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WORKING PAPER

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TECHNICAL COMMISSION

Agenda Item 24: Aviation Safety and Air Navigation Priority Initiatives

ENHANCING SAFETY AND PERFORMANCE USING PEER SUPPORT PROGRAMS (PSP) FOR AVIATION LICENCE HOLDERS

(Presented by Australia and Canada)

EXECUTIVE SUMMARY

Peer support programs (PSPs) have been in place in the aviation sector as a wellbeing measure for many years and have been accepted by aviation licence holders as an important and valuable part of their operational environment. The success of PSPs in supporting aviation licence holders' wellbeing is also recognised as being valuable for supporting safe and effective performance of license holders with and without safety relevant medical conditions. To potentially include the benefits of PSPs within aeromedical and aviation safety management systems, PSPs must be developed and implemented in a standardised manner.

Action: The Assembly is invited to:

- a) note the role of PSPs in aeromedical and aviation safety management systems;
- b) encourage ICAO to publish guidance materials for the design and implementation of PSPs within the medical assessment processes and safety management system; and
- c) support collaboration by States to develop local and regional solutions for introducing PSPs for aviation licence holders

Strategic Goals:

This working paper relates to *Every Flight is Safe and Secure*.

Financial implications:

Nil

References:

Annex 1 — *Personnel Licensing*
Doc 8984, *Manual of Civil Aviation Medicine*
EASA Report - Task Force on Measures Following the Accident of Germanwings Flight 9525 (2015) EASA - Commission Regulation (EU) 2018/1042
CAT.GEN.MPA.215 'Support programme' (2018)
European Pilot Peer Support Initiative (EPPSI) Guide on Peer Support (2020)
IFALPA Pilot Assistance Manual (2022)
FAA Mental Health Aviation Rulemaking Committee (2024) – Recommendation 3
A41-WP/256, *Medical Certification and Mental Illness*

1. INTRODUCTION

1.1 ICAO requires all license holders to undergo a medical examination and assessment process that includes an assessment of mental health under Annex 1 — *Personnel Licensing*, Chapter 6. In support of this assessment, ICAO also requires States to consider the aviation-relevant aspects of health promotion and prevention in medical assessments under Annex 1 Chapter 1.

1.2 License-holders with access to peer support are more likely to have better mental wellbeing¹, and less likely to experience poor mental health leading to aviation medical certificate cancellation. It is therefore clear that PSPs are important considerations in activities for medical assessment processes to comply with both Annex 1, Chapter 6 and Chapter 1.

1.3 For States to include PSPs in their aeromedical and safety management systems in a consistent manner that contributes to enhanced aviation safety globally, there must be a standardized approach to PSP design and implementation that can be tailored to the local context while still meeting the safety and regulatory requirements for ICAO compliance.

2. RECOMMENDATIONS FOR PEER SUPPORT PROGRAMS AS PERFORMANCE AND SAFETY MEASURES

2.1 The *Manual of Civil Aviation Medicine* (Doc 8984) provides guidance on the aeromedical significance and risk assessment processes for license holders with mental illness but does not provide recommendations on how mental health promotion and prevention, in particular using PSPs, can be included by medical examiners and assessors.

2.2 A number of catastrophic accidents and near-misses have been attributed in part to the mental wellbeing and health of license holders. Most significantly the Germanwings Flight 9525 served as a catalyst for action to be taken by the European Commission to ensure mental wellbeing and health was addressed effectively by European Union Aviation Safety Agency (EASA) medical assessment and safety processes. Recommendation 3 of the EASA Germanwings Task Force report called for the establishment of support programmes for pilots. These programmes are intended to help pilots voluntarily seek assistance for mental health or other personal issues without fear of stigma or punitive consequences. This initiative led to the inclusion of relevant provisions in the Air Operations Regulation (Commission Regulation (EU) No 965/2012) through Commission Regulation (EU) 2018/1042, specifically under CAT.GEN.MPA.215 ‘Support Programme’. To support EASA Member States in implementing this recommendation, the EPPSI Guide for Pilot Peer Support was published. In addition to EASA’s regulatory work, the International Federation of Air Line Pilots’ Associations (IFALPA) Pilot Assistance Manual offers complementary guidance to promote a more global and harmonized approach to pilot support programmes.

2.3 More recently, following a near-miss critical incident involving Alaska Airlines in 2023, the Federal Aviation Administration (FAA) Mental Health Aviation Rulemaking Committee has provided recommendations for PSPs. Specifically, recommendation 3 advises an expansion of the role of PSPs, and includes advice to develop standardised programs, protocols and processes that establish PSPs throughout the aviation community.

2.4 These recommendations have been introduced with variable uptake and success around the world, with one barrier being the lack of an imperative in ICAO Standards and Recommended

¹ Santilhano, W., Bor, R., & Hewitt, L. M. M. (2019). The role of peer support and its contribution as an effective response to addressing the emotional well-being of pilots: A qualitative study of South African stakeholders. *Aviation Psychology and Applied Human Factors*, 9(2), 67–76. <https://doi.org/10.1027/2192-0923/a000163>

Practices (SARPs) to do so. It therefore falls to individual States and authorities to determine whether and how PSPs might be implemented in their safety management system, and if it might be included in the medical assessment processes. 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. License holders are therefore excluded from the safety, performance and wellbeing benefits of PSPs.

