

Pilot Assistance Manual

Second Edition



Pilot Assistance

Support programmes for pilots by pilots

Second Edition

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Preface

This IFALPA Pilot Assistance Manual is intended to provide key information for Pilot Member Associations who wish to establish or enhance existing pilot support programmes. A central aim of the manual is to help operators and regulators understand the development and implementation of these programmes. Such knowledge is important so that they, and all relevant stakeholders, can endorse the establishment of the programmes. This will be fundamental to their success.

This Second Edition represents a 2022 update of the original 2018 manual. Much has changed in the field of mental health and wellbeing for pilots since the original version was written, and this edition will refresh the manual with the latest developments and innovations. Three important publications since 2018 are of note:

1. **The EU Regulation 2018/1042**, which came into effect in February 2021. This was the first regulation anywhere in the world mandating that AOCs put in place access to a Peer Support Programme for their pilots. This has greatly accelerated the development of such programmes in Europe, adding to the extensive experiential knowledge and wisdom gained from Peer Support and Pilot Assistance Programmes which have operated over many decades in other parts of the world.
2. **The EPPSI Guide to Design and Implementation of Pilot Peer Support Programmes**, <http://eppi.eu/wp-content/uploads/2020/10/EPPSI-Guide-2nd-Edition-October-2020.pdf>. The European Pilot Peer Support Initiative, established in 2016, is a body of key stakeholders (European Cockpit Association, European Society of Aviation Medicine, European Association of Aviation Psychologists, plus existing Peer Support Programmes), whose aim was to identify and promote best practices in the field of Pilot Peer Support. It was published in anticipation of the EU legislation detailed above. This Guide is European-centred, and provides a detailed description of the various elements that make up a Peer Support Programme.
3. **The ICAO EB 55/2020**, which encourages all regulators and operators worldwide to implement Peer Support throughout their aviation systems. Although this document was written in the context of the COVID-19 pandemic, it is considered to be generally applicable.

This IFALPA manual is not intended to be read from start to finish. Rather, it is recommended that the reader familiarise themselves with the philosophy of a Pilot Assistance Programme, as

detailed in Part 1, and then work with the relevant stakeholders (operators, regulators, medical personnel, etc.) to determine which type of programme is required for the particular operation, based on the summary descriptions in Part 2. The key components for any programme are detailed in Part 3, and Part 4 contains a Getting Started guide to the implementation of the chosen programme. In-depth descriptions of the programmes can be found in Part 5.

For clarity, the term **Pilot Assistance** is an over-arching term applicable to all Peer Support Programmes which are designed to offer support and assistance when pilots encounter difficult issues, whether in their professional or personal lives. These issues may cause distress but not necessarily precipitate mental health issues.

For example, a pilot may struggle with the after-effects of a traumatic critical incident and require help to deal with that trauma. With support, the effects of the trauma may be mitigated and resilience and a sense of wellbeing restored. However, unrecognised and (by definition) unsupported trauma can sometimes trigger detrimental mental health issues such as substance addiction or depression.

All of the programmes described in this manual have the key component of **Peer Support**, fellow line pilots trained in specific skills to support their colleagues. It is for this reason that the programmes described in this manual are often called **Peer Support Programmes** or **Pilot Peer Support Programmes (PSP or PPSPs)**. The terms are interchangeable, but this manual will use the term **Pilot Assistance Programmes (PAPs)** throughout.

Any assistance or additional information regarding the creation of Pilot Assistance Programmes can be sought from IFALPA, who will be able to put the MA in contact with relevant expertise.

Glossary

The following is a list of terms which are generic to all programmes. Specialist terminology for each programme is listed in the detailed description of that programme in Part 3.

AOC Air Operator Certificate

AMC Acceptable Means of Compliance

AME Aviation Medical Examiner

ATC Air Traffic Control

CIRP Critical Incident Response Programme

CISM Critical Incident Stress Management

Coordinator An individual who runs the day to day operation of the programme

EAP Employee Assistance Programme

EASA European Union Aviation Safety Agency

EPPSI European Pilot Peer Support Initiative

FAA Federal Aviation Administration

GDPR General Data Protection Regulation

HIMS Human Intervention and Motivation Study

IFALPA International Federation of Air Line Pilots Associations

IPPAC International Pilot Peer Assist Coalition

Intervention the act of alerting a programme to an individual pilot of concern

Positive Safety Culture a trustful reporting environment adopted by an organization that encourages individuals to report errors without fear of being punished or prosecuted. They can, however, be held accountable for wilful violations or gross negligence

MA Member Association

MHP Mental Health Professional

NAA National Aviation Authority

PSV Peer Support Volunteer (also known as **Peer**)

PPSP Pilot Peer Support Programme

SMS Safety Management System

SMDP Substance Misuse/Dependency Programme (also known as Chemical Misuse/Dependency Programme)

SUD Substance Use Disorder

Part 1: Introduction

1.1 The Importance of Wellbeing

The World Health Organisation considers health as a complete state of physical, mental and social wellbeing, and not merely the absence of disease and disorder. Wellbeing is described as a state where the individual is coping well, cognitively, emotionally, and socially; finds satisfaction in life and work; and contributes meaningfully within their community. The importance of the physical and mental health of pilots is an objective which all stakeholders such as operators, member associations, regulators, and pilots themselves can agree on.

Established Pilot Assistance Programmes demonstrate that feeling understood enhances both personal and social wellbeing. If a person seeks support and is provided with a safe environment to discuss their experiences, and in doing so, becomes aware of his/her choices, they may experience a greater sense of control, increased motivation, and a likely improvement in mood. As a result, pilots who feel listened to, supported, and understood are likely to be more satisfied, more productive, and spend less time away from work with sickness. They tend to be better able to cope with the traumas of life, both inside and outside of work, than if their wellbeing is reduced.

Pilot wellbeing is made up of many complex elements and aspects. These are explored in more detail in Appendix A.

1.2 Resilience

Resilience is a fundamental part of the concept of wellbeing. It is often depicted as a person's ability to cope with, overcome, adapt, and even thrive in the face of adversity or challenging and stressful circumstances. This inherent ability to adapt protects and supports mental health, which in turn is an important factor in ensuring resilience. The impact of reduced resilience can be recognised not only at an individual level but also organisationally, and has a profound impact economically and throughout society.

1.3 The Relationship between Pilot Assistance Programmes and Resilience & Wellbeing

Individuals will always be impacted by adverse life and career experiences. Pilots have the added flight safety responsibility to maintain their health and wellbeing against any harmful impact from those experiences. As with any risk mitigation strategy, building resilience to prevent or limit the impact of adverse events is important in preserving careers and livelihoods of pilots, as well as improving the safety culture of the organisation.

Pilot Assistance Programmes (PAPs) are critical tools in improving and maintaining resilience and, therefore, wellbeing. Various types of PAP are described in this manual. They address different challenges that may arise in a pilot's life, but they all share key objectives, which are:

- educate and assist pilots to develop their own tools and coping mechanisms;
- provide additional resources for support if required;
- encourage pilots to take responsibility for themselves and come up with their own solutions wherever possible;
- keep pilots flying if at all possible or return pilots to active flying duties in a reasonable timescale if their medicals have been withdrawn.

These programmes have been successfully developed around the world and provide strategies for dealing with common issues faced by pilots, with a view to returning them to a place of resilience. This manual describes the core principles and practices acquired from years of experience in each of these areas.

It is important to remember that pilots do not have to be in a position of psychological difficulty in order to benefit from the programmes described in this manual.

1.4 Peer Support

Central and critical to all programmes described in this manual is **Peer Support**, which has proven to be highly effective in supporting wellbeing and reinforcing resilience. It is a process of offering confidential Peer-based support to any individual and empowering people to develop their own wellbeing, build coping mechanisms, and determine their own solutions to concerns or circumstances that are detrimentally impacting their health and/or sense of wellbeing.

The process is driven by, and based upon, the use of Peers as a first line of support. It is effective because pilots and the Peers speak a common professional language and share common work experiences. Pilots are often more willing to trust and confide in a pilot Peer. A unique feature of Pilot Support Programmes is that the Peer works in conjunction with a qualified Mental Health Professional, who provides the necessary clinical input and training to the programmes (see section 3.4). The involvement of a qualified professional ensures that the Peers are appropriately trained and supervised when they support fellow pilots.

Globally, Peer Support is an accepted and successful strategy for supporting the mental health and wellbeing of pilots. Trustful relationships, both as the foundation of support offered to the individual, and as a collaborative supportive network of all relevant stakeholders, are critical to that success.

1.4.1 The Role of Peer Support in Flight Safety

There is a growing recognition of the important role of Peer Support Programmes in the safety culture of an airline. PSPs that have been in existence for a number of years have developed a level of co-operation and understanding with key stakeholders as to the value of identifying pilots who are struggling with issues and supporting them back into healthy productivity. Unaddressed mental health issues amongst pilots have a potentially detrimental effect both on the actual safety within an airline and the perceived safety of an airline in the eyes of the travelling public.

Peer Support Programmes are a major factor in combatting these issues and it is notable that the recent EU Regulation 1042/2018 formalised the relationship between PSPs and the AOC's

Safety Management System¹. The SMS process supports identification of hazards and reduction of safety risks. Therefore, from an Operator's perspective a PSP should be considered a means to proactively manage risk. IFALPA strongly recommends that when a PAP is being developed, the MA works with the airline to ensure a formal link is established with the airline's SMS.

1.5 Advantages of Pilot Assistance Programmes

Pilot Assistance Programmes do the following:

- empower pilots to seek assistance, offering them access to counselling, mentoring, treatment, and rehabilitation as required;
- provide a confidential pathway to a safe resolution of issues;
- enable early management of problems through the use of Peers;
- are efficient and cost effective because of their voluntary nature;
- are able to lower sick rates and absenteeism while keeping pilots motivated and encouraged to deal with problems, without the fear of losing their license, job, and livelihood;
- allow the operator to retain highly skilled pilots, avoiding the costs of hiring and training new pilots;
- improve resilience to, and recovery from, significant events.

1.6 One Size Does Not Fit All

When establishing a PAP it is important to note that if a programme is translated or imported from another country, it needs to be adapted to ensure that it is appropriate and relevant to local population needs. Key characteristics of national and organisational culture must be identified and considered. Doing so helps to build awareness and sensitivity to the issues of culture and diversity that any support programme needs to address. Conversely, not doing so is more likely to lead to barriers and a lack of use and trust in the programme by the pilots.

¹ EU Regs 2018/1042 AMC3(b) CAT.GEN.MPA.215:
"A support programme should be linked to the management system of the operator, provided that data is used for purposes of safety management and is anonymised and aggregated to ensure confidentiality."

Part 2: Types of Pilot Assistance Programmes

Pilot Assistance Programmes (PAPs) support pilots address personal concerns in a number of areas which potentially impact on their professional lives. Member Associations should consider that the full complement of PAPs addressing medical licensing, critical incident response, substance misuse, training assistance, professional standards, and wellbeing should be implemented to the greatest extent possible. The objective is to reduce negative impacts on the wellbeing of the individual, as well as the safety and productivity of the organisation.

It is recognised, however, that the type and number of individual PAPs will depend on the needs of the Member Association. Available resources are likely to be a significant factor, and may not permit the creation of multiple programmes initially. If this is the case, the MA should identify the area of greatest need, perhaps by asking questions such as: why would a person approach this programme? What need might they have? What would they hope to gain?

Many organisations adopt a single over-arching programme as a gateway or portal into various support mechanisms. As that programme matures and usage grows, further specialised programmes can be added to offer even more comprehensive support to pilots. Brief descriptions of each of these appear below, with detailed explanations of each PAP in Part 5.

Gateway (PAN)

This core wellbeing and resilience support Gateway (PAN) programme is intended to serve as the foundational portal of Peer-based support, regardless of the pilot's issue or its nature or severity. The Gateway (PAN) serves as an entry point into an emotionally safe environment that is structured to offer support for wellbeing concerns with the aim of strengthening resilience.

It can be designed as a stand-alone wellbeing programme as part of a cluster of PAPs if sufficient resources exist. Alternatively, it can be an all-encompassing foundational platform addressing any concerns affecting the health, wellbeing, and performance of pilots. There are many examples of such programmes across the world, many of them going under the name of PAN (Pilot Assistance Network) Programmes.

Aeromedical

The Aeromedical programme addresses aeromedical and medical-related issues to support pilots with medical licensing issues or concerns.

Critical Incident Response (CIRP)

The purpose of a Critical Incident Response Programme (CIRP) is to lessen the psychological impact of on-the-job accidents or incidents on crewmembers, accident investigators (as required), and their families. This is intended to accelerate recovery from those events before harmful stress reactions damage job performance, careers, families, and health. The positive steps taken before and after an accident or incident will affect both short- and long-term physiological and psychological health. CIRP measures are not therapy: they are proven, tested, Peer driven processes to support healthy persons with normal reactions to abnormal, critical situations.

Pilot Training Assistance

The Pilot Training Assistance programme coordinates efforts with the operator to develop and implement mutually agreeable programmes to assist pilots who are experiencing difficulties in training or line operations. The objective is for all pilots-in-training to have access to and support from an experienced Peer outside the normal group of training instructors, examiners, or check pilots if they are experiencing any training / pilot skill deficiencies, or CRM difficulties. This programme ensures that pilots receive the support and additional training necessary to overcome any training or skill difficulties in order to satisfactorily complete the training/checking event and return to line operations.

Professional Standards

The underlying philosophy of the Professional Standards Programme is that it is the responsibility of airline pilots to set and maintain professional standards that go beyond those set by the regulator and airline management. These standards are defined in an agreed Code of Ethics². This sense of responsibility and duty is a distinguishing characteristic of our chosen profession.

The Professional Standards mission is to protect and enhance the careers of professional pilots. Professional Standards deals primarily with pilot behaviour in the workplace to ensure a safe and professional operating environment, for example by mitigating CRM difficulties.

² A sample Code of Ethics is included in Appendix C

Substance Misuse/Dependency Programmes (SMDP)

These are programmes which address the extremely sensitive and difficult area of misuse of, and dependency on, psychoactive substances³. Such misuse is incompatible with flying, as it is usually associated with complex psychological issues as well as the physical effects of a Substance Use Disorder (SUD).

Once diagnosed with an SUD, an NAA will withdraw a pilot's medical until there is sufficient evidence of sustained sobriety or zero use of illicit drugs. This will generally be for a period of between 1-3 years. In order for the pilot to return to flying sooner, they will need to be part of a recognised treatment and monitoring programme in order to satisfy the NAA that relapse is unlikely. The successful template programme in this regard is the HIMS programme in the United States.⁴

There are two purposes to establishing an SMDP within an organisation:

1. the ethical responsibility of both MAs and employers to support the pilots with SUDs back to flying; and
2. to provide a mechanism that allows a pilot who successfully rehabilitates from an SUD to return to flying sooner than if they were not in a programme. This becomes particularly important if an operator's employment policies do not permit being absent from work for 18 months or more for rehabilitation.

³ Annex 1 Personnel Licensing to the Convention on International Civil Aviation 1.2.7.1. The EASA definition of psychoactive substance is, "alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, with the exception of caffeine and tobacco." (Regulation 2018/1042 Annex I para 98a)

⁴ www.himsprogram.com

Part 3: Key Components of Pilot Assistance Programmes

Successful Pilot Assistance Programmes (PAPs) are characterised by a number of key benchmark elements that define them as Peer Support Programmes. They are:

- Peers
- Confidentiality
- Legal compliance
- Mental Health Professionals
- Coordinators
- Independence and transparency
- Steering Committee
- Case handling

All the programmes described in this manual will contain these benchmarks to a greater or lesser degree, depending on the type of programme. Specific additional elements of particular programmes are detailed in Part 5.

The most critical benchmark of any PAP is that it is Peer-based, i.e. **run by pilots for pilots**. This must be the over-riding principle, regardless of the number of stakeholders and the funding structure, and one which is clearly and regularly communicated to the workforce. These programmes are most effective when the pilot workforce trusts that they can disclose sensitive personal information without it impacting their careers. This objective is best achieved by making the programmes run by fellow pilots as opposed to management. Note that there must always be the caveat of defining when it is necessary to break confidentiality for safety reasons (see section 3.2.3).

3.1 Peers

3.1.1 Definition

The definition of a **Peer** (sometimes referred to as a **Peer Support Volunteer** or **PSV**) in the recent EASA regulation is a good starting point:

“(a) In the context of a support programme, a ‘Peer’ is a trained person who shares a common professional qualifications and experience, and has encountered similar situations, problems or conditions with the person seeking assistance from a support

programme. This may or may not be a person working in the same organisation as the person seeking assistance from the support programme. (GM8, CAT.GEN.MPA.215)“

It is important when designing and implementing a PAP that a Peer is clearly defined in the Terms of Reference of the programme. They are a critical differentiator between a Pilot Assistance Programme, which, by the definition of this manual is Peer based, and alternative employee support mechanisms such as Employee Assistance Programmes or Employee Wellbeing Programmes (EAPs, EWPs) or counselling services. Although the person providing support in these support mechanisms is a qualified professional, they are not usually pilots and therefore may not fully understand the specific nature of the job and its demands.

Because the Peer shares *common professional qualifications and experience*, the pilot contacting the programme is more likely to trust them and to build a rapport with them, which in turn makes it more likely that they will open up about their concerns than they would to a non-pilot. Professional commonality lowers the hurdles to accessing support.

