61ST CONFERENCE OF DIRECTORS GENERAL OF CIVIL AVIATION ASIA AND PACIFIC REGION

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AGENDA ITEM 3: AVIATION SAFETY

USING PEER SUPPORT PROGRAMS AND SAFE HAVEN PROGRAMS TO PROMOTE POSITIVE SAFETY CULTURE

Presented by New Zealand and the International Federation of Air Line Pilots' Associations (IFALPA)

DISCUSSION PAPER

SUMMARY

The wellbeing of aviation personnel can be critical to ensuring the ongoing safety of aviation. Partnerships between States, operators and personnel organizations can provide a productive basis for promoting personnel wellbeing and securing the development of a positive safety culture within a State Safety Programme. This paper provides some case studies of recent contributions in this area and is designed to promote the sharing of best practices between States.

USING PEER SUPPORT PROGRAMS AND SAFE HAVEN PROGRAMS TO PROMOTE POSITIVE SAFETY CULTURE

1. INTRODUCTION

1.1 Global aviation medical practice has developed considerably since the formulation of the Chicago Convention. Aviation workers with access to peer support and similar health and wellbeing services are more likely to have better mental wellbeing and less likely to experience wellbeing deficiencies that could impact aviation safety. Services such as Peer Support Programs (PSPs) are proving a crucial tool in the early prevention and detection of medical and mental health challenges not only for license-holders but also for other aviation workers.

1.2 The Technical Commission of the 42nd ICAO Assembly received a number of working papers on the topic of PSP and referred the contents of these papers for review by relevant expert groups. In order to achieve the best results for operators, personnel and States the design of a PSP should take into account not only the relevant medical and mental health best practices but also the socio-cultural context in which personnel operate.

1.3 PSPs should work in close partnership with operators' safety management systems whilst remaining independence from both operators and States; at the same time, PSPs should be designed, implemented, and evaluated with operator and States' support and endorsement

2. DISCUSSION

2.1 Health and wellbeing issues can have significant effects on the aviation workplace both for aviation workers and for the community. The use of PSPs can provide a critical control to ensure the prevention of hazards arising from mental and other health issues for aviation workers. PSPs can be successfully used to achieve a range of objectives related to the proactive prevention of safety issues and avert the development of aeromedically significant risks.

2.2 In accessing a PSP, aviation workers should feel confident that they can raise questions and areas of uncertainty regarding their own health and wellbeing with PSPs in the knowledge that if there is no relevant aeromedical risk then their questions and concerns will remain entirely confidential from their employers and the regulator. On the other hand, if there is aeromedical or other risk, workers can then be referred by a PSP to a safe haven program (SHP) which engages them with medical examiners who can make a confidential assessment of whether further referral is required, or the matter can be handled without risk to safety. If the matter is safely resolved without further referral to the NAA, the worker can continue engaging with the PSP if they wish and/or return to normal duties.

2.3 It is therefore important to bear in mind that PSPs can perform a range of functions. IFALPA Member Associations in the Asia Pacific region have found that it can be beneficial for these functions to be carried out separately and independently from each other. This reflects the differing nature of the risks that each function addresses. It is also important to note that each operator will have a different operational culture and that socio-cultural factors will impact how personnel prefer to address issues of these kinds. A non-exhaustive list of functions that PSPs can fulfill might include the following:

(a) Referral to assistance for negative effects on mental wellbeing, including impacts from events in workers personal or professional lives;

(b) Guidance on recognizing, avoiding and treating substance dependence risks;

(c) Support to address and mitigate stress reactions following incidents, accidents or near misses;

(d) Assistance in resolving conflicts and differing interpretations of professional obligations

between workers in the same workplace.

2.4 PSPs can also be established alongside SHPs that provide confidential pathways for license holders to seek support and medical advice regarding health concerns about which they are unsure as to whether or not they are aeromedically significant. SHPs can focus on addressing health concerns at the point at which they may cross over into aeromedical significance and thus need to be established in collaboration with, but at arms length from, National Aviation Authorities (NAAs). There are benefits to be obtained when PSPs have established escalation mechanisms into SHPs. Similarly, SHPs should have established escalation mechanisms designed to ensure concerns that are found to have aeromedical significance are escalated to the NAA in accordance with Annex 1 and Annex 19.

