



EASA

European Aviation Safety Agency

ATCO MED Workshop

Questions

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An agency of the European Union





Belgocontrol

Installation of decrease in medical fitness, it is not obvious to interpret the rules and make it workable for the ATCO as well as ANSP.

Ex calling one day ill and need for advise of AMC or AME to start working again. Nowadays this can mean that an ATCO is not able to work for 5 days if the center is not open.

ATCO.MED.A.020

EASA comment:

Decrease in medical fitness is not a new concept. It exists in ECTL Class 3 and in Regulation 805/2011. No new obligation is established, only guidance on how to handle the cases.



Two different ANSPs/NSAs can produce two different lists of prescribed or non-prescribed medications potentially interfering with the safe exercise of the privileges

ATCO.MED.020(a)(2)

EASA comment:

ATCO.MED.A.020 Decrease in medical fitness

- (a) Licence holders shall not exercise the privileges of their licence at any time when they:
- (2) take or use **any prescribed** or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the licence;

GM1 ATCO.MED.A.020 Decrease in medical fitness

MEDICATION — GUIDANCE FOR AIR TRAFFIC CONTROLLERS

- (a) Any medication can cause side effects, some of which may impair the safe exercise of the privileges of the licence. Equally, symptoms of colds, sore throats, diarrhoea and other abdominal upsets may cause little or no problem whilst not exercising the privileges of the licence, but may distract the air traffic controller and degrade their performance whilst on duty. Therefore, one issue with medication and the safe.....



Hungarocontrol

(a) Applicants who have undergone a major gynaecological operation shall be assessed as unfit until full recovery.

(b) Pregnancy: In the case of pregnancy, if the AeMC or AME considers that the licence holder is fit to exercise her privileges, he/ she shall limit the validity period of the medical certificate to the end of the 34th week of gestation. The licence holder shall undergo a revalidation aero-medical examination and assessment after full recovery following the end of the pregnancy.

Q3: Does it mean that in the pregnant ATCO's medical certificate there should be a TML? In present cases there is no limitation.

ATCO.MED.B.045 Obstetrics and gynaecology

EASA comment:

ATCO.MED.B.005 General

Applicants shall be free from any of the following that would entail a degree of functional incapacity which is likely to interfere with the safe performance of duties or could render the applicant likely to become suddenly unable to exercise the privileges of the licence safely...

ATCO.MED.B.045 Obstetrics and gynaecology

(b) Pregnancy: In the case of pregnancy, if the AeMC or AME considers that the licence holder is fit to exercise her privileges, **he/ she shall limit the validity period of the medical certificate to the end of the 34th week of gestation.** The licence holder shall undergo a revalidation aero-medical examination and assessment after full recovery following the end of the pregnancy.



Hungarocontrol

Is it possible to develop an integrated computer program that will inform the competent authority or AME, if a person, working in the field of aviation, visits a medical institution. In my opinion, with this system we could avoid events like the Germanwings tragedy.

EASA comment:

Yes, on national level, but ...

ATCO.MED.A.015 Medical confidentiality

All persons involved in aero-medical examination, aero-medical assessment and certification **shall ensure that medical confidentiality is respected at all times.**



Reg: Medical Confidentiality:

If Examination results are sent to CAA via open Fax or Internet.

Is this compliant with the Reg?

MED.A.030

Are secure lines required?

EASA comment:

It's not ATCO related question.

ATCO.MED.A.025 Obligations of AeMC and AME

(b) After completion of the aero-medical examinations and assessments, the AeMC and AME shall:

(4) **submit without delay to the licensing authority a signed, or electronically authenticated,** report containing the detailed results of the aero-medical examination and assessment for the medical certificate and a copy of the application form, the examination form and the medical certificate;

ATCO.MED.A.015 Medical confidentiality

All persons involved in aero-medical examination, aero-medical assessment and certification **shall ensure that medical confidentiality is respected at all times.**



DLR

The text does not relate to DSM V / ICD which is state- of-the-art concerning mental disorders

ATCO.MED.B.055

EASA comment:

The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes.

