

► This RA has been substantially rewritten; for clarity no charge marks are presented – please read RA in its entirety ◀

RA 3203 – Military and MOD Contracted Civilian Controller Medical Requirements

Rationale

Controllers^{1,2} provide Air Traffic Services (ATS) to support the safe operation of Aircraft. A Controller who is not medically fit to perform their duty presents a Risk of providing an unsafe ATS provision to Aircrew. Controllers are therefore required to be physically and mentally fit to carry out their duties as defined in Air Publication (AP) 1269A³.

Contents

- 3203(1): Controller Medical Certificate
- 3203(2): Controller Fitness-to-Control
- 3203(3): Controller Operations – Upper Age Restrictions
- 3203(4): Temporary Medical Restrictions to Controlling Duties
- 3203(5): Blood Donation and Controlling Duties

Regulation 3203(1)

Controller Medical Certificate

3203(1) Controllers **shall** hold an appropriate medical certificate.

Acceptable Means of Compliance 3203(1)

Controller Medical Certificate

1. Where AP 1269A³ refers to Aircrew, unless stated otherwise, this **should** also be taken to refer to Controllers.
2. Aviation Duty Holders (ADH) and Heads of Establishment (HoE) **should** ensure that all Controllers within their Area of Responsibility (AoR) hold an appropriate and valid Joint Medical Employment Standard (JMES). The ADH and HoE **should** ensure access to a Military Aviation Medical Examiner (MAME) is available, with advice sought from the Command Flight Medical Officer (CFMO (RAF))⁴ if required.

Military Controllers⁵

3. Military Controllers **should** be certified medically fit in the first instance through an initial medical examination by the Recruitment and Selection Department of Occupational Medicine (R&S DOM).
4. Thereafter, Military Controllers in a controlling appointment **should** be certified medically fit by a MAME, periodically⁶ as follows:
 - a. Military Controllers under Service Primary Care **should** attend a Periodic Medical Examination (PME) by a MAME.
 - b. Military Controllers not under Service Primary Care **should**:
 - (1) Ensure a completed Medical Attendant Report (MAR) and Statement of Health (SoH) are provided to the MAME when attending a PME or;
 - (2) Present a completed MAR, SoH and certified copy of a Class 3 medical certificate to the MAME when applying for a medical waiver.

¹ Refer to MAA02: MAA Master Glossary.

² This includes Air Traffic Controllers, Weapons Controllers, civilian licensed Air Traffic Controllers operating at MOD Aerodromes, but excludes Identification Officers, Truck Runway Control Controllers, and Joint Terminal Attack Controllers (JTACs) operating to JSP 918, JTAC Policy.

³ Refer to AP 1269A – Assessment of Medical Fitness, aviation medical policy which is applicable to all Service personnel.

⁴ Or single Service equivalent.

⁵ This includes: regular military personnel as defined by Section 374 of the [Armed Forces Act 2006](#), Full Time Reserve Service (FTRS) Controllers, legacy Civil Service Aviation Officer (AVO) Controllers and MOD reserve forces Controllers (Royal Fleet Reserve, the Royal Naval Reserve, the Royal Marines Reserve, the Army Reserve, the Territorial Army, the Royal Air Force Reserve or the Royal Auxiliary Air Force).

⁶ Refer to AP 1269A – Assessment of Medical Fitness – Leaflet 4-02: Royal Air Force Medical Standards – Aircrew.

**Acceptable
Means of
Compliance
3203(1)**

5. For Military Controllers in non-controlling appointments the PME can be deferred. In these circumstances, Controllers **should** refer to AP 1269A⁶ for details on PME renewal timelines.

MOD Contracted Civilian Controllers

6. MOD Contracted Civilian Controllers **should** hold a valid UK Civil Aviation Authority (CAA) / European Aviation Safety Agency (EASA) Class 3 medical certificate and **should** comply with the requirements of Civil Aviation Publication (CAP) 1251⁷.

7. NATS Controllers **should** hold a UK CAA / EASA Class 3 Air Traffic Control Officer (ATCO) medical certificate awarded by a NATS Civilian Aviation Medical Examiner (AME), endorsed as MAMEs by Deputy Assistant Chief of Staff Aviation Medicine (DACoS Av Med), RAF Centre of Aviation Medicine (CAM) and comply with the requirements of (CAP) 1251⁷.

