Information Notice

Civil Aviation Authority

Information Notice

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Pilot Support Programme – Guidance for Operators

This Information Notice contains information that is for guidance and/or awareness.

Recipients are asked to ensure that this Information Notice is copied to all members of their staff who may have an interest in the information (including any 'in-house' or contracted maintenance organisations and relevant outside contractors).

Applicability:	
Aerodromes:	Not primarily affected
Air Traffic:	Not primarily affected
Airspace:	Not primarily affected
Airworthiness:	Not primarily affected
Flight Operations:	All AOC holders
Licensed/Unlicensed Personnel:	All Commercial Pilots

1 Introduction

1.1 The psychological wellbeing and positive mental health of commercial pilots is of fundamental importance to safe commercial air transport operations. Early recognition and reporting of issues is essential to enable quick resolution. Operators should facilitate access for their pilots to support from peers in a just culture environment and to health care professionals if expert help is needed.

1.2 Life events and psychological stressors can affect anyone and pilots are not immune from mental ill-health that affects a significant proportion of the general population. It is essential that pilots have an easily accessible route for seeking assistance when under pressure or when symptoms of ill-health first present so that they can be supported or referred for treatment without fear of reprisal. A known and trusted pilot support system will maximise the opportunity for the pilot to complete a fulfilling career without mishap or a prolonged period away from flying and for the operator to maintain a safe operation.

1.3 This Information Notice (IN) outlines a framework for an operator's Pilot Support Programme (PSP), which should form part of an operator's Safety Management System.

1.4 The European Aviation Safety Agency (EASA) has published an Opinion that will require all operators to have a PSP in place by approximately August 2018. The aim of this IN is to guide operators and pilots on current thinking as the UK Civil Aviation Authority (CAA) intends to engage extensively with stakeholders during 2017 and 2018 to enable their compliance with legislation.

2 Background

2.1 The European Aviation Safety Agency (EASA) convened a Task Force after the Germanwings accident in March 2015. Recommendation 6 of the Task Force's report published on 16 July 2016 stated *'The Task Force recommends the implementation of pilot support and reporting systems, linked to the employer Safety Management System within the framework of a non-punitive work environment and without compromising Just Culture principles. Requirements should be adapted to different organisation sizes and maturity levels, and provide provisions that take into account the range of work arrangements and contract types'.*

2.2 Subsequently EASA created an Action Plan to put the Task Force recommendations into effect. A rulemaking task RMT.0700 was created to discuss EASA's proposals for rule changes. Following consultation with stakeholders, rules have been proposed by EASA and incorporated into a proposal for amendment of European legislation.

2.3 EASA Opinion No. 14/2016 proposes changes to Air OPS rules **(Regulation (EU) No. 965/2012)**:

CAT.GEN.MPA.215 Support programme
The operator shall enable, facilitate and ensure access to a support programme that will assist and support flight crew members in recognising, coping with, and overcoming any problem which might negatively affect their ability to safely exercise the privileges of their licence. Such access shall be made available to all flight crew members.

This EASA Opinion is currently with the European Commission to be used as the basis for the preparation of the amended Air OPS Regulation.

2.4 A corresponding draft EASA Decision has also been published; the relevant paragraphs are **AMC 1-4 and GM 1-6 to CAT.GEN.MPA.215**. These cover the principles and elements of a support programme, confidentiality and protection of data, training and awareness and general guidance. The final Decision will not be published until the text of the amended legislation has been adopted.

2.5 It is anticipated that the rules will come into effect in late summer of 2017 and there will be a transition period of 2 years for implementation. The information contained in this IN is intended to assist operators in preparing for and implementing these rules as a PSP may take 1-2 years to set up.

3 Scope

3.1 The PSP should include the following elements:

a) Education on mental health in the aviation workplace

b) Pilot - Peer Assistance Network (P-PAN)

c) Training

d) Wellbeing and health promotion

e) Critical incident support

f) Mitigation of risk of loss of licence

g) Evaluation and feedback

3.2 All operators should have a drugs and alcohol policy, to include access to support for pilots through the PSP.

4 Education

4.1 Education of pilots can be undertaken by the operator or by an external provider. The medical professionals involved should have specialist training and knowledge of aviation and may include psychologists, aviation medicine specialists and psychiatrists. Some face-to-face education is desirable but on-line computer based training and Apps may be useful adjuncts.

