

# - Panel #4 - Crews' perspective

---

# Presenter's biography



DIDIER MORAINÉ

## PROFESSIONAL EXPERIENCE:

- Airline Pilot since 2006 (B737, B777)
- Currently Captain on B737 by ASL Airlines Belgium

## CURRENT POSITION & FOCUS AREAS:

- Active member of the ECA FTL WG since 2009
- Former Chairman between 2014 & 2018
- Member of the company FSAG

## STUDIES OR OTHER INFORMATION

- Developer of the EU FTL Calculator App

# Example of shared responsibility & training

- ❖ **ASL Airlines Belgium** is a cargo operator based in Liège (Belgium):
  - Night flights (more than 10 hrs FDP);
  - Operations in hub
- ❖ FRM started in June 2015:
  - FRM policy
  - FSAG ToR
    - 2 days meeting / month
    - Safety, rostering, crewing, health & safety, OCC, crews' representatives
    - Initial tools: statistics, fatigue reports, survey, scientific studies
    - Bio-mathematical model used more recently
- ❖ FSAG in an **independent body** that:
  - Produces **recommendations** to the Safety Review Board (SMS) based on data analysis
  - Publishes **communication**
- ❖ Objectives: Improvement of the **organisational strategies**.



# Monthly analysis of Fatigue Reports

- ❖ All Fatigue Reports are analysed one by one by FSAG:
  - Classified by category:
    - hotel problems,
    - rostering problems (stability, heavy duty, standby, ...)
    - delays, last minute changes,
    - ... and **unknown(?)**
- ❖ New category of events: **poor individual strategies over the challenges of night flights**
  - Ex: Sleep history of 12 hrs in the last 72 hrs
- ❖ Direct impacts on operations with an **increase unfit reports** at home base:
  - Need to call standby crews
- ❖ Statistics show an **increase number of pilots** developing **sleep pathologies**:
  - Loss of class 1 medical for several months until prove of good sleep quality




# Shared responsibility & training

- ❖ Discussions in FSAG on how to tackle this emerging trend:
  - Inappropriate strategies have **long-term effects on health**
  - Sleep problems develop after 3 to 5 years of night flights
  - These pilots are more prone to report unfit
- ❖ Only training and education can change **individual behaviours**:
  - Basic FRM training (eLearning) does not fulfil this objectives:
    - All staff received an eLearning introduction to FRM
    - Only the ground staff received ground course training on EASA FTL and FRM
  - Regular publications or emails don't work better
- ❖ Project to give a one-shot full day **classroom** course on **scientific principles** for fatigue management
  - To all pilots and shift workers
- ❖ Hope that early awareness and **better individual strategies** will help to mitigate the negative effects of night and shift work



# Actual situation in Europe

- ❖ To be effective a FRM needs that **all stakeholders understand their responsibilities** in the FRM
- ❖ However, ECA FTL experts deplore that this is **too seldom the case** in our industry:
  - **Pilots** under-report fatigue:
    - They don't trust the system
    - Deplore a lack of Just Culture
    - Reporting is discouraged
  - **Managements** implement “paper tiger” FRM to please their NAA:
    - Basic compliance is already challenging
    - FRM/FSAG is seen as another compliance issue:
      - FRM Policy + 2 FSAG meetings/year + Some documents → Job's done! 
  - **NAA** lack the resources to educate the airlines under their supervision
    - Who gave already a finding to an airline not getting enough fatigue reports?
    - Which NAA attend regularly to FSAG? Talk to crew representatives? Tripartite approach?

# Conclusion

❖ 2 key elements are missing to expect any improvement of the situation:

➤ **Strengthening of the EASA FTL** based on scientific and medical knowledges

■ ⇒ Real competitiveness **premium** to the good FRM performers

➤ Real **penalties** the poor performers:

■ NAA cannot sanction an ineffective FRM