8. For all MOD Contracted Civilian Controllers, initial certification of fitness for military controlling duties is made by R&S DOM⁸. The MAME **should** submit the valid UK CAA / EASA Class 3 medical certificate, supported by a MAR and SoH (not required if the Controller is under Service Primary Care) to R&S DOM to allow an initial award of a JMES and military oversight of medical fitness.

Note:

MOD Contracted Civilian Controllers can use designated Civilian AMEs in place of a MAME⁹.

9. For renewal certification, the MOD Contracted Civilian Controller **should**:

- a. Ensure a completed MAR and SoH are provided to the MAME¹⁰ when attending a PME or;
- b. Present a completed MAR, SoH (not required if the Controller is under Service Primary Care) and a certified copy of a Class 3 medical certificate when applying for a medical waiver, in accordance with (iaw) AP 1269A⁶.

Military and MOD Contracted Civilian Controllers

10. Controllers **should** have an electrocardiogram (ECG) as detailed in AP 1269A⁶.

11. The certification of medical fitness **should** be entered in the Controller Certificate of Competency (CofC) or equivalent documentation and signed and dated by a MAME¹⁰.

12. Military Controllers **should** comply with all medical restrictions (permanent or temporary) as noted in their CofC, or equivalent documentation.

13. MOD Contracted Civilian Controllers **should** comply with all medical restrictions (permanent or temporary) as noted in their licence.

14. Controllers required to provide a MAR **should** ensure it is:

- a. Completed by their Civilian General Practitioner.
- b. Available to the certifying MAME.
- c. Dated within 2 months of the medical certificate due date.

15. Controllers **should** ensure that their medical certificate remains valid.

**Guidance
Material
3203(1)**

Controller Medical Certificate

16. The elements of a JMES are described in AP 1269A¹¹.

⁷ Refer to CAP 1251 – Air Traffic Controllers - Licensing.

⁸ R&S DOM, Adastral Hall, PO Box 1000, RAFC Cranwell, Sleaford, Lincolnshire, NG34 8GZ.

⁹ Details of available MAMEs / Civilian AMEs are available via CFMO (RAF), AIR_COS_Spt-CAM-CFMOSO1@mod.gov.uk. Civilian AMEs require endorsement by DACoS AvMed, at RAF CAM before they can be substituted for a MAME.

¹⁰ Or a Civilian AME iaw paragraph 8 Note.

¹¹ Refer to AP 1269A - Assessment of Medical Fitness – Leaflet 1-01: Method of Recording Medical Fitness in the Royal Air Force.

**Guidance
Material
3203(1)**

17. PME are valid until the last day of the month in which the next PME is due, except Royal Navy Controllers who are to have their PME completed by the anniversary of their previous PME.
18. A MAME is a Medical Officer (MO), a Civilian Medical Practitioner (CMP) or a locum doctor, qualified to assess and determine fitness for Aircrew and Controllers. A MAME must complete approved training from RAF CAM Aviation Medicine Training Wing and be endorsed by the single Service medical authority.
19. A MAR and SoH are designed to provide information to a MAME to enable a full assessment of a Controller's fitness for their role. Full details of a MAR and SoH can be found in AP 1269A¹².
20. Definitive medical guidelines and instructions for assessment of medical fitness standards are published in AP 1269A and may be augmented in single-Service orders and other documents.
21. For MOD Contracted Civilian Controllers, the JMES will normally correspond to the class of civilian medical certificate required of their controlling role iaw CAP 1251⁷.

**Regulation
3203(2)**

Controller Fitness-to-Control

- 3203(2) Controllers **shall** be fit-to-control. Controllers uncertain of their fitness-to-control **shall** report to a MAME¹⁰ before commencing controlling duties.

