# Evaluation Report

# Implementation of support programmes, psychological assessment of pilots and policy on prevention and detection of misuse of psychoactive substances

December 2023

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This evaluation report has been prepared by external individual experts with the support of a European Union Aviation Safety Agency (EASA) project team.

It has been commissioned by EASA.


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**DISCLAIMER**

This evaluation report has been prepared in response to the requirement in Article 9b of Commission Regulation (EU) 2018/1042 of 23 July 2018. The views expressed in it are those of the experts who developed it and do not necessarily reflect those of the European Union Aviation Safety Agency (EASA) or the authorities of the Member States concerned.

**Executive summary**

The European Union Aviation Safety Agency (EASA) is mandated to conduct a continuous review of the effectiveness of the provisions introduced into the Air Operations Regulation (Commission Regulation (EU) No 965/2012) by Commission Regulation (EU) 2018/1042 (ARO.RAMP.106 'Alcohol testing', CAT.GEN.MPA.170 'Psychoactive substances', CAT.GEN.MPA.175 'Endangering safety' and CAT.GEN.MPA.215 'Support programme') and to produce a first report on the results of that review by 14 August 2023.

This report mainly evaluates the level of implementation of the above-mentioned requirements by EASA Member States and commercial air transport (CAT) operators concerning support programmes, the psychological assessment of flight crew and the systematic and random testing for psychoactive substances. Considering the short period of time during which the analysed rules have been implemented (since February 2021), the evaluation provides an overview of the implementation stage, insight into the issues/constraints faced by stakeholders and, where possible, information on the use and effectiveness of the requirements. The report is based primarily on data collected through surveys of stakeholders, validated by the EASA Advisory Bodies in a dedicated consultation process.

Overall, a very high percentage of responding operators report that the implementation of the provisions is at the operational stage, although for certain elements it may still be incomplete. Certain elements of the provisions are more challenging than others, as reported by some small/non-complex operators for whom the analysed provisions are relatively new. Some operators (e.g. complex operators) may have had the provisions in use before the requirements became applicable. Helicopter operators report a lower implementation rate than aeroplane operators (for support programmes the implementation rate is 10 percentage points lower than for aeroplane operators; for psychological assessment it is 15 percentage points lower). The major constraints that play or have played a role in implementation are difficulties in finding mental health professionals and peers, the lack of a qualified psychologist or a qualified testing provider, limited training or management resources due to the COVID-19 pandemic, and budget considerations. Some of these factors are felt more strongly among helicopter operators and small operators.

Despite the overall high implementation rate of the provisions that is reported by the operators, there is limited data on the use of the provisions, and it is considered to be too early to draw any conclusions about the overall effectiveness in the EASA Member States of the provisions that have been mandated. With respect to this, it should also be noted that the responding aeroplane CAT operators represent about 14 % of all aeroplane CAT operators in the EASA Member States, and the helicopter CAT operators only 5 % of their own population. Data received from flight and cabin crew shows supportive attitudes towards the implementation of the provisions in general, but confidence in the effectiveness of the provisions is not yet shared by everyone. Comments suggest areas for improvement, in particular regarding the protection of personal data and privacy.

Finally, the evaluation makes recommendations with a view to improving the implementation of the rules and achieving effectiveness with regard to aviation safety. These recommendations concern the complexity and proportionality of the rules as regards the size of the operator; the need to establish and promote professional standards for mental and psychological health professionals active in support programmes; the need to ensure the quality of psychological assessments as regards the standards of service providers, the validity of tests and the transparency of the assessment to flight crew; support for national authorities to help them work from a common understanding about quality standards for properly functioning support programmes and psychological assessment; and the need to improve the quality of the testing processes for psychoactive substances, in particular addressing privacy and discretion, along with confirmation test equipment.

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# 1. Introduction

## 1.1. Purpose of the evaluation

Commission Regulation (EU) 2018/1042[1] amends Commission Regulation (EU) No 965/2012[2] (the Air Operations Regulation) to include provisions on support programmes, the psychological assessment of flight crew and systematic and random testing for psychoactive substances. These requirements became applicable in February 2021[3].

The amendment to the Air Operations Regulation follows the recommendations made by a dedicated EASA task force that examined the preliminary findings of the French safety investigation into the accident involving Germanwings Flight 9525 in 2015[4]. The overall objective of the changes is to enhance the level of safety by establishing measures to support the mental fitness of air crew. To achieve this, a multilayer approach has been adopted, mandating CAT operators to implement the following measures:

— a psychological assessment of flight crew before they commence line flying;

— a support programme accessible to all flight crew; and

— a policy on the prevention and detection of misuse of psychoactive substances by flight crew, cabin crew or other safety-sensitive personnel.

Additionally, the Member States are mandated to perform random alcohol testing of flight and cabin crew within the framework of the ramp inspection programme.

The European Union Aviation Safety Agency (EASA) is mandated to conduct a continuous review of the effectiveness of the provisions introduced. The purpose of this evaluation is to assess the status of implementation of the provisions and reveal issues experienced in the implementation process. Considering the progress of the implementation and the short amount of time since the new provisions became applicable, the possibility to evaluate their effectiveness is limited. The evaluation provides conclusions on the status of implementation and the immediate output of the provisions, and outlines areas for future improvement, complemented by recommendations.

## 1.2. Scope of the evaluation

The scope of this evaluation includes the requirements relating to the support programme for flight crew, the psychological assessment of flight crew and systematic and random testing for psychoactive substances, including the random alcohol testing of flight and cabin crew within the framework of the ramp inspection programme.

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1 Commission Regulation (EU) 2018/1042 of 23 July 2018 amending Regulation (EU) No 965/2012, as regards technical requirements and administrative procedures related to introducing support programmes, psychological assessment of flight crew, as well as systematic and random testing of psychoactive substances to ensure medical fitness of flight and cabin crew members, and as regards equipping newly manufactured turbine-powered aeroplanes with a maximum certified take-off mass of 5 700 kg or less and approved to carry six to nine passengers with a terrain awareness warning system (OJ L 188, 25.7.2018, p. 3, ELI: http://data.europa.eu/eli/reg/2018/1042/oj).

2 Commission Regulation (EU) No 965/2012 of 5 October 2012 laying down technical requirements and administrative procedures related to air operations pursuant to Regulation (EC) No 216/2008 of the European Parliament and of the Council (OJ L 296, 25.10.2012, p. 1, ELI: http://data.europa.eu/eli/reg/2012/965/2014-02-17).

3 The entry into force of the provisions was postponed by Commission Implementing Regulation (EU) 2020/745 of 4 June 2020 amending Regulation (EU) 2018/1042 as regards postponing dates of application of certain measures in the context of the COVID-19 pandemic (OJ L 176, 5.6.2020, p. 11, ELI: http://data.europa.eu/eli/reg_impl/2020/745/oj).

4 https://www.easa.europa.eu/en/newsroom-and-events/news/report-task-force-germanwings-flight-9525-european-commission

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The affected regulations within the scope of the evaluation are:

— **Regulation (EU) 2018/1139**[5] (the EASA Basic Regulation) of 4 July 2018), setting out the level of aviation safety EASA wants to achieve;

— **Air Operations Regulation**, as amended by **Commission Regulation (EU) 2018/1042**, in particular Annex I (Definitions); Annex II, Part-ARO, Subpart RAMP, point **ARO.RAMP.106 'Alcohol testing'** and related acceptable means of compliance (AMC) and guidance material (GM); and Annex IV, Part-CAT, Subpart A, Section 1, points **CAT.GEN.MPA.170 'Psychoactive substances'** and related AMC and GM, **CAT.GEN.MPA.175 'Endangering safety'** and related AMC and GM and **CAT.GEN.MPA.215 'Support programme'** and related AMC and GM.

A complete overview of the analysed rules can be found in Annex 2.

The stakeholders within the scope of the evaluation are:

— CAT operators of aeroplanes and helicopters – may be of any size regarding the number of aircraft and crew and may be classified as either complex or non-complex operators;

— flight and cabin crew and other safety-sensitive personnel employed in CAT operations;

— national competent authorities (NCAs);

— providers of support programmes, psychological assessment programmes, aerospace medical services, aviation mental health services and psychoactive substance testing services;

— representative associations of operators, crews and professionals in the field of aviation psychology or aerospace medicine;

— EASA and other parties interested in the performance and effectiveness of the regulation.

In terms of the geographical scope of the evaluation, it refers to the 31 EASA Member States (the EU Member States and the countries of the European Free Trade Association (EFTA – Iceland, Liechtenstein, Norway and Switzerland)[6]).

## 1.3. Evaluation methods

### 1.3.1. Online survey

In order to collect data for the evaluation, an online survey was used. The survey comprised three separate and customised questionnaires, designed for and addressed to:

— NCAs (NCA survey);

— operators, providers and associations (operator survey);

— flight and cabin crew and other safety-sensitive personnel employed by operators (crew survey).

The questionnaires were completed using the EU Survey tool between 18 January and 30 March 2023.

[5] Regulation (EU) 2018/1139 of the European Parliament and of the Council of 4 July 2018 on common rules in the field of civil aviation and establishing a European Union Aviation Safety Agency, and amending Regulations (EC) No 2111/2005, (EC) No 1008/2008, (EU) No 996/2010, (EU) No 376/2014 and Directives 2014/30/EU and 2014/53/EU of the European Parliament and of the Council, and repealing Regulations (EC) No 552/2004 and (EC) No 216/2008 of the European Parliament and of the Council and Council Regulation (EEC) No 3922/91 (OJ L 212, 22.8.2018, p. 1, ELI: http://data.europa.eu/eli/reg/2018/1139/oj).

[6] The EFTA countries have not yet implemented the provisions for alcohol testing in accordance with Article 4 of Regulation (EU) 2018/1042 due to the necessary update to the EFTA Agreement. Liechtenstein is not participating in the EU ramp inspection programme.

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The EASA Advisory Bodies (Member States Advisory Body, Stakeholders Advisory Body, Rotorcraft Committee, Aircrew Technical Body, Air Ops Technical Body and Flight Standards Technical Committee) and EASA collaborative groups (e.g. the CAG Human Factors) were invited to contribute to the evaluation by completing the survey and disseminating it further to the relevant stakeholders. The competent authorities were invited to disseminate the relevant survey to the operators under their oversight. Similarly, associations were invited to share the relevant surveys with their members. Through their professional networks, the surveys were further promoted to operators, associations and crew by the experts involved.

**Development of the questionnaires**

The three questionnaires were developed by a dedicated EASA team and contracted experts between the beginning of October 2022 and the middle of January 2023. For each of the provisions analysed, the central evaluation question was 'What is the stage of implementation achieved?' Evidence on the level of implementation was collected by means of questions about the process of implementation, the concrete elements of the rules and AMC/GM to be implemented and the perceptions of the stakeholders as to the added value, benefits and drawbacks of the implementation. Finally, the stakeholders were given the opportunity to comment on the rules and make suggestions for improvements.

Links to the questionnaires can be found in Annex 3 to this report.

As the level of implementation of the provisions is the primary focus of the evaluation, a rating scale was developed to help operators report their own assessment of progress on the implementation of the rules. The implementation scale was developed on the basis of literature research, the plan-do-check-act cycle and the EASA Management System Assessment Tool. After discussions, the rating scale presented in Table 1 was defined.

Table 1. Implementation progress rating scale

| **Progress stage** | **Definition** |
|---|---|
| **In planning** | Initial planning stage with essential decisions still to be taken. Considering options and designing the programme.<br>Implementation expected in mid/long term. |
| **Under implementation** | Intermediate stage where earlier decisions are being executed. (Executing the plan, putting the elements in place (e.g. training, infrastructure, procedures), try-outs.) |
| **Operational** | All planned solutions are effectively implemented. Solutions are in use and output is being produced. |

### 1.3.2. EASA monitoring of Member States

The evaluation was also partly based on the monitoring of Member States by EASA under Article 85 of the EASA Basic Regulation.

In particular, the implementation of the related provisions of the Air Operations Regulation was partly verified during the continuous monitoring activities and standardisation inspections of Member States conducted in accordance with Commission Implementing Regulation (EU) No 628/2013[7].

[7] Commission Implementing Regulation (EU) No 628/2013 of 28 June 2013 on working methods of the European Aviation Safety Agency for conducting standardisation inspections and for monitoring the application of the rules of Regulation (EC) No 216/2008 of the European Parliament and of the Council and repealing Commission Regulation (EC) No 736/2006 (OJ L 179, 29.6.2013, p. 46, ELI: http://data.europa.eu/eli/reg_impl/2013/628/oj).

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Such standardisation inspections may include visits to operators under the oversight of the NCAs being inspected, during which the implementation of selected requirements of the Air Operations Regulation is verified, following a risk-based approach.

In addition, in the RAMP domain, EASA has been monitoring Member States' implementation of alcohol testing, and the results of this process were already available before the start of the current evaluation. Consequently, this data was used to support the evaluation analysis.

## 1.4. Data used and limitations of the evaluation

The data analysed mainly encompasses primary data collected through the three surveys. In addition, data coming from EASA's monitoring of Member States has been included in the analysis. The third data source is data from alcohol testing included in the centralised database in accordance with point (b) of ARO.RAMP.145 of the Air Operations Regulation.

It should be noted that NCAs may be reporting about a population of operators other than that which is participating in the operator survey. Also, the NCAs' oversight activities may have taken place before the surveys were launched, and implementation within operators may have progressed between the oversight activity and responding to the survey.

As regards the surveys, the following limitations should be considered.

— The surveys were based on a self-selecting sample. They are therefore non-representative, and their results cannot be generalised to the whole population of operators, NCAs or crew. Those who chose to participate may differ from the broader population. For example, they may be ahead in terms of implementation, while others facing implementation problems may be less motivated to participate.

— There was a self-reporting bias to the surveys. Since answering was not mandatory for most questions, participants could choose to respond to some questions while giving no answer to some other questions. This could systematically distort the results.

— There was a social-desirability bias to the surveys. Respondents might not report facts that could be perceived as negative, or could respond in the way they believe is expected (e.g. non-compliance might be under-reported).

As regards EASA's monitoring activities in air operations, the following limitations should be considered.

— Due to the COVID-19 pandemic, EASA had to significantly reduce the number of visits to operators as part of standardisation inspections; therefore, the sample rate of Member States and operators is relatively low over the period concerned.

— Visits to operators involve the verification of selected applicable requirements following a risk-based approach; therefore, the requirements applicable to flight crew support, psychological assessment and testing for psychoactive substances were not always part of scope of the checks that were conducted.

## 1.5. Consultation of the evaluation report with EASA's advisory bodies

The draft evaluation report was subject to a process of consultation with the EASA Advisory Bodies during a webinar that took place on 2 November 2023. The objectives of the consultation were to inform the stakeholders about the outcomes of the evaluation and to obtain their feedback so as to facilitate the refinement and finalisation of the draft evaluation report. The report was finalised on the basis of the outcome of the consultation. An overview of the comments received during the webinar is provided in Annex 4.

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# 2. Background information

This chapter provides an overview of the origin of the rules on support programmes, the psychological assessment of pilots and the policy on prevention and detection of misuse of psychoactive substances.

The accident involving Germanwings Flight 9525 on 24 March 2015 reminded the international aviation community that flight crew members' medical and psychological conditions, if not detected, can pose very serious flight safety risks. Shortly after the accident, a dedicated EASA task force examined the preliminary findings of the safety investigation led by the French Bureau d'Enquêtes et d'Analyses pour la Sécurité de l'Aviation Civile (Bureau of Enquiry and Analysis for Civil Aviation Safety) and assessed the adequacy of the European air safety and security rules in relation to the findings. Based on the assessment, the task force addressed six recommendations to the European Commission on 16 July 2015.

To follow up on the recommendations of the task force, EASA conducted RMT.0700, and proposed changes to the Air Operations Regulation and the Aircrew Regulation (Regulation (EU) No 1178/2011) in EASA Opinion No 14/2016, as shown in Table 2.

**Table 2. Overview of relevant EASA task force recommendations and the related EASA proposals in Opinion No 14/2016**

| Task force recommendation No | Recommendation by task force | EASA recommendation for change to the Air Operations Regulation | EASA recommendation for change to the Aircrew Regulation |
|---|---|---|---|
| **2** | … that all airline pilots should undergo psychological evaluation as part of training or before entering service. The airline shall verify that a satisfactory evaluation has been carried out. The psychological part of the initial and recurrent aeromedical assessment and the related training for aero-medical examiners should be strengthened. EASA will prepare guidance material for this purpose. | Psychological assessment of flight crew by CAT operators | Psychological/psychiatric assessment of applicants for Class 1 medical certificates and aero-medical examiners training |
| **3** | … to mandate drugs and alcohol testing as part of a random programme of testing by the operator and at least in the following cases: initial Class 1 medical assessment or when employed by an airline, post-incident/accident, with due cause, and as part of follow-up after a positive test result. | CAT operators' prevention of aircrew misuse of psychoactive substances.<br>Member States' random alcohol testing in the RAMP Inspection programme | Psychoactive substances testing for initial Class 1 medical examination |
| **4** | … the establishment of robust oversight programme over the performance of aero-medical examiners including the practical application of their knowledge. In addition, national authorities should strengthen the psychological and communication aspects of aero-medical examiners training and practice. Networks of aero-medical examiners should be created to foster peer support. | N/A. | Training, oversight and network of aero-medical examiners. |

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| | | | |
|---|---|---|---|
| **5** | … the implementation of pilot support and reporting systems, linked to the employer Safety Management System within the framework of a non-punitive work environment and without compromising Just Culture principles. | Flight crew support programme. | N/A. |

The specific objectives of the EASA proposals in Opinion No 14/2016 were to:

'(a) achieve the level of aviation safety laid down in the Basic Regulation by ensuring that:

(1) reasonable measures are taken so that flight crew members are psychologically suitable for CAT operations, and thus able to exercise safely the privileges of their licences; and

(2) medical conditions of aircrew members misusing psychoactive substances are less likely to interfere with the safe exercise of the privileges of their licences;

(b) develop mitigation measures for aviation safety risks arising from adverse social consequences or conditions such as loss of pilot licences; and

(c) ensure protection of personal data.'

EASA adopted a multilayer approach so as to achieve these objectives in an effective manner.

— First layer, the preventive measures of:

- carrying out a psychological assessment of the flight crew before commencing line flying, adopted by the Commission as CAT.GEN.MPA.175 'Endangering safety' of the Air Operations Regulation;
- enabling, facilitating and ensuring access to a flight crew support programme, adopted as CAT.GEN.MPA.215 'Support programme';
- performing systematic psychoactive substance testing of flight and cabin crew upon employment, adopted as CAT.GEN.MPA.170 'Psychoactive substances'.

— Second layer, the follow-up measure of performing psychoactive substance testing of flight and cabin crew with due cause, that is to say:

- after a serious incident/accident;
- following a reasonable suspicion.

This second-layer measure is also part of CAT.GEN.MPA.170 'Psychoactive substances'.

The GM to CAT.GEN.MPA.170 mentions that nothing should prevent CAT operators from establishing a random psychoactive substance testing programme as an additional preventive measure if it is in accordance with national requirements on the testing of individuals (GM2). Also, after referral and assessment by the medical assessor of the licencing authority, the operator may consider unannounced testing as part of periodic medical follow-up after rehabilitation and return to work (GM4).

— A complementary measure in EASA's approach mandates that Member States must perform random alcohol screening of flight and cabin crew within the ramp inspection programme. This is the adopted point ARO.RAMP.106 'Alcohol testing'.

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This measure mandates random alcohol screening of flight and cabin crew members who are not already subject to a psychoactive substance testing programme under a national scheme.

The diagram in Figure 1 shows how the measures should fit together.

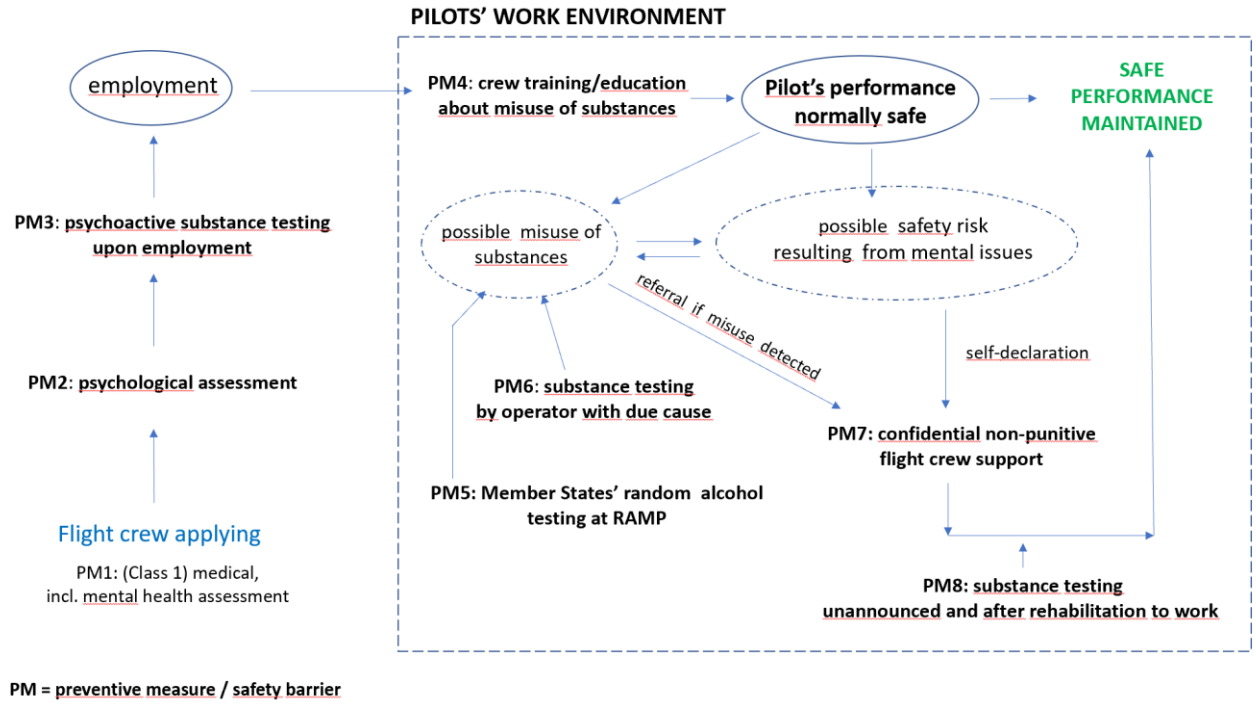


Figure 1. Possible safety risks and preventive measures to be implemented

In the regulatory impact assessment contained in Opinion No 14/2016, supporting the proposed amendments to the Air Operations Regulation, EASA considered the psychological assessment of flight crew (PM2), the development of support programmes by CAT operators (PM7) and systematic psychoactive substance testing by operators in specific cases (PM3 and PM6) as being the minimum policy options to do justice to the recommendations of the task force. PM4 is included in CAT.GEN.MPA.170 to be part of the operator's policy on the prevention of misuse of substances. Education is considered to be the most important and effective prevention measure by experts in the field.

Additional safety benefits were expected from PM5 and PM8 (and also from random substance testing by the CAT operator, though this has not been adopted as a requirement), but their expected cost-effectiveness was assessed as being very low.

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# 3. Review of the survey's respondents

**NCA survey**

18 out of 31 EASA Member States replied to the NCAs survey.

**Operator survey**

Contributions to the operator survey were received from a total of 133 respondents from the industry, as presented in Figure 2.

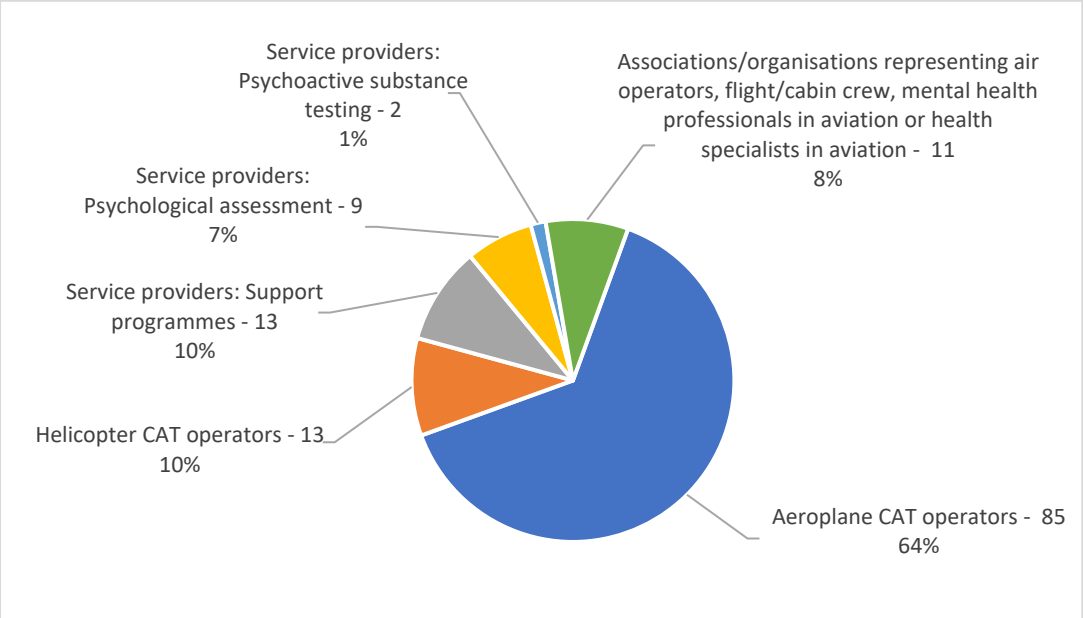


**Figure 2. Respondents from the industry**

A total of 98 CAT operators from 24 EASA Member States contributed to the operator survey. The numbers of air operator certificate (AOC) holders in EASA Member States (the EU Member States and the EFTA countries), based on data collected from the Member States, are as follows (as at April 2023):

— commercial air transport AOC holders with aeroplanes: 624;

— commercial air transport AOC holders with helicopters: 249.

**Table 3. Percentage of Member State AOC holders contributing to the survey**

| | No of AOC holders in EASA Member States | No of AOC holders contributing to the operator survey | Percentage |
|---|---|---|---|
| Aeroplane CAT operator | 624 | 85 | 13.6 % |
| Helicopter CAT operator | 249 | 13 | 5.2 % |
| CAT operator total | 873 | 98 | 11.2 % |

The aeroplane operators in the response group make up 13.6 % of the current total number of AOC holders with aeroplanes in the EASA Member States. The helicopter operators that responded represent 5.2 % of the total number of AOC holders with helicopters. Overall, the CAT operators that responded represent 11.2 % of all CAT operators according to data from April 2023.

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On request, the operators identified themselves as either complex or non-complex operators. This was particularly important to know with a view to their implementation of the psychological assessment mandated by CAT.GEN.MPA.175 'Endangering safety'. (See Figure 3.)

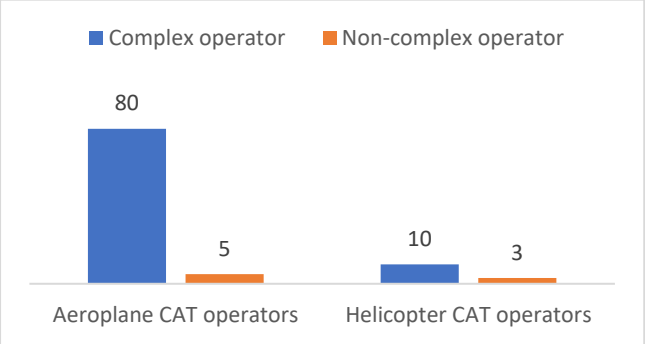


**Figure 3. Aeroplane and helicopter CAT operators split into complex and non-complex operators**

On request, the operators specified the number of flight crew they employed. This was with a view to analysing the data in their contributions. The number of flight crew reported ranges from 1 to several thousand, and the categories of the contributing operators considering their number of flight crew were defined as follows: 1-20 flight crew, 21-100 flight crew, 101-500 flight crew and 500+ flight crew. (See Figure 4.)

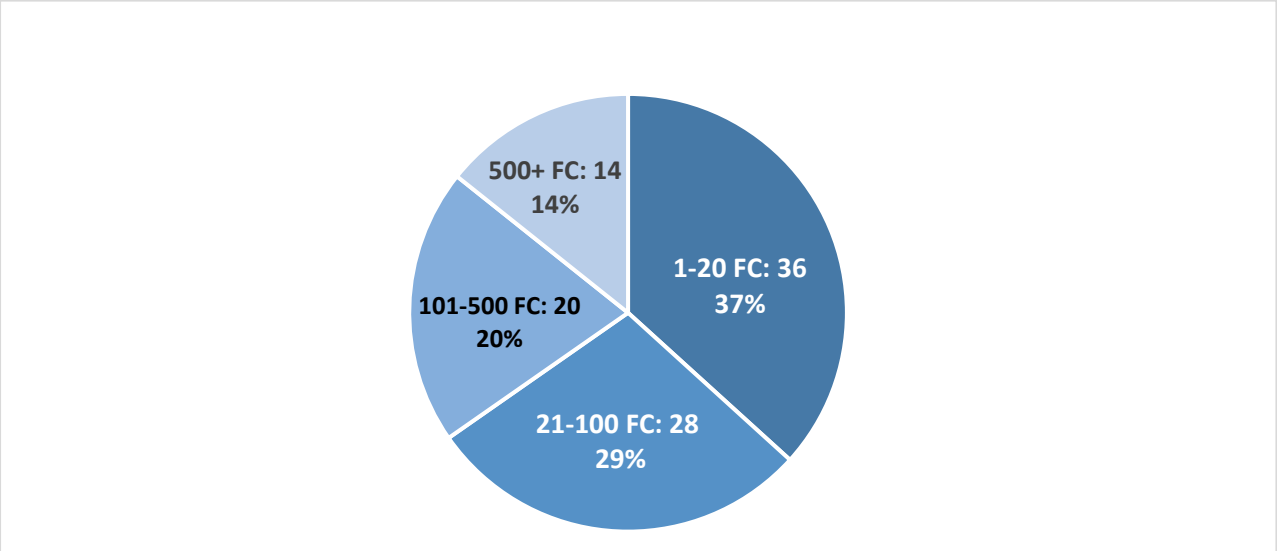


**Figure 4. Four categories of responding operators based on their number of flight crew**

The frame of reference for size of operator in this report will be the categorisation of the number of flight crew as outlined. (Note that '1-20 flight crew' is not the same as 'a workforce of 20 full-time equivalents (FTEs) or less' as mentioned in AMC1 CAT.GEN.MPA.175(c) 'Endangering safety' point (a).)

The 1-20 flight crew category includes the 8 responding non-complex operators and 9 out of the 13 responding helicopter operators. It includes about 15 private/business-jet non-scheduled operators. (See Figure 5.)

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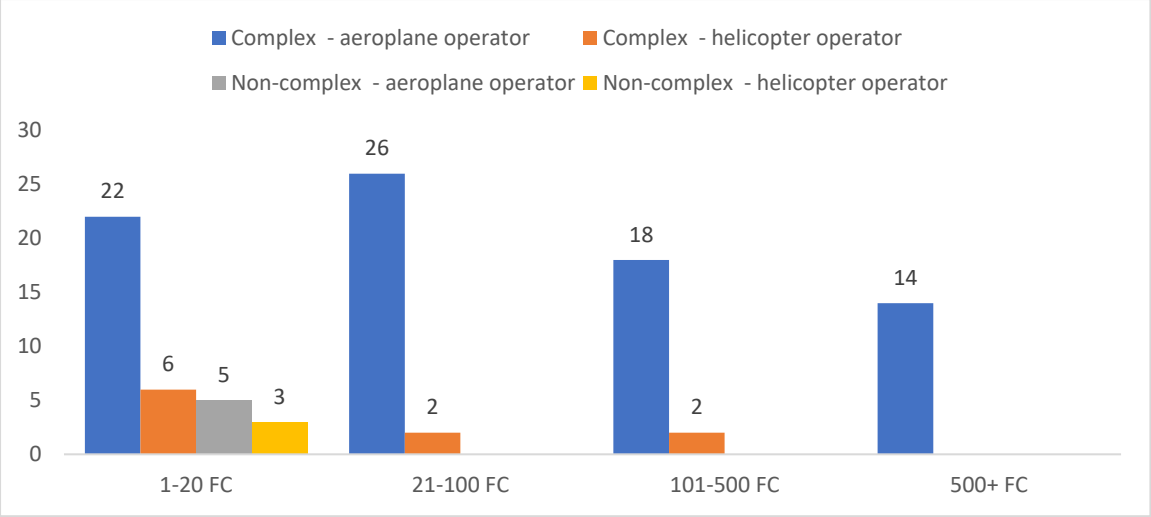


**Figure 5. Contributing operators by number of flight crew – aeroplane/helicopter and complex/non-complex**

On request, the operators specified the number of cabin crew they employed. Of the 98 operators in the survey, 54 (55 %) employ cabin crew and 44 (45 %) do not. Figure 6 shows the employment of cabin crew by size of operator, but there was no further categorisation of operators based on their number of cabin crew.

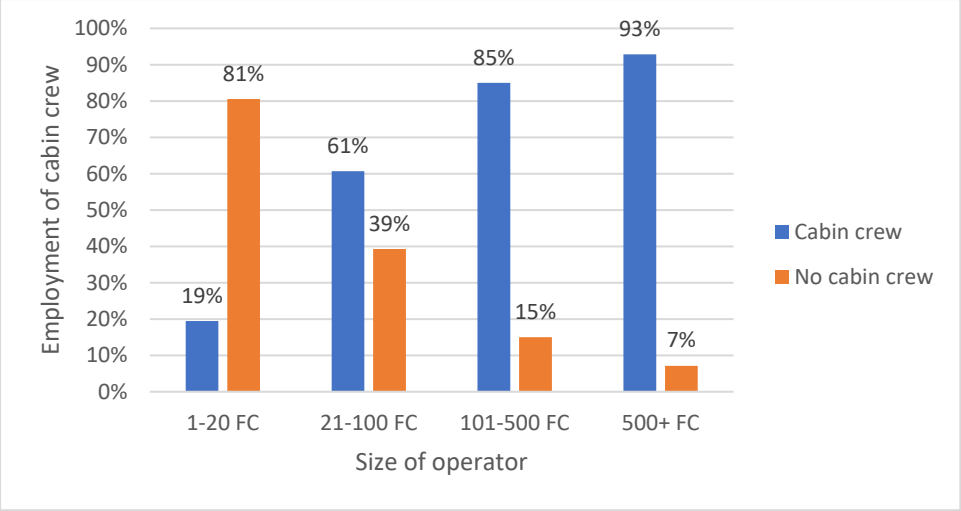


**Figure 6. Employment of cabin crew by size of operator**

The operators were asked to report if they were using the provisions mandated by Regulation (EU) 2018/1042 before February 2021, and since when. Answering the 'if' part of the question was mandatory. Figure 7 shows the response.

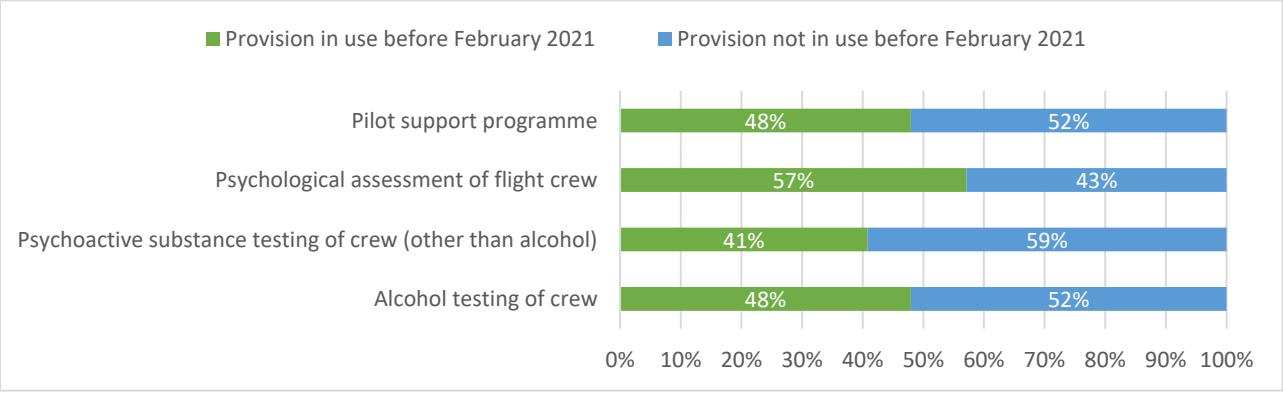


**Figure 7. Share of responding operators with the provisions in use before February 2021**

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A support programme was already in use by 48 % (47 out of 98) of the responding operators, a psychological assessment system by 57 %, drug testing by 41 % and alcohol testing by 48 %. Figure 8 shows that this percentage may vary with the size of the operator.

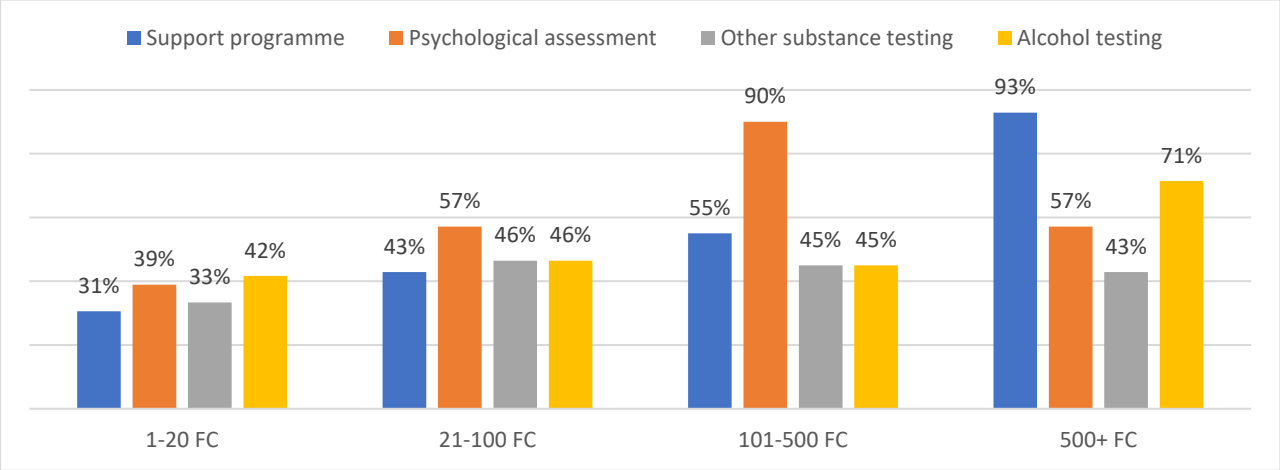


**Figure 8. Provisions in use before February 2021 by size of operator**

Unfortunately, the 'Since when have you had the implementation?' pop-up in the questionnaire worked for the support programme choice only. As regards the implementation of a support programme before February 2021, 40 out of the 47 operators provided the 'year since' data. Table 4 shows the results:

**Table 4. Year of implementation of support programme: operators implementing before date of applicability**

| Year | Type of operator | 500+ FC | 101-500 FC | 21-100 FC | 1-20 FC | No | Total |
|---|---|---|---|---|---|---|---|
| 1972 | aeroplane | 1 | | | | 1 | 1 |
| 1985 | aeroplane | 1 | | | | 1 | 2 |
| 1995 | aeroplane | 1 | | | | 1 | 3 |
| 2000 | helicopter (h) | | 1 | | | 1 | 4 |
| 2002 | aeroplane | 1 | | | | 1 | 5 |
| 2004 | aeroplane | | 1 | | | 1 | 6 |
| 2008 | aeroplane | | | 1 | | 1 | 7 |
| 2010 | aeroplane | 1 | | | | 1 | 8 |
| 2013 | aeroplane | 1 | 2 | | | 3 | 11 |
| 2014 | aeroplane | | 1 | | | 1 | 12 |
| 2017 | aeroplane | 1 | | 1 | | 2 | 14 |
| 2018 | aeroplane | | | 2 | 1 | 3 | **17** |
| 2019 | aeroplane/helicopter | 1 | 1 (h) | | 1 | 3 | 20 |
| 2020 | aeroplane/helicopter | 3 | 4 | 7 | 6 (h = 3) | 20 | **40** |
| | | 11 | 10 | 11 | 8 | 40 | |

The earliest instances of the implementation of support programmes are found with the bigger operators in the response group. 17 of the responding (mostly bigger) operators had implemented a support programme by 2018, the year of publication of the Regulation. The number of implementations increased by 23, to 40, by the date of applicability, at which point it also included more small operators. Another 44 implemented a programme between February 2021 and the point at which they responded to the survey. (See Figure 12.)

### Crew survey

The number of respondents to the crew survey was 577. Figure 9 shows the composition of the response group.

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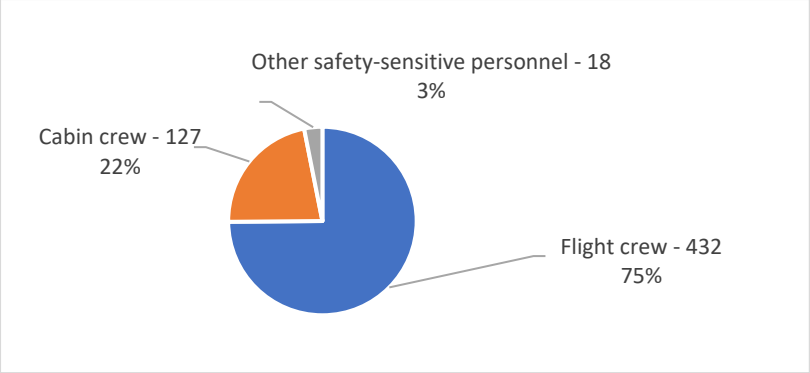


**Figure 9. Respondents to the crew survey**

The respondents in the category 'Other safety-sensitive personnel under direct control of operator' specified their various roles, as shown in Figure 10.

