pilots on the medical factors that must be considered when making an online Pilot Medical Declaration.
 - Safety recommendation 2023-008. It is recommended that the UK Civil Aviation Authority provides guidance for medical professionals to promote awareness of the medical standards required by the Pilot Medical Declaration scheme.
 - Safety recommendation 2023-009. It is recommended that the UK Civil Aviation Authority engages with the UK Driver and Vehicle Licensing Agency to understand their process for managing medical related driving licence decisions, and ensure that the UK Civil Aviation Authority's process for managing the Pilot Medical Declaration scheme is as effective.
- 3.3 Medical consultants within the CAA who are recognised as specialists in occupational or aviation and space medicine have discussed the medical risks associated with the PMD scheme in light of recent AAIB reports and their collective experience since the introduction of the scheme seven years ago. This group of experts will be referred to as "The panel" throughout the remainder of this consultation.
- The panel debated and were cognisant of the various risks including the following:
 - risk to self
 - risk to others (third parties)
 - environmental or damage to property
 - legal obligation
- The panel understood the existing legal framework and the ability of pilots to make a self-declaration based upon their own perception of well-being without objective measurement and the ability to use this to fly aircraft up to 5700Kg.

- 3.6 The panel were aware of fatal accident investigations involving light aircraft, gliders, and microlights where a pilot medical declaration has been drawn into question. They were also aware of concerns expressed by aeromedical examiners and members of the recreational flying community, where a doctor had declared a pilot unfit and subsequently, the pilot had completed a self-declaration effectively ignoring the professional advice provided.
- 3.7 The panel was informed that since the introduction of the pilot medical declaration, approximately 14,000 of the 16,000 private pilots who were receiving periodic health assessments have now opted to use the online declaration scheme. The panel had no financial interest and provided input based purely on the safety risk.
- 3.8 Background Knowledge: The panel was informed of the various aircraft types that fell within the sub 5700Kg category and the sub 2000Kg category to allow contextualisation of the risk.
- 3.9 Data from aircraft registrations shows that 96% of light aircraft fall into the sub 2000Kg category. Those in the 2000Kg to 5700Kg category are small in number and include ex-military jets, vintage warbirds and similar types. The table below illustrates some aircraft, their weight and speed.
- 3.10 Historical perspectives: The panel discussed and subsequently researched the basis of the 5700Kg categorisation of aeroplanes and 3175kg for helicopters. ICAO Annex 8 sets out the standards and recommended practices for the Airworthiness of Aircraft. It uses the weight categories 5700kg and above to differentiate between the certification requirements.
- 3.11 The panel concluded that this historical definition fails to capture or describe the hazard associated with it and the panel agreed that kinetic energy of an aircraft would be a better descriptor of the third-party hazard in terms of damage to persons, property, or the environment. Table one was therefore extended to include this measure.

Table 1. Light Aircraft types with approximate maximum weight, operating speed, passenger carriage and kinetic energy.

Aircraft	Weight (Kg)	Speed (m/s) Kinetic Energy (J)		POB
Sailplane K21	480	40	.3	2
Tipsy Nipper	300	40 .2		1
C42 Ikarus	540	48	.62	2
Evektor EV97	600	56	.94	2
Pitts Special	377	92	1.6	2
Cessna 150	758	50	.95	2
Cessna 172	1089	61	2.0	4
Grob 115E	992	69	2.6	2
Beagle B206	3410	97	16	6
Beech 18	3969	100	19.8	6
DH104 Dove	4150	83	14.3	10
Robinson R22	622	49	.75	2
Robinson R44	1134	58	1.9	4
Westland Bell 47G	1293	47	1.4	2
Westland Scout	2427	56	3.8	6
Gazelle	1860	86	6.8	
Eurocopter Squirrel	2100	79	5.8	>4
AW109	3000	79	9.3	>4

3.12 We are now seeking feedback from stakeholders on the following themes and questions.

Opening questions

Question 1 What medical do you currently hold? (Please select the relevant medical category)						
Class 1	Class 2	Class 3	LAPL	PMD	None	
Question 2 What age group do you belong to? (Please select the correct age group or select prefer not to say)						
0-20 81-90	21-30 91+	31-40 Prefer not	41-50 to answer	51-60	61-70	71-80

Question 3

Have you held a medical certificate previously or seen a GP/AME in relation to your fitness within an aviation setting?