It is important to note that MAs should resist any statement by an operator that because an EAP is in place, additional pilot support programmes are not necessary. EAPs are not a substitute for PAPs and experience has shown that take up of EAPs by pilots has been very low. However, they can be a very useful resource for the Peers to direct pilots to, particularly regarding non-licence issues.

3.1.2 Roles and Responsibilities

The following list of roles and responsibilities for Peers is common to all the programmes described in this manual. Any additional requirements that are specific to a particular programme are detailed in Part 5. The most important principle of the Peer’s job is that they respect the boundaries of their role. This will help ensure that they protect the pilot from further harm, the Peer from doing harm, and preserve the overall integrity of the programme.

The role of Peers

- Listen and employ active listening skills to facilitate conversations with pilots regarding issues of concern.
- Support the pilots to take responsibility for their own solutions, and to help identify steps for resolution.
- Signpost the pilot towards skilled intervention, when necessary.

- When appropriate and particularly if mental health or flight safety related concerns arise, consult with the programme Mental Health Professional (MHP).
- Follow the fundamental principle: seek to do no harm.

Responsibilities of Peers

- Be mindful of the pilot's ability to solve their own problem and that they are seeking support voluntarily.
- Provide a safe, respectful, and confidential environment for a Peer-to-Peer conversation, building trust with the pilot.
- Explain the Peer role and confidentiality policy during the initial discussion.
- Safeguard confidentiality to their utmost ability.
- Consult with the MHP if the pilot is not progressing towards adequate resolution of their circumstances within an acceptable time frame. The intention is to protect the pilot, the Peer, and the programme.
- Brief and debrief with either a Mentor Peer, Coordinator, or an MHP after handling a call (depending on programme construction).
- Make time for, and engage with, supervision by either a Mentor Peer, Coordinator or an MHP. This is to protect the mental wellbeing of the Peer, as the work can at times be emotionally challenging. This should be talked through and processed.
- Attend recurrent Peer team training.

3.1.3 Selection and Training

Careful selection and training of Peers is essential, see Part 4. It is recommended that both are carried out by or in conjunction with a Mental Health Professional or mental health specialist. These professionals should have experience in working with volunteers and pilots, or experience in aviation or other safety critical industries. In jurisdictions where an aviation or general MHP may not be available, a suitably experienced medic (such as AME) should support selection and training. An MHP in another jurisdiction, with appropriate experience, could also act as a consultant in the selection and training of Peers via online communication.

Peer qualities

Peers are pilots who have demonstrated the attributes of empathy, thoughtfulness, understanding, compassion, and insight. They should be selected based on their emotional

maturity and ability to work with people. They are dedicated and caring people who are willing to volunteer their time and talents to assist their colleagues. **Peers must not hold managerial positions.** The perception that contacting a PAP will lead to management being alerted to a potential problem with a pilot will significantly reduce the chances of the programme being a success.

As far as possible, Peers should be “ordinary” pilots who are specially trained. Some thought should be given when creating a programme as to whether being a union representative or a training pilot is incompatible with the role of a Peer. This will depend on the culture of the organisation. There are examples worldwide of programmes which either allow or bar these position holders.

Training

Initial and recurrent Peer training are critical to the quality of the programme. Recommended key topics for training should include:

- in-depth active listening;
- analysis of mental health and safety risk factors in aviation;
- psychological first aid;
- the neuroscience of stress, support, wellbeing, and resilience;
- an understanding of trauma, grief, loss, anxiety, depression, and suicide;
- the fundamentals of understanding substance misuse/dependency as a medical condition and industry-wide Substance Misuse/Dependency Programmes (SMDP);
- common psychological issues affecting pilots (including the impact of any diagnosis on medical certification);
- the boundaries of support and the Peer role;
- the importance of confidentiality;
- the responsibilities of managing personal and confidential data;
- the ability to identify the need for referral;
- facilitating a structured, solution-focused conversation;
- understanding when escalation is required e.g. if there are concerns regarding flight or personal safety;
- conflict resolution;
- basic legal issues surrounding Peer work;
- Peer self-care.

Specific additional skills for specialised programmes are listed in the descriptions in Part 5.

Frequency of Training

This will depend on the type of programme. For Gateway (PAN) or SMDP, Peers will benefit from more frequent recurrent training and best practice sharing. Between 3 and 5 days a year has been shown to be optimal.

For other programmes such as Critical Incidents, Aeromedical or Professional Standards, recurrent training every 2 years may be sufficient.

3.1.4 Support and Supervision

Care should be taken with any PAP not to overload the Peers. The work can be emotionally intense, often dealing with difficult issues in pilots' lives, and there must be adequate supervision of each Peer to prevent burn-out, transference (and counter-transference), inadvertently stepping out of role and accepting responsibility inappropriately.

Supervising the Peers' workload can be done either by the MHP or the Programme Coordinator. Given that a case can be either one phone call or repeated calls over months or even longer, measuring workload by number of cases can be misleading. A better measure is hours spent per week on Peer Work.

There should also be a supervision mechanism in place, again carried out by either the MHP or the Coordinator, to allow the Peer to talk through difficult cases for their own wellbeing. There should also be the ability for Peers to remove themselves temporarily from the work if their personal circumstances mean that they are not in a good place. Peers should be encouraged to practise good self-care.

It should be borne in mind by all stakeholders that Peer Programmes are run by volunteers using their limited time and resources to offer support. To ensure that the Peers can fulfil their duties, attend training days and maintain their enthusiasm for the programme, it is important that methods such as sponsorship and/or financial support or time off in lieu are utilised to ensure sustainability of the programmes.

3.2 Confidentiality

3.2.1 Scope of Confidentiality

Confidentiality is a cornerstone of any PAP. As an example, one of the two core paragraphs of the EU legislation on Peer Support states:

“the protection of the confidentiality of data shall be a precondition for an effective support programme as it encourages the use of such a programme and ensures its integrity”

(CAT.GEN.MPA.215(b))

Confidentiality requires that any information shared stays within the programme, regardless of its form or source, unless:

- the pilot gives consent for the information to be shared wider; or,
- certain key criteria are met concerning a threat to flight or personal safety (detailed in 3.2.3 below).

What this means practically is that all information collected can only be used for the purpose for which it was obtained, specifically to provide support to pilots. Everyone involved needs to uphold confidentiality, and Peers should be trained in the confidentiality requirements of the programme. The confidentiality aspects of Peer training should include:

- not sharing case-related information with anyone beyond the programme;
- explaining in the initial conversation with the pilot that the discussions they are having are completely confidential unless certain standard criteria are met (see 3.2.3 below);
- signing Peer confidentiality agreements;
- not engaging in discussions or cell phone communications in a public area (e.g., restroom or restaurant), even with team members;
- not sharing another individual’s situation with a pilot who has contacted the programme as a means of helping them to understand their own situation. (aviation is a small world and even without mentioning names, it may be possible to guess someone’s identity);
- using great care when citing examples in Peer training, discussion, or supervision. Sharing best practice is beneficial for Peer experience, and Peers are all bound by confidentiality agreements, but cases should be de-identified as far as possible and the minimum information shared for training/supervision purposes.

As confidentiality is critical to the success of Pilot Assistance Programmes, any records kept (or emails sent) by individual committee members or Peers regarding individual cases must be de-identified.

3.2.2 Note-Taking

This is a controversial topic that requires significant thought and discussion when designing PAPs.

The starting point should be the data protection regulations in the MA's country, for example privacy laws or GDPR⁵ requirements. See section 3.3.1 for more details. This will also be linked to the culture of that country: some cultures will be more accepting of notes being kept than others. An NAA may even require evidence of note-taking, without being able to access the notes themselves. For example, AOCs within EASA are now mandated to have Peer Support Programmes, so they will be audited on their compliance. This implies that notes on cases must be taken. However, the EU legislation does state that any data collected and presented must be "anonymised and aggregated"⁶

Again, what this means in practice is that if the programme decides to keep notes on a pilot, eg. for monitoring purposes in an SMDP, then firstly they must be stored securely. Secondly, only the minimum amount of factual data, as opposed to opinions, must be kept. If it is determined that the programme should keep notes, then the Peers should be trained on how to keep appropriate notes. A useful principle is to write notes knowing that the subject may read them one day.

Regular anonymized statistical reports (at least yearly) can be extremely valuable to the Steering Committee when evaluating the effectiveness of the programme and making recommendations into the operator's SMS. Care must be taken that the anonymized data does not inadvertently reveal individual case identities, particularly in small companies.

⁵ General Data Protection Regulation: a regulation which requires businesses to protect the personal data and privacy of EU citizens for transactions that occur within EU member states. It also applies to the UK and to any organisation globally that might store the data of an EU citizen.

⁶ AMC2 CAT.GEN.MPA 215

3.2.3 Limits to Confidentiality and Escalation Protocols

PAPs act as an additional protection to help prevent potential safety problems. Whilst confidentiality is a key element to these Programmes and should be rigorously respected, it is recognised that there are limits to confidentiality when immediate safety could be compromised. The circumstances when **programme confidentiality** can be reasonably breached are:

1. Threat to self
2. Threat of harm to others

It is extremely important that each programme has an escalation and referral/sign posting policy or protocol should there be any concern regarding a pilot's mental state or about flight safety. The Peers need to be trained regarding how to handle the situation with the pilot in the immediate, how to breach confidentiality if necessary, and clearly understand the need to communicate promptly to the MHPs involved. Local emergency services and health provisions may need to be taken into account when writing the protocol.

A clear escalation protocol offers an effective check and balance against any malicious misuse of the programme. An example of an escalation protocol for PAPs is included in Appendix B.

Personal information should never be disclosed except when:

- 1) legally requested by a court or tribunal (eg. subpoenaed);
- 2) there is serious risk of harm to themselves or others;
- 3) clear prior consent from the pilot has been obtained to:
 - a) provide a written report to another professional or agency; or
 - b) discuss the material with another person.

3.3 Legal

3.3.1 Legal Input when Setting Up a Programme

Each PAP needs to be compliant with the laws of their country.

As stated earlier, confidentiality is the cornerstone of an effective PAP. However, national laws may have a significant impact on the way a programme handles data protection. Accordingly, it is strongly advised that legal advice is sought to ensure that the programme is compliant in the following areas:

- what personal data can and cannot be stored by the programme;
- the type of data that can be stored;
- the storage requirements;
- the rights pilots have to access their personal data stored by the programme;
- the circumstances under which programme data be accessed by either the operator or the regulator;
- the regulatory requirements, if any, required by the NAA for a PAP;
- the legal protections that should be in place for the Peers;
- the liability dangers for the programme and who should hold that liability.

This last point is significant. Liability is normally linked to funding and ownership, but in the case of PAPs there are often different structural models, which can make the issue more complicated. Where liability becomes particularly important is when a case revolves around whether or not a pilot should be removed from the roster for psychological reasons. This is a difficult and sensitive area, as discussed in section 3.2.3 above, and the implications of a misjudgement can be significant. It is one of the reasons why MHPs are integral to the running of a Programme, and why, in many instances around the world, the MHP holds the final legal liability for the programme on their insurance.

3.3.2 Legal Input when Running a Programme

It may be the case that the legal complexities within a country necessitate some form of legal input to the running and day-to-day decisions made by the programme. An example of this may be if a programme is for a trans-national company where Peers from one country offer support to fellow company pilots based in another country.

Such a need will be determined at the design and implementation of the programme, when necessary, links will be established. It is the responsibility of the Steering Committee to seek necessary legal advice in the running of the programme, though there should be a mechanism agreed whereby the MHP can obtain rapid legal advice directly if a situation requires it.

3.4 Mental Health Professional

3.4.1 Definition

The PAP Mental Health Professionals (MHPs) support the PAPs through the provision of specialist care. Different titles and names exist in different countries for those who are professionals in the field of mental health, such as licensed psychologist, qualified counsellor, or social worker. However, as an overall definition, a Mental Health Professional should be suitably skilled, qualified, and registered in the host country of the Programme. Typically these professionals will be Clinical Psychologists or Psychiatrists.

It is recognised that in some parts of the world an MHP who meets these criteria might not be available to the programme. In these circumstances, a close collaboration with an empathic, experienced, and insightful AME is possible. However, the Steering Committee should be aware that PAPs often require considerable clinical input and every effort should be made to secure appropriately qualified personnel, primarily for the protection of the programme and the Peers.

It is important that MHPs understand the rationale for Peer Support: its role, effectiveness, efficacy, and financial impact. It is recommended that they be well versed in the rules and regulations governing pilots or work in collaboration with an AME. Ideally, the MHP will have experience of:

- aviation and an insight and understanding of the sensitive dynamics regarding mental health in aviation;
- the implications of a clinical diagnosis of a mental health issue with a pilot;
- the role of the Peer and the operation and organisation of Peer Support;
- the emphasis on, and impact of, wellbeing and resilience;
- psychosocial safety risks in aviation;
- the requirement to identify and handle possible threats to flight safety (escalation and referral protocols), and return to duty assessments;
- topics relating to suicide, aviation trauma, and substance dependency.

3.4.2 Role and Responsibilities

The MHP typically has responsibility for ensuring that Peers operate within the limits of their competence and for addressing emerging or developed mental problems, particularly those that could affect flight safety. To this end, the MHP helps to keep the Peer Support system safe by

addressing and managing mental health concerns and threats. The actual procedures to be followed when Peers and the MHP are confronted with safety-threatening mental health concerns will likely vary between jurisdictions, MHP professions (e.g. psychologist, psychiatrist, mental health nurse etc), company/organisational procedures and rules, and of course aviation regulatory requirements. Where an MHP is not directly involved in the programme, it is necessary to engage an MHP remotely and as a consultant to ensure the highest levels of safety apply to the PAP.

Additionally, the MHP is intrinsic to the structure and running of many PAPs. Typical roles include:

- assisting the process of Peer selection;
- Peer training, supervision/mentoring, and debriefing;
- Defining boundaries and escalation protocols;
- identification of a network of professional resources;
- equipping and facilitating PeerPeer self-care;
- accepting responsibility for the legal liability for the Programme (if required);
- where appropriate, and within the bounds of the Programme, act as an intermediary with, and advisor to, operators regarding very specific situations that have the potential to impact flight safety.

Depending on the structure of the individual programme, the MHP may also:

- accept professionally referred cases through the PAP structure;
- where necessary, facilitate the debrief of critical incidents;
- provide a referral where long term care is required;
- provide guidance to the Peers on psychological matters;
- provide advice to the Steering Committee on any changes to government laws, and/or regulatory policy which relate to aviation psychology or medicine.

3.5 Coordinators

Coordinators take care of the day-to-day operation of specific aspects of a PAP and coordinate Peer workload. Coordinator positions for each programme should be filled by appointment of the Steering Committee. Ideally, there should be at least two positions to share the responsibilities and provide coverage in case one Coordinator is not available.

Coordinators are responsible for:

- the day-to-day operation of their respective PAP;
- coordination of calls and contacts to assign an available Peer who is best suited to the situation;
- monitoring Peer workload;
- assisting with the supervision of Peers to prevent secondary trauma and burnout;
- liaising with programme MHP for the supervision of a case;
- collating de-identified statistical data for reporting to the Steering Committee where appropriate, and;
- arranging Peer initial and refresher training modules.

3.6 Independence and Transparency

PAPs act as an independent, autonomous “port-of-call” or “safe haven” dedicated to providing Peer Support to pilots. They need to operate with trust and integrity for membership buy-in, and deliver clear protocols resulting in stakeholder buy-in. The concept of **run by pilots for pilots** is critical in this area.

As a basic rule: the more transparent the programme is in regards to its oversight and protocols, the more likely it is to be accepted by all stakeholders and used by the pilot workforce. This is best achieved by clearly stating:

- the scope and limits of the proposed Programme;
- the core values of the Programme;
- Its structure and operating principles;
- how and to what degree all stakeholders are involved in the Programme;
- key programme protocols which include: confidentiality agreements, the scope of Peer activities, and escalation procedures in the cases where pilot or flight safety is potentially at risk.

3.7 Steering Committee

3.7.1 Definition

A Steering Committees coordinates and oversees the application of the programme's objectives, scope, and principles. It should offer guidance on development and implementation of policies and procedures governing Peer training, education, resources, and regular programme reviews.

A critical role of the Steering Committee is to feed back recommendations into the operator's Safety Management System (SMS) based on the data elicited from the particular programme. This provides an essential critical safety link between the programmes and Flight Operations.

All data provided to the Steering Committee must be anonymised and aggregated to protect confidentiality. No details of individual cases must ever be presented to a Steering Committee.

3.7.2 Structure

Steering Committees are needed for each PAP, as different types of programmes have different oversight requirements. Stakeholder representatives on the Steering Committee should reflect national, state, and organisational culture and be as experienced as possible to lend weight and importance to the programme. This is a significant factor in convincing the pilot workforce that they can trust the programme. Effective collaboration between the various stakeholders on the Steering Committee is vital to the smooth running of the programme.

Steering Committee stakeholders can include:

- pilot representative bodies;
- Flight Ops management;
- Mental Health Professional;
- Coordinator;
- Peers⁷;
- HR.

⁷ Peer representation on the Committee is particularly valuable because of the essence of these programmes - by pilots for pilots - and this perception needs to be emphasised to the pilot workforce.

The Steering Committee should meet regularly, as required by the size and complexity of the programme.

