

# FC5256

*Posted on 31.10.2023 by Steve Forward*

**Category:** [Flight Crew \(Commercial\)](#)

**Report Title** Absence management

## Initial Report

In the past few days I received a “memo” from the Flight Operations Base Manager informing me that the company had noticed a trend of repeated sickness absences on my part over the past 12 months. In the last 12 months I have been forced to be absent from work [ ] times, for a total of [ ] days of illness and always communicating it to the company at least 12 hours before duty: certainly not numbers outside the average and, in addition, all absences have been certified by an AME doctor.

The worrying fact of the memo, however, was the somewhat threatening and prejudicial terminology used. [To paraphrase the company’s letter, they stated in no uncertain terms that the reporter was expected to report for duties. The company went on to threaten the reporter that they would be monitoring their attendance in future and expected to see an immediate improvement because their absences meant that others had to be called from Standby and this disrupted the company’s operations].

I am a professional employee who is dedicated and passionate about the work I do and I believe to contribute positively and proactively to the success of the airline I work for. It is precisely for this reason that I believe that this type of communication constitutes a serious hazard to the safety of the company’s operations, placing unfair pressure on the crews and their professional judgment regarding their fitness to fly and a violation of the current Regulation (MED.A .020(a)(1)).

## Comment

There is a need for industry-wide protocols that reflect best-practice regarding absence management. The legal requirement for crews not to fly when unfit to do so remains paramount and companies must honour the fact that some more routine ailments for those on the ground can affect those who fly in a fundamentally different way due to physiological aeromedical issues. The CAA say that they acknowledge this and are working with the UK Flight Operations Liaison Group (FOLG) ‘fitness to fly’ and ‘fatigue’ sub groups to see if it is possible to construct common fundamental principles, policies and protocols that reflect best practice. Whilst this cannot address individual ailments and circumstances, which will always have specific ramifications, it is the way that companies administratively deal with sickness / absence management that is the issue so that

crews do not feel pressured to operate when they are unfit to do so. Associated with this, the CAA are also looking at the issue of when long-term fatigue should be classified as long-term sickness so that any potential underlying medical concerns can be clinically diagnosed and treated.



