ICAO UNITING AVIATION

The Age 65 Rule

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Bangkok/ November 2018

Overview

- Development of the Age 60-rule
- Medical fitness in context
- Age considerations in aviation
- Age, safety and human rights
- Next steps

Age-60 review Nov 2006

- Review of flight safety studies from 1994 to 2005
- Done by ICAO Flight Crew Licensing and Training Panel (FCLTP)
- Data indicates there is no safety risk posed by older pilots
- Outcome:
  - the “one over one under rule”
  - recommendation of co-pilot age limit of 65

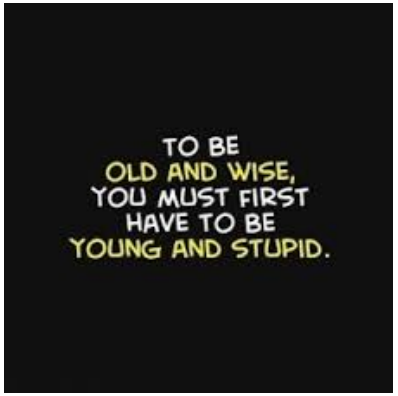
Age-60 review Nov 2012

- Review based on
  - Mortality data, incapacitation rates
  - Medical causes of fatal accidents (1980 - 2000)
  - IATA data from 3 airlines on pilot performance
  - Electronic questionnaire - States & International organizations

- Outcome:
  - 2 pilots: age 60 – 64
  - Upgrade from Recommendation to Standard for co-pilot age (65)

Presentation at ICAO Assembly 2016

- Working paper discussed in Technical Commission
- Japan: consider raising the age limit for commercial pilots to 68
- Rationale:
  - Low aviation accident/ unsafe incident rates by pilots over 60
  - Very high number of pilots over 60 passing additional medical checks
  - Low car accident rates by drivers aged 65 to 69
- Additional medical examination requirements
  - Electroencephalographic examination (EEG)
  - Coronary CT scan if further risk assessment is required for CVS system



Presentation at ICAO Assembly 2016

- In addition:
  - Examinations limited to medical institutions designated by JCAB
  - Stricter duty time limitations
  - Flight time for pilots over 65 not to exceed 80% of the current duty time limitations
  - Compulsory additional training for pilots aged over 63
  - Need to be on duty with a pilot aged under 60

Presentation at ICAO Assembly 2016

- Outcome
  - Encourage States to implement systems dealing with airline health management for pilots
  - Exchange information on upper age limit of commercial pilots and the health management systems

Medical fitness in context

Factor	Considerations
Physiology	Age, fatigue, hypoxia, barometric pressure, etc.
Physical	Medical conditions - risk assessment, treatment, disability, etc.
Mental/ psychological	Personality, psychometric testing, stress, mental illness, human performance, behaviour patterns, etc.
Environment	Ground (ATC, RPAS), pressurization (non-pressurized vs pressurized), high altitude flights, space
Operational	Fixed wing vs helicopter, commercial vs private, solo vs multi-crew, military vs civilian, air ambulances, aerobatics, etc.
Perception	Pilot, AME, Medical Assessor, specialist, employer, public, legal, political

Age considerations in aviation

Is age just an arbitrary number ?

Medical
- Physical
- Physiological
- Behavioural / psychological
- Cognitive & psychomotor

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Operational
- Performance
- Single vs multi-crew
- Experience
- Skills transfer
- Number of skilled pilots
- Economics

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Risk Management
- Data analysis
- Routine Training
- Incapacity training
- Crisis management

Age, safety and human rights

- “Human error” remains a major cause of aircraft incidents and accidents
- Statistics indicate medical incapacity is a relative low contributable cause (in comparison to other defined factors e.g. weather)
- No standardized reporting on medical incapacity and loss of license data
- Very limited data available on medical conditions and human performance in aviation in relation to older age groups
- Thus limited application of evidence-based medicine concept
- The role of medical confidentiality
- The role of the retirement age
- The role of pilot availability
- The perception of age discrimination

Next steps

- Development of aviation medical taxonomy
- Align with aircraft accident/ incident data
- State letter to member States and international organizations on data – medical incapacity, loss of licence, national frameworks
- ICAO information sharing platform relating to national age limits and examination procedures
- Literature review on age and aviation safety
- Literature review on effect of age on human performance
- ICAO MED work group review of medical evidence and operational requirements
- Develop risk assessment model for age requirements for specific operations

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THANK YOU

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