ICD is used by **physicians**, to classify diseases and other health problems recorded on many types of **health and vital records, including death certificates and health records.**



Necessity of psychological or psychiatric screening for ab initials as well as for renewal of medical examinations

EASA comment:

On clinical indication, or has a record in history.

ATCO.MED.B.060 Psychology

- (a) Applicants who present with stress-related symptoms that are likely to interfere with their ability to exercise the privileges of the licence safely shall be referred to the licensing authority. A fit assessment may only be considered after a psychological and/or psychiatric evaluation has demonstrated that the applicant has recovered from stress-related symptoms.
- (b) (b) A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination.



Use / abuse of drugs

EASA comment:

ATCO.MED.B.055 Psychiatry

(a) Applicants with a mental or behavioural disorder due to alcohol or **other use or misuse of psychoactive substances, including recreational substances with or without dependency, shall be assessed as unfit** until after a period of documented sobriety or freedom from psychoactive substance use or misuse and subject to satisfactory psychiatric evaluation after successful treatment. Applicants shall be referred to the licensing authority.



CAA Poland

Does the no. of 60 hours for basic and advanced training mean that if the CAAA would want to prepare one training for both it should consist of 120 hrs? Such training in that case could last for 3 weeks, what is impossible to apply in free market realities. What about AMEs who used to exam controllers under EU Reg no. 805/2011 (grandfather rules)? Are they also obliged to pass such training and in what scope/time limits?

AMC 1 & 2 ATCO.MED.C.015 (a)

EASA comment:

Grandfather rules only for Class 1 (basic and advance).



AME applicants for privileges for the revalidation/renewal of class 3 medical certificates shall have completed basic and advanced training courses in aviation medicine, including specific modules for the aero-medical assessment of air traffic controllers and the specific environment in air traffic control.

The content of Basic and Advanced training in AMC1 MED.D.010 and AMC1MED.D.015 of Commission Regulation (EU) 1178/2011 is not the same as in AMC1 ATCO.MED.C.015 and AMC2 ATCO.MED.C.015 of Commission Regulation (EU) 2015/340.

- 1. Whether these are additionally courses to basic and advanced course as per Commission Regulation (EU) 1178/2011 and its amendments, or we can accept training course that will consolidate only differences between them?**
- 2. Whether these specific modules (the aero-medical assessment of air traffic controllers and the specific environment in air traffic control) shall be included in basic and/or advanced training or are separate training?**

ATCO.MED.C.010; ATCO.MED.C.015; AMC1 ATCO.MED.C.015

EASA comment:

Remark: Could be discussed during MEG meeting.



CAA Croatia

AME certificate shall be revalidated provided the holder has performed 10 aero-medical examinations every year.

Whether it shall be only medical examinations for class 3 medical certificates or we will count also class1/2 medical examinations?

ATCO.MED.C.025

EASA comment:

Class 1 / 2 and Class 3 separately.

AME has to perform at least 10 **Class 3** aero-medical examinations every year.



CAA Croatia

AMEs/AeMCs certified by Commission Regulation (EU) 1178/2011 and its amendments , which perform examinations for class 3, in the process of replacing the certificates under Article 8(3):

1. gain two certificates?

FOR AeMC:

- one EASA Form 146 Issue 1 in accordance with Appendix V to Annex VI Part-ARA of Commission Regulation (EU) 290/2012, and second EASA Form 146 Issue 1 in accordance with Appendix 4 of Annex II of Commission Regulation (EU) 2015/340;

FOR AME:

- one EASA Form 148 Issue 1 in accordance Appendix V to Annex VI Part-ARA of Commission Regulation (EU) 290/2012, and second EASA Form 148 Issue 1 in accordance Appendix 3 of Annex II of Commission Regulation (EU) 2015/340.

