

# Good aviation medical practice for Aeromedical Examiners and Medical Assessors

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# Introduction

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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

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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

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### **Develop and maintain your professional performance**

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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:
- a. 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;
  - b. promptly provide or arrange suitable advice, investigations or treatment where necessary;
  - c. refer a patient to another practitioner when this serves the patient's needs.
16. In providing clinical care you must:
- a. 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;
  - b. provide effective treatments based on the best available evidence;
  - c. take all possible steps to alleviate pain and distress whether or not a cure may be possible;
  - d. consult colleagues where appropriate;
  - e. respect the patient's right to seek a second opinion;
  - f. 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;
  - g. 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

authority irrespective of the level of competence of the AME. In all other cases AMEs and MAs should recognise and work within the limits of their competence. MAs will have access to consultant advisers in a variety of medical specialties to whom they can refer for advice. Where appropriate, AMEs should consider referring to another AME colleague or to an Aeromedical Centre if an issue is beyond their level of competence or if a decision is difficult and a consensus decision or peer review is warranted.

An important element of adequately assessing an applicant's condition includes an assessment of mental wellbeing. A medical examination for aeromedical certification should include a general enquiry about mental health which should include mood, sleep and alcohol use. The doctor should observe the applicant during the process of the examination and assess the mental state of the applicant under the broad headings of appearance/ speech/ mood/ thinking/ perception/ cognition/ insight. The doctor should also be looking out for any signs of alcohol or drug misuse.

The direct provision of clinical care is not part of an AME or MA role although there will be times when this may need to be facilitated urgently and applicants directed to where they can receive appropriate care. AMEs should avoid the conflicts of interest that can arise when they act in a regulatory capacity as an Aeromedical Examiner for a person for whom they also provide clinical care e.g. as a General Practitioner (see later text).

## **Record your work clearly, accurately and legibly**

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19. Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.
20. You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements.
21. Clinical records should include:

- a. relevant clinical findings;
- b. the decisions made and actions agreed, and who is making the decisions and agreeing the actions;
- c. the information given to patients;
- d. any drugs prescribed or other investigation or treatment;
- e. who is making the record and when.

Aside from recording the findings of the medical examination on AME On Line, there is a “contact management” function that should be used to record all contacts with applicants e.g. telephone calls, the receipt of reports and advice given by the MA or AME.

AMEs should be mindful of how they maintain records relating to applicants for aeromedical certification. This is particularly the case when using ‘stand-alone’ records systems or ‘cloud’ based storage systems. In addition, some information provided by applicants is protected by the statutory bars on disclosure contained in Section 23 of the Civil Aviation Act 1982. AMEs and MAs should be familiar with these requirements.

The UK CAA may require AMEs to provide records showing their assessments as part of oversight. From time to time AMEs and MAs may be required to assist the CAA Investigation and Enforcement Team with investigations into a breach of regulation by an applicant. Both AMEs and MAs will find this difficult if they have not maintained adequate records.

## Domain 2

## Safety and quality

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### **Contribute to and comply with systems to protect patients**

22. You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:
- a. taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary;
  - b. regularly reflecting on your standards of practice and the care you provide;
  - c. reviewing patient feedback where it is available.
23. To help keep patients safe you must:
- a. contribute to confidential inquiries;
  - b. contribute to adverse event recognition
  - c. report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk;
  - d. report suspected adverse drug reactions;
  - e. respond to requests from organisations monitoring public health.
- When providing information for these purposes you should still respect patients' confidentiality.

Systems of quality assurance and quality improvement are expected as part of all doctors' practice and are regularly assessed at clinical appraisal. AMEs are encouraged to form networks with fellow AMEs to undertake quality assurance and quality improvement activities e.g. case discussions, significant event analysis. MAs should also be undertaking these types of activities within the CAA.

## Respond to risks to safety

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24. You must promote and encourage a culture that allows all staff to raise concerns openly and safely.
25. You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised.
- a. If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away;
  - b. If patients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with our guidance and your workplace policy. You should also make a record of the steps you have taken;
  - c. If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.
26. You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care.
27. Whether or not you have vulnerable adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.

