

Public consultation: UK Private Pilot Licence and National Private Pilot Licence Medical Requirements

CAP 1284



Contents

Contents	2
Executive summary	4
Next steps and how to respond	5
Background	6
Our approach to GA regulation	6
National Private Pilot Licence and UK Private Pilot Licence current medical requirements	8
National Private Pilot Licence	8
Current NPPL medical requirements	9
UK Private Pilot Licence	10
Glider Licence	10
Balloons - UK Private Pilot Licence and Restricted Commercial Pilot Licence	10
Medical requirements for UK licences	11
Medical requirements - validity	12
NPPL declaration of medical fitness	12
EASA Class 2 medical certificate	12
EASA LAPL medical	12
Recreational flying – risks	13
How safe is GA flying compared to other recreational activities?	13
Causes of GA accidents	13
General aviation – fatalities with a suspected medical cause	14
Third party risk	15
Third parties on the ground	15
The approach of the Federal Aviation Administration (FAA)	16
Proposal and factors for consideration	17
Proposal	17
The UK Air Navigation Order	17
Pilot training/ behaviour	17
Risk of incapacitation	18



Degeneration of senses	21
Psychiatric conditions	21
Third party risk	22
Third party risk - passengers	22
Third party risk – flight students	23
Third party risk – to the public on the ground	23
Other considerations	24
Commercial pilots - balloons	24
EASA PPLs flying non-EASA aircraft	24
Cost and benefit assessment	25
Benefits	25
Annex A Questions	26
Annex B DVLA Group 1 requirements for NPPL	28
Annex C Fatal GA accidents - possible medical cause	29
Annex D Third parties on the ground	31
Annex E Medical screening	33
Annex F References	35

Executive summary

In keeping with our new approach to make the regulation of General Aviation (GA) more proportionate and less burdensome, while still seeking to protect third parties, we are launching a consultation to propose that the medical requirement for a UK Private Pilot Licence or a National Private Pilot Licence holder is to hold a current DVLA Group 1 Ordinary Driving Licence (ODL). It is proposed that, in general, no General Practitioner (GP) or Authorised Medical Examiner (AME) intervention is required. Existing medical options (for example a UK declaration with GP counter signature) will remain available.

Driving licences have to be renewed every three years after the age of 70 and, apart from an eye test, only require self-declaration. The primary benefits to pilots will be cost and time savings.

An introduction is provided to the existing UK and NPPL holder privileges and the current medical standards required. We then consider the risks associated with flying and look at the safety of GA flying compared to other recreational activities. We also review the causes of aircraft accidents and likelihood of medically caused accidents. The risk to third parties of GA is considered and the regulatory approach taken by the Federal Aviation Administration in the USA is also reviewed.

There are additional themes which are considered, which include the probability of a pilot being medically incapacitated whilst flying, how age affects medical conditions and also the effect of psychiatric conditions. Other options include limiting the size of aircraft which a pilot can fly, and limiting the number of passengers which may be carried. Self-certification is also a suggestion, where pilots could declare themselves fit to fly on a regular basis and, potentially submit this information to us.

Your feedback on the proposal is requested and a consolidated list of questions is found in [Annex A](#). Please note that none of the proposals in this consultation will affect pilots conducting Commercial Air Transport flights such as those with fare paying passengers.

A response to this consultation is requested by 10th July 2015. The information received will be used to determine how to take this proposal forward.

Next steps and how to respond

A full list of the consultation questions can be found in [Annex A](#).

Responses to this consultation should be sent to gaconsultations@caa.co.uk by 10th July 2015.

There is also a Survey Monkey response tool at: www.surveymonkey.com/s/GAmed

Background

Our approach to GA regulation

In response to the Government's GA Red Tape Challenge (RTC) of 2013, we conducted a fundamental review of our approach to the regulation of GA, with a view to making it more proportionate and less burdensome.

This led to the creation of our GA Programme, a portfolio of projects designed to address issues and recommendations from the GA RTC and improve the regulation of UK GA in general. It is managed by our GA unit, and involves drawing on resource and expertise from throughout the organisation.

To guide us in doing this, we set out the following principles:

- Only regulate directly when necessary and do so proportionately;
- Deregulate where we can;
- Delegate where appropriate;
- Do not gold-plate, and quickly and efficiently remove gold-plating that already exists.

The GA Policy Framework¹ was published in November 2014 and is the mechanism by which we will deliver on those principles while continuing to meet our statutory duties to protect the public.