OR

2. gain one certificate?

AME/AeMC certified in accordance with Commission Regulation (EU) 1178/2011 and its amendments, and with Commission Regulation (EU) 2015/340 shall have only one certificate – that one in accordance with Appendix 3 and Appendix 4 of Annex II of Commission Regulation (EU) 2015/340

Art. 8. (3); Appendix 3 and 4 of Annex II; ATCO.AR.F.010; ATCO.AR.F.015

EASA comment:

Who has Class 3, must have AME certificate in accordance 2015/340.

For AeMC two certificates – one AirCrew and one ATCO.



Hungarocontrol

When assessing whether a limitation is necessary, particular consideration shall be given to:

- (1) whether accredited medical conclusion indicates that in special circumstances the applicant's failure to meet any requirement, whether numerical or otherwise, is such that exercise of the privileges of the licence is not likely to jeopardise the safe exercise of the privileges of the licence;
- (2) the applicant's experience relevant to the operation to be performed.

Q1: How and by what means can an AeMC or AME determine it?

ATCO.MED.B.001 Limitations to medical certificate

EASA comment:

ATCO.MED.B.001 Limitations to medical certificates

(a) Limitations to class 3 medical certificates:

(1) **If the applicant does not fully comply with the requirements for a class 3 medical certificate** but is considered to be not likely to jeopardise the safe exercise of the privileges of the licence, the AeMC or AME shall:



Hungarocontrol

Operational limitations (1) The competent authority, in conjunction with the air navigation service provider, shall determine the operational limitations applicable in the specific operational environment concerned. (2) Appropriate operational limitations shall only be placed on the medical certificate by the licensing authority. (d) Any other limitation may be imposed on the holder of a medical certificate if required to ensure the safe exercise of the privileges of the licence. (e) Any limitation imposed on the holder of a medical certificate shall be specified therein.

Q2: What kind of operational limitations can be? How is it possible to make a difference in the medical certificate in executive controller (EC)/planning controller (PC) working position when the ATCO licence does not differentiate them?

ATCO.MED.B.001 Limitations to medical certificate

One case: in the medical certificate after a surgery there were limitations: TML Valid only for 3 months and SSL- valid only in PC workplace.

EASA comment:

ATCO.AR.A.010 Tasks of the competent authorities limitation of medical certificates following referral by the AME or AeMC;

Acceptable Means of Compliance (AMC) and Guidance Material (GM) to Part ATCO.MED

AMC1 ATCO.MED.B.001 Limitations to medical certificates

AMC2 ATCO.MED.B.001 Limitations to medical certificates



Hungarocontrol

Based on the Germanwings air disaster, I would like to ask how it is possible that in case of a medical certificate withdrawal it depends on the employee whether to report it to the competent authorities or not. E.g. An ATCO suffering from a psychiatric disorder will not necessarily follow this instruction

EASA comment:

ATCO.MED.A.020 Decrease in medical fitness

(1) are aware of any decrease in their medical fitness which might render them unable to safely exercise those privileges;

ATCO.AR.A.010 Tasks of the competent authorities

(a) The tasks of the competent authorities shall include:

(1) the issue, **suspension and revocation** of licences, ratings, endorsements and **of medical certificates**;



Inconsistent/conflicting allocation of tasks to AME/AeMC and competent authority
It is the tasks of the competent authority to issue, revalidate, renew and to endorse limitations on medical certificates.

ATCO.AR.A.010

e.g. ATCO.MED.B.001 (a)(2) renewal by AME/AeMC;

e.g. ATCO.MED.C.001 (a) revalidation and renewal by AME;

e.g. ATCO.MED.B.001 (c)(2) operational limitations by licensing(?) authority only

EASA comment:

ATCO.AR.A.010 Tasks of the competent authorities

(a) The tasks of the competent authorities shall include:

(5) the revalidation, renewal and limitation of medical certificates following referral by the AME or AeMC;

ATCO.MED.B.001 Limitations to medical certificates

(a) Limitations to class 3 medical certificates:

(2) The AeMC or AME may revalidate or renew a medical certificate with **the same limitation without** referring the applicant to the licensing authority.