2.5 As an example, in New Zealand IFALPA's Member Association has partnered with the Civil Aviation Authority to establish the Safe Haven Aviation (NZ) Trust as an example of a SHP. This trust is an independent entity co-founded by the NAA and IFALPA's Member Association. It receives communications regarding license holders from PSPs including, for example, the Peer Assistance Network Trust, which is a PSP established to refer license holders to assistance for negative effects on mental wellbeing, including impacts from events in workers personal or professional lives. This enables the Peer Assistance Network Trust to comply with personal privacy and data governance obligations imposed by local law, as well as allowing the SHP to comply with local medical practice regulations and the CAA to uphold international SARP compliance. Divestment of the different obligations to different legal entities enables maximal compliance with data governance and privacy legislation while maintaining adherence to aviation regulation. Similar arrangements are observed in a number of other Asia Pacific states.

2.6 ICAO Annex 1 – *Personnel Licensing*, Chapter 6 notes that the standards and recommended practices established under that Chapter cannot, on their own, be sufficiently detailed to cover all possible situations and therefore it is necessary that many decisions will be left to the judgment of individual medical examiners. The evaluation of such examiners must, therefore, be conducted in accordance with the highest standards of medical practice. They also note that basic safety management practices, when applied to medical assessment, can help ensure that aeromedical resources are utilized effectively.

2.7 The ICAO *Manual of Civil Aviation Medicine* (Doc 8984) provides guidance on the aeromedical significance and risk assessment processes for license holders with mental or other illnesses and refers to the use of peer group support. However, Doc 8984 does not at this stage provide guidance or recommendations on how PSPs can be designed, maintained or operated.

2.8 The design of successful PSP models will also need to take into account the socio-cultural factors applying in each State and the safety management system and safety culture of each operator that employs the personnel the PSP seeks to serve. There are, therefore, a range of challenges that personnel, operators and States can face when attempting to design and establish PSPs. In many cases, States may not have the expertise or resources to develop the policies and procedures necessary for effective implementation within their regulatory process.

2.9 There is a degree of variance as to the core components of a PSP depending on what functions the PSP is designed to perform. However, there are a range of common features including:

(a) Processes for peer selection, training, supervision and mentoring;

(b) Legal and functional independence from the NAA and operators;

(c) Strong confidentiality and privacy controls;

(d) A clear escalation pathway for significant risk that includes procedures for engagement

with the medical certification authority;

(e) A clear explanation of how a matter enters the escalation pathway;

(f) Not-for-profit legal status;

(g) Independent and collaborative financing;

(h) A role for personnel, operators and other industry stakeholders in governance, quality assurance and safety oversight.

2.10 The legal independence of PSPs is a crucial precondition to enable the avoidance of conflicts of interest and to reassert the obligations of operators and personnel to the NAA. PSPs should not be required to hold obligations to NAAs with regard to reporting of aeromedical risk but should instead rely on clearly designed and communicated escalation mechanisms to ensure reporting obligations are observed where risk is identified. However, in the overwhelming majority of situations, PSPs will perform a preventative role where no material risk to aviation safety has arisen.

2.11 Although partnership with a personnel representative organization is essential, IFALPA and is Member Associations have several decades of experience in designing, developing and delivering PSP models that are appropriate to local socio-cultural factors and are able to effectively contribute to safety management systems, and especially with regard to the obligations applying in each State to the treatment of personal information. For this reason this paper encourages States to include IFALPA when considering design, development and delivery of PSPs and SHPs. When personnel representative organizations are involved in the design and delivery of PSPs this can enable a single PSP to obtain the confidence and support of multiple operators and help to set cultural expectations for effectively addressing health and wellbeing issues at a national level.

3. ACTION BY THE CONFERENCE

3.1 The Conference is invited to:

(a) note the information contained in this Paper; and

(b) Consider the model used by the Peer Assistance Network Trust and the Safe Haven Aviation (NZ) Trust as a practical reference for States developing PSPs and SHPs and the relationship between PSPs and SHPs and the NAA; and

(c) Actively engage with IFALPA and its Member Associations and draw on their support and experience when considering developing PSPs and SHPs.

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