The primary stakeholders that the framework aims to protect are:

- Uninvolved third parties on the ground;
- Other users of airspace, including commercial air transport;
- Third party participants onboard GA aircraft where we have developed guidelines to inform them of the risks associated with the relevant activity.

We have also proactively engaged with the European Aviation Safety Agency (EASA) to help bring about change. EASA is also taking a new approach to GA and the UK is taking a leading role in enabling more proportionate and better regulation, with the Head of our GA Unit chairing the EASA national aviation authorities GA roadmap group and being one of the six-strong EASA GA task force. While the proposals included in this consultation are focused only on UK licence holders, if this new approach to pilot medical requirements is implemented, then the UK may be able to influence EASA in considering reviewing the medical requirements for EASA licence holders flying EASA aircraft.

¹ [GA Policy Framework](#)

Through abiding by our principles for the regulation of GA, and using the GA Policy Framework process to assess third party risk, we are introducing the proposal to reduce the medical requirements for the National Private Pilot Licence and UK Private Pilot Licence. The number of aircraft accidents which may have a possible (not conclusive) medical cause is very small. A more proportionate approach to private pilot medical requirements is to remove the need for GP intervention. The proposal is that a current DVLA Group 1 Ordinary Driving Licence (ODL) is sufficient for private pilots.

This new more proportionate approach should reduce both the amount of time and money spent on medical examinations and tests by UK private pilots while having little impact on overall safety standards.

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National Private Pilot Licence and UK Private Pilot Licence current medical requirements

The focus of this consultation is the medical standards for the National Private Pilot Licence (NPPL) and the UK Private Pilot Licence (UK PPL). We also consider all types of GA aircraft (for example aeroplanes, helicopters, gliders, gyroplanes) where GA is defined to be aeroplanes with a maximum certified take off mass (MTOM) of less than 5,700kg and helicopters with an MTOM less than 3,175kg. Regulation for the NPPL and UK PPL is stipulated in the Air Navigation Order² (ANO) and therefore can be amended by the UK without referral to the European Commission. The ANO can be further amended to allow EASA PPL holders flying non-EASA aircraft to benefit from any regulation (or de-regulation) but the main focus of this consultation is on the privileges of UK licence holders.

NPPL privileges allow the holder to fly UK registered aircraft of up to four seats, MTOM of 2,000kg and with a maximum indicated airspeed (IAS) of 140 knots within UK airspace. Operations are currently restricted to flying under Visual Flight Rules (VFR), however there is a separate consultation on the Air Navigation Order where the privileges of the NPPL will be reviewed. NPPL holders may also currently fly EASA aircraft within the restriction of a Light Aircraft Pilot Licence (LAPL)³.

The UK PPL licence is an ICAO compliant PPL valid for life and enables the pilot to fly non-EASA aircraft with additional class/type ratings and EASA aircraft within the privileges of a LAPL (at the time of writing).

National Private Pilot Licence

The NPPL with Simple Single Engine Aircraft (SSEA) Class Rating was introduced in 2002 to encourage people to take up flying by creating a national licence with a shorter minimum time requirement than the ICAO compliant JAR PPL. The microlight and Self-Launching Motor Glider (SLMG) stand-alone licences that existed at the time were discontinued and replaced with NPPL Class Ratings to simplify the national licence options into one licence. It also addressed the Joint Aviation Authorities (JAA)⁴ medical requirements being more stringent than previous UK levels making them less appropriate for recreational flying. Since the introduction, we have issued over 8,000 NPPL licences.

² www.caa.co.uk/cap393

³ [EASA LAPL](http://www.easa.europa.eu/easa/eng/press/pr2014-01)

⁴ The JAA was an associated body of the European Civil Aviation Conference representing the civil aviation regulatory authorities of a number of European States who had agreed to co-operate in developing and implementing common safety regulatory standards and procedures.

Current NPPL medical requirements

Prior to the NPPL all Simple Single Engine Aircraft licensing relied on the ICAO medical examination system, which use a network of Aeromedical Examiners (AMEs). However, holders of licences entitling them to fly microlights, gyroplanes, balloons or airships made a declaration of fitness on CAA Form 150 A/B. The form was countersigned by the holders GP. Form 150 A/B also required that the GP certified that the holder had normal colour vision and if not advised that flight within controlled airspace, where signal lights might be used to communicate, could only be made when equipped with radio. (It should be noted that, whilst the NPPL exists for helicopters, it has to be supported by a LAPL(H) with at least a LAPL medical).

