# PILOTAWARE TALK

The LAA Oxford Group has a talk by Lee Moore and Keith Vinning about their LAA award winning PilotAware project on 12 October at 08:00pm. Venue is the Duke of Marlborough Hotel, Woodstock, OX20 1HT and guest entry is £3, which includes sandwiches after the talk.

#### MILES AIRCRAFT VOL 3

The third, and I imagine the final volume of Peter Amos' Miles Aircraft books is now available. Sub-titled *The Post-War Years* it covers the 1945 – 1948 period and the ultimate tragic demise of a company that still had so much to offer.

This, like the two earlier volumes, is a book for dipping into because it is a quite magnificent piece of work comprising of 450 pages, printed on quality paper with numerous photographs, mostly black and white but a fair number in colour. It is books like this make you realise that there will always be a place for printed matter, it is simply a joy to hold and leaf through, a joy no iPad, Kindle or computer will ever provide.

I cannot begin to delve into the history of Miles Aircraft, suffice to say it is as fascinating as it is diverse, and if you have a penchant for old aeroplanes, then you will not be disappointed. Published by Air Britain. ISBN 978 0 85130 480-9. Price £47.50.

#### KEEP CLEAR OF DROP ZONES

Only last month we published a plea from the gliding community to avoid overflying glider winch sites due to the collision risk, not only with a glider but also the winch cable. Now we are reminded of the risk of overflying parachute drop zones after a near collision took place over Chatteris when a C152 flew through the DZ whilst eight parachutists were descending.

The Airprox Board categorised the incident as category A, a serious risk of collision as it had simply been providence that had prevented a collision with the parachutists. The closest aircraft to parachute clearance was said to be about 300ft.

Parachute drop zones are clearly marked as such on the charts so please avoid them unless you have absolutely obtained information that they are inactive and clear to enter.

### SELF-DECLARED MEDICALS - THE DEVIL IN THE DETAIL.

## By Steve Slater

One of the big steps forward in the new Air Navigation Order which was launched at the end of August is the introduction of medical selfcertification for pilots holding a UK PPL or NPPL. Instead of a medical examination with an AME or a declaration with a GP counter-signature, the new online medical declaration is now regarded as an affirmation of your medical fitness to fly.

As the new form, CAA SRG 1210, states: "by submitting this declaration you are confirming that you reasonably believe that you meet the medical requirements for a Group 1 Ordinary Driving Licence issued by the Driver and Vehicle Licensing Agency (DVLA) and are not subject to any disqualifying medical condition". On that basis, the CAA should regard you as fit and able to 'exercise the privileges of your licence'.

In other words, if you are fit enough to drive your car to the airfield, you are fit enough to fly. This commonsense approach is based on proven statistical and medical data, which demonstrated the minimal additional risk to licence holders and the wider public which would come from removal of the old medical requirements for flying in UK airspace.

BUT Sadly, when the new ANO was announced, there appeared on the form with no prior consultation or discussion, a whole load of small print. The new form says that you cannot self-declare if you have, or have had, one of these conditions:

• Being prescribed medication for any psychiatric illness

- Bipolar disorder, psychosis or a diagnosis of personality disorder
- Drug abuse or alcohol misuse or addiction (or conviction for drink/drug driving)

 Being prescribed medication or treatment for angina or heart failure

- Cardiac surgical procedures including cardiac device implantation
- Recurrent fainting or collapse (syncope)
- Unexplained loss of consciousness
- Insulin treatment

- Chronic lung disease with shortness of breath on exertion
- Any neurological condition requiring
- medication
- Seizures or epilepsy

 Significant functional physical disability likely to impair safe operation of normal flight controls.

Should you be so afflicted, the CAA tells you to visit an AeroMedical Examiner (AME) certificated by the UK CAA and apply for a Light Aircraft Pilot's Licence (LAPL) medical certificate. The old route of a GP counter signature was also removed from the new process.

The added clauses and the removal of GP counter signature can be a major problem for some pilots who previously have applied for a self-declared medical for an NPPL precisely because they had suffered one of the above. They know (and all available risk data demonstrates) that they are perfectly safe to fly, but are now faced with worrying, and costly, annual medicals.

A poll of AMEs suggests an average cost of an initial LAPL examination of £147 and an ECG, if required, of £40. This is a significant increase from the previous average cost for a GP counter signature of between £10 and £50.

Worse still, many pilots are worried they will not be able to pass a LAPL medical and so will give up flying instead.

For example, a person who has suffered an epileptic fit is not permanently prevented from driving a car, nor were they permanently prevented from flying an aircraft under the GP counter signed declaration. However, due to a distant EASA directive, under the new system they will not be able to obtain a LAPL medical certificate as epilepsy is an excluded condition. Potentially, they will be stopped from flying.

There is no evidence that these pilots have had an unacceptable level of accidents due to medical incapacity under the old system and so we consider that this further requirement unnecessary, or regulatory gold-plating. We are working with the BMAA, BGA and British Balloon and Airship Club, all of whose members are similarly affected, to present a unified front advocating the removal of these unnecessary additional restrictions. We've got some highly qualified support from leading aeromedical practitioners, so here's hoping commonsense will prevail.