The Year In Review…
and Things to Come

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Preview

- Aerospace Medical Association (AsMA) Working Group on Pilot Mental Health Recommendations
- FAA Aviation Rulemaking Committee (ARC) on Pilot Fitness Recommendations
- H.R. 636 including “PBR2” and 3rd Class Airman Medical “Reform”
- ATCS SSRI Program to launch soon
AsMA on Pilot Mental Health: Expert Working Group Recommendations

- After Jet Blue psychotic pilot incident, AsMA published recommendations in December, 2012 issue of Aviation, Space & Environmental Medicine (the “Blue Journal”)
- After GermanWings incident, there was renewed attention on pilot mental health and the AsMA recommendations.
- AsMA formed a Working Group with international expertise
  - 1st met at Annual Meeting in May 2015
  - Collaboration by email thereafter
- Previous recommendations were revised, published:
AsMA on Pilot Mental Health: Expert Working Group Recommendations

Key Recommendations:

- Mental health should be evaluated as part of the aeromedical assessment of pilots
- Severe mental illness such as acute psychosis is relatively rare, and its onset is difficult to predict
  - No need to add psych testing requirement to routine AME evals
  - Need to add psych eval for pilots entering aviation employment & recurrently for those who have Hx of mental illness
- More attention should be given to less severe mental health conditions during the aeromedical assessment of pilots
AsMA on Pilot Mental Health: 
Expert Working Group Recommendations

Ŝ Methods should be utilized to build rapport and trust with the pilot in a nonthreatening environment
  ➢ Increased training and AME attention to building rapport with pilot and inquiring about mood, stressors, etc.

Ŝ Recognized barriers affect a frank discussion of mental health issues between an aeromedical examiner and a pilot
  ➢ Further development of “safe zone” to increase self-report & peer intervention
  ➢ HIMS, Project Wingman, PAN offered as examples to emulate

Ŝ Physicians performing aeromedical assessments should receive additional training in aviation mental health issues
  ➢ Increased training in initial and recurrent AME seminars
AsMA on Pilot Mental Health: Expert Working Group Recommendations

- Clinicians not trained in aeromedical assessment should be provided guidance for when to seek aeromedical expertise
- Aircrew, their families and flight organizations (civil and military) should be made more aware of mental health issues in aviation
- Regulatory authorities & employers should establish policies and strategies on substance misuse and abuse
- There should be clear and universally accepted guidelines provided to medical care providers on when their obligation to report aeromedical concerns to authorities supersedes their responsibility to patient confidentiality
  - Similar to other mandatory medical reporting such as for infectious diseases in public health laws
FAA ARC Recommendations

- Administrator Huerta chartered an Aviation Rulemaking Committee comprised of aviation and medical experts to examine pilot medical fitness in May 2015.
- The primary finding was that we must do more to remove the stigma surrounding mental illness in the aviation industry so pilots are more likely to self-report, get treated, and return to work.
- While certain medical conditions – like psychosis and bipolar disorder – automatically disqualify someone from flying, most pilots have conditions that are treatable.
- We need to support a culture of self-reporting that encourages pilots to reach out for help – without fear of losing their jobs.
FAA ARC Recommendations

- Open exchange of information lets pilots get the treatment they need and return to the cockpit once the FAA has determined – through a rigorous evaluation – that it is safe to do so.

- To advance this goal, the FAA, the airlines, and the pilots' unions have agreed to take a number of actions:
  - The FAA is improving and expanding training on mental health issues for AME so they can better identify warning signs in pilots.
  - FAA will work closely with the airlines to include pilot support programs in the safety management systems that guide their operations.
  - A number of airlines already have these in place, and the FAA will widely share best practices on how to develop, implement, and promote pilot support programs – particularly ones that encourage self-reporting.
  - FAA will also be partnering with the airlines and pilots' unions to raise awareness about mental health issues and the resources available to pilots who need help.
The Committee did not find sufficient, available evidence to recommend adding psychological testing to either the pilot hiring process or to the periodic, routine pilot health evaluation.

Psychological tests require honest reporting by pilots and generally provide insight into a person’s mindset at only a particular moment in time.

The Aerospace Medical Association concluded that in-depth psychological testing for pilots as part of routine periodic care wasn’t productive or cost-effective.

The Committee members instead found that the best way to reduce risk related to pilot mental fitness is to encourage pilots to voluntarily disclose mental health issues.
FAA ARC Recommendations

- A continuous, holistic approach that includes training, education, and outreach was deemed the most effective approach to accomplishing this.

- The FAA will reconvene the Committee’s medical working group this year to determine if specific U.S. psychological research projects should be sponsored to better understand general pilot mental health.