The NPPL was established using a declaration of medical fitness by the pilot which is then countersigned by their general practitioner, who has access to the pilot's medical records. The general practitioner (GP) is not required to determine whether the applicant meets either the UK DVLA Group 2 professional driving standards (if the pilot proposes to fly with passengers) or the UK DVLA Group 1 Ordinary Driving Licence (ODL) standards (if the pilot proposes to fly solo or with a safety pilot). [Annex B](#) sets out in more detail the medical standards required for each driving standard. The introduction of the NPPL brought this change to the medical requirements because we believed that a GP's knowledge of a pilot's past medical history would be at least as good, and possibly better than, a physical examination by an AME.

Non-disclosure of significant medical information to AMEs is not uncommon. We have knowledge of some fatal medically-caused accidents where the GP had knowledge of an issue, for example alcohol misuse, depressive illness or coronary artery disease, but this was unknown to the AME.

The DVLA Group 2 professional driving standards are very similar to a Class 2 ICAO medical, but without any routine investigations (for example ECG, blood test, lung function test). The DVLA Group 1 Ordinary Driving Licence (ODL) standards are considerably lower. We decided to use the Group 1 ODL standards for the NPPL (if the pilot flies solo or with another qualified pilot who could take control in the event of pilot incapacitation) because of the reduction of potential risk to passengers and the extreme rarity of light aircraft crashes (from any cause) killing or injuring third parties on the ground.

At the same time as these standards were introduced for single engine piston (SEP) aircraft that weigh less than 2,000kg, microlight and self-launching motor glider (SLMG) ratings were also added to the NPPL, with the same medical requirements. The British Gliding Association (BGA) had used a similar system of GP-countersigned self-declaration for many years.

The Aircraft Owners and Pilots Association, the Light Aircraft Association, the British Microlight Aircraft Association and the British Gliding Association have been administering the NPPL, appointing their own medical advisers. These doctors are the first point of

contact for pilots or their GPs requiring further information on the National PPL medical standards.

UK Private Pilot Licence

The UK PPL requires an EU Class 2⁵ (or Class 1) medical. An NPPL medical declaration or LAPL medical certificate can also be used, but this means the licence holds the same restrictions as an NPPL. The total number of UK Private Pilot Licence holders with a current medical is approximately 14,600 (as of October 2014).

Glider Licence

The British Gliding Association (BGA) is the governing body for the sport of gliding in the UK. There are approximately 7,000 glider pilots in the UK. The BGA has recently voted to return to their original system of self-declaration of fitness for solo flight.

Balloons - UK Private Pilot Licence and Restricted Commercial Pilot Licence

Both the UK PPL(B) and the CPL(B) Restricted licences require the GP signed NPPL medical standard declaration. A Restricted CPL(B) pilot has limited privileges and is restricted to aerial work, not public transport (so they cannot take fare paying passengers). A full CPL(B) is required to undertake public transportation of fare paying passengers. Our proposal is to consider changing the medical requirements for the UK PPL(B) and UK Restricted CPL(B) only, as this is in line with our focus on GA and recreational flying. There are approximately 500 balloon pilots who fall into these categories.

⁵ [EU Class 2 Medical](#)

Medical requirements for UK licences

The current medical options for the UK licences are:

Licence type	Medical requirement	Approximate number of licences
UK PPL aeroplanes, helicopters, SLMG	EU Class 2 (or Class 1) medical certificate	~14,600
(National) PPL	NPPL GP-countersigned declaration or an EASA LAPL Medical certificate or an EASA Class 2 Medical certificate or an EASA Class 1 Medical certificate	~8,600 (max)
UK Restricted CPL(B)	NPPL GP-countersigned declaration*	~500
UK PPL balloons	NPPL GP-countersigned declaration*	
UK PPL gyroplanes	NPPL GP-countersigned declaration*	~200
UK PPL microlights	NPPL GP-countersigned declaration*	~ 500
Gliders		~7,000
TOTAL		31,400 (max)

Figure 1

Notes:

1. UK PPL licence figures are correct as of October 2014 and include the number of current licences based on those with a current EASA medical certificate.
2. NPPL – this is the total number of licences issued by the CAA by the end of October 2014. We do not have a record of those with current medicals, as the CAA is not necessarily involved in this process.
3. UK PPL microlights – number of licences issued by the CAA since 2000.
4. The figures do not include those who may hold a commercial pilot licence but exercising the privileges of a private pilot licence holder.
5. *It should be noted that medical certificates such as EASA Class 2 and EASA Class 1 will also be accepted for these licences.

Based on the figures in the table above (Figure 1), the maximum pilot population which could take advantage of a proposal covering UK PPLs and NPPLs is approximately 32,000.