

The AsMA Global Connection Story with IFALPA and ECA

Roland Vermeiren, M.D., FAsMA

Dear readers, AsMA members and friends,

In this issue, I will talk to medical colleagues who are also pilots and thus represent the very important people we care for! I believe that it is essential that we have more and better contacts so that we can understand their main problems and how to help and support them better. The central task of an aeromedical examiner is not only to assess the fitness of pilots to fly safely, but also to help them to stay fit now and in the future. If we cannot build up a relationship of mutual trust, it will be clinically very difficult for us to find out what is going on. We need the trust, cooperation, and experience of the applicants in order to make the best assessment possible for them, the passengers, and our regulators. As AMEs, we are always somewhat torn between two roles, that of counsellor and that of judge, but we can win the respect and the buy-in of pilots by listening to their stories. Sometimes the main factors contributing to safety can only be identified together with them.

In Europe, we have built up a very good relationship with the pilot association ECA (European Cockpit Association), realising that they will always be pilots and we will always be medical doctors, but building bridges between the associations will certainly help to build up trust between persons, especially when this is needed in order to make critical decisions. After the GermanWings accident, we reached common positions on certain subjects, such as the systematic psychological screening of pilots, and we have published common press releases and have already carried out a lot of work together in such areas as the information leaflet on the pilot/AME relationship, medication and flying, and have launched common projects such as the European Pilot Peer Support Initiative, together with the European Association for Aviation Psychology (www.eppsi.eu). Much of this can be accessed via the ESAM (www.esam.aero) or ECA (www.eurocockpit.be; follow expertise/aircrew medical fitness) websites.

Today's interview focuses on two colleagues and friends who have the advantage of having a foot in both worlds, Carlos Salicrup and Antti Tuori.

So, Carlos and Antti, would you please introduce yourselves and tell us a bit about your associations?

I am Carlos Salicrup, an aerospace doctor and airline pilot, a Boeing 737 MAX/NG captain for AeroMexico, for which I have been flying for almost 19 years now, alongside my medical career. I am an FAA and Transport Canada Aviation Medical Examiner, the AsMA Aerospace Safety Committee Chairman, Former Health and Safety Secretary of the Mexican ALPA (ASP), a

member of the Human Performance (HUPER) Committee of IFALPA, former president of the Mexican Association of Aviation and Space Medicine, Vice-President/President-Elect of the Iberoamerican Aerospace Medical Association, and ex-President of the International Association of Military Flight Surgeon-Pilots (IAMFSP). My IFALPA-HUPER Vice-Chair, Antti Tuori, will tell you more about IFALPA's important mission, along with which I will tell you about the Iberoamerican Aerospace Medical Association, which was founded in Mexico in the 1980s and groups together all the aerospace medical professionals and associations in Latin America, Spain, and Portugal. The Iberoamerican Aerospace Medical Association works with pilots, flight attendants, aviation mechanics, dispatchers, and air traffic controllers in our region in order to have a close relationship, promote mutual help, and to update and correct our aerospace medical policies.

I am Antti Tuori, M.D., Ph.D., EASA Aeromedical Examiner, A320 captain. I have been flying for over 15 years for Finnair. I am Vice-Chair of the International Federation of Airline Pilots' Association's (IFALPA's) Human Performance (HUPER) Committee, responsible for medical matters. IFALPA represents over 100,000 pilots and flight engineers in almost 100 countries worldwide. IFALPA's mission is to promote the highest level of aviation safety worldwide and to be a global advocate for the piloting profession, providing representation, services, and



Carlos Salicrup



Antti Tuori

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CONTACT DETAILS:

Email: President@asma.org • **Web site:** www.asma.org • **Facebook:** Aerospace Medical Association • **Twitter:** @Aero_Med

support to both our members and the aviation industry. IFALPA has observer status on the ICAO Air Navigation Commission (ANC) and influences the development of ICAO Standards and Recommended Practices. It also creates technical publications to support pilots in different aviation matters.

I have also been working with the ECA (the European Cockpit Association) and representing European pilots in various EASA working groups or rulemaking tasks. I am also the ECA representative in the EASA Medical Expert Group (MEG). The ECA was created in 1991 and is the representative body of European pilots at European Union (EU) level. It represents over 38,000 European pilots from the national pilot associations in 36 European States. The ECA's mission is to represent the collective interests of its member associations at European level, striving for the highest levels of aviation safety and fostering social rights and quality employment for pilots in Europe. As Roland mentioned, the ECA has had very good experiences of collaboration with ESAM and the EAAP, and I look forward to a similar relationship with IFALPA and AsMA.

What is your relationship with AsMA and how long has it existed?

Carlos: I have been in AsMA for 11 years now. I am an Associate Fellow and have been a council member representing the IAMFSP as President. I currently have the honour and responsibility to be the Chair of the AsMA Aerospace Safety Committee.

Antti: IFALPA has been a member of AsMA for about 10 years and some of its members for even longer.

What works well in this relationship between AsMA and the pilots, and what could be improved in our collaboration?

Carlos: We need to get close to the airline pilots and change their attitude to aerospace doctors, namely that they are a

threat to their licence rather than a source of help and a support.

Antti: Our representative Carlos has been working with AsMA working groups to give the view of pilots on the matters discussed. I think that the pilots' voice has been heard and taken into account, for example in the AsMA Pilot Mental Health – Updated Expert Working Group Recommendations.

Do you have ideas for AsMA, for outreach and support to your associations, and/or for the dissemination of information from your organisation or association?

Carlos: A regular medical bulletin should be produced, which should include the AsMA mission and a brief medical recommendation for pilots. This should be distributed to IFALPA and their member pilot associations, such as ALPA and ASPA.

Antti: The AsMA Mental Health Working Group recommendations or briefing leaflets would be of benefit to our members. On the other hand, AsMA would benefit from the views of pilots on these leaflets and recommendations. In addition, there could be cooperation in subjects in which we share the same views, for example, towards ICAO.

Do you both have an interest in participating in the work or leadership of the Association?

Carlos: Yes, certainly! I already do. ☺

Antti: Basically yes, but there are time constraints which have to be taken into account.

I want to thank you both for highlighting the interest of, and the need for, pilot associations and all pilots to be closely involved in the work of our Association.