**Acceptable
Means of
Compliance
3203(2)**

Controller Fitness-to-Control

22. A Supervisor / ATCO in charge who has reason to doubt the medical fitness of any Controller presenting themselves for duty **should** seek the advice of a MAME¹⁰.
23. All Controllers **should**:
- Seek medical advice if they have any reason to doubt their fitness-to-control, even for a relatively minor illness.
 - Contact a MAME¹⁰ prior to returning to controlling duties if another medical practitioner (not qualified or endorsed as a MAME) has been consulted.
 - Report any period when they are unfit to control, or have specific limitations applied to their controlling status, to their Supervisor.
24. If a Controller is declared unfit-to-control (JMES Code 2100 – Unfit controlling duties) by a MO / CMP, the MO / CMP **should** record it in the Controller's Health Records¹³.
25. MOs / CMPs **should** ensure that the command chain is informed of any change in medical fitness affecting the controlling status of their Controllers.
26. When declared unfit, Controllers **should** ascertain whether they require a review by a MAME¹⁰ before returning to controlling duties; if this is required, the Controller is responsible for ensuring that such a review is obtained.
27. MOD Contracted Civilian Controllers **should** follow the medical specification in CAP 1251⁷, UK (EU) 2015/340¹⁴ and the CAA guide on medical certification of Air Traffic Controllers¹⁵. Where there is a requirement for notifying the CAA, a MAME¹⁰ **should** also be informed.

¹² Refer to AP 1269A – Assessment of Medical Fitness, Leaflet 4-02: Royal Air Force Medical Standards – Aircrew, Annexes C and D.

¹³ For service personnel, all integrated Electronic Health Record (iEHR)s are managed through the Defence Medical Information Capability Programme (DMICP) which links to JMES data on the MOD's Joint Personnel Administration (JPA) system.

¹⁴ Refer to UK (EU) 2015/340 – Air Traffic Controllers Licensing and Certification.

¹⁵ The CAA Guide to Medical Certification for Air Traffic Controllers can be found on the CAA website

<https://www.caa.co.uk/commercial-industry/airspace/air-traffic-management-and-air-navigational-services/licences/medical-requirements/>.

**Guidance
Material
3203(2)**

Controller Fitness-to-Control

28. Controllers may declare that they do not feel fit-to-control, without seeking prior medical advice.
29. Where this RA states that Controllers consult a MAME¹⁰, contact by telephone may be appropriate, eg to discuss a return to controlling duties following a prescribed course of medication.

**Regulation
3203(3)**

Controller Operations – Upper Age Restrictions

- 3203(3) Controllers over the age of 60 **shall** have a stress ECG on alternate years and annually for those aged 65 and over.

**Acceptable
Means of
Compliance
3203(3)**

Controller Operations – Upper Age Restrictions

30. Controllers unable to achieve a satisfactory stress ECG result or pending further investigation **should not** control unless there is another suitably qualified Controller present who does not hold the JMES Code 2101, refer to paragraph 34.

**Guidance
Material
3203(3)**

Controller Operations – Upper Age Restrictions

31. Nil.

**Regulation
3203(4)**

Temporary Medical Restrictions to Controlling Duties

- 3203(4) Controllers **shall** comply with any restrictions placed upon them following exposure to conditions affecting their fitness-to-control.

**Acceptable
Means of
Compliance
3203(4)**

Temporary Medical Restrictions to Controlling Duties

32. Controllers **should not**:
- a. Take any prescription medicines, drugs, tablets, remedies or nicotine replacement therapy before reporting for controlling duties, unless they have been prescribed or approved by a MAME¹⁰.
 - b. Use any over the counter medicines, drugs, tablets or remedies within 24 hours of reporting for controlling duties unless approved by a MAME¹⁰, as the effect on an individual's fitness-to-control may not be immediately apparent.
 - c. Use any dietary supplements, homeopathic remedies or alternative medicines unless approved by a MAME¹⁰.
33. Temporary medical restrictions to controlling duties **should** be placed on Controllers who have been exposed to conditions which may affect their ability to control. If a Controller has specific limitations applied by an MO / CMP, the MO / CMP **should** record it in the Controller's Health Records¹³.
34. Military Controllers who are fit to control only when another qualified Military Controller is on duty and in close proximity **should** be awarded a JMES Code 2101. There is no civilian equivalent to JMES Code 2101 and this **should not** be applied to MOD contracted civilian Controllers.
35. MOs / CMPs **should** ensure that the command chain is informed when any of their Controllers are awarded the JMES Code 2101.
36. Controllers **should** seek approval from a MAME¹⁰ (or medical practitioner in consultation with a MAME¹⁰) prior to undergoing:
- a. **Elective Surgical Procedures.**