AMEs who employ staff should have processes within their practice that enable staff to raise concerns. These processes may for example be linked to practice policies for intimate examination and chaperones. If an AME has a concern about another AME they should take advice from their defence body and manage this in accordance with the GMC's guidance or their workplace policy. They should also make the Head of Oversight in the CAA's Medical Department aware of their concerns.

MAs should raise concerns with their line manager, the Chief Medical Officer or through the CAA's confidential reporting system. Concerns that relate to an AME can also be reported to the Head of Oversight in the Medical Department.

From time to time young people under age 18 years may apply for aeromedical certification. The GMC has advised that doctors should treat children and young people less than 18 years as vulnerable.

## **Protect patients and colleagues from any risk posed by your health**

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28. If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.
29. You should be immunised against common serious communicable diseases (unless otherwise contraindicated).
30. You should be registered with a general practitioner outside your family.

AMEs should let the CAA Medical Department know if there are any issues regarding their health that might impact on their judgment or performance and thus present an indirect risk to flight safety. The department does not necessarily need to know what the issue is but the Head of Oversight or the Oversight Manager can discuss an AME's certification with them and make appropriate arrangements with regards to their AME certificate. This may include a temporary suspension of the certificate until any issues are sufficiently resolved. MAs should raise any concerns about health issues with their line manager. They may be referred by their line manager for an occupational health assessment.

## Domain 3

## Communication, partnership and teamwork

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### Communicate effectively

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31. You must listen to patients, take account of their views, and respond honestly to their questions.
32. You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.
33. You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.
34. When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

It is important that AMEs and MAs are familiar with EASA implementing rules concerning aeromedical certification, their acceptable means of compliance and associated CAA guidance material so that they can properly assess and advise applicants. They should also be aware of applicable legislation and guidance material concerning other types of aviation medical certification and medical declarations (UK based AMEs and MAs only).

There is an obligation on AMEs to ensure that communication with an applicant can be established without language barriers (Part MED.A.025 (a)(1)). If this is not possible then the medical examination/assessment should not proceed.

It is important that if AMEs are not going to be available for period e.g. due to ill health or annual leave, that they make alternative arrangements for certificate holders who may need to contact an AME e.g. to seek advice regarding fitness or to notify a change in fitness. This could be arranged in the form of a reciprocal agreement with another AME colleague.

In addition to the support provided by on-line guidance material, the CAA Medical Department will Aeromedical be available to give AMEs information, advice or support during normal UK office hours either by telephone or e-mail:

[medicalweb@caa.co.uk](mailto:medicalweb@caa.co.uk).

## **Work collaboratively with colleagues to maintain or improve patient care**

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35. You must work collaboratively with colleagues, respecting their skills and contributions.
36. You must treat colleagues fairly and with respect.
37. You must be aware of how your behaviour may influence others within and outside the team.
38. Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.

The following is taken from the document “CAA Aeromedical Audit visits – a guide for AMEs”:

### ***Our promise to you***

- *We will endeavour to arrive for the audit visit punctually and never more than 10 minutes before the agreed time. If we are going to be more than 10 minutes late because of unforeseen circumstances we will try to contact you to let you know.*
- *We will behave courteously towards you and respect your status as a medical professional. This includes anything we might say whilst an applicant is present during a medical examination.*
- *Being able to demonstrate that you know how to access our guidance material is an important aspect of the visit and we will not expect you to know all of the medical requirements without access to reference material.*
- *Your audit report will be held confidentially by the CAA.*



**What we expect of you**

- *You should make all efforts to accommodate the audit visit even if notified as an “unannounced” inspection.*
- *You should be ready to commence the audit visit when we arrive.*
- *If we provide you with the audit forms in advance, you will have reviewed these and be prepared to provide evidence to demonstrate your compliance with the relevant requirements set out in Part MED. Where we have not notified you in advance which medical records will be reviewed you should have all of your active CAA medical records accessible during the visit.*
- *We expect that you will behave courteously and not speak disparagingly of the CAA either to the auditor or to any applicant you are assessing.*
- *There should be minimal interruptions during the audit visit e.g. have no more than one medical examination booked (except in exceptional circumstances during unannounced audit visits).*

**Teaching, training, supporting and assessing**

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39. You should be prepared to contribute to teaching and training doctors and students.
40. You must make sure that all staff you manage have appropriate supervision.
41. You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. References must include all information relevant to your colleagues' competence, performance and conduct.
42. You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals.
43. You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times.

