Medical reasons for definitive unfitness of ATCO's at EUROCONTROL

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Applicable legal rules from may 2008 on

- European Directive 2006/23/EC, Article 12:
- "The issuing of medical certificates shall be consistent with the provisions of Annex I to the Chicago Convention on International Civil Aviation and the Requirements for European Class 3 Medical Certification of Air Traffic Controllers laid down by Eurocontrol."



Applicable harmonisation rules from 2006 on

- EUROCONTROL: The Human Resources Team of the Member States released these European Class 3 Medical requirements for ATC in 2006 as a "European Air Traffic Management deliverable".
- For immediate use by all Member States as an "acceptable means
 of compliance" in the context of the EUROCONTROL Safety
 Regulatory Requirements (ESARR's) for ATM Services' Personnel.
- Will be replaced by a reviewed EUROCONTROL « specification », as part of an European Regulation in 2011
- EASA class 3 implementing rules should be ready for 2013



A lot of new rules...





Aviation medical services and medical certificates

- Medical examinations by <u>authorised</u> doctors (AMS/AMC/AMEs) and <u>appeal</u> procedure
- Requirements and guidance for specific training of AMEs: advanced certificate in aviation medicine + class 3 assessment qualification training, including examination and refreshers
- Art 15.1 of the EU Directive: "... each Member State shall recognise licenses ... of another Member State ... as well as the accompanying medical certificates"



AME Class 3 training

- Advanced certificate in aviation medicine, training in aviation rules and regulations, medical subjects and psychology
- ATC-related topics:
 - organisation and structure of ATC and international organisations
 - familiarisation with ATC working positions and tasks
 - aviation psychology relevant to ATC
 - human factors in ATC, including TRM
 - current and future systems in ATC
- <u>Practical work</u> experience in ATC simulation
- Followed by an <u>examination</u>
- Authorisation for a <u>specific period</u> of time



Team resource management





AME cl 3 Refresher Training

- On a regular basis
- Lectures on advances in aviation medicine
- Changes in the ATC working environment
- Practical exercises (simulation)
- Examination <u>may</u> follow

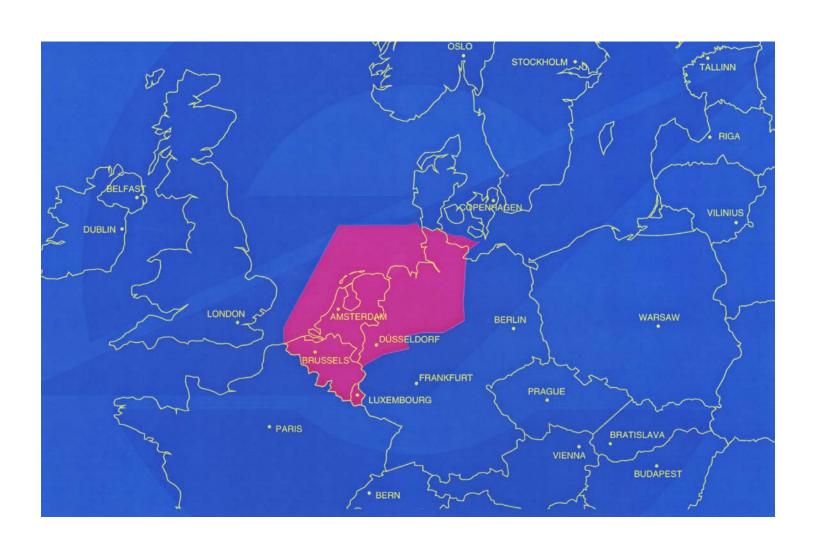


The area controlled by EUROCONTROL MUAC

- <u>Delta-Coastal sectors</u>: part of the North sea, The Netherlands, Northern Germany
- Brussels sectors : Belgium, Luxemburg, part of Northern France until Nancy
- Hannover sectors : Mid /Western Germany
- Above 24.500 feet, (7.5 km)
- Approximately 1.5 million controlled flights per year, 5000/day



controlled zone





History of Rules regarding Medical fitness at Eurocontrol

- Internal "Rule 26" applicable, according to ICAO standards
- Adapted: no colour-deficiency allowed!
- Non compliants went on pension or put in corridor-functions
- Later: development of European class 3 rules by EUROCONTROL
- "Translated" into New internal EUROCONTROL Rule 26 in 2002.
- Thus no EEG anymore, colour-deficiency problem was already solved



extra Eurocontrol examinations

- <u>Drugscreening</u> at initial aeromedical examination
- extensive <u>bloodtesting</u> at each revalidation (on demand of ATC's representatives)
- <u>By security team</u>: random testing for alcohol- and drugs (with blowpipe and saliva-smear, positive results to be confirmed by breath analyser or blood-tests); started after social dialogue
- Extensive questionary regarding ophthalmological condition (to be filled in by ophthalmologist) before invitation for initial aeromedical examination