3.7.3 Roles and Responsibilities

*Note: items marked with an asterisk * may be fulfilled by utilising a third party provider.*

These include:

- *overseeing the selection of Peers to be trained;
- *ensuring a structure is in place for the day-to-day running of the programme;
- selecting the Mental Health Professional(s) to provide consulting services where required;
- overseeing the use of funding/resources provided by the participating organizations (association and/or operator) to deliver the programme objectives;
- providing a budget and annual audited accounts of the dispersal of funds;
- periodically reviewing the programme to ensure its effectiveness;
- assessing the reasons for Peer contact through de-identified data to evaluate trends associated with the workplace environment, and to guide future Peer training requirements;
- *ensuring the Peers have adequate supervision and monitoring;
- *assessing Peer workload to ensure the numbers of Peers are sufficient for the programme;
- promoting awareness of the programme amongst the pilot workforce by regular communication and education;
- providing recommendations to the company's SMS on safety-related matters identified through the programme;
- addressing any public or media enquiries;
- appropriately addressing any complaints about the programme;
- addressing any difficulties with an individual Peer, including removal from the Peer team if appropriate;
- *ensuring the programme remains compliant with any data protection legislation in the country.

3.7.4 Records

During Steering Committee meetings, minutes should be taken. These should be retained for any audit/compliance requirement. Care should be taken to ensure that any details which could identify a pilot are not included (in accordance with the principle of anonymised and aggregated data).

3.7.5 “Halo” Effect

PAPs should be independent of and protected from all industrial activities. For this reason, the Steering Committee provides an opportunity for a politically neutral arena where multiple stakeholders can work together for the same common goal. This can provide a useful win-win for all parties where the desire exists to build good working relationships between management and the pilot workforce.

3.8 Case Handling

3.8.1 Contact call Initiation

Contact with an individual seeking or needing assistance may occur through several means:

- **self-initiated** - An individual may self-refer;
- **company-initiated** - A Company manager, concerned about a pilot, may suggest that individual contact a PAP, or permission may be granted by the individual for the Company manager to call a PAP and ask a Peer to call the individual directly;
- **co-worker/family-initiated** - family members, friends, or work colleagues may express concern about an individual’s wellbeing;
- **long-term (30 days or more) illness outreach** - A pilot who has been absent from work for an extended period of time should be called to simply make contact and avoid undesired isolation.

3.8.2 Follow up and Monitoring

All Peer interactions with pilots should be followed-up to completion. Follow-up should be categorised as:

- **continuing** – if the Peer senses progress and believes that the assistance is beneficial and is worth continuing;
- **referred and ongoing** - if the Peer and the pilot mutually decide that the pilot would benefit from professional help, then the Peer will consult with the programme MHP. If

the MHP agrees, they will arrange for the pilot to be referred. The Peer will retain contact with the pilot and an overview of the case until it is deemed "Completed";

- **completed** - follow up is no longer needed when it is felt that an assistance case has been successfully resolved.

The Peer should report back to the Coordinator whether a Peer contact is "Continuing," "Referred and Ongoing" or "Completed", using whatever mechanism the programme employs (verbal or via notes).

3.9 Additional Requirements

3.9.1 Education of the Workforce

Educating the pilot workforce on the existence and services of the programme is imperative to supporting pilot wellbeing. PAPs form a vital part of an organisation's safety culture. They should be actively and regularly promoted by the Steering Committee, as well as independently by management and by the Member Association. An important factor when promoting the programme is to reduce the stigma of seeking help. Additional information on promoting the programme can be found in Part 4, Section 5.

Member Associations may find it useful to include the PAP information in their airlines' **Operations Manuals, Agreements, and Processes** such as Absence Management or Performance Management, and emergency response procedures, as appropriate. If assistance or support from any national health services or EAPs is available to the PAP this can also be highlighted.

A PAP website should be developed to provide a medical/mental health reference and educational tool for Peers. This website can also be used to access support from Peers, see Part 4, Section 4.

3.9.2 Member Association Pilots

Member Association representatives should be trained on the nature of PAPs. Specifically, an understanding that the programmes are non-punitive, confidential, and offer a support network to the pilot with the aim of returning them to the flight deck.

3.9.3 Management, AMEs, Regulators

These stakeholders should receive training on:

- the nature and objectives of PAPs;
- an understanding of pilot wellbeing issues;
- the role that they may play in a PAP.

3.9.4 Revenue and Expenditure

The funding of a programme will depend on a number of factors, including the culture of the country, relevant legislation, and the relationship between MAs and the operator. There are issues which will need to be resolved when the programme is created surrounding the relationship between funding, ownership, and control, as these are not necessarily linked. The key aspect is that the day-to-day running of the programme and control of individual cases lies with the pilots and not with management or an outside agency. This is vital for the perception of the programme in the eyes of the workforce.

However the programme is funded, responsibility for finance lies with the Steering Committee (unless the programme is wholly funded by the operator). Funds received must be used to finance the operation of the PAPs, including, where necessary:

- engaging the services of a qualified psychologist/physician (MHP);
- Peertraining Peers;
- PeerProgramme committee meetings;
- developing a website, brochures, posters, and other initiatives aimed at educating the pilot workforce on PAPs.

3.9.5 IFALPA Support

IFALPA can facilitate support for MAs seeking to establish a PAP.

Part 4: Getting Started

There are five key steps which should be followed when first setting up a Pilot Assistance Programme (PAP). These are:

Step 1. Determine the Scope and consult with Stakeholders

Step 2. Establish a Steering Committee

Step 3. Select and train Peers

Step 4. Create a contact method for the programmes

Step 5. Launch and advertise the presence of the programme(s) and what help is available for pilots

Step 1. Determine Scope and Consult with Stakeholders

The PAPs described in this manual address a wide range of issues which pilots commonly face in terms of wellbeing and resilience. The first step in creating a programme is to determine the needs of the target pilot workforce. For example, is the predominant need for a Critical Incident Programme, or is substance Misuse/Dependency the biggest issue, or would the pilot workforce be best served initially by a wider-ranging Gateway (PAN) Programme?

The best way to answer this question is to consult with relevant stakeholders. Those stakeholders will vary according to particular circumstances, and a template list of stakeholders can be found in Section 3.7, Steering Committee. If the programme will cover more than one operator, or that operator is trans-national, then all parties will need to be included in the discussions. These meetings should aim to identify the purpose of the PAP and to produce some form of high-level mission statement which will guide the formation and running of the programme.

Different stakeholders may have different perceived needs from these programmes and this is the stage to align all the various parties around a common aim. It will also identify what the composition of the Steering Committee should be.

Step 2. Establish a Steering Committee

After agreeing which type of PAP is required, the next step is to set up a Steering Committee. The purpose of this group is to design and implement the programme within the organisation. Stakeholders on the Steering Committee should include those involved in Step 1. At this stage in the process, input from departments such as HR and Legal may be beneficial.

The role of the Steering Committee is to:

- codify how the programme will be run. This will usually take the form of a Terms of Reference document, including formally defining the scope of the programme;
- liaise with the NAA as required;
- establish the funding and ownership arrangements for the programme⁸;
- establish who is the Data Controller for the programme (this should never be the operator);
- Recruit a group of Peers, by advertising and/or interviewing, see below;
- contract an MHP with aviation knowledge and recruit a Coordinator(s) as appropriate;
- appoint a third party organisation to manage the Peers and run the day-to-day programme (if appropriate to the programme);
- arrange for the Peers to be trained (and airline management/member association reps if applicable), this will normally be carried out by the MHP;
- create an organizational structure for the programme;
- ensure all necessary legal requirements for the programme (according to national laws) are observed, see Section 3.3;
- refer to existing IFALPA programmes for guidance, support, and experience as necessary.

Note: For member associations with limited resources, additional support is available through IFALPA.

⁸ Note that this will always vary according to the type of programme. For example, in many countries the NAA fund these programmes. Note too that funding/ownership does not automatically mean control of the programme.

Step 3. Select Peers

The Steering Committee should decide how many Peers are required for the launch of the programme. Experience from other longstanding programmes suggests that a figure of around 0.5% of the pilot workforce is a good starting number of Peers. As the programme develops, the number of Peers should start to rise to around 1%. The Committee should then advertise for the positions amongst the pilot workforce. See section 3.1 of this manual for the qualities required for Peers, and note section 3.1.3, regarding not having management pilots as Peers.

The notice inviting applications for the role of Peer should emphasise the following desirable criteria:

- integrity;
- ability to maintain and handle confidential information;
- willingness to work as a team member;
- commitment to attend initial and annual training and debriefing meetings;
- agreement to follow the established protocols and team standards;
- maintain a non-judgmental attitude.

One common technique is to ask candidates to submit short written answers to key questions such as previous experience of either personal difficulties that have been overcome or how they have helped someone close to them overcome their difficulties.

When interviewing candidates, be mindful of their past history and motivation for wanting to be a Peer. It is important that candidates have the necessary resilience to deal with the wide range of issues that the programmes demand. For some programmes, such as Substance Misuse or Aeromedical, Peers with direct personal experience are highly desirable. Pay attention to the pilot's motivation for wanting to be a Peer, to filter out elements such as personal aggrandisement, roster, or lifestyle manipulation, etc.

Step 4. Create a contact mechanism for the Programme

There are generally three methods of contacting a PAP for support:

- Telephone
- Website or App
- Informal (personal) contact

The first two methods can be described as **formal** methods of contacting the programme. Either one is effective and some programmes may suit one form of contact better than the other. Whichever formal method is chosen as a contact mechanism for the programme, it should be accessible and as easy to use as possible.

In practise, this means a single point of contact (phone number, website, App). Avoid publishing a list of Peer names and numbers as this leads to the first name on the list receiving a disproportionate number of calls, as well as allowing for the possibility of multiple messages left with multiple Peers if the initial call is not answered.

The programme should have a website, with instructions for establishing contact as well as resources for self-help in wellbeing and resilience. Examples of existing PAP websites are:

- ALPA-I (US) <https://www.alpa.org/resources/pilot-Peer-support>
- Stiftung Mayday (Germany) <https://www.stiftung-mayday.de/en/>
- PAN NZ (New Zealand) <https://www.pan.org.nz>
- Speedbird PAN (UK) <https://www.speedbirdpan.com>
- AIPA Welfare (Australia) <https://www.aipa.org.au/welfare/>
- PAN HK (Hong Kong) <https://www.pan.org.hk>

As described in the Gateway (PAN) programme description, some programmes find it beneficial to issue their Peers with specifically coloured or branded lanyards as identification of their Peer status. This is because the personal and approachable aspect to seeking help can be very powerful. It can, however, also create some potential issues. Adopting or discouraging an informal contact strategy needs to be discussed and agreed upon by the Steering Committee. Issues and questions to consider may include:

- If the approach is in the crew room prior to flight, or even during flight, will such a conversation prove a distraction to flight safety?
- Are there any legal protections for the programme, the Peer, and the pilot which formal contact with the programme provides (such as agreeing to the programme terms and conditions) but an informal one does not?
- Collection of relevant case data which is vital to the running of the programme in terms of numbers and trends, is much harder with informal points of contact as it relies on Peers filling in contact forms afterwards.
- Peers will need to be trained in how to handle a direct personal contact with the programme regardless of whether it is encouraged or not. The training should focus on listening to the

direction of the initial discussion and then encourage the pilot to self-refer into the programme via the normal channels to receive support in a structured and protected way.

Step 5. Launch and Advertise the Programme to the Workforce

Launching the newly-created PAP is a critical step, and one that will define the early success (or not) of the programme. Effective initial promotion of programmes will depend on the culture within a particular airline. In most instances, having senior figures in the organisation publicly support the programme will emphasise its importance, not only to the individual pilot, but also to the safety culture of the organisation as a whole. Such figures could include:

- CEO of the airline;
- Chief Pilot / Flight Ops Director;
- senior representative from the Member Association;
- representative of the Regulator;
- Senior Medical Officer of the airline (if applicable).

If, however, the Steering Committee determine that promotion by senior figures would be counter-productive with the workforce, then using the new Peers to promote the programme via video or newsletter can be very effective.

The key issue to remember when advertising and promoting a PAP is that pilots are highly reluctant to reveal and discuss mental health issues. The stigma surrounding mental health and professionalism is often combined with the very real fear that divulging a mental health issue will automatically lead to licence removal.

This fear means that a great deal of work will be needed by all stakeholders in the programme to persuade the pilot workforce that the programmes are confidential, and details will not be divulged to management or the Regulator without the consent of the pilot, unless in the instance of a threat to safety as described in section 3.2.3. This is why the message that PAPs are **run by pilots for pilots** is so important to advertise.

It is also important to emphasise in communications that these programmes are not emergency helplines. Other channels such as Duty Managers or MA emergency numbers are more appropriate for such cases. The logic is that by definition, emergency cases involve some

immediate threat to safety, and swift action is required. This will automatically mean that confidentiality is lost, thus moving away from the scope of a PAP.

Once the immediate emergency circumstances have passed, the PAP will still be available to the pilot if required.

Continuous Promotion

There is little point to investing resources to create a PAP if the pilot workforce is unaware of it. Experience from existing programmes around the world has shown that significant and continual efforts will be needed to promote the existence and the benefits of the programme(s), particularly in the first year or two after the launch.

Airlines will always see a turnover of pilots, and whilst word-of-mouth is the most effective form of promoting a PAP, regular communication as to the benefits and positive effects of the programme from the Steering Committee and the MA will help the programmes become an integral part of the support structures available to pilots.

Senior figures from stakeholders in the programme should regularly find creative ways to actively support and advocate the programme, such as by describing:

- the value of wellbeing and resilience amongst pilots;
- how the programme is designed to support the mental health of pilots;
- the importance of the confidentiality of the programme.

Recurrent mandatory CRM training sessions can be an effective platform for highlighting benefits of PAPs to the pilot workforce on a regular basis.

Testimonials from pilots who have benefitted from the programme and are willing to share their stories have proved to be very powerful. These will usually be anonymous, but in practice that does not matter. The concept of *'it happened to me and it could happen to you'* is a strong message which helps to normalise and destigmatise mental wellbeing issues.

The key message to convey in all communications with the workforce is that the ultimate aim of the program is safety: both personal and flight safety.

Part 5: Detailed Programme Descriptions

This section contains detailed descriptions of the following Pilot Assistance Programmes (PAPs):

- Gateway (or PAN)
- Aeromedical
- Critical Incident Response Programme (CIRP)
- Pilot Training
- Professional Standards
- Substance Misuse/Dependency Programme (SMDP)

5.1 Gateway (or PAN)

Introduction

This section describes the foundational requirements for a Gateway (PAN) programme. Much of what is incorporated here is common and applicable to other forms of Pilot Assistance Programmes (PAPs). These Gateway (PAN) programmes are often referred to as PAN programmes (Pilot Assistance Networks) and, along with CIRP, are the most common PAPs which organisations initially establish.

Pilots are just as likely as anyone else to experience crises or critical situations in their professional or personal lives. The impact of these may be felt in multiple ways: cognitively, emotionally, behaviourally and/or physiologically. Given that pilots are also expected to cope with and manage operational and occupation stressors (as detailed in Appendix A: Dimensions of Wellbeing), these effects can be significantly magnified. This can lead to an erosion in the pilot's coping, resilience, and confidence, which has the potential to detrimentally impact on their performance.

Access to Peer Support is at the heart of Gateway (PAN) Programmes. It provides the pilot with the opportunity to express their experiences and feelings and to talk through their issues with a Peer who does the same job and understands the pressures of the pilot profession. The process of being supported triggers a neurological response which enables the brain to shift and re-

engage in seeking therapeutic solutions⁹. The benefits are multiple and impact the individual's experience of their workplace, improve productivity, and contribute to a personal sense of confidence, health, wellbeing, and resilience.

Terminology

Programme Name

Globally, there are different names for this type of programme which broadly addresses the wellbeing and resilience of those pilots seeking support. Culturally, the name is of consequence because words convey the meaning and intention of this programme. It is recommended that each team defines their name and approach according to what works best for the local culture. Names used worldwide include: **Pilot Assistance Group, Pilot Assistance Network (PAN), Welfare Team, Wellbeing Programme, Peer Support Programme.**

Wellbeing

Defined by the WHO as a state of being where the person is functioning well cognitively, emotionally, and socially; finds satisfaction in life and work; and contributes meaningfully within their community.

Resilience

This has been described as, "the ability to withstand adversity and bounce back and grow despite life's downturns."¹⁰

Intervention¹¹

The act of reaching out to a pilot about whom there are serious concerns for their mental wellbeing, such as severe depression, problems with drugs or alcohol etc. which may affect either their personal safety or flight safety. Interventions are by their nature extremely sensitive and must be handled in accordance with agreed protocols and in close collaboration with the programme MHP.

⁹ Rosalba Morese, Claus Lamm, Francesca Marina Bosco, Maria Consuelo Valentini, Giorgia Silani. Social support modulates the neural correlates underlying social exclusion. *Social Cognitive and Affective Neuroscience*, Volume 14, Issue 6, June 2019, P 633–643, <https://doi.org/10.1093/scan/nsz033>

¹⁰ Amit Sood, MD, Executive Director of the Global Center for Resiliency and Well-Being <https://www.everydayhealth.com/wellness/advisory-board/amit-sood-md/>

¹¹ The EU Regulation 1042/2018 refers to an intervention as, "cases where intervention is required to prevent endangering safety" (CAT.GEN.MPA.215 GM(8b)). The EPPPSI Guide (P 12), defines intervention as "a mechanism whereby a colleague pilot, or family or friend, can raise a concern about a pilot in a safe and non-jeopardy environment, and it will be acted upon if appropriate."

