

COMMISSION INTERNATIONALE MEDICAL PHYSIOLOGIQUE (CIMP)

National Report - United Kingdom

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The National Private Pilot's Licence with the associated medical declaration endorsed by a General Practitioner with access to previous records now covers over twenty thousand pilots. Although this scheme is the responsibility of the UK Civil Aviation Authority, the administration has been delegated to the air sport associations. Borderline cases or other questions can be referred by the GP to a Medical Adviser appointed by the air sport concerned. Our experience has been that it has disclosed a different pattern of disease with many more cases in the psychological or psychiatric fields becoming apparent. Overall about 1% of all cases result in referral and this is similar to the percentage of cases of Class 1 or 2 pilots in which AMEs seek advice from the Authority. During the year there was a death in the air of an elderly pilot who had been limited to flying with another pilot, however the two seat glider landed uneventfully.

A difficult investigation followed a training accident in which the instructor received minor injuries but the pre-solo pupil was seriously injured. The instructor claimed to have suffered a loss of consciousness in the air, but did not tell the same story to either the hospital or his GP. Extensive investigations failed to disclose any medical cause and it was eventually decided by the accident investigator that this was a case of psychological denial.

Tony Segal has continued his work on crash testing of gliders and demonstrated in a paper to OSTIV that the rear pilot of a tandem two seat glider suffered more far greater vertical loads on the spine than front seat pilot, and that the later versions of the ASK13 fitted with a nose wheel were more damage tolerant than earlier versions with a wooden skid. One major UK Club is now modifying their aircraft.

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