- The FAA will also collaborate with the United Kingdom’s Civil Aviation Authority Chief Medical Officer in the study of the medical and psychiatric outcomes of pilots who underwent personality testing several decades ago.

- We’ll be exploring early recognition of personality and behavioral traits that could pose issues in the future for pilots.
“PBR2” and 3rd Class Airman Medical “Reform”

- A very brief history:
  - AOPA/EAA Petition for Exemption – 2012
  - Lack of action by the FAA prompted AOPA and EAA to lobby Congress to take action instead
  - House Bill – 3708 and Senate Bill – 2103 both failed in Congressional process
  - More recent bill (H.R.636) passed and was ratified into law by President Obama

- The law addresses a wide variety of aviation domains:
  - UAS safety
  - Aviation Security
  - Extension of airport improvement program
  - FAA operations
  - A huge variety of safety critical reforms (e.g., mandating air carrier training program measures)
  - “Enhanced Mental Health Screening for Pilots” (essentially, listen to ARC)
  - And...
“PBR2” and 3rd Class Airman Medical “Reform”

“Medical Certification of Certain Small Aircraft Pilots”

Covered Aircraft:

- Not more than 5 passengers
- VFR or IFR
- Not for compensation or hire
- Not higher than 18,000 feet
- Indicated airspeed not to exceed 250 kts
  (Nota Bene: 250 KIAS at 17,000’ = approximately 335 kts true airspeed)
- In USA only; no international travel

FAA was given 180 days to revise 14 CFR

- Failure to revise in that time frame will result in ability to engage in enforcement action with airmen who have made a good faith attempt to comply with the law
“PBR2” and 3rd Class Airman Medical “Reform”

- Pilot may operate as Pilot in Command (PIC) if:
  - Possesses a valid driver’s license & complies with its restrictions
  - Holds an FAA medical certificate or had one issued not more than 10 years prior to the law
  - Can be 1st, 2nd, or 3rd class medical, including a Special Issuance (SI)
  - Can not have been denied, withdrawn, revoked, or suspended.
  - Complete medical education course within 24 months prior to acting as PIC
  - If Dxd with a medical condition, is under the care and Tx of a physician
  - Has received a comprehensive medical exam from a State-licensed physician (doesn’t have to be AME) during previous 48 months
  - “Checklists” for airman and physician retained in logbook
“PBR2” and 3rd Class Airman Medical “Reform”

A few Airman Checklist details to know

- Includes most of FAA Form 8500-8 blocks
- Attests that answers are “true and complete”
- Understands that prohibited under FARs from acting as PIC if “knows or has a reason to know of any medical deficiency or medically disqualifying condition that would make the individual unable to operate the aircraft in a safe manner.”
- Is “aware of the regulations pertaining to the prohibition on operations during medical deficiency and has no medically disqualifying conditions in accordance with applicable law.”

Additional requirements

- Complete medical education course & provide documentation to FAA
- Sign release authorizing NDR to furnish FAA with search findings
“PBR2” and 3rd Class Airman Medical “Reform”

A few Physician Checklist details to know

- Applicable examination criteria/body systems
- Exercise medical discretion regarding needed tests
- Discuss the drugs the airman reports taking (Rx and OTC) and their potential to interfere with safe operation of aircraft
- Sign & date the Checklist, stating,

  “I certify that I discussed all items on this checklist with the individual during my examination, discussed any medications the individual is taking that could interfere with their ability to safely operate an aircraft or motor vehicle, and performed an examination that included all of the items on this checklist. I certify that I am not aware of any medical condition that, as presently treated, could interfere with the individual’s ability to safely operate an aircraft.”
“PBR2” and 3rd Class Airman Medical “Reform”

Required to complete the process for obtaining an Authorization for Special Issuance for each of the following:

- A mental health disorder, limited to an established medical history of clinical diagnosis of:
  - Personality disorder that is severe enough to have repeatedly manifested itself by overt acts
  - Psychosis (definition follows)
  - Bipolar disorder, or
  - Substance dependence within the previous 2 years (as defined in Part 67)

- A neurological disorder, limited to an established medical history of clinical diagnosis of:
  - Epilepsy
  - Disturbance of consciousness without satisfactory medical explanation of the cause
  - A transient loss of control of nervous system functions without satisfactory medical explanation of the cause
Impending Launch of ATCS SSRI Program

→ There will be an addendum to ORDER 3930.3B (or a forthcoming ORDER 3930.3C)

→ Essentially the same as the SSRI Program for airmen
  - Same approved SSRIs
  - Same process requirements
  - You can use the Spec Sheet for airmen until/unless we create a separate one for the ATCSs
  - You will continue to submit your evaluation results to the HIMS AME who coordinates the SI submission

→ We will provide more information as the program becomes policy