

## **UK - EU Transition - CAA Decisions**

### **DECISION No. 1**

**Publication date: 22 December 2020**

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**Decision enabling EASA Acceptable Means of Compliance, Guidance Material and Certification Specifications adopted by EASA to continue to be valid in the United Kingdom from Exit Day onwards unless and until amended or withdrawn by the CAA**

#### **Background**

The European Union (Withdrawal) Act 2018 (the Act) retains European Union (EU) legislation in force on EU Exit Day into UK domestic law. This includes any EU regulation, EU decision and EU tertiary legislation.

However, EASA (as against EU) decisions in the form of Acceptable Means of Compliance (AMC), Guidance Material (GM) and Certification Specifications (CS) are not within the scope of the Act. AMC, GM and CS assist in implementation of the law and are frequently referred to as 'soft law'. The CAA intends to use its power to adopt AMC, GM and CS in the form of EASA AMC, GM and CS published on or before Exit Day.

#### **Decision**

The CAA, under Article 76(3) of Regulation (EU) 2018/1139<sup>[1]</sup>, has decided:

1. The CAA, under Article 76(3) of Regulation (EU) 2018/1139, has decided that all EASA Acceptable Means of Compliance (AMC) published by EASA on or before Exit Day (whether pending or in force) are means by which the requirements in the applicable retained EU legislation can be met. However, entities may show compliance by other means. Furthermore, the CAA has also decided that any Alternative Means of Compliance (AltMoC) proposed and/or accepted by the CAA on or before Exit Day will continue to be means by which the requirements in the applicable retained EU legislation can be met. This paragraph will not apply to AMC set out in paragraph 4 below;
2. The CAA, under Article 76(3) of Regulation (EU) 2018/1139, has decided that all EASA Guidance Material (GM) published by EASA on or before Exit Day (whether pending or in force) is non-binding explanatory and interpretation material on how to achieve the requirements in the applicable retained EU legislation. This paragraph will not apply to GM set out in paragraph 4 below;
3. The CAA, under Article 76(3) of Regulation (EU) 2018/1139, has decided that all EASA Certification Specifications (CS) published by EASA on or before Exit Day (whether pending or in force) are non-binding technical standards that may be used to meet the requirements of the applicable retained EU legislation. The CAA has also decided that where the CAA has accepted that an Equivalent Level of Safety (ELOS) demonstrates

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<sup>[1]</sup> UK (EU retained) law pursuant to the European Union (Withdrawal) Act 2018.

they meet the intent of the CS on or before Exit Day such ELOS may be used to meet the requirements of the applicable retained EU legislation.

4. The AMC and GM referred to in paragraph 1 and 2 that do not apply are:
  - a. Regulation (EU) 1178/2011
    - (i) AMC1 ARA.MED.135 (a) (b) & (c)
    - (ii) GM1 ARA.MED.135 (b) & (c)
    - (iii) All AMC for Annex IV Part-MED Subpart C - Requirements for Medical
    - (iv) AMC1 MED.B.040 (d)
    - (v) AMC2 MED.B.040 (b)
    - (vi) AMC1 MED.B.075
    - (vii) AMC2 MED.B.075
    - (viii) AMC15 MED.B.095
  - b. Regulation (EU) 2015/340
    - (i) AMC1 ATCO.AR.F.005
    - (ii) AMC1 ATCO.AR.F.020

5. The CAA, under Article 76(3) of Regulation (EU) 2018/1139<sup>[1]</sup>, has decided to adopt as AMC and GM such AMC and GM attached as **Schedule 1** to this decision.

This decision will remain in force unless revoked or amended by the CAA.

### Definitions

“Exit day” has the same meaning as in section 20 of the European Union (Withdrawal) Act 2018.



Rob Bishton  
For the Civil Aviation Authority and the United Kingdom

Date of Decision: 22 December 2020

Date of Decision Coming into force: 1 January 2021 (or Exit Day whichever is the later)

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<sup>[1]</sup> UK (EU retained) law pursuant to the European Union (Withdrawal) Act 2018.

## **Schedule 1**

**Includes the Alternative Means of Compliance documents referred to below:**

## United Kingdom Civil Aviation Authority

## Safety and Airspace Regulation Group

## Medical



## Notification of Alternative Means of Compliance (AltMoC)

**Regulation Reference:** COMMISSION REGULATION (EU) No 1178/2011 Annex: IV Part MED

**Subject:** Colour Vision (MED.B.075)

### Summary:

Further experience and evidence of the inconsistency of current methods of colour vision testing indicates that the UK AltMoC for colour vision requires updating.

The advanced methods of colour vision testing in the published AMC allow testing by unreliable means such as Lantern tests and the requirements for anomaloscope tests do not provide clarity of the interpretation of results. Therefore, the lantern tests have been deleted, the anomaloscopy testing and interpretation methods have been updated, and the Colour Assessment and Diagnosis (CAD) Test, remains included as an acceptable test. The number of plates required to 'pass' the Ishihara screening test for LAPL applicants wishing to gain a night rating have also been amended

### Current Implementing Rule and AMC

#### Implementing Rule: MED B.075 Colour vision

##### MED.B.075 Colour vision

- (a) Applicants shall be required to demonstrate the ability to perceive readily the colours that are necessary for the safe performance of duties.
- (b) *Examination*
  - (1) Applicants shall pass the Ishihara test for the initial issue of a medical certificate.
  - (2) Applicants who fail to pass in the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.
- (c) In the case of Class 1 medical certificates, applicants shall have normal perception of colours or be colour safe. Applicants who fail further colour perception testing shall be assessed as unfit. Applicants for a Class 1 medical certificate shall be referred to the licensing authority.
- (d) In the case of Class 2 medical certificates, when the applicant does not have satisfactory perception of colours, his/her flying privileges shall be limited to daytime only.