4.2 Early recognition of issues is known to be key to the high success rates of a PSP. The primary aim is to keep the pilot flying or returned to flying as soon as possible. The following elements should form part of the education syllabus for all pilots:

- self-awareness
- ranges of 'normal' behaviour and reactions
- work-related and other life stressors
- coping strategies; how to maximise personal resilience to adverse life events
- the importance of seeking assistance early before mental ill-health or psychological issues present a risk to a career or the safety of others
- destigmatising mental ill-health
- the availability of further help pathways e.g. self-help information, P-PAN referrals to health professionals, pilot representative organisations, emergency organisations and other support associations
- signs and symptoms of mental ill health; early recognition of the most common mental ill-health conditions e.g. depression, anxiety, post traumatic stress disorder, panic disorder, obsessive-compulsive disorder
- drugs and alcohol; potential effects and early signs of misuse
- medication (prescription or available 'over the counter' or internet); potential effects and early signs of misuse
- when it is appropriate to flag concerns about a colleague to them and when to report concerns to others without a colleague's consent
- making families aware of the P-PAN facility for reporting concerns
- scope of programme (e.g. grievance, industrial, managerial issues are not within scope)

4.3 There should be active promotion of the programme within the organisation.

4.4 The CAA is looking at developing educational material that could be made available to all commercial pilots to facilitate the introduction of this aspect of the PSP for UK operators.

5 Pilot - Peer Assistance Network

5.1 The CAA is currently exploring facilitating the setting up of a UK national P-PAN which could be available to all UK commercial pilots.

5.2 A P-PAN comprises of a facility for a pilot to contact a trained peer on a confidential basis when they require help, advice or assistance with a developing social, personal or health issue.

5.3 Mechanisms of access should be multiple to facilitate contact from pilots by whatever mode is most suitable for them e.g. web based, e-mail, telephone. The P-PAN must be easy to access to encourage use.

5.4 There should be an agreed code of conduct for peers to create and maintain a high level of confidence for users of the service.

5.5 Access to the pilot peer support network should ideally be available on 7 days of the week, preferably with a 24 hour phone service available for urgent issues and advice on an exceptional basis.

5.6 Ideally the P-PAN would also have a facility for families to report concerns and access support, with appropriate procedures to guard against system misuse.

5.7 Similarly access to professional advice for peer supporters should be provided on 7 days per week for routine issues and 24 hour basis for urgent situations.

5.8 All volunteer peers should receive training appropriate to their role to ensure that issues are handled appropriately, objectively and sensitively and so that pilots can be referred for professional advice or signposted to other services as required. Periodic meetings should be arranged to share experiences and discuss anonymised cases.

5.9 The roles of professional medical and healthcare advisors such as clinical psychologists, aviation medical specialists, psychiatrists and counsellors in the P-PAN should be defined.

5.10 The P-PAN should be independent of management and independent of the regulator.

6 Training

6.1 All training should be provided by appropriately qualified and experienced professionals.

6.2 Pilot peer volunteers should undergo a selection procedure to ensure they are suited to the role. They should be approachable, trustworthy, non-judgemental and have good listening skills. There should be representation from all areas of the pilot community with diversity of age, fleet, gender and background. The aim should be to train a cohort of pilots proportionate to the risk.

6.3 Training of pilot peer volunteers should cover:

- the overall aims of the programme
- code of practice and ethics
- importance of confidentiality
- their function and knowledge of limits of their role and competence
- basics of psychology
- mental health first aid principles and intervention techniques
- signs of mental ill-health including recognition of ‘red flags’ requiring escalation and urgent professional assistance
- clear onward referral pathways and signposting to other sources of assistance
- when it is appropriate to report a colleague without consent
- how to handle concerns raised by others - including how to verify veracity of report (to limit potential abuse of the system)
- mutual support for ‘difficult’ cases, how to look after themselves including access to debriefing and counselling if needed
- governance and organisational support arrangements

- limits of responsibilities and liability

6.4 Training of managers should include how to support a pilot returning to work after illness or during a significant life event. This should include how to engage occupational health support and exercise flexibility in these situations e.g. considering ground duties or a graduated increase in hours and how to manage rosters, especially during the early return to work period.

6.5 Training of health care professionals should include relevant topics in Aviation and Space Medicine, psychology as applied in aviation and the regulation of aeromedical certification.

6.6 Both initial and recurrent training needs should be considered.

6.7 A wide range of opportunities should be utilised to embed promotion of the PSP. Suitable points of contact with pilots may include annual Crew Resource Management (CRM) and Safety and Emergency Procedures (SEP) training.

7 Wellbeing and Health Promotion

7.1 The operator should promote good health and positive lifestyle behaviours of pilots to minimise the risk of illness and injury.

7.2 The operator should have a policy on the temporary relief from duties for life crises such as bereavement or serious illness in a spouse or close relative.

8 Critical Incident Support

8.1 All pilots should be trained on what constitutes a 'critical incident' and the importance and necessity of debriefing all staff involved. Individual formal debriefing and consultations will usually be appropriate.

8.2 The operator's critical incident response procedure should include immediate and longer term access to counselling, with counsellors having received appropriate training.