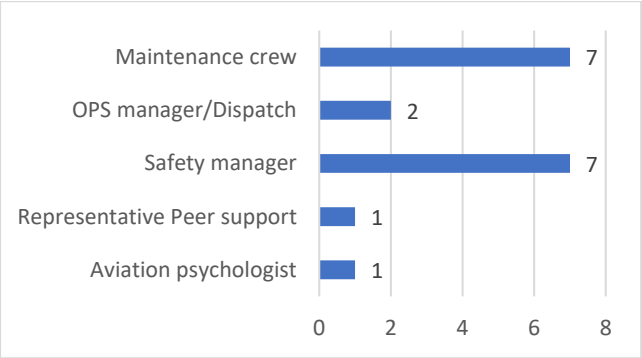


**Figure 10. Number of responding 'Other safety-sensitive personnel under direct control of operator'**

'Other safety-sensitive personnel' is defined in line with Annex I 'Definitions' of the Air Operations Regulation as follows: '"safety-sensitive personnel" means persons who might endanger aviation safety if they perform their duties and functions improperly, including flight crew and cabin crew members, aircraft maintenance personnel and air traffic controllers'.

'Personnel under direct control of the operator' is defined in GM3 CAT.GEN.MPA.170(b) 'Psychoactive substances' point (a) as follows: 'Personnel under the direct control of the operator means personnel that is directly employed by the operator. This excludes personnel of contractors or subcontractors of the operator unless they act as flight or cabin crew.'

In the analysis of the data, the response of this group will be subject to further analysis where relevant.

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# 4. Implementation of support programmes (CAT.GEN.MPA.215)

## 4.1. Status of implementation

### 4.1.1. Response from national competent authorities

The information below is based on the results from the dedicated NCAs survey.

Most authorities have started performing oversight of the implementation of the provisions relating to support programmes. A few authorities are still in the planning stage of their oversight activities.

Based on the NCAs survey, the following common issues relating to the implementation of support programmes have been identified by the authorities.

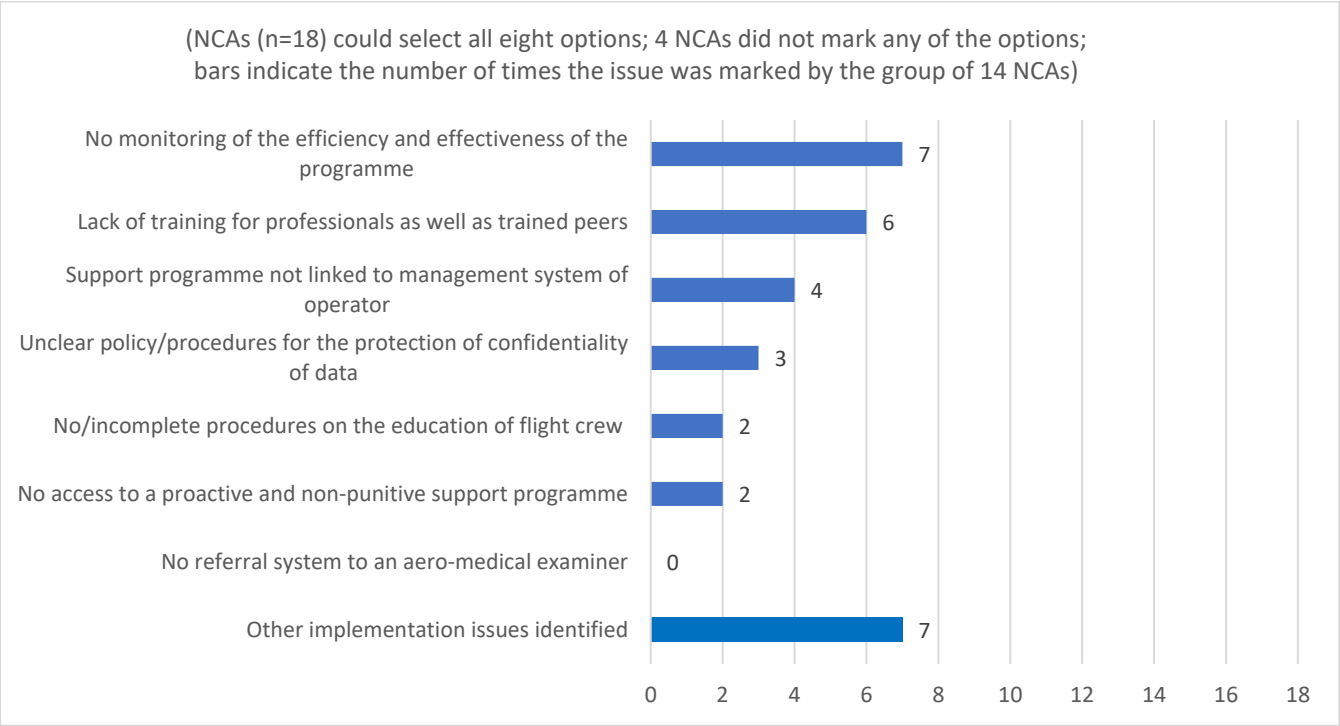


**Figure 11. Common issues with support programme implementation identified by the authorities**

(NOTE: The NCAs may be reporting about operators other than those participating in the operator survey. Also, the oversight activities may have taken place before the surveys were launched.

The 'Other implementation issues identified' include the following.

— Difficulty faced by small operators in implementing their own support programmes, even when sharing resources. Subcontracting was the only option.

— Difficulty in ensuring the confidentiality of the data, especially for small companies and in Member States with few AOC holders where people know each other.

— Lack of mental and psychological health professionals complying with aeronautical knowledge requirements.

— Missing definition of expected knowledge and competencies of mental and psychological health professionals.

The NCAs were invited to answer about the challenges they experience in discharging oversight responsibilities regarding the rules relating to support programmes. They report that it is sometimes hard to

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explain to smaller operators that they should spend time and resources on this and that there is a lack of in-house professional health experts to define the training for operators' peer support programme personnel. They also express a need for more guidance on how the support programme should be integrated into the organisation and a need for more guidance from EASA in general. Some NCAs report that there was a lack of common understanding among inspectors and that inspectors had different interpretations of the regulation.

### 4.1.2. Observations made following EASA's monitoring of Member States

The implementation of the related provisions of the Air Operations Regulation was partly verified during the monitoring of Member States conducted in accordance with Regulation (EU) No 628/2013. This partial verification should not be considered representative of the situation in all Member States and operators, due to the limitations of its scope (see Section 1.4). Nevertheless, non-compliances were identified at several of the operators visited, and mainly related to:

— a lack of detail in the operator's documentation on the flight crew support programme;

— the operator not being able to demonstrate how it was monitoring the programme's efficiency and effectiveness.

### 4.1.3. Response from operators and crew

The information below is based on the results from the dedicated operator and crew surveys.

The operators were asked to rate the implementation status of their support programme using the scale defined in Section 1.3, Table 1. Rating was mandatory. Figure 12 shows the overview.

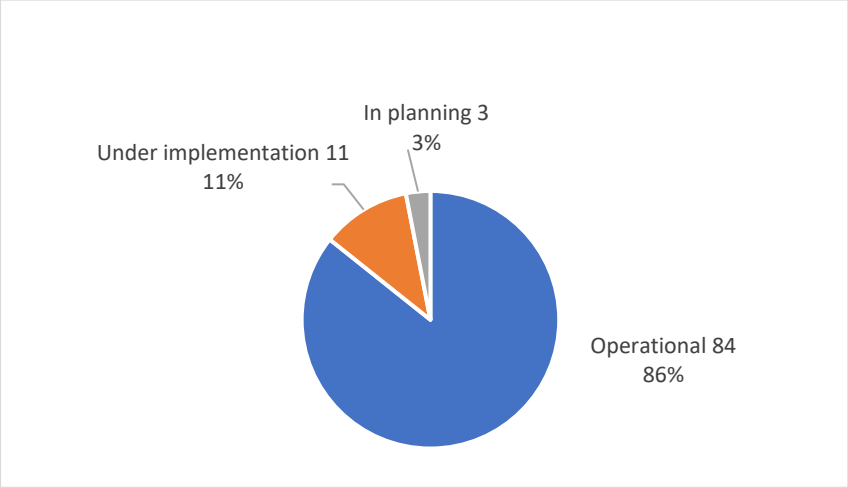


**Figure 12. Status of implementation of support programmes – all contributing operators**

Of the responding operators, 86 % report that their support programme is fully operational, while the remaining 14 % are in the implementation stage (the execution of decisions and plans is in progress) or in the planning stage (essential or policy decisions are still to be taken). Not all operators that report that their programmes are in use also report data on 'output' or the use of the programme by flight crew reporting to it.

Figure 13 distinguishes between implementation by responding aeroplane operators and by helicopter CAT operators.

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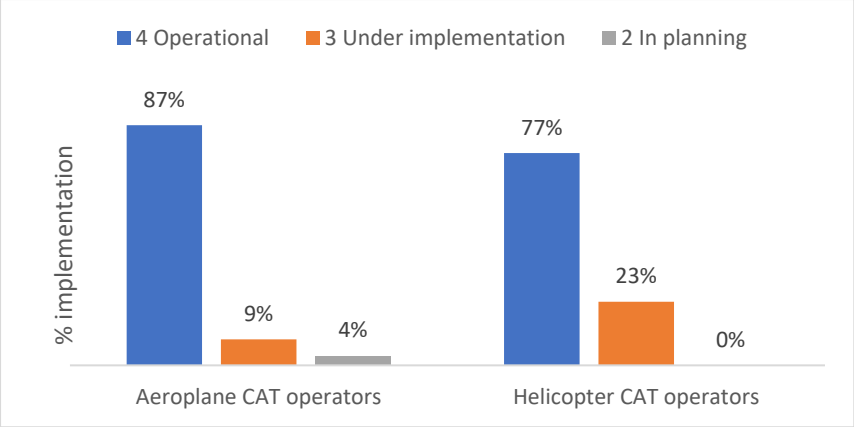


**Figure 13. Status of implementation of support programmes – aeroplane and helicopter CAT operators**

By the time of the survey, 10 out of 13 (77 %) of the responding helicopter operators had implemented a support programme (5 out of 13 in February 2021). In the group of responding aeroplane operators, a small percentage are still in the planning stage.

Figure 14 shows the status of implementation by size of operator.

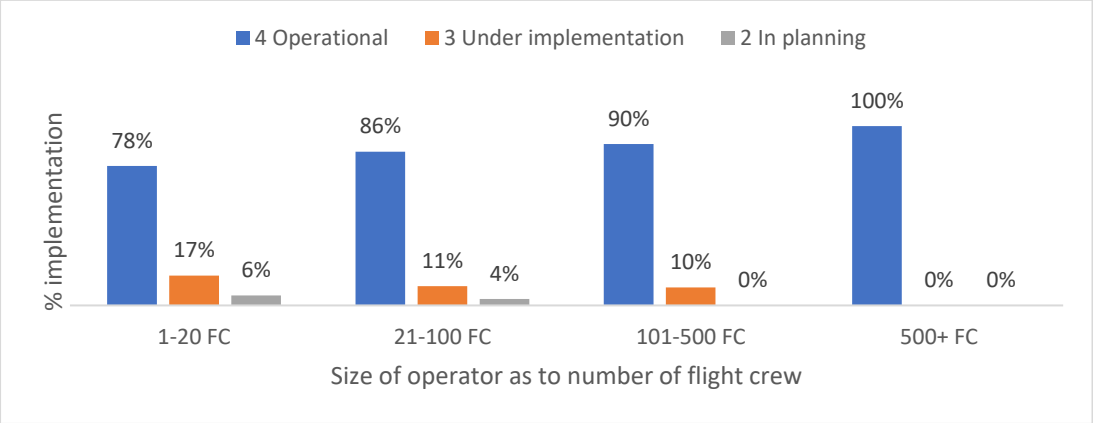


**Figure 14. Status of implementation of support programmes by size of operator**

The percentage of operators reporting that their support programme is operational increases with the size of the operator – up to 100 % for the bigger operators in the response group. The implementation rate within the 1-20 flight crew group is lower than the group total (86 %) of the responding operators. This is partly due to the lower percentage of implementation in the group of non-complex operators: 63 % (5 out of 8).

## 4.2. Process of implementation

Operators were asked to rate the influence of constraining factors or barriers during their implementation process on a 5-point scale: 1 = no influence, 2 = slight influence, 3 = moderate influence, 4 = significant influence, 5 = very much influence. Possible factors or barriers mentioned in the question were:

— low availability of (management) staff to conduct the implementation;

— low availability of suitably qualified mental health professionals (MHPs);

— low availability of peers;

— low availability of resources for training staff/professionals/peers (trainers/time/planning);

— national legislation issues;

— budgetary issues;

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— COVID-19-pandemic-related difficulties;

— other factors.

To summarise the extent to which a specific factor influenced the progress of implementation, weighted averages for influence were calculated for each factor. Figure 15 shows the influence of the factors both for the total group of operators and separately for the operators, split into those reporting that their programmes are in use and those whose programmes are still under implementation or in planning (these two groups taken together).

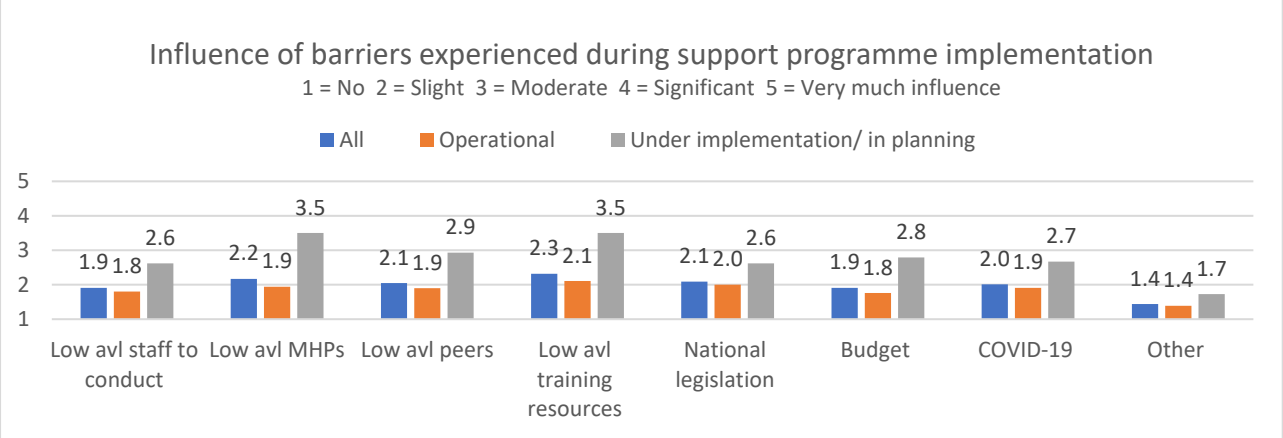


**Figure 15. Influence of barriers experienced during support programme implementation**

The operators whose programmes are in use report that the different factors have had no more than a slight influence. The 14 operators whose programmes are still under implementation or in planning experience moderate (2.5-3.5) difficulty in finding the necessary resources, in particular finding MHPs, peers and training resources, while national legislation issues, budget considerations and the consequences of the COVID-19 pandemic also play a role.

Figure 16 shows the influence of the different factors for the responding aeroplane and helicopter operators, with the three implementation categories taken together. It shows that the influence of the different factors was/is felt more strongly among the responding helicopter operators (between slight and moderate), in particular the influence of the non-availability of MHPs, peers and training resources.

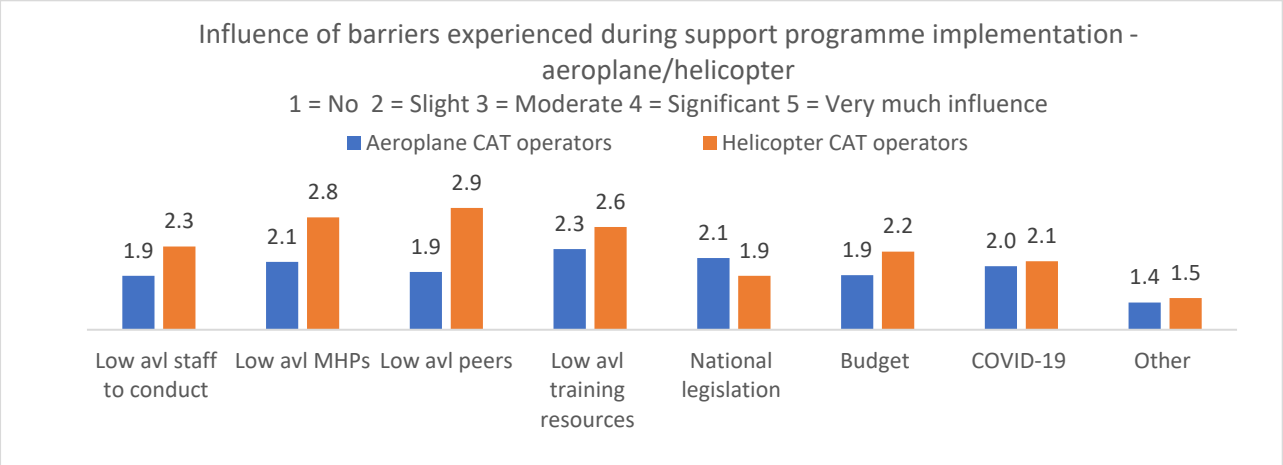


**Figure 16. Influence of barriers to support programme implementation for aeroplane and helicopter CAT operators**

In general, the groups of smaller operators are most influenced by the low availability of MHPs, peers, training resources and budget, as can be seen in Figure 17. However, these factors have also influenced the other operators. The influence of the COVID-19 pandemic is reported as being slight, and is more or less the same for all groups.

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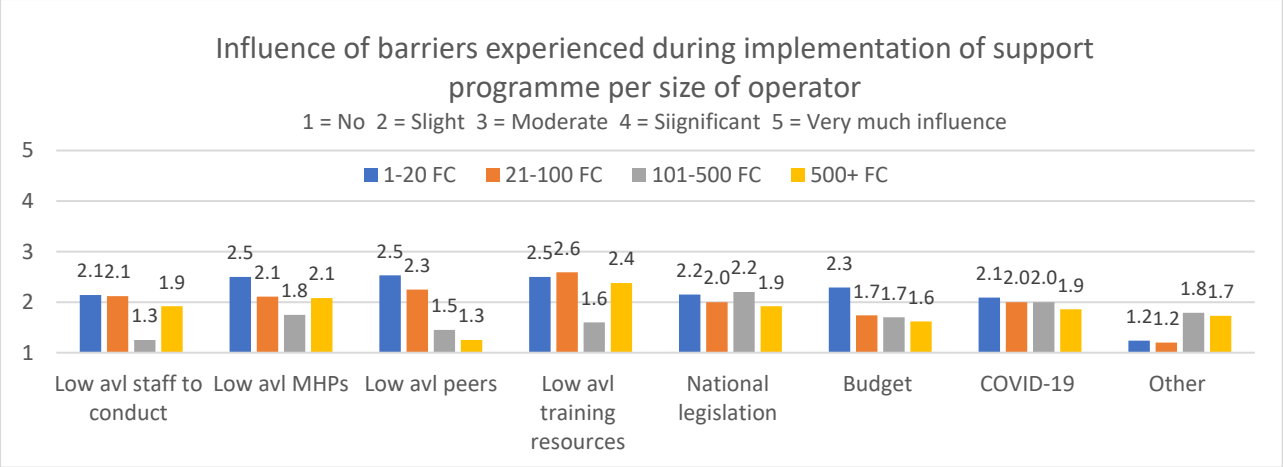


**Figure 17. Influence of barriers to implementation by size of responding operator**

The operators in general, and not only the smaller operators in particular, also report a number of other barriers:

— insufficient/no information and guidelines on the implementation process and design of the support programme;

— differences/discrepancies between different contracted third-party service providers of peer support.

In summary, the factors of non-availability of MHPs, peers and training resources have been or still are the most problematic for the progress of the implementation process of the responding helicopter and smaller operators, while budget considerations also play a role.

## 4.3. Implementation of support programme elements

### 4.3.1. Mental and psychological health professionals, peers and other professionals

AMC3 CAT.GEN.MPA.215 point (a)(2) mentions 'assistance provided by professionals, including mental and psychological health professionals with relevant knowledge of the aviation environment' as one of the minimum elements of a support programme.

AMC3 CAT.GEN.MPA.215 point (a)(3) mentions the 'involvement of trained peers, where trained peers are available' as another minimum element.

The operators were invited to report about the professionals active in their support programme. Figure 18 presents the reported frequencies by type of professional or peer. (Clinical) psychologists are reported in 88 % of the programmes in use, and other MHPs in 56 %. No further specification of 'Other mental health professionals' was requested.

As the operators report that more than one professional is active in the programme, all combinations of the different categories of professionals working in the programmes were analysed. Either a psychologist or an MHP working in the programme is reported in 92 % (77 out of 84) of the programmes. Only peers or peers in combination with human resources (HR) staff or a medical doctor (no psychologists or MHPs) are reported in 6 programmes. This does not necessarily mean that psychological assistance from psychologists or other MHPs is not available, as peers are supposed to provide information on further help where needed. One operator did not provide data about professionals in the programme.

Peers are reported to be active in 93 % of the programmes in use.

Aeromedical doctors and HR staff are reported to be active in the support programmes too, but to a lesser degree. The 'Other professionals' are specified as being critical incident stress management personnel,

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general practitioners, the programme coordinator within the airline, crew resource management instructors, specialists from the safety management department and support personnel in the reintegration office.

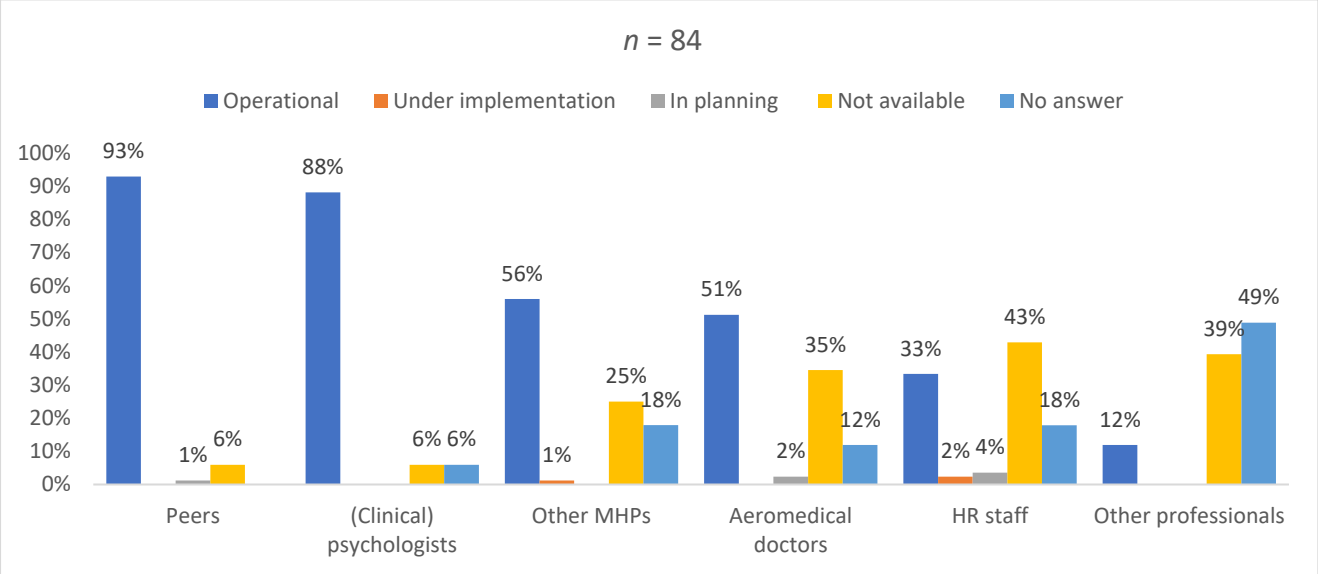


**Figure 18. Peers and professionals active in the support programmes implemented**

### 4.3.2. Management of the support programme

In accordance with GM2 CAT.GEN.MPA.215 'Support programme' point (g), a support programme may be managed by staff *either* established within the operator or by a separate independent organisation.

GM5 CAT.GEN.MPA.215 'Support programme' offers the operator the possibility to 'contract the establishment of a support programme to a third party', which may be especially beneficial to a smaller operator.

The operators were invited to provide information on the management of their (peer) support programmes.

Figure 19 shows the results for the operators that reported that their programme is operational (*n* = 84).

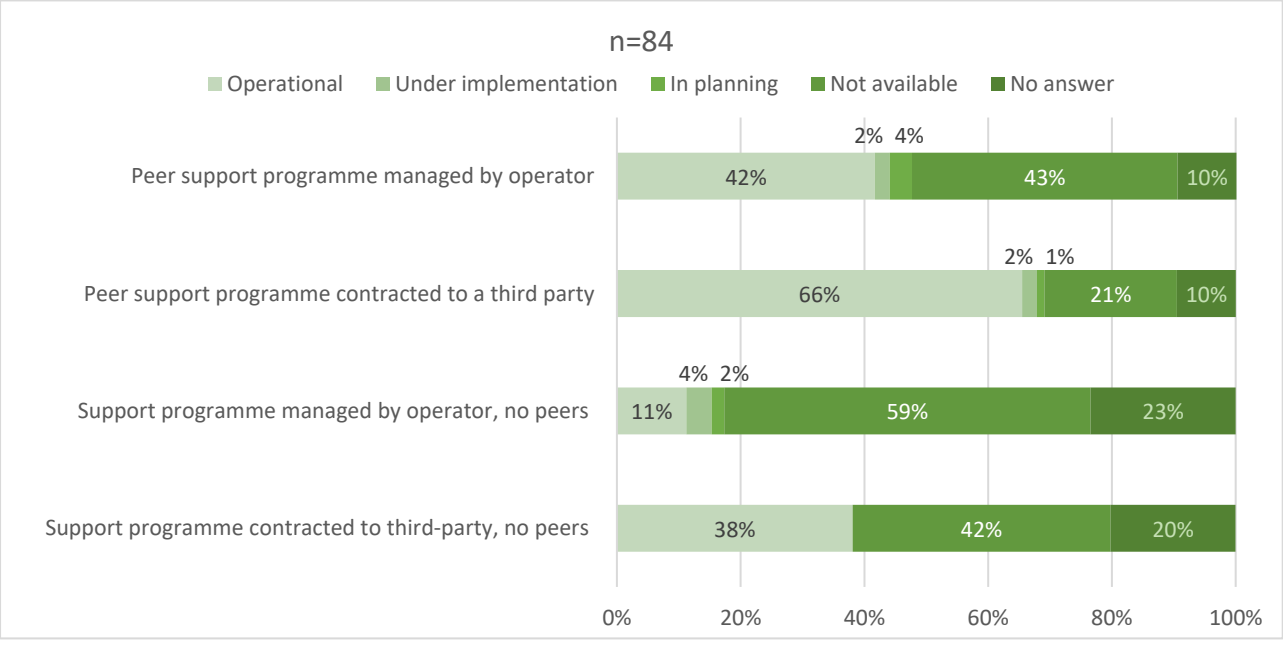


**Figure 19. Operators' choices for the management of their support programmes**

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Many of the operators with programmes in use report that they use combinations of the four options; for example, an internally managed peer support programme and a contracted MHP or psychological advisor.

Coding all reported operational combinations revealed that 93 % of all reported programmes in use are peer support programmes. Of the 1-20 flight crew operators, 82 % report a peer support programme in use, as do 96 % of the 21-100 flight crew operators.

Of the 14 responding operators reporting that their programme is still under implementation or in planning, 11 (79 %) report that they are implementing peer support. One of this group of operators did not provide data.

Further analysis showed that a total of 80 % of the operators make use of a contracted provider for all or part of their support programme.

### 4.3.3. Governance process

Establishing a platform for multi-stakeholder participation and partnership in the governance process of the support programme (GM2 CAT.GEN.MPA.215 'Support programme') may serve multiple purposes:

— it can facilitate trust, which is the foundation of a successful programme, as stated in GM2;

— the platform can monitor the efficiency and effectiveness of the programme, as laid down in AMC3 CAT.GEN.MPA.215 point (a)(4);

— it can establish a link between the programme and the management system of the organisation, which is another minimum element as laid down in AM3 CAT.GEN.MPA.215 point (b).

When asked 'Who will participate in the governance of the support programme?', the responding operators that have programmes in use (*n* = 84) answered as presented in the chart in Figure 20.

Safety department management is reported to be the most urgent participant (76 %), followed by MHPs (67 %) and support programme management (62 %). The responding operators reported governance committees in many combinations of participating parties (53), and all but four reported that governance is in place with at least one participating party. It should be noted that the human resources department of the company, the occupational health department, training personnel, pilot representative bodies and the flight operations director may also be involved.

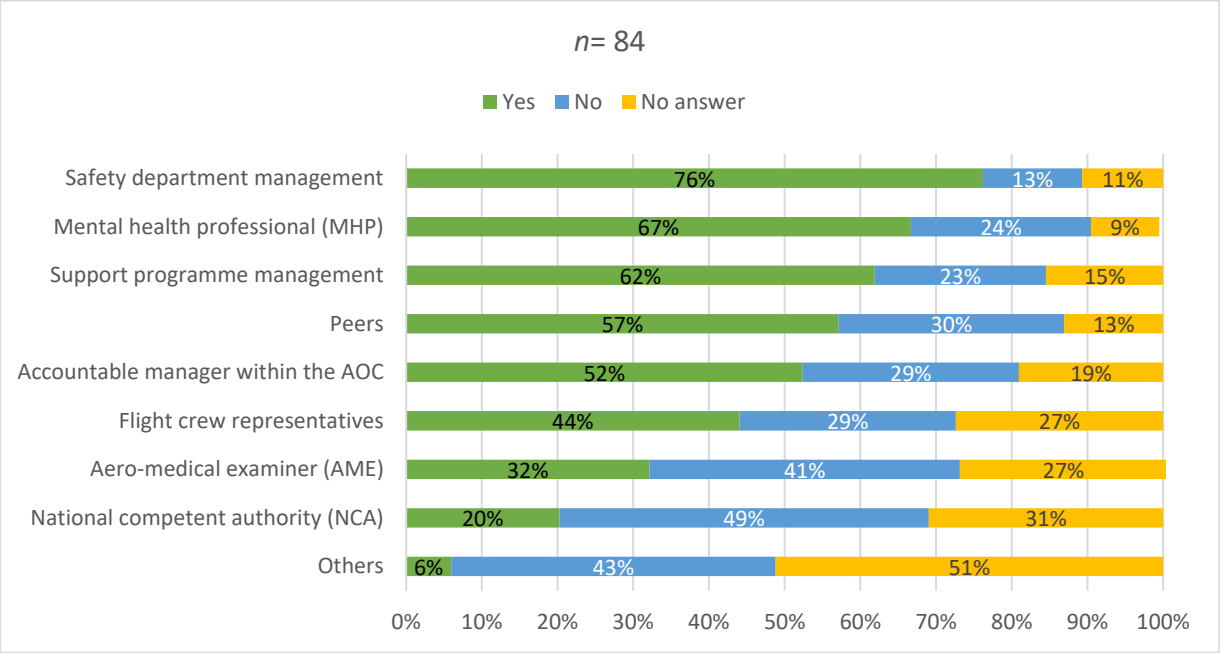


**Figure 20. Participation in the governance of the support programme**

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### 4.3.4. Protection of confidentiality and personal data

CAT.GEN.MPA.215 'Support programme' point (b) specifies the following.

*Without prejudice to applicable national legislation on the protection of individuals with regard to the processing of personal data and on the free movement of such data, 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.*

GM2 CAT.GEN.MPA.215 'Support programme' specifies that trust in the programme can be facilitated by:

*c a formal agreement between management and crew, identifying the procedures for the use of data, its protection and confidentiality;*

*d clear and unambiguous provisions on data protection[.]*

When asked how their support programme ensures confidentiality and the protection of personal data, the responding operators from the 'operational' group report as shown in Figure 21.

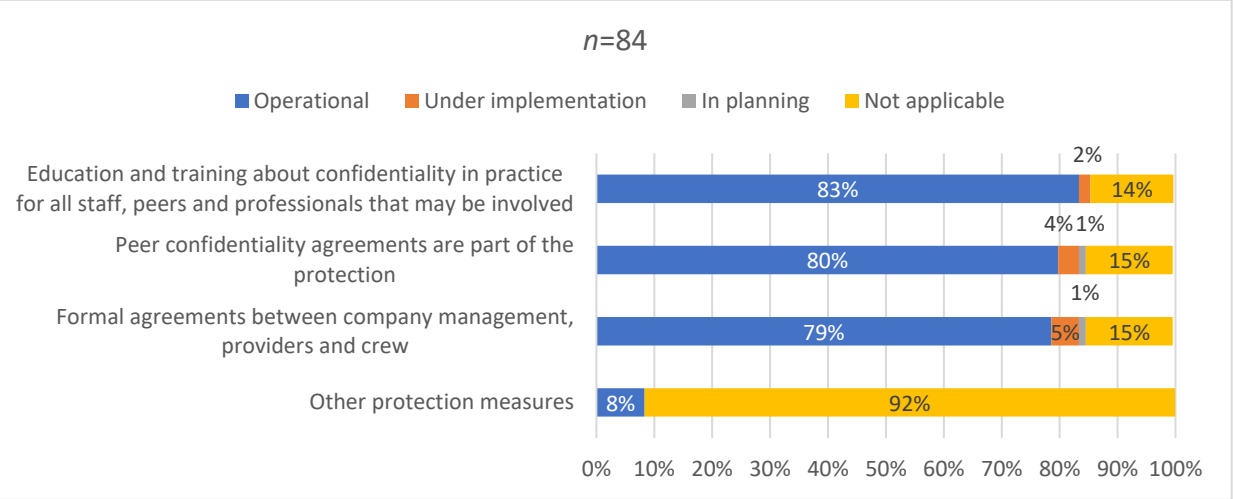


**Figure 21. Means of protection of confidentiality and personal data**

Education and training appear to be key for 83 % of the responding operators, closely followed by peer confidentiality and formal agreements. A total of 90 % of the operators report that more than one of the provisions are in use (64 % use all three), and the remaining 10 % report that at least one is. One operator did not provide the data.

'Other protection measures' may refer to the rules of the general data protection regulation, the peer support handbook, the staff handbook, safety department confidentiality agreements, user consent agreements and national law.

### 4.3.5. Link to the management system

AMC3 CAT.GEN.MPA.215 point (b) specifies the following.

*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.*

Operators were asked 'Have you implemented the link between the support programme and the Safety Management System of the AOC?' The response of the operators with a programme in use (*n* = 84) is shown in Figure 22.

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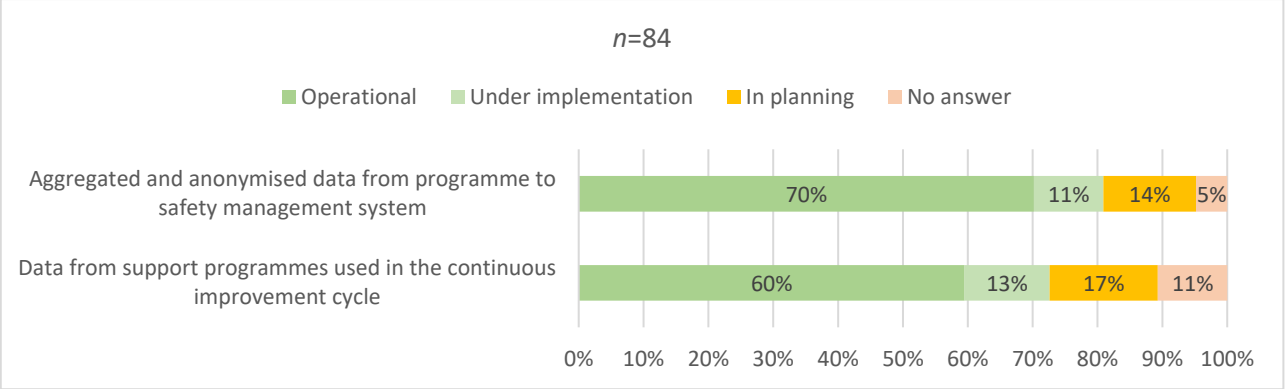


**Figure 22. Implementation rate of the link to the AOC holder management system**

The implementation of the link to the safety management system has not been completed to the same degree as achieved for the other elements. The following issues were shared by responding operators:

— it is hard to find proper software to process and combine the data (from the group of operators whose programmes are still under implementation);

— the anonymous handling of data is difficult or almost impossible for a smaller operator, and can damage the programme and cause stress to crew if it is not done correctly;

— the low level of use of the programme so far means there is insufficient data coming from the peer support programme (comment from both smaller and bigger operators);

— two big operators report a successful link to the safety management system used for monitoring the efficiency and effectiveness of their programme and how they implemented it.

### 4.3.6. Access facilities

GM1 CAT.GEN.MPA.215 'Support programme' point (b) specifies that the support programme 'should be easily accessible for flight crew'.

Figure 23 shows the response of the operators with operational support programmes that responded to the question 'How is the access to your support programme organised?'

'Any other mode' is reported to mean an email address/mailbox and (24/7) email monitoring, but also 'colleagues' and a QR code.

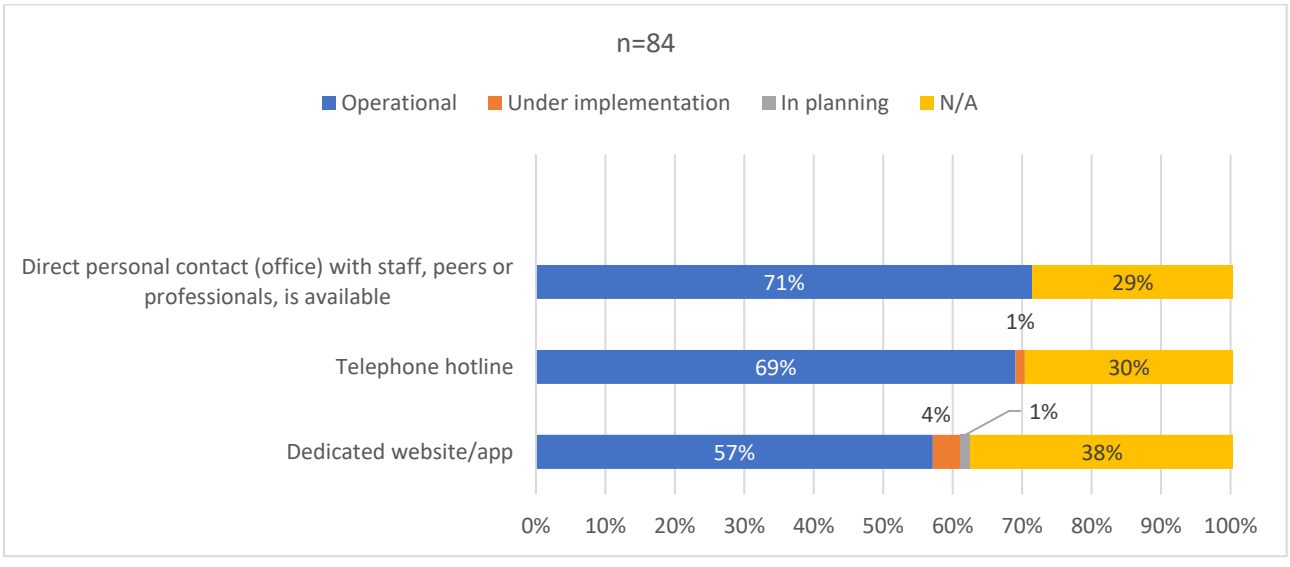


**Figure 23. Access facilities for operational support programmes**

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As could be expected, operators have more than one mode in use to facilitate access to their programme. Coding all combinations of reported operational access modes results in the picture seen in Figure 24.

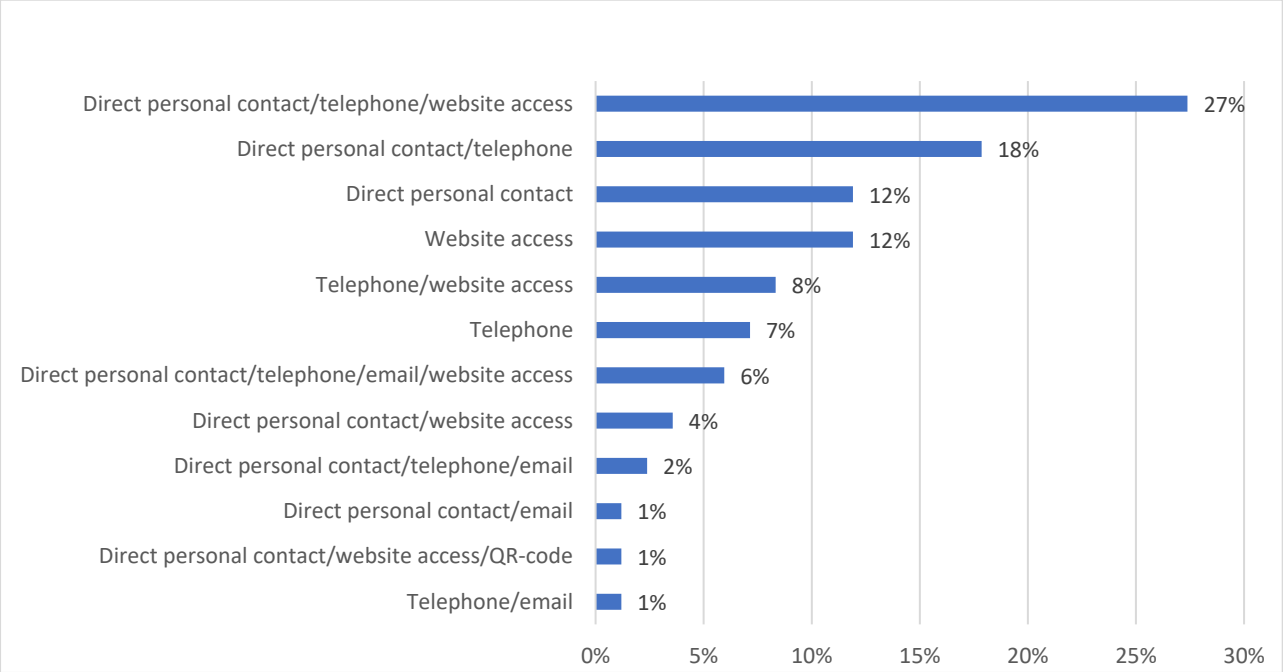


**Figure 24. Combinations of access facilities in use with operational support programmes (*n* = 84)**

The availability of direct personal contact is the most prevalent mode among the responding operators, with telephone contact and website access in the second and third place respectively.

