

AltMoC to AMC1 MED.B.095 and AMC5 MED.B.095 LAPL Medical certificates – Diabetes Regulatory wording

This AltMOC covers candidates to a LAPL medical certificate who suffer from type 2 diabetes treated by insulin.

Applicants using antidiabetic medications that are not likely to cause hypoglycaemia may be assessed as fit.

Applicants with diabetes mellitus Type 1 should be assessed as unfit.

Applicants with diabetes mellitus Type 2 treated with insulin may be assessed as fit with limitations for revalidation if blood sugar control has been achieved and the process below is completed.

An OSL is required. An ORL limitation is not permitted. A six months TML limitation is required. The licence privileges should not include rotary aircraft flying.

1° The candidate to a LAPL medical certificate who suffers from type II diabetes submits an application to the medical assessor (Pôle médical de la Direction générale de l'aviation civile). After reviewing the application, the medical assessor refers the candidate to the Percy Clamart or Roissy aero-medical centre (AeMC), only AeMCs authorised to perform LAPL assessments for type 2 diabetes.

2° The AeMC conducts biological and clinical examinations and looks for complications including micro and macrovascular complications. The tests conducted include HbA1c, renal profile, liver profile, lipid profile. They also include symptom review, cardiovascular status, nephropathy status, ophthalmological review including visual fields, Humphrey-perimeter, retinae, full dilatation slit lamp examination, cataract, and clinical screening. If the candidate proves fit to fly, bare the type II diabetes, he/she is offered the possibility to enter the medical assessment process towards a LAPL medical certificate.

The AeMC explains the medical assessment process to the candidate and makes sure he/she understands that he/she will need to disclose his/her disease to other people.

The AeMC declares the candidate unfit for the time being, and communicates the candidate's medical assessment to the medical assessor.

3° The medical assessor checks that all the relevant biological examinations have been conducted, that all possible complications have been looked for and that the candidate has accepted to enter the medical assessment process.

When the medical assessor is satisfied that the examinations conducted are in order, he may move forward the candidate's application. The candidate is referred to one of the two referent diabetologists designated by the Authority.

4° The referent diabetologist assesses the candidate's medical history and his/her biological monitoring. The diabetologist ensures that the candidate has a good understanding of his/her condition and its monitoring, and a good therapeutic compliance. The diabetologist applies a blood sugar holter for a period of three months. The holter is a device that allows continuous glycaemia monitoring and records the data.

After three months, the diabetologist examines the candidate again.

The diabetologist collects and analyses the results of the blood sugar holter to assess the hypoglycaemia risk. The discovery of hypoglycaemia on the holter reading should disqualify the candidate from the medical assessment process without further inquiries. In this case the diabetologist may omit the following paragraph.

The diabetologist, in connection with other specialists, conducts a neuropsychological assessment (personality and neurocognitive tests). The diabetologist ensures the candidate has a good understanding of his/her condition and its treatment. The diabetologist ensures that the candidate understands his/her diabetes and is able to communicate on the disease and the medical process, including the testing before/during flight.

The diabetologist issues a fit or unfit recommendation to the AeMC.

5° The AeMC produces a synthesis of the medical assessment and sends it to the medical assessor.

6° The medical assessor may issue a LAPL medical certificate, or an unfit assessment. The medical certificate always includes an OSL limitation and a TML limitation limiting the validity to a period no longer than 6 months. An ORL limitation is not permitted. The licence privileges should not include rotary aircraft flying.

7° The candidate may appeal the medical assessor's decision to the Conseil médical de l'aéronautique civile (CMAC – appeal board).

8° Any medical assessment towards the revalidation of the medical certificate is conducted by Percy Clamart or Roissy AeMC. The AeMC may have access to the glycaemia recording document that is completed when flying (see n°11 below) and any other glycaemia records. The tests conducted include HbA1c, renal profile, liver profile, lipid profile.

Applicants should be assessed as temporarily unfit after changes of medication/insulin leading to a change to the testing regime until stable blood sugar control can be demonstrated, or after a single unexplained episode of severe hypoglycaemia until stable blood sugar control can be demonstrated. Applicants should be assessed as unfit in case of loss of hypoglycaemic awareness, development of retinopathy with any visual field loss, significant nephropathy, or any other complication of the disease where flight safety may be jeopardised.

The medical certificate issued by the AeMC always includes an OSL limitation and a TML limitation limiting the validity to a period no longer than 6 months. An ORL limitation is not permitted. The licence privileges should not include rotary aircraft flying.

9° In the event of a renewal, the candidate submits an application to the medical assessor. The medical assessor determines whether the candidate needs to go through the whole process again (see n°1 to 7 above) or whether the AeMC may conduct an examination towards the possible issuance of a renewed medical certificate.

10° Before flying, the pilot informs the flight club of his/her condition.

The pilot makes sure he/she is equipped with a device that allows continuous glycaemia monitoring and records the data, and a spare device. The spare device may offer a different blood glucose measuring testing method. Each device is used in compliance with its general terms and conditions of use.

The pilot discloses his/her condition to the safety pilot and briefs him/her on the testing procedure and actions to be taken depending on tests results. He/she answers any questions the safety pilot might ask.