Held a medical certificate previously

Never held a medical but have seen a GP/AME in relation to your fitness within an aviation setting

Neither

Theme 1 – Weight of aircraft

- 3.13 For aircraft at or less than 2000Kg, it was agreed that the pilot medical declaration scheme (when the guidance is adhered to) provides a level of assurance of medical fitness to fly.
- 3.14 Accepting the DVLA Group 1 (car category) approximates to a 20% annual incapacitation risk which is higher than the legacy accepted benchmark of 2% for solo pilots in CS-23¹ certificated aircraft, or 5% in ELA2² certificated aircraft.
- It was agreed that the DVLA standard was accepted by society and that the third-party risks were similar. This was based upon the risk of an at or less than 2000Kg (large SUV type motor vehicle) travelling in a suburban area at 30 mph. An incapacitation could result in death or damage to third parties. Although aircraft at or less than 2000Kg have significantly more kinetic energy, aircraft should always operate at heights that allows them to glide or auto-rotate clear of the populated areas, in the event of failure of the power-plant. The hazards were therefore felt to be equivalent.
- 3.16 For aircraft greater than 2000Kg the CAA proposes that medical screening should be reintroduced as part of the licencing system. The pilot medical declaration scheme does not manage the risk for aircraft of this weight to a level that would be judged to be acceptable by the public.
- 3.17 Our intention is to improve the system, remove ambiguity and provide clearer guidance.
- 3.18 The safety benefits of our proposed changes include:
 - Greatly simplifies the system serving, the vast majority, of general aviation users.
 - Increases safety in that GPs and hospital specialists are familiar with DVLA standards and routinely advise on fitness to drive.
 - Catches loss of driving licence due to medical reasons that may go undetected by the CAA.
 - Aligns with national policy for motor vehicles.
 - Allows for advances in medical care and therapeutics in a proportionate manner to the risk for the GA community.
- 3.19 We are considering making changes to both the at or less than 2000kg category and the at or less than 5700kg category.

¹ CS-23 aircraft are defined in Certification Specifications for Normal Category Aeroplanes (CS-23)

² ELA-2 aircraft are defined in UK Regulation (EU) No 1321/2014, Article 2 (ka)

- In summary, we would like to restrict the PMD to the at or less than 2000kg category therefore reintroducing the requirement for pilots flying aircraft above 2000kg to hold a medical certificate relevant to the level of licence they are exercising.
- 3.21 As an additional safety measure, we would like to introduce the requirement for pilots to confirm that they hold a full UK DVLA driving licence. Any pilots not holding a full UK DVLA driving licence will be required to submit a declaration from their GP to confirm they meet the Group 1 DVLA driving standards (note any costs incurred in this will be borne by the pilot)

Questions

Question 4

We are considering removing the at or less than 5700kg category and restricting the PMD to at or less than 2000kg aircraft. Do you agree with this approach?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 5

We would like a pilot to confirm they hold a current and valid UK driving licence when submitting a PMD. If a pilot does not hold a driving licence, then they would be required to submit a declaration from their GP to confirm they meet the Group 1 DVLA driving standards (note any costs incurred in this will be borne by the pilot). Do you agree with this change?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Theme 2 – Renewal frequency

- 3.22 Medical fitness status may change with age and the frequency and severity of medical events increases with age. The adoption of 5 yearly intervals is broadly accepted for the younger, lower risk cohort with frequency increasing as cardiovascular, vision and hearing deteriorates in the over 60s.
- 3.23 The DVLA requires additional verification over the age of 70 and is examining fitness assessments and functional tests for an ageing driving population. This reflects a concerning rise in motor vehicle accidents in the elderly.
- 3.24 This aligns internationally and introduces a review of fitness in a proportionate manner.
- 3.25 We propose introducing a renewal frequency for the PMD scheme that aligns with existing medical certification systems.

Questions

Question 6

We propose introducing a 5 yearly PMD renewal, which will include educational material on fitness to fly, up to the age of 60. Do you agree with this change?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 7

We propose introducing a two-yearly PMD renewal, which will include educational material on fitness to fly, from the age of 60. Do you agree with this change?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Theme 3 - Guidance

- 3.26 We will add educational material to the PMD webpage and potentially the declaration page on the portal.
- 3.27 We should adopt best practice where possible and use a blend of educational material. Some aspects of the declaration are complex, and messaging needs to be clear. The panel felt that audio-visual material would be helpful.
- 3.28 We are aiming to improve the printed version of the declaration to include the expiry date of the declaration.
- 3.29 Some pilots like to have a paper record to validate their licence. This is consistent with the approach for higher grade licenses and acts as an aid memoire for expiry dates, exclusion criteria and privileges. We are proposing to introduce a requirement to carry a paper/electronic copy of your PMD.
- 3.30 Improved guidance for users is a key part of the PMD review project.

Questions

Question 9

Do you agree that we should include educational material as part of the PMD issue and renewal?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 10

Do you agree with our approach to improve the printable version of a PMD to include the PMD expiry date?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 11

Do you agree with our approach to introduce a requirement for pilots/student pilots to carry a paper/pdf copy of their PMD?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 12

If you have any suggestions for other improvements to guidance/printable version of the PMD, please detail below.?