When asked to share any issues about the organisation of their access, interesting comments were received from operators running peer support programmes. They noticed that pilots like to contact peers directly and speak in person, as opposed to contacting them through the official peer support programme channel (a dedicated web platform). With respect to this, one 500+ flight crew operator speaks of 'the vast majority' of contacts being in this form, another of it 'sometimes' being the case.

When asked 'Does the support programme grant access to concerned family, colleagues and friends to report concerns?', 57 % of the operators that have programmes in use replied in the affirmative. Some who replied 'no' report that the programme access is open to colleagues to discuss the best course of action, but not to family or friends. Others think it is something to consider or discuss. Others reply that it is outside the scope of the regulation or see it as difficult to implement.

### 4.3.7. Temporary relief from flight duties

AMC1 CAT.GEN.MPA.215 'Support programme' reads as follows.

*PRINCIPLES GOVERNING A SUPPORT PROGRAMME*

*The access to a support programme should:*

*a enable self-declaration or referral in case of a decrease in a flight crew's medical fitness with an emphasis on prevention and early support; and*

*b if appropriate, allow the flight crew to receive temporary relief from flight duties and be referred to professional advice.*

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When asked 'Has your organisation implemented a policy in regard to allowing the flight crew to receive temporary relief from flight duties when recommended by support programmes?', the 84 operators responding to the survey whose support programme is operational reported as shown in Figure 25.

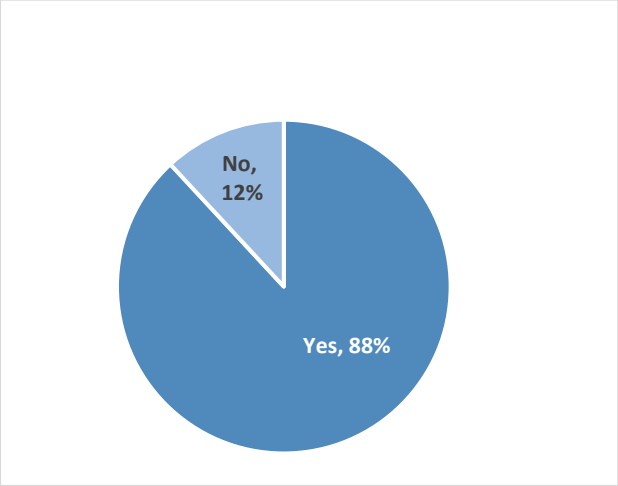


**Figure 25. Allowing flight crew temporary relief from flight duty when recommended by the programme**

Of all of the responding operators whose programme is in use, 88 % report that they have implemented this part of the regulation and 12 % reply 'No'. However, details provided with the 'No' answers reveal that in most cases 'No' just means that the practice of allowing relief has not yet been laid down as policy in the operator's operations manual part A, but that this is in progress or planned. 'No' may also mean that a regular sickness certificate is required, but if this is not provided, management may grant exemptions on a case-by-case basis and allow relief. All 54 explanations provided to 'Yes' answers indicate that the operators follow one of the main principles governing a support programme. This means that management follows the recommendations of peers, psychological advisors, MHPs or aero-medical examiners without asking questions, and confidentiality is maintained at all times.

In the crew survey, the crew were asked to answer the question 'Does your operator's policy make it possible for crew to receive temporary relief from flight duties when recommended by the support programme?' The response from 552 crew is shown in Figure 26.

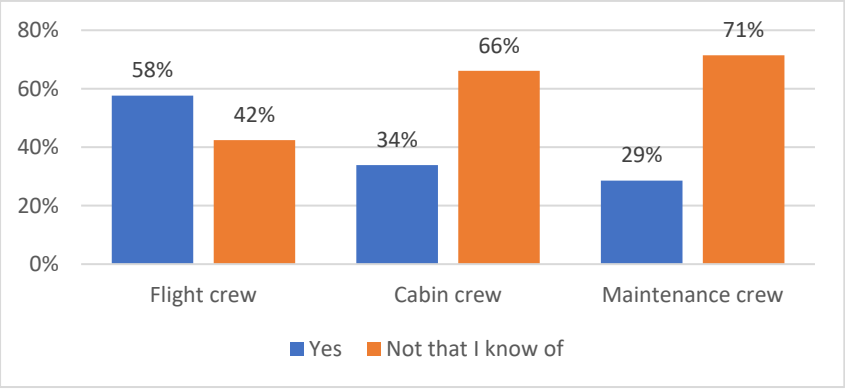


**Figure 26. Temporary relief from flight duty – crew response**

Of the responding flight crew (*n* = 427), 58 % confirm that this is the case, along with 34 % of the cabin crew (*n* = 118) and 29 % of the maintenance crew (*n* = 7), but many crew report that they do not know. When requesting more detail relating to their 'Yes' answer, the 119 comments received from flight crew confirm what the operators report on that matter, i.e. that the policy is actual practice in their company. If necessary,

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crew can report that they are sick or not fit to fly and the operators follow the recommendations coming from the programme. The same is reported in the 15 comments from cabin crew.

### 4.3.8. Loss-of-licence policy

AMC3 CAT.GEN.MPA.215 'Support programme' point (a)(6) specifically mentions the 'management of risks resulting from fear of loss of licence' as one of the minimum requirements of a support programme.

As a support programme is meant to be a tool in the management of these risks, the question in the survey asked whether the operator has implemented any specific policies to manage those risks.

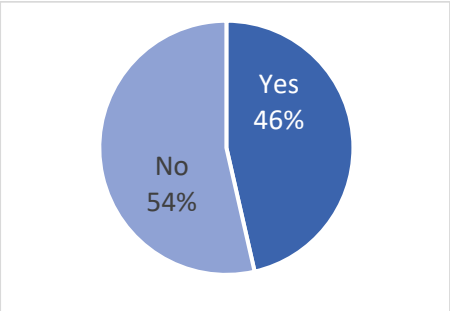


**Figure 27. Specific loss-of-licence policy**

Of all the responding operators whose support programme is in use (*n* = 84), 46 % report that they have such a specific provision, although it seems to be more common for the bigger companies, as Figure 28 shows.

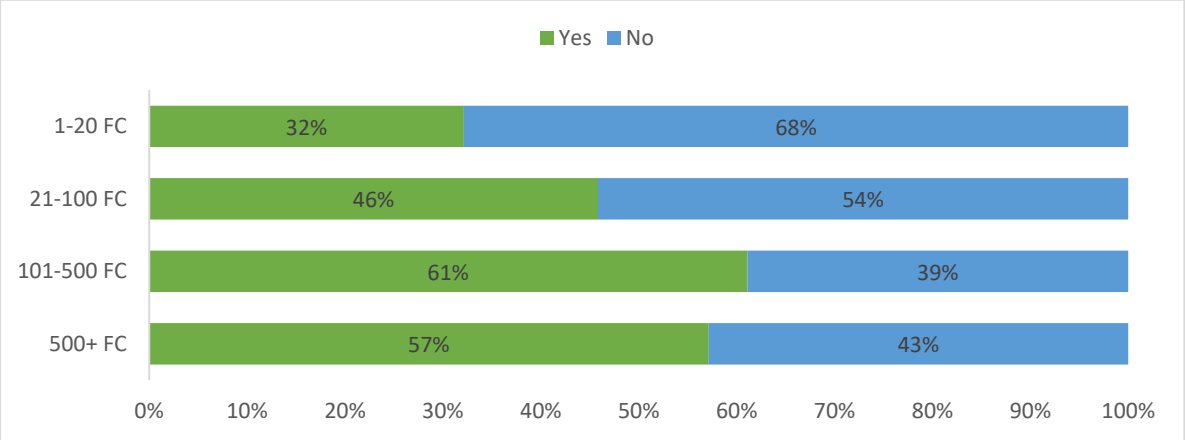


**Figure 28. Share of operators that have specific provisions in place for cases of loss of licence**

Of the operators that answered 'Yes' to the question, 77 % have insurance against loss of licence in one form or another in place as standard for their company policy. It may depend on union membership and may not be for contracted pilots. 23 % use another option, which may be an allowance paid for insurance if the crew member so decides or the possibility to stay in the company in another position in the case of a loss of licence.

In parallel to the operator survey, the question about any specific loss-of-licence policy was asked in the crew survey: 'Does your operator have a specific policy in regard to the management of risks of a pilot's loss of licence?' The response by crew is in Figure 29.

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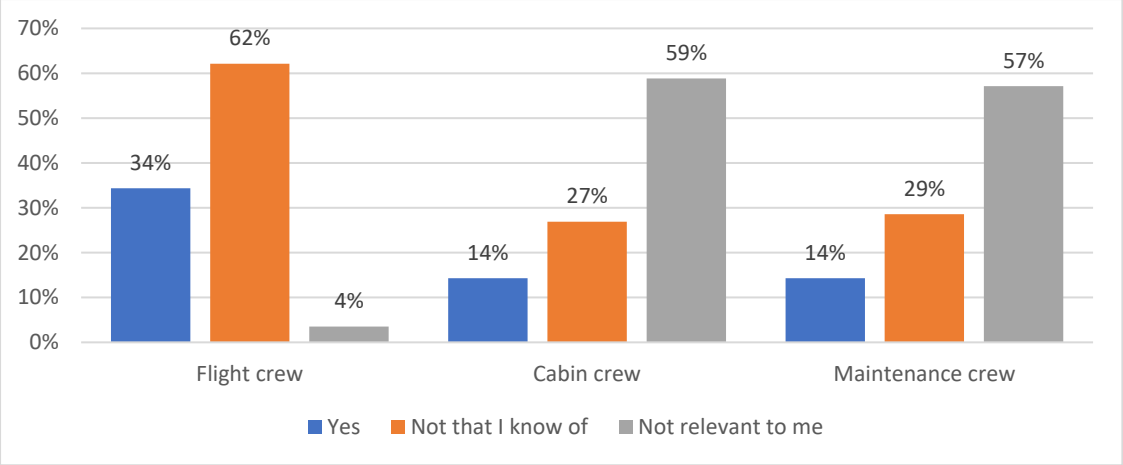


**Figure 29. Crew reporting about their operators' specific loss-of-licence policy**

Of the flight crew, 34 % confirm that such a policy is in place in their company, and 62 % report that they are unaware of any such provision.

## 4.4. Use of the support programme

### 4.4.1. Crew experience and perception of support

Of the operators that have an operational support programme, 35 % allow not only flight crew but also cabin crew to benefit from the programme, and 25 % report that maintenance staff or other safety-sensitive personnel have access to the programme as well.

In the crew survey, when crew were asked 'Before this survey, were you aware of any support programme made available to crew?', the response was that 76 % of the responding flight crew, 46 % of the responding cabin crew and 29 % of the responding maintenance crew were already aware of support programmes.

Crew were asked to what kind of support programme their operator ensures access. Their response is shown in Figure 30.

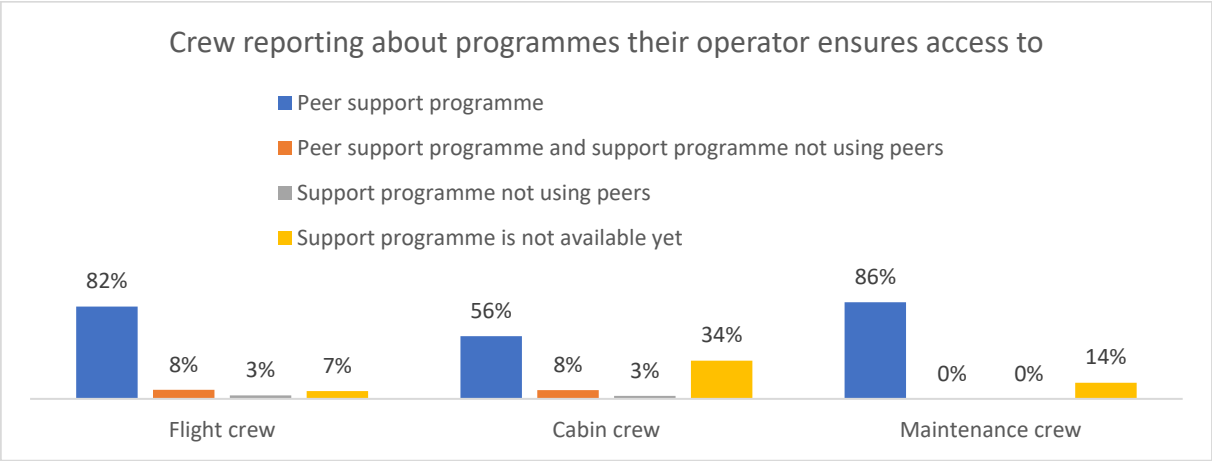


**Figure 30. Support programmes available to responding crew**

Of the flight crew responding to the question (*n* = 421), 82 % report that they have access to peer support, 8 % report access to both peer and non-peer support and 3 % say they have access to non-peer support. For the responding cabin crew (*n* = 115), the numbers are 56 % for peer support, 8 % for both peer and other support and 3 % for other mental health support. Of the responding maintenance crew, 6 out of 7 have access to peer support. As specified by the responding crew, peer support may mean a critical incident response programme, anti-skid, a substance abuse/addiction programme, a pilot's union collaborative group and employment programme, or an independent team for confidential contact. Non-peer support may mean an employee assistance programme or access to a professional psychologist, either internal or external.

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Crew were invited to report whether they had ever made use of a support programme. 12 % of the responding flight crew (*n* = 425) and 8 % of the cabin crew (*n* = 119) had done so. (See Figure 31.) Of the flight crew, 32 reported that they had made use of a peer support programme, 4 of peer support in combination with psychological support (e.g. critical incident stress management and employee assistance programme, a pilots' union group or a third-party support specialist) and 12 of mental support from a psychological advisor, a pilot's union group or a trusted pilot whom they could consult in confidence.

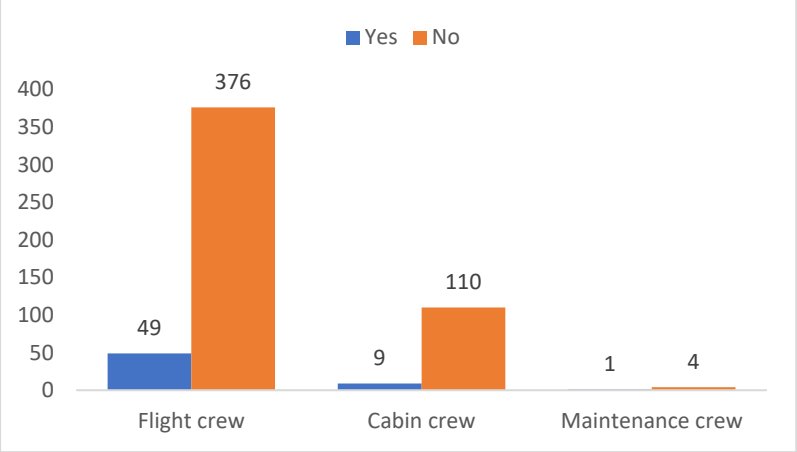


**Figure 31. Crew that made use of a support programme**

When asked how satisfied they were with the different aspects of the support received, flight crew responded as shown in Figure 32.

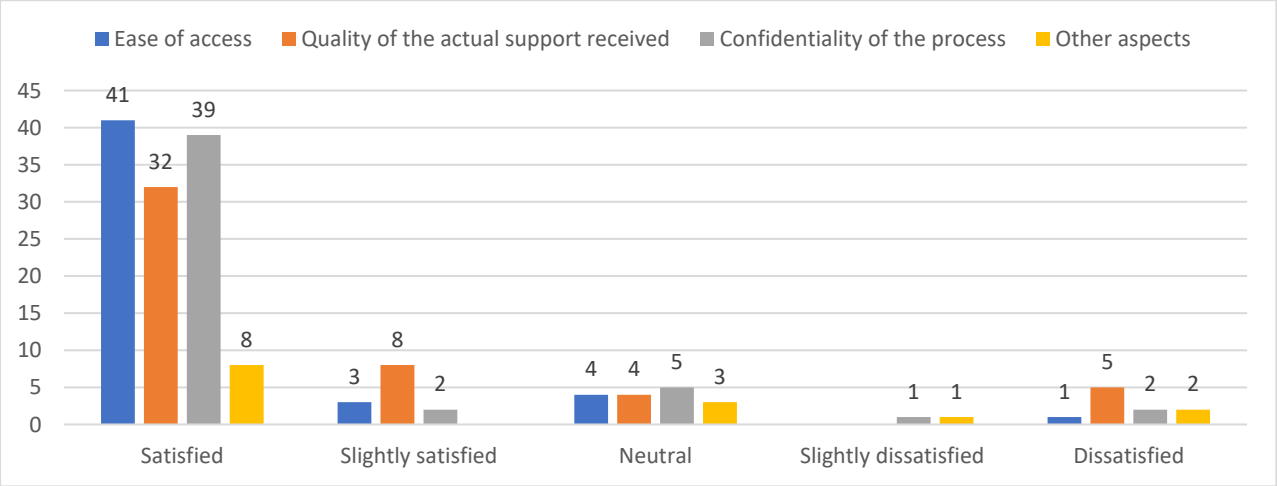


**Figure 32. Satisfaction about the support received – flight crew**

Two crew members reported that they were not satisfied with the quality of the support. One considered the assistance to be too focused on the person while ignoring the broader work environment; in the other case the management ignored a complaint about continued inappropriate behaviour by a colleague. In relation to those slightly dissatisfied with 'Other aspects', one crew member noted that a positive aspect was that they had received a call back from the provider within 24 hours, but the referral for help appeared to be a mistake and further contact with the provider took a very long time.

Flight and cabin crew who had not made use of support in the past were asked to respond to the statement 'In case I might need it, I would prefer help from: (please choose option that applies most)'. Their response is in Figure 33.

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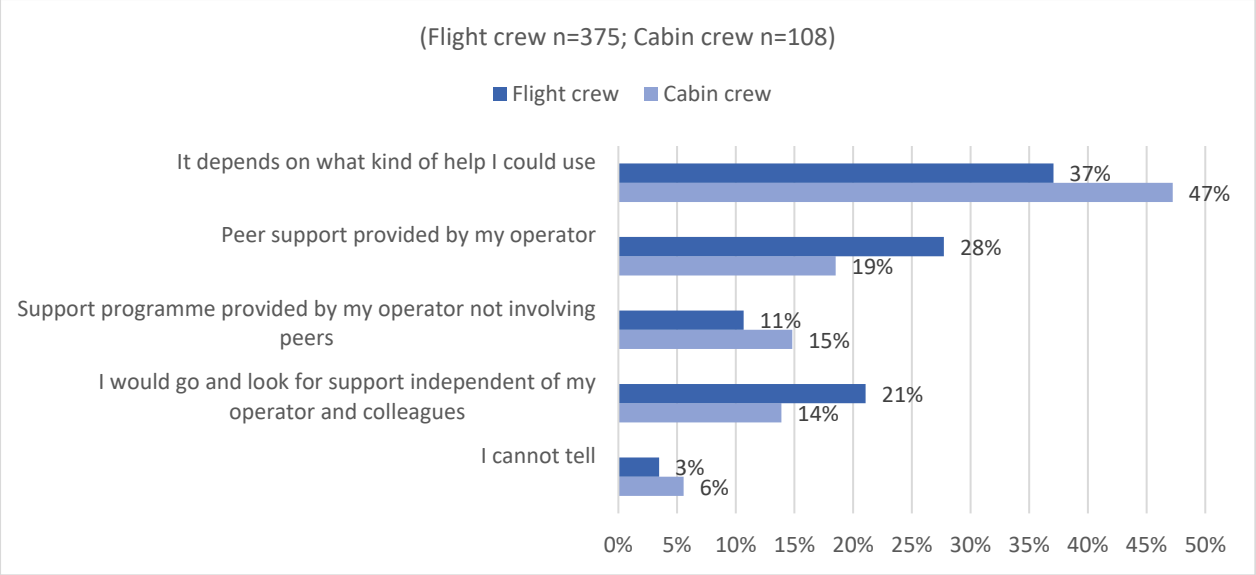


**Figure 33. Reported preferences of flight and cabin crew in cases where it may be necessary to seek help**

Flight crew who had not made use of support in the past were also asked to respond to the statement 'In case I might need it, I have enough trust in my operator's support programme to go and make use of it'. Their responses are in Figures 34 and 35.

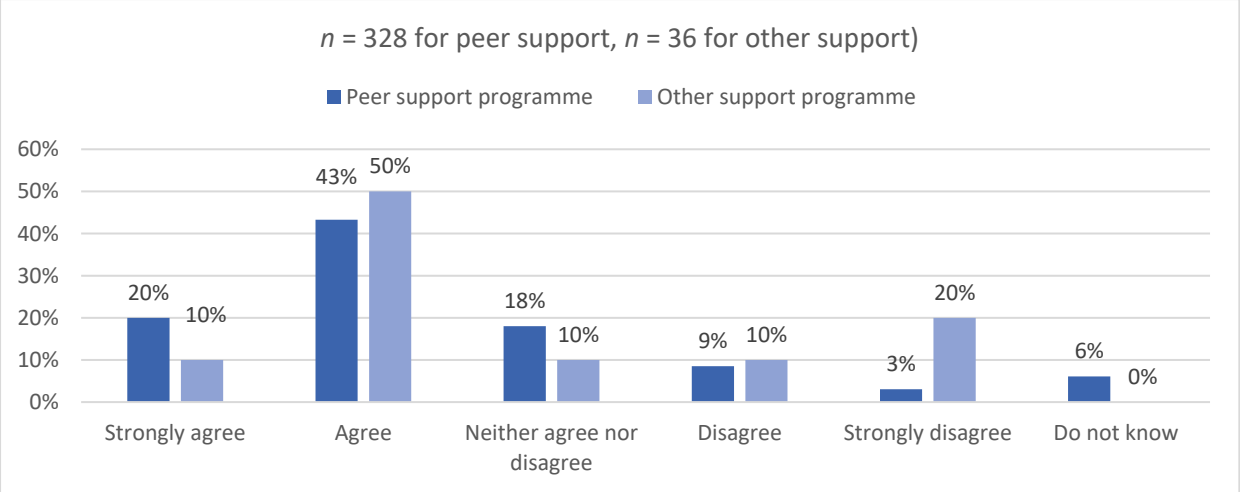


**Figure 34. Trust in available peer or other support; flight crew that have not used support in the past**

Of the responding flight crew, 63 % report that they have enough trust in the available peer support programme and 60 % report trust in other available forms of support. However, 37 of the respondents disagreed with the statement, with the reasons given being as follows: not trusting the company (punitive, no just culture, fear of management); not trusting the people (peers selected, peers and managers constantly changing, their qualifications); not trusting the level of confidentiality; not enough information about the programme; and 'it's only there because mandated'.

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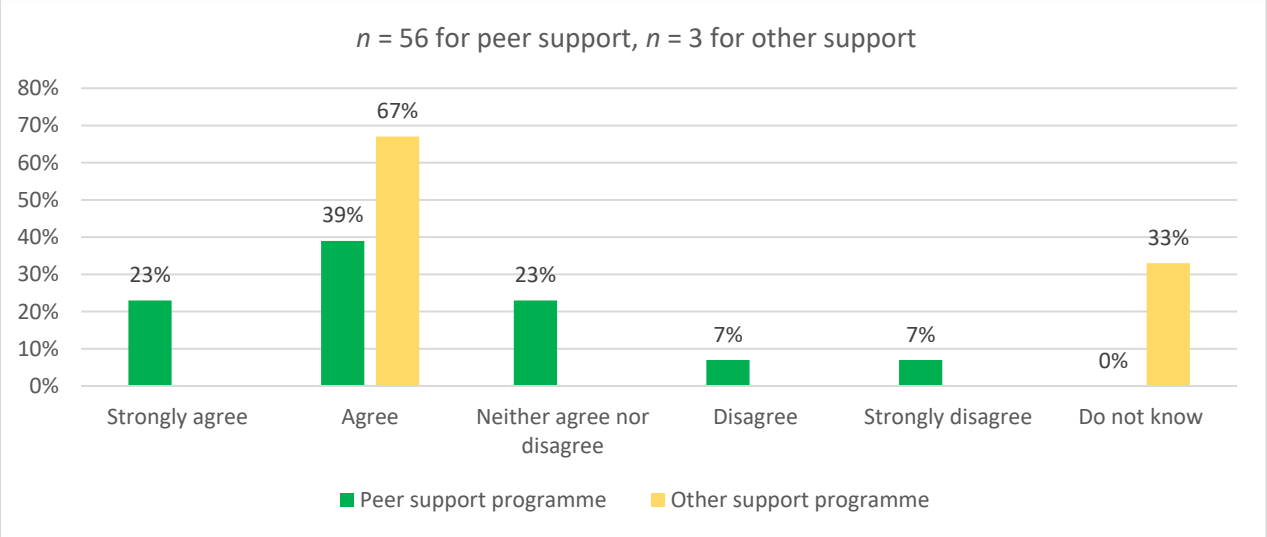


**Figure 35. Trust in available peer or other support; cabin crew that have not used support in the past**

Of the responding cabin crew, 62 % report enough trust in the available peer support programme and 2 out of 3 report trust in other available forms of support. However, 8 respondents disagreed with the statement, with the reasons given being as follows: mistrust in company (blaming policy, 'only productivity counts'); fear of management and consequences; and 'implemented by law but not useful'.

### 4.4.2. Self-declaration as reported by the operators

For the year 2020, data on self-declarations by flight crew was received from 44 operators (52 %) that report that their programme is in use. Data was received from 52 operators (62 %) for 2021 and from 60 operators (71 %) for 2022. Table 5 presents the figures they report about the use of the programmes in the years 2020-2022.

**Table 5. Use of support programmes reported by responding operators**

| Year | | 1-20 FC | 21-100 FC | 101-500 FC | 500+ FC | Total |
|---|---|---|---|---|---|---|
| 2020 | Number of operators reporting | 17 (14/3) (*) | 13 (12/1) | 9 (9/0) | 5 (5/0) | 44 |
| | Share reporting no usage (0) | 16 | 10 | 5 | | 31 |
| | Self-declarations | 2 (2/0) (**) | 5 (4/1) | 35 | 555 | 597 |
| | Average usage (weighted av.) | 0.1 | 0.4 | 3.9 | 111 | **13.6** |
| 2021 | Number of operators reporting | 19 (16/3) | 14 (13/1) | 12 (12/0) | 7 (7/0) | 52 |
| | Share reporting no usage (0) | 17 | 8 | 3 | | 28 |
| | Self-declarations | 5 (5/0) | 46 (45/1) | 78 | 585 | 714 |
| | Average usage (weighted av.) | 0.3 | 3.3 | 6.5 | 83.6 | **13.7** |
| 2022 | Number of operators reporting | 22 (17/5) | 17 (16/1) | 14 (14/0) | 7 (7/0) | 60 |
| | Share reporting no usage (0) | 20 | 9 | 2 | | 31 |
| | Self-declarations | 6 (6/0)) | 51 (50/1) | 180 | 727 | 964 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| | Average usage (weighted av.) | 0.3 | 3.0 | 12.9 | 103.9 | **16.1** |

(*) Number of peer support programmes / Number of other support programmes.
(**) Number of self-declarations to peer support / Number to other forms of support.

Operators with 1-20 flight crew are represented in the table along with the other groups of responding operators, but they report low use and the lowest average use.

From the responding support programme providers, 7 together report a total of 384 self-declarations by crew in 2020 (average of 55), 10 together report a total of 638 in 2021 (average 64) and 12 together report a total of 834 in 2022 (average 70).

## 4.5. Added value, benefits and drawbacks

### 4.5.1. Added value

When asked to respond to the statement 'The added value of a support programme is clear', the response was as presented in Figure 36.

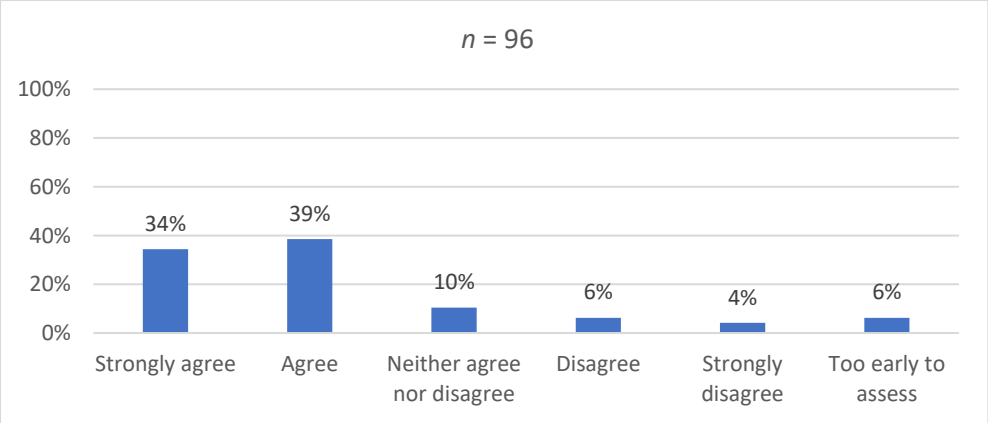


**Figure 36. Added value of support programmes as seen by all responding operators**

Overall, there is 73 % agreement among the responding operators as to the added value of a support programme (2 % did not answer the question). However, the responding aeroplane and helicopter operators differ in their opinions, as can be seen in Figure 37: 78 % of the responding aeroplane operators agree, but only 42 % of helicopter operators do, and they tend to be much more neutral. Of the aeroplane and helicopter CAT operators, 1 % and 8 % respectively did not answer the question.

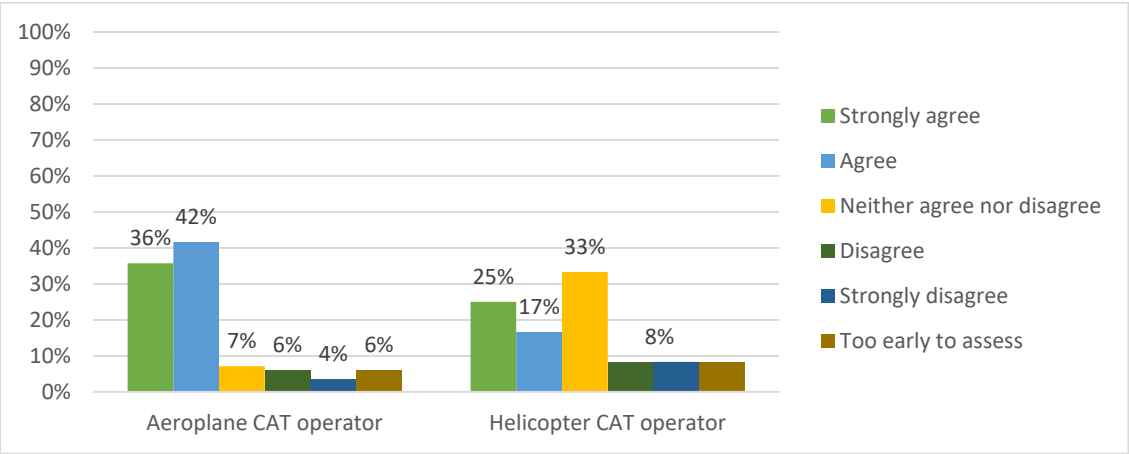


**Figure 37. Added value of support programmes as perceived by responding aeroplane and helicopter operators**

Figure 38 shows the percentage of agreement by size of operator.

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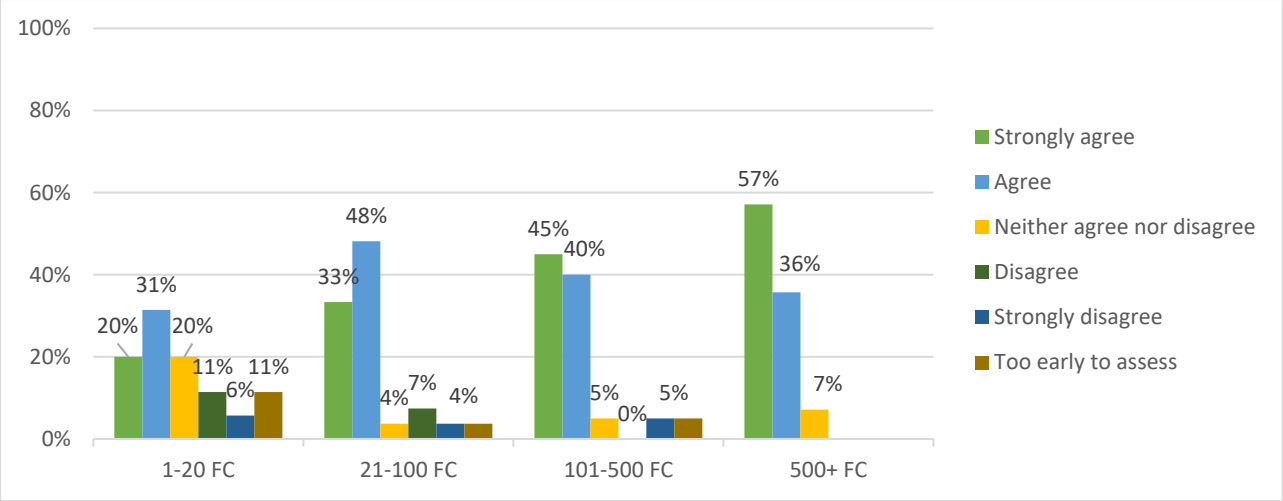


**Figure 38. Added value of support programmes as seen by the operators, by size of operator**

Agreement is lowest in the group of responding operators with 1-20 flight crew, at 51 %, and disagreement is also highest in that group, at 17 %. Of the operators with 1-20 and 21-100 flight crew, 3 % and 4 % respectively did not answer the question. Agreement is very high among responding operators with 500+ flight crew, at 93 %. For comments disagreeing with the statement, see Section 4.6.

In the crew survey, flight crew and other crew were invited to respond to a similar question, 'The added value of my operator's support programme is obvious to me', using a 5-point agreement scale. (See Figure 39 for their response.)

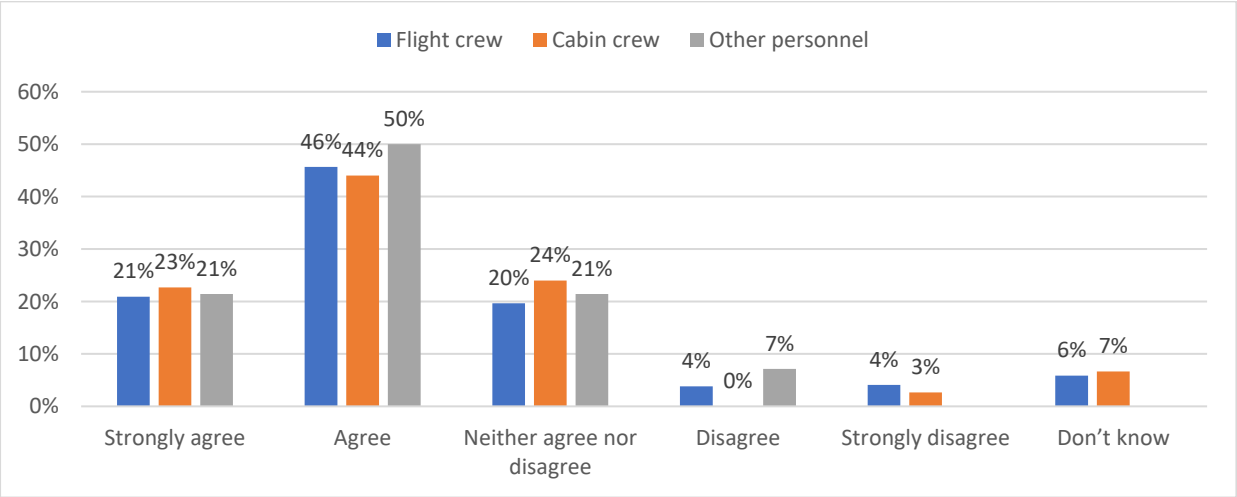


**Figure 39. Added value as seen by crew and other personnel – crew with access to a programme**

Taken together, 67 % of responding flight and cabin crew are in (strong) agreement. Their comments disagreeing with the statement are discussed in Section 4.6.

### 4.5.2. Benefits of support programme as viewed by the responding operators

When asked about the benefits they see in the implementation of the support programme, the responding operators answered as presented in Figure 40.

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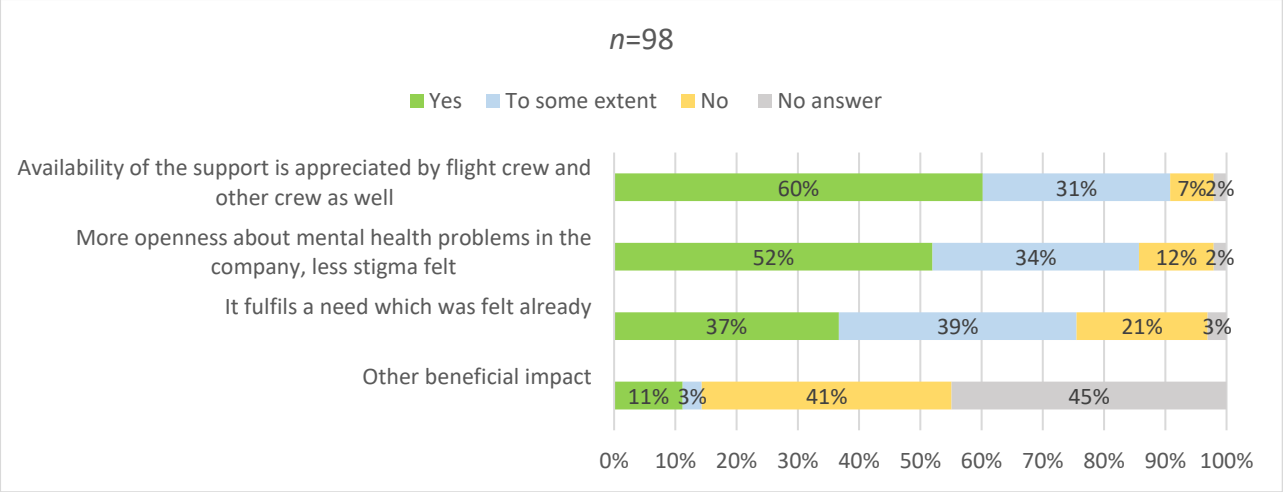


**Figure 40. Benefits as viewed by responding CAT operators – total group**

A total of 60 % of the responding operators appear certain about the appreciation of the programme by crew, and at least 52 % report seeing more openness about mental health issues within the company. The responding operators are less convinced about the programme fulfilling a need that was felt (37 %). (For responding operators with 1-20 flight crew (*n* = 36), these percentages are 39 %, 31 % and 25 % respectively.)

Other beneficial effects reported by the operators include improved crew well-being; integration with safety promotion; mutuality between company and crew; the possibility to include other groups with greater need (cabin crew, engineers); and employee satisfaction and motivation.

### 4.5.3. Drawbacks as perceived by the responding operators

When asked about the drawbacks they see in the implementation of a support programme, the responding operators answered as presented in Figure 41.

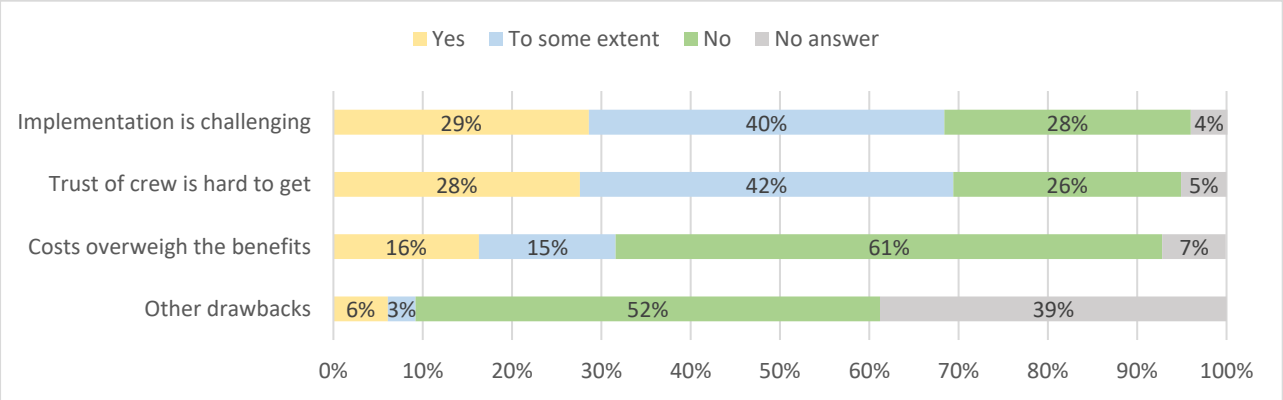


**Figure 41. Drawbacks as perceived by responding operators – total group (*n* = 98)**

'Implementation is challenging' and 'Trust of crew is hard to get' are answered in the affirmative by 29 % and 28 % of the operators respectively. Low-cost effectiveness is the opinion of 16 %. (For responding operators with 1-20 flight crew (*n* = 36) these percentages are 31 %, 25 % and 28 % respectively.)