Belgocontrol

Limitations to medical certificates: There is no process (obligation from AeMCs and AMCs to ANSPs) available between the AeMCs and the AMEs to give feedback to the ANSPs for example proposals to adapt the working conditions of an ATCO as to assure that an ATCO with limitation or which may no longer conduct the privileges of his licence, has the proper follow up by the concerned ANSP.

ATCO.MED.B.001

EASA comment:

AME and AeMC must contact the **licensing authority**, not ANSP.

ATCO.MED.B.001 Limitations to medical certificates

(c) Operational limitations

- (1) The competent authority, in conjunction with the air navigation service provider, shall determine the operational limitations applicable in the specific operational environment concerned.
- (2) Appropriate operational limitations shall only be placed on the medical certificate by the licensing authority.



AESA

We have a question about de Operational limitations. This limitations have to be defined in general form or the AMS would decide case by case ?

ATCO.MED.B.001

EASA comment:

Case by case, limitation are in AMC&GM.



Material to be used for the medical certificate:

As the formulation regarding the quality of paper to be used for Air Traffic Controller Licence is different (first quality paper and/or other suitable material), the question arise whether it would be sufficient to use commercial printing paper for printing the medical certificates from IT system?

ATCO.AR.F.005

EASA comment:

ATCO.AR.F.005 Medical certificate

(b) Material: The paper or other material used shall prevent or readily show any alterations or erasures. Any entries or deletions to the form shall be clearly authorised by the competent authority.



Belgocontrol

STDI are excepted from the medical certificate. But what with STDI who need a valid assessor endorsement (f.e. assessment during simulations in rating training or assessment during assessor training and practical instructor skill training).

EASA comment:

Applicants for an assessor endorsement do not need to be current = no valid unit endorsement and medical certificate is required for acquiring the endorsement. The need for a valid unit endorsement and medical certificate depends on the type of assessment undertaken. For assessments during initial training, or instructor/assessor course there is no need for those.



CAA Croatia

Does the transfer of records includes medical records, as with pilot licence SOLI transfer in accordance with FCL.015 of Commission Regulation (EU) 1178/2011?

ATCO.AR.A.010 (a) (14)

EASA comment:

Remark: discuss during MEG meeting.



FAI

Do not hold more than 1 Med Certificate!

1. Class 1 is issued with a waiver (OPL) ,for 6 months, the CAA does not issue a LAPL license.

2. Additional LAPL is issued by an AME without restrictions, other validity (5 years).

Med A 050

Possible !?

EASA comment:

It's not ATCO related question.



What are the requirements concerning psychological assessors?

ATCO.MED.B.060

EASA comment:

Psychological assessor – there are no requirements for such position.



DFS

What is the expectation towards the service provides concerning procedures and compliance to ATCO.MED.A.020 and related AMC/GM

ATCO.MED.A.020

E.g. what kind of procedures documentation required?

EASA comment:

The CA has to ensure that licence holders do not exercise associated privileges at any time when their medical fitness is decreased.

ATCO.MED.A.020 Decrease in medical fitness

- (a) **Licence holders shall not exercise** the privileges of their licence at any time when they:
- (b) In addition, holders of a class 3 medical certificate **shall, without undue delay and before exercising the privileges of their licence**, seek aero-medical advice when they



DFS

View of EASA on systematic or random testing related to psychoactive substances

ATCO.MED.A.020 and

Also relates to AMC1 ATS.OR.315(b) of the “Common requirements”

EASA comment:

Could be discussed during MEG meeting.



EASA

European Aviation Safety Agency

Thank you.....

Questions ?

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