Mentor (or Coordinator) Peer

A senior and experienced Peer who can mentor and advise Peers on all cases and identify difficult ones which may need more skilled intervention or other resources

Policy and Scope

The purpose of the **Gateway** (PAN) programme is to serve as a first port of call for pilots who are facing circumstances or situations for which they may need an emotionally safe, confidential, and non-judgmental environment to talk. Pilots often resist seeking help for mental health issues. This can be for a number of reasons which include vulnerability, fear of repercussions, consequences for medical certification, stigmatization, mistrust, and failure to recognise the crisis. Creating a **safe zone** where a pilot trusts that the conversations with the Peer are confidential will go a long way towards addressing these common concerns.

The focus of this programme is on supporting the pilot by encouraging them to build coping mechanisms. Support is offered through skilled and structured discussions with trained Peers who help the pilot find solutions to whatever issues they are facing, signposting them into relevant and necessary resources. Although the process is always confidential, it remains governed by the scope of confidentiality as detailed in Part 3, Section 3.2.3.

The ideal scenario is that Gateway (PAN) programmes deal with issues that do not require a detailed knowledge of such issues as addiction or critical incident trauma. If such specialist programmes (as described elsewhere in this manual) do not exist as a resource for a Gateway (PAN) programme then consideration should be given to training up a small number of **Gateway (PAN) Peers** in these specific skill areas.

Principles

- Gateway (PAN) programmes hold to the philosophy that pilots are considered to be generally resilient, self-sufficient, resourceful, and healthy. With appropriate help, they will be able to return to that fundamental position.
- Peers seek to empower individuals to own their issues and take responsibility for their own recovery. They never take responsibility or control away from the pilot.
- **Seek to do no harm** - Peers should be mentored and supervised to ensure no harm is done to the Peer or the person they are supporting.
- Primary Peer competencies are active listening and facilitating solution-focused discussions.
- Where appropriate, Peers work with pilots to identify their need for more skilled/ professional assistance; they will facilitate access to professional resources, and may continue to offer Peer-based further support.
- The Peer role is short-term and supportive and is neither curative nor therapeutic in approach.
- Peers abide by the protocols of confidentiality and escalation/ signposting/ referral to professional help.

Training

Training and supervision of Peers is essential. It is recommended that both are delivered by or in conjunction with a Mental Health Professional, as defined in Part 3, Section 3.4. Ideally, this MHP has experience of working with volunteers and/or with pilots, and has experience in aviation or other safety critical industries.

Gateway (PAN) Peers will require additional training and knowledge over and above those aspects listed in section 3.1.3 of this manual, specifically:

- a wider knowledge of common psychological problems affecting pilots;
- a working knowledge of HR procedures and personnel in the companies the programme covers (this is to facilitate such solutions as temporary part-time or time off to deal with pressing issues);
- familiarity with, and confidence in, the intervention escalation protocol to flag up issues that may have an impact on flight safety, see Section 3.2.3.

Initial training is usually between 3-5 days, and recurrent training should be a minimum of 2 or 3 days per year. This allows for continual upskilling in techniques of handling different types of case and practical knowledge of psychological issues that typically affect pilots.

Peer Discussions with Pilots

These discussions are based on the following core concepts:

- establishing confidential rapport;
- gaining understanding regarding the pilot's situation and needs;
- exploring options and signposting resources;
- encouraging the pilot to identify solutions themselves;
- developing a strategy for turning these solutions into action. This may include education around coping tools and techniques, encouraging taking responsibility, and being accountable for progress;
- where appropriate, following up and/or referring on for further help.

If there are concerns about the mental health status of a pilot, the Peer must consult with Mentor Peers and/or their MHPs involved with the team, depending on the structure of the programme. The outcome should be agreement on how to provide immediate support to the pilot and to develop a strategy for continuing support and onward referral as appropriate.

Establishing the Boundaries of the Contact

It is essential to acknowledge that a pilot reaching out for support may be in a state of crisis, feeling vulnerable and overwhelmed, or simply in need of someone with whom they can talk safely. As highly skilled independent problem-solvers, it usually takes significant courage for pilots to request support. To create a safe zone for the pilot, it is necessary to clarify the boundaries and the scope of Peer Support.

The first discussion a Peer has with a pilot after they have contacted the programme should cover the following areas:

- the confidentiality rules of the programme;
- the guidelines regarding record-keeping¹²;
- duration and frequency of discussions;
- the role of the Peer, ie. what they will and will not do;
- referral and/or escalation, if required, see below.

The primary method of communication between Peer and pilot should be phone. This is primarily for geographical and logistical reasons, given the lack of a fixed workplace for pilots. Meeting in person, if requested and appropriate, can take place, but such interactions should be limited and care should be taken to establish and respect the boundaries outlined above. If such a request is received, the Peers should consult with the MHP for guidance on how to conduct such a meeting.

Peers are also discouraged from engaging in informal Peer Support discussions whilst in uniform and at work. Although the flight deck often seems to present an ideal opportunity for such conversations, it is not an environment free from stressors and interruptions. It is also not confidential, given the presence of CVRs and that the priority on the flight deck must be flight safety. It is therefore recommended to defer the discussion to a more appropriate time and place.

Referral and Follow-Up

Many cases in Gateway (PAN) programmes are often resolved in one conversation between the Peer and the pilot. However, should the pilot choose to follow-up that initial discussion with more calls, then the Peer should discuss with the pilot further needs for support, resources (as appropriate), and monitoring their progress.

If satisfactory resolution is not found within a reasonable number of interactions between the Peer and the pilot, it may be necessary to refer the pilot for professional help. The point at which this happens is not an exact science due to the individual nature of each case coupled with the experience of the Peer. As a general rule, once a case approaches the limit of a Peer's experience or comfort zone then they should work with the programme MHP and/or Mentor Peer to determine an appropriate plan. This will usually be a referral for professional help.

¹² This will be in accordance with the philosophy of the programme. See Section 3.2.2, here.

This issue of how many conversations there should be between a Peer and a pilot in a single case is a complex one and a topic for training. Whilst some cases will benefit from repeated contact with the Peer, there are potential issues associated with multiple sessions conducted over an extended period of time. These include transference, countertransference, volunteer burnout, stepping out of role, and accepting inappropriate levels of responsibility. To protect both the Peer and the integrity of the programme, the MHP and the Mentor Peer, if appropriate, should provide expert direction of these long-running cases.

Escalation Policy/Protocol

Any Gateway (PAN) programme requires an escalation and referral/sign posting policy or protocol. This should address actions to be taken should there be any concern regarding a pilot's mental state or potential threat to flight safety. The Peers need to be trained regarding how to handle such a situation in the immediate circumstances, how to breach confidentiality if necessary, and clearly understand the need to communicate immediately to the MHPs involved.

To prevent trust in the programme from being destroyed by malicious reporting, it is important that suitable checks and balances be written into the escalation protocol. Central to this protocol is the programme MHP, as they have the experience to assess each report on its merits and determine the appropriate course of action for each.

No Gateway (PAN) Programme has the authority to remove a pilot from the roster. This is the sole responsibility of the operator.

Therefore, to ensure a safe outcome, protocols to handle this situation must be developed in close collaboration with key stakeholders, ie. the operators, the operator's medical representative, the pilot representative body, Peers, and MHP. As a general rule, the Peers and MHP should make the initial interventions with the pilot in question within the confidential boundaries of the programme in an attempt to get the pilot to self-refer through normal management channels of being unfit for duty. Further action should only be considered necessary if these attempts are unsuccessful.

An example of an escalation protocol can be found in Appendix B. Escalation protocols should be clearly explained and available to the pilot workforce to prevent any misunderstandings of the purpose of the protocol.

Steering Committee

Gateway (PAN) programmes by their nature deal with a wide variety of pilot wellbeing issues. As a result, they are a valuable barometer of any trends in these areas and can be of benefit to the operator's SMS if the information gathered from the programme is used appropriately. Hence the role of the Steering Committee is particularly important in these programmes. Through regular examination of the anonymised and aggregated data, the Steering Committee should identify any trends in pilot wellbeing and make recommendations regarding how these trends should be addressed, both within the pilot workforce and also the operator. The committee may also determine any additional programme measures required, such as additional Peer recruitment or promotion of the programme within the pilot workforce.

The template composition of a Steering Committee is outlined in Section 3.7. The additional element with a Gateway (PAN) programme is that, due to the possibility of interventions being made in cases of potential threat to flight safety, it is recommended that the company medical officer (or company identified equivalent) is part of the Steering Committee.

Care and Supervision of the Peers

Gateway (PAN) programmes are usually run by volunteers using their limited time and resources to offer support. To ensure that the Peers can fulfil their duties, attend training days, and avoid burnout and compassion fatigue, it is important that the Steering Committee regularly monitor Peer workload and turnover. The Steering Committee should seek methods of retaining and engaging Peers in the programme, as they are a valuable resource. Sponsorship, support, and time off in lieu are ways to ensure sustainability of Peer Support.

To ensure that discussions between pilots and Peers are handled appropriately and within the Peer's capability, a system of Peer mentoring or supervision should be established. Such mentoring should be with either a Mentor Peer or with the MHP and should focus on process rather than an in-depth analysis of content. This is to debrief the Peer experience of the discussions and interactions with the pilots with the aim of:

- exploring how the discussions have gone for the Peer;
- identifying areas of learning;
- talking through any case which might cause difficulties for the Peer due to emotionally challenging content, and to provide further skills development in dealing with similar cases in the future.

Conclusion

Pilots face significant stresses and demands, both personally and in the workplace, which impact their professional performance. To mitigate the adverse impact of these stressors, workplace Peer Support has been shown to be highly beneficial. Given the safety critical nature of pilots'

work, establishing a Peer-driven Gateway (PAN) programme is an efficient and effective method of supporting pilots to address circumstances which affect their performance, resilience, health, and wellbeing.

5.2 Aeromedical

Introduction

The aim of the Aeromedical PAP is to provide a resource for pilots to access accurate medical information and resources on matters concerning pilot medical certification.

This resource will be helpful in addressing and demystifying medical concerns and related licensing issues. A pilot's fear of losing their medical can dissuade them from seeking medical treatment. Having early access to accurate information in a non-jeopardizing environment can reassure pilots and encourage them to seek appropriate medical treatment. A pilot's physical and mental health should always prevail over retaining their medical.

This section should be read in conjunction with the following sections contained within this manual:

- Confidentiality (section 3.2)
- Legal obligation (section 3.3)
- Peer training (section 3.1.3)
- General Peer Support Programme Policy (Introduction)

Terminology

Aviation Medical-Examiner (AME)

Private physicians trained and authorized by the National Aviation Authority (NAA) to perform aircrew medical examinations and to issue medical certificates which demonstrate that pilots are medically fit to perform safety-related duties.

Medical Advisor

Any medical professional who has relevant knowledge and expertise in aviation medicine but does not have to be a current AME.

What is Aeromedical Pilot Assistance?

Aeromedical Pilot Assistance enables a pilot to obtain proper and accurate aeromedical information via a dedicated assistance programme. The common feature of all aeromedical PAPs is to have an access point for pilots seeking medical information. This does not have to be a medical professional and is typically a committee of pilot Peers.

Some Member Associations have an onsite occupational medical professional to provide advice. Others have an arrangement with medical professionals who provide their services when needed as defined in a service level agreement. In most cases, access to the professionals is facilitated through the Aeromedical committee.

In addition, in the event that a pilot has lost their medical, the programme can provide advocacy and/or information to support an appeal process to assist the member and their medical examiner in presenting the best case for appeal. It is important to note that the aim is to support, not to replace, the member's own AME in this process, depending on national legislation.

Principles

The medical professionals concerned should have up-to-date knowledge in their relevant medical area and its application to the aviation environment. The objective is to provide prompt, accurate, and independent information on aviation medical matters. When appropriate, the programme facilitates access to information on the appeal process in case of suspension or revocation of a medical certificate.

The programme should have access to local and international aviation medical research and aviation medicine colleagues for case comparisons. The programme should stay abreast of changes in laws and/or regulatory policy on matters pertaining to aviation medicine. The committee should be well versed in other Member Associations committees and be able to work with those committees as needed. Aeromedical health and wellness overlaps with different sectors within aviation (e.g. fatigue, safety, cabin air quality, etc.).

Training

The aeromedical committee members should have a working knowledge of their jurisdiction's aeromedical regulatory process. This should include an understanding of the obligations of a licence holder concerning their medical certification. In addition, they should have completed the basic Peer assistance training and be familiar with the other PAPs.

Implementation

When adopting the services of a medical professional, a proper vetting process should be used to ensure their expertise. A service level agreement outlining the roles and responsibilities of the medical professional may be useful when retaining such services.

Members may seek aeromedical advice in many circumstances, however three circumstances occur regularly:

- Pilots may choose to seek aeromedical information anonymously to guide their decision making. In this scenario, a Peer may approach the medical advisor who should provide them with guidance. The Peer will then advise the pilot of their options, based on that advice. An overarching goal is the pilot returning to or retaining optimal health to ensure fitness for safe flight duties. The obligation remains with the pilot to fulfill their reporting requirements.
- Pilots may seek to appeal a position taken by the regulator. The aeromedical programme may advise the pilot and AME on the appeal process and arguments that

may be made. This information does not replace seeking legal advice and should be sought separately. It is the pilot's AME who retains the responsibility for overall aeromedical management of the case, depending on national legislation.

- Pilots being prescribed certain medications may seek advice if they are able or allowed to fly while taking it, or they have to report it.

Conclusion

By way of providing aeromedical Pilot Assistance, a Member Association can improve their members' experience of dealing with the uncertainties which may arise when they believe their medical certificate is under threat.

5.3 Critical Incident Response Programme (CIRP)

Introduction

This section is designed to help Member Associations (MAs) set up **Critical Incident Response Programmes** or **CIRPs**. It also serves as a transparent guide for operators and regulators to understand the structure and procedures of such a programme. It will also introduce the basic definitions for CIRP based upon the International Critical Incident Stress Foundation (ICISF) protocols and terminology. For the purposes of worldwide standardisation of practice in delivery of CIRP, it is strongly recommended that all programmes align with ICISF procedures as much as possible.

The section will outline the development and implementation of a programme, elaborating on the history, policy, principles, training methods, and implementation pertaining to Critical Incident Response.

What is a CIRP?

A Critical Incident Response Programme is a structure which provides an organised and integrated response that is implemented for the duration of a critical accident or incident and continued into a post crisis phase. The response is provided by a Peer Support team and accompanying Mental Health Professional, if needed, and covers a spectrum of interventions such as one-on-one Peer Support conversations, defusing, debriefing, and crisis management debriefings.

The goal of a Critical Incident Response Programme (CIRP) is to mitigate the impact of trauma by helping affected individuals diminish the stress of the event, help them to realise the normalcy of their reactions, and facilitate their recovery.

CIRPs have been utilised for decades to mitigate crisis responses and assist in restoring a group's ability to function. Secondary benefits include preventing post-traumatic stress, potentially causing health degradation. CIRPs have been used successfully for many years in emergency medical service (EMS) personnel, firefighters, police forces, and military special forces groups. Major accidents and incidents often cause significant distress for those involved. In the aftermath of these events, crew members, accident investigators, and their families may be at high risk of developing critical incident stress reactions and, in rare cases, more serious psychological responses.

Like many who operate in high-intensity and safety critical roles, those working in aviation often have considerable stress as a part of their daily work experience. As a result, they may not recognise traumatic stress reactions, which can be potentially damaging. The medical community has acknowledged that in the aftermath of accidents and incidents, adverse physiological and psychological effects may be felt for months or even years. If left unresolved, these effects can have severely harmful health and career implications and impact on aviation safety.

Due to the unique nature of the aviation industry and the potential ramifications on careers and livelihood, crew members are often reluctant to talk to a psychiatrist, psychologist, or counsellor. This compounds the problem of unresolved traumatic reactions which may interfere with performance, and is where an aviation Critical Incident Response Programme (CIRP) becomes so important.

A typical CIRP uses the ICISF three-step defusing, seven-step debriefing, or SAFER-R model to help pilots cope with stress reactions after an event or incident that is perceived as traumatic. This is achieved by using pilot Peers, as described in Part 2 of this manual, who are trained in Critical Incident Stress Management (CISM) techniques to minimise the effects of trauma on the individual. A central element is explaining to the individuals involved that Critical Incident Stress is a normal reaction to an abnormal event.

Awareness of the organisation's CIRP by all stakeholders is crucial for long term success. Part of a comprehensive CIRP must include educating crewmembers on the effects of stress and critical incident stress on their lives before an incident or accident occurs. It is very beneficial to crewmembers if they are aware of CIRP prior to an incident or accident. The benefits of a CIRP should be promoted in various ways such as bulletin boards, regular email updates, modules in operator required recurrent training, etc.

Terminology

Critical Incident

Any occurrence which may evoke stress reactions that may overwhelm the normal coping mechanisms, due to a real or perceived threat to life or personal safety and which is experienced directly or indirectly. It may occur as a consequence of an accident, incident, or any other threat to a sense of safety.

Critical Incident Stress

A state of heightened physical, cognitive, behavioural, or emotional reaction to a critical incident, usually presenting as a characteristic set of symptoms. If not managed appropriately it may have a long-term detrimental physical or psychological impact.

Crisis Management Briefing (CMB)

An intervention technique used with large groups. Designed to provide information, reduce the sense of chaos, re-establish a sense of community, control proliferation of rumours, and provide coping mechanisms for a large group of people who may have experienced a traumatic event. A typical duration is twenty to thirty minutes.