2.5 Many industry organisations are now delivering peer training and including peer support within their wellbeing and performance processes. While most of these are informed by experience from other sectors, including healthcare and emergency services, the content of the training and the programs remain heterogeneous and inconsistent between aviation organisations. What one agency calls a “peer” may not provide the same level of support, oversight or quality as another agency, and may in fact not be safe or effective at all.

2.6 These issues with inconsistency or lack of resources mean that the role of PSPs within the safety and regulatory system cannot be relied upon at a system-wide or whole-of-industry level. For PSP input to be integrated reliably within a risk management system for medical certification and safety systems, the structure and function of the PSP must be standardised and effectively governed, with resources available to all States, authorities and participants who choose to use them.

3. INCLUSION OF PEER SUPPORT PROGRAMS IN AEROMEDICAL RISK ASSESSMENT AND CERTIFICATION

3.1 ICAO A41-WP/256 introduced the principles of wellbeing as a protective factor for safe medical certification in the presence of mental illness. These principles, termed “salutogenesis”, have been the foundation for development by Australia and New Zealand of a regulatory aeromedical model that integrates PSPs within a prevention (Safety-2) focused, risk-based approach to both mental wellbeing and medical certification.

3.2 Assessment of technical performance in the aviation workplace is routinely performed throughout a license-holder’s aviation career. Peer reviews, when provided in a standardised and systematic way by appropriately credentialed peers, can also inform license-holders and their medical examiners regarding whether there is a performance impairment due to health or wellbeing issues, whether it is safety-relevant, and whether any conditions or restrictions on aviation duties are effective risk treatments for permitting medical certificates to be issued. License holders can also use peer input to the aeromedical risk assessment to support the safe return to medical certification.

3.3 PSPs therefore have two roles in the aeromedical regulatory process. Firstly, for Annex 1, Chapter 1, 1.2.4.3 requiring consideration of health promotion in aviation-related issues, a license-holder who is engaged with a peer support program to manage either their medical issues or their wellbeing will benefit from a better health outcome when unwell, and from better performance when well. Secondly, for Annex 1, Chapter 6, in determining whether a medical certificate can be issued, performance input from a Peer Support Program may inform the aeromedical risk assessment to support the license holder to have ongoing medical certification or earlier return to medical certification.

4. REQUIREMENT FOR STANDARDISATION OF GUIDANCE MATERIAL FOR PEER SUPPORT PROGRAMS

4.1 PSP inputs for medical assessments cannot be used by regulators without a systematic and risk-based approach that both reinforces the role of the peer and their relationship with the license-holder, and supports reliable and safe medical certificate decisions.

4.2 For models such as the Australian and New Zealand approaches to be successfully adopted by other States who choose to do so, the availability of standards, recommendations and guidance material for developing local solutions that remain internationally consistent is highly important.

4.3 Based on the guidelines and recommendations detailed above and informed by the experience of Australia and New Zealand in applying PSPs within the regulatory setting, guidance on the following core elements should be provided in these guidance materials:

4.3.1 *Peer selection.* Well-managed selection will ensure that the peer is suitably qualified and appropriately motivated to be a provider of peer support and has the cognitive and emotional capacity to navigate the issues being experienced by their co-worker.

4.3.2 *Peer training.* Standardised training and currency enabling the peer worker to provide the most appropriate support within a defined scope, without overstepping the boundaries of their skills and putting themselves and their colleague at risk of adverse outcomes.

4.3.3 *Peer supervision and mentoring.* Supervision and mentoring for the peer support worker, to provide a resource for their own wellbeing while they support others, and an avenue for quality assurance and safety oversight that is expected for the conduct of any aviation safety and performance activity.

4.3.4 *Procedures for engagement with and reporting to the medical certification authority.* Aviation licence holders and their peers may elect to use wellbeing and performance information gathered through the PSP process to support decisions regarding fitness for medical certification. The process of informed consent to share privileged information, the nature of the information, its collection and handling, and the way it is used, must all be carefully managed between the PSP and the regulator. Standardisation of these processes will provide for international consistency, transparency and reliability.

4.3.5 *Quality assurance and safety oversight for peers and the PSP.* Data used for decisions on medical certification for aviation licence holders, and the safety decisions that are made using that data, must be reviewed for its effectiveness. The quality assurance cycle is a critical element of a safe system, allowing the elements detailed above to be further refined and developed as the systems and processes mature. A standardised quality process for PSPs is consistent with the expectations of a global aviation safety and performance management approach.

5. CONCLUSION

5.1 PSPs have been implemented in various forms across the aviation industry for decades, for licence-holders and other workers. The contribution of PSPs to the aviation industry as a safety and performance measure, aside from any benefit relating to health outcomes, is increasingly being recognised. However, the benefits to license holders and the aviation industry are not uniformly accessible due to a lack of standardised guidance material. The intended outcome for this working paper is that guidance for PSPs will be published by ICAO to ensure these benefits can be realised for States and for individuals in a way that is relevant to their local setting while remaining based in the principles of ICAOs standardised approach to aviation regulations and safety management systems.