11° The testing regimen is as follows:

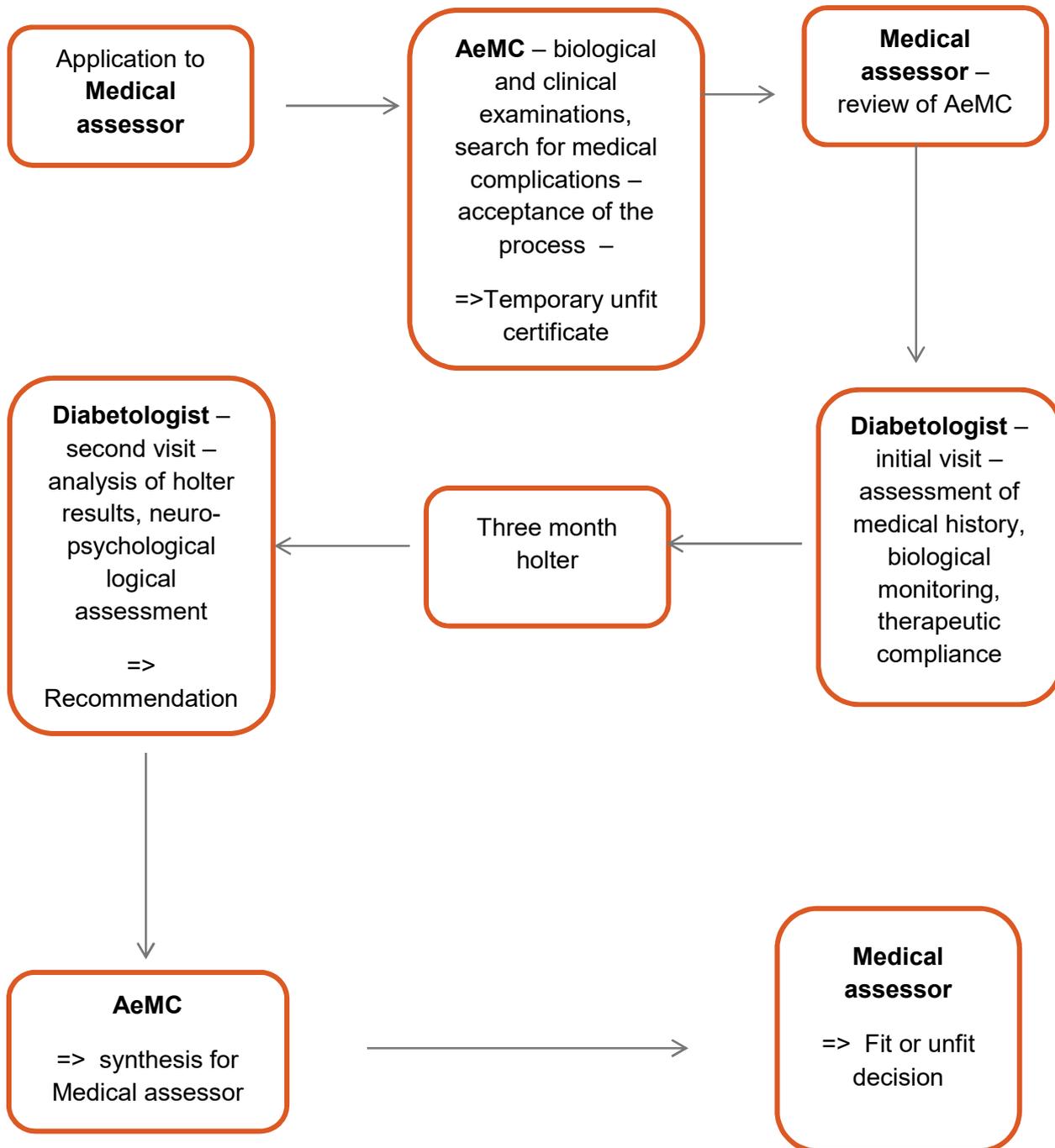
- All the readings below are recorded on a dedicated document.
- Between two hours and one hour before take-off, the pilot measures his glycaemia using a device that allows continuous glycaemia monitoring and records the data. The pilot records the result on the dedicated document.
- 30 minutes before take-off, the pilot measures his glycaemia with the same method. He/she also communicates the reading to the safety pilot.
- Every hour during the flight, the pilot measures his glycaemia with the same method. He/she also communicates the reading to the safety pilot.
- 30 minutes before landing, the pilot measures his glycaemia with the same method. He/she also communicates the reading to the safety pilot.

During the flight, if a reading is below 1,2 g/l (or 6,6 mmol/l) the pilot ingests 15 g of sugar (tablet). If a reading is above 2,7 g/l (or 15 mmol/l) the pilot can't fly and the safety pilot needs to fly the plane.

If a test measurement can't be conducted for any reason (incident, difficult meteorological conditions, unexpected diversion to a different airport, etc), the pilot ingests 15 g of sugar (tablet) and the safety pilot needs to fly the plane.

12° GM1 MED.B.095 and GM2 MED.B.095 are not applicable.

Summary



N.B : this summary is provided for clarity purposes. Only the Altmoc regulatory wording is binding.