Defusing

A group interaction designed to discuss the crew's shared experience, while offering information, support, and stabilisation so that the crew members can cope with the effects of an accident or incident. It is recommended that a defusing takes place between 1 and 16 hours post-event, where possible. The defusing group is ideally assisted by one to three assigned Peers. An assessment is made regarding the necessity for a Critical Incident Stress Debriefing. Defusing is a three-step process that lasts about one hour and must involve follow-up communications. It is important to ensure that defusings are confidential and do not involve management personnel.

Debriefing/Critical Incident Stress Debriefing (CISD)

A seven-step process that is designed to mitigate long-term stress effects, promote rapid recovery and return to duty, and reduce the impact and occurrence of traumatic stress reactions. It may also help to prevent the onset of PTSD. This debriefing usually occurs about a week after an accident or incident; however, it can be done up to four weeks later.

The CISD is conducted by Peers and always includes a Member Association-approved mental health professional. Debriefings are confidential and do not involve management personnel, unless the CISD is held to support a team of managers or supervisors. Intermingling of management and line personnel is not permitted.

CISDs are not operational debriefings as used by operators for logistical investigation or critique. They are conducted to provide support to individuals involved and to mitigate the long-term effects of stress reactions. The debriefings are concerned with discussing the crew's reaction to

the event and not the event itself. No records or notes are kept during debriefings. A typical CISD lasts from 1½ to 3 hours.

Demobilisation

A time when accident investigators and/or emergency service personnel rest, regroup, and gain information at the conclusion of their first shift working an accident or incident that involved exposure to a significant traumatic event or disaster. It serves a secondary function as a screening opportunity for Peers to ensure that individuals who may need assistance are identified after the traumatic event.

Employee assistance programme (EAP)

Corporate-sponsored mental health/emotional support programme.

International Critical Incident Stress Foundation (ICISF)

A non-profit, globally recognised open membership foundation dedicated to the prevention and mitigation of disabling stress.

Mental Health Professional (CIRP MHP)

A vetted psychiatrist, psychologist, ideally masters-level counsellor, or other mental health professional who is trained in the CISM process to ICISF or comparable standards. They should have extensive background in, or exposure to, group processes, crisis intervention, post-traumatic stress disorders, and knowledge of critical incident stress management techniques.

One-on-One / Individual Crisis Intervention

Typically, this consists of two or three contacts with an individual. This is the most frequently used Critical Incident Stress Management (CISM) technique and is normally conducted over the phone.

Outreach

Focuses on the crew rooms and bases and provides brief interaction with an airline's pilots for a period of time following a major accident at their airline. This informational interaction is designed to provide techniques and skills to cope with the stress of the accident while continuing to work. It may include discussion of critical incident stress, stress symptoms, and suggestions that may be helpful during the following 24 to 72 hours, or until a formal debriefing occurs.

Peers

Individuals who act as support personnel to the members of the member association and their families. They facilitate CISM functions such as defusing, CISDs, and one-on-ones. They also are involved in promoting the CIRP to the members at large. Peers are typically MA member volunteers, preferably respected and trusted by fellow colleagues. They report directly to the CIRP Chair or their designee. Peers will have completed the ICISF approved training or another appropriate training to be utilised as a CIRP Peer.

Post-Traumatic Stress

An intense arousal to the traumatic stressor (trauma). Traumatic stress can overwhelm coping mechanisms and can leave individuals feeling out of control and helpless.

Post-Traumatic Stress Disorder (PTSD)

This term applies to an official medical diagnosis of post-traumatic stress reactions and is diagnosable, at the earliest, 4 weeks after a traumatic event.

SAFER-R

A structure that can be employed by Peers as part of CISM. It stands for:

Stabilise - introduction; meet basic needs; mitigate acute stressors

Acknowledge the crisis - event, reactions

Facilitate understanding - normalisation

Encourage effective coping - mechanisms of action

Recovery or **R**eferral - facilitate access to continued care

Principles

- CIRP is strictly voluntary. No individual can be forced to take part in any way.
- The goal is that no harm is done to those who seek support.
- CIRP is not therapy. It is only there to support persons with normal reactions to abnormal, critical situations.
- All Peers must complete an extensive training programme including recurrent training.
- The jurisdiction of the programme must remain within the pilot group, separate from the operator.
- The programme must be regularly reviewed to ensure continuous improvement. The post-accident / incident debriefing and analysis are used to inform the evaluation of the effectiveness of the programme.
- The programme MA CIRP Chair must ensure that Peers have proper assistance and resources available for them to best provide support to their fellow pilots.

- Clear and well-established methods of contact between pilots and the CIRP must be established.
- The time frame for supporting crew or a license holder begins as soon as possible after the CIRP is notified.
- It is crucial that a standardised notification protocol is established to ensure that management communicates with the CIRP leadership as soon as possible after a critical event.
- Use Peers who are pilots to work with the affected pilot in order to create a safe, trustful culture with an understanding of the unique airline environment.
- Uphold confidentiality by not disclosing information shared between the pilot and Peers to management, regulators, and/or other association members. No notes or records are kept.
- Employ an approach that supports the individual in overcoming any sense of loss of control or helplessness in witnessing or surviving a critical incident.
- Provide continued support and accessibility of available resources for the individual, as requested.
- Offer other resources and assistance, if needed.
- CIRP should extend care to family members in the event of a traumatic incident.
- It is the responsibility of the CIRP committee to ensure the Peer team members are cared for. Consequently, Peers should not participate in providing support if they are personally or closely associated with those involved in the incident.
- It is crucial that the MA CIRP Chair stays in regular contact with their Peers. It is most important to recognise how demanding CIRP work can be. It is recommended that Peers take regular sabbaticals from CIRP work.

Peer Training

CISM is a complex subject and requires appropriate training. No MA Peer can be allowed to participate in a CIRP intervention or be assigned Peer Support duties until he or she has completed the necessary training.

These can be categorised into three training categories:

Basic Peer training and Introduction to CIRP

This course should contain most if not all of the elements of Peer training described in Section 3.1.3 of this manual. In addition, it should cover such aspects of CIRP and the local programme as:

- introduction to the MA's Critical Incident Response Programme course;
- overall structure of the sponsoring organisation;
- CIRP Peers role in the overall organisation.

Individualised Crisis Intervention and Peer Support

This is usually a 2-day course and covers such topics as:

- Psychological crisis and psychological crisis intervention;
- resistance, resiliency, recovery continuum;
- critical incident stress management;
- evidence-based practice;
- basic crisis communication techniques;
- common psychological and behavioural crisis reactions;
- commonly accepted techniques;
- SAFER-R revised model;
- Suicide intervention.

Group Crisis Intervention

This course is required before the Peer participates in Group debriefing or defusing. Topics covered in this course should include:

- relevant research findings;
- relevant recommendations for practice;
- incident assessment;
- strategic intervention planning;
- "resistance, resilience, recovery" continuum;
- Large group crisis interventions;
- small group crisis interventions;
- adverse outcomes associated with crisis intervention;
- reducing risks;
- Critical Incident Stress Debriefing (CISD).

It is highly recommended for consistency that pilot CIRP Peers are trained in the ICISF models (Individual and Group) procedures. ICISF offers a three-day course that combines the two courses above. It is called the GRIN Course and can be taken in lieu of the two-day courses above to satisfy the training requirements. The GRIN Course is the most common method of completing the CIRP requirements.

Note: A Peer must have taken a course covering individual crisis intervention and Peer support in order to do any individual Peer interventions. Likewise, a Peer must have taken a course covering a group crisis intervention in order to do any group interventions. If an ICISF CIRP Course is accomplished outside the MA, then a review of MA procedures and structure must be conducted by the MA CIRP Chair with the Peer.

Recurrent Training

It is highly recommended that all Peers attend recurrent training on an annual basis. If a Peer lets recurrent training lapse, they will be deemed inactive unless otherwise approved by the CIRP Chair/Coordinator.

Recurrent training may consist of one of the following, listed below.

- Review of individual crisis intervention and Peer Support, group crisis intervention and workplace death, **or**;
- Any ICISF course, **or**;
- Any course that covers associated topics related to CISM or Pilot Assistance and is approved/accepted by the MA CIRP Chair and approved/accepted by national CIRP Group Chair, if available.

Training within this programme should be taught to ICISF or comparable standards. ICISF-approved instructors should be utilised where possible.

Mental Health Professionals (MHPs)

Mental Health Professionals may be psychologists, psychiatrists, licensed or registered therapists, or social workers trained in the critical incident stress debriefing process as provided by ICISF or CIRP-approved course trainers. A certificate is always provided as proof of this training, do not hesitate to require this proof from an MHP. Additional experience in grief counselling, crisis intervention, acute stress disorder, post-traumatic stress disorder, and general stress management techniques is also important. The MHPs provide services on an on-call basis, as requested by the CIRP Chair.

The following qualifications are considered a minimum for mental health professional participation:

- for defusings and debriefings, MHPs are required to have completed the CIRP-approved CISM training;
- preferably a master's degree in psychology, social work, psychiatric nursing, pastoral counseling, or mental health counseling;
- current employment in psychological or psychiatric services, crisis intervention service, social services, psychiatric nursing, pastoral counseling, or other counseling services.

Professional and recurrent training is recommended in the following areas:

- family support and advanced critical incident stress debriefing, crisis intervention, and general stress, group process, communication skills, direct intervention strategies, and post-traumatic stress disorder;
- familiarity with aviation procedures, operations, and work environment;
- familiarity with local and NAA accident investigation procedures.

Mental health professional responsibilities may include:

- assistance with debriefings;
- providing referrals for additional follow-up professional support (*see the note below about the referral process*);
- assisting Peers in assessing the need for debriefings;
- assisting the Critical Incident Response Team in training and education, as required;
- providing advice to Critical Incident Response Team members, as required;
- attending periodic team meetings.

MHPs must abide by the confidentiality requirements of the CIRP in addition to standard medical confidentiality.

It is standard practice for the MHP to assume legal liability for the CIRP. This will depend on the organisational structure of the programme and legal requirements within a country, but it is the preferred model because it provides protections both for the overall programme and also any work performed by Peers or CIRP leadership on behalf of the CIRP Group. A written agreement will be necessary to clarify such an arrangement.

Note: if the MHP participates in a defusing or debriefing and an individual being assisted subsequently requires professional counselling, the MHP cannot refer the individual to their own practice. The MHP may be on a list of approved providers of professional support, but the allocation must be done by an approved process within the programme. Such commitments should be contained in the written counselling agreements between the governing programme structure and the consultant.

Implementation

First Steps

- Recruit a group of Peers:
 - advertise, stating the nature of the role and skills required;
 - interview;
 - train the Peers and airline management, if possible.
- Establish a governing body or Steering Committee, see Section 3.7 of this manual for Organisational Structure.
- Contract an MHP with aviation knowledge.
- Refer to existing IFALPA CIRP programmes for guidance, help, and experience.
- Establish a method of incident notification/communication channel. If there is collaboration between management and the CIRP programme regarding safety events, the notification protocol from management should be provided in formalised, factual language so as to ensure correct understanding.

Note: For member associations with limited resources, additional support is available through IFALPA.

Response to Every-day Events or Incidents

After notification of an event or incident, a CIRP Chair (or Coordinator) requests a Peer to follow up by phone or in person. Since responses need to be coordinated, it is not recommended that a Peer dispatch to an incident/accident site or provide CIRP/CISM services unless authorised by the CIRP Chair or Coordinator. This follow-up uses the three-step process as covered in the CIRP training for the Peer.

Response to a Major Accident

The CIRP Chair/coordinator ensures that the response is appropriate for the nature and severity of the accident or incident. CIRP/CISM services are always provided to the accident investigation team for all major accidents. As with responses to everyday events, a Peer will not dispatch to an accident / incident site or provide CIRP/CISM services unless specifically authorised by the CIRP Chair or coordinator.

Peers must not self-dispatch to provide CISM or CIRP services to another airline.

There are multiple types of exposure that need to be mitigated when responding to a major accident. The primary need is to support the crewmembers involved in the actual accident, and

subsequently supporting others experiencing various levels of trauma as a result of indirect exposure to the event, details of the event, or persons involved in the event.

Primary Support Needs

The crewmembers involved in the accident are considered those with primary exposure needs. CIRP response for these individuals could vary from individual Peer Support, small group defusings, or large group debriefings with an MHP.

Where resources allow, a Peer should be offered to each surviving crewmember and their family. If the crewmember(s) do(es) not survive, Peers are still offered to each family of the crewmembers. Take care not to leave out significant others, partners, etc. Contact them and provide guidance for counselling as well as a contact person within the MA and/or the company.

Accident Investigation

Post a major accident, members of the Accident Investigation Team may experience trauma as they work to document the event details. This work could involve documenting the wreckage during the field investigation and interviewing the pilot(s) or other witnesses to the accident. A minimum of at least one Peer should be assigned to the Accident Investigation Team with the primary responsibility to provide them with CISM; all other CISM duties are secondary to this.

During this time, the Peer cannot act as both a Peer and an Accident Investigator. During the field investigation, if the Peer feels the need for additional support, the request should be closely coordinated between the MA Coordinator, the accident investigation board member, MA staff, and the CIRP Coordinator.

Any additional CISM activity for the accident, other than what is required to support the Accident Investigation Team, must be coordinated and approved by the CIRP Chair or coordinator or their designee. Peers will be needed for the CVR group. It is strongly recommended that, resources allowing, at least two Peers be available to support the individual doing the CVR review and transcription.

Indirect Exposure Support Needs

For major accidents, Peers should be assigned to the pilot base and should be present in the area where pilots gather before and after flights. If there is no such area provided by the operator, then a room must be established by the MA for this purpose. Pilots need to be able to discuss their thoughts and reactions confidentially in a safe, private area.

It may also be necessary to assign a Peer to the MA office. The MA officers and staff will be impacted by the accident and the long hours they perform. These individuals may experience a connection to the event through other individuals, details, or work processes. Support for individuals experiencing indirect exposure should be built into the MA response.

Conclusion

In the context of critical incident stress management, stress reactions are psychological and physiological changes that occur in a person who has been exposed to a stressful event. We as pilots may often not recognise stress reactions in ourselves and may even believe that we are immune to them because of our training and experience. CIRP helps to mitigate stress reactions and aids the pilot in processing the event, greatly increasing the probability of a successful recovery.

Additional Course Recommended for Chairs/Coordinators, Vice Chairs, or Experienced Peers

Advanced Group Crisis Intervention (ICISF/CIRP approved equivalent)

Topics covered in this course may include:

- relevant research findings;
- managing complex group-oriented crisis interventions;
- nature and importance of incident assessment;
- strategic intervention planning;
- comprehensive, integrated, systematic, and multi-component CISM;
- concepts of enhanced group processes;
- significantly delayed interventions;
- multiple incident CISD;
- suicide or death of a colleague;
- small group crisis support sessions after a disaster.

The prerequisites for this advanced course are the satisfactory completion of the group and individual courses or its three-day substitute and the approval of the CIRP Chair. A minimum of one year's experience is recommended before attending.

5.4 Pilot Training

Introduction

Pilots are a highly experienced, expensive, skilled resource.

A Training Assistance Programme allows review, in an individualized manner, of pilot performance and to assist any pilots experiencing difficulty in establishing or maintaining their qualification or having difficulty progressing within the normal training syllabus. The aim is to provide support, facilitate their re-integration into the normal training syllabus and ultimately attempt to eliminate ongoing or chronic performance deficiencies.

This programme should also be applicable to any pilot returning from an extended break in flying.

What is Pilot Training Assistance?

There are differences in experience level, learning styles, and personal circumstances of the pilots undergoing training. Occasionally, pilots are unable to complete the standard training programme successfully. Training difficulties or substandard training performance can be the cause of significant stress to a professional pilot. It is important for the individuals providing Peer Support to gain insight into the pilot's true situation. This is to ensure that appropriate support is provided and, if appropriate, a proper remedial training plan is developed.

A Pilot Training Assistance programme allows for training to be adjusted or extended beyond planned training periods or training hours in all phases of initial, recurrent, and requalification training if there is a belief that reasonable progress is being made and there is a likelihood of success.

Philosophy

It is recognized that not all pilots learn at the same rate or with the same learning techniques and there may be disparities in the experience level and background of pilots entering the same training programme.

All pilots are motivated to succeed in training and flight checks. A failed training or a flight check is very stressful to the individual pilot and can be expensive for the operator, who then has to schedule and deliver remedial training. Remedial training can sometimes result in a waste of resources if the training does not address the root causes of the performance issue.

This programme recognises that training may place certain pilots under performance pressure which may have detrimental effects on their career path. This avenue for assistance exists to address the following:

- a pilot is experiencing difficulty in achieving the required performance standard; or
- a pilot is not making required progress; or
- a pilot has not met the established performance standard during a Flight Check.

Some of the challenges when facing difficulties in training are often related to outside issues rather than a lack of skills. Difficulties in training may have psychological impacts such as shame, lack of confidence, and performance anxiety that affects the pilot's professional reputation.

There are generally two entry triggers into the Training Assistance Programme:

1. Through the Training Department referral

- Reactive, for example, the failure of a Flight Check or an inability to progress in the normal training syllabus. The programme should establish standardised trigger points, after which a referral to the Training Assistance Programme is mandatory.
- Proactive, for example, any time that an Instructor or Examiner raises a concern with an individual's ability to progress normally within the training programme.