MAs are expected to contribute to the training that the CAA undertakes. This includes teaching on aviation and space medicine courses as well as contributing to the training and mentoring of specialty registrars.

Although there are no obligations on AMEs to provide teaching and training as part of their certification, a number have found this useful as part of their business activity and for their own professional development. Doctors who wish to upgrade their AME certification so that they can undertake Class 1 medical examinations are currently required to undertake training in an Aeromedical Centre.

The Head of an Aeromedical Centre is responsible for coordinating the assessment of examination results and signing reports, certificates, and initial class 1 medical certificates (Part ORA.AeMC.210 (b)) and all AMEs are responsible for the medical examinations they undertake and certificates that they issue.

AMEs and MAs who become aware of an AME/MA colleague who has problems with their performance or health must act in the best interests of the safe assessment of applicants and flight safety.

## **Continuity and coordination of care**

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44. You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must:
- a. share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers;
  - b. check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.
45. When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you

must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.

When an applicant transfers from one AME to another, the original AME should endeavour to assist the applicant's new AME if contacted (assuming informed consent has been given by the applicant).

## **Establish and maintain partnerships with patients**

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46. You must be polite and considerate.
47. You must treat patients as individuals and respect their dignity and privacy.
48. You must treat patients fairly and with respect whatever their life choices and beliefs.
49. You must work in partnership with patients, sharing with them the information they will need to make decisions about their care, including:
  - a. their condition, its likely progression and the options for treatment, including associated risks and uncertainties;
  - b. the progress of their care, and your role and responsibilities in the team;
  - c. who is responsible for each aspect of patient care, and how information is shared within teams and among those who will be providing their care;
  - d. any other information patients need if they are asked to agree to be involved in teaching or research.
50. You must treat information about patients as confidential. This includes after a patient has died.
51. You must support patients in caring for themselves to empower them to improve and maintain their health. This may, for example, include:
  - a. advising patients on the effects of their life choices and lifestyle on their health and well-being;

b. supporting patients to make lifestyle changes where appropriate.

52. You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role.

In the GMC document [Confidentiality](#) (PDF) there is guidance concerning circumstances in which disclosure of confidential information (with or without consent) might be required to protect individuals or society. AMEs should inform the CAA immediately if they are concerned that an applicant represents a risk to public safety.

Although doctors working as MAs or AMEs not directly responsible for providing clinical care to an applicant, they can provide information about the requirements for certification, advise on how a medical condition will affect fitness to fly and support applicants in obtaining the relevant reports and investigations to complete their application. AMEs are obliged to make applicants aware of the consequences of providing incomplete, inaccurate or false statements about their medical history and how their information will be handled.

The regularity with which AMEs see their applicants lends itself to using routine medicals as an opportunity for health promotion, particularly as the examination involves a declaration of alcohol intake, smoking habits, measurement of weight and height and discussions about breast/testicular examination.

Secure recording and storage of medical information is essential for the maintenance of medical confidentiality. MAs are required to work in compliance with the CAA's policies regarding data protection, irrespective of where they practice. Mandatory training and periodic refresher training in data protection form part of the job requirement for a MA. AMEs should ensure that they store medical information securely in a way that maintains confidentiality and complies with the UK Data

Protection Act and Section 23 of the Civil Aviation Act, particularly if they are using systems other than AME on Line.

## Domain 4

## Maintaining trust

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### Show respect for patients

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53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.
54. You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.
55. You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should:
- put matters right (if that is possible);
  - offer an apology;
  - explain fully and promptly what has happened and the likely short-term and long-term effects.

