

Good aviation medical practice for Aeromedical Examiners and Medical Assessors

CAP 1412



Published by the Civil Aviation Authority, 2016

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

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First published 2016

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Introduction

This document aims to provide further guidance to doctors, both Aeromedical Examiners (AMEs) and Medical Assessors (MAs), on how the elements of [Good Medical Practice](#) (PDF), published by the General Medical Council (GMC), might relate to their aviation medical practice. *Good Medical Practice* describes what is expected of all doctors registered with the GMC. Doctors should be familiar with *Good Medical Practice* and the explanatory guidance that supports it, and to follow the guidance it contains.

The text is intended to set down standards for good aviation medical practice for both medical assessors and AMEs and interprets the GMC's guidance *Good Medical Practice* in the context of aviation medicine. There are also some references to statutory requirements for AMEs and MAs. The additional guidance provided in this document is not exhaustive and does not necessarily cover all aspects of *Good Medical Practice* that are relevant to AMEs and MAs. Doctors must use their judgement in applying the principles to their situation and they should also be prepared to explain and justify their decisions and actions. The text from *Good Medical Practice* is reproduced with permission from the GMC.

This document may be useful for clinical appraisal where doctors have to consider and document reflection on how they are meeting the requirements of *Good Medical Practice* in their day to day work.

Duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.

- Provide a good standard of practice and care.
- Keep your professional knowledge and skills up to date.
- Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
- Treat patients politely and considerately.
- Respect patients' right to confidentiality.
- Work in partnership with patients.
- Listen to, and respond to, their concerns and preferences.
- Give patients the information they want or need in a way they can understand.
- Respect patients' right to reach decisions with you about their treatment and care.
- Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Domain 1

Knowledge, skills and performance

Develop and maintain your professional performance

7. You must be competent in all aspects of your work, including management, research and teaching.
8. You must keep your professional knowledge and skills up to date.
9. You must regularly take part in activities that maintain and develop your competence and performance.
10. You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career.
11. You must be familiar with guidelines and developments that affect your work.
12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
13. You must take steps to monitor and improve the quality of your work.

AMEs and MAs are required to keep their aviation medicine knowledge up to date. AMEs are expected to attend at least 20 hours of refresher training every 3 years (Part MED.A.030 and AMC). A proportion of this should be provided by, or directly supervised by, the CAA. In keeping with the revalidation requirements for all doctors, MAs are required to complete around 250 hours of continuing professional development (CPD) over a 5 year revalidation cycle. An appropriate amount of this should be dedicated to aviation medicine depending on the proportion of time spent working as a MA.

For AMEs, in addition to attending lectures, seminars and workshops, these refresher training activities may include internal auditing, “difficult case” discussions with other AME colleagues or significant event analysis. MAs may also be involved in teaching, research and the production of policy or guidance material which they might record as CPD.

The CAA has published the implementing rules and acceptable means of compliance contained in Part MED on its website. There are a number of guidelines for ‘common’ conditions published to supplement the part MED text and assist AMEs and applicants. Both AMEs and MAs should ensure that they are familiar with all of these and remain up to date with any developments. It is preferable to refer to the latest document on the CAA website rather than printing documents to ensure that the latest document is used for reference.

Part MED is Annex IV of Commission Regulation (EU) 1178/2011 and therefore the implementing rules (IRs) are mandatory. AMEs and MAs should ensure that they are familiar with these along with the laws relating to medical practice in the country where they practise and the guidance provided by the GMC (or relevant medical regulator for the country in which the AME practises). There are also UK laws relevant to those employed by, or working as agents on behalf of, the UK CAA. These include the Civil Aviation Act and the Air Navigation Order. AMEs and MAs should be aware of Section 23 of the Civil Aviation Act concerning the disclosure of information furnished to the CAA in pursuance of any provision of this Act or of an Air Navigation Order.

AMEs and MAs should also be seeking formal feedback from both customers and colleagues as part of the supporting evidence required for medical revalidation. This might include the outcome of oversight visits by the CAA to AMEs and formal feedback from AMEs to the MAs leading the visit.

Apply knowledge and experience to practice

- 14. You must recognise and work within the limits of your competence.
- 14.1 You must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.

15. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
- adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient;
 - promptly provide or arrange suitable advice, investigations or treatment where necessary;
 - refer a patient to another practitioner when this serves the patient's needs.
16. In providing clinical care you must:
- prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs;
 - provide effective treatments based on the best available evidence;
 - take all possible steps to alleviate pain and distress whether or not a cure may be possible;
 - consult colleagues where appropriate;
 - respect the patient's right to seek a second opinion;
 - check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications;
 - wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.
17. You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.
18. You must make good use of the resources available to you.

Part MED sets out the requirements for referral of specific cases to the licensing authority or where decisions must be made in consultation with the licensing