'Other drawbacks' mentioned include the comment that the national authority could not provide the operator with the contact details of a professional health services provider. Another comment says that 'mental health, work stressors and life stressors should drive strategic decisions more often (i.e. preventive approach)'.

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## 4.6. Stakeholders' assessment of the rules; comments and recommendations

### 4.6.1. Complexity, clarity and proportionality of the rules

Stakeholders from the industry and the authorities were invited to assess aspects of the rules on support programmes on a 5-point scale from very positive to very negative, with the aspects of the rules to be assessed being as follows: complexity; clear and easy to understand; proportionality to different stakeholders; adequacy to address the safety risks and enhance the level of safety. For the authorities, the scale labels were as follows: absolutely appropriate, slightly appropriate, neutral, slightly inappropriate and absolutely inappropriate. The response from the authorities is presented in Figure 42.

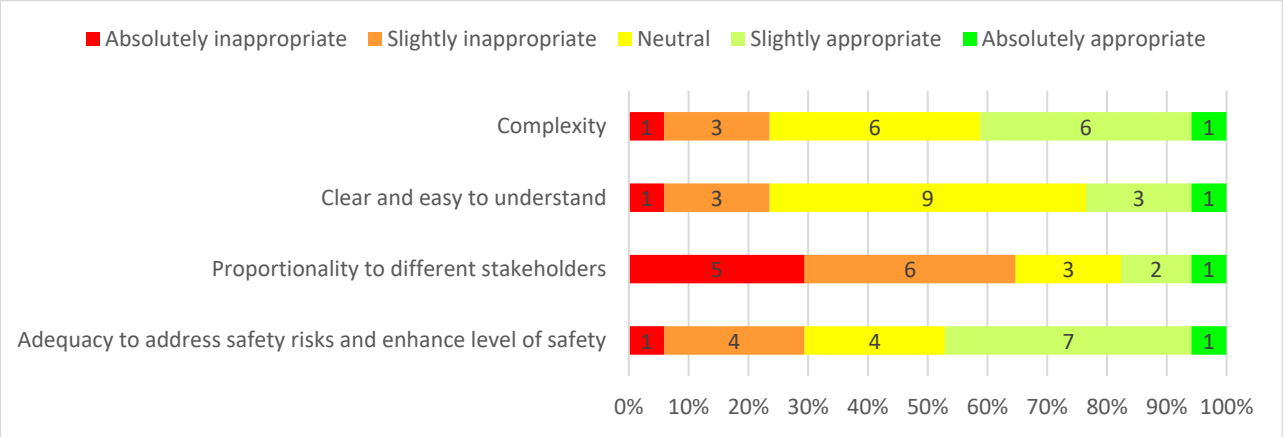


**Figure 42. NCAs' assessment of aspects of the rules relating to support programmes**

For stakeholders from the industry the scale labels were as follows: very positive, positive, neutral, negative and very negative. A single average score was calculated for each stakeholder and for each aspect of the rules. Figure 43 shows the results for the various stakeholders (very positive = 2, positive = 1, neutral = 0, negative = – 1, very negative = – 2).

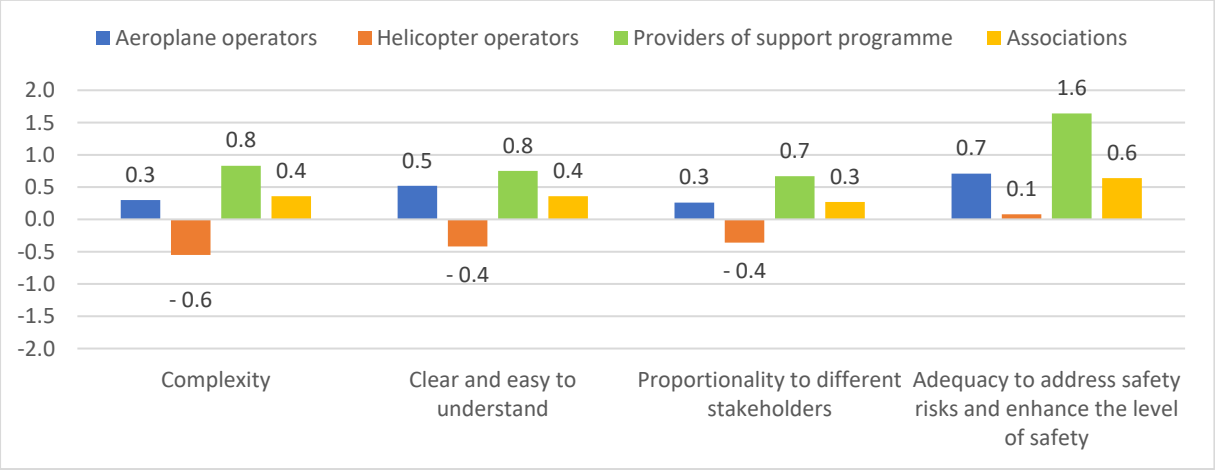


**Figure 43. Industry stakeholders' assessment of aspects of the rules on support programmes**

The following conclusions can be derived from the two graphs.

— The complexity of the rules is mostly seen as being neutral to positive by the responding NCAs, although almost 25 % of them consider the complexity not to be appropriate. Aeroplane operators, providers and associations tend on average to be positive, but for 11 out of 13 helicopter operators the complexity of the rules is problematic.

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— Clarity and easiness to understand are assessed as being mostly neutral to positive by the responding NCAs, although almost 25 % of them consider the clarity not to be appropriate. Aeroplane operators, most providers and associations tend on average to be positive. However, the rules are assessed as not being clear or easy to understand by 12 out of 13 helicopter operators.

— The majority of the responding NCAs (11 out of 17; 65 %) assess the proportionality of the rules to the operators as being slightly inappropriate or absolutely inappropriate. This is especially the case with regard to the small operators. Also, the responding helicopter operators (11 of 13) tend to be negative about the proportionality of the rules to their AOC.

— The adequacy of the rules to address safety risks and enhance the level of safety is assessed as mainly being neutral to positive by the responding NCAs, although almost 30 % of them express doubts about this. The stakeholders from the industry are the most positive about the role the rules can play in safety enhancement, with the support programme providers being the most positive, followed by the aeroplane operators, but the NCAs and helicopter operators are not as positive.

### 4.6.2. Comments on the implementation

Many comments on the implementation of support programmes were received from both authorities and industry stakeholders. The essentials for each type of stakeholder are shown below.

**NCAs**

Responding NCAs report that it can be very difficult for small operators to implement access to support programmes meeting the criteria of CAT.GEN.MPA.215 in terms of confidentiality and the protection of data. They also note that implementation may be difficult due to a lack of mental and psychological health professionals meeting aviation knowledge requirements. Also, the standards for the competency of such professionals are unclear.

**CAT operators**

Both positive and less-positive comments were received from the operators.

On the one hand, they express certainty about the value of support programmes, especially peer support programmes, and mention the positive feedback received from their crew about the programmes they facilitate access to. Operators also appreciate the integration with the promotion of safety and the possibility to increase pilot well-being and trust in the organisation.

On the other hand, there are comments from small operators on the lack of a need for such a programme, and that it is of limited or no added value, as all of the operator's crew know each other and keep track of each other's well-being on a day-to-day basis. Moreover, guaranteeing confidentiality or anonymity when a crew member had a mental-health issue would be impossible in such a small community. These arguments are brought forward in particular by helicopter operators and business-jet operators, which are often small operators with regard to their number of flight crew. Their perception is that the regulation does not reflect their reality, and that it has been designed mainly with big operators in mind. The scalability of the rules is hard to discuss with the authorities. Similar comments come from the helicopter associations in the response group of associations. They comment that the regulation should be handled differently for small to medium-sized operators that have close interaction between team members.

Other comments from the operators state that the standards for the qualification and training of peers and MHPs are not clear, that they have difficulty in establishing the ideal credentials for a provider and that their crew may be reluctant to use the programme as they do not see it as being independent from the operator.

**Providers of support programmes**

The providers in the response group find support programmes to be an effective and proven tool, much appreciated by operators and crew, which will work if used in the right environment and if strict

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confidentiality is practised. The providers' comments also show that they can see that the small operators are struggling to implement the requirements and that for some of the operators it is becoming only a tick-box exercise.

**Associations for aviation psychology**

The comments from the associations for aviation psychology in the response group point to the positive impact and proven effectiveness of support programmes in the EU Member States and in non-EU countries. However, in their view, EASA's GM for support programmes does not refer to applicable standards that should be applied, in particular in regard to the competencies of the mental and psychological health professionals that should be active in support programmes. These associations have developed definitions and standards for the competencies required of professional psychologists and human factors specialists working in aviation.

**Flight crew and cabin crew associations**

Flight crew and cabin crew associations comment that support programmes can help build and foster trust between stakeholders, such as crew, management and representative associations, if all stakeholders join forces.

**Flight crew and cabin crew**

Comments on rules for support programmes were received from 54 flight crew and 13 cabin crew. Many flight crew emphasise that a support programme is good to have in place as a safety net in case something happens that needs to be addressed. Other flight crew comment there is still a fear of making use of such a programme, which may be due to a fear that issues will be escalated to the management and could eventually lead to loss of licence and loss of job. A recurring comment is that a crew support programme should be completely independent from the company.

Members of both flight crew and cabin crew state that peer support programmes should be extended to cabin crew and other safety-sensitive personnel. It is also emphasised that both regulator and company should be mindful of the employment and work conditions (e.g. rosters, flight-time limitations) and the role these may play in mental health of crew, for example by causing fatigue. They state that the regulation should not put extra pressure on crew and that the objectives will not be reached if the work environment of crews and the relations between management and personnel are not taken into account.

### 4.6.3. Suggestions for regulatory improvements from contributing stakeholders

Stakeholders were invited to make suggestions for regulatory improvement. The following suggestions were received:

— adjust to the size of the company; in particular, simplify the requirements or find solutions for small organisations such as small helicopter and business-jet operators;

— develop guidance on how to have an independent support programme;

— develop guidance for the integration of support programmes with the management system;

— develop guidance for oversight by the NCAs;

— define and use standards for competencies and training of mental and psychological health professionals and peers who will be active in the programmes;

— develop guidance for the auditors of support programmes in order to objectively evaluate implementation and effectiveness; harmonise the auditing over NCAs and Member States;

— organise peer support at the national level;

— promote peer support;

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— extend the support programme regulation to include cabin crew, maintenance engineers and ground staff.

## 4.7. Summary

**Status of implementation**

A support programme had been implemented by 48 % (47 out of 98) of the responding operators before the rules became applicable (February 2021). In response to the survey, 86 % (84) of the responding operators report that their support programme is in use. The implementation rate increases with the reported size of the operator (as regards their reported number of flight crew), at up to 100 % for the bigger operators. The implementation rate within the group of small operators (1-20 flight crew) is 8 percentage points lower than the percentage for the group as a whole, partly as a result of the lower implementation rate in the group of non-complex operators, which is 63 %. Operators whose programmes are still under implementation or in planning are experiencing slight to more-than-moderate difficulty in finding the necessary resources, in particular the necessary MHPs, peers and training resources, while national legislation issues, the COVID-19 pandemic and budget considerations are playing or have played a role. The non-availability of MHPs, peers and training resources is felt more strongly by the helicopter CAT operators.

**Support programmes implemented**

Some 93 % of the responding operators have chosen peer support as their solution to the mandated implementation. Either a psychologist or an MHP is reported to be active in 93 % of the programmes. Where no psychologist or MHP is reported, peers at least are active (6 programmes). Operators report that they have combinations of internally managed and contracted support in use. 45 % manage their programme internally, but in more than half of these cases they report the use of contracted support as well. 55 % of the operators have their programme contracted to a third party, but in 7 % of these cases there is also some internally managed support. With regard to the principles and elements of support programmes mentioned in the regulation (governance; protection of confidentiality and personal data; link to the management system; temporary relief from flight duties; loss-of-licence policy; ease of access), most of the responding operators whose programme is in use report that they have implemented these, although the link to the management system of the company seems to be problematic for small operators. A specific provision in regard to a pilot's possible loss of licence, such as insurance, is not present in all responding operators' policies.

**Use of the support programmes**

Of the responding flight crew, 82 % report that they have access to peer support, 8 % both peer and non-peer support and 3 % other support. For 7 %, no support programme is available yet. 12 % of responding flight crew and 8 % of responding cabin crew report that they have made use of the available support. 81 % of flight crew were satisfied with the quality of the actual support received. A response to the request for data about self-declaration of flight crew in 2020, 2021 and 2022 was provided respectively by 53 %, 62 % and 71 % of the group of operators with a support programme in use. Use among small operators is very low to low. In the response group, trust in the operator's own support programme is about 63 % for peer support and 60 % for other support.

**Areas of improvement**

Throughout the survey, possible areas for improvement refer to the following:

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— the complexity and proportionality of the rules in relation to the size of the operator, in particular considering small (helicopter) operators;
— the availability of and standards required for professionals who will be active in support programmes;
— the use of support programmes and the facilitation of access to them by the regulation, as trust by flight crew with respect to the protection of confidentiality cannot be taken for granted.

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# 5. Implementation of psychological assessment of flight crew (CAT.GEN.MPA.175)

## 5.1. Status of implementation

### 5.1.1. Response from national competent authorities

The information below is based on the results from the dedicated NCA survey.

During their oversight of operators, the 18 authorities participating in the survey identified the following issues with the implementation of the psychological assessment of flight crew.

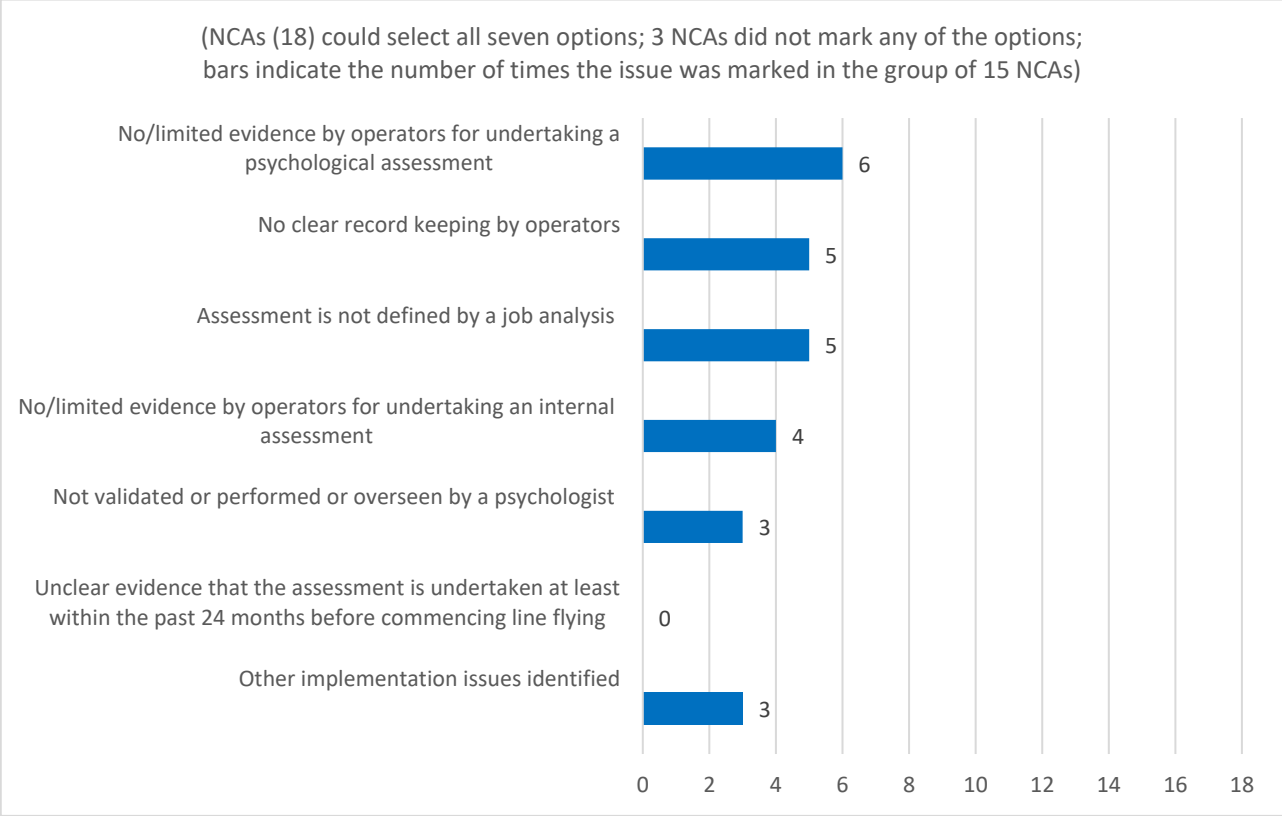


**Figure 44. Issues with psychological assessment implementation identified by the authorities**

NOTE: The NCAs may be reporting about operators other than those participating in the operator survey. Also, the oversight activities may have taken place before the surveys were launched.

As for 'Other implementation issues identified', the responding authorities point to some additional issues, including the issue that the difference between the psychological assessment required by CAT.GEN.MPA.175 of the Air Operations Regulation and the requirements concerning medical aptitude in the Aircrew Regulation is not clear to the operators. There are cases in which it is not clear how to treat pilots with a valid medical certificate who have negative results from the psychological assessment before commencing line flying.

Some authorities from the response group have not yet performed audits.

In answer to 'What challenges do you experience in discharging oversight responsibilities regarding the rules related to psychological assessment?', the authorities expressed their need for the in-house training of subject-matter experts. The oversight of the implementation may be rather challenging for the NCAs because the operations oversight team is usually not composed of psychology experts, making it difficult to assess whether the psychological assessment is suitable for that specific operator. To go into detail, they would

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need a specialist. In general, they request more guidance from EASA to be able to create a common understanding among inspectors and to be better able to explain to operators how to implement the regulation.

### 5.1.2. Response from operators and crew

The operators were invited to rate the stage of implementation of their psychological assessment system using the scale defined in Section 1.3.1. Figure 45 presents the status of implementation.

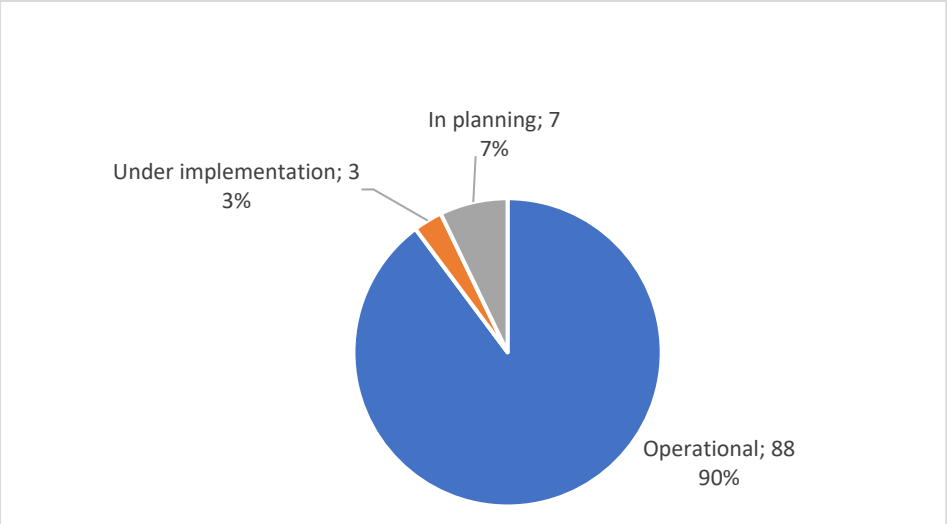


**Figure 45. Responding operators' status of implementation of psychological assessment**

Of the operators in the survey, 90 % report that their psychological assessment is fully operational, 3 % are in the implementation stage (execution of decisions and plans is in progress) and 7 % are in the planning stage (policy decisions are still to be taken).

Figure 46 shows the status of implementation for aeroplane and helicopter CAT operators separately.

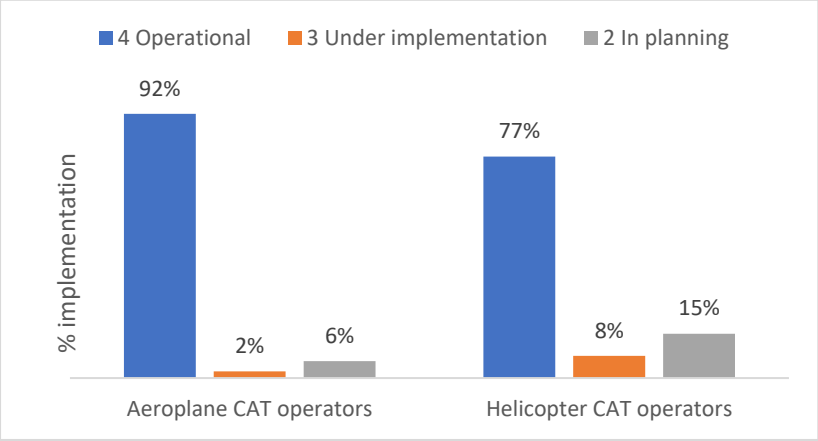


**Figure 46. Implementation of psychological assessment by type of CAT operator**

The degree of implementation among the helicopter CAT operators lags somewhat behind that of the aeroplane CAT operators, but their number is small (13).

Figure 47 presents the degree of implementation by size of operator.

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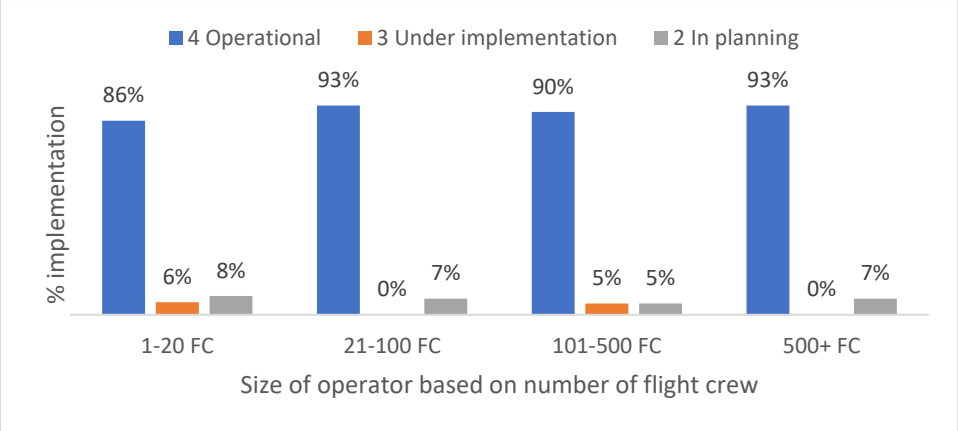


**Figure 47. Implementation of psychological assessment by size of operator**

Figure 48 presents the implementation rate for complex and non-complex operators.

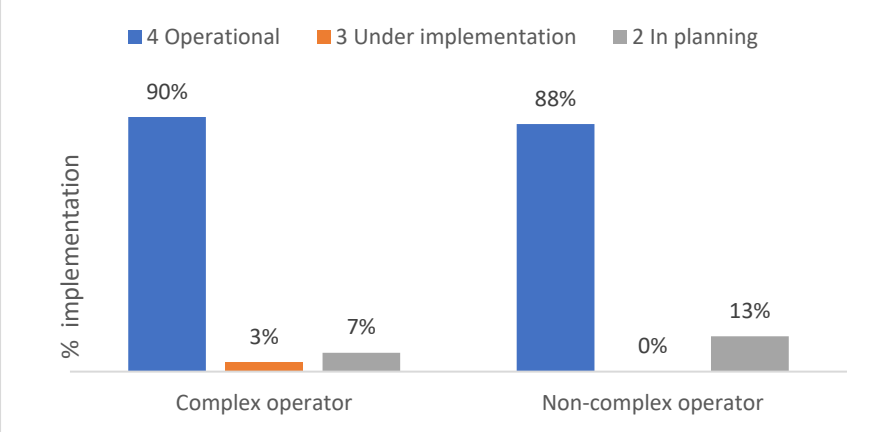


**Figure 48. Implementation rate of psychological assessment in complex and non-complex operators**

Regarding their implementation of psychological assessment, complex operators are at the same level as the total group of operators (90 %), and non-complex operators (*n* = 8) are at almost the same level.

## 5.2. Process of implementation

Operators were asked to rate the influence of constraining factors or barriers during their implementation process on a 5-point scale: 1 = no influence, 2 = low influence, 3 = medium influence, 4 = high influence, 5 = very high influence. Possible factors mentioned in the question were:

— low availability of (management) staff to conduct the implementation;

— low availability of suitably qualified psychologists;

— low availability of resources for training staff (trainers/time/planning);

— national legislation issues;

— budgetary issues;

— COVID-19-pandemic-related difficulties;

— other factors.

To summarise the extent to which a specific factor influenced the progress of implementation, weighted averages for influence were calculated for each factor. Figure 49 shows the influence of the factors both for the total group of operators and separately for the operators, split into those reporting that their

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programmes are in use and those whose programmes are under implementation or in planning (these two groups taken together).

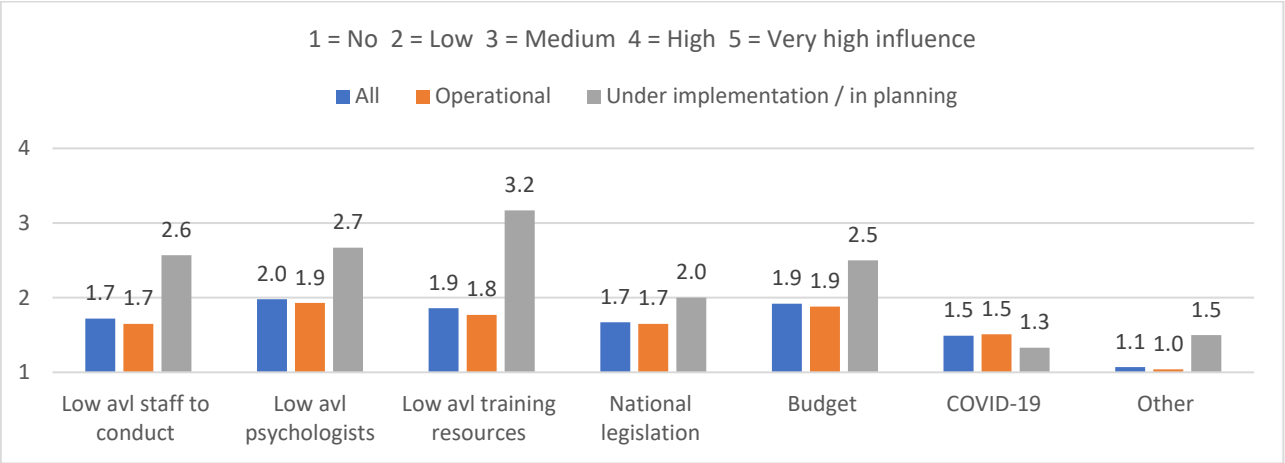


**Figure 49. Influence of barriers experienced during implementation of psychological assessment**

Overall, operators whose programmes are operational report between no influence and low influence of the different factors. Operators whose programmes are still under implementation or in planning experience the influence of these factors at a level between 2.0 and 3.5, meaning a low to moderate level of difficulty in finding the necessary resources, in particular staff to implement the programme, qualified psychologists, training resources and budget. Helicopter CAT operators felt the influence of those factors more strongly than aeroplane CAT operators, as shown in Figure 50.

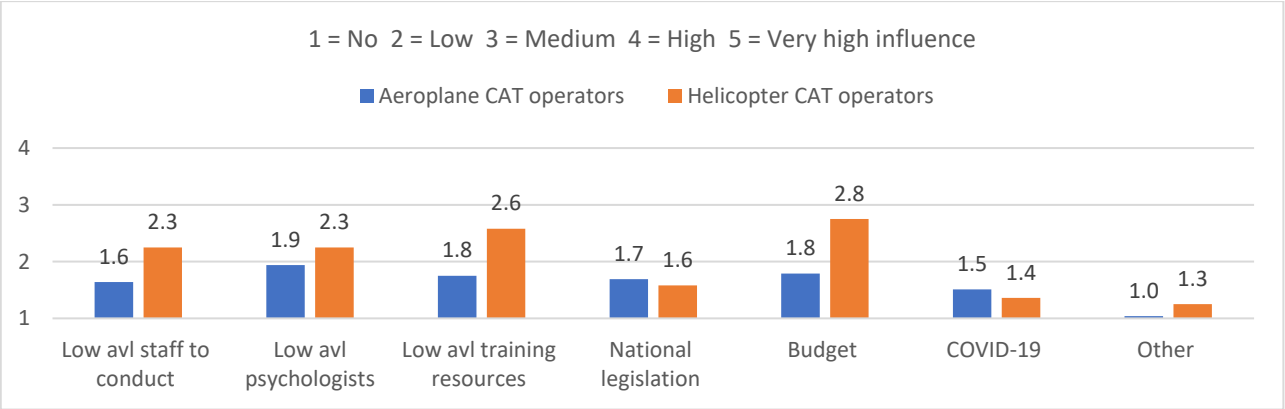


**Figure 50. Influence of barriers experienced during implementation of psychological assessment by aeroplane and helicopter operators**

## 5.3. Implementation of elements of psychological assessment

### 5.3.1. Validation and oversight of psychological assessment

CAT.GEN.MPA.175 'Endangering safety' point (b) mandates that CAT operators must 'ensure that flight crew has undergone a psychological assessment before commencing line flying'.

Pursuant to this, AMC1 CAT.GEN.MPA.175(b) 'Endangering safety' point (a)(2) specifies that the psychological assessment should be 'validated and either directly performed or overseen by a psychologist with acquired knowledge in aviation relevant to the flight crew's operating environment and with expertise in psychological assessment, and where possible, the psychological selection of aviation personnel'.

However, CAT.GEN.MPA.175 'Endangering safety' point (c) allows the replacement of the psychological assessment as meant under CAT.GEN.MPA.175(b) with an internal assessment of the psychological attributes and suitability of flight crew considering the size, nature and complexity of the activity of an operator.

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'Internal assessment' is not defined in the rules, but further specification in respect to this alternative can be found in AMC1 CAT.GEN.MPA.175(c) 'Endangering safety', which reads as follows.

*INTERNAL ASSESSMENT FOR NON-COMPLEX OPERATORS*

*a An operator may replace the psychological assessment with an internal assessment of the psychological attributes and suitability of the flight crew, if the operator is considered to be a non-complex operator, i.e. when it has a workforce of 20 full-time equivalents (FTEs) or less, that are involved in an activity subject to Regulation (EU) 2018/1139 and its implementing rules.*

*b The internal assessment for non-complex operators should as far as possible apply the same principles as the psychological assessment before commencing line flying for complex operators.*

In this evaluation, it is assumed that 'internal assessment' should be understood as being an assessment of the psychological attributes and suitability of flight crew without the involvement of a professional psychologist, as mentioned in AMC1 CAT.GEN.MPA.175 point (a)(2), to validate and oversee the assessment, with 'internal' referring to a company's own staff performing the assessment.

Operators answered the question 'Who oversees and validates the psychological assessment for your AOC?' by answering with one of the following four options:

— employed psychologist (internal),

— consultant psychologist (external),

— designated selection team including: (specify members),

— other.

Specification of the members of a designated team was done by choosing all applicable options from the following:

— accountable manager,

— assigned pilot(s),

— HR staff member,

— employed psychologist, internal,

— consultant psychologist, external,

— other.

The analysis of the response of the operators whose assessment programme is in use revealed that a 'consultant psychologist (external)' oversees and validates the psychological assessment for 57 out of 88 operators (almost 65 %) and an employed (internal) psychologist does so for 11 operators (12.5 %). Another 4 operators (4.5 %) report that such oversight is performed by an external MHP (with no further information provided). Of the operators that report that their assessment programme is in use, 2 % did not provide data on who oversees the assessment. An overview of who validates and oversees the psychological assessments for the 88 operators whose assessment system is in use is shown in Figure 51.

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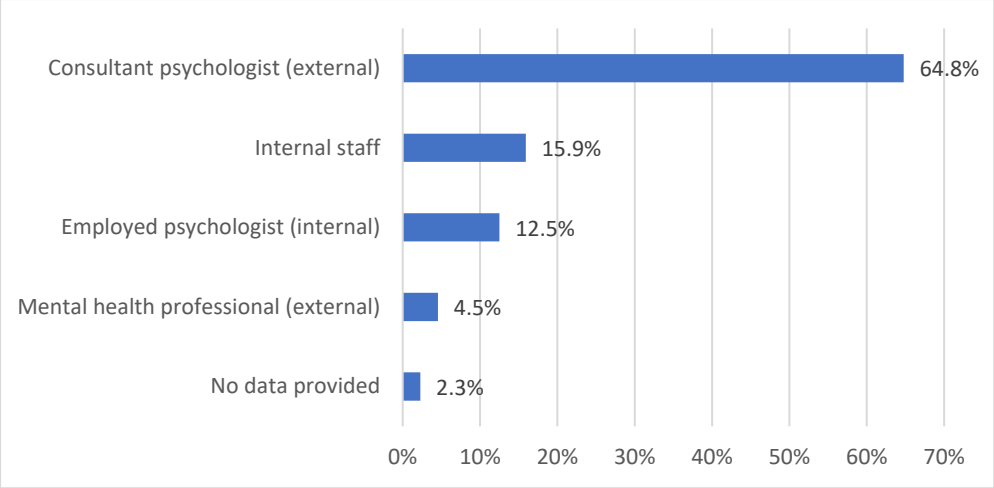


**Figure 51. Professionals or internal staff validating and overseeing the psychological assessment**

As can be seen in Figure 51, a psychologist oversees psychological assessments in more than 77 % (64.8 % + 12.5 %) of the assessment programmes of operators whose assessment programme is in use. It can also be seen from the figure that 69 % (64.8 % + 4.5 %) of the oversight is contracted to a third party, i.e. either a consultant psychologist or an MHP.

Almost 16 % (*n* = 14) of the operators perform their psychological assessment and selection internally without a psychologist ('internal assessment'). Of these 14, 11 are complex operators and 3 are non-complex operators. They specify that their 'internal staff' are as follows: HR staff member; HR professional; head of HR; accountable manager and assigned pilot(s); flight and ground operations managers; operators' key management; and flight operations manager and accountable manager. The conclusion may be that non-complex operators do not necessarily choose an internal assessment system, but that 11 responding complex operators do, as Figure 52 also shows.

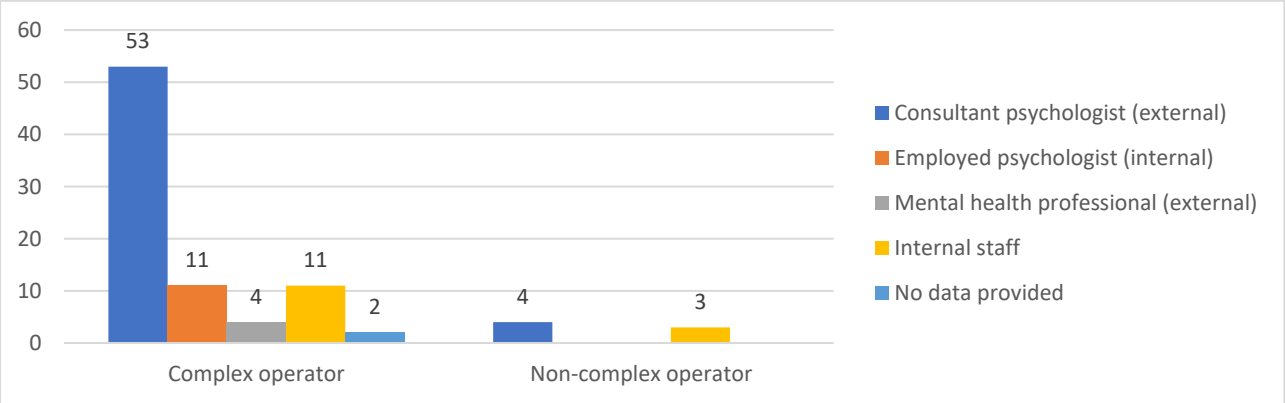


**Figure 52. Who validates and oversees the psychological assessment for complex and non-complex operators?**

Looking at the psychological oversight for the different size categories of operators, Figure 53 shows that assessment by internal staff without the involvement of a psychologist can be found in all categories. Internal psychologists can be found most in the bigger operators (38 %), but are also present in the other categories.

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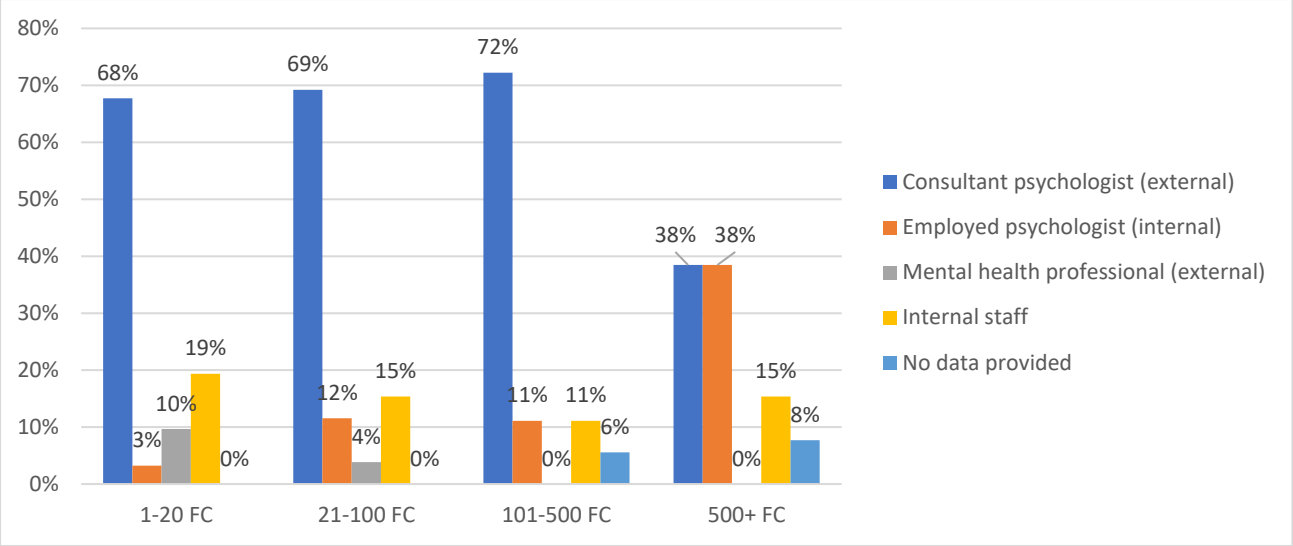


**Figure 53. Professionals validating and overseeing psychological assessments, by size of operator — assessment system operational**

In addition, a number of small operators shared issues they encountered with the (eventually successful) implementation, as noted below:

— difficulty locating a specialist initially – it is considered important to locate a professional with some familiarity with pilots and what they do, and who understands the inherent stressors of the job;

— difficulty finding qualified psychologists;

— very complicated for a small operator – psychological assessment should be part of the pilot's licence and not left to the operators.

### 5.3.2. Assessment programme: dimensions assessed and instruments used

CAT.GEN.MPA.175 'Endangering safety' specifies in point (b) that the 'operator shall ensure that flight crew has undergone a psychological assessment before commencing line flying in order to … identify psychological attributes and suitability of the flight crew in respect of the work environment'.

AMC1 CAT.GEN.MPA.175(b) 'Endangering safety' specifies the following in point (a).

*(a) The psychological assessment should be:*

*(1) appropriate to the particularity, the complexity and the challenges of the operational environment that the flight crew is likely to be exposed to, as defined by a job analysis identifying the safety-critical dimensions related to the flight crew's function and role within the operator and should include at least the following assessment criteria:*
*(i) cognitive abilities;*
*(ii) personality traits;*
*(ii)i operational and professional competencies; and*
*(iv) social competences in accordance with crew resource management principles[.]*

Operators were invited to report on the psychological attributes tested for in their assessment programme and the test instruments used for each attribute assessed. Attributes/instruments could be specified with 'Yes' or 'No'. Figure 54 presents an overview of what is assessed and which methods are used by the operators that report that their assessment programme is in use (*n* = 88).

