



pilo
assistance
ALPA: By your side

Pilot Assistance Forum

May 7-9, 2013



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ALPA Aeromedical Office's Services to Pilot Assistance

Dr. Quay Snyder

ALPA Aeromedical Advisor

Overview

- ▶ History/Background of Key Personnel
- ▶ Scope of Services
- ▶ Interaction with AMAS
- ▶ ALPA Rep Self Care Issues
- ▶ Q & A

History of Aeromedical Office

- ▶ Created 1969 - Dr. Richard Masters
Aviation Medicine Prevention Associates
- ▶ Purchased 1993 - Dr. Don Hudson
Aviation Medicine Advisory Service
- ▶ Merger 2010 - Dr. Quay Snyder
Virtual Flight Surgeons, Inc. - AMAS
now dba "Aviation Medicine Advisory Service"

MDs - Common Background

- ▶ Aerospace medicine residencies, MD, MPH
- ▶ Extensive military flying experience
- ▶ Three of seven are pilots (2 active)
- ▶ Diverse, complementary clinical training
- ▶ Full-time practice for all
- ▶ Not FAA Aviation Medical Examiners
 - *Confidential communications!!!*

Physician Staff

- ▶ Quay Snyder – ALPA Aeromedical Advisor
- ▶ Keith Martin
- ▶ Phil Parker
- ▶ Jon Riccitello
- ▶ Kurt McCartney
- ▶ Paula Corrigan
- ▶ Don Hudson – HIMS Program Manager

Non-Clinical Staff

- ▶ COO - Catherine Cazorla
- ▶ Director of Ops - Wendy Clausen, RN, CCM
- ▶ Clinical Case manager - Jay Clyde
- ▶ FAA Liaison team (2)
- ▶ Telephone / records staff (4)
- ▶ Accounting and Admin Ass't

Aeromedical Office Functions

▶ Consultation

- Advice to Union leadership, staff and Pilot Assistance committees on issues universally relevant to membership and the commercial aviation industry

▶ Clinical

- Services to individual members whose medical and/or pilot certificates may be in jeopardy
- Aerospace Medicine Information Resource

Consultation - Committees/Staff

- ▶ ALPA Pilot Assistance Committee
 - Aeromedical
 - HIMS
 - Critical Incident Response
 - Canadian Pilot Assistance
 - Professional Standards

ALPA Staff

- ▶ Engineering & Air Safety
- ▶ Communications
- ▶ Legal
- ▶ Retirement & Insurance
- ▶ ALPA Conferences
 - Leadership, Air Safety Forum, HIMS, PA

Consultation - ALPA Leadership

- ▶ National Officers
- ▶ IFALPA
Global issues
- ▶ MECs
Bankruptcy, Mergers, Legal cases

FAA & Transport Canada Liaison

- ▶ Federal Air Surgeon / AMCD Director
- ▶ Policy Issues
 - Pilot Medical Certification Policy
 - Sleep and psychoactive medications, Sleep Apnea
 - Pandemic response / Oxygen mask rules
 - Radiation exposure
 - Alcohol and Drug Testing / DUI and alcohol treatment
 - Age 65 / ICAO medical standards
 - Laser incidents
- ▶ Certificate actions-failure to report, falsified 8500-8, etc
- ▶ Many others

Consultation - Education

- ▶ Articles in *Air Line Pilot* magazine
- ▶ Review e-newsletters for committee
- ▶ Pilot and Medical Seminars
- ▶ www.AviationMedicine.com
Free general info on meds & 50+ diseases FAA forms and protocols, AME locator

Clinical Services

- ▶ CONFIDENTIAL → not anonymous!
- ▶ RISK-FREE → Not AMEs
- ▶ EXPERT → Full-time exclusive practice
- ▶ CURRENT → Daily interactions w/ FAA
- ▶ TIMELY → Same day response

Clinical Services to Pilots

- ▶ Confidential Aeromedical Advice
- ▶ FAR Part 67 interpretations
- ▶ Specialist Referral Database
- ▶ Liaison with Airline Medical Reps
- ▶ Case Presentation, FAA reporting
 - Non-grounding, reportable
 - Grounding, waiverable
 - Special Issuance
 - Denial of Medical Certificate

Initial Pilot Contact

- ▶ Pilot calls, provides admin asst. basic ID info - if Union Rep identify yourself
- ▶ No anonymous calls - must be ALPA
- ▶ Short synopsis of question sent to MD
- ▶ No email contacts except HQ, staff, committees
- ▶ Call back prioritized
- ▶ 150 + pilot contacts/day, 25 + liaison calls/day

Case Management

- ▶ Physician Response
- ▶ Usually within 1-4 hours, priority for reps
- ▶ MIR required to give info to rep, can receive w/o
- ▶ AMAS web site info given in interim

- ▶ Answers to ?s, suggestions for management/FAA implications/reporting
- ▶ Send letter with releases/FAA checklists
- ▶ Pilot responsible for collecting records

Records Review and Case Preparation

- ▶ Review incoming records
 - Adequacy of evaluation and documentation
 - Screen for undetected problem areas
 - Office visit NOT necessary
 - Refer to evaluating specialist if necessary
- ▶ Prepare complete records package for FAA
- ▶ Send via overnight carrier to FAA
- ▶ Copy pilot with aeromedical summary
- ▶ NEVER EDIT medical records - Credibility!!!