**Acceptable
Means of
Compliance
3203(4)**

- b. **Laser Eye Surgery.** Controllers contemplating Corneal Refractive Surgery (CRS) for visual correction **should** consult their MAME¹⁰ for onward referral to the Defence Consultant Advisor Ophthalmology¹⁶ for assessment.
- c. **Inoculations and Vaccinations.** Controllers **should** ascertain from a MAME¹⁰ the duration of any controlling restrictions following inoculations or vaccination. Most inoculations and vaccinations will restrict controlling, normally for at least 12 hours.
- d. **Hypnotherapy / Hypnosis.**
- e. **Acupuncture.** Controllers **should** be precluded from controlling duties for 12 hours following each treatment.
- f. **Complementary and Alternative Medicine.**
37. **Anaesthetics.** Controllers **should not** undertake controlling duties for:
- a. 7 days following a general, spinal or epidural anaesthetic.
- b. 48 hours following drug-induced sedation except when a sedative drug has been provided iaw the policy for the Management of Work and Rest in Aircrew, which **should** also be taken to refer to Controllers¹⁷.
- c. 12 hours after a local or regional dental anaesthetic.
- d. The periods specified in paragraph 37a – c may be extended at the discretion of a Medical or Dental Officer.
38. **Eye Examination.** Examination by an eye specialist may include the application of mydriatic agents, usually eye drops. Controllers **should not** control for 24 hours after the application of mydriatics. In the case of atropine, the period **should** be 14 days.
39. **Bone Marrow Donation / Stem Cell Harvesting.** Controllers **should not** control for a minimum of 7 days after the donation of bone marrow or stem cell harvesting. Prior to returning to controlling duties a MAME¹⁰ **should** be consulted.
40. **Boxing.** Controllers who have participated in a boxing bout (including sparring, but excluding non-contact training) **should not** control for 48 hours after a bout. Furthermore, they **should** be examined by a MAME¹⁰ before resuming controlling duties.
41. MOD Contracted Civilian Controllers **should** follow CAP 1251⁷ and UK (EU) 2015/340¹⁴ when required to declare provisional inability. Where there is a medical requirement for notifying the CAA, a MAME¹⁰ **should** also be informed.

**Guidance
Material
3203(4)**

Temporary Medical Restrictions to Controlling Duties

42. Comparative military policy can be found at AP 1269A Section 5¹⁸, and JSP 950¹⁹.
43. The effect on an individual's fitness to control may not be immediately apparent if medicines, drugs, tablets, dietary supplements, homeopathic remedies or alternative medicines are taken. Positive and pro-active engagement with a MAME¹⁰ can provide an efficient mechanism to ensure fitness-to-control is maintained.
44. **Hypnotherapy / Hypnosis.** Some of the stress relaxation techniques used in hypnotherapy / hypnosis may have a prolonged adverse effect on the controlling task. Specialist advice is also to be sought via the MAME from a security officer to assess the status of the individual's security clearance.
45. **Complementary and Alternative Medicine.** Some techniques used by complementary or alternative medical practitioners are not currently subject to the same controls as conventional medicine and may not be evidence based.

¹⁶ Refer to AP 1269A – Assessment of Medical Fitness – Leaflet 5-14: Ophthalmology. This leaflet is the authoritative ophthalmology policy document for all UK Military Controllers.

¹⁷ Refer to AP 1269A, Assessment of Medical Fitness – Leaflet 5-19 Drugs for Aircrew and Controllers.

¹⁸ Refer to AP 1269A, Assessment of Medical Fitness – Section 5 – Clinical Effect on Employment.

¹⁹ Refer to JSP 950 – Medical Policy.

**Guidance
Material
3203(4)**

Complementary or alternative medicine may have side-effects detrimental to aviation Safety.

46. A wide variety of sporting activities could lead to a risk of concussion. Where there is any risk that a head injury may have been incurred, consultation with a MAME¹⁰ is likely to be necessary.

47. Further details of when holders of Class 3 medical certificates are required to seek aero-medical advice are contained within UK (EU) 2015/340¹⁴ and CAP 1251⁷.

**Regulation
3203(5)****Blood Donation and Controlling Duties**

3203(5) Restrictions **shall** be placed upon Controllers after donating blood.

**Acceptable
Means of
Compliance
3203(5)****Blood Donation and Controlling Duties**

48. Controllers **should not** control until 12 hours have elapsed after donating blood.

**Guidance
Material
3203(5)****Blood Donation and Controlling Duties**

49. Nil.