

From the Federal Air Surgeon's perspective...

## Pilot Fitness Aviation Rulemaking Committee Recommendations

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In the Spring issue of the Federal Air Surgeon's Medical Bulletin, I discussed the formation of the Pilot Fitness Aviation Rulemaking Committee (ARC) and told you that I would report to you when they completed their recommendations.

The ARC was chartered by the FAA to consider specific objectives and tasks in a forum for the U.S. aviation community to discuss and provide recommendations to the FAA on pilot mental fitness for duty. The ARC was chartered after the Commercial Aviation Safety Team (CAST) considered the circumstances surrounding the Malaysia flight 370 and Germanwings flight 9525 events. CAST determined it did not have all of the needed expertise to examine pilot mental fitness issues (that is, issues affecting a pilot's emotional state, mental health, or cognitive ability to safely conduct their duties), and a committee of medical and aviation industry professionals with expert knowledge on pilot mental fitness issues was best suited to explore the topic.

The ARC membership and working groups consisted of a broad representation of people including aerospace medicine, psychiatric, and psychological medical experts from both inside and outside the FAA, FAA Flight Standards Service, U.S. aviation industry trade associations, pilot representative organizations, and international aviation industry associations. Dr. Mike Berry, Deputy Federal Air Surgeon, from the FAA Office of Aerospace Medicine served as the ARC co-

chair. Dr. Penny Giovanetti, Manager Medical Specialties, from the FAA Office of Aerospace Medicine served as an ARC member and chair of the Medical Working Group.

The ARC developed eight recommendations. Several of these recommendations suggest actions the FAA and air carrier community could take to address pilot mental fitness issues through education, outreach, and training initiatives. Others address reporting mental health issues, operational procedures, and aircraft design.

The ARC believes the best strategy for minimizing the risks related to pilot mental fitness is to create an environment that encourages and is supportive of pilot voluntary self-disclosure. However, even within a supportive environment the group identified many barriers to voluntary self-disclosure. It is clear even when symptoms are recognized, pilot mental fitness self reporting may be perceived as a high risk situation. There may be misperceptions that all mental illness is career ending. Financial and career implications for professional pilots can be significant even for short term medical disqualification. Therefore, it is critical that the pilot community receive healthcare and support information that is timely, accessible, and accurate. The best approach to address misperceptions is to expand the use of pilot support programs, educate the air carrier and pilot communities on mental fitness for duty issues, and ensure pilots experiencing such issues are cared for in a confidential, non-stigmatized, and safe envi-

ronment. Aviation medical examiners (AMEs) play a critical role in this process.

Additionally, the ARC believes a risk mitigation process should be used by air carriers and pilot representative organizations to create an environment where early reporting, appropriate treatment, and rapid return to the flight deck are the expectation. Early identification of mental fitness issues leads to better results. A holistic approach to educating and addressing pilot mental fitness issues offers the best opportunity for a positive outcome.

The eight recommendations include:

### 1. Enhance AME Training

*The Federal Aviation Administration (FAA) should ensure all Aviation Medical Examiners (AME) demonstrate knowledge in assessing basic mental health concerns, and enhance AME training on this topic.*

Rationale: Many AMEs have limited psychiatric education and experience. It is desirable to expand general knowledge regarding mental status assessment and mental health. This could be accomplished by restructuring the AME basic and refresher curricula, with the goal to enhance the AME's ability to identify warning signs and refer the pilot for evaluation and appropriate intervention.

### 2. Psychological Testing

*The ARC does not recommend mandating formal psychological testing during the pilot hiring process nor as*

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part of routine FAA aviation medical examinations beyond those which already exist.

Rationale: The Aviation Rulemaking Committee (ARC) found no convincing data to conclude that adding psychological testing to the hiring process or to the routine medical examinations enhance the ability to assess the mental fitness of the pilot workforce.

### 3. Pilot Assistance Programs

*Air carriers should develop effective pilot assistance programs.*

Rationale: An environment needs to be created where pilots feel comfortable disclosing mental fitness issues. Pilot support programs should provide the opportunity for a pilot to disclose a mental fitness concern and if appropriate, receive temporary relief from flight duties and be referred to professional resources. The successful implementation of pilot support programs benefits from a joint collaboration between the air carrier to include senior management support, its pilot representative organization, and pilot peer volunteers. The trusting relationship with a fellow pilot in a peer supported program may provide the best opportunity to identify and engage an individual requiring assistance. To encourage use, pilots must be handled in a confidential, non stigmatized, and safe environment. If a culture of mutual trust and cooperation is maintained, pilots are less likely to conceal a condition, and more likely to report and seek help for mental health issues.

### 4. Air Carrier Education

*Air carrier operators should be encouraged to implement mental health education programs for pilots and supervisors that improve awareness and*

*recognition of mental health issues, reduce stigmas, and promote available resources to assist with resolving mental health problems.*

Rationale: Improved mental health literacy is associated with earlier reporting and improved treatment outcomes.

### 5. Informational Material on Pilot Support Programs

*The FAA should assemble and disseminate information on benchmark pilot support programs, which includes pilot assistance programs, to serve as a resource for air carriers to develop new or improve existing programs.*

Rationale: There is a need for more opportunities for sharing best practices among air carriers. Providing the basic description, function, and benefits of pilot support programs will encourage air carriers to implement some or all of these programs. Implementation of the full complement of these programs is considered a best practice.

### 6. Medical Professional Reporting

*Encourage advocacy for a uniform national policy on mandatory reporting of medical issues that affect public safety.*

Rationale: In the United States, medical professional reporting responsibilities are unclear. Reporting requirements and guidelines vary by State and by licensing boards. The perceptions of adverse legal consequences of reporting appear to be greater than not reporting. AMEs are expected to report issues potentially affecting public safety, but among medical professionals at large, concerns exist about professional and legal liability for violating patient privacy.

It should be noted there exists a concern that universal implementation of mandatory reporting requirements

may deter individuals from seeking treatment. Also, because of the current uneven legal landscape, and medical ethics considerations notwithstanding, it is important that existing or future pilot support programs and policies continue to raise pilot awareness and encourage voluntary self-disclosure in a confidential and safe environment.

### 7. Two Persons on Flightdeck and Flightdeck Access

*The ARC recommends no changes to the guidance found in FAA Order 8900.1, "Procedures for Opening, Closing, and Locking Flight Deck Doors" concerning two persons on the flightdeck and flightdeck access.*

Rationale: The ARC notes that mental health episodes have occurred even with two persons in the cockpit, and no single safety practice can address all possible hypothetical events and other civil aviation authorities may have different procedures best suited to their regulated air carriers and operating environments.

### 8. Aircraft Design Standards

*The ARC believes existing aircraft and flightdeck door design standards are adequate and no changes are required by the FAA.*

Rationale: No additional design requirements or pending technologies have been identified that would reduce risk more than these systems currently in place.

In summary, thanks to the work done daily by AMEs and others in our aviation community, I believe our U.S. pilots undergo a reasonably robust medical screening. The adoption of the recommendations above will only make it better. Thanks for all that you do for aviation safety.

-Jim

