

Guidance for Psychiatric Reports

The UK Regulations and UK CAA's Guidance Material for fitness decision, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website (www.caa.co.uk/medical).

The following subheadings are for guidance purposes only and should not be taken as an exhaustive list or definitive approach.

1. Diagnoses

2. History of complaint

- Presenting symptoms (including reason for referral)
- Nature of condition, circumstances surrounding onset, precipitating factors
- Other relevant medical history

3. Nature severity and course of illness

- Current symptoms
 - Specifically include details of any sleep deprivation, fatigue, impaired concentration, panic attacks, suicidal ideation, deliberate self-harm or delusions
- Results of clinical questionnaires, for example, Hamilton Scale Assessment

4. Personal history

- Childhood/development
- Social history
 - Relationships
 - Smoking / alcohol / other drugs
- Occupational history
- Financial / forensic history

5. Previous medical / psychiatric history

6. Family history

7. Treatment

- Received to date (e.g. CBT/counselling – past and ongoing treatment should be detailed)
- Current and past medications prescribed (including start and finish dates)
- Details of any side effects from current medication
- Details of referral for further treatment to other healthcare professionals

8. Follow up anticipated

- Anticipated follow up / frequency of clinical reviews and investigations

8. Likelihood of recurrence (see 'Aeromedical incapacitation risk' below)

- Prognosis and risk of recurrence, causing subtle impairment or acute partial or complete incapacitation

9. Clinical Implications

- Any concerns regarding symptom and diagnosis progression, treatment compliance or risk of incapacity

Aeromedical incapacitation risk

In an aeromedical context it is necessary to consider functional ability and the risk of incapacitation during the validity period of a medical certificate. Incapacitation may be physical or cognitive and the onset may be sudden or gradual, obvious or subtle, resulting in partial or complete incapacitation. Mental health conditions may present with gradual onset of subtle symptoms and signs resulting in a partial incapacitation that is present for the duration of the flight or duty period.

The "1% rule" is an objective method of assessing fitness from physical conditions and sets a target maximum 1% risk of incapacitation during a given year. It is derived for 2 pilot operations and cannot apply to solo pilots flying in public transport operations, when a risk that is an order of magnitude lower (i.e. 0.1% or less) is routinely used. Where a precise estimate of risk cannot be demonstrated, a risk of incapacitation that is not significantly higher than peers without the medical condition in question may be accepted.