Comments (non mandatory)

Theme 4 – Current limitations

- 3.31 The current limitations of the PMD are:
 - in an aircraft with a maximum take-off mass of 5,700kg or less;
 - with not more than three passengers on board;
 - by day or when exercising the privileges of a night rating;
 - in visual meteorological conditions or when exercising the privileges of an instrument meteorological conditions rating; and
 - within the United Kingdom unless the holder has the permission of the competent authority for the airspace in which the aircraft is being flown.
- 3.32 We feel the current limitations of the PMD should continue, although we are looking at potentially removing the at or less than 5700kg category as mentioned above.
- 3.33 The panel discussed varying degrees of passenger carrying and have come to an agreement on three options.
 - No passengers
 - Up to 3 passengers (this is the current restriction)
 - Up to 3 passengers with all passengers being informed that the pilot is operating using a PMD and not a medical certificate. Any passengers under the age of 18, parents must be informed and give consent)

- 3.34 Instrument Rating There are no proposals to change the requirement for the pilot to hold at least a Class 2 Medical Certificate and having passed the appropriate audiogram assessment.
- 3.35 Instrument Meteorological Conditions (IMC) and Instrument Rating (Restricted) (IRR) Rating at the moment, holders of certain Part-FCL pilot licences cannot exercise the privileges of an IRR, if endorsed on the licence and valid, having made a PMD. Holders of certain pilot licences issued under the ANO can exercise the privileges of an IMC Rating, if endorsed on the licence and valid. The CAA proposes to allow Part-FCL pilot licences holders who have made a PMD to exercise the privileges of the IRR Rating, if endorsed on the licence and valid.
- 3.36 Turbine engine helicopter type ratings with our proposed change to remove the at or less than 5700kg category, this may affect some pilots who are flying turbine engine non-Part 21 helicopters. The CAA will contact these pilots directly to ensure that they are made aware of a possible change and the need to hold a Medical Certificate. There are no proposals to change the limitation, not allowing a pilot to operate a Part 21 turbine engine helicopter type endorsed on a Part-FCL licence.
- 3.37 We are proposing that student pilots for Sailplane Pilot Licence (SPL) and Balloon Pilot Licence (BPL) should be able to make a PMD, if they meet the DVLA Class 1 standard and hold a current Full UK driving licence, in order to complete their supervised solo flights and apply for the licence.
- 3.38 We propose retaining the requirement that no flights for reward or commercial benefit should be allowed under the PMD scheme. Currently holders of a NPPL(A), PPL(G) and PPL(BA) with valid Instructor Certificates and Examiner Authorisations can conduct remunerated flight instruction and testing for the issue of a NPPL(A) with Microlight and Self Launching Motor Glider (SLMG) class ratings, a Private Pilot's Licence for Gyroplanes and Private Pilot's Licence for Balloons.
- 3.39 Pilots can also conduct cost sharing and introductory flights having made a PMD.
- 3.40 The current requirements for the at or less than 2000kg category are:
 - Reasonably believe that they meet the medical requirements for a Group 1 (Car) Licence issued by the DVLA and:
 - Not taking medication for any psychiatric illness
- 3.41 The panel felt that the requirement of not taking medication for any psychiatric illness could be removed. They felt that the risk was tolerable as it is with drivers.

Questions

Question 13

To what extent do you agree that the current limitations for the at or less than 2000kg are proportionate and should remain unchanged?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 14

To what extent do you agree that student pilots for SPL and BPL should be able to utilise the PMD for their supervised solo flights and application for SPL and BPL?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 15

To what extent do you agree that the mental health aspect for the at or less than 2000kg category should be removed?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 16

Do you agree that instructors and examiners, who fly for Microlights, Gyroplanes and Balloons (not including CPL(G), CPL(B), BPL for Commercial Passenger flights),, should be able to continue?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 17

Currently, a pilot undertaking a cost sharing flight with up to 3 passengers can do so whilst having made a PMD. Do you agree that a PMD is sufficient for a pilot undertaking this type of activity?

Strongly agree Agree Neither agree or disagree Disagree Strongly disagree

Comments

Question 18

What do you believe the passenger restriction for the PMD should be?

No passengers

Up to 3 passengers (As is)

Up to 3 passengers, with all passengers being informed that the pilot is operating using a PMD and not a medical certificate. Any passengers under the age of 18, parents must be informed and give consent)

Comments

Theme 5 - Charges

- 3.42 The PMD is currently a free service as there is no input required by the CAA. A pilot makes a declaration on the portal, and this is automatically updated on the system.
- Like most regulators in the UK, we are funded by the charges we levy on the industry we regulate. We are not funded by the UK taxpayer and are legally required to cover the cost of our regulatory activity through charges on the industry.
- 3.44 A charge will be introduced to ensure that the costs the CAA incurs for this activity are sufficiently covered. This will be addressed as part of the annual scheme of charges consultation.
- 3.45 The changes proposed in the consultation are also being considered in the GA Pilot Licensing and Training Simplification reviews to hopefully remove any unintended consequences of these changes.

Question 19

If you have any suggestions for other improvements to the PMD, please detail below.

Comments (non mandatory)

Chapter 5

Appendices

Appendix	Location
Appendix 1	The Air Navigation Order 2016 (legislation.gov.uk)
Appendix 2	Medical requirements for private pilots - LAPL Civil Aviation Authority (caa.co.uk)
Appendix 3	ORS4 No. 1575 (caa.co.uk)