##### AMC1 MED B.075 Colour vision (Class 1)

- (a) At revalidation, colour vision should be tested on clinical indication.
- (b) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.
- (c) Those failing the Ishihara test should be examined either by:
  - (1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by
  - (2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.

**AMC2 MED B.075 Colour vision (Class 2)**

- (a) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.
- (b) Those failing the Ishihara test should be examined either by:
  - (1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by
  - (2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns.
- (c) Colour vision should be tested on clinical indication at revalidation or renewal examinations.

**AMC15 MED.B.095 Colour Vision (LAPL)**

Applicants for a night rating should correctly identify 9 of the first 15 plates of the 24-plate edition of Ishihara pseudoisochromatic plates or should be colour safe.

**UK Current Alternative Means of Compliance****Alternative AMC1 MED B.075 Colour vision**

- (a) At revalidation, colour vision should be tested on clinical indication.
- (b) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.
- (c) Those failing the Ishihara test should be examined either by:
  - (1) anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match is trichromatic and the matching range is 4 scale units or less; or by
  - (2) lantern testing with a Spectrolux, Beynes or Holmes-Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns; or by
  - (3) Colour Assessment and Diagnosis (CAD) Test. This is considered passed if the threshold is less than 6 SU for deutan deficiency, or less than 12 SU for protan deficiency. A threshold greater than 2SU for tritan deficiency indicates an acquired cause which should be investigated.

**Amendment to PART MED (agreed March 2018, for implementation later this year)****MED.B.075 Colour vision (As amended to be implemented 2018)**

- (a) Applicants shall be assessed as unfit, where they cannot demonstrate their ability to readily perceive the colours that are necessary for the safe exercise of the privileges of the licence.
- (b) *Examination and assessment*
  - (1) Applicants shall be subjected to the Ishihara test for the initial issue of a medical certificate. Applicants who pass that test may be assessed as fit.
  - (2) For a class 1 medical certificate:
    - (i) Applicants who do not pass the Ishihara test shall be referred to the medical assessor of the licensing authority and shall undergo further colour perception testing to establish whether they are colour safe.
    - (ii) Applicants shall be normal trichromats or shall be colour safe.
    - (iii) Applicants who fail further colour perception testing shall be assessed as unfit.
  - (3) For a class 2 medical certificate:
    - (i) Applicants who do not pass the Ishihara test shall undergo further colour perception testing to establish whether they are colour safe.
    - (ii) Applicants who do not have satisfactory perception of colours shall be limited to exercising the privileges of the applicable licence in daytime only.

**UK Alternative Means of Compliance (as amended March 2018)****Alternative AMC1 MED B.075 Colour vision (Class 1)**

- (a) At revalidation, colour vision should be tested on clinical indication.
- (b) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.

(c) Those failing the Ishihara test should be examined either by:

- (1) ~~anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match shows normal trichromacy is trichromatic, i.e. a matching midpoint of 38-42 scale units and the matching range is 4 scale units or less; or by-~~
- (2) ~~lantern testing with a Spectrolux, Baynes or Holmes Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns; or by~~
- (2) Colour Assessment and Diagnosis (CAD) Test. This is considered passed if the threshold is less than 6 SU for deutan deficiency, or less than 12 SU for protan deficiency. A threshold greater than 2SU for tritan deficiency indicates an acquired cause which should be investigated.

#### **Alternative AMC2 MED B.075 Colour vision (Class 2)**

(a) At revalidation, colour vision should be tested on clinical indication.

(b) The Ishihara test (24 plate version) is considered passed if the first 15 plates, presented in a random order, are identified without error.

(c) Those failing the Ishihara test should be examined either by:

- (1) ~~anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match shows normal trichromacy is trichromatic, i.e. a matching midpoint of 38-42 scale units and the matching range is 4 scale units or less; or by-~~
- (2) ~~lantern testing with a Spectrolux, Baynes or Holmes Wright lantern. This test is considered passed if the applicant passes without error a test with accepted lanterns; or by~~
- (2) Colour Assessment and Diagnosis (CAD) Test. This is considered passed if the threshold is less than 6 SU for deutan deficiency, or less than 12 SU for protan deficiency. A threshold greater than 2SU for tritan deficiency indicates an acquired cause which should be investigated.

#### **AMC15 MED.B.095 Colour vision (LAPL)**

a) Applicants for a night rating should correctly identify the first 15 plates of the Ishihara test (24 plate version), presented in a random order, are identified without error, or be colour safe.

(b) Those failing the Ishihara test should be examined either by:

- (1) Anomaloscopy (Nagel or equivalent). This test is considered passed if the colour match shows normal trichromacy, i.e. a matching midpoint of 38-42 scale units and the matching range is 4 scale units or less; or by-
- (2) Colour Assessment and Diagnosis (CAD) Test. This is considered passed if the threshold is less than 6 SU for deutan deficiency, or less than 12 SU for protan deficiency. A threshold greater than 2SU for tritan deficiency indicates an acquired cause which should be investigated.

#### **Assessment:**

##### **Assessed as meeting the Implementing Rule MED.B.075**

There is a wide diversity of colour testing methods employed and standards used for the assessment of flight crew minimum colour vision requirements throughout the world, including amongst European States.

##### Ishihara (IH) tests

Colour vision requirements and assessment of 'colour safety' based on Ishihara (IH) tests have the following problems:

- 1) Inconsistent application of the manufacturers' instructions / CIE protocols for the conduct of the tests by the test operator/institution.
- 2) Variation in the lighting conditions used to view the test plates (illuminant spectral power distribution and illuminance level).
- 3) Use of different test plate editions that are by no means identical, and the current availability of very inexpensive 'Ishihara' test plates sets on the web that may not be genuine.