2. Self-report

- Any time an individual pilot feels that they have concerns about their ability to progress normally, they are able to contact the Training Assistance Programme.

This section should be read in conjunction with the following sections of this manual:

- Confidentiality (Section 3.2) and Legal Obligation (Section 3.3)
- Training of Peers (Section 3.1.3)
- General Peer Support Programme Policy (Introduction)

Policy

All of the members involved in the Training Assistance Programme must have an extensive background in Pilot Training. Members are selected for their experience in multiple disciplines such as Instructing and Checking, Human Factors, Curriculum Development, and Pilot Assistance.

The training assistance programme offers skilled, confidential Peer Support to assist pilots to identify the root cause and resolve problems that are affecting the individual adversely and impacting their professional performance.

Principles

The key focus is to develop a pilot-centred approach to training difficulties. The goal of this approach is to attempt to ensure that the pilot is ultimately successful in training, checking, and in line operations. This is best accomplished in a non-punitive and cooperative manner with the Member Association, operator, and individual pilot involved.

Any formalised programme to address these issues must:

- be non-disciplinary / non-punitive;
- be objective;
- acknowledge that individual circumstance or a situation unique to the individual may affect their performance;
- acknowledge that systemic and organizational issues beyond the scope of this programme may exist that are affecting their training;
- be an avenue for pilots to openly discuss issues that may be affecting their ability to progress in training;
- recognize that openness and honesty are important, and the success of this process requires that pilots participate.

Implementation

An effective Pilot Training Assistance Programme (TAP) consists of members appointed by both the Member Association and the operator's Training Department. The process must be conducted in a non-disciplinary manner.

A typical case follows steps similar to the list below.

- The operator notifies the TAP of a pilot experiencing training difficulties, or the pilot self-refers into the programme.
- A member of the programme reaches out to the pilot to support the pilot to identify and verbalise what their training needs may be.
- As soon as the targets or goals of an agreed TAP plan of action are accomplished, a formal discussion is required to establish how to reintegrate the pilot into the training schedule.
- Depending on the individual's needs, recommendations can be made to modify any aspect of training or referral to other resources as appropriate.
- In the event of any further training problems the case should be referred back to the TAP.

Conclusion

By way of providing a formalised Pilot Training Assistance programme, a Member Association can enhance the member's experience of dealing with the uncertainties which arise when they believe their training progression is under threat.

5.5 Professional Standards

Introduction

The Professional Standards Committee promotes and maintains the highest degree of professional conduct among pilots. A successful Professional Standards programme will enhance the margin of safety in daily flight operations, which is our primary concern and responsibility. It will also protect and enhance the standing of the profession.

Individual pilot volunteers make up the Professional Standards committees and provide a forum for pilots to come to with problems of a professional or ethical nature. Peer volunteers handle these problems under strict confidentiality.

This section should be read in conjunction with the following sections contained within this manual:

- Confidentiality (Section 3.2) and Legal Obligation (Section 3.3)
- Training of Peers (Section 3.1.3)
- General Peer Support Programme Policy (Introduction)

What is Professional Standards?

The Professional Standards Committee:

- addresses problems of a professional or ethical nature involving pilots;
- resolves cases of pilot misconduct that affect flight deck safety and/or professionalism;
- resolves conflicts between pilots that may affect flight deck safety and/or professionalism;
- resolves conflicts between a pilot and a member of another employee group, or another individual, that may affect flight deck safety and/or professionalism;
- resolves conflicts arising out of conduct perceived as reflecting unfavorably upon the profession. The Professional Standards Committee will not, however, take any action in disputes of a political nature within the pilot group or within the union;

- promotes the highest standards of professional conduct through regular communication with the pilot workforce.

Code of Ethics and Canons

The Code of Ethics defines the standards set by the profession. It is a living document produced by the Member Association. The Code of Ethics is the standard used by the Professional Standards Programme and serves as the backbone for all Professional Standards Committee functions. The Professional Standards Committees are the stewards of The Code of Ethics. A sample Code of Ethics is included in Appendix C.

The Professional Ethic as outlined within the Code becomes the primary moral code within the professional pilot population. It is best if this ethic is rooted in the pilots' sense of obligation to the profession, rather than in a sense of obligation to the corporation. Corporations, owners, and management come and go during a pilot's career. The profession and its duties remain constant. Basing pilot conduct on obligation to the profession rather than the corporation will ensure the highest standards are maintained, regardless of the corporate atmosphere at any given time.

Scope

The types of cases handled by Professional Standards may differ based on national legislation or workplace law. It must be emphasized that the Professional Standards Committee is not the "Pilot Morals" or "Uniform Policing" Committee.

Examples of situations that ARE handled by the Professional Standards Committee include:

- Crew Resource Management (CRM) issues;
- personality conflict;
- non-adherence to standard operating procedures;
- crew coordination issues;
- sexual harassment (within strict guidelines).

Examples of situations that ARE NOT handled by Professional Standards include:

- NAA enforcement/violation cases;
- grievance matters;
- substance misuse/dependency problems;
- medical related issues;
- legal issues;
- proficiency situations;
- uniform policy.

Principles

The primary components for all Professional Standards Committees are the concepts of **Neutrality**, **Confidentiality**, and **No Written Records**. All three concepts are mandatory for any Professional Standards Committee. If any of these critical concepts are not rigidly followed and complied with, the Professional Standards Committee will lose credibility with the employee group and eventually collapse.

Neutrality

When the Professional Standards Committee is approached for assistance in a situation, it is critical that the Peer(s) handling the case do so in a non-judgmental, non-accusatory, and non-confrontational manner. Professional Standards Peers do not pass judgment in terms of guilt or innocence on an individual. Instead, an attempt is made to determine what happened in each situation based on the descriptions given by the involved parties to help those involved arrive at a mutually agreeable solution. It is vital that all involved parties be made aware of the role of Neutrality in Professional Standards work and the fact that Professional Standards Peers do not take sides in any case. Any personal feelings towards an individual based on past Professional Standards involvement should be set aside so that each case can be handled on the merits of that case alone.

Confidentiality

Confidentiality is as critical to the success of the Professional Standards Committee as it is to any other PAPs, and the principles and guidelines are laid out elsewhere in this manual, specifically in Section 3.2.

When a pilot approaches the Professional Standards Committee, the Peer should obtain an assurance of confidentiality from all involved parties. Nothing will impede the programme's efforts to solve a situation quicker than an involved party talking about the situation in the crew lounge. Once the Peer and individuals involved agree to this process, then the need-to-know rule must apply, i.e., the case must not be discussed with anyone (fellow Committee members included) unless they have a need-to-know of the situation.

Whilst all names involved in the case are confidential, the reporting party must be a willing participant in resolving the conflict since anonymity falls outside the Professional Standards' approach toward successful conflict resolution. The conflict is between the reporting individual and the other party, not Professional Standards and the two parties. The Professional Standards Committee may provide the reporter with acknowledgment that the case is being handled

according to programme policy. However, no other details or actions should normally be revealed except in cases where it is necessary to bring the reporter and the other party together for resolution.

The Committee does not inform management about Professional Standards cases that are brought to the Committee's attention by sources other than management itself. In cases brought to Professional Standards by management, the only response provided to management after a case has been handled is that it has been dealt with.

If the evidence in any case suggests that a pilot or any other employee is an immediate threat to flight safety, the Professional Standards Committee member involved in the case should contact the Professional Standards Committee chairperson as soon as possible. The Professional Standards Committee chairperson should then consult with the MA chairperson. Additional resources, such as an MA Legal or Aeromedical group may also be utilized. The MA Chairperson, after coordination with legal and medical advisors where needed, takes appropriate action to ensure flight safety. Involving the MA Chairperson in potential safety of flight issues is not considered a violation of confidentiality, and is in accordance with the acceptable conditions for breaking confidentiality as detailed in Section 3.2.3 of this manual.

Written Records

The third and final primary component of all Professional Standards Committees is the prohibition against keeping written records of any Professional Standards activity.

Professional Standards Committee Peers—especially those with limited Professional Standards Committee experience—are encouraged to utilise a Case Receipt Checklist. This form is destroyed as soon as a case is cleared and not more than ninety days from its initial utilisation. If Professional Standards interacts with other entities (e.g., another MA sharing office space) that have a desire to maintain any type of written contact with involved parties (e.g., writing letters to involved individuals) in a particular case, Professional Standards must not participate in that case.

Professional Standards Committee Peers should rely only upon their memories of cases. It is difficult for facts of a particular case to be recalled in a legal proceeding by relying solely upon one's memory, especially if no written records of case activity exist.

Warning

Social media should never be used to conduct any Professional Standards Committee business. Technology exists where even deleted e-mail or text messages can be retrieved long after deletion, and that electronic documentation constitutes a written record that could be subject to legal request.

If the only available point of initial contact with a pilot is through electronic media, ensure that the email or text is as generic as possible. If a pilot contacts the programme via email seeking Professional Standards assistance, a contact telephone number should be obtained from the email and then the message should be deleted without any details of the case being noted. This fact should be told to the pilot contacting the programme during the initial discussion, so that all aspects of the case are communicated verbally from that point onwards.

Structure and Process

Professional Standards chairpersons should be thought of as a Coordinator. Except for sexual harassment situations, the chairperson does not normally deal with individual cases but rather directs and oversees committee volunteers to adequately deal with particular events.

Regular dialogue between the chairperson and a senior flight operations representative, and conversations with the supervisory departments of other airline divisions (e.g., Cabin Crew/Flight Attendant Department senior managers) create relationships that can greatly assist the work of the committee.

The Professional Standards chairperson should also promote Professional Standards at individual bases by having regular dialogue with the base Chief Pilots and with local supervisors from other employee groups. The Professional Standards chairperson should be present at MA meetings to give short presentations on the role of Professional Standards. Budgetary development is another responsibility of the Professional Standards chairperson. The two primary expenses are usually communications and training. **Ideally, all committee members are sent to an annual training seminar.**

Communication is critical and is the ongoing responsibility of the Professional Standards chairperson. Days or weeks may pass without any Professional Standards activity. If no intra-committee communication occurs members may feel that their services to the committee and to the pilot group are not needed or important. Therefore, it is crucial that the Professional Standards chairperson maintain regular contact with volunteers, even if only to tell them that business is slow.

It is also important to communicate with the pilot group. It is the responsibility of the Professional Standards chairperson to either communicate with the pilot group directly or to designate this responsibility to a member of the committee. Such communication is typically in the form of written articles for MA's publications. The Professional Standards chairperson must also ensure that the pilot group has an adequate means of contacting the Professional Standards Committee and that all incoming communication is handled expeditiously.

Professional Standards Peers

The qualities needed for such Peers are outlined in Section 3.1 of this manual. Professional Standards Peers will hear anything and everything ranging from the mundane to the completely bizarre, and thus pilots who have reputations for maturity, tact, and strict adherence to standard operating procedures tend to make good Professional Standards Peers.

The key qualities of a Professional Standards Peer is to be objective, discrete, thorough, neutral, and, above all, confidential. If there is any doubt surrounding potential flight safety in a case, the Peer should contact their Professional Standards Committee chairperson. They will coordinate with the MA chairperson.

Conclusion

Professional pilots understand the importance of using Crew Resource Management skills to discuss issues openly and directly, particularly when safety of flight is involved. In those rare instances when a pilot's personal CRM tools fail and personalities clash, colleagues may bid around that person in the future, or perhaps ignore the situation and let it fester. If the situation is particularly grievous, pilots may opt to take the issue to management. There is, however, a fourth alternative -- Peer conflict resolution. This is the role of Professional Standards.

5.6 Substance Misuse/Dependency

Introduction

A diagnosed substance use disorder (SUD) is a medically disqualifying condition for pilots if not successfully addressed. An independent, confidential Substance Misuse/Dependency Programme (SMDP), based on clinical and Peer supervision, allows for possible medical recertification when the regulator is satisfied, the risk of relapse is significantly reduced, often in a shorter timescale than would otherwise be the case.

The objectives of an SMDP are both preventative and remedial in nature. Resources are available for those individuals who find that they are making poor choices with regard to alcohol and/or drugs (ie. substance misuse), which may be leading to behavioural or work performance issues. The overall aim is the rehabilitation of the pilot to a standard which enables them to regain their medical and return to flying. Fundamental to the programme is the recognition that the ultimate responsibility for choosing prevention and treatment lies with the pilot.

A SMDP is a professional system of identification, assessment, treatment, job reintegration, and follow up of such problems. It is most effective when it is a cooperative initiative and jointly administered by the Member Association and the operator.

Background

There are a wide range of substances that may be misused, most commonly: alcohol, cannabis, opiates, amphetamines, sedative/hypnotics, and hallucinogens. Prescription medicine misuse is becoming more prevalent. Addiction is a chronic and progressive illness which can lead to dependence. This is likely to result in considerable medical, social, legal, and/or employment difficulties.

A SMDP can be described as a risk mitigation process built on Safety Management System (SMS) principles. Success in rehabilitating professional pilots by early intervention, appropriate treatment, follow up and possible re-certification is achieved by a collaborative approach between the Regulatory Authority (NAA), Medical Consultants (MHPs), the operator, and Peers. This creates a trust culture which facilitates self-reporting rather than denial and concealment.

The foundational element of SMDP is Peer Support. This comes in a variety of forms:

- specialist Peers trained in the behavioural characteristics of the disease;
- pilot recovery support groups such as Birds of A Feather or Alcoholics Anonymous¹;
- tacit support from the Member Association, fellow workers, and family members.

¹ <http://www.boaf.org/>, <https://www.aa.org>

Ideally, the Peers are pilots who have already successfully gone through, or are going through the programme. The element of shared experience is particularly powerful in SMDP.

Principles

- Substance dependence is regarded as an illness with characteristic features that include a level of denial; this makes it difficult to detect or declare.
- Substance dependence can be safely managed. Unidentified and unmanaged substance dependence presents an unacceptable risk to flight safety. Achieving a stable, established recovery is a desirable and safe goal.
- There are patterns of substance use which are non-dependent but have important safety implications, which may indicate a need for assessment.
- Peer-led intervention is an effective way of combating denial and improving the chance of successful recovery.
- Successful recovery from substance dependence relies upon acceptance of the problem and a change in attitude together with the adoption of new behaviour patterns and coping mechanisms. Establishing these changes commonly requires a prolonged period of time.
- Unsafe patterns of substance use are best managed with an approach incorporating a combination of medical, psychological, counselling, and Peer-support methods. In-patient residential care is preferred for more serious cases as this is more likely to result in a successful outcome and to be acceptable to the regulator for re-certification.
- The successful treatment of substance dependence in aviation personnel requires complete abstinence from mood-altering substances.
- The maintenance of continued abstinence is more likely to be achieved with close monitoring, frequent follow-ups, and intensive Peer Support.
- Dependence is a condition with potential for relapse and ongoing follow-up is aimed at prevention and/or early detection of relapse.
- Providing a pathway for rehabilitation of substance dependent individuals, appropriately monitored, best serves the combined interests of aviation safety, organisational economics, and individual health and well-being.
- Successful models of managing substance use disorders rely on a collaborative approach between the regulatory authority, aviation operators, and employee representatives.

Organizational Structure

The SMDP should consist of an Steering Committee and Tripartite Team:

Steering Committee

The Steering Committee ensures that:

- the objectives of the programme are carried out;
- mutually acceptable personnel are appointed to the Tripartite Teams;
- medical consultants, designated management representatives, and Peers attend both initial and recurrent training programmes;
- all treatment is of the highest standard available, and consistent with the objectives of this programme;
- periodic reassessment of the programme occurs so that any deficiencies can be identified, evaluated, and rectified;
- necessary coordination is made with the proper regulatory authority;
- line pilots are aware of this programme, and the role of substance misuse/dependency prevention in the maintenance of their health.

Tripartite Team

The Tripartite Team consists of a properly trained Medical Consultant (MHP), a properly trained Flight Operations Management representative, and a properly trained Member Association Peer.

This Team ensures that:

- the principles and standards of the programme are maintained for each individual case;
- the pilot in need of assistance is motivated to come forward;
- they play an active part in any intervention, Follow Up, or Tripartite Monitoring Programme.

Note: the difference between the Steering Committee and the Tripartite Team is Confidentiality: the Steering Committee has no access to details of individual cases and is concerned with wider issues to do with the programme. The Tripartite Team is the expert body which examines pathways that are appropriate for an individual case and makes recommendations.

Members of the Tripartite Team are often part of the Steering Committee, which is acceptable provided that the boundaries of confidentiality are strictly observed and individual cases not discussed at the Steering Committee. If the pilot agrees to waive confidentiality then the Steering Committee can discuss the individual case.

Role of the Regulator

The operation of this Programme is carried out with the approval of those regulatory bodies responsible for pilot licensing and Civil Aviation Medicine. Appropriate voluntary disclosure, when necessary, is made to these authorities to enable the pilot's expeditious re-licensing and return to work. The mandate of the programme will be to advocate to the Regulator for each individual pilot throughout the relicensing process when appropriate.

SUD Peer (Mentor) Training

Pilots with medical complications arising from substance misuse/dependency usually display certain behavioral traits that are best understood by a colleague with lived experience.

Peers best suited for the role of mentoring a colleague through the recovery and medical recertification process are usually those who have been through the process themselves. Whilst medical recertification is on a case-by-case basis and timescales may vary, it is recommended that the NAA has consistent guidelines on the recertification process based on the ICAO Manual of Civil Aviation Medicine, which can be found in Appendix E, Procedure for the management of alcohol/substance misuse.

