

Action plan for the implementation of the Germanwings Task Force recommendations

Version 1 – 7 October 2015



1 Executive summary

The Germanwings tragedy reminded the international aviation community that the medical and psychological conditions of flight crews, if not detected, can lead to a catastrophic outcome. This demonstrates that the safety of passengers can never be taken for granted and that the regulators have the duty to quickly adapt to a variety of challenges in a constantly changing environment.

Shortly after the accident, the European Commissioner for Transport Ms Violeta Bulc requested a Task Force lead by the European Aviation Safety Agency (EASA) to make recommendations which would prevent such a disaster from happening again. The present document presents the action plan to implement the 6 recommendations proposed by the Germanwings Task Force in July 2015.

EASA intends to complement the use of existing regulatory materials with innovative solutions to timely implement the recommendations. Concrete actions will be launched in the areas of air operations, aircrew, Information Technology (IT) and data protection.

Before the end of 2015, an Aircrew Medical Fitness workshop will be organised to discuss the implementation of the recommendations. The workshop will gather European and world-wide stakeholders. Based on the results of the workshop, concept papers about the actions proposed to implement the recommendations will be drafted and subject to focused consultations among affected parties. EASA is considering to publish Operational Directives in the area of air operations and aircrew in the first quarter of 2016 to address specific safety issues in anticipation of regulatory actions. They will provide operators and national aviation authorities with valuable information about how to start implementing the recommendations in a proactive manner and mandate certain actions. Operational Directives are a new tool which may be used for the first time on this occasion. Finally, regulatory material such as new acceptable means of compliance (AMC) and guidance material (GM) to existing regulations will be developed as needed before the end of 2016.

EASA's mission is to make air travel safe for European Union citizens in Europe and worldwide. With this action plan we are fully committed to fulfil this mission.

2 Recommendations from the EASA Germanwings Task Force

The Task Force delivered in July 2015 the following 6 recommendations:

1. The Task Force recommends that the **2-persons-in-the-cockpit recommendation** is maintained. Its benefits should be evaluated after one year. Operators should introduce appropriate supplemental measures including training for crew to ensure any associated risks are mitigated.
2. The Task Force recommends 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.
3. The Task Force recommends 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.
4. The Task Force recommends 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.
5. The Task Force recommends that national regulations ensure that an **appropriate balance is found between patient confidentiality and the protection of public safety**.

The Task Force recommends the creation of a **European aeromedical data repository** as a first step to facilitate the sharing of aeromedical information and tackle the issue of pilot non-declaration. EASA will lead the project to deliver the necessary software tool.
6. The Task Force recommends 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. Requirements should be adapted to different organisation sizes and maturity levels, and provide provisions that take into account the range of work arrangements and contract types.

As part of the next steps, EASA was tasked to produce an action plan for the implementation of the recommendations.

3 Implementation approach and timeline

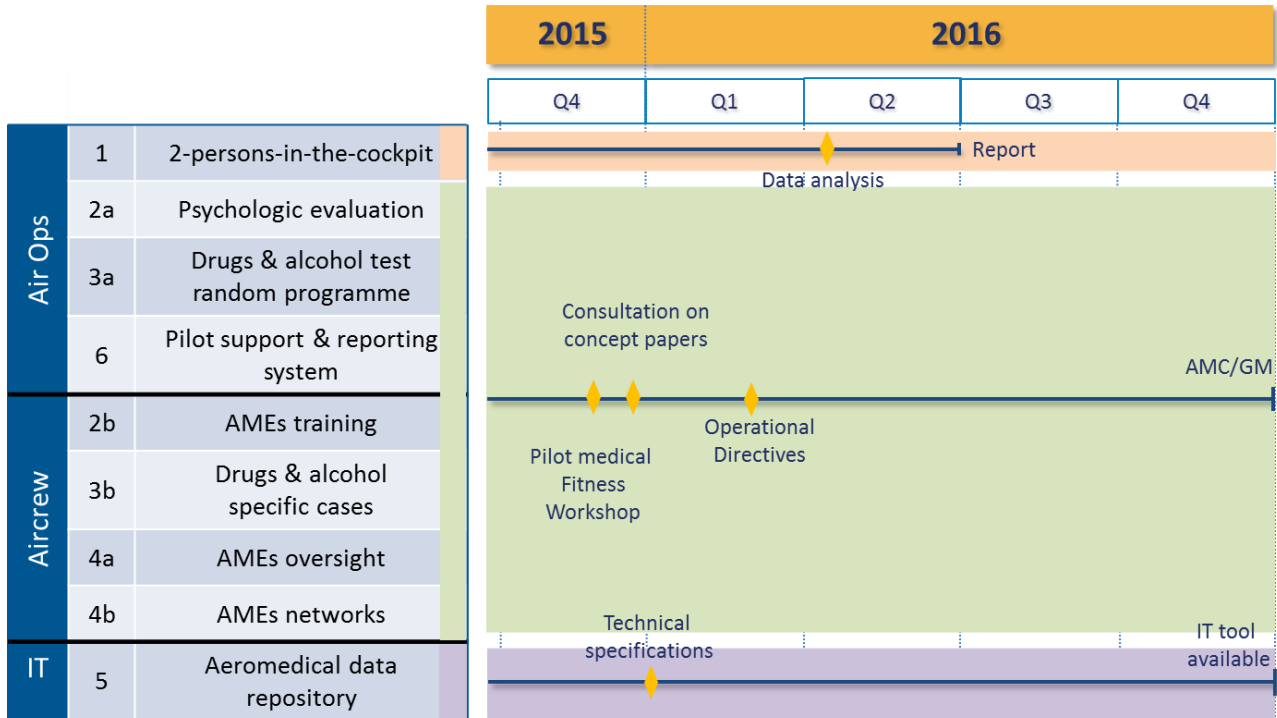
The implementation plan will be articulated around 4 work packages: air operations, aircrew, IT and personal data, tackling the different elements of the 6 recommendations as shown in the graphic below.