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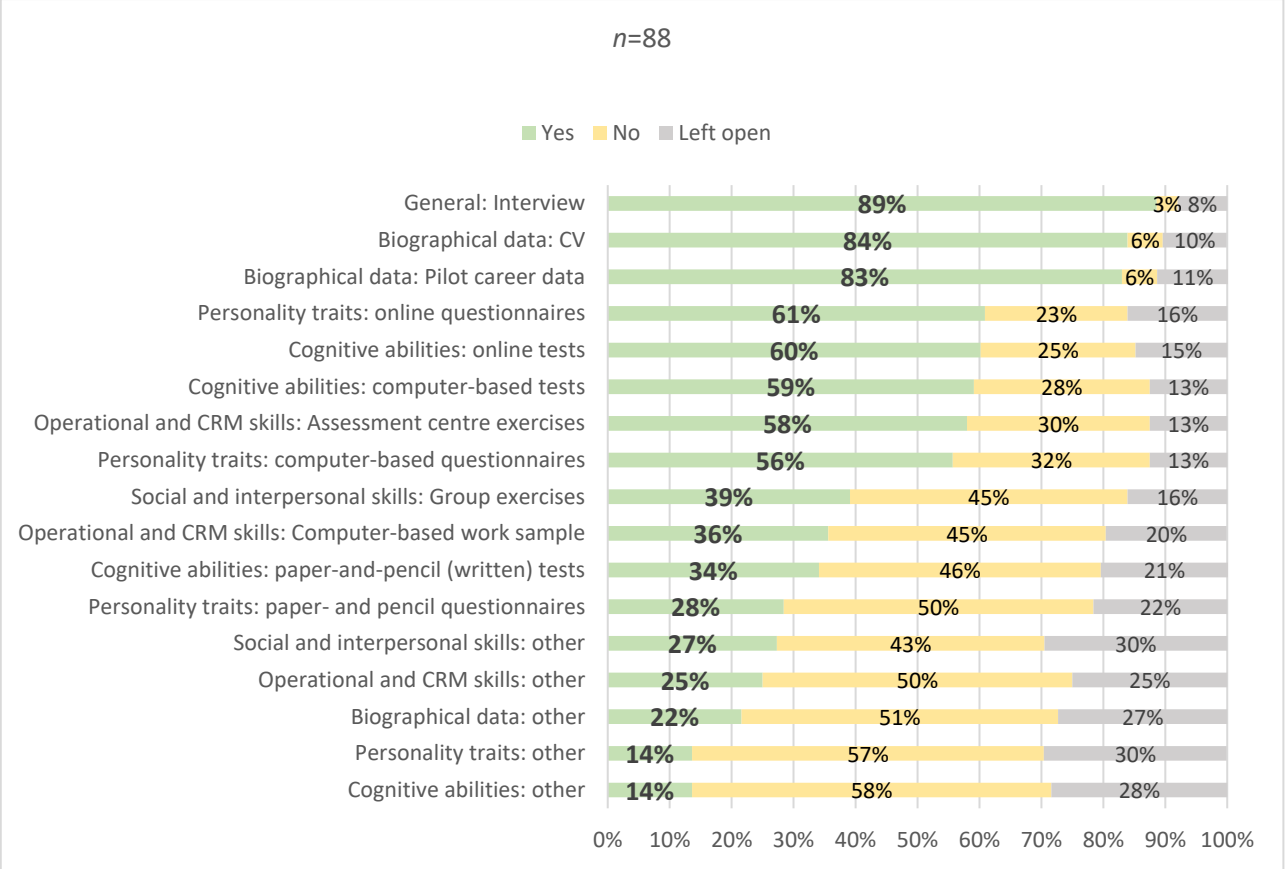


**Figure 54. Operational psychological assessment systems – attributes assessed and instruments used**

The assessment of biographical data, cognitive abilities by computer-based and online tests, personality by computer-based and online tests, and operational and crew-resource management skills by assessment centre prevail, while the use of group exercises, work samples and paper-and-pencil tests is less frequent in the response group.

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The graph in Figure 55 shows the frequencies of methods used by size of operator.

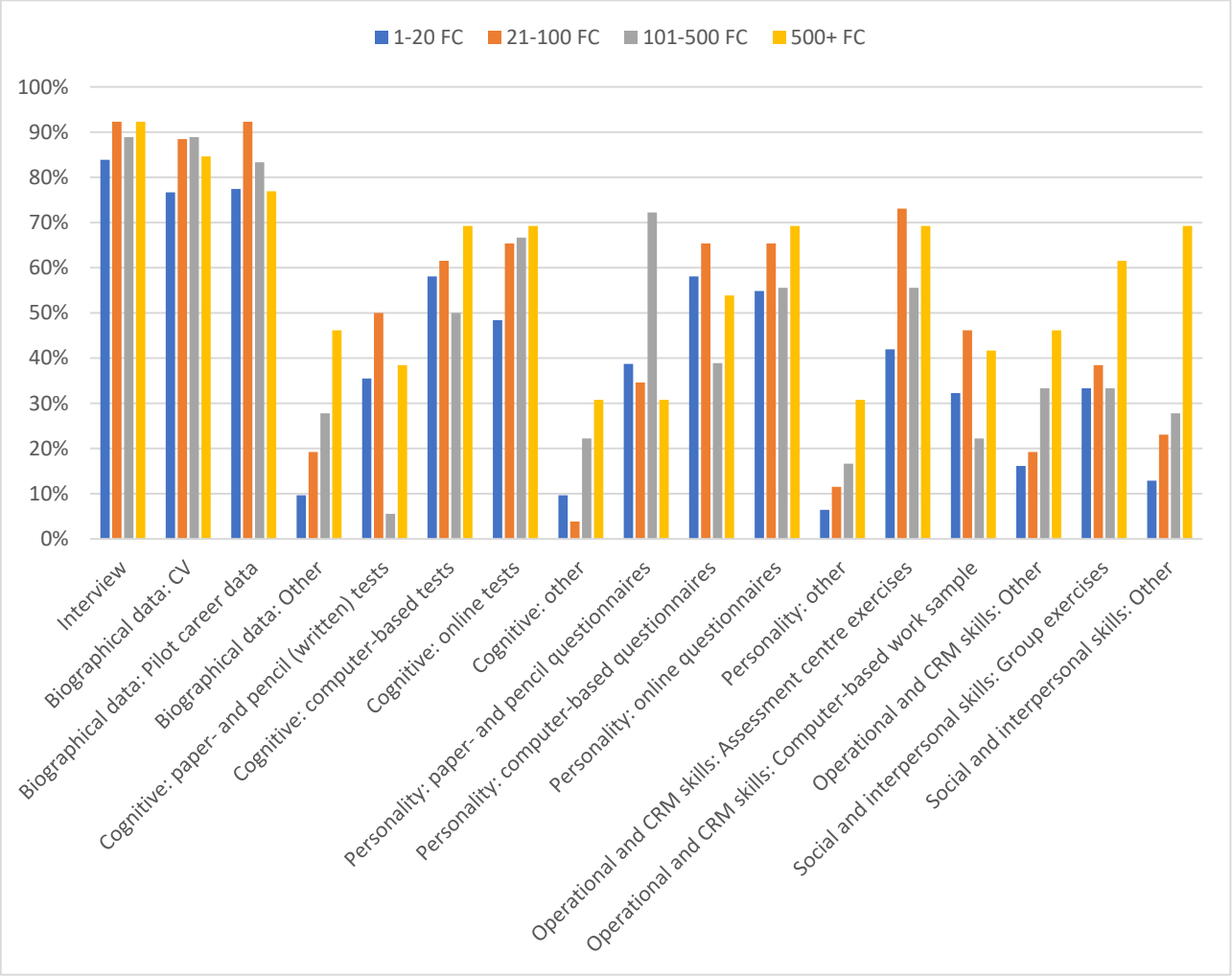


**Figure 55. Attributes assessed and instruments used by size of operator**

Assessment centres are found least in the subgroup of small operators (1-20 flight crew); group exercises are found most in the bigger operators. Further specifications of 'Other' revealed that the interview and observations during a flight simulator check often play an important role in the assessment of social and interpersonal skills.

### 5.3.3. Duration of the psychological assessment

The survey asked 'How much time is planned for a complete assessment the way you perform it? (This is not meant to include the flight simulator session you may want to plan with the candidate)'. Figures 56 and 57 represent the answers from the responding operators whose assessment systems are in use.

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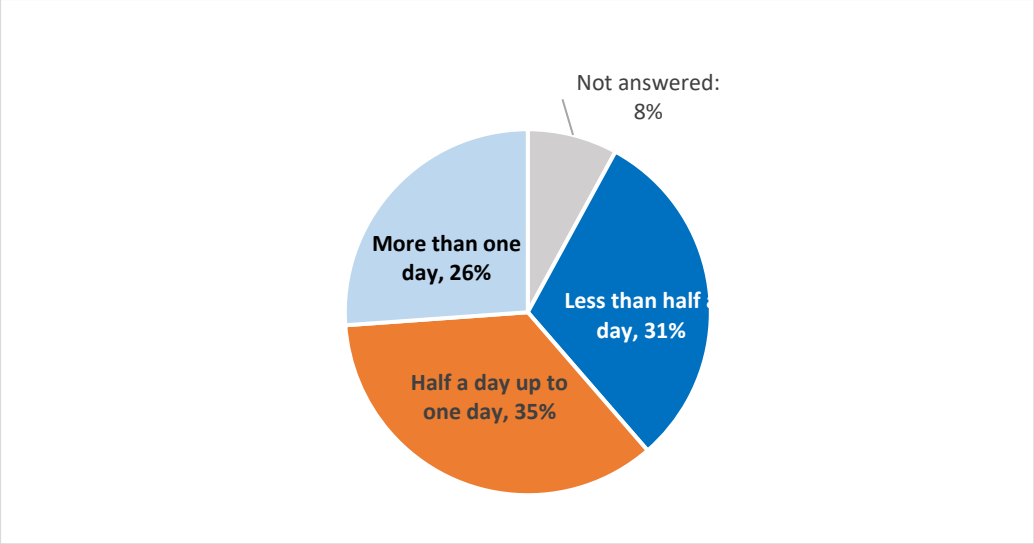


**Figure 56. Planned duration of the psychological assessment**

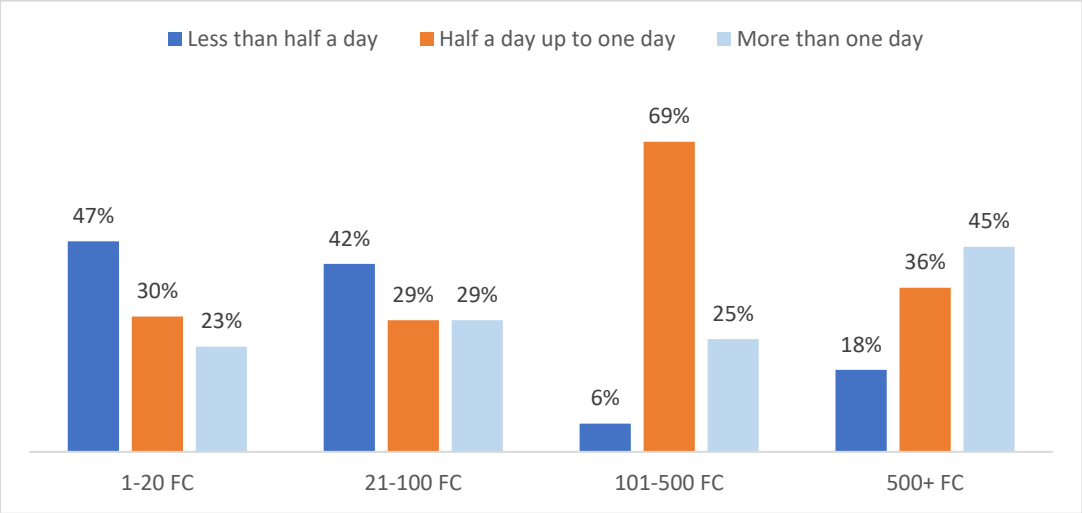


**Figure 57. Planned duration of the psychological assessment by size of operator**

The prevalence of shorter programmes is higher in small operators, at 42 (47 %), but still less than 50 %. The planned duration of the programme is at least half a day for 81 (94 %) of the bigger operators.

### 5.3.4. Documentation of the psychological assessment programme

AMC1 CAT.GEN.MPA.175(b) 'Endangering safety' specifies the following in point (b).

*(b) As regards the psychological assessment, the following should be documented:*

*(1) the procedures followed;*

*(2) the personnel involved;*

*(3) the assessment criteria and instruments used in the assessment; and*

*(4) the validity period.*

When asked 'How is the AOC's psychological assessment system documented?', the operators who reported that their programme is operational responded as shown in Figure 58.

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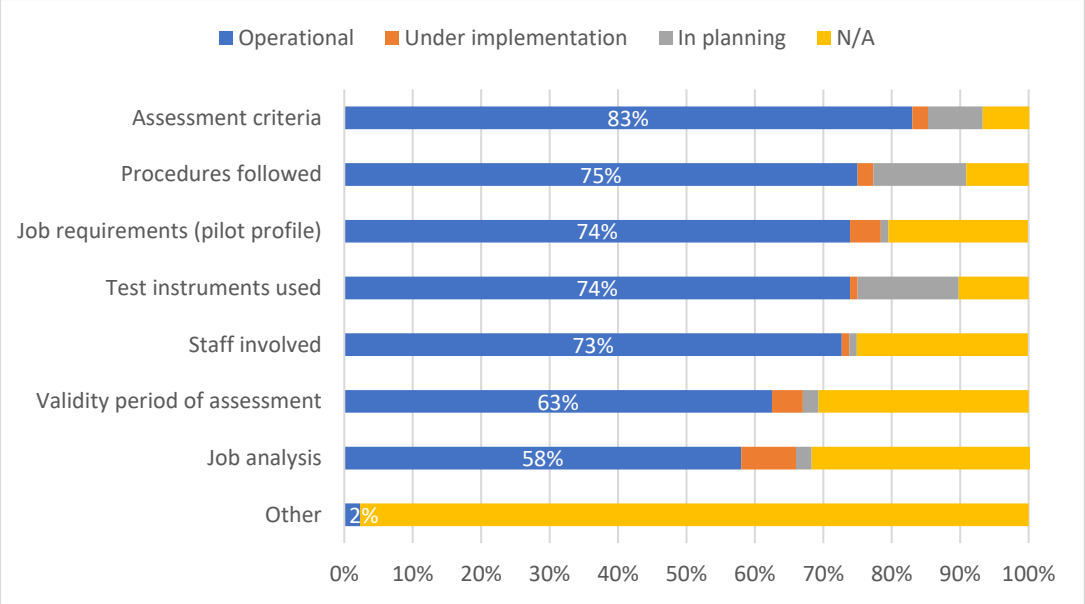


**Figure 58. Documentation of the psychological assessment by operators whose system is in use**

Although the assessment programme is reported to be in use, the implementation of the assessment programme looks partly unfinished with regard to its documentation. This seems to be true in particular for the small operators with 1-20 flight crew, as shown in Figure 59.

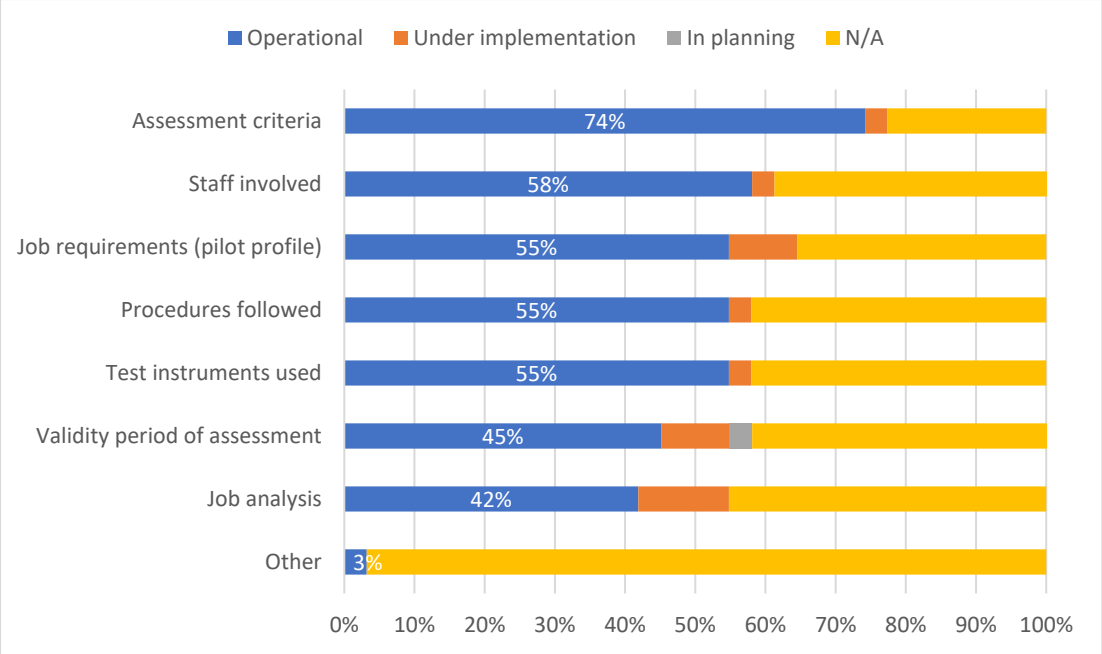


**Figure 59. Documentation of the psychological assessment by operators with 1-20 flight crew whose system is in use**

'Other' is specified as 'outsourced' and 'assessment from contractor'.

### 5.3.5. Assessments performed by other operators

GM1 CAT.GEN.MPA.175(b) 'Endangering safety' specifies the following in point (a).

*A psychological assessment performed by one operator may subsequently be accepted by a different operator, provided that the latter is satisfied that the assessment has been performed in accordance with AMC1 CAT.GEN.MPA.175(b).*

Another requirement for psychological assessment is the following, in AMC1 CAT.GEN.MPA.175(b) 'Endangering safety' point (a)(3).

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*[Psychological assessment should be] undertaken at least within the past 24 months before commencing line flying, unless the operator can demonstrate that the psychological assessment undertaken more than 24 months ago is still adequate for the risk mitigation as required by ORO.GEN.200(a)(3). Such a demonstration should be based on the tests previously performed, an updated risk assessment based on data gathered from previous operational experience and continuous human performance monitoring since the last psychological assessment.*

The graph in Figure 60 summarises the results of the answers to the question of whether the AOC holder would accept assessments performed by other operators in the selection of their pilots. The results represent the 88 responding CAT operators whose assessment programme is in use.

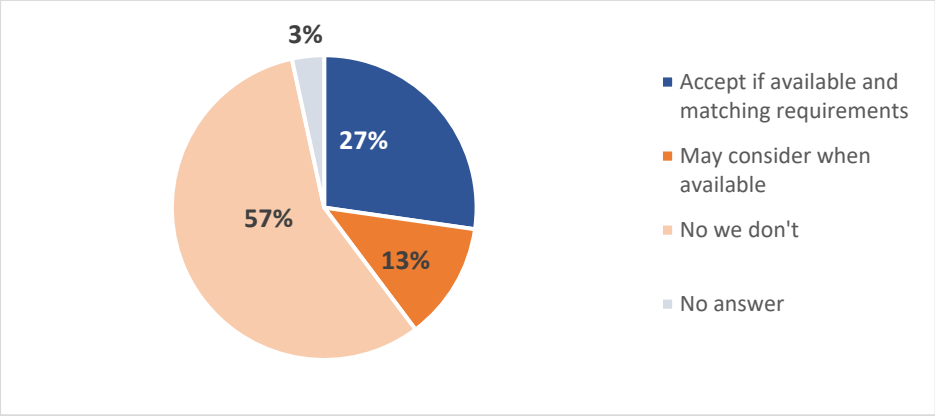


**Figure 60. Willingness to accept assessments performed by other operators**

The attitude to acceptance in operators of different sizes is presented in Figure 61.

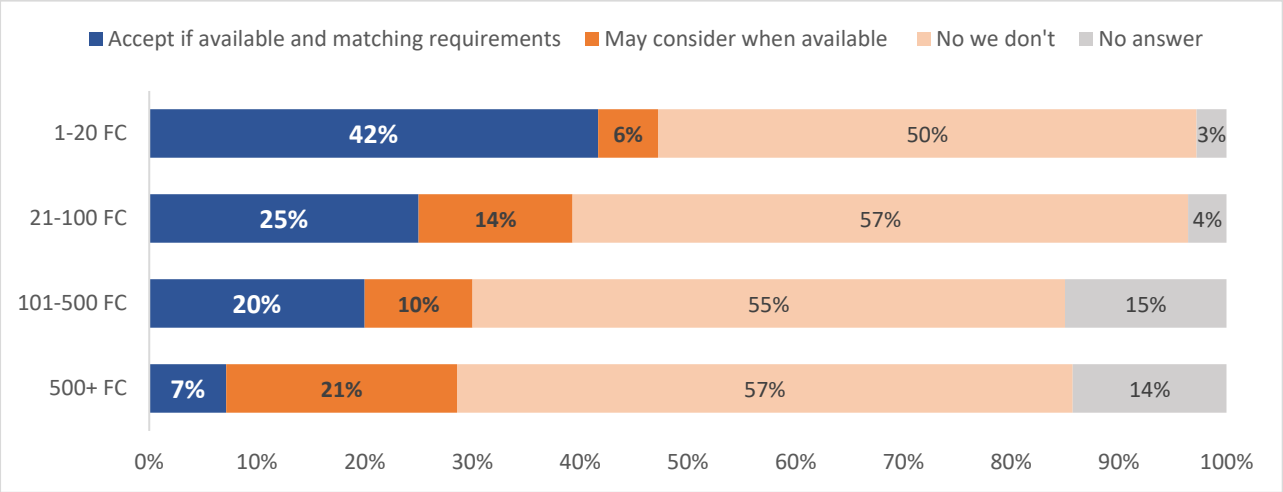


**Figure 61. Willingness to accept assessments performed by other operators, by size of operator**

The smaller operators may be more prepared to accept assessments performed by other operators, but their percentage is still under 50 %.

## 5.4. Psychological assessments performed

Of the 430 crew who responded to the question 'Have you taken part in a psychological assessment based on the new regulation?', 108 answers were in the affirmative.

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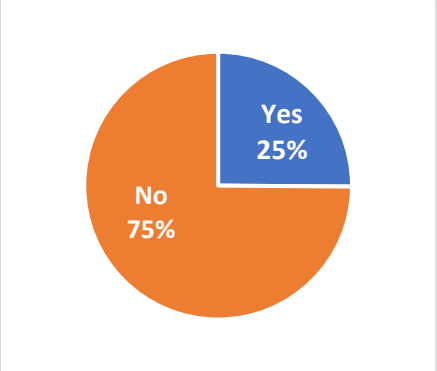


**Figure 62. Flight crew who were tested psychologically**

The flight crew were invited to rate the experience in terms of appreciation on a 5-point scale (1 = not at all, 5 = very much; slider). 80 flight crew used the slider to express their appreciation; the result is shown in Figure 63.

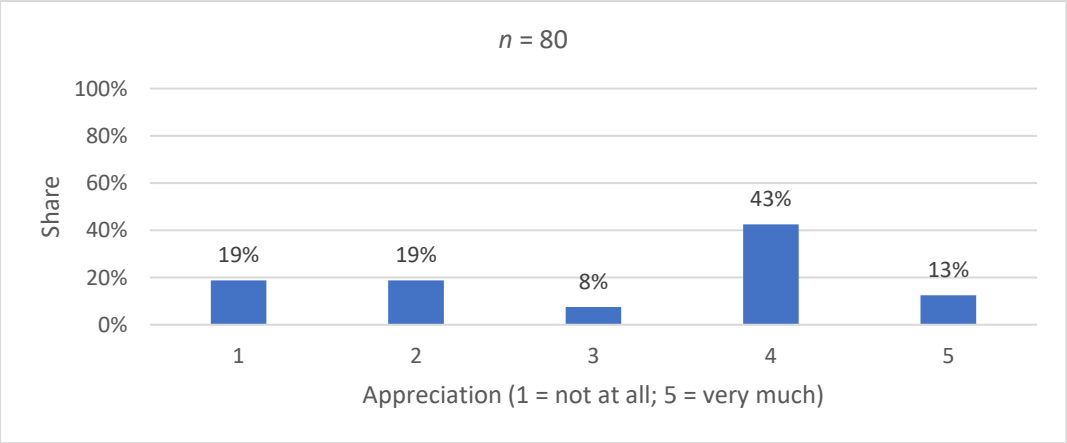


**Figure 63. Appreciation by flight crew who were tested psychologically**

Those who had the experience of being tested psychologically were invited to say what they liked most and least about the experience, using keywords. The keywords reported among the likes were as follows: professional environment; presence of/interview with the psychologist; find out more about my own ability to cope with tense situations; teamwork exercise; personality test is very accurate; short; open and friendly atmosphere. The dislikes included the following: stressful; time consuming; tests nothing to do with my job. The most common dislike in all five appreciation groups is the lack of feedback on the test results and not having access to the assessment results afterwards; for example, because the company keeps them private.

A few members of flight crew report that the psychological tests were performed by the aeromedical examiner or HR personnel.

When asked about their perception of the advantages of doing a psychological assessment before employment, flight crew responded as shown in Figure 64 (*n* = 396-409).

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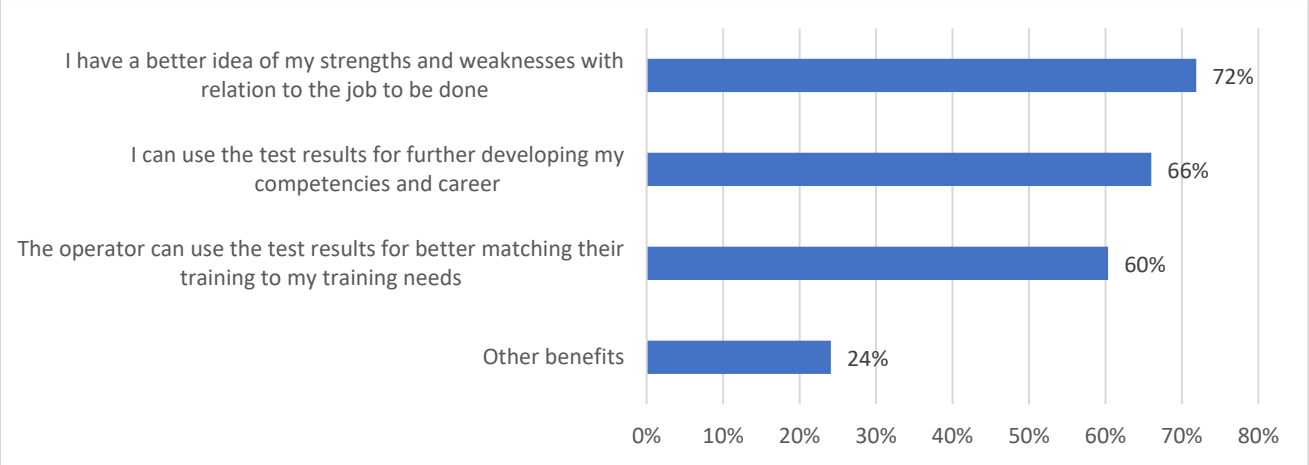


**Figure 64. Advantages of psychological assessment as seen by flight crew**

Responses under 'Other benefits' include three types of perceptions. One group states that the assessment should be done at an earlier stage than upon entering service. A second group sees the assessment as a check for mental health or mental illness. A third group comments that none of the options in the questions are applicable when no feedback is received or no access to the results of the assessment is possible.

When asked about their perception of the disadvantages of doing a psychological assessment before employment, flight crew responded as shown in Figure 65 (*n* = 371-398).

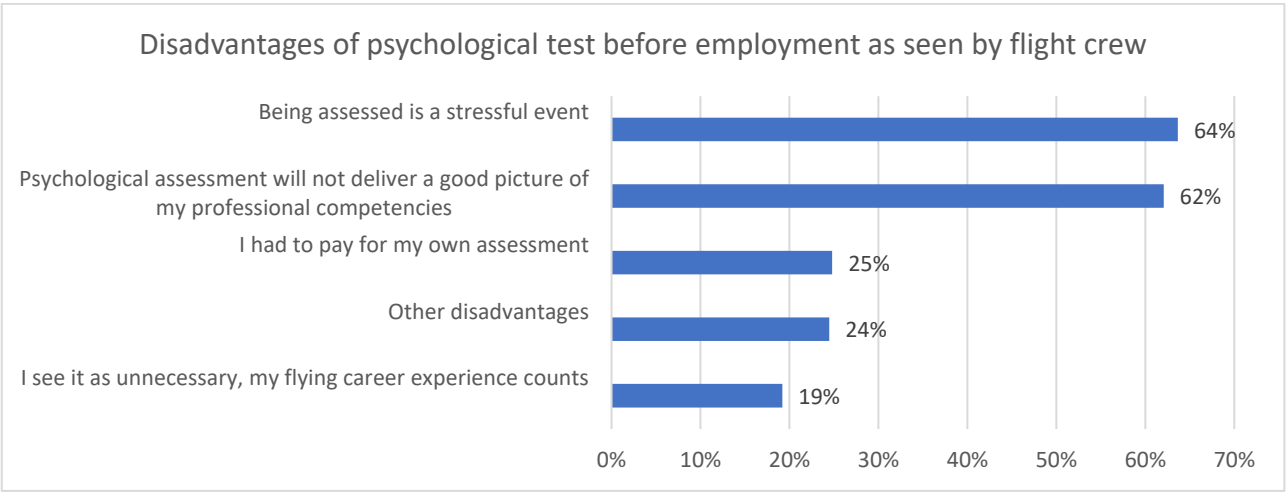


**Figure 65. Disadvantages of psychological assessment before employment as seen by flight crew**

Answers from flight crew under 'Other disadvantages' include comments relating to lack of quality control and lack of feedback to the person assessed.

Data on the number of assessments performed by the operators since the rules became applicable was received from 74 operators out of 88.

**Table 6. Number of assessments performed since February 2021 (assessment not in use before that date)**

| | **No of aeroplane CAT operators** | **No of assessments performed** | **No of helicopter CAT operators** | **No of assessments performed** | **Total No of assessments performed** |
|---|---|---|---|---|---|
| 1-20 FC | 15 | 174 | 3 | 10 | 184 |
| 21-100 FC | 8 | 208 | 1 | 0 | 208 |

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| | | | | | |
|---|---|---|---|---|---|
| 101-500 FC | 1 | 65 | | | |
| 500+ FC | 2 | 85 | | | |

## 5.5. Added value, benefits and drawbacks

### 5.5.1. Usefulness of the psychological assessment system

Psychological assessment can be a tool in the process of pilot selection. It should serve to support decision-makers in making the best possible hiring decisions in an informed manner. Operators were asked to respond to the statement 'The AOC's psychological assessment system is useful' using a 5-point agreement scale. Figure 66 presents the response (*n* = 92).

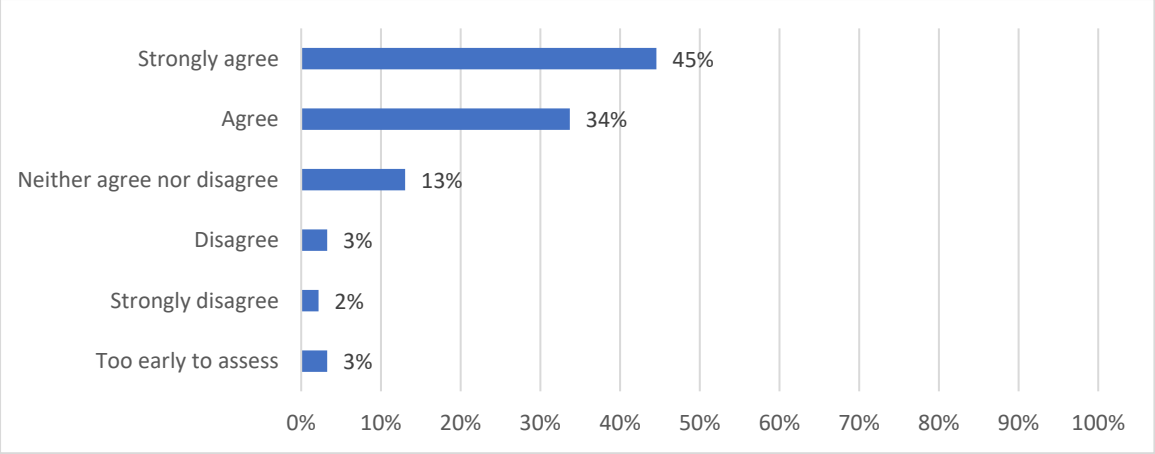


**Figure 66. Responding operators' perception of the usefulness of the psychological assessment**

The level of agreement among all responding operators taken together is 79 %; 5 % disagree or strongly disagree.

Aeroplane CAT operators are more in agreement than helicopter CAT operators (82 % versus 54 %), as shown in Figure 67, and there is also stronger disagreement among helicopter operators than aeroplane operators (9 % versus 1 %).

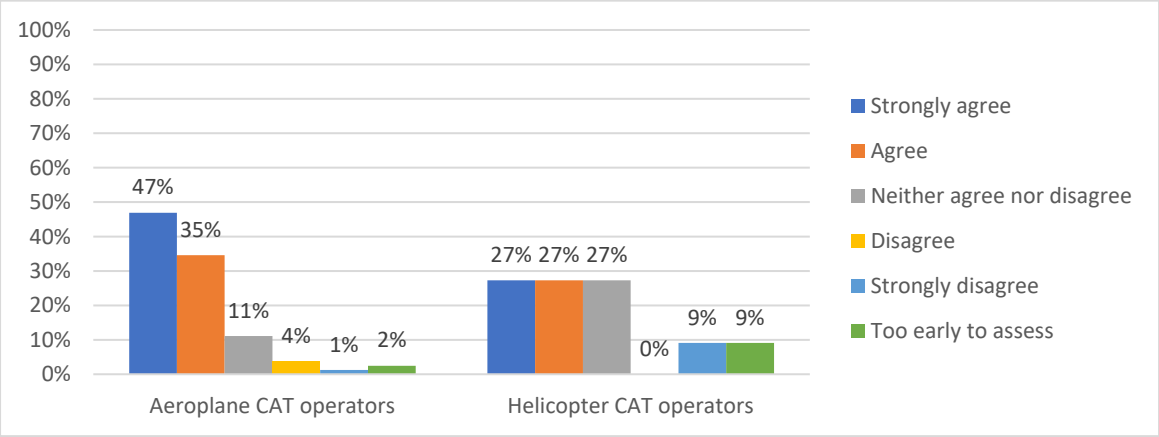


**Figure 67. Agreement on the usefulness of psychological assessment by type of operator**

Figure 68 shows that the responding operators with 1-20 flight crew report that they are much less convinced of the usefulness of psychological assessment than the other categories of operators.

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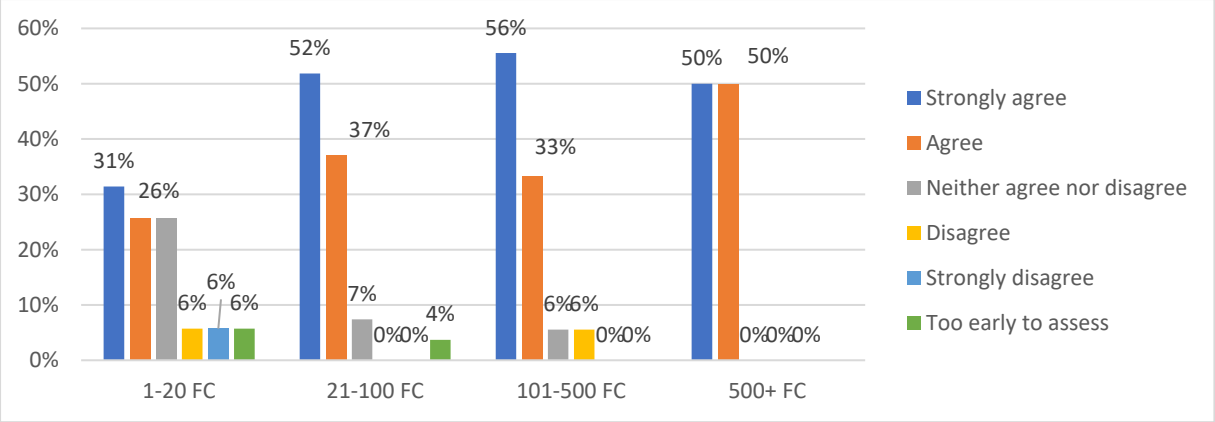


**Figure 68. Agreement on the usefulness of psychological assessment by size of operator**

Any further comments are discussed in Section 5.6.2.

In the crew survey, the crew were asked to respond to the statement 'The added value of a psychological assessment for pilots before they commence line flying is obvious to me' on the 5-point agreement scale. The response of flight crew is shown in Figure 69.

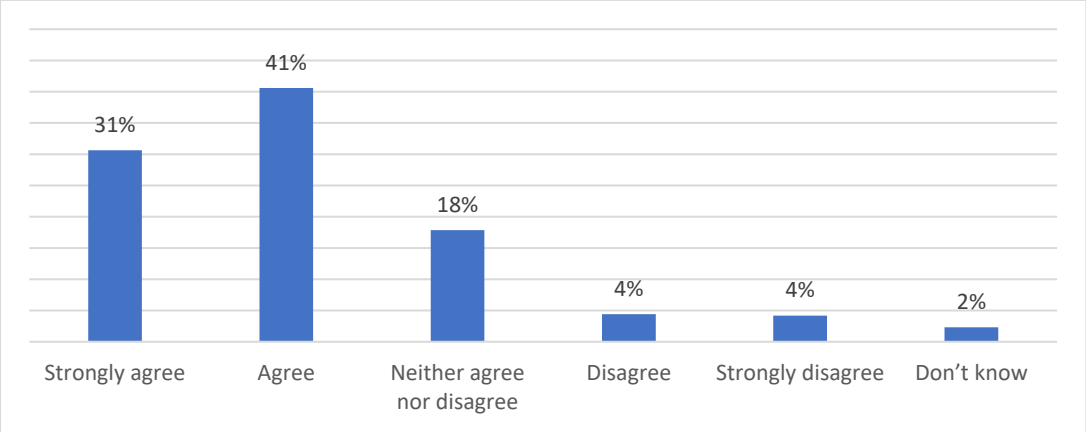


**Figure 69. Flight crew agreement on the added value of psychological assessment**

Flight crew agreement is found in 72 % of the responding group ($n$ = 431). Comments relating to disagreement by members of flight crew are discussed in Section 5.6.2

### 5.5.2. Benefits

Answering the question of what benefits they see in the implementation of psychological assessment, the group of participating CAT operators ($n$ = 98) responded as presented in Figure 70.

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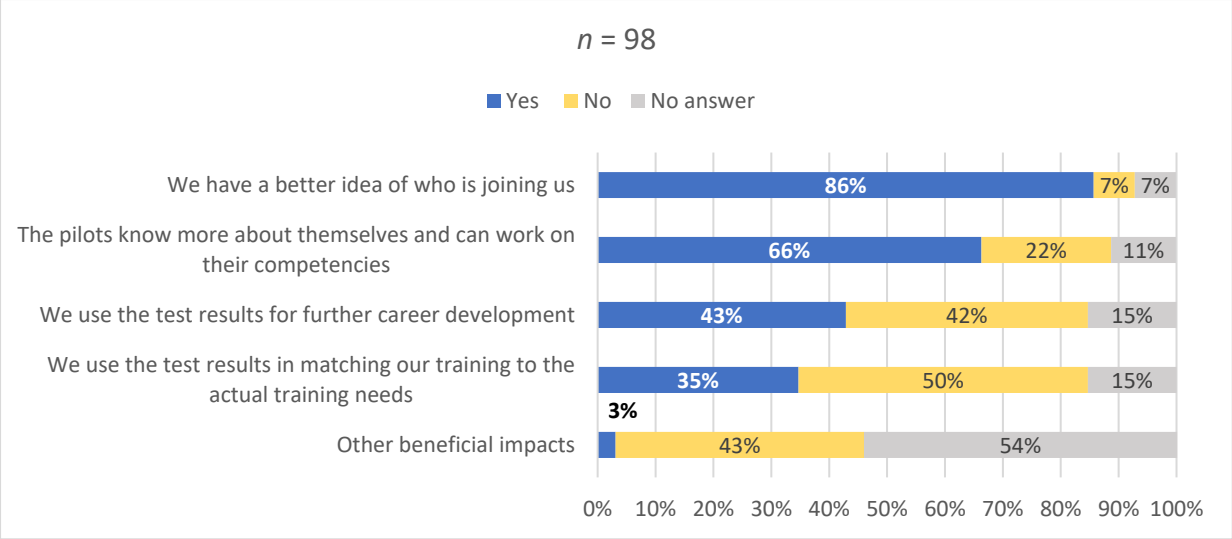


**Figure 70. Benefits of psychological assessment as seen by the responding CAT operators**

Of the suggested benefits, the one seen as most beneficial is that of getting a better impression of a pilot who may be joining the company. Other beneficial impacts mentioned by operators and other stakeholders include better communication between crew members and the AOC holder; filtering out on other grounds that are tested; identification of leadership/command potential; increased success rate in training; and cost savings.

### 5.5.3. Drawbacks

In answering the question of what drawbacks they see in the implementation of psychological assessment, the group of responding CAT operators (*n* = 98) together responded as presented in Figure 71.