9 Mitigation of Risk of Loss of Licence

9.1 All operators should provide, or ensure pilots have information about, loss of licence insurance schemes.

9.2 Policies to manage risks resulting from fear of loss of licence should be included in the operator's Safety Management System (SMS) to minimise career jeopardy from ill-health.

10 Evaluation and Feedback

10.1 Anonymised data should be periodically reviewed to assess effectiveness of the PSP, to analyse trends and broad categories of reasons for using the P-PAN and to determine future training and support needs.

10.2 P-PAN records management, analysis and reporting should be entirely independent of the operator.

10.3 Annual reports should be provided by the managerial governance lead to the Board/Executive team of the AOC holder to include measures of effectiveness e.g. number of reports to the P-PAN, sickness absence rates, number of mandatory occurrence reports submitted. Feedback should be provided annually to all pilots on its effectiveness and promoting its use.

11 Drugs and Alcohol Policy

11.1 All operators should have a drugs and alcohol policy enshrined within their Safety Management System (SMS).

11.2 The CAA has issued guidance for operators on the establishment of a drugs and alcohol policy, as per **IN-2015/012**.

12 Structure and Funding

12.1 It is appropriate for a number of PSP models to be developed, internal and external to airlines and other AOC holders, as pilots will have different issues and may wish to access a P-PAN unconnected with their employer in some situations. A role for pilot representatives should be considered. There may also be a role for collective agreements between airlines and other AOC holders and independent third party providers and other co-operative arrangements. Other parties may also be involved e.g. clergy, social care providers.

12.2 Notwithstanding the reporting of concerns, there should be no access to identifiable P-PAN data by AOC management or regulator.

12.3 The peer supporters usually volunteer their services but their training and the time needed for training and work related to peer support is funded by the operator.

12.4 The operator should provide indemnity for volunteer peers.

12.5 Smaller operators may wish to join together to provide pilot support via a co-operative network to encourage pilots to seek advice from peers independent to their organisation, therefore encouraging reporting by enabling the neutrality and confidentiality of reporting to be maintained.

12.6 Although the structure and processes of a PSP are likely to vary according to an operator's size and maturity the basic principles outlined in this IN should be applied in all cases.

13 Confidentiality

13.1 Maintaining strict confidentiality is essential for a pilot peer support network to be successful and achieve its aim as its effectiveness will rely on the establishment of trust between reporters and the recipients of reports. Concerns reported should be handled in a confidential manner. Peers should sign a confidentiality agreement.

13.2 Reporters should give their consent for information to be passed on to other individuals if appropriate, including when referral to a medical professional is indicated. Where the ongoing fitness of a pilot for medical certification is in doubt or there is a decrease in medical fitness advice should be sought from an aviation medical specialist (as mandated in *MED.A.020 Decrease in medical fitness* of *(EU) No. 1178/2011*.

13.3 All contact modes and record storage should be secure. Medical confidentiality guidelines and data protection legislation must be applied - including the Data Protection Act 1998, the EU Directive (95/46/EC) and General Medical Council guidance on Confidentiality 2009.

13.4 Notwithstanding the need for confidentiality a mechanism must be put in place to allow peers who are concerned about information they have received to seek advice from an aviation medical specialist without the pilot's consent if there is concern that the pilot may present an imminent risk to flight safety and could pose a risk of harm to the public. In this circumstance the aviation medical specialist should report this concern to the UK CAA (or relevant Licensing Authority if the pilot is not a UK licence holder) without delay.

13.5 Periodic reports of anonymised data (e.g. number of concerns reported) should be sent to the AOC holder annually to support the operator's Safety Management System.

14 Governance

14.1 The Board and Director of Flight Operations of the AOC holder must demonstrate and document commitment to the PSP and to the overall aim of providing support for pilots by promoting Just Culture principles and fair treatment. The success of a PSP will depend on support at the highest executive and Board level.

14.2 The PSP should have governance structures for both managerial and clinical aspects.

14.3 There should be personnel appointed as managerial and clinical focal points.

14.4 The clinical governance lead will be responsible for all clinical aspects, including training of all parties, competence of medical experts and oversight of peer case handling.

14.5 The managerial governance lead will be a manager within the operator who will be responsible for reporting back to the Board on the PSP. The report should include information on all aspects of the PSP including use of the P-PAN (which may be group data rather than company specific), whether sufficient resource has been allocated to the programme and whether any changes are required going forward. The managerial lead will be responsible for all other aspects of the programme including the PSP infrastructure and provision of all staff including a programme co-ordinator and accessibility of peers and medical experts.

14.6 If a pilot representative body is engaged within an operator's PSP the governance structure should include this representative body.

14.7 All governance arrangements should be documented and implemented within the operator's SMS.

15 Queries

15.1 Any queries or requests for further guidance as a result of this communication should be addressed to **ISPTechnicalSupportTeam@caa.co.uk**.

16 Cancellation

16.1 This Information Notice will remain in force until further notice.