United Kingdom
Civil Aviation Authority

Guidance Material

Pilot Support Programme – Guidance for Commercial Air Transport (CAT) Operators

1 Introduction

1.1 The psychological wellbeing and positive mental health of commercial pilots is of fundamental importance to safe Commercial Air Transport (CAT) operations. Early recognition and reporting of issues is essential to enable quick resolution. CAT operators should facilitate access to support from a peer support volunteer for their pilots in a just culture environment and to other forms of support, including health care professionals, if expert help is needed.

1.2 Life events and psychological stressors can affect anyone. Pilots are not immune to mental ill-health that affects 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 peer support system will benefit both the individual by maintaining a fulfilling career and the organisation by supporting a safe operation.

1.3 This guidance outlines a framework for a CAT operator's Pilot Support Programme (PSP), which should form part of their Safety Management System.

1.4 The European Aviation Safety Agency (EASA) developed amendments to Commission Regulation (EU) No 965/2012, the Air Operations Regulation, which entered into force on 14 August 2018. The amended regulation requires all Commercial Air Transport (CAT) operators to have a Pilot Support Programme (PSP) in place by 14 August 2020.

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 were proposed by EASA and incorporated into a proposal for amendment of European legislation.

2.3 EASA Opinion No. 14/2016 proposed changes to Commission Regulation (EU) No 965/2012, quoted:

CAT.GEN.MPA.215 Support programme

(a) 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.

2.4 A corresponding draft EASA Decision, with relevant AMC and GM, 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, including guidance on confidentiality and the protection of data, training and awareness. The final Decision is expected to be published in the Autumn of 2018 (exact date unknown).

2.5 The rules entered into force on 14 August 2018 and there will be a transition period of 2 years for implementation. This information 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 of peer support volunteers, managers and health care professionals;

d) Wellbeing and health promotion;

e) Critical incident support;

f) Mitigation of risk resulting from the fear of loss of licence;

g) Evaluation and feedback.

3.2 All operators should have a drugs and alcohol policy which includes access to a drugs and alcohol support programme for pilots. This type of support will be part of medical rehabilitation and thus may be associated with a Pilot - Peer Assistance Network (P-PAN) or independent of it.

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. 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. Notwithstanding the overall objective of maintaining safe flight, a PSP also aims is to keep the pilot flying safely or returned to safe 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 operator.

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 (P-PAN)

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

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

5.3   A variety of methods should be available to enable pilots to access the service by whatever mode is most suitable for them, e.g., web based, e-mail, telephone. The P-PAN should be easy to use.

5.4   There should be an agreed code of conduct for peers to create and maintain a high level of confidence in the confidentiality, reliability, ease of access and support provided for users of the service.

5.5   Access to the P-PAN should ideally be available 7 days of the week, preferably with a 24-hour phone service available for advice on urgent issues.

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

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

5.8   All volunteer peer supporters should receive training appropriate to their role to ensure that issues are handled appropriately, objectively and sensitively 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, where it is possible to maintain anonymity.

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

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

6   Training

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

6.2   Pilot peer support 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 characteristics, e.g., age, fleet, gender, 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 the veracity of a 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 of all the above groups 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 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 of 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 Resulting from the Fear of Loss of Licence

9.1   Policies to manage safety risks resulting from the fear of loss of licence (e.g., unwillingness to seek or follow up on peer assistance), should be included in the operator's Safety Management System (SMS) to minimise career jeopardy.

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

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. This will help to determine future training and support needs.

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

10.3   Periodic (e.g., annual) reports of anonymised data (e.g., number and type of concerns reported) should be sent to the operator with an appropriate frequency to support the operator's Safety Management System. For the preservation of confidentiality, the data may be aggregated for small, medium, large, fixed-wing and rotary-wing operators.

10.4   Periodic (e.g., annual reports should be provided by the managerial governance lead (i.e., the manager responsible for the programme) to the Board/Executive team of the operator 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 periodically (e.g., 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 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 **CAP 1685**.

12   Structure and Funding

12.1   It is appropriate for a variety of PSP models to be developed, internal and external to operators. Pilots may prefer to access a P-PAN independent of their employer. A role for pilot representatives should be considered. There may also be a role for collective

agreements between operators and independent third-party providers. 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 management within the operator or the 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 should be funded by the operator.

12.4   The operator should provide indemnity for volunteer peer supporters.

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

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

13   Confidentiality

13.1   Maintaining strict confidentiality is essential for a P-PAN to be successful and achieve its aim. Its effectiveness will rely on the establishment of trust between reporters and the recipients of reports Pilot peer supporters should sign a confidentiality agreement.

13.2   Users of the P-PAN 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, pilots *'[…] shall, without undue delay, seek aero-medical advice […]'* (*MED.A.020 Decrease in medical fitness* of *(EU) No. 1178/2011).*

13.3   All contact modes and record storage should be kept confidential and secure. Medical confidentiality guidelines and data protection legislation must be applied - including the General Data Protection Regulation 2016 and General Medical Council Guidance on Confidentiality 2017.

13.4   Notwithstanding the need for confidentiality a mechanism must be put in place to allow pilot peer supporters 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/or 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.

14   Governance

14.1   The Board and Director of Flight Operations of the operator 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 levels.

14.2   The PSP should have an appropriate governance structure. All operators will need to ensure managerial governance of their PSP. Where an operator specific P-PAN exists, the operator will also need to ensure that clinical governance is in place.

14.3   There should be managerial and clinical focal points.

14.4   The clinical focal point 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 focal point will be responsible for reporting back to the Board regarding 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 a PSP the governance structure should include this representative body.

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

For questions about this guidance please contact fstechnicalsupportteam@caa.co.uk.