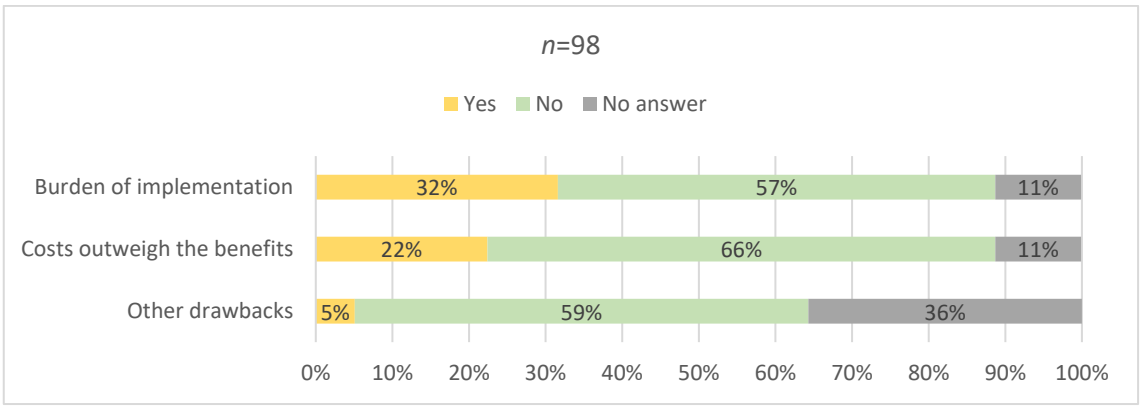


**Figure 71. Drawbacks of psychological assessment as seen by the responding CAT operators**

However, when selecting the group of operators with 1-20 flight crew, the scores for the suggested drawbacks 'burden of implementation' and 'costs outweigh the benefits' increase to 46 % and 39 % respectively, and for the helicopter CAT operators both increase to 46 %. 15 % of the helicopter operators mentioned 'Other drawbacks'.

'Other drawbacks' will be discussed in Section 5.6.2.

## 5.6. Stakeholders' assessments of the rules, comments and recommendations

### 5.6.1. Complexity, clarity and proportionality of the rules

Stakeholders from the industry and the authorities were invited to assess aspects of the rules on psychological assessment on a 5-point scale from very positive to very negative, with the aspects of the rules to be assessed being as follows: complexity; clear and easy to understand; proportionality to different

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stakeholders; adequacy to address the safety risks and enhance the level of safety. For the authorities, the scale labels were as follows: absolutely appropriate, slightly appropriate, neutral, slightly inappropriate and absolutely inappropriate. The response from the authorities is presented in Figure 72.

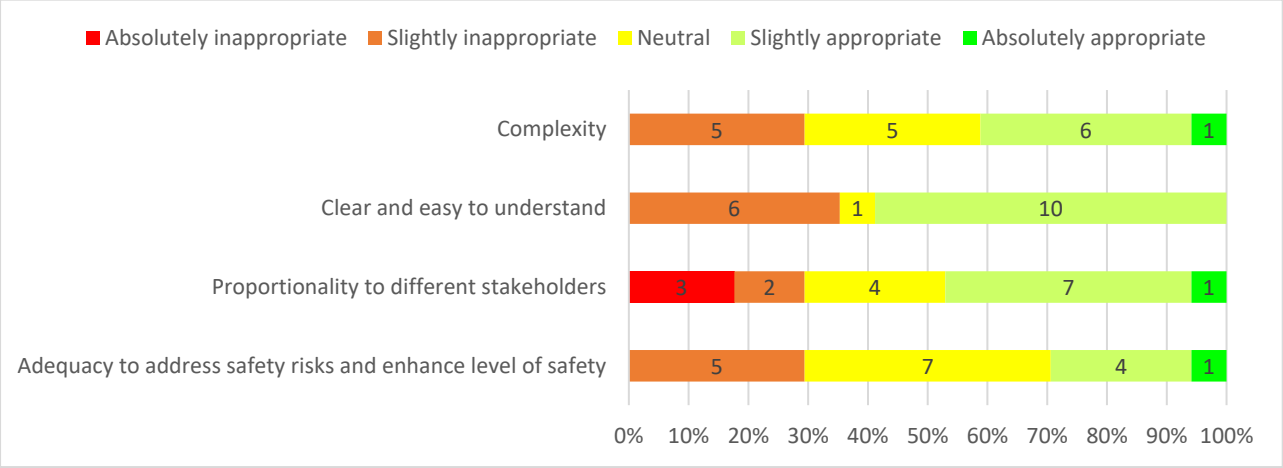


**Figure 72. Responding NCAs' assessment of aspects of the rules relating to psychological assessment**

For stakeholders from the industry the scale labels were as follows: very positive, positive, neutral, negative and very negative. A single numerical score was calculated for each stakeholder and for each aspect. Figure 73 shows the results for the various stakeholders (very positive = 2, positive = 1, neutral = 0, negative = – 1, very negative = – 2).

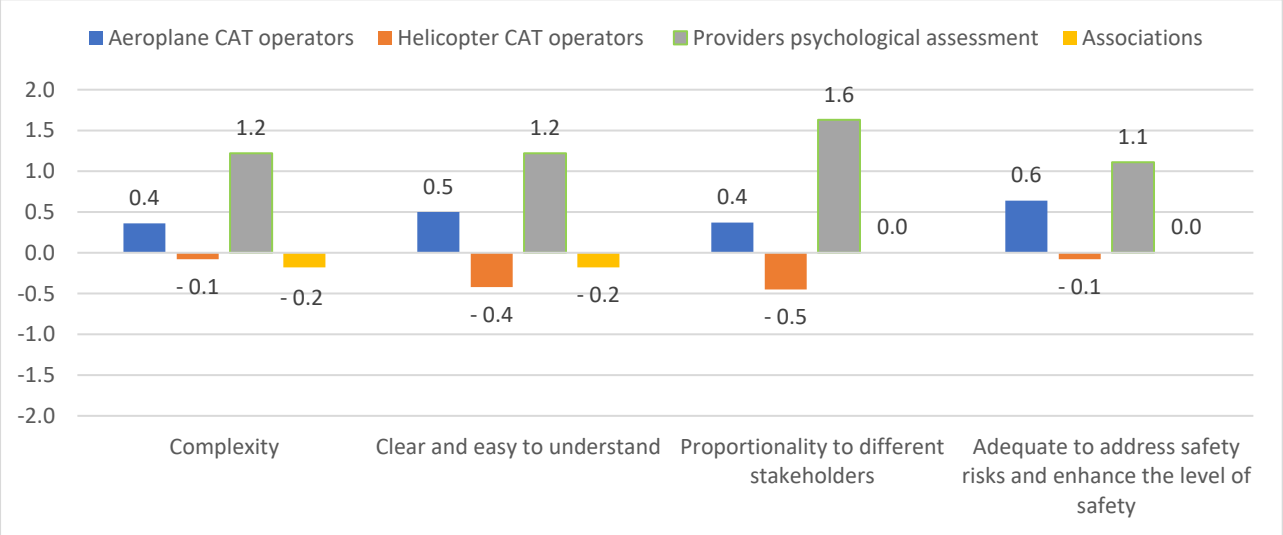


**Figure 73. Industry stakeholders' assessment of aspects of the rules relating to psychological assessment**

The following conclusions can be derived from the two graphs.

— For the group of responding NCAs, the assessments of appropriateness in regard to all four aspects of the rules are mostly neutral to positive, but for 30 % to 35 % they are not positive (inappropriate). With respect in particular to the proportionality of the rule, some of the responding NCAs consider the proportionality to different stakeholders to be absolutely inappropriate.

— On average, helicopter CAT operators tend to assess all four aspects of the rules as being between neutral and negative. In particular, ease of understanding and proportionality to their size of AOC are clearly assessed as being below 0.

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— On average, the responding associations assess the complexity and comprehensibility of the rules as being slightly negative, and where the other aspects are concerned they are neutral in their assessment.
— On average, aeroplane CAT operators assess the four aspects of the rules to be on the positive side, and providers of psychological assessment services even assess them as being positive to very positive.

Many comments on the implementation of psychological assessment and many suggestions for regulatory improvements were received from both authorities and industry stakeholders. The comments are reported for each stakeholder.

### 5.6.2. Comments on the implementation

**NCAs**

The responding NCAs mainly express their need for specialised in-house expertise and training of their inspectors on psychological assessment programmes in order to make their evaluation of the forms of implementation chosen by operators more effective.

**CAT operators**

A large majority of the aeroplane CAT operators (82 %) appreciate the usefulness of the psychological assessment. They recognise the need to investigate the psychology of a pilot before employment and see it as a good complement to interviews. There is a need among the operators to have very clear criteria set by the national authority for the accreditation and competence of an approved third-party supplier. Some operators may have doubts about the true value the assessment can have; for example, whether it can detect issues with potentially unsafe consequences in the future and effectively protect a company from a pilot doing impulsive things. Tailoring the assessment to the operational activity of the operator requires a great deal of effort from a small operator.

In the opinion of helicopter operators, the regulation creates a significant financial burden. It is noted that different NCAs impose a wide variety of implementation requirements, and that these sometimes require further steps in addition to those laid down in the regulation.

**Providers of psychological assessment services**

Providers' comments refer to confusion among small operators on how to comply with the rules.

They also mention that safety enhancements can only be expected if the psychological assessment is done in a competent manner. Methodological standards should be met. The regulation as it stands does not specify clear standards for the psychological assessment. Also, the regulator does not provide assistance to operators to identify competent service providers who could support them in complying with CAT.GEN.MPA.175 in a way that would enhance the safety of their operation.

**Associations for aviation psychology**

The associations for aviation psychology comment that EASA's GM does not specify or refer to standards operators can use to select assessment services. They stress the importance of the psychological assessment of pilots being done by professionals with an appropriate understanding of psychological assessment in aviation.

**Pilots' representative associations**

The responding pilots' representative associations see both the benefits and the possible negative sides of psychological assessment. They either agree with its usefulness or they neither agree nor disagree. One thing

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they fear is that older pilots will be assessed against the norms for young pilots. Another is that pilots may have to undergo psychological assessment too often because they may change operator more frequently.

**Flight crew**

Although the majority of flight crew show a positive attitude towards psychological assessment before employment, they may also have less-positive opinions and feelings. In particular, when applicable, they criticise not receiving feedback about their assessment results. A few comment that the psychological assessment should include a face-to-face meeting with a psychologist.

### 5.6.3. Suggestions for regulatory improvements from participating stakeholders

Stakeholders were invited to make suggestions for regulatory improvement. A summary of the suggestions appears below:

— specify clear standards for the psychological assessment;

— make sure that there is a standardised interpretation and implementation across different Member States;

— make sure that the assessment can be accepted over a 24-month period in different jurisdictions;

— more guidance and training from NCA/EASA;

— assessment without a face-to-face meeting with a psychologist should not be possible;

— promote newly developed reference material on how the psychological assessment should be performed;

— involve only appropriately trained professionals;

— lists of people accredited by national/European professional organisations should be made available to operators as reference material;

— strengthen the ties to industry experts who have evidence of the quality of their psychological assessments in the aviation industry.

## 5.7. Summary

**Status of implementation**

Of the operators responding to the survey, 90 % report that their psychological assessment is fully operational, 3 % are in the implementation stage (execution of decisions and plans is in progress) and 7 % are in the planning stage (essential or policy decisions are still to be taken). The implementation rate among small helicopter CAT operators is 77 %. Complex operators are at the same level as the total group of operators (90 %), while non-complex operators are at 88 %. Operators whose programmes are still under implementation or in the planning stage are experiencing difficulties in finding the necessary resources, in particular staff to conduct the assessment, a qualified psychologist, resources for training their staff and sufficient budget. The difficulties are felt more strongly in the group of helicopter CAT operators.

**Psychological assessment implemented**

A psychologist – either employed (12.5 %) or contracted (64.8 %) – is overseeing the psychological assessments in more than 77 % of the operators. 16 % of the operators have psychological assessments performed by internal staff without a psychologist (‘internal assessment’). The operators in the response group that perform an ‘internal assessment’ include complex and non-complex operators and also operators

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of all sizes. Of the oversight, 69 % is contracted/outsourced. Employed psychologists can mostly be found in the bigger operators (38 %). Smaller operators may be better prepared to accept assessments performed by other operators, but fewer than 50 % of them do so.

Although the reported status of full implementation in the response group is very high, it can be observed from the data on implemented elements that essential elements may be lacking or their implementation may be incomplete, such as a qualified psychologist to oversee the assessment or a job analysis as the basis for the assessment system.

**Areas of improvement**

Throughout the survey, the areas of improvement that were mentioned refer to: (1) how to better implement the psychological assessment among smaller operators and clarify the difference between the psychological assessment in the Air Operations Regulation and the mental health assessment in the Aircrew Regulation; (2) the need to improve the quality of the assessment and the competencies of the providers by defining the standards to be adhered to.

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# 6. Implementation of prevention and detection of misuse of psychoactive substances by operators (CAT.GEN.MPA.170)

## 6.1. Status of implementation

### 6.1.1. Response from national competent authorities

During their oversight of operators, the 18 authorities responding to the survey identified the following issues relating to the implementation of the rules on testing for psychoactive substances.

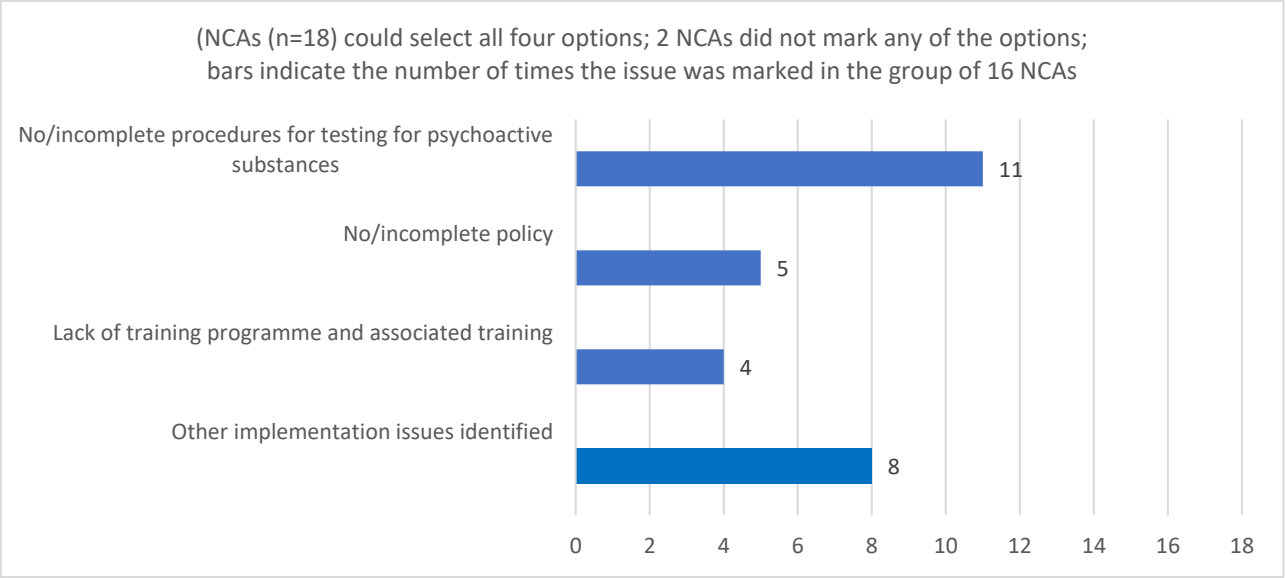


**Figure 74. Issues with the implementation of psychoactive substance testing identified by the authorities**

NOTE: The NCAs may be reporting about operators other than those participating in the operator survey. Also, the oversight activities may have taken place before the surveys were launched.

The implementation issue identified most frequently relates to incomplete procedures for testing for psychoactive substances (65 %).

Those who mentioned 'Other implementation issues identified' commented that procedures seem to be documented but not necessarily fully implemented. The implementation period is still considered to be too short by some respondents. Furthermore, it was reported that in some cases the means for performing psychoactive substance testing are not in place.

When invited to report any challenges in discharging oversight responsibilities regarding the provisions on psychoactive substances, over 50 % of the respondents highlight the need for more guidance and training. Additionally, respondents underline the difficulty in building up in-house subject-matter expertise due to a lack of resources.

### 6.1.2. Observations made from EASA's monitoring of Member States

The implementation of the related provisions of the Air Operations Regulation was also partly verified during the monitoring of Member States conducted by EASA in accordance with Regulation (EU) No 628/2013. This partial verification should not be considered representative of the situation in all Member States and operators, due to the limitations of its scope, among other reasons (see Section 1.4). Nevertheless, non-compliances were identified at several of the operators visited, and mainly related to:

— the absence in the operator's documentation of a procedure for testing for psychoactive substances;

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— the lack of inclusion in the operator's testing procedure for psychoactive substances of all elements of AMC1 CAT.GEN.MPA.170(c) (e.g. substances, applicable limits, process in the case of a confirmed positive test result);

— the training developed by the operator on psychoactive substances being delivered only to crews that have recently joined the operator.

### 6.1.3. Response from operators and crew

Of the 98 operators (85 aeroplane CAT operators and 13 helicopter CAT operators), 79 % assessed their implementation as fully operational, meaning that they have implemented the necessary policy on the prevention and detection of misuse of psychoactive substances to comply with the requirements in CAT.GEN.MPA.170. Of the remaining operators, 15 % are in the implementation stage, undertaking the necessary measures to comply with the provisions, while 6 % are still in the planning stage. (See Figure 75.)

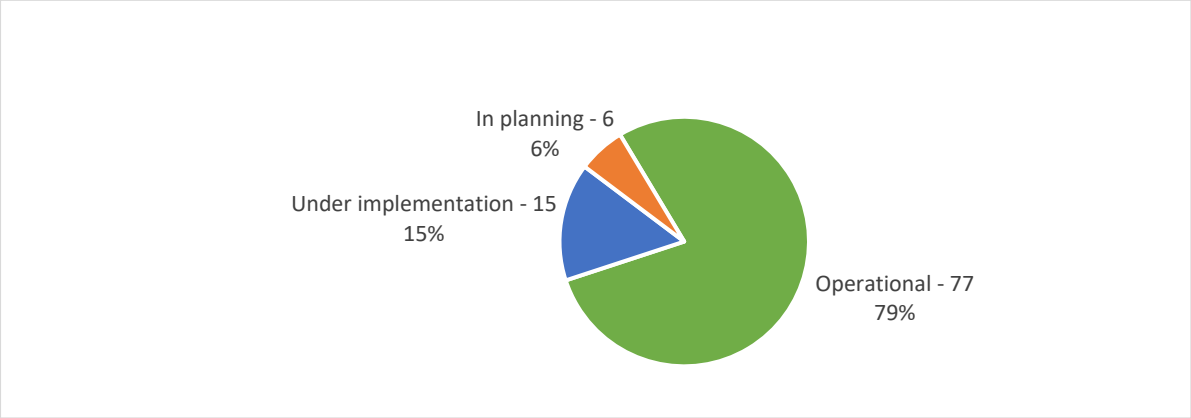


**Figure 75. Implementation of policy on psychoactive substances – all responding operators**

There is no significant difference between aeroplane and helicopter operators, as shown in Figure 76.

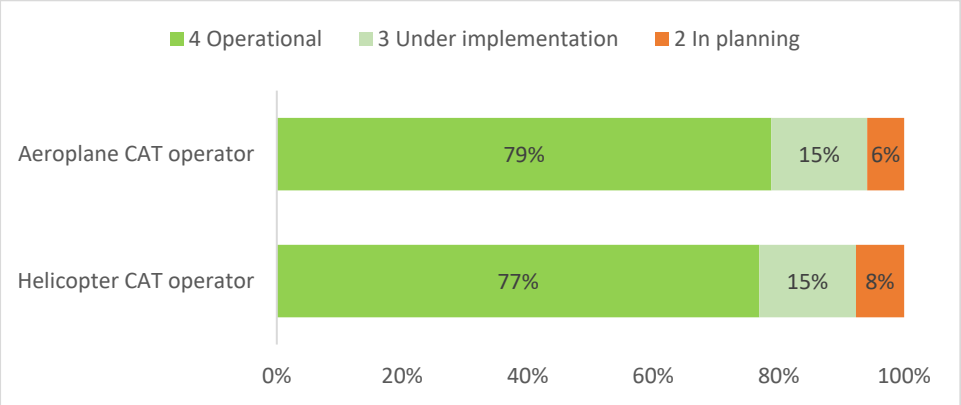


**Figure 76. Implementation of policy on psychoactive substances by aeroplane/helicopter operator**

As regards the size of the operators, it is noted that the category large operators (500+ flight crew) are slightly advanced with the implementation (up to 86 % in the operational stage), while medium-sized and small operators report a lower (75-81 %) operational implementation rate, as shown in Figure 77.

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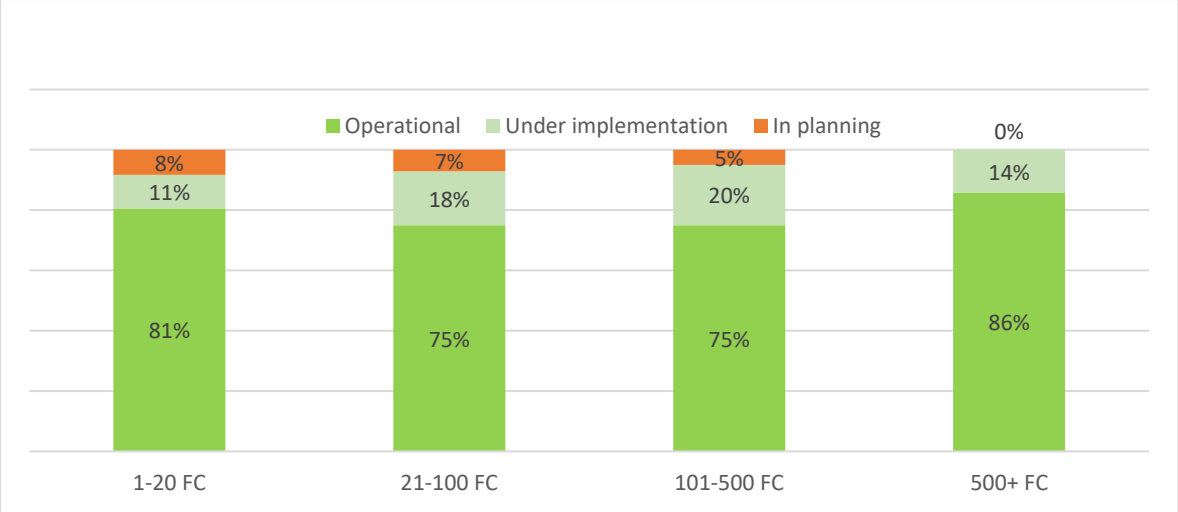


**Figure 77. Implementation of policy on psychoactive substances by size of operator**

## 6.2. Process of implementation

Operators were asked to rate possible hindering factors during their implementation process on a 5-point scale: 1 = no influence, 2 = slight influence, 3 = moderate influence, 4 = significant influence, 5 = very much influence. The factors mentioned in the question were, in order:

— low availability of (management) staff to conduct the implementation;

— low availability of suitably qualified testing providers;

— low availability of resources for training staff (trainers/time/planning);

— national legislation issues;

— budgetary issues;

— COVID-19-pandemic-related difficulties;

— other factors.

To summarise the extent to which a specific factor influenced the progress of the implementation, weighted averages for influence were calculated for each stakeholder and for each factor. Figure 78 shows the influence of the factors both for the total group of responding operators and separately for the operators, split into those reporting that their policy is in use and those whose policy is still under implementation or in planning (these two groups taken together).

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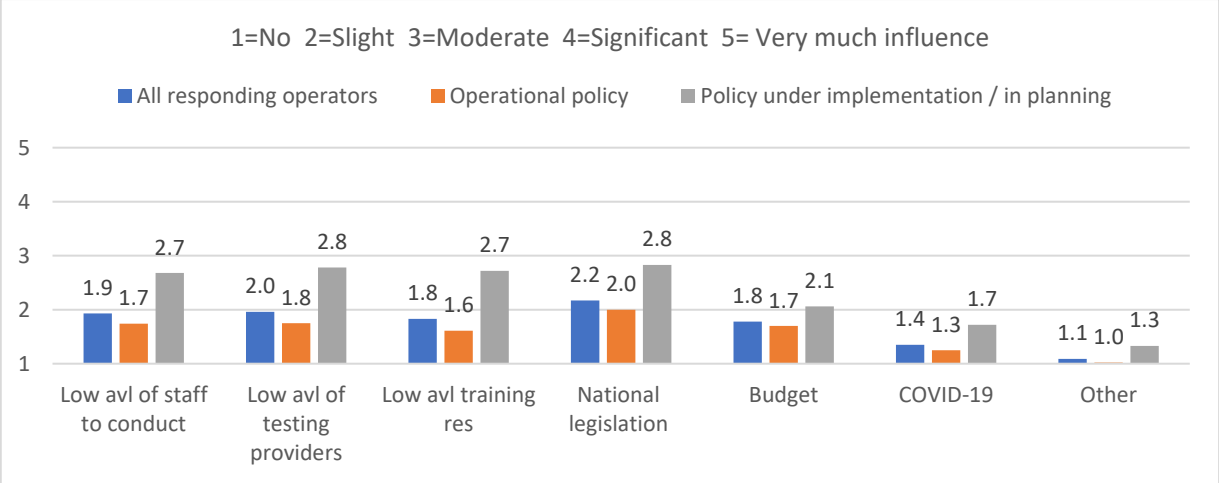


**Figure 78. Influence of barriers experienced during implementation of the psychoactive substance policy**

No specifications of 'Other' were received. Eight operators specified the COVID-19-related difficulties they encountered, such as difficulty in finding a testing provider, no training at all, little possibility for testing personnel and a focus on other organisational processes delaying the implementation.

## 6.3. Elements of policy implemented

### 6.3.1. Implementation of policy on education and training on psychoactive substances

When asked about the education and training part of their policy on prevention and detection of misuse, responding operators whose policy is in use report the training content as shown in Figure 79 (the multiple-choice options in the question conform to the subjects mentioned in AMC1 CAT.GEN.MPA.170(b) 'Psychoactive substances' point (b)):

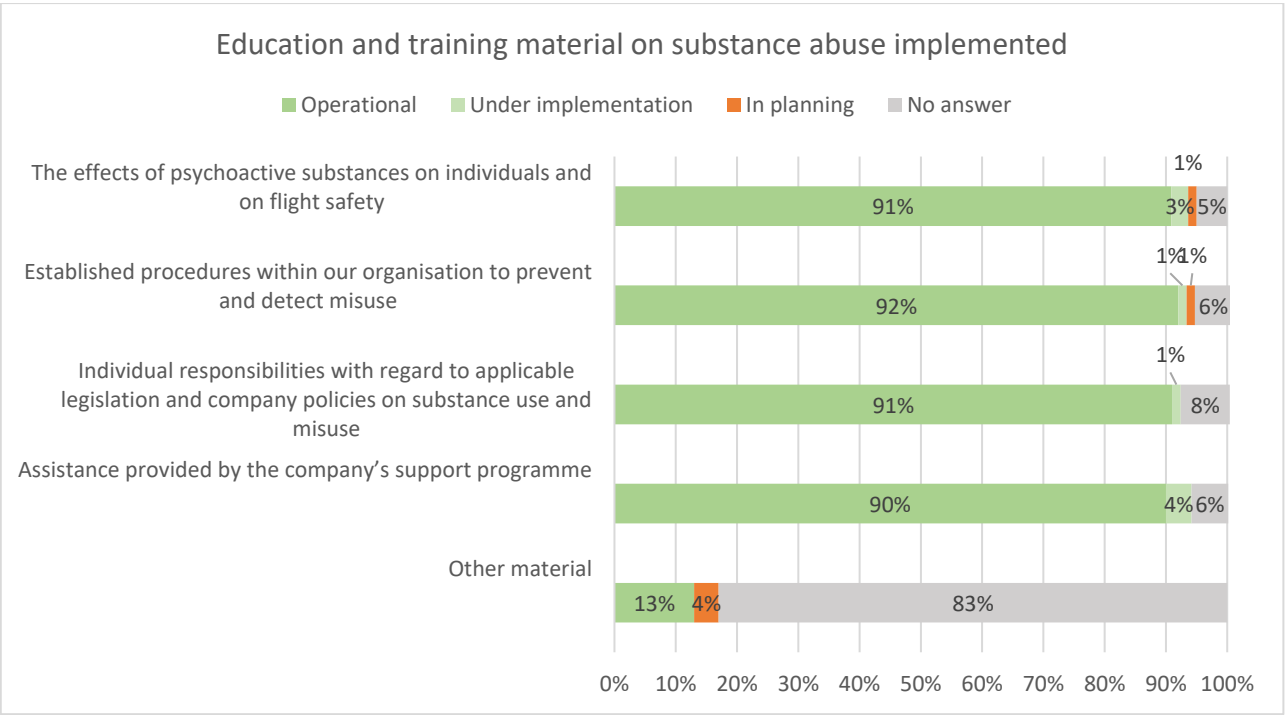


**Figure 79. Education and training material content implemented**

Four operators specified that other activities form part of their educational and training policy, such as awareness meetings with workers' councils and unions, and support for crew from the company's own medical centre.

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The operators whose policy is in place report that their training is conducted in one or more ways, using the means mentioned in the question and in Figure 80.

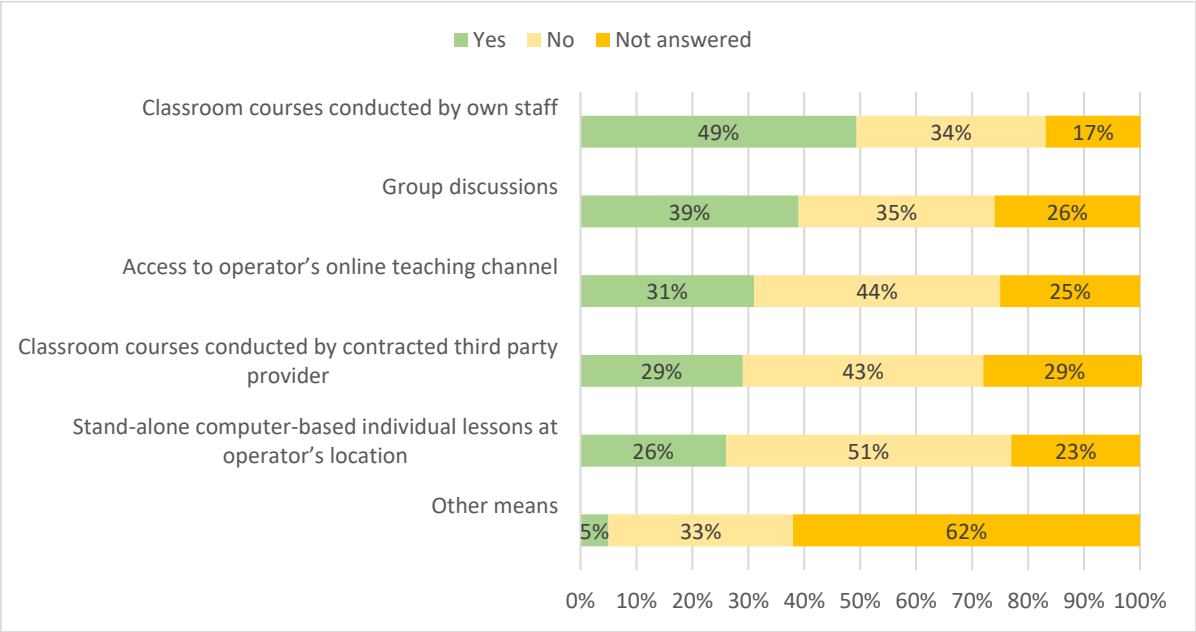


**Figure 80. Conduct of the AOC holder's training on misuse of psychoactive substances**

Of the responding operators that report that their policy has been implemented (*n* = 77), 43 % use only one of the above means and 57 % use combinations of two or more, up to five. Training is mainly conducted by the operators' own staff, as classroom courses including group discussions. The courses may also be contracted to a third-party provider, and computer-based training or an online teaching channel may be available. Other means of training reported are:

— information provided through email and other communication channels;

— training sessions run on Microsoft Teams, including interactive discussions;

— documentation.

Upon request, 9 operators shared issues with the implementation of training, including:

— finding a training organisation;

— classroom courses conducted by third-party provider only for direct line managers of flight crew and cabin crew, to prevent and detect misuse at an early stage.

Operators whose training is still under implementation report time and budget as being issues.

Operators whose training is already in use report that they ensure the effectiveness of their training in one or more ways, using the means mentioned in the question and in Figure 81.

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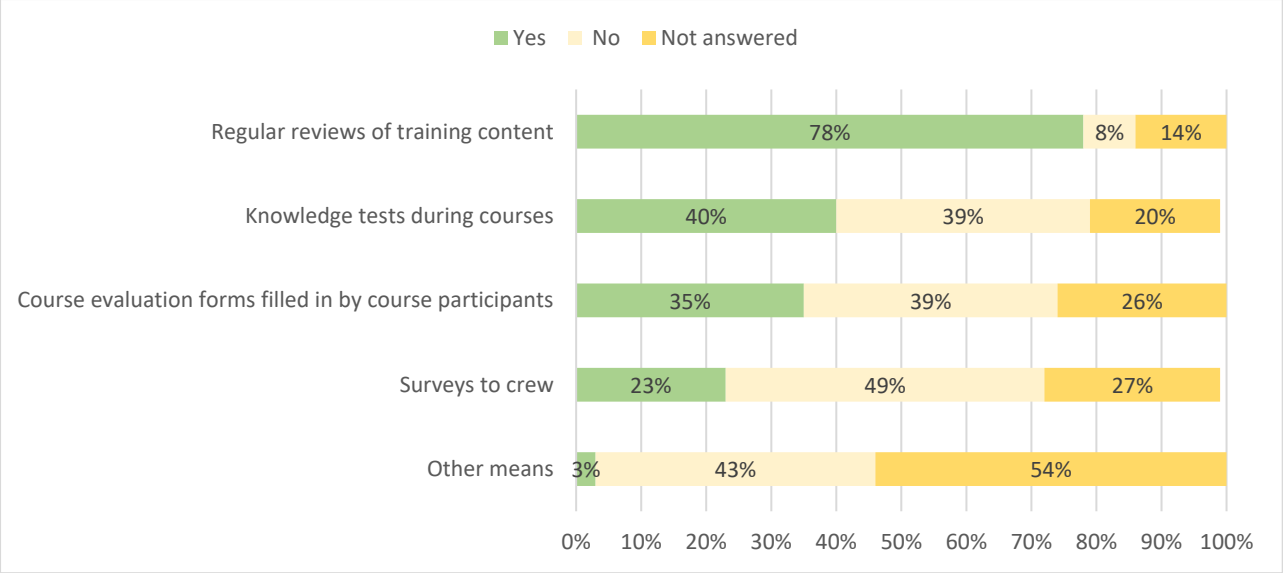


**Figure 81. Ensuring the effectiveness of education and training on misuse of psychoactive substances**

Of the responding operators whose policy has been implemented, 43 % use at least one of the effectiveness evaluation tools and 57 % use two or more, up to four. Most responding operators review their training content regularly. One operator reports crew resource management courses as being another means used to ensure the effectiveness of the training. One operator whose training is still under implementation reports that the organisation's policy on psychoactive substances is widely available online.

Of the operators whose training policy is still under implementation, one raised time constraints as being the issue.

## 6.4. Implementation of policy on testing

### 6.4.1. Cases where testing is carried out

AMC2 CAT.GEN.MPA.170(b) 'Psychoactive substances' reads as follows.

*POLICY TO PREVENT MISUSE OF PSYCHOACTIVE SUBSTANCES*

*The operator's policy should ensure testing for psychoactive substances at least in the following cases:*

*(a) upon employment by the operator; and*

*(b) with due cause in the following cases:*
*(1) following a reasonable suspicion, and following an assessment by appropriately trained personnel; and*
*(2) after a serious incident or accident within the meaning of Regulation (EU) No 996/2010, provided that testing is possible due to the location of the serious incident or accident.*

In addition, the GM contains the following information.

— GM2 CAT.GEN.MPA.170(b) 'Psychoactive substances' specifies that 'Nothing should prevent an operator from implementing a random testing programme in accordance with national requirements on testing of individuals.'
— GM4 CAT.GEN.MPA.170(b) 'Psychoactive substances' specifies that 'After referral and assessment by the medical assessor of the licencing authority, the operator may consider unannounced testing as part of a periodic medical follow-up after rehabilitation and return to work.'
— GM3 CAT.GEN.MPA.170(b) 'Psychoactive substances' point (b) specifies that the 'operator may require the contracted service provider to carry out testing of personnel as part of the contract between the operator and the contracted service provider.'

When asked to assess the stage of implementation of their policy on testing for psychoactive substances regarding their safety-sensitive personnel (flight crew, cabin crew and other), the operators in the survey responded as follows.

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### Testing of flight crew

Of the total group of 98 responding operators, 79 % perform testing of flight crew upon employment and 76 % perform testing with due cause. The 14 % reported 'Other cases' involve random testing or unannounced testing. (See Figure 82.)

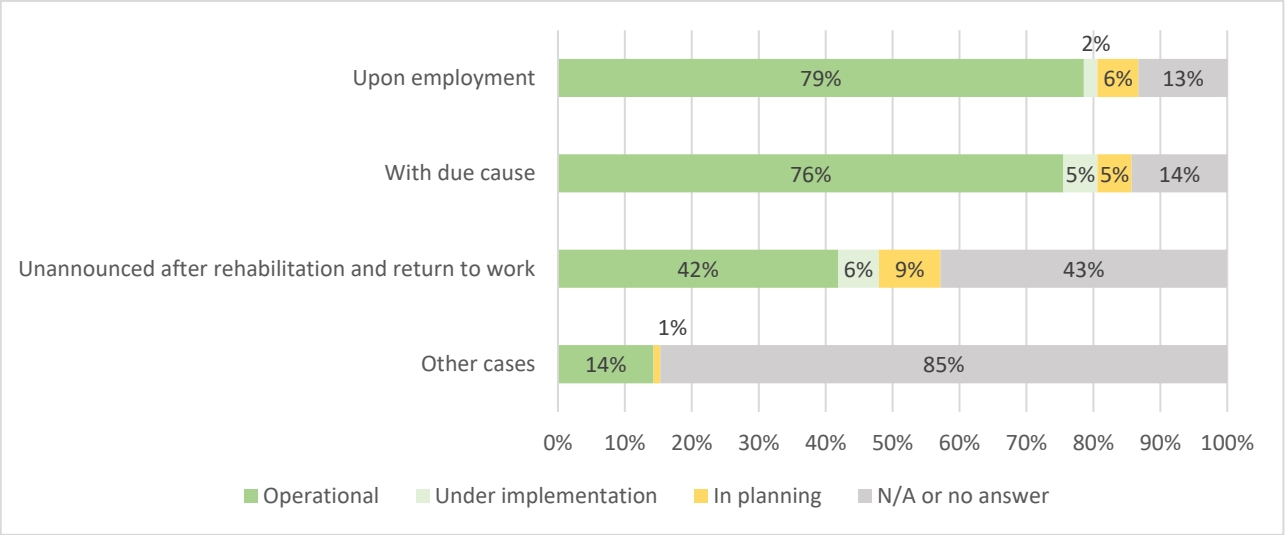


**Figure 82. Stage of implementation of the policy of testing flight crew for psychoactive substances in particular cases**

Reporting operators perform testing in more than one case: 65 % perform testing upon employment, with due cause and unannounced after rehabilitation as part of their policy, and another 14 % perform random testing as well (79 % in total).

### Testing of cabin crew

Of the 54 responding operators with cabin crew, 80 % perform testing of cabin crew upon employment and 78 % perform testing with due cause. The 17 % reported 'Other cases' involve random testing. (See Figure 83.)

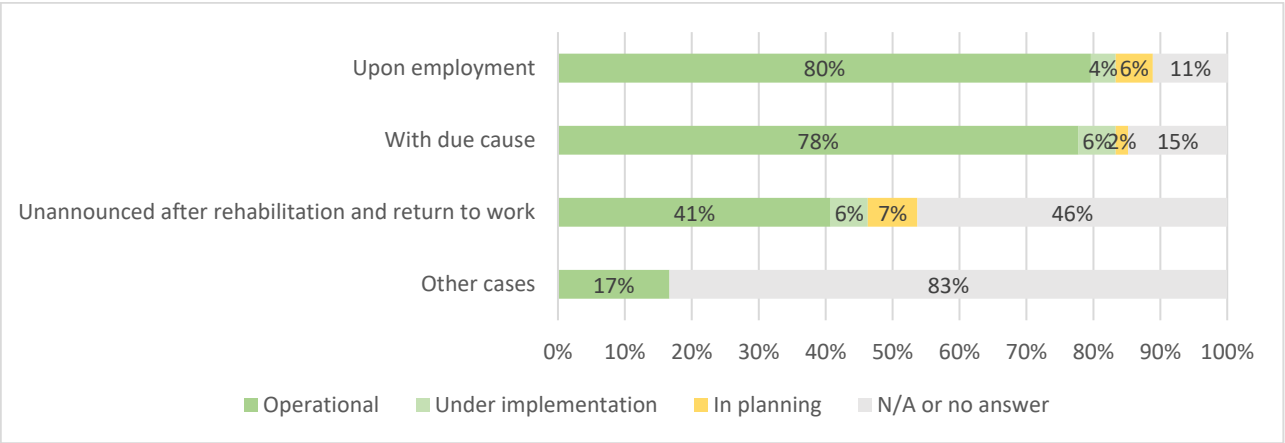


**Figure 83. Stage of implementation of the policy of testing cabin crew for psychoactive substances in particular cases**

Reporting operators perform testing in more than one case: 63 % perform testing upon employment, with due cause and unannounced after rehabilitation, and another 17 % perform random testing as well (80 % in total).

### Testing of other safety-sensitive personnel

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Of the total group of 98 responding operators, 49 % perform testing of flight crew upon employment and 51 % perform testing with due cause. The 12 % reported 'Other cases' involve random testing. (See Figure 84.)