### Treat patients and colleagues fairly and without discrimination

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56. You must give priority to patients on the basis of their clinical need if these decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety, dignity or comfort may be seriously compromised, you must follow the guidance in paragraph 25b.
57. The investigations or treatment you provide or arrange must be based on the assessment you and your patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions or lifestyle have contributed to their condition.

58. You must not deny treatment to patients because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making other suitable alternative arrangements for providing treatment.
59. You must not unfairly discriminate against patients or colleagues by allowing your personal views to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance, and follow the guidance in paragraph 25c if the behaviour amounts to abuse or denial of a patient's or colleague's rights.
60. You must consider and respond to the needs of disabled patients and should make reasonable adjustments to your practice so they can receive care to meet their needs.
61. You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange.
62. You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.
63. You must make sure you have adequate insurance or indemnity cover so that your patients will not be disadvantaged if they make a claim about the clinical care you have provided in the UK.
64. If someone you have contact with in your professional role asks for your registered name and/or GMC reference number, you must give this information to them.

## Act with honesty and integrity

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### Honesty

65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
66. You must always be honest about your experience, qualifications and current role.
67. You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.

### Communicating information

68. You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.
69. When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.
70. When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.
71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.
  - a. You must take reasonable steps to check the information is correct.
  - b. You must not deliberately leave out relevant information.



AMEs should be mindful of the elements of *Good Medical Practice* related to advertising services.

Part MED.A.025 sets out the obligations of an AME and these include making applicants aware of the consequences of providing incomplete, inaccurate or false statements on their medical history. Part MED.A.040 states that AMEs shall only issue, revalidate or renew a medical certificate if the applicant has provided them with a complete medical history and, if required by the AME, results of medical examinations and tests conducted by the applicant's doctor or any medical specialists. AMEs should consider this prior to witnessing the applicant's signature by signing the MED160 application form.

### **Openness and legal or disciplinary proceedings**

72. You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.
  - a. You must take reasonable steps to check the information.
  - b. You must not deliberately leave out relevant information.
73. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in *Confidentiality*.
74. You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.
75. You must tell us without delay if, anywhere in the world:
  - a. you have accepted a caution from the police or been criticised by an official inquiry;
  - b. you have been charged with or found guilty of a criminal offence;
  - c. another professional body has made a finding against your registration as a result of fitness to practise procedures.
76. If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any

other organisations you carry out medical work for and any patients you see independently.

From time to time AMEs and Medical Assessors may be approached to assist the Civil Aviation Authority with regulatory or criminal investigations in relation to an applicant they have assessed. The Authority expects AMEs and MAs to co-operate with Investigation Officers and provide copies of relevant records in accordance with *Good Medical Practice*, whilst also following the guidance in *Confidentiality*.

## Honesty in financial dealings

77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
78. You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.
79. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
80. You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

The AME role has potential for conflicts of interest, particularly if the AME also acts as a primary or secondary care physician for the applicant or is employed by, or undertakes medical services for, the applicant's employer. The AME, when acting in the role for which they have been issued an AME certificate, is acting on behalf of the regulator. The AME undertakes regulatory assessments and can facilitate the applicant obtaining any further tests they may need by signposting them to the relevant healthcare professional. AMEs have the same duty as other doctors when it comes to promoting health and protecting the public.

In the Faculty of Occupational Medicine publication "Good Occupational Medical Practice" it is stated that "*wherever possible, a doctor should avoid acting as an occupational health adviser to an individual where another relationship exists, e.g. as*

*manager, departmental colleague or primary healthcare physician. If this is unavoidable, particular care should be taken to ensure that the individual understands the context of the consultation and agrees to its terms.”*

For MAs, the CAA has in place a policy relating to the giving or receiving of gifts or hospitality. This sets out guidance for all colleagues (including temporary staff and contractors) to follow to ensure the integrity of its employees and to demonstrate no undue influence by external parties in the course of its regulatory work. AMEs should also be careful about receiving gifts as these may be attached to an expectation of a fit assessment being made in return.

## Appendix A

## References

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