		Recommendations					
		1	2	3	4	5	6
Work packages	EASA						
	Air operations	2-pilots in cockpit	Psychol. evaluation	Drugs & alcohol operators			Pilots report & support systems
	Aircrew		Aeromed assessment + AMEs training	Drugs & alcohol medical	AMEs oversight + networks	Aeromed data repository	
	IT					Software	
	Personal data					Data protection/ public safety	
COM							

EASA will implement the first three work packages (air operations, aircrew and IT). The action related to data protection goes beyond EASA’s competencies, since it relates to national regulations ensuring balance between patient confidentiality and the protection of public safety. It could be associated to the Commission proposal for General Data Protection Regulation. EASA proposes in this action plan measures to support the implementation of this recommendation, which is left to the discretion of the Commission.

EASA intends to complement the use of existing materials and processes with innovative elements aiming at greater acceptance and quicker implementation of the proposed measures. Both regulatory and non-regulatory actions are proposed. Regulatory actions will be preceded by any necessary impact assessment and take due account of input from affected parties. A global Aircrew Medical Fitness workshop will take place. Focused consultations on the concept papers resulting from the workshop will be launched before the end of 2015. The option of issuing Operational Directives in the first quarter of 2016 is being considered to address specific safety issues in anticipation of regulatory actions, as explained in chapter 4.

The implementation of all actions is planned to be finished by the end of 2016 as shown in the graphic below. The specific timing for the different actions is explained in detail in chapter 4.



The main assumptions for the timeline are that, based on a first assessment, the current requirements do not need to be amended and only applicable means of compliance (AMCs) and guidance material (GM) is needed. Also that all rulemaking tasks are part of fast-track processes.

If impact assessments result in regulatory proposals for changes in the current implementing rules, the action plan will be delayed by 3 to 6 months depending on progress in the EASA committee.

The implementation plan may need modification based on the conclusions of the ongoing investigations related to the Germanwings 9525 accident.

4 Work packages

1. Air operations

Recommendation 1: The Task Force recommends that the **2-persons-in-the-cockpit recommendation** is maintained. Its benefits should be evaluated after one year. Operators should introduce appropriate supplemental measures including training for crew to ensure any associated risks are mitigated.

To implement this recommendation, EASA will collect and analyse data about the implementation of the Safety Information Bulletin (SIB) in March and April 2016 through a specific questionnaire. A report will then be issued in June 2016 including a decision about the way forward. Depending on the outcome, acceptable means of compliance (AMC) or guidance material (GM) may be developed and/or the Safety Information Bulletin (SIB) modified.

A common approach will be taken to implement the rest of recommendations in the air operations work package: 2a (pilots psychological evaluation), 3a (drugs and alcohol testing – random programme) and 6 (pilot support and reporting systems).

Recommendation 2(a): The Task Force recommends 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.

Recommendation 3(a): The Task Force recommends to mandate **drugs and alcohol testing** as part of a random programme of testing by the operator and at least in the following cases: when employed by an airline, post-incident/accident, with due cause, and as part of follow-up after a positive test result

Recommendation 6: The Task Force recommends 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. Requirements should be adapted to different organisation sizes and maturity levels, and provide provisions that take into account the range of work arrangements and contract types.

Firstly, a global Aircrew Medical Fitness workshop will be organised to discuss the implementation of the recommendations. The workshop will take place before the end of 2015, grouping a large audience of European and worldwide stakeholders. Representatives from at least the following organisations will be invited: IATA (International Air Transport Association), IFALPA (International Federation of Airline Pilots Association), ECA (European Cockpit Association), EFT (European Transport Workers' Federation), IACA (International Air Carrier Association), ELFAA (European Low Fares Airline Association), NAAs (National Aviation Authorities), ECAST (European Commercial Aviation Safety Team), aero-medical examiners, medical experts providing training and aero-medical assessors, ESAM (European Society of Aerospace Medicine), Pompidou Group from the Council of Europe (Co-operation Group to Combat Drug Abuse and

Illicit Trafficking in Drugs¹), European Workplace Drug Testing Society, FAA (Federal Aviation Administration), CAA Australia.

