

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 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.