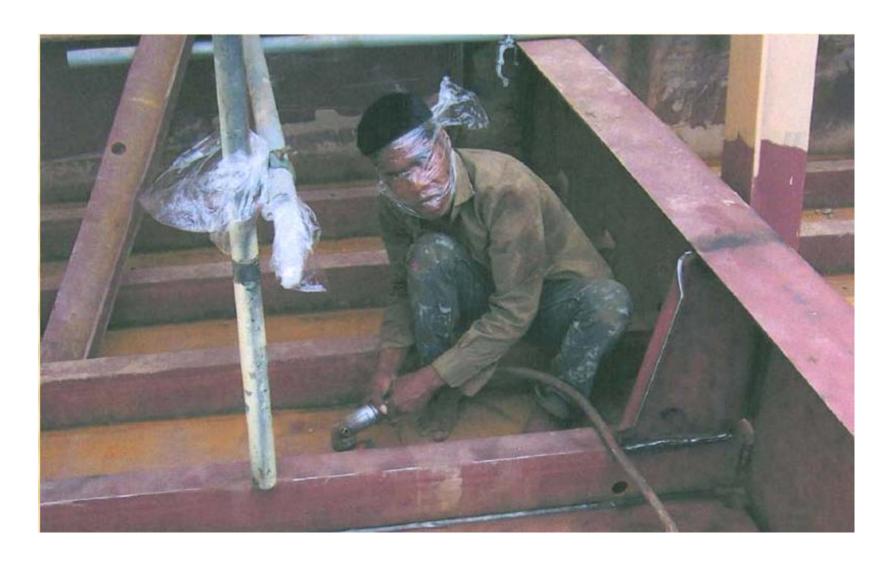


Certificate of visual performance

- To be completed by a medical dr, specialised in ophthalmology
- Abnormalities of the function, active pathological condition (acute or chronic), eye surgery or eye trauma ?
- Visual acuity R, L, binocular : distant, intermediate and near
- Refraction
- Convergence
- Accomodation
- Binocular vision, stereopsis
- Muscular balance (heterophoria's)
- Fusional reserve
- Fields of vision
- Colour vision
- Biomicroscopy
- Optic fundi
- tonometry



Check for eye lesions





INVALIDITIES for AIR TRAFFIC CONTROL functions

FROM 1989 TO 2010, population +/- 300 ATC : 22 cases / 21 years

- from 1989 until 1999 : 17 cases
- from 2000 until 2010 : 5 cases (last in 2005)
- 6 cases over 55 years old
- 8 cases over 50 years old
- 4 cases over 45 years old
- 1 case over 40 years old
- 2 cases under 40 years old
- (1 unknown age)

1989: 2 cases

- 1 a) age : unknown
 - b) years of service: 20
 - c) diagnosis : post-accidental : orthopaedic (back)
- 2 a) age: 57
 - b) years of service: 25
 - c) Diagnosis: multifactorial:
 - Pulmo: asthma, CARA, emphysema, allergy
 - Endocrino: diabetes II not insulino-dependent, obesity
 - Urogenital : kidney stones
 - Cardial: arhythmia (ventr + supraventr), ES
 - Psychological : burn out, stress intolerance, palpitations, depressive reactions



1991: 1 case

a) age: 57

b) years of service: 31

c) diagnosis: psychological: depression + abuse of alcohol and medication



1993: 1 case

a) age: 22

b) ATCO student for 1 year

c) diagnosis: psychological: anorexia nervosa



1995: 4 cases

- a) age: 49
- b) years of service: 22
- c) diagnosis: neurological: spondylodiscitis with epidural abscess leading to transversal lesion with spasms, paraplegia

- a) age: 48
- b) years of service: 16
- c) diagnosis: multifactorial:
 - endocrino: non insuline-dependent diabetes
 - psychiatric: aggressive/manic psychosis
 - alcohol abuse with cirrhosis and oesophageal varices

1995 (continued)

- a) age: 52
- b) years of service: 26
- c) diagnosis : cardial : coronaropathy with angina pectoris