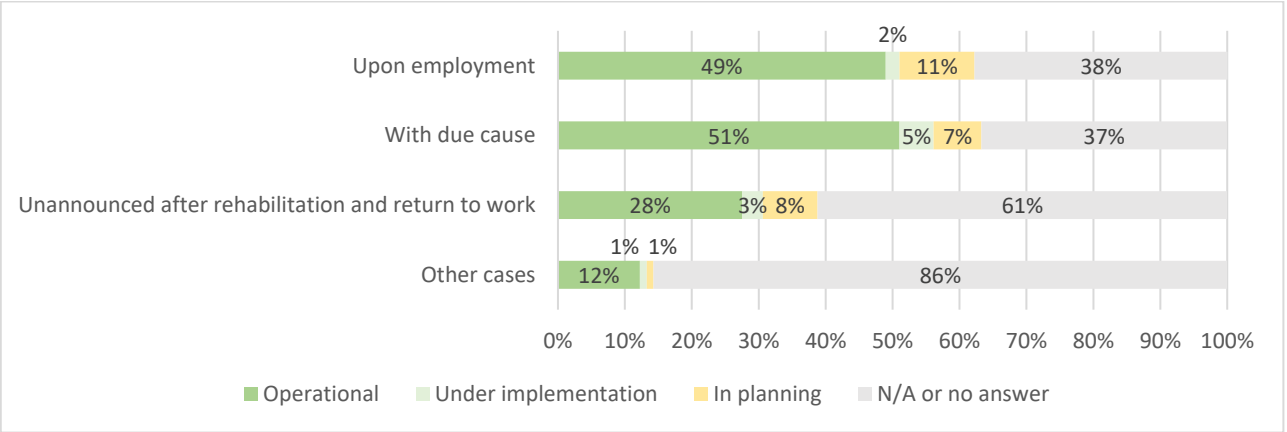


**Figure 84. Stage of implementation of the policy of other safety-sensitive personnel for psychoactive substances in particular cases**

In summary, in the response group, testing for substances upon employment and with due cause is mainly in the operational stage of implementation regarding flight crew and cabin crew. Implementation for other safety-sensitive personnel has made less progress.

When asked about the testing of personnel of contracted service providers, 48 % of the responding operators answered that their policy also ensures the testing of the third-party personnel.

### 6.4.2. Providers of psychoactive substance testing services involved

**Alcohol-testing providers**

In relation to testing their crew for alcohol, the responding CAT operators (*n* = 98) report the providers mentioned in Figure 85.

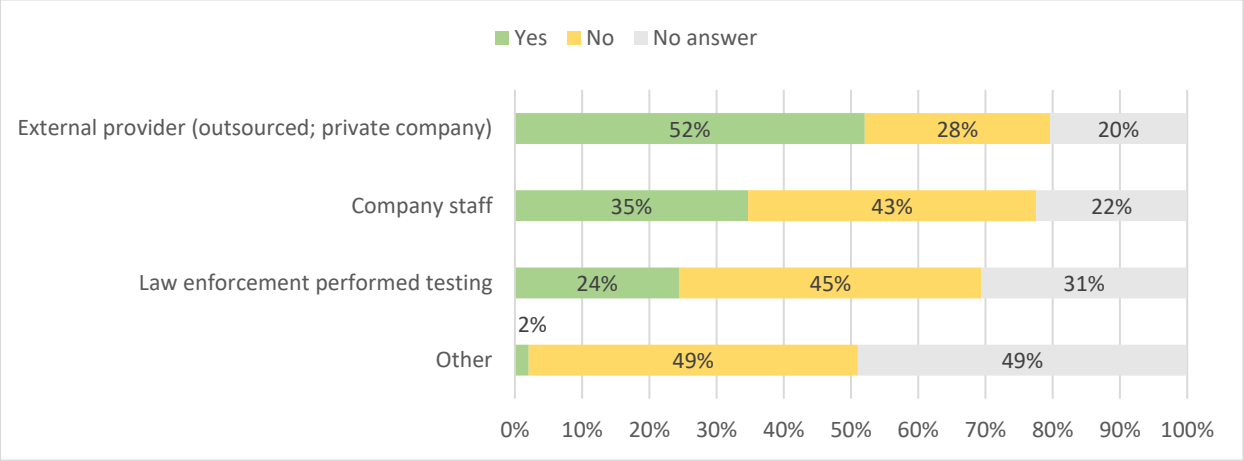


**Figure 85. Providers performing alcohol testing**

'Other' is specified to relate to in-house occupational health services (1 operator) and testing done by an external service provider under the supervision of company staff (local crew managers) (1 operator).

Most alcohol testing is performed by an external provider (private company). Of the operators, 22 % report that they make use of more than one alcohol-testing provider.

**Providers for testing of other psychoactive substances**

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For the testing of their crew for other psychoactive substances, the responding CAT operators report the providers mentioned in Figure 86.

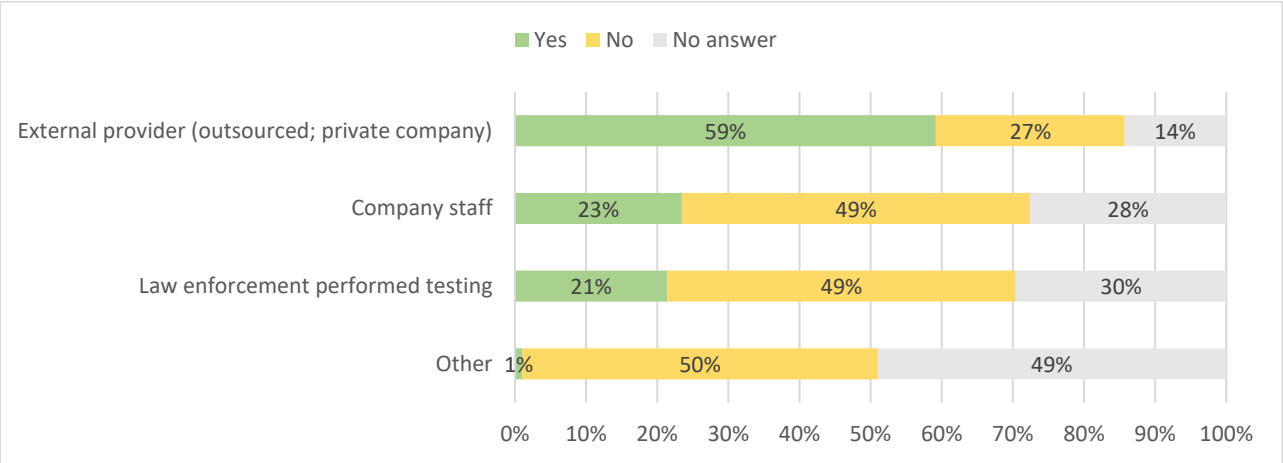


**Figure 86. Providers performing testing for psychoactive substances other than alcohol**

Most testing of crew for other psychoactive substances is performed by an external provider (private company). Of the operators, 20 % report that they make use of more than one provider for testing for psychoactive substances other than alcohol.

When outsourcing testing for substances, the operator should pay special attention to medical confidentiality and data protection. 11 % of the responding operators have not considered including a confidentiality protection clause in the agreement with external providers.

### 6.4.3. Implementation of a testing procedure

**Timing and location of testing**

The graph in Figure 87 shows the response of the total group of operators (*n* = 98) to the question about the timing and location of their testing for alcohol and other psychoactive substances.

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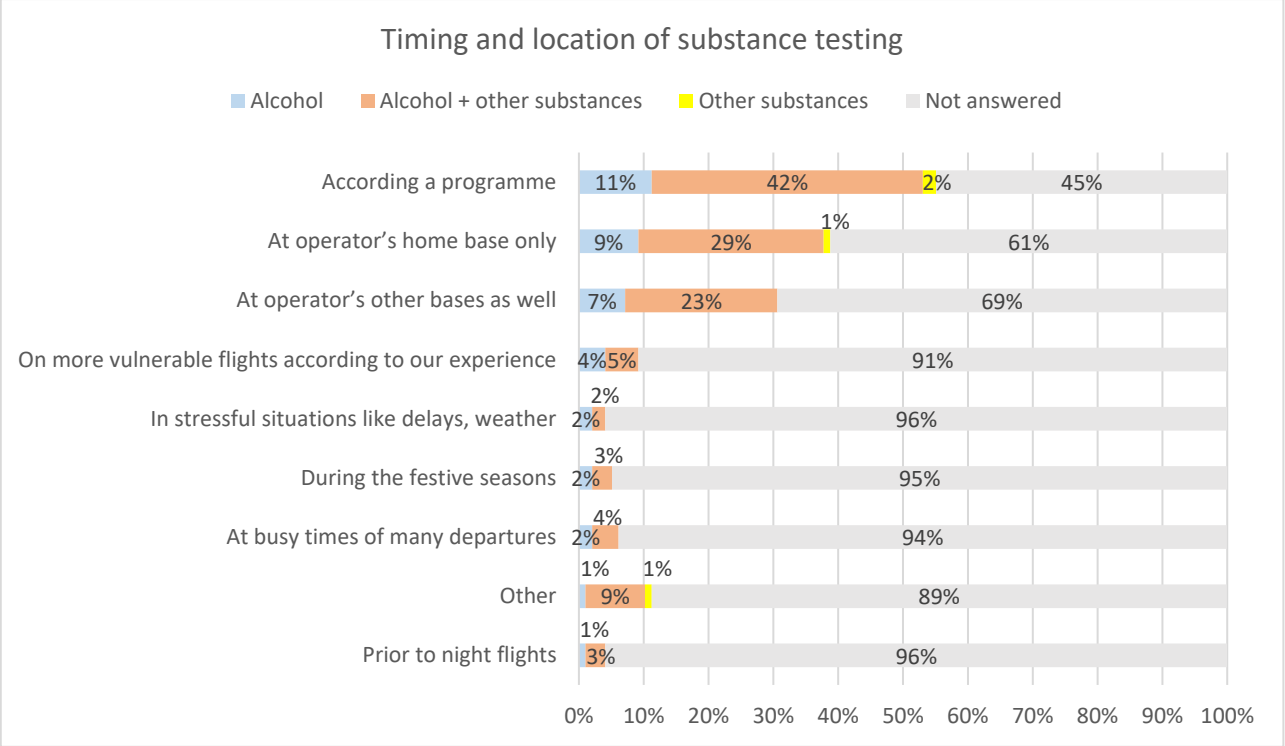


**Figure 87. Policy of timing and location of substance testing for crew – all responding CAT operators**

The general level of response to the question was rather low. Most testing by the responding operators follows a programme and is performed both at the operator's home base and at other bases. The 'Other' response contains the following specifications: 'at any time', 'completely random', 'randomly selected locations' and 'if suspicion arises'.

### Psychoactive substances tested for

Operators were asked to report on the psychoactive substances that are tested for as part of their policy. The response of all operators responding to the survey (*n* = 98) is presented in Figure 88.

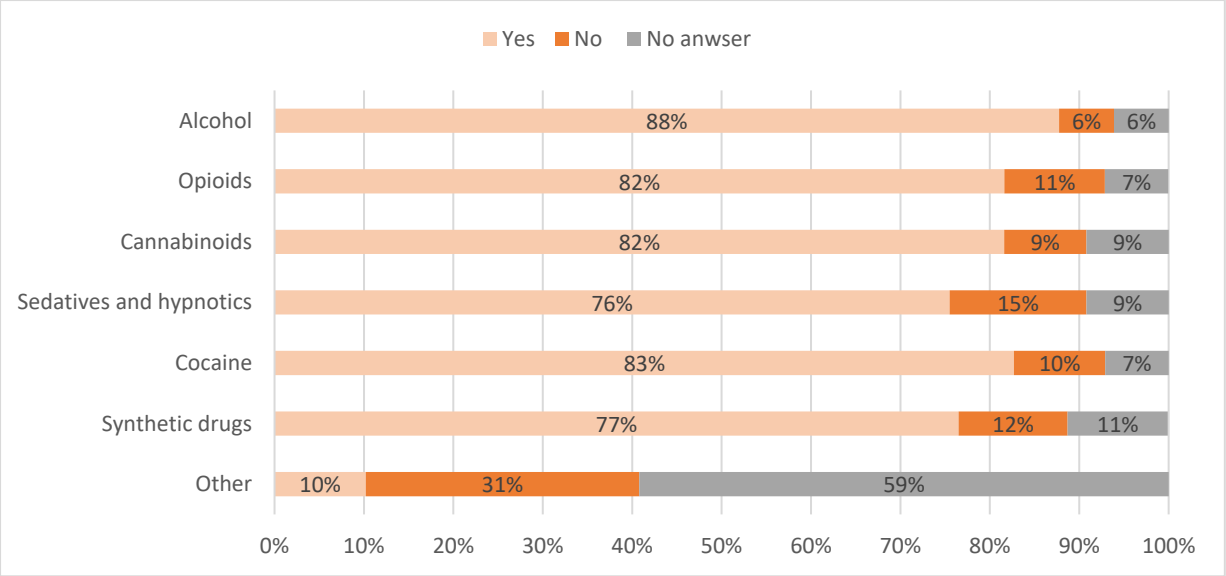


**Figure 88. Psychoactive substances tested for in accordance with the AOC holder's policy**

Five operators answered 'no' to all options; six operators did not answer the question.

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Alcohol testing is reported by 88 % of the operators. Of the operators in the survey, 69 % report that they perform testing for all substances, including 7 % that report testing for substances other than those mentioned in the question, such as psychostimulants, hallucinogens, volatile solvents and tricyclic antidepressants. (For more information, please see Section 6.5.1.)

**Follow-up after positive test result**

As Figure 89 shows, the most common measure taken by operators after a confirmed positive test result is suspension of duty, followed by a referral to a support programme, counselling and referral to a rehabilitation programme.

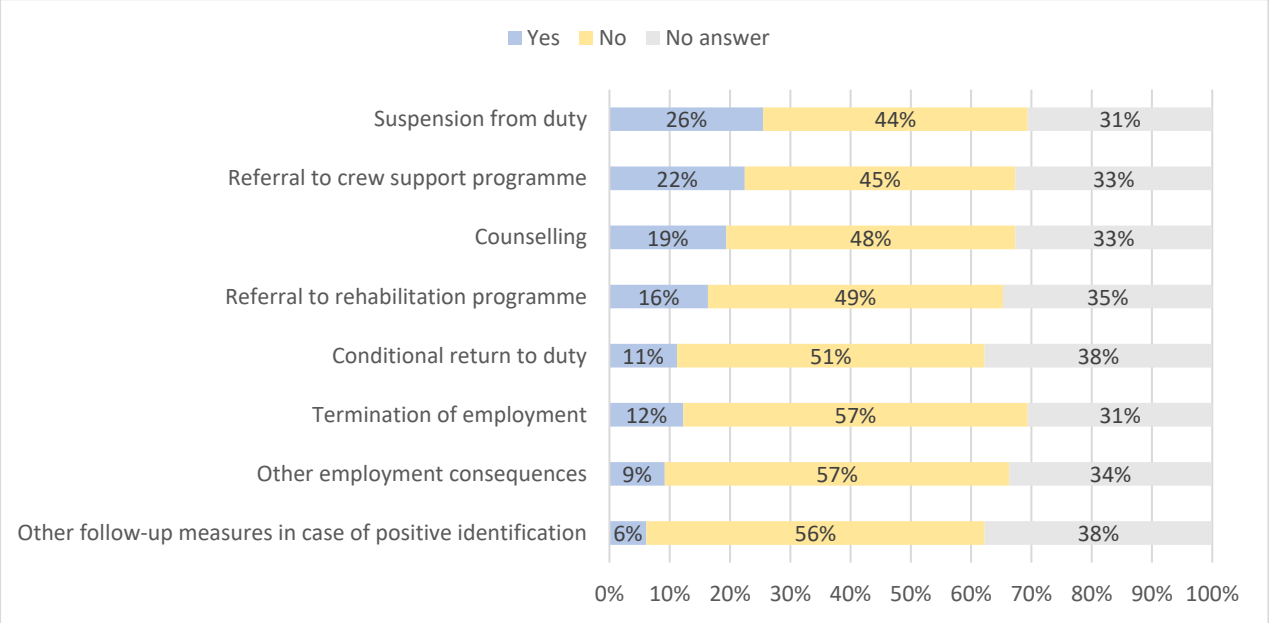


**Figure 89. Follow-up options after a confirmed positive test result**

## 6.5. Testing results

The operators were asked to report the results of their alcohol testing and testing for other psychoactive substances in the last available 12-month period.

**Alcohol testing**

— 64 operators reported 1 790 alcohol tests of flight crew. A total of 16 positives were found, with most cases being in the pre-employment stage and in cases of self-referral and testing with due cause. No positive alcohol tests of flight crew were reported as a result of random testing.

— 31 operators with cabin crew in their service reported a total of 1 391 alcohol tests of cabin crew, including 13 positives, 10 of which were found in one operator's 'upon reasonable suspicion' scenario.

— 50 operators reported a total of 231 alcohol tests of other safety-sensitive personnel, including 6 positives, 2 of which were found in one operator's 'upon reasonable suspicion' scenario.

In summary, the responding operators detected 35 positives from a total of 3 412 alcohol tests (1.03 %), mostly pre-employment and upon suspicion.

**Testing for other psychoactive substances**

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— 60 operators reported 1 552 tests of flight crew performed, resulting in 4 positives, including at least 2 in the pre-employment stage.

— 29 operators with cabin crew in their service reported 1 165 tests of cabin crew, resulting in a total of 17 positives, with most cases being pre-employment (applicants not hired), with due cause and upon reasonable suspicion. No positive tests for other psychoactive substances of cabin crew were reported as a result of random testing.

— 47 operators reported a total of 179 tests of other safety-sensitive personnel, resulting in 4 positives, with 1 being upon reasonable suspicion. The reason given for another of these positives was acceptable to the aero-medical examiner.

In summary, the responding operators detected 25 positives from a total of 2 896 tests for other psychoactive substances (0.86 %), mostly pre-employment and upon suspicion.

No further details could be retrieved on the types of psychoactive substances detected in cases of positive results due to data confidentiality.

## 6.6. Added value, benefits, drawbacks

### 6.6.1. Perception of the effects of the provision of psychoactive substance testing

**Perceptions of effects and added value**

The operators were invited to respond to the statement 'We see positive effects of the prevention and detection measures as implemented'. The response of the operators whose policy is in use is presented in Figure 90.

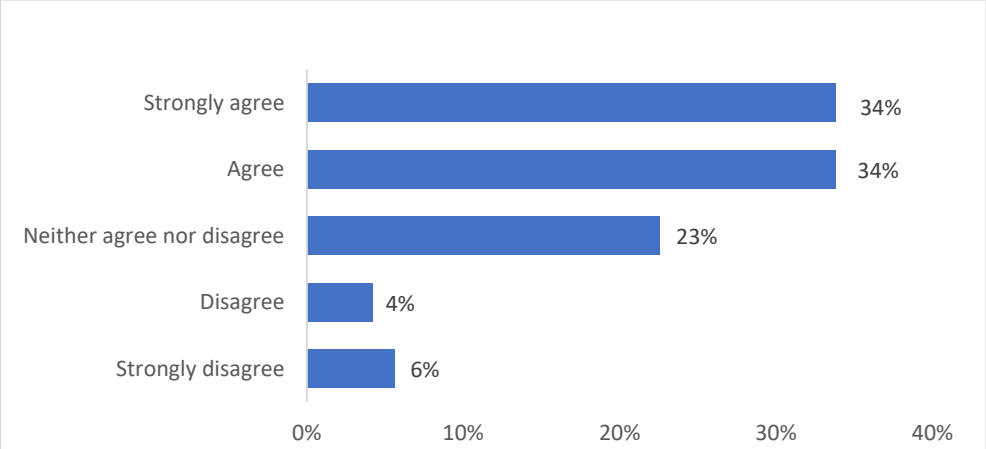


**Figure 90. Value of psychoactive substance testing based on operators' opinion**

Two thirds of the operators perceive their policy on the prevention and detection of misuse of psychoactive substances as being beneficial, with a positive impact. One operator comments that they have achieved increased awareness and vigilance among safety-critical personnel in relation to signs/symptoms of substance misuse. Around 10 % of the responding operators disagree with the usefulness of the measures, while 23 % have a neutral opinion.

In the crew survey, crew were invited to respond to the statement 'The added value of testing crew for psychoactive substances is obvious to me'. The response of flight crew, cabin crew and maintenance crew, taken together, is shown in Figure 91.

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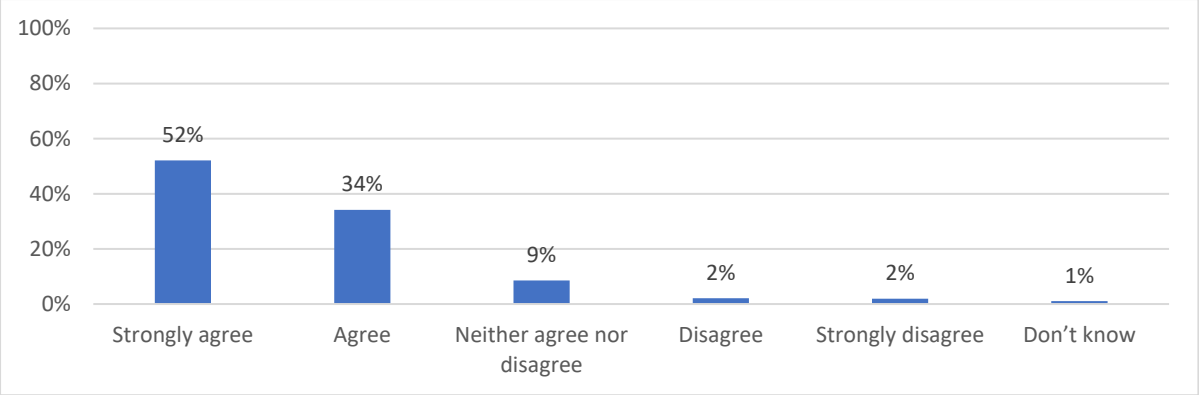


**Figure 91. Added value of psychoactive substance testing as seen by crew**

Of the 562 crew who responded, 86 % agree that the measures for prevention and detection of psychoactive substances are beneficial. The 4 % of crew who disagree are flight crew. Recurring comments are that the testing is felt to be a sign of mistrust of all flight crew, that false positives are more likely and that it should be done in a scientific way with clear norms and cut-offs, and not in-house.

### Perceived benefits of the implementation of CAT.GEN.MPA.170

The graph in Figure 92 shows the benefits the operators responding to the survey see in regard to the preventive, corrective and follow-up function implementation may have. However, they also see some other benefits, such as promoting a culture of trust within the company and increasing crew members' awareness of the potentially problematic use of psychoactive substances.

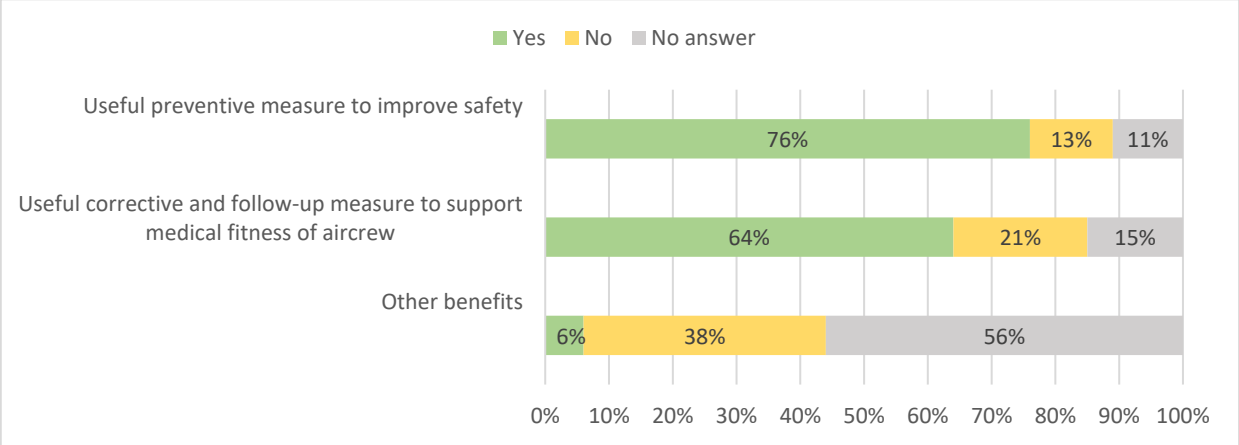


**Figure 92. Perceived benefits for the operators of the implementation of CAT.GEN.MPA.170**

### Perceived drawbacks of the implementation of CAT.GEN.MPA.170

Looking at the drawbacks of the measures for prevention and detection of psychoactive substances, 38 % of the responding operators see implementation as a burden and 17 % think that the costs outweigh the benefits. Other perceived drawbacks mentioned include incompatibility with the national legal framework and legal issues in the case of a positive test result (court decisions taking a long time). Some comments indicate that operators perceive the rules as mandating random testing.

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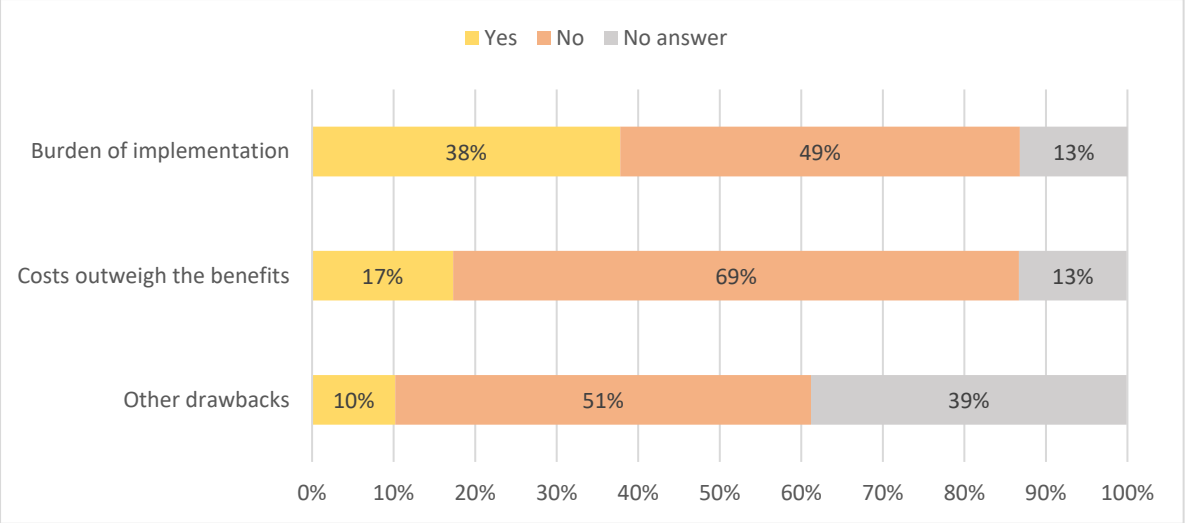


**Figure 93. Perceived drawbacks for the operators of the implementation of CAT.GEN.MPA.170**

## 6.7. Stakeholders' assessments of the rules, comments and recommendations

### 6.7.1. Complexity, clarity, proportionality and adequacy of the rules

Stakeholders from the industry and the authorities were invited to assess aspects of the rules on psychoactive substances on a 5-point scale, with the aspects of the rules to be assessed being as follows: complexity; clear and easy to understand; proportionality to different stakeholders; adequacy to address the safety risks and enhance the level of safety. For the authorities, the scale labels were as follows: absolutely appropriate, slightly appropriate, neutral, slightly inappropriate and absolutely inappropriate. The response from the authorities is presented in Figure 94.

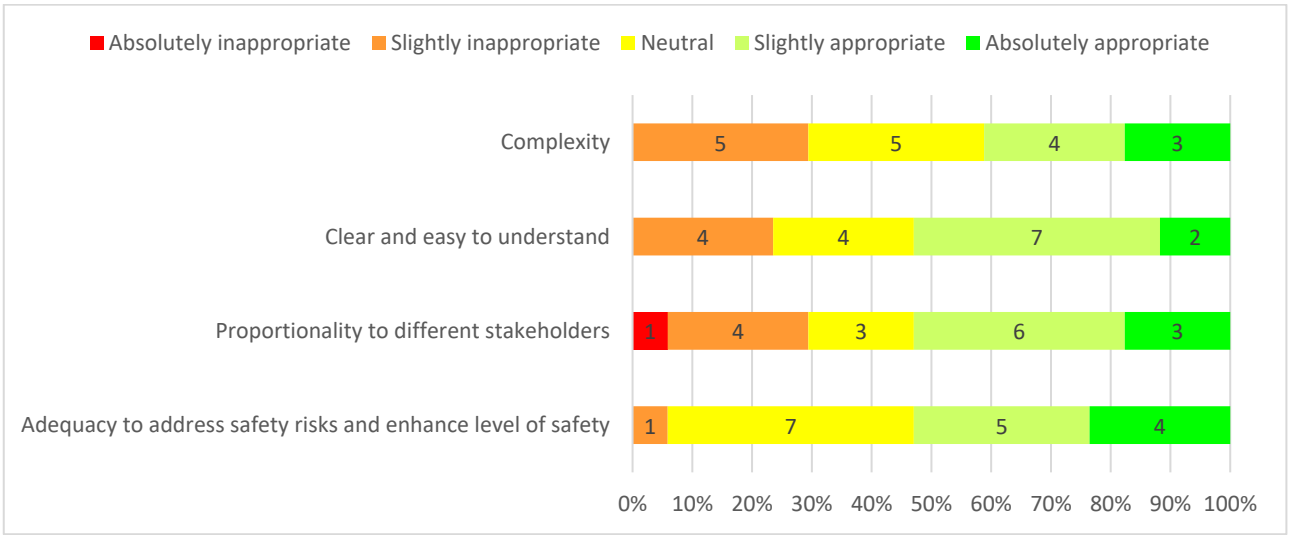


**Figure 94. Responding NCAs' assessment of aspects of the rules relating to psychoactive substances**

For stakeholders from the industry the scale labels were as follows: very positive, positive, neutral, negative and very negative. A single numerical score was calculated for each stakeholder and for each aspect. Figure 95 shows the results for the various stakeholders (very positive = 2, positive = 1, neutral = 0, negative = – 1, very negative = – 2).

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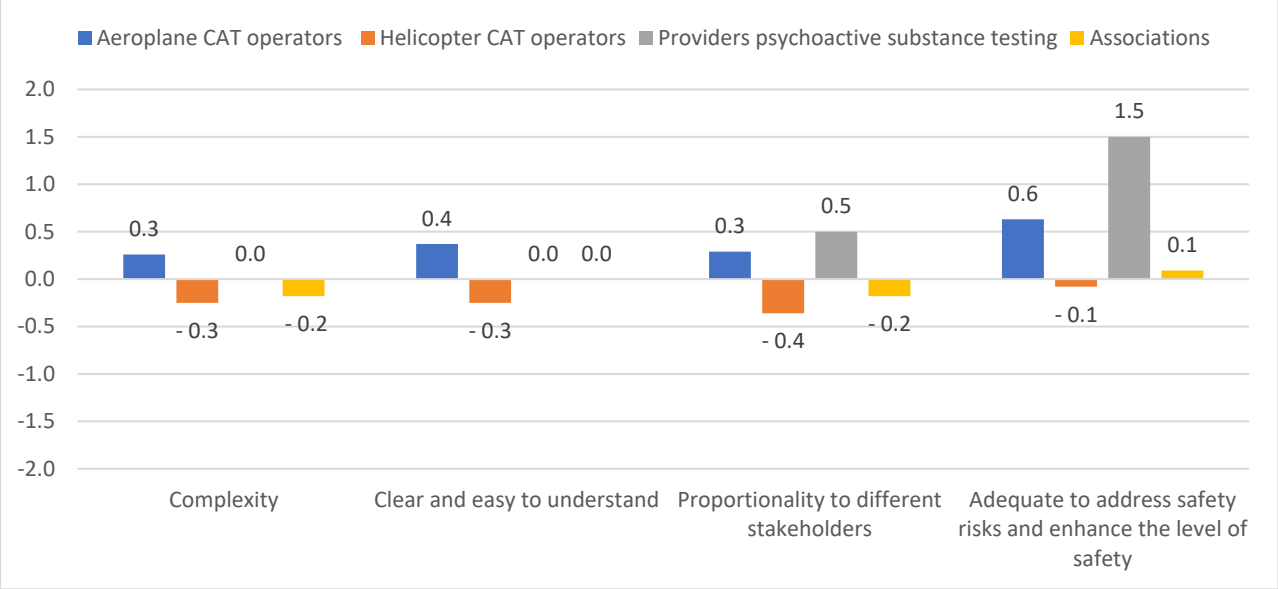


**Figure 95. Authorities' assessment on aspects of the rules relating to psychoactive substances**

Of the responding industry stakeholders, the aeroplane CAT operators tend to be positive in their assessment of the four aspects, while the helicopter CAT operators tend to be slightly negative. Associations tend to be slightly negative in their assessment of the complexity and proportionality of the rules.

### 6.7.2. Comments and suggestions for regulatory improvement from stakeholders

**NCAs**

NCAs request more guidance to support them in performing oversight, and more specifically on dealing with all types of safety-sensitive personnel after a confirmed positive test result. In addition, they would welcome guidance on how to organise testing upon employment for seasonal employees. Furthermore, regarding the size and complexity of operators, the NCAs ask for more proportionality of the rules.

**Operators and service providers**

Some operators argue that testing for psychoactive substances upon employment should not be the responsibility of the operator, because of the medical nature and the conflicts with regard to the protection of personal data, the general data protection regulation and national legislation on medical confidentiality. In this regard, they request clarification of the aspects of medical confidentiality and data protection regarding results within an internal occupational health department versus sharing information with the operator, where the medical department is obliged to declare to the company that a worker is unfit for duty.

Operators with a small fleet and few pilots face difficulties with administering testing in different places where different national rules apply. Similarly to the NCAs, they highlight the need to adjust the rules to the size/complexity of the operators.

**Associations**

Associations recommend the further promotion of a just culture, the provision of support to all types of safety-sensitive personnel and the application of a non-punitive approach. Some voiced the idea of establishing a list of certified organisations who conduct testing at the national or EU level.

**Crew**

Based on their responses when asked for recommendations for improvement, members of crew support testing for psychoactive substances and suggest an increase in the testing frequency, including random

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testing. They also mention the importance of improving the testing location to ensure privacy. False positive results are their major concern, and it is important to ensure that this possibility is minimised using appropriate equipment and testing methods.

## 6.8. Summary

The large majority of operators who responded to the survey have implemented a policy on the prevention and detection of misuse of psychoactive substances. There is no noteworthy difference in the implementation stage between aeroplane and helicopter operators.

National legislation issues, low availability of suitably qualified testing providers and low availability of (management) staff to conduct the implementation and of training resources are considered the major constraints in the progress of implementation of the policy. The impact of the COVID-19 pandemic has been particularly evident in the difficulty in finding test providers.

Operators' training on psychoactive substances is mainly conducted by their own staff as classroom courses and group discussions, followed by access to the operator's online teaching channels. Operators often use a combination of two or more methods. To ensure the effectiveness of training, most operators carry out regular reviews of training content, perform knowledge tests during courses or have evaluation forms filled out by participants.

Most operators have implemented (at the operational stage) the policy on testing for alcohol and other psychoactive substances for flight crew and cabin crew upon employment and with due cause. There is a noticeable difference in the stage of implementation of the policy on testing of safety-sensitive personnel, both those under operators' direct control and personnel from contracted service providers on duty in safety-sensitive positions, the implementation rate of which is reported to be considerably lower than for flight crew and cabin crew. Some operators also have the option in their policy of random testing for alcohol and other psychoactive substances.

Most alcohol testing and testing for other psychoactive substances is performed by external providers. Operators may use the services of more than one testing provider.

The majority of responding operators include testing for alcohol, cannabinoids, cocaine, opioids, synthetic drugs, sedatives and hypnotics in their policy. Most operators' policies require testing for alcohol and other substances at the operator's home base and other bases.

The results reported by responding operators on the testing of flight and cabin crew and other safety-sensitive personnel for alcohol and other psychoactive substances suggest that pre-employment testing and testing upon suspicion can have a significant role in the detection of the use of substances in personnel in or applying for safety-sensitive roles. A reported random testing policy in the response group did not result in any detected use of substances.

After a confirmed positive test result for alcohol or other psychoactive substances, about 12 % of operators took the strict measure of termination of employment, but most enacted a suspension from duty. They often use other methods, such as referral to a crew support programme, counselling and referral to a rehabilitation programme.

The majority of responding operators perceive a positive impact arising from the measures for prevention and detection of psychoactive substances. They recognise the benefits and usefulness of these preventive measures in improving safety and supporting the medical fitness of the aircrew. Nevertheless, some mention drawbacks relating to the perception of a burden and doubt that the benefits outweigh the costs.

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In general, crew members support testing. Ensuring privacy and ensuring the prevention of false positive results are their major concerns.

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# 7. Implementation of alcohol testing performed within the framework of RAMP inspections (ARO.RAMP.106)

## 7.1. Status of implementation

The date of applicability for the provisions relating to alcohol testing within the RAMP programme (ARO.RAMP.106) was 14 February 2021[8]. EASA has monitored the implementation of ARO.RAMP.106 periodically since 2021.

The implementation of alcohol testing within the framework of the RAMP inspection programme can be summarised as follows: 22 EASA Member States have implemented alcohol testing by ramp inspectors of the NCA; 5 EASA Member States have implemented alcohol testing using other officials outside the RAMP programme; 3 EASA Member States have not yet implemented alcohol testing, but they are under an approved corrective action plan following the findings raised on-site in 2021 and 2022.

## 7.2. Experience of RAMP inspectors

Of the 22 EASA Member States that have implemented alcohol testing under the RAMP programme, only 12 responded to the NCA survey.

The NCAs performing alcohol testing with ramp inspectors were asked 'How often do ramp inspectors encounter difficulties during the alcohol testing process in the following areas?' The chart in Figure 96 shows how frequently the ramp inspectors of the responding NCAs had encountered difficulties during the alcohol testing process, and in which areas.

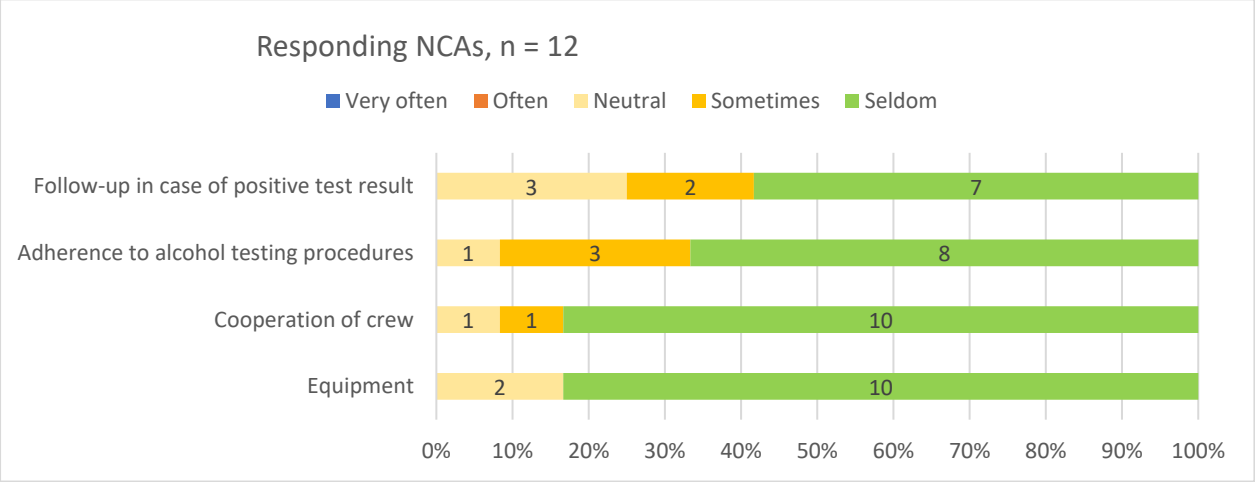


**Figure 96. Frequency of difficulties encountered by inspectors during the alcohol testing process**

The 'Very often' and 'Often' options were not used. In the follow-up question, the NCAs were asked about the most important issues encountered in the different areas. These are presented in Figures 97-100.