A collaborative approach with stakeholder (including NAA) involvement and/or oversight of the training of Peer mentors is helpful to ensure a more robust and transparent process for medical recertification.

Peers who will be mentoring colleagues in the medical recertification process should have the following background:

- Lived experience: This is preferred, although not essential, for reasons described above. Potential Peers who do not have such experience should seek open invitations to various support groups for pilots on the journey of recovery such as Birds of a Feather (BOAF), Alcoholics Anonymous (AA), etc., to broaden their knowledge and understanding of addiction.
- Knowledge of resources available for addiction both inside the organization and the wider community.
- Previous PAP training and be able to utilize the skills associated with:
 - Active listening
 - Motivational interviewing
 - Trauma and coping mechanisms

- Being non-judgemental
- Conflict resolution
- Confidentiality within the realms of the tri-partite agreement
- Encouragement for self-determination/accountability of actions (salutogenic approach to wellbeing)

Recommended additional training should include:

- an understanding of the disease model and a basic understanding of the neuroscience underpinning it;
- a thorough understanding of the recertification process (regulatory framework), company policies, etc.;
- immediate actions in the event of relapse with the mentored colleague having a clear understanding and agreement of this process;
- mentoring for the avoidance of relapse, including additional guidance on wellbeing principles and support groups (local and national) available for the recovery process;
- reporting processes as required by the NAA for medical/licence "Special Issuance/Requirements";
- techniques to maintain a neutral, non-advocacy position in order to uphold the integrity of the programme (an exception would be when there is clear discrimination being observed).

Regarding Disciplinary Action

Information obtained through this programme should not be used to support disciplinary action. However, there may be instances where management has independent knowledge of an incident and pursues disciplinary action. The programme does not seek to limit management's right to appropriate disciplinary procedures, it does not represent any kind of immunity from disciplinary action, nor does it limit the individual's right to access any collective agreement process.

An individual may choose to reveal to the disciplinary manager their participation in the SUD programme as mitigating circumstances. The disciplinary manager may choose to take this into account in their decision.

Investigations relating to disciplinary matters should, where appropriate, include a complete medical, psychological, and social assessment. Consideration should be given to any health problem identified as having affected behaviour or performance.

Financial

Financial support for individual participants should be administered in accordance with appropriate pilot disability/benefit plans or company medical benefits when possible.

Member associations should endeavour to establish an agreement with employers to assume the costs for initial rehabilitation treatment at a mutually agreed treatment centre. This should include a medical referral by a company approved doctor, and an assessment by a mutually agreed substance misuse/dependency professional for chemical dependency.

Depending on the arrangement with each operator and Member Association, the individual pilot may be responsible for certain aftercare rehabilitation costs.

Rehabilitation Process

Should personal lifestyle problems adversely affect a pilot's health, behaviour, or work performance, the following process should be used to help ensure successful rehabilitation:

1) Identification

The individual pilot may be the best judge of personal problems that have career implications. A programme should encourage voluntary identification of those problems, and self-referrals (note: this does not mean self-diagnosis) for assessment purposes. Other normal methods of identification are by physicians, supervisors or Peer, and family members.

2) Referral and Assessment

Each case should be assessed for possible treatment by an appropriate expert resource. To be referred for assessment, the pilot must be referred by an Association/Employeragreed Doctor or an appropriate medical consultant.

3) Intervention

a) Informal Intervention or Level 1

This is simply an information meeting with an individual, given in response to concerns raised by or about them. Any properly trained Peer (see Section 3.1.3 and specific SMDP requirements above) can conduct this intervention, and there are no consequences for the party involved. General education and awareness are the core issues and it serves as a "heads up" to the parties involved. Genetic factors, health risks, legal, and licensing implications, should be part of the knowledge offered.

b) Formal Peer Intervention or Level 2

This phase involves the coordination and consent of the Tripartite Team and the awareness of the Programme's Steering Committee². It is made after the team has reviewed information about a pilot's behaviour, performance, or health. If the team concludes that there is a developing problem, the intervention is planned and carried out by two members.

A Level 2 intervention is a formal intervention and conveys the concern that has developed regarding substance misuse/dependency. The individual is expected, through their own choice and effort, to modify their behaviour, and/or seek assessment. Formal notice is given that their behaviour is now the subject of discussion by the Tripartite Team, and that their behaviour and work performance will be monitored by the team.

c) Formal Tripartite Team intervention or Level 3

At this level, the process is coordinated to ensure there is close support for the pilot in need of treatment. The Steering Committee will monitor the overall progress of the intervention and arrange for suitable resources as appropriate. Confidentiality is respected unless the individual pilot waives it. The Tripartite Team carries out the actual intervention after it has been established that there is sufficient information to warrant the pilot being removed from duty for appropriate assessment. The outcome of an independent assessment determines the next series of events.

4) Treatment

Only mutually acceptable resource centres should be used for treatment. Their methods must maintain appropriate professional standards. Following treatment, an after care agreement is generally signed by all parties in the Tripartite Team. An example of an after care agreement can be found in Appendix D.

5) Job Reintegration

Reintegration into the workplace is a critical phase of the rehabilitation process. In certain cases, the pilot may have to undergo medical re-certification. Prior to beginning any retraining

² This "awareness" by the Oversight Committee must be confined to the fact that there is a Level 2 intervention taking place. No details of the individual involved or specific circumstances can be discussed.

programme, a Tripartite Team member helps coordinate the job reintegration. The retraining programme should take into consideration any need or disability the pilot may have.

6) Follow-Up

An adequate follow-up procedure is essential to the success of the treatment. The Tripartite Team should meet with the pilot following residential treatment and sign the formal tripartite agreement. This is the document outlining the expectations of those participating in the Tripartite Process. It will outline the monitoring process, including the frequency and overall duration of mentoring sessions between the pilot and the Peer Mentor. Samples of these agreements are in Appendix F.

The Tripartite Team members should contact the pilot before he or she returns to line duty to ensure satisfactory completion of the rehabilitative process.

Note: Substance Misuse/Dependency cases should be monitored for not less than a two-year period after Return to Work, though this period should be agreed with the NAA. Monthly meetings should be scheduled between the pilot and their Tripartite Team. These meetings would be in addition to any treatment follow-up programmes and can be increased in frequency at the request of the Tripartite Team or the pilot.

Conclusion

The SMDP aims to facilitate the rehabilitation of an individual diagnosed with an addiction issue to restore balance and quality of life in both personal and professional realms. Pilots who successfully complete this programme can continue their careers and lead a healthy, well-adjusted life.

Appendices

Appendix A – Dimensions of Wellbeing

There are many publications which discuss the topic of wellbeing for pilots, such as the ICAO Fitness to Fly. The following list is a summary, and represents examples of areas which are known to have an impact on pilot wellbeing. Eight dimensions are discussed, though the list is not exhaustive:

Physical

Pilots should do everything possible to keep themselves well and maintain the required standards for aviation medical certification. Regular exercise, good sleep practices, healthy eating, avoidance of smoking and illicit drugs, and limiting alcohol intake are imperative. There are some less obvious actions to consider as well, like regular non-aviation medical checkups, avoiding risky home maintenance tasks, and avoiding injuries due to excessive or ill-considered physical activity. All such precautions can assist in maintaining medical certification or limiting the impact of illness.

Intellectual

Intellectual activities beyond those related to aviation help to give life balance. They help in expanding skills, knowledge, and overall cognitive abilities. Such activities can range from undertaking courses at a university or college, to joining book clubs or attending public speaking groups or events. Such pursuits also provide pilots with secondary qualifications which may limit the impact of events that force pilots to be grounded. Quick transition to secondary employment can limit financial and emotional distress.

Work

Work satisfaction is important for us all. Pilots tend to be enthusiastic and passionate about their profession, however, a professional life has its hurdles which can impact the enjoyment of work.

These can include:

- training difficulties;
- bullying, discrimination, and harrassment;
- illness;
- disciplinary matters;
- financial pressures (corporate).

The ability to access rapid advice from supervisors, mentors, and industrial representatives is critical. Opportunities to practice and develop skills can also assist in building confidence in abilities and reduce the pressure of training and checking situations.

Spiritual

Spirituality and its pursuit of purpose and meaning to life can take many forms. Spirituality can be a religious belief but also a sense of ethics, a ritual, or a sense of service. It can be found in a belief in a higher being, in time spent alone, or with likeminded groups practicing meditation or mindfulness, or by volunteering. Spiritual well-being practices are deeply personal and varied. There is no one-size-fits-all approach.

Financial

Financial planning is integral to a pilot's long-term well-being. It is not simply a matter of budgeting and controlling spending. There should be consideration of insurances, retirement funds, cash reserves, debt levels, and investment risk. Such plans can alleviate the financial impact of grounding, loss of employment, or medical issues.

Social

Social connection is essential for human existence. It provides a support system and sense of belonging. Family, volunteer positions, social, and sporting clubs, amongst a myriad of other options, give us the opportunity to connect, make friends, and feel we live in a supporting community. Such groups allow us to develop our passions, seek advice, solace, and share views and ideas. It is also possible to connect via social media applications by sending texts and emails, making video calls without necessarily being in the company of others.

Emotional

Our ability to cope effectively with life and control our emotions is influenced by many factors. Life experience and personality can impact the way we feel and react to circumstances. At times, we may need to seek assistance to cope with our emotions, but there are mechanisms that can mitigate their impact, long before they occur. Exercise, social engagement, mindfulness, and spiritual pursuits all assist in keeping our emotions in check and can limit adverse psychological impact.

Environment

Our environment can have a dramatic impact on our ability to cope with life. Appreciating and experiencing the outdoors, having a home environment that is pleasant and safe can lift the

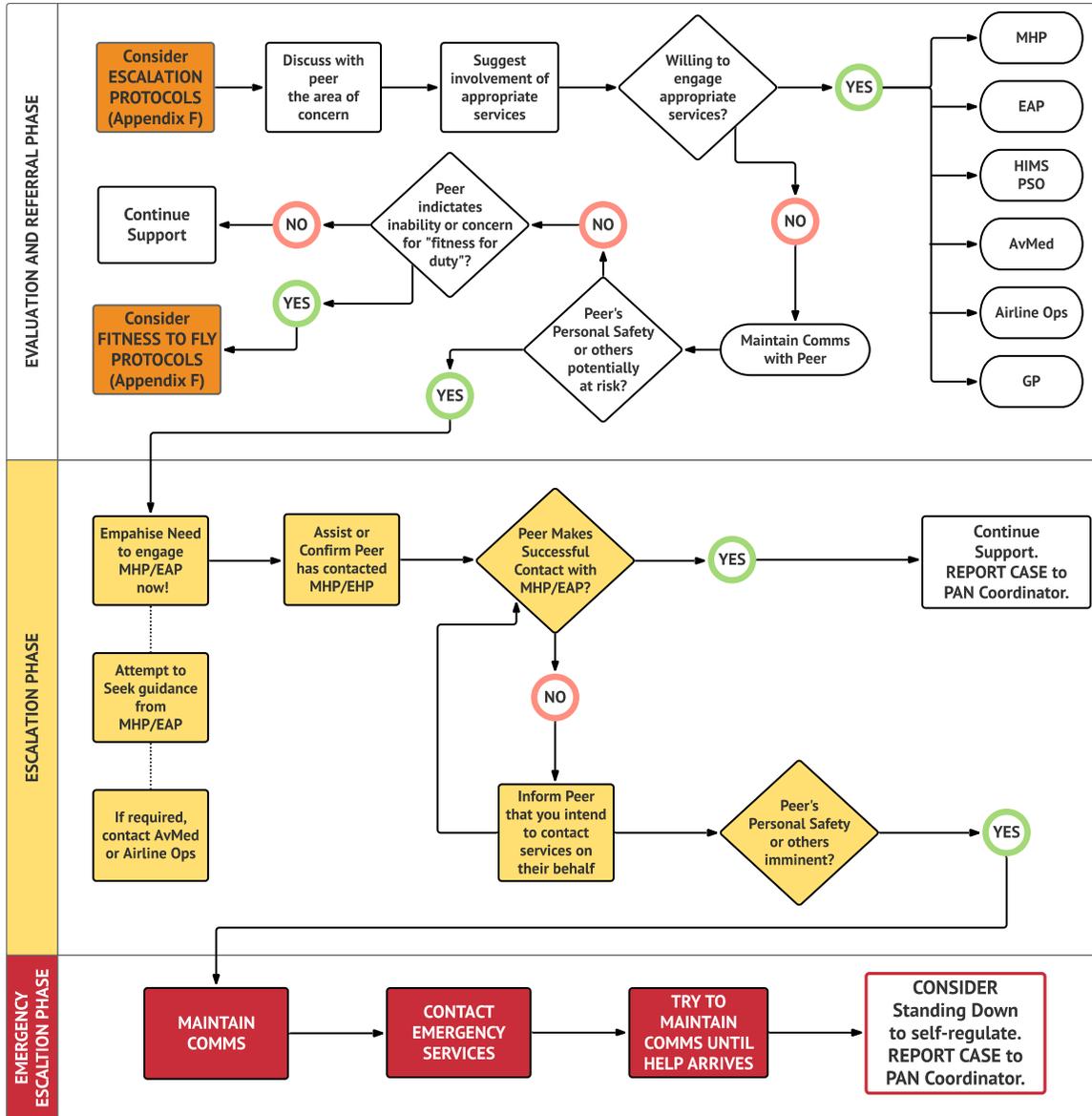
mood and give us an outlet away from the work environment. The quality of accommodation when flying is no less important. Sleep quality is highly dependent on light and noise control, impacting mood and fatigue levels.

The Role of Member Associations

Member Associations (MAs) have a role to play in promoting the eight dimensions of wellbeing listed above. This role is perhaps best carried out in association with Peer Support groups and employers. An MA must consider all contributing factors when helping to develop wellbeing programmes to support their members. Although often reactive in nature, these programmes assist pilots when they are under pressure, suffering illness, or facing disciplinary matters.

Appendix B - Example Escalation Protocol

Example escalation protocol courtesy of PAN NZ



Appendix C – Professional Standards Code of Ethics

The following is an example of a code of ethics and canons provided by ALPA-I and includes references specific to ALPA. Other Member Associations may have their own Code of Ethics. Member Associations using this example should consider revising it to reflect the situation in their country.

Code of Ethics and Canons Preamble

The tenets of this Code shall apply to all members without regard to gender.

- 1) An Air Line Pilot will keep uppermost in their mind that the safety, comfort, and well-being of the passengers who entrust their lives to them are the Pilot's first and greatest responsibility.
 - a) They will never permit external pressures or personal desires to influence their judgment, nor will they knowingly do anything that could jeopardize flight safety.
 - b) They will remember that an act of omission can be as hazardous as a deliberate act of commission, and they will not neglect any detail that contributes to the safety of their flight, or perform any operation in a negligent or careless manner.
 - c) Consistent with flight safety, they will at all times operate their aircraft in a manner that will contribute to the comfort, peace of mind, and well-being of their passengers, instilling in them trust in the Pilot and the airline they represent.
 - d) Once they have discharged their primary responsibility for the safety and comfort of their passengers, the Pilot will remember that they depend upon them to do all possible to deliver the passengers to their destination at the scheduled time.
 - e) If disaster should strike, they will take whatever action they deem necessary to protect the lives of their passengers and crew.

- 2) An Air Line Pilot will faithfully discharge the duty they owe the airline which employs them and whose salary makes possible their way of life.
 - a) They will do all within their powers to operate their aircraft efficiently and on schedule in a manner that will not cause damage or unnecessary maintenance.
 - b) They will faithfully obey all lawful directives given by their supervisors, but will resist and, if necessary, refuse to obey any directives that, in their considered judgment, are not lawful or will adversely affect flight safety. They will remember that in the final analysis the responsibility for safe completion of the flight rests upon their shoulders.
 - c) They will not knowingly falsify any log or record, nor will they condone such action by other crew members.

- d) They will remember that a full month's salary demands a full and fair month's work. On their days off they will not engage in any occupation or activity that will diminish their efficiency or bring discredit to their profession.
 - e) They will realize that they represent the airline to all who meet them and will at all times keep their personal appearance and conduct above reproach.
 - f) They will give their airline the full loyalty which it is due. If they feel it necessary to reveal and correct conditions that are not conducive to safe operations and harmonious relations, they will direct their criticism to the proper authorities within ALPA.
 - g) They will hold their airline's business secrets in confidence, and will take care that they are not improperly revealed.
- 3) An Air Line Pilot will accept the responsibilities as well as the rewards of command and will at all times so conduct themselves both on duty and off as to instill and merit the confidence and respect of their crew, their fellow employees, and their associates within the profession.
- a) They will know and understand the duties of each member of their crew. If in command, they will be firm but fair, explicit yet tolerant of deviations that do not affect the safe and orderly completion of the flight. They will be efficient yet relaxed, so that the duties of the crew may be carried out in a harmonious manner.
 - b) If in command, they will expect efficient performance of each crew member's duties, yet they will overlook small discrepancies and refrain from unnecessary and destructive criticism, so that the crew member will retain their self-respect and cooperative attitude. A frank discussion of minor matters of technique and performance after the flight will create goodwill and a desire to be helpful, whereas sharp criticism and peremptory orders at the moment will result only in the breakdown of morale and an inefficient, halting performance of future duties.
 - c) An Air Line Pilot will remember that theirs is a profession heavily dependent on training during regular operations and, if in command, will afford their flight crew members every reasonable opportunity, consistent with safety and efficiency, to learn and practice. The Pilot will endeavor to instill in their crew a sense of pride and responsibility. In making reports on the work and conduct of their crew members, the Pilot will avoid personal prejudices, make their reports factual and their criticisms constructive so that actions taken as a result of their reports will improve the knowledge and skill of their crew members, rather than bring discredit, endanger their livelihood, and threaten their standing in the profession.
 - d) While in command, the Air Line Pilot will be mindful of the welfare of their crew. They will see to it that their crew are properly lodged and cared for, particularly during unusual operating conditions. When cancellations result in deadheading, the Pilot will ensure that

proper arrangements are made for the transportation of their crew before they take care of themselves.