- a) age: 56
- b) years of service: 26 (flight data supervisor)
- c) diagnosis: psychological:vital depression + intolerance to shifts+ alcohol abuse

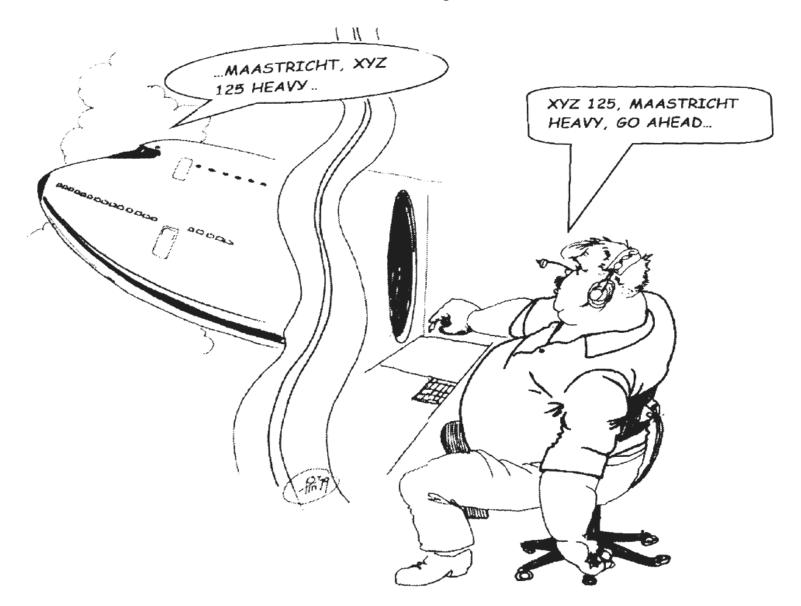


1996: 1 case

- a) age: 52
- b) years of service: 24
- c) diagnosis : cardial : coronaropathy / infarction / angina pectoris



Risk factors in the job....





1997: 2 cases

- a) age: 49
- b) years of service: 23
- c) diagnosis : cardial : coronaropathy hypertension

- a) age: 52
- b) years of service: 25
- c) diagnosis: psychological: sleep disorders and intolerance to shiftwork



1998: 3 cases

- a) age: 54
- b) years of service: 26 (assistant ATC)
- c) diagnosis : psychological : burn out / depression / alcohol abuse

- a) age: 54
- b) years of service: 28
- c) diagnosis : ENT : larynx carcinoma with transplant

- a) age: 43
- b) years of service: 5 (air traffic flow manager)
- c) diagnosis : ophthalmo:
 - -chorioretinitis serosa
 - -metamorphopsia
 - -in 1 eye atrophic scars on macula from laser therapy



1999: 3 cases

- a) age: 56
- b) years of service (flight data assistant): 28
- c) diagnosis: cardial: pathological hypertension

- a) age: 53
- b) years of service: 28
- c) diagnosis: multifactorial
 - -ENT : hearing loss
 - -psychological: recurrent depressions

- a) age: 53
- b) years of service: 27
- c) diagnosis : psychological : stress intolerance, mental overload + spastic colon

2001: 2 cases

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a) age: 52
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- b) years of duty:
- c) diagnosis: cardio + psychological
 - -infarctus + angina pectoris + cardiac rythm disorder
 - -posttraumatic depression / burnout

- a) age: 49
- b) years of duty: (flow controller)
- c) diagnosis : <u>orthopaedic</u> :
 severe back problems due to herniae -> sleep problems
 -> shiftwork intolerance

2002: 2 cases

- a) age: 55
- b) years of service:
- c) diagnosis: psychological
 - burnout (depression + surmenage)
 - compulsory personality

- a) age: 33
- b) years of service: 7
- c) diagnosis: immunological
 « multiple sensitivity syndrome »
 (intolerance to quasi all food vitamine depletion)