8 See Article 4 of Regulation (EU) 2018/1042, as amended by Regulation (EU) 2020/745.

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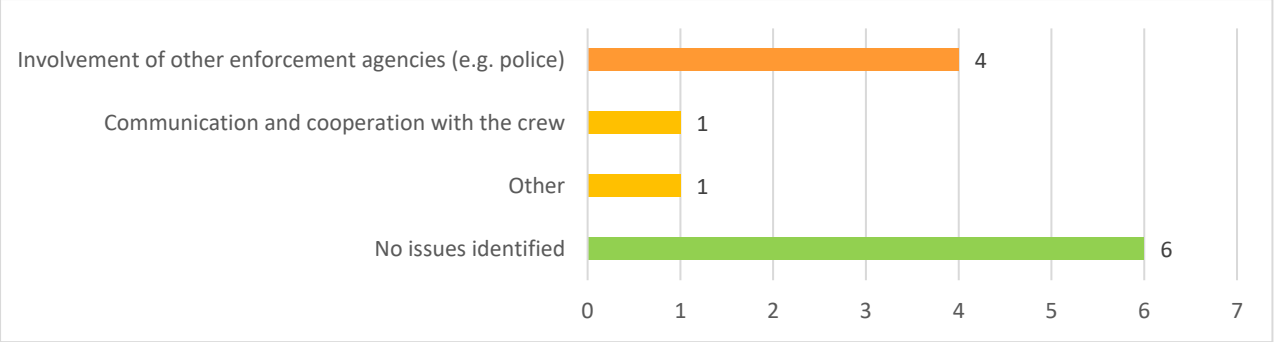


**Figure 97. RAMP: important issues faced in the area 'Follow-up in the case of a positive result'**

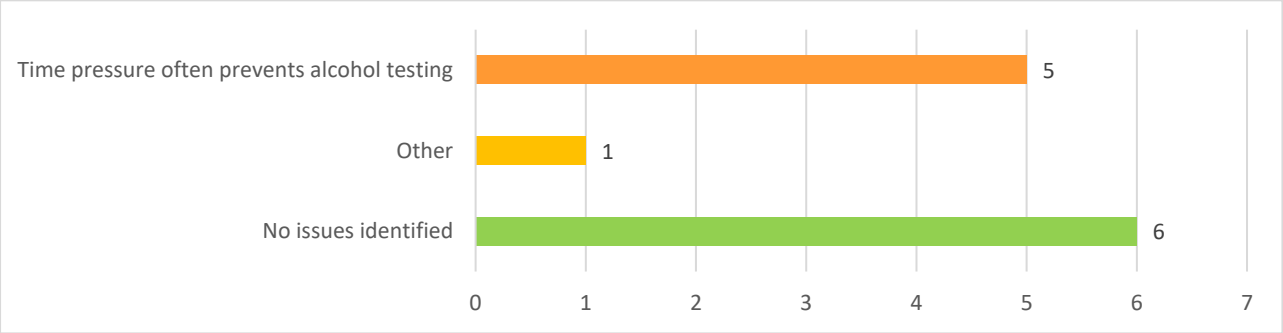


**Figure 98. RAMP: important issues faced in the area 'Adherence to alcohol testing procedures'**

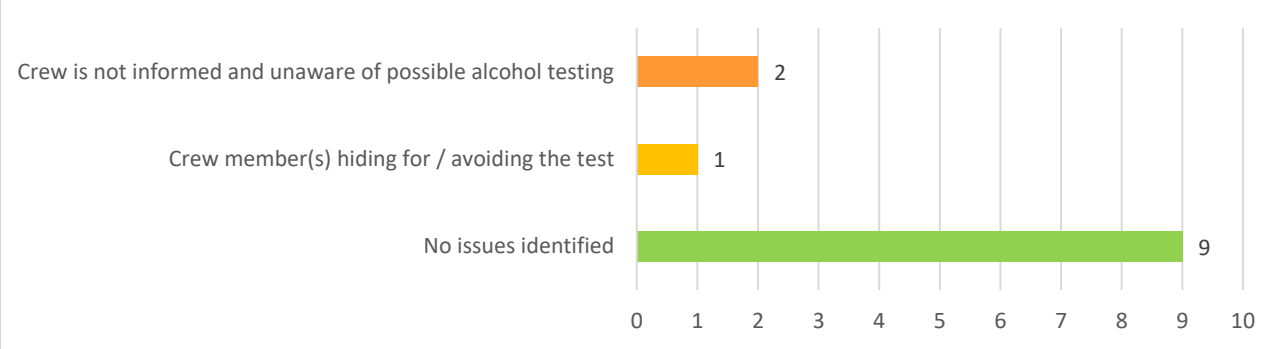


**Figure 99. RAMP: important issues faced in the area 'Cooperation of crew'**

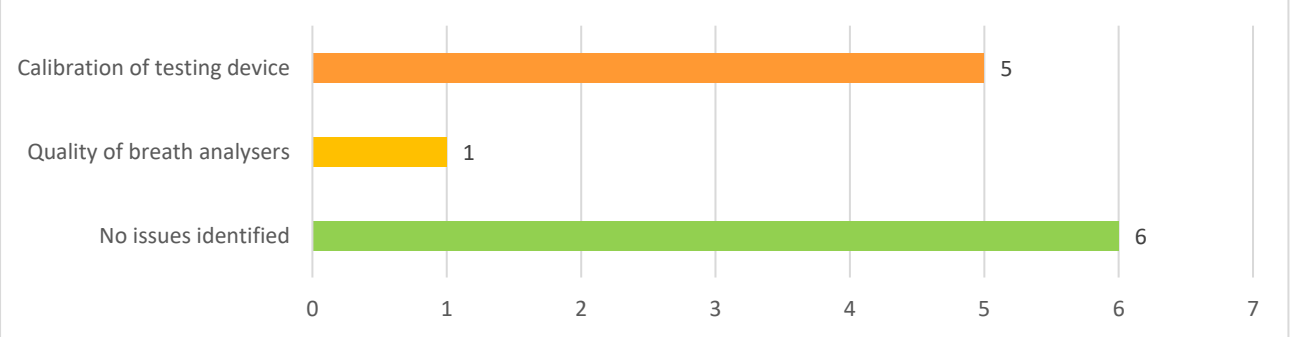


**Figure 100. RAMP: important issues faced in the area of 'Equipment'**

In most cases, respondents did not encounter any issues in the above-mentioned areas. The issues that were encountered were mainly those listed below (in order of importance):

— testing-device calibration;

— time pressure preventing alcohol testing;

— involvement of other enforcement agencies (e.g. police);

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— crew not informed and unaware of possible alcohol testing.

As regards the use of testing equipment, the NCAs were asked 'Do you use evidential grade testing devices to perform confirmation tests after an initial positive result?' Of the 12 responding NCAs, 8 state that they do and 4 that they do not. The reasons given for not using such devices are that they are not explicitly required by law, that they are expensive to some extent (purchase and maintenance) and that they are more complex to handle.

When asked 'Should the use of evidential grade equipment be explicitly required by the regulatory framework?', 3 out of the 8 NCAs using evidential grade testing devices answered 'yes' and 5 answered 'no'. Of the 4 NCAs not using the evidential grade equipment, 1 answered 'yes' and 3 'no'. No further comments were requested in this respect.

## 7.3. Test results from RAMP alcohol testing

The statistics collected during the RAMP alcohol testing programme between 14 February 2021 and 30 April 2023 are listed below.

— 2 417 alcohol tests performed:
  - 2 204 ramp inspections with alcohol testing: 4 863 flight crew and 3 032 cabin crew tested,
  - 213 'stand-alone' alcohol tests: 494 and 628 cabin crew tested.

— 9 017 crew members tested:
  - 5 357 flight crew,
  - 3 660 cabin crew.

— 11 positive tests:
  - 2021: 5,
  - 2022: 4,
  - 2023: 2.

No positive tests in general aviation.

When asked whether the performance of alcohol testing impairs the rest of the ramp inspection in terms of available time, the response was as shown in Figure 101.

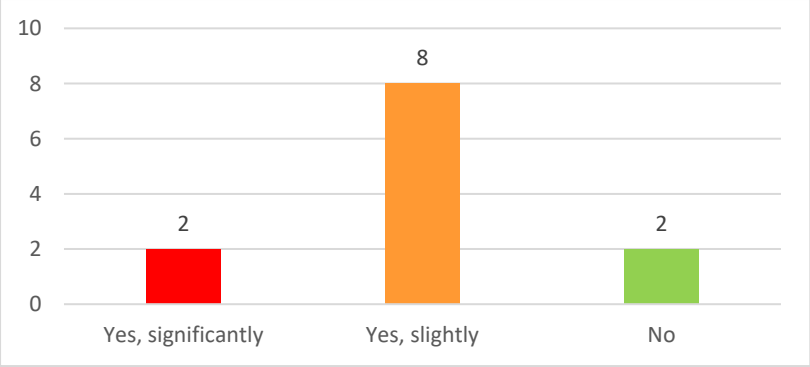


**Figure 101. RAMP: NCA's opinion about impairment of other ramp inspection activity by alcohol testing**

84 % of the respondents consider that the performance of alcohol tests somehow impairs the rest of the ramp inspection in terms of available time. However, only 17 % consider this impairment to be significant.

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## 7.4. Experience of operators

Operators were also requested to provide feedback concerning alcohol testing within the ramp inspection programme in terms of potential undesired impacts. The feedback is presented in Figure 102.

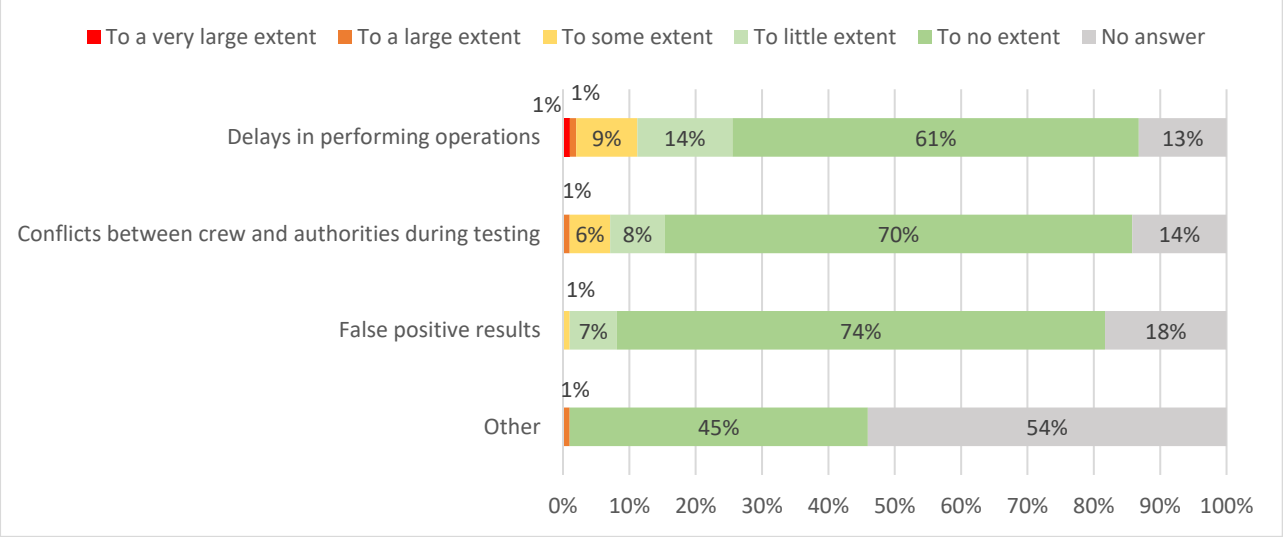


**Figure 102. RAMP: undesired impacts during alcohol testing within the ramp inspection programme**

The vast majority of the responding operators (*n* = 98) see the alcohol testing within the RAMP inspection programme as being largely free of undesired impacts on flight operations, such as delays in performing operations, conflicts between crew and authorities during testing and false positive results. The 8 responding helicopter operators have not encountered any undesired impacts.

## 7.5. Experience of crew

In the crew survey, aircrew were also requested to provide feedback regarding the alcohol testing within the ramp inspection programme.

Of the flight crew responding to the request, 25 % (106 out of 432) have been tested for alcohol during a RAMP inspection, along with 26 % of the cabin crew (33 out of 125). Of all tested respondents, 76 % are flight crew.

When asked to describe their experience, the response was as shown in Figure 103.

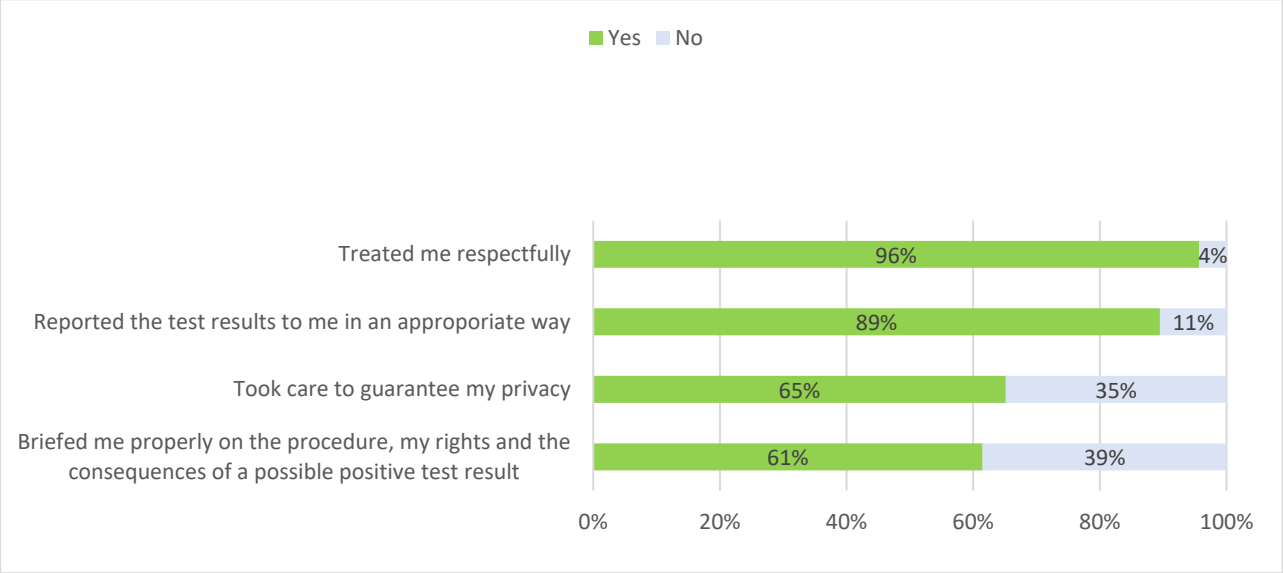


**Figure 103. RAMP: experience of flight and cabin crew when tested for alcohol during ramp inspection**

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In the vast majority of the cases, flight crew and cabin crew were treated respectfully and the results were reported in an appropriate way. Good professional treatment was mentioned several times in the comments. In one third of the responses, however, the aspects regarding taking care of the crew's privacy and the briefing on the procedure, rights and consequences in the case of a positive result were perceived as disorderly. This is also reflected in the comments. Respondents reported cases where privacy was not respected and highlighted that on some occasions the procedure was performed very quickly. No major differences were found between flight crew and cabin crew.

## 7.6. NCAs' assessment of the regulatory framework for alcohol testing during ramp inspections

The survey asked Member States to assess the regulatory framework for alcohol testing over two dimensions. The results can be found in Figure 104.

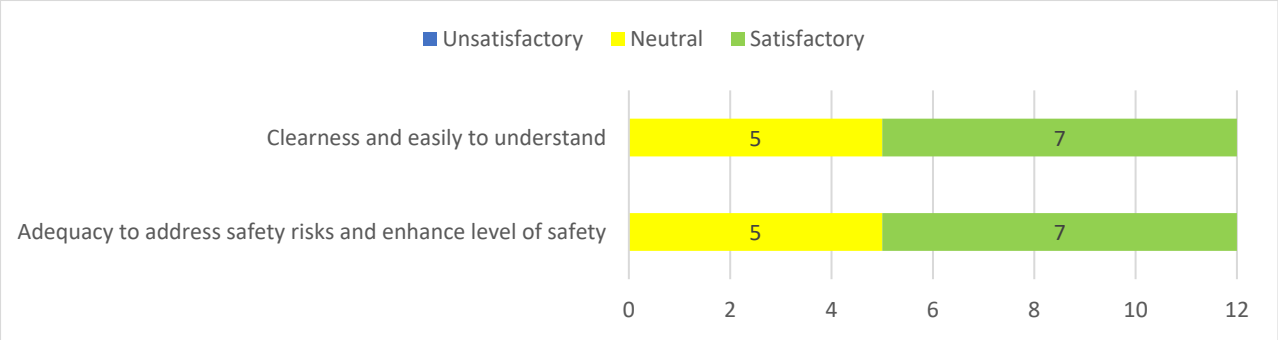


**Figure 104. RAMP: NCAs' assessment of the regulatory framework for alcohol testing during ramp inspections**

Note: The numbers in the chart represent the number of respondents by level of satisfaction.

No significant issues were raised through the comments provided to this question.

## 7.7. Summary

A significant number of the crew survey respondents are supportive of alcohol testing, but many respondents underlined in their comments that the crew's privacy while undergoing alcohol testing has to be strictly maintained and ensured. Some respondents expressed their concerns regarding the accuracy of testing methods and devices, adding that the risk of false-positive results should be eliminated, as this risk exposes the personnel concerned. This highlights the issue of improving the quality of the testing process, in particular the confirmation test. Hence, stakeholders raised the issue of the use of accurate and accepted evidential grade equipment following an initial positive test. There is a need to further address and explore the possibilities for establishing standards relating to confirmation tests for alcohol testing.

NCAs state that there is time pressure to complete alcohol testing within the RAMP process. This could shorten the time needed to inform personnel about the testing process and put privacy at risk.

The vast majority of operators see the alcohol testing within the RAMP inspection programme as being compatible with their flight operations.

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# 8. Conclusions and recommendations

## 8.1. Overarching conclusions

The report is based primarily on data collected through surveys of stakeholders who are directly involved in implementing the requirements. The stakeholders that responded to the surveys represent around 58 % of the NCAs, 14 % of aeroplane CAT operators and 5 % of the helicopter CAT operators in the EASA Member States. A total of 577 flight crew, cabin crew and other safety-sensitive personnel responded to the crew survey and a group of 35 providers and associations answered relevant questions from the operator survey. Although the samples may not be fully representative of the population of stakeholders, the data gives insight and the report provides conclusions based on this self-selecting sample of stakeholders and their voluntary feedback. In addition, data was obtained from EASA's activities on the monitoring of Member States, but it was rather limited due to the few activities conducted in the areas concerned since the regulatory provisions became applicable in February 2021.

### 8.1.1. Status of implementation

For the four provisions analysed, a very high percentage of the responding operators report that they have the provisions in place and operational. For support programmes this is 86 %, for psychological assessment it is 90 %, for the policy on prevention and detection of misuse of psychoactive substances it is 79 % and for alcohol testing on ramp it is 90 %. In addition to the limitations inherent to the sample of stakeholders, this should be analysed together with the fact that some of these operators have experience and had already implemented provisions relating to the use of support programmes (around 48 % of the responding operators), psychological assessment (around 57 %), drug testing (around 41 %) and alcohol testing (around 48 %) before the requirements in the Air Operations Regulation became applicable in February 2021.

It should be noted that the positive trend of a high level of implementation of the requirements may not be valid for all elements of the provisions analysed. Operators report that certain provisions are more challenging and are still under implementation; for example, the link between the support programme and the management system of the operator may not yet have been achieved. Similarly, while the psychological assessment system may be in use, the documentation may not be complete.

There is evidence that for some small/non-complex operators, the provisions analysed are relatively new and that they are experiencing difficulties in implementing the requirements. As an illustration, in the case of support programmes, the non-complex operators' score is significantly lower in relation to 'operational stage of implementation' (63 %) than that of the complex operators (88 %). Helicopter operators are another example: their implementation rate for support programme provisions is 10 percentage points lower than for aeroplane operators. In the case of psychological assessment requirements, 92 % of aeroplane operators report an operational state of implementation, whereas helicopter operators report around 77 %.

EASA's activities on the monitoring of Member States confirm this uneven level of implementation of the provisions relating to flight crew support programmes and testing for psychoactive substances, with some of the operators visited during standardisation inspections since February 2021 found to be at a very early stage of implementation.

The major constraints that play a role in the implementation of support programmes include difficulties in finding MHPs, peers and training resources; the consequences of the COVID-19 pandemic; and budget considerations. The non-availability of MHPs, peers and training resources is a factor that is felt more strongly among helicopter operators and small operators (aeroplane/helicopter).

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In the area of psychological assessment, the necessary resources for training staff and the lack of a qualified psychologist and budget are barriers to an operational level of rule implementation.

In the area of prevention and detection of misuse of psychoactive substances, most responding operators report that the implementation of a policy on testing for alcohol and other psychoactive substances upon employment and with due cause for each relevant group (flight crew, cabin crew and other safety-sensitive personnel) is at the operational stage. Factors impeding operational implementation include issues with national legislation, low availability of suitably qualified testing providers and low availability of (management) staff to conduct/support the implementation.

### 8.1.2. Key elements in the implementation

In the area of support programmes, of the 86 % of the responding operators that report that their support programme is at the operational stage, 93 % have implemented a peer support programme. Of the remaining 14 % that report that their programme is under implementation or in planning, 79 % are implementing peer support. The management of support programmes is organised by the operator and its own staff in 45 % of cases, and in the other 55 % it is contracted to a third party. Operators may have combinations of internal and external support programme facilities in use, such as an internally managed peer support programme and an external MHP. Around 80 % of the operators make use of a contracted provider for the support programmes they facilitate access to.

The most critical elements in the implementation of support programmes are trust on the part of the crew and confidentiality. Currently, around 63 % of the participating flight crew members express enough trust in their company's peer support programmes, while around 12 % do not trust it. Strict protection of confidentiality and data is the key factor for the effectiveness of the whole system of support programmes. Smaller operators may see this as impossible to achieve in their company due to the size of the operator and the close working relationships involved. From a pilot's perspective, the most appreciated channel for access to a support programme is through direct personal contact with a peer.

In the area of psychological assessment, 82 % of the responding operators report that an employed or contracted psychologist or MHP oversees the assessments, and in most cases this is outsourced. Assessment performed by internal staff without the involvement of a psychologist (internal assessment) is found in 16 % of the assessment programmes that have been implemented. 19 % of smaller operators (1-20 flight crew) report that they make use of internal staff without the involvement of a psychologist, but these are not necessarily non-complex operators. Internal assessments are found in all sizes of operators. Bigger operators report that they employ a psychologist in 38 % of cases. The required psychological dimensions to be assessed seem to be well represented in the programmes, but the evidence of a completed job analysis is rather scarce when considering the completeness of the programmes' documentation. Smaller operators may be more ready to accept an assessment performed by other operators in the selection of their pilots, but no more than 50 % do so, while other operators express even more reservations about this possibility.

In the area of prevention of misuse and detection through testing for psychoactive substances, 93 % of the responding operators provide training and education to their crew. In addition, the great majority of responding operators include testing for alcohol, cannabinoids, cocaine, opioids, synthetic drugs, sedatives and hypnotics in their policy. Most operators' policies require testing for alcohol and other substances in accordance with a scheme or programme at the operator's home base and other bases, followed by testing prior to night flights and at busy times involving many departures.

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### 8.1.3. Use of the implemented provisions

Data on the use of the implemented provisions was not provided by all operators that assess their programmes as being operational. In the area of support programmes, data on use was received from 44 operators for the year 2020, 52 for 2021 and 60 for 2022. Operators may have had their programme in use before the date of applicability of the rules. Participating small operators report little use.

Of the operators with operational support programmes, 88 % practise the principle of temporary relief from flight duties for flight crew if the support programme recommends doing so. Most of the remaining 12 % also follow the principle, but report that the programme is 'under implementation' because the documentation in the operations manual is still in progress. Less than 50 % of the operators have a specific provision in place for a loss of licence (for example, insurance), although this is the case for 60 % of responding operators with more than 100 flight crew. Of the flight crew, 34 % report that a policy of protection against loss of licence is made available by their operator.

As concerns psychological assessment, 25 % of the responding flight crew were subject to such an assessment. The level of appreciation was positive from 56 % of them and less positive from 38 %. Some negative perceptions relate to the content of the assessment programme and to the lack of feedback about the test results and not having access to the assessment results afterwards.

The results reported by responding operators on testing flight and cabin crew and other safety-sensitive personnel for alcohol and other psychoactive substances suggest that pre-employment testing and testing upon suspicion can have a significant role in detecting the use of substances in personnel in or applying for safety-sensitive roles.

### 8.1.4. Perceived added value of the provisions

As concerns support programmes, many responding operators see them as a valuable, appreciated and effective tool, but a group of small operators in the survey see their implementation as unnecessary and too challenging, with the latter particularly being the case with regard to the requirement of confidentiality and data protection. There is a risk that they, and the small helicopter operators in particular, see it as a mere tick-box exercise and an administrative burden. Providers and associations in the survey strongly advocate for peer support programmes, but also see the challenges for small operators. These challenges may also be due to a lack of peers or mental and psychological health professionals who meet aeronautical knowledge requirements and to missing standards/definitions for the necessary competency of mental and psychological health professionals.

As concerns psychological assessment, confusion exists among small operators on how to implement the rules, and this confusion may lead to inactivity. Psychological assessments have been an appreciated part of the selection of flight crew for many operators for many years, but providers see the struggle of small operators for which the use of psychological assessments in their selection process is new. Providers, associations for aviation psychology and flight crew call for the regulation to set clear standards for both the performance of psychological assessments and those who perform them. Doubts may still exist among operators and flight crew as to the predictive validity of psychological assessments.

The majority of responding operators, along with crew, perceive a positive impact from the provisions implemented for prevention and detection of misuse of psychoactive substances. They recognise their benefits and usefulness for improving safety and support the medical fitness of the air and ground crew. Nevertheless, some see drawbacks in the form of an extra burden, and fear that the costs may outweigh the benefits. Some crew members expressed their support for more testing. But ensuring privacy and preventing

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false positive results remain their major concerns. NCAs did not raise any major concerns on the complexity, clarity and adequacy of the rules relating to psychoactive substances.

As regards alcohol testing on the ramp, a significant number of the crew survey respondents support the testing.

### 8.1.5. Effectiveness of the implementation and recommendations for improvement

Despite the high percentages of reported operational provisions, the implementation of the rules and the necessary oversight by the NCAs are not complete. This has also been confirmed by the monitoring of Member State activities EASA has conducted since February 2021. Therefore, it is considered to be too early to draw any conclusions about the overall effectiveness of the mandated provisions in the EASA Member States. Nevertheless, very successful individual peer support programmes are in place that are highly appreciated by the crew using them, and also very successful psychological assessment systems are in use by many airline transport operators.

The authorities that participated in the survey are in the process of conducting or are still planning their oversight activities, and therefore no substantial evidence is available from which to derive conclusions on the effectiveness of the requirements.

The results of the survey include indications of where implementation can be improved. In Section 8.2 the project team provides an overview of areas for improvement that may support effective rule implementation.

## 8.2. Recommendations

Based on the survey results, the team puts forward the following recommendations to improve the implementation of the provisions. In general, many stakeholders expressed a clear request for more/better guidance and support from NCAs (in the case of operators) and EASA in implementing the regulation.

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**Table 7. Proposal for areas of improvement and related recommendations, when applicable**

| Area/aspect for improvement | Proposal/recommendation | Possible type of action | Indicative implementation period |
|---|---|---|---|
| **Support programmes** | | | |
| 1. Complexity and proportionality of the rules as regards the size of the operator, in particular with view to small operators.<br>2. Professional standards for mental and psychological health professionals that will be active in support programmes.<br>3. Oversight of the rule on support programme by NCA.<br>4. Extension to cabin crew and other safety sensitive personnel. | **R1**: Professional associations with the support of EASA are invited to provide guidance on how crew support (programmes) can be implemented, operated and maintained by small operators.<br>**R2**: Professional associations with the support of EASA are invited to promote competency standards for the professionals who will provide mental and psychological health support to crew.<br>**R3**: Support NCAs to share a common understanding about the quality standards for well-functioning support programmes in different operators.<br>**R4**: Operators are encouraged to extend the scope of available support programmes to cabin crew and other safety-sensitive categories personnel. | R1, R2, and R4: Guidance from industry and associations (e.g. European Pilot Peer Support Initiative guide, European Association for Aviation Psychology (EAAP) handbook on professional competencies), complemented by EASA safety promotion.<br>Use of EASA standardisation activity to foster the implementation of the rules and encourage continuous improvement.<br>R3: Advisory body meetings | Medium (e.g. 3-5 years) |
| **Psychological assessment** | | | |
| 5. Implementation of psychological assessment for small operators.<br>6. Quality of psychological assessments as to: methodology, competency and quality of service providers, validity of tests, transparency to flight crew.<br>7. Oversight of the rules on psychological assessment by NCAs.<br>8. Clarification of the rules. | **R5**: Professional associations with the support of EASA are invited to focus on small operators to support and provide guidance how to implement, operate and maintain their psychological assessment in accordance with best practice quality criteria and promote related benefits.<br>**R6**: Professional associations with the support of EASA are invited to promote quality | R5 and R6: Guidance from industry and associations (e.g. EAAP *Selection in Aviation* report), complemented by EASA safety promotion.<br>Use of EASA standardisation activity to foster the implementation of the rules and encourage continuous improvement. | Medium (e.g. 3-5 years) |

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| | standards for service providers across Member States.<br><br>**R7:** Support NCA to share a common understanding among them on the quality standards that apply for psychological assessment.<br><br>**R8**: Enhance the transparency of psychological assessment to flight crew (e.g. the pilot should receive feedback on results of the psychological assessment).<br><br>(1) Clarify/promote best practice in organising 'internal assessment' (AMC1 CAT.GEN.MPA.175(c)).<br><br>(2) Clarify the difference between the psychological assessment as mandated in the Air Ops regulation and the mental health assessment as mandated in the Air Crew regulation. | R7: Advisory body meetings.<br><br>R8: Safety promotion or rulemaking task, if needed, FAQ for R8.2. | |
| **Prevention and detection of misuse of psychoactive substances** | | | |
| 9. Privacy and discretion concerns.<br>10. Quality of testing. | **R9**: Professional associations with the support of EASA are invited to promote best practice in organising the testing in cases of pre-employment and with due cause for psychoactive substances with the focus on protecting privacy and discretion.<br><br>**R10**: Professional associations with the support of EASA are invited to promote best practice for the use of appropriate (confirmation testing) equipment and testing methods to reduce and prevent false positive results in cases of pre-employment and with due cause. | R9 and R10: Guidance from industry and associations (e.g. European Society of Aerospace Medicine guidance), complemented by EASA safety promotion.<br><br>Use of EASA standardisation activity to foster the implementation of the rules and encourage continuous improvement. | Medium (e.g. 3-5 years) |
| **Alcohol testing within the framework of RAMP inspections** | | | |

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| 11. Quality of processes. | **R11.1**: Bring up the topic for establishing a European standard for the use of evidential grade testing devices (confirmation testing device) to the attention of relevant competent stakeholders.<br>**R11.2**: EASA to review the existing RAMP procedures related to confirmation tests of alcohol at RAMP to ensure that the confirmation tests are accurate. | R 11.1. The recommendation requests support/intervention from different stakeholders (e.g. Commission, Member States' competent authorities). | 2-3 years |
| **Overarching** | | | |
| 12. Continuous review of the effectiveness of the rules. | **R12**: Perform a second review of the implementation, impact and effectiveness of the rules, considering the initial results of this evaluation and lessons learned. | Potential evaluation task. | After at least 5 years, depending on available resources/data |

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# Annexes

## Annex 1. List of abbreviations

| | |
|---|---|
| AMC | acceptable means of compliance |
| AOC | air operator certificate |
| ARO | authority requirements for air operations |
| avl | availability |
| CAT | commercial air transport |
| CRM | crew resource management |
| EAAP | European Association for Aviation Psychology |
| EASA | European Union Aviation Safety Agency |
| EFTA | European Free Trade Association |
| EU | European Union |
| FC | flight crew |
| GEN | general |
| GM | guidance material |
| HR | human resources |
| MHP | mental health professional |
| MPA | motor-powered aircraft |
| MS | Member States |
| *n* | number |
| N/A | not applicable |
| NCA | national competent authority |
| ORO | organisation requirements for air operations |
| PM | preventive measure |

## Annex 2. Overview of the analysed rules

The regulations affected within the scope of the evaluation are as follows.

**EASA Basic Regulation** of 4 July 2018 setting out the level of aviation safety that EASA wants to achieve.

**Commission Regulation (EU) 2018/1042** amending the Air Operations Regulation. Of relevance to the evaluation are the changes made to Articles 4 'Ramp inspections' and 9b 'Review' and to Annexes I 'Definitions', II 'Part-ARO' and IV 'Part-CAT'.

**Air Operations Regulation**. In particular the following articles and annexes.

1. Article 9b 'Review', mandating EASA to conduct a continuous review of the effectiveness of the provisions concerning support programmes, the psychological assessment of flight crew and systematic and random testing for psychoactive substances.
2. Annex I 'Definitions', defining 'misuse of substances', 'psychoactive substances' (alcohol is included) and 'safety-sensitive personnel'.
3. Annex II, Part-ARO – Authority requirements for air operations, Subpart RAMP 'RAMP inspections of aircraft of operators under the regulatory oversight of another state', point **ARO.RAMP.106 'Alcohol testing'** and related AMC and GM, setting out the requirements for random alcohol testing of flight and cabin crew by the NCA of the Member State.
4. Annex IV, Part-CAT – Commercial air transport operations, Subpart A 'General requirements', Section 1 'Motor-powered aircraft', the following points.
   (a) **CAT.GEN.MPA.170 'Psychoactive substances'** and related AMC and GM, setting out the requirement that operators shall develop and implement both a policy and a procedure on the prevention and detection of misuse of psychoactive substances by their personnel (flight and

cabin crew, and other safety-sensitive personnel under their direct control). The operator's policy should include training and education, and also systematic testing for psychoactive substances in the following cases:

— upon employment; and

— with due cause in the following situations:

- following a reasonable suspicion (including an assessment by appropriately trained personnel), and
- after a serious incident or accident, provided that testing is possible.

(b) **CAT.GEN.MPA.175 'Endangering safety'** and related AMC and GM, setting out the requirement that the operator shall ensure that flight crew has undergone a psychological assessment before commencing line flying. The objectives of this are:

— to identify psychological attributes and suitability of the flight crew in respect of the work environment; and

— to reduce the likelihood of negative interference with the safe operation of the aircraft.

A psychological assessment conducted by or on behalf of an operator should not be considered or conducted as a clinical psychological evaluation.

(c) **CAT.GEN.MPA.215 'Support programme'** and related AMC and GM, setting out the requirement that the operator shall enable, facilitate and ensure access to a proactive and non-punitive support programme. Such a support programme should assist and support flight crew in recognising, coping with and overcoming any problem which might negatively affect their ability to safely exercise the privileges of their licence. The provision must be made available to all flight crew. The protection of the confidentiality of data shall be a precondition for an effective support programme.

## Annex 3. Online questionnaires

The final questionnaires consisted of both structured and open-ended questions, with a preference for structured items and a few open-ended questions, thus facilitating post-survey analysis. Table 2 presents an overview of the number of questions for each stakeholder. Ticking an answer to a question was in many cases followed by one or more conditional questions asking for further specification or inviting the respondent to share any issues experienced.

**Table 8. Number of survey questions per stakeholder**

| | | NCAs | CAT ops | Crew | Support prov. | Psychol. assmt prov. | Subst. testing prov. | Assoc. |
|---|---|---|---|---|---|---|---|---|
| Part 1 | General information | 1 | 1 | - | 1 | 1 | 1 | 1 |
| Part 2 for NCA | Alcohol testing at ramp<br>Implementation of rules by operators and oversight | 8<br>6 | | | | | | |
| Part 2 | Implementation of support programme | | 20 | 11 | 11 | - | - | 3 |
| Part 3 | Implementation of psychological assessment | | 13 | 4 | - | 7 | - | 3 |

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| Part 4 | Implementation of policy on prevention and detection of misuse of psychoactive substances | | 20 | 2 | - | - | 4 | 3 |
| Part 5 | Comments & recommendations | 1 | 6 | 1 | 3 | 2 | 2 | 4 |
| | Total | 16 | 60 | 18 | 15 | 10 | 7 | 14 |

The questionaries can be found below.

— Survey of NCAs: https://ec.europa.eu/eusurvey/runner/NCA_survey.

— Survey of representatives of operators, service providers of support programmes, psychological assessment and testing, associations representing crew, airlines: https://ec.europa.eu/eusurvey/runner/operator-survey.

— Survey of flight and cabin crew and other safety-sensitive personnel: https://ec.europa.eu/eusurvey/runner/Crew.

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## Annex 4. Summary of comments and consultation with the Advisory Bodies

| EVT.0011 Recommendation | **Comments received on the draft evaluation report** | **Webinar discussion** |
|---|---|---|
| *R1: Professional associations with the support of EASA are invited to provide guidance on how crew support (programmes) can be implemented, operated and maintained by small operators* | • This deserves priority, as smaller operators will have a hard time to find an acceptable level of implementation that is both safety-beneficial and not adding undue financial burden.<br>• EASA is invited to set-up a restricted set of rules for non-complex CAT operators in order to adapt the support program requirements that are defined for large operators.<br>• The rules for Cat A-to-A Operators should be exempted until the recommendations regarding the complexity and proportionality of the rules as regards the size of the operator are in place. The implementation period (3-5 years) proposed for this action will not solve the current difficulties in reaching compliance for Cat A-to-A Operators.<br>• Do we have any indication whether the regulation on Support Programme and Psychological testing is effective at all? Was this asked during the study? | EASA took note of these comments. To address the concerns of the small operators and to provide support in implementation and guidance on how crew support (programmes) can be implemented, EASA suggests the following:<br>1. further promotion of good practices among small CAT operators with the support of industry, associations and service providers;<br>2. further analysis of the topic in depth in the context of the forthcoming evaluation of small CAT operators to gain more insight of this stakeholder group and understand better the needs and possible actions to support them.<br>As mentioned in Section 8.1, it is considered too early to draw any conclusions about the overall effectiveness of the mandated provisions in the EASA Member States. Nevertheless, very successful individual peer support programmes are known of that are highly appreciated by the crew using them, and very successful psychological assessment systems are also in use by many airline transport operators. More evidence on the use of the support programmes / psychological assessment and the benefits can be found in Sections 4.4, 4.5, 5.4 and 5.5. |
| *R2: Professional associations with the support of EASA are invited to promote competency standards for the professionals who will provide mental and psychological health support to crew* | • Agreed. But! There is a risk here to add specific compliance-based targets, in a largely performance-based regulatory text. That would not be beneficial to the operators or to the CAAs. | EASA took note of the concerns expressed. |
| *R4: Operators are encouraged to extend the scope of available support programmes to cabin crew and other safety-sensitive categories personnel* | • Support program for other personnel than Flight Crew should only be considered as a good practice and not be mandatory.<br>• Support programmes should be extended to cabin crew and safety sensitive personnel. ETF request this to be regulation or at least AMC in the interim. | EASA considered the comments in conjunction with the ongoing ICAO and EPAS work on support programmes for aviation personnel. Based on the feedback EASA received from the surveys, support programmes among cabin crew and other safety personnel are much appreciated. Therefore, EASA is considering further promotion and sharing of good practices from the implementation via safety promotion tasks to encourage more operators to extend the programmes to these groups of personnel. |
| *R5: Professional associations with the support of EASA are invited* | • See comments to R1.<br>• Please consider change of the title of point CAT.GEN.MPA.175 | EASA took note of the proposal. |

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| *to focus on small operators to support and provide guidance how to implement, operate and maintain their psychological assessment in accordance with best practice quality criteria and promote related benefits* | 'Endangering Safety'. It is perceived by many flight crew as undermining their work to perform safe operations adhering to high moral and ethical standards. | |
| *R6: Professional associations with the support of EASA are invited to promote quality standards for service providers across MS* | • See comments to R2.<br>• EAAP suggests to update the AMC1/GMC1 CAT.GEN.MPA175(b): include EAAP's report on selection in aviation & EAAP's competencies handbook. | EASA took note of the proposal. |
| *R9: Professional associations with the support of EASA are invited to promote best practice in organising the testing in cases of pre-employment and with due cause for psychoactive substances with the focus on protecting privacy and discretion*<br>*R10: Professional associations with the support of EASA are invited to promote best practice for the use of appropriate (confirmation testing) equipment and testing methods to reduce and prevent false positive results in cases of pre-employment and with due cause*<br>*R11.1: Bring up the topic for establishing a European standard for the use of evidential grade testing devices (confirmation testing device) to the attention of relevant competent stakeholders*<br>*R11.2: EASA to review the existing RAMP procedures related to confirmation tests of alcohol at RAMP to ensure that the confirmation tests are accurate* | • EASA should more clearly define the expected confirmation test methods. Only methods that can be recognized by law should apply.<br>• EASA should provide information on the requirements for drug testing to be carried out correctly from a legal point of view.<br>• Promoting best practices may not be enough. It is of utmost importance that these tests are really accurate as these have very serious implications to flight crew.<br>• The use of drugs is relatively common, so from an aviation safety perspective it is important to catch this abuse through unannounced drug tests. The focus should not only be on sampling prior to employment and on suspicion.<br>• EASA should specify the types of drug analyses to be included, so that not only the use in recent days is detected, but that any established abuse can be caught. Also the substances to be analysed in a drug test should be uniform within EASA. In addition to these, further substances could be added at national level.<br>• We acknowledge the draft evaluation report. From the aeromedical section the only but important comment is that ARO.RAMP doesn't mention drug testing at all but specifically only alcohol testing. As drug use/abuse is just as significant DCARA recommend this issue to be implemented in the regulation. | The comment reiterates the recommendations of the report.<br>In addition, it should be noted that the subject goes beyond the Air Operations Regulation and is related to the legal framework of each Member State for national enforcement.<br><br>The survey collected data on testing results (see Section 6.5). Positive tests could not be linked to random testing. GM2 to CAT.GEN.MPA.170 mentions that nothing should prevent CAT operators from establishing a random testing programme for psychoactive substances if it is in accordance with national requirements.<br><br>Please note that the types of drugs are specified in the Aircrew Regulation, Part-MED, AMC1 MED.B.055 point (d)(1). The list is indicative and could not encompass all existing and new drugs. Therefore, it is recommended that the assessment of new drugs follow a risk-based approach.<br><br>Drug testing during RAMP is not possible within the scope of a check on the ramp due to the nature of the testing and the time it requires. |
| Response rate | What does the low response rate mean? | EASA based the analysis on the sample of responding operators (see Section 3). As |

| | | |
|---|---|---|
| | What emerges is that the design differs among the various operators. Uniformity should be endeavoured, where the various tests and assessments made are as far as possible evidence-based and provide the desired outcome. | explained in the methodology, there are certain limitations to the evaluation, and the conclusions are based on the self-selecting sample of operators, complemented by other data sources. |

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