- 4) An Air Line Pilot will conduct their affairs with other members of the profession and with ALPA in such a manner as to bring credit to the profession and ALPA as well as to themselves.
 - a) They will not falsely or maliciously injure the professional reputation, prospects, or job security of another pilot, yet if they know of professional incompetence or conduct detrimental to the profession or to ALPA, they will not shrink from revealing this to the proper authorities within ALPA, so that the weak member may be brought up to the standards demanded, or ALPA and the profession alike may be rid of one unworthy to share its rewards.
 - b) They will conduct their affairs with ALPA and its members in accordance with the rules laid down in the Constitution and By-Laws of ALPA and with the policies and interpretations promulgated therefrom. Whenever possible, they will attend all meetings of ALPA open to them and will take an active part in its activities and in meetings of other groups calculated to improve air safety and the standing of the profession.
 - c) An Air Line Pilot shall refrain from any action whereby, for their personal benefit or gain, they take advantage of the confidence reposed in them by their fellow members. If they are called upon to represent ALPA in any dispute, they will do so to the best of their ability, fairly and fearlessly, relying on the influence and power of ALPA to protect them.
 - d) They will regard themselves as a debtor to their profession and ALPA, and will dedicate themselves to their advancement. They will cooperate in the upholding of the profession by exchanging information and experience with their fellow pilots and by actively contributing to the work of professional groups and the technical press.

- 5) To an Air Line Pilot the honor of their profession is dear, and they will remember that their own character and conduct reflect honor or dishonor upon the profession.
 - a) They will be a good citizen of their country, state, and community, taking an active part in their affairs, especially those dealing with the improvement of aviation facilities and the enhancement of air safety.
 - b) They will conduct all their affairs in a manner which reflects credit on themselves and their profession.
 - c) They will create and foster an environment of inclusiveness through equity and equality, so that the diversity of our members can be harnessed to collectively enhance our union and profession.
 - d) They will not discriminate, harass or otherwise disparage another member because of their unique authentic identities. They will condemn and not use oppressive, hateful, and

bigoted language. The pilot will not exhibit behaviors and actions that are unfitting of an ALPA member as written in the ALPA anti-discrimination/anti-harassment policy.

- e) They will remember that to their neighbors, friends, and acquaintances they represents both the profession and ALPA, and that their actions represent to them the conduct and character of all members of the profession and ALPA.
- f) They will realize that nothing more certainly fosters prejudices against and deprives the profession of its high public esteem and confidence than do breaches in the use of alcohol.
- g) They will not publish articles, give interviews, or permit their name to be used in any manner likely to bring discredit to another pilot, the airline industry, the profession or to ALPA.
- h) They will continue to keep abreast of aviation developments so that their skill and judgment, which heavily depend on such knowledge, may be of the highest order.

Having endeavored to their utmost to faithfully fulfill the obligations of the ALPA Code of Ethics and Canons for the Guidance of Air Line Pilots, a pilot may consider oneself worthy to be called...an airline pilot.

Appendix D – Example After Care Agreement (SUD)

This example of an After Care Agreement following treatment for alcohol dependence has been provided by ALPA-I and includes terminology specific to Canada. Member associations using this example should consider revising it to reflect the situation in their country.

After Care Agreement for Pilot XYZ

- 1) I understand that if I choose not to participate in this after care agreement, my decision will be communicated to the Regulator. The responsibility will be on myself to satisfy the Regulator of my medical condition for relicensing.
- 2) I understand that should I agree to comply with this after care agreement and then not adhere to the conditions, I may not qualify for Disability Benefits and my employment may be affected
- 3) Changes in this monitoring programme can only be made with the express permission and consent of EVERY member of the Tripartite team
- 4) For the duration of this after care contract, I will abstain totally from using alcohol or any other mood-altering drugs. If I must take any prescription or non-prescription drugs I will advise the prescribing physician that I am being treated for a chemical dependency. I will also advise the Tripartite team physician of same.
- 5) I will follow the recommendations of my treatment facility. This includes the after care programme of that facility.
- 6) I will make myself available for periodic drug and or alcohol testing to be done as required by the monitoring team at their discretion.
- 7) I will arrange my schedule so as to be available for the monthly or otherwise scheduled Tripartite team meetings.
- 8) In addition to the regular Tripartite team meetings, I will regularly communicate by telephone or in person with a member of the Tripartite team as requested.
- 9) In the first 90 days of sobriety I will attend a total of 90 Alcoholics Anonymous (AA) meetings. (or an equivalent support programme agreed to by the Tripartite team.)
- 10) After my initial 90 days in the support programme, I will attend a minimum of 3 meetings per week. If this becomes impractical due to my flying schedule, the monitoring team may authorize a monthly minimum of 12 support meetings.
- 11) If there is a Birds of a Feather AA meeting available, I will attend this meeting as part of the above required weekly meetings schedule.
- 12) I will keep a record of the AA/support meetings that I attend. If requested by the monitoring team, I will obtain a signature from the chairperson or secretary at every meeting.
- 13) Within my first 90 days of sobriety, I will join an AA/support home group

- 14) Within my first 90 days of sobriety, I will get an AA/support sponsor. My sponsor will be a member of my home group. With prior approval of my monitoring committee, my specified sponsor need not be a member of my home group. I will arrange for my sponsor to be in touch with a monitoring team to verify my participation in the AA programme.
- 15) Once the monitoring period as mandated by the Regulator, is over, I agree to totally abstain from the use of alcohol or other mood-altering drugs for the duration of my career.

I hereby agree to the conditions of this After Care Agreement.

Signed.....

Supported by Tripartite Team (signatures):

Note: Should discipline be involved, the following words should be inserted into paragraph 2 of the aftercare agreement: "I may not qualify for Disability Coverage. I will be subject to disciplinary action up to and including termination if warranted."

Appendix E - Procedure for the Management of Alcohol/Substance Misuse

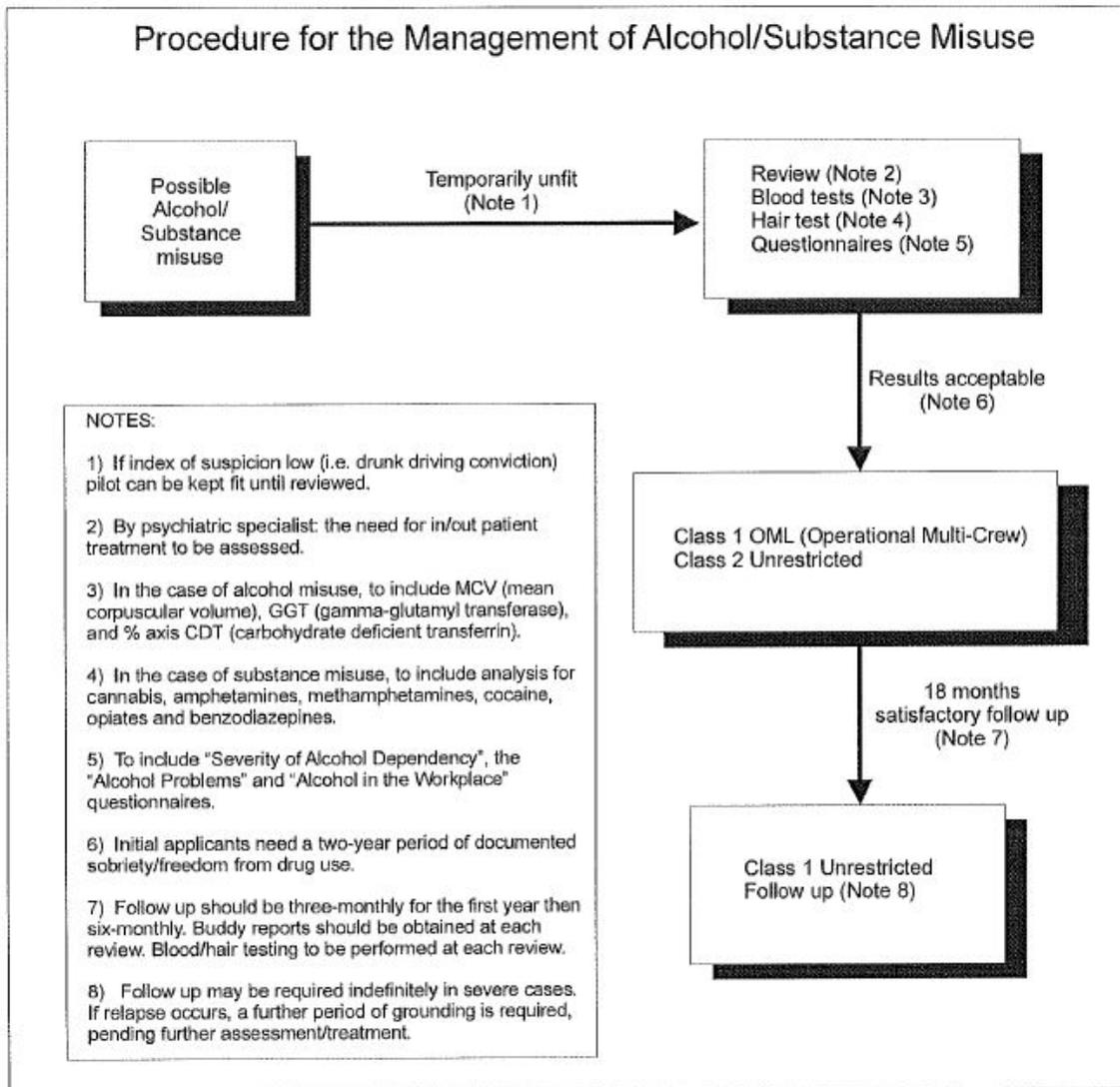


Figure III-9-1. Procedure for the management of alcohol/substance misuse

Appendix F – Guidance for Peers in Substance Misuse/Dependency Programs (SMDP)

This appendix contains two documents:

- a) Guidance on monthly meetings and report writing
- b) What to share at monthly meetings

They are sample documents which provide a template on how to conduct the monthly meetings between a SMDP Peer and a pilot with alcohol issues.

How to conduct monthly meetings and how to write a report

The information below is for guidance only. Regulatory requirements may vary from State to State, therefore consideration should be given to a collaborative approach between stakeholders on the most efficient and robust system to suit each country.

MONTHLY* MEETINGS

It is highly recommended for the monitored pilot to attend the monthly* supervision monitoring meetings at the base in which they fly. The supervision meeting dates should be blocked for the monitored pilot. If the pilot cannot attend, he is required to contact his immediate Management Pilot and Pilot Peer as to the reason for the absence. Active participation at meetings is strongly recommended as part of the Return to Work (RTW) plan. It is the responsibility of the monitored pilot to demonstrate and discuss their programme of recovery at the supervision meetings. Failure to participate will most likely cause the regulatory authority to question the integrity of the system and cancel the privileges of the medical certificate.

Peers are requested to attend the supervision meetings as part of the monitoring process. However, it is acknowledged that attendance may not be possible at all meetings given manpower needs and personal schedules. Peers not able to attend should contact the responsible Management pilot and the monitored pilot as to ensure their information is included in the monitored pilot's *Monthly Meeting Report* (example below), signed off after each monthly* meeting.

It is recommended that monthly* supervision meetings are held on a consistent schedule with changes being made only in very special situations or to allow easier travel around hi-travel holidays,

PEER REPORTS

The Management Pilot representative, the Peer Pilot, and designated MHP are responsible for monthly update/reports to the monitored pilot's AME and Regulator. This information is an important part of a monitored pilot's monitoring programme.

Knowledge of how a pilot is handling his or her duties and interacting with co-workers helps the doctors make a decision about how successful the recovery programme is for the continuation of a medical certificate. Lack of input from the nominated stakeholders can ~~could~~ result in delaying the issuance of a medical or a monitored pilot losing their special issuance medical as per NAA requirements.

Both Peer and Management reports are to be sent to the pilot's AME/Psychiatrist/Regulator. This report would be the monthly monitoring form (see example below), which every monitored pilot should be required to complete his portion of the form before attending the monthly monitoring meetings.

Guidance: What to Write in the Monthly Reports

The information should state the facts of the management and work group relationships with the monitored pilot. Areas such as:

- General appearance
- Excessive sick calls or tardiness
- Disruptive behaviour or tensions with management staff or co-workers;

are important to note. Behaviour indicative of good recovery are equally important to mention such as:

- Incidents demonstrating humility,
- gratitude,
- a certain amount of serenity in a turbulent environment,
- honesty,
- acceptance of a difficult situation,
- showing high level of engagement in recovery.

The monthly reports are the opportunity to provide input on the monitored pilot's recovery and compliance with regulatory requirements to exercise the privileges of a medical certificate.

The following sample monthly meeting report is for guidance only. It is recommended reports from Pilot Peers be best suited to the requirements of the relevant regulatory authority and

Monthly* Meeting Report

Name: _____ Date: _____

Staff #: _____

1. What is your sobriety date? _____

2. What has been your greatest stressor since our last meeting?

3. How have you dealt with that?

4. How many AA/BOAF/Support meetings per week have you attended since our last meeting?

5. What is your home group?

6. How is aftercare going and how many meetings have you been to in the last month?

7. How many times have you called your Peer pilot in the last month?

8. What step are you currently working on?

9. Who is currently your sponsor and when did you speak with him/her last?

To the best of my knowledge, the above-mentioned pilot has continued to follow the prescribed programs of aftercare and has remained completely abstinent from alcohol and other mood-altering drugs in accordance with the Grant of Exemption/Special Issuance. My assessment is based on our personal meeting on this date.

Company Medical Officer/AME Comments

Signature _____

Chief Pilot's Office Comments

Signature_____

Peer Pilot Comments (or email is forthcoming/attached)

Signature_____

** Or stipulated/agreed frequency for supervision meetings*

What to share at monthly monitor meetings

The monthly monitor meeting is a chance for the monitored pilot to share with the group how well their recovery is coming along and their level of engagement in a 12 step recovery programme or approved recovery programme. Each person is encouraged to share with the group from their own personal experiences in a non-threatening environment. Their sharing gives the MHP and the Peer Pilot the insights needed to generate the required report for the NAA to issue/maintain the medical certificate.

What to Share:

1. Anything that is related to or important to your recovery
 - a. Your Sobriety date?
 - b. How many meetings are you going to?
 - c. How much sponsor contact you have had since the last meeting?
2. Ask any question you may have. There may be someone else in the group has some experience with what you are experiencing;
 - a. Support Programme (e.g. sponsorship, home group, AA steps)
 - b. Money Issues, loss of license, Psych testing concerns
 - c. Returning to work concerns (e.g. training)
3. Your current recovery – how are you doing and any tough issues you are facing?
 - a. Have you “slipped” or relapsed?
 - b. any slippery times, places, moods, etc.?
5. Share about any exercises your sponsor has you doing and /or where are you in your step work?

a.(e.g.) If you are on your 4th step, talk about:

- How your sponsor is having you “work” it?
- How long have you been working on it?
- When do you expect to take your 5th step?

b. (e.g.) If working on your 5th step:

- How you worked the step?
- With whom did you take the step with and why that person?
- What did you learn about yourself, e.g. Trends in your life, resentments, fears, losses, good things (?), etc.

6. Discuss domestic, family and/or spousal issues:

a. Successes and/or failures?

b. Concerns and/or stresses?

c. Upcoming family events (e.g. weddings, reunions, etc.)

7. Talk about your home group and any activities/meetings with AA/NA and/or other 12 Step meetings you attend:

a. How often do you attend meetings?

b. What kind of meetings do you prefer? (speaker, discussion, step study, big book, Birds etc.)

c. Do you participate in the meeting? (share, lead, group officer, etc.)

d. Do you go to open or closed meetings?

e. Do you like AA/NA or the any other 12 Step meeting you attend?

f. Have you invited you family to attend an open meeting with you?

g. Have you joined your family in an ALANON/NARANON meeting?

8. Share how you handle drinking/using situations, being around alcohol/drugs:

a. Family celebrations

b. Sport events

c. Holidays

d. Parties

e. Family deaths

9. Discuss times in which you may have shared your recovery with another alcoholic/addict:

a. What was their reaction?

b. What was your reaction?

c. Discuss how you are giving back

d. What kind of 12 step work are you doing?

For the monitored pilot’s first meeting, they need to be prepared to explain their first step as it related to their disease of chemical dependency or alcoholism. Subsequent steps will be discussed at later meetings using a similar format of how the steps have had an impact on their recovery.

Each monitored pilot will be required to complete their portion of the *Monthly Meeting Report* prior to the monthly meeting. The monitoring meetings are an opportunity for the monitored pilot to demonstrate the level of engagement of their recovery with the group.

Appendix G – Example Fitness to Fly Assessment Protocol

Courtesy of PAN HK Programme Assessment of Fitness to Fly Protocol.