2005: 1 case

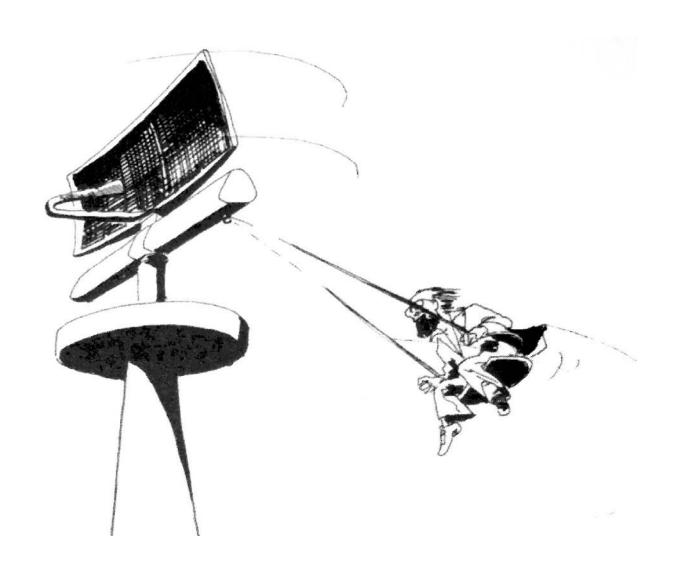
a) age: 52

b) years of service: 11 (air traffic flow controller)

c) diagnosis: alcoholism



need for psycho-social support





IN TOTAL from 1989 until 2009

Over 21 years : 22 cases = 1,1 per 300 ATC per year

Population: +/- 200 ATC + 50 flight data operators + 60 ATFM

diagnoses:

psy: 10

cardio: 6 (4x coronaro, 2x hypertension)

• alcohol: 4

orthopaedic: 2

endocrino (diabetes): 2

• ENT: 2

pulmonary : 1

urogenital : 1

neuro : 1

ophthalmo: 1

Immuno : 1



Comparison with the general Eurocontrol staff

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1989 – 2008 : 193 INV on 2100 staff
= +/- 9,6 per year
= 1,4 per 300 staff members per year
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DIAGNOSES:

- 1) psy: 101
- 2) orthop: 41
- 3) neuro : 27
- 4) cardio : 25
- 5) cancer: 17
- 6) alcohol: 12

(Multiple causes: 50)



Additional information from AME's

- 1 on 4 consultations has to do with work environment
- 2 on 3 of these are psycho-social
- Most recurrent problems :
 - psychological constraints in the job
 - organisation and management



Coping with stress...





Comparison of unfitness numbers

| • | Provider A: | 12 years : | 1656 exams : | 19 |
|---|--------------|------------|--------------|-----|
| • | Provider B: | 8 years : | 4000 ATC: | 13 |
| | | 2008 : | 5000 ATC: | 13 |
| | | 2009 : | 5000 ATC: | 6 |
| • | Provider C: | 1998 : | 4500 ATC: | 18 |
| | | 1999 : | 4500 ATC: | 11 |
| • | Provider D : | 2 years: | 12.500 OPS: | 147 |
| • | Provider E: | 7 years : | 367 ATC: | 7 |
| • | Provider F: | 2006 : | | 1 |
| | | 2007 : | 728 ATC : | 1 |
| | | 2008 : | 728 ATC : | 2 |
| | Eurocontrol: | 15 years : | 300 ATM: | 22 |

In general: 1 to 2 ATC unfit per year per 300 ATC



Globally

Diagnoses for ATCO unfitness

| • | EUROCONTROL | 1) psy | 2) cardio | 3) alco |
|---|--|------------------------|---------------|---------------|
| • | Provider A | 1) neuropsy | 2) ENT | 3) ophth |
| • | Provider B | 1) neuro | 2) cardiovasc | |
| • | Provider B : - initials : - renewals : | 1) ophthalmo 1) psy | 2) neuro | |
| • | Provider C 1998: | 1) headache | 2) mood fluct | 3) cardiopulm |
| • | Provider D: | 1) BP - cardio | 2) psy | 3) coronary |
| • | Provider E: | 1) psy | 2) ENT | |
| • | Provider F 2006 : | 1) psy | 2) neuro | 3) cardio |
| • | 2007 : | 1) psy | 2) internal | |
| • | 2008 : | 1) ophtha (init) | 2) cardio | 3) psy |

2) cardio

3) neuro

1) psy



Conclusions

- for Eurocontrol (international) ATC:
 1,1 definitive unfitness per 300 ATC per year
- This is comparable with other service providers:
 1 to 2 unfitness per 300 ATC per year
- Slightly lower than the general (international) Eurocontrol population 1,4 invalidities per 300 staff per year



Conclusions

- First reason undoubtly psychological psychiatric second reason cardiological
- Is similar to the general Eurocontrol population: first reason psychological but here second is orthopaedical
- For initial examinations opthalmology is an important reason, unless you screen them out before (as in Eurocontrol)
- Be aware for alcohol abusus
- Sharp decline in unfitness for Eurocontrol ATC over the last years probably due to early retirement scheme



The end...