Follow-up / Disposition

- ▶ Track FAA cases - 250+ open
- ▶ “Expedited” turn-around
- ▶ Review / “Translate” FAA letters
- ▶ Discuss FAA reporting requirements on next FAA medical exam
- ▶ Discuss follow-up req'ts & answer ????

ALPA Canadian Pilot Assistance

- ▶ Murray Munro - Chair, ALPA Canadian PA
 - Phone - (866) 423-1875, 403-616-3181
 - Murray.Munro@alpa.org
- ▶ David Noble - Toronto
 - Phone 416-679-8210 x321, 800-561-9576 x321
 - David.Noble@alpa.org
- ▶ Tom O'Toole - Vice Chair, ALPA Canadian PA
 - 403-389-3032, 1-866-341-4594
 - Tom.OToole@alpa.org

Medical Assistance Canada

- ▶ Dr. Gary Gray
- ▶ Dr. Trevor Gilmore
- ▶ Dr. Brenden Adams
- ▶ Dr. Genevieve Campbell
- ▶ Dr. Naved Ali
- ▶ Dr. Raymond Rupert
- ▶ Rev. Brian Murray

Transport Canada Medical

- ▶ Handbook for Civil AME's
- ▶ Collegial relationship - Pilot/CAME/RAMO's
- ▶ Most policies similar to FAA
- ▶ Long history w/ antidepressants
- ▶ Can fly on insulin with first class
- ▶ Dr. David Salisbury - TC Medical Director

Privacy

- ▶ Confidential - Not Anonymous
- ▶ Firewall - privacy of information
- ▶ Daily Backup
- ▶ Computer case file of notes retained
- ▶ Scanned FAA Correspondence
- ▶ Signed written releases **REQUIRED**
- ▶ Paper copies of records archived - shred

AMAS Aeromedical Caseload

▶ 1988	-	829	▶ 2002	-	7,100
▶ 1990	-	1,071	▶ 2004	-	7,300
▶ 1992	-	1,113	▶ 2006	-	8,300
▶ 1994	-	3,000	▶ 2008	-	6,800
▶ 1996	-	3,611	▶ 2010	-	6,900
▶ 1998	-	4,900	▶ 2011	-	8,629*
▶ 2000	-	6,900	▶ 2012	-	11,192*

* - implement database

Disease Incidence Data

- ▶ Cardiovascular - 32%
 - ▶ Orthopedic - 20%
 - ▶ Psychiatric - ENT - 14% @
 - ▶ GI & GU - 12% @
 - ▶ Systemic - 10% (sleep apnea)
 - ▶ Neuro, Endo, Eye - 5-9% @
 - ▶ Drug test, DUI, Falsification - 350 ↑ 40%
- * > 100% - multiple diagnoses

LEC/MEC Rep Preservation

- ▶ Being a Rep puts you at extra risk for stress-related illness, whether you are elected or a committee volunteer
- ▶ Take care of yourself – it helps others
- ▶ Stress-related “inefficient” behavior mounts with accumulating stress/fatigue
- ▶ Family neglect

LEC/MEC Psychological "Management"

- ▶ Sometimes, there are no "good" choices in this process - you end up selecting the lesser of several evils
- ▶ Analyze the facts & make a timely decision/try to minimize the damage
- ▶ You're not a "savior," or a "messiah," you're a representative/volunteer

LEC/MEC Psychological “Management”

- ▶ A united front is essential
- ▶ Don't give in to anger/despair and avoid apocalyptic decision-making
- ▶ Maintain professionalism at all costs - in the final analysis your professionalism, and each other, is all you have because you will reap bitter criticism from many

LEC/MEC Self-Care

- ▶ Goal - minimize chronic fatigue/savior syndrome
- ▶ 6-1 rule -
 - {6hrs-1hr-6hrs for a given day}
 - {6 days "on" 1 day "off"}
 - {6 weeks "on" one week "off"}
- ▶ Realize limitations - you are not a machine
- ▶ If you see something that scares you - call

REP Referrals

- ▶ Depression / Stress
- ▶ Family Issues - therapy? FAA reporting?
- ▶ Medications - Can I take this and fly?
- ▶ Alcohol - DUIs, +tests, layover incidents
- ▶ Fatigue - "pilot pushing"
- ▶ "Sandbox" issues - difficulty playing with others, "anger management" therapy?
- ▶ Sick Leave - "pilot reliability" programs, "Mother May I notes," Sick Leave "abuse"

ALPA Aeromedical Reps

- ▶ Acting ALPA National Aeromedical Chair

John Taylor, XJT, John.Taylor@alpa.org

- ▶ Need MEC reps contact info

Survival Tips

- ▶ CALL EARLY

Easier to resolve before hole is too deep

- ▶ When in Doubt, ASK

Rumors & Guesses Kill - Experts Save

- ▶ Trust Your Gut

You know when something is not right

- ▶ Not every outcome will be favorable

Try your best and move on

- ▶ Use your ALPA Resources

Priorities

- ▶ SAFETY
- ▶ HEALTH
- ▶ CAREER PRESERVATION

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