Following the workshop, a concept paper will be developed describing the proposed directions and means for the implementation. This paper will be subject to a focused consultation with affected parties. IATA (International Air Transport Association), ETF (European Transport Workers' Federation for cabin crew), IACA (International Air Carrier Association), ELFAA (European Low Fares Airline Association), ECA (European Cockpit Association) and National Aviation Authorities will be consulted.

Thirdly, EASA is considering to publish Operational Directives in the first quarter of 2016, taking into account the feedback received during the focused consultation. Operational directives are a new tool which will be used for the first time on this occasion. These will cover the main elements ahead of the finalisation of the rulemaking tasks and will provide the operators and the National Aviation Authorities (NAAs) valuable information about how to start implementing the recommendations in a proactive manner.

In the area of drugs and alcohol testing the approach will be to develop measures consistent with EASA opinion 03-2014 for ATM on "problematic use of psychoactive substances", currently in discussion within the Commission and on which voting is expected in the coming weeks.

For the implementation of pilot support and reporting systems (recommendation 6), an ECAST paper is proposed in addition to AMC (acceptable means of compliance) or GM (guidance material). Just culture cannot be mandated and needs to be promoted. The ECAST paper is a flexible instrument, it is expected to be well perceived by the aviation community and provides an intermediate step towards the AMC or GM. The paper would provide guidance on the basis of existing best practices of airlines having already implemented support groups. The ECAST working group tasked to produce this paper will be set up during the next ECAST meeting on 25 November 2015, targeting the publication of the paper by March 2016.

2. Aircrew

Recommendation 2(b): 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.

Recommendation 3(b): The Task Force recommends to mandate **drugs and alcohol testing** in the initial Class 1 medical assessment.

Recommendation 4: (a) The Task Force recommends the establishment of robust oversight programme over the **performance of aero-medical examiners** including the practical application of their knowledge. **(b)** 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.

¹ „Prevention of alcohol and drug use in the workplace: From a declaration of intent to the implementation of a policy: users' guide to the Reference Framework, good practices, research

For recommendations 2b, 3b and 4, the same approach will be taken as for recommendations 2a, 3a and 6: a broad discussion will be triggered during the Aircrew Medical Fitness workshop, a concept paper based on the results will be circulated for focused consultation with affected parties, the publication of Operational Directives will be considered and finally acceptable means of compliance or guidance material will be drafted as needed.

The specific consultation organised for aircrew related items (recommendations 2b, 3b and 4) will include aero-medical examiners and experts from the national aviation authorities. For recommendation 2b (the psychological part of the initial and recurrent aeromedical assessment and the related training for aero-medical examiners should be strengthened), the consultation will try to clarify the consequences on existing Class 1 pilots and assess if a light regulatory impact assessment is needed.

3. Information technology (IT)

Recommendation 5(b): The Task Force recommends the creation of a **European aeromedical data repository** as a first step to facilitate the sharing of aeromedical information and tackle the issue of pilot non-declaration. EASA will lead the project to deliver the necessary software tool.

The introduction of pan European medical certification has given pilots freedom to apply to an aero-medical examiner certified by any EASA State. A system to share aeromedical information in an efficient manner whilst respecting the necessary data protection, is important to minimise the risk of non-declaration introduced by this freedom.

To implement this recommendation, EASA will draft the technical specifications for the development of the data repository by the end of 2015. The development of the tool is part of the IT work package. The main risk identified related to this project is the different approach to personal data protection among the Member States.

The development of the software for the European aeromedical data repository will be managed according to specifications drafted by the Agency, in cooperation with external experts if needed. The target is to deploy the system by December 2016, including the production of a user guide.

4. Data protection

Recommendation 5(a): The Task Force recommends that national regulations ensure that an **appropriate balance is found between patient confidentiality and the protection of public safety**.

The balance between patient confidentiality and the protection of public safety that national regulations should ensure could be associated to the Commission proposal to the Parliament and the Council (COM(2012)0011) on the protection of individuals with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation). This implementation plan does not cover this part of recommendation 5, which is left to the discretion of the Commission.

To support the implementation of this recommendation, EASA proposes to discuss the processing of personal (health) data during the envisaged Aircrew Medical Fitness workshop, involving all relevant stakeholders, including representatives of national medical associations. In particular, the notification obligations of various actors should be addressed: operators, medical doctors, authorities and pilots. Also the insight gained about the minimum personal data the various actors need to exercise their safety responsibilities.

Following the workshop EASA will develop a paper containing proposals for actions within EASA's scope but also beyond.

5 Follow-up

Progress made in the BEA-led safety investigation and the conclusions reached by other groups following issues related to the accident of Germanwings 9525 will be closely monitored and timely considered to adjust the implementation plan as deemed necessary.

Once the regulatory actions, the guidance material and the database are delivered, EASA will monitor the implementation and effectiveness of the measures. The applicable means of compliance (AMCs), Guidance Material (GM) and the use of the European aeromedical data repository will be presented and discussed in standardisation meetings. Standardisation reports provided by EASA to the Commission will reflect the conclusions of the monitoring.