



ASSEMBLY — 39TH SESSION

TECHNICAL COMMISSION

Agenda Item 36: Aviation safety and air navigation implementation support

RELAXATION OF AGE LIMIT OF PILOTS ENGAGED IN AIR TRANSPORT AND
ENSUREMENT OF THE HEALTH MANAGEMENT SYSTEM IN AIRLINES

(Presented by Japan)

EXECUTIVE SUMMARY

To address the world-wide shortage of pilots and to achieve further aviation safety, it is important that experienced pilots fly in good health for a long period. While JCAB of Ministry of Land, Infrastructure, Transport and Tourism (MLIT) used to set age limits for commercial pilots to 65 (by the day before his 65th birthday), it decided to raise the age limit to 68 (by the day before his 68th birthday) from April 2015. This decision was made after consideration of medical and operational aspects of the matter. In addition, in order to create an environment in which commercial pilots are able to work in good health, it is important that the airline companies should ensure maintenance of an excellent health management system. The Standards and guidelines for health management of aircraft crews were constituted on June 2016. This paper provides background information and brief summary of the policy change.

Action: The Assembly is invited to:

- a) note the information contained in this paper;
- b) exchange information on upper age limit of commercial pilots and the health management system of each airline, which are now being operated, including challenges that could be addressed, including the world-wide shortage of pilots; and
- c) encourage States to consider health management system of pilots to achieve further aviation safety.

<i>Strategic Objectives:</i>	This working paper relates to the Safety Strategic Objective.
<i>Financial implications:</i>	Not applicable
<i>References:</i>	Annex 1 — <i>Personnel Licensing</i> Doc 8984, <i>Manual of Civil Aviation Medicine</i> Sate letter AN 12/1.1.19-16/1, Adoption of Amendment 173 to Annex 1

1. INTRODUCTION

1.1 In Japan, the age limit for pilots engaged in air transport has been gradually raised on the basis of the results of studies made on medical and operational aspects of safe piloting. Brief summary of how the age limit has been raised is as follows;

- a) 1991 The age limit for airline pilot flying non-revenue flights was raised from 60 to 63
- b) 1996 The age limit for airline pilot flying revenue flights was raised from 60 to 63
- c) 2004 The age limit for airline pilot was raised to 65
- d) 2012 Crew-members consisting of one or more pilots with an age over 60 was allowed

1.2 These Japanese rules were implemented based on its own studies, and in advance of changes to International Standards set forth in Annex 1, in which the age limit of a pilot for air transport operations was raised to 65 in 2006 and for crew members with more than one pilot over the age of 60 was allowed for air transport operations in 2014.

1.3 Under the Japanese rules, pilots over 60 had been subject to special medical check-ups in addition to medical check-ups for aviation medical certificate and additional special training and checks.

1.4 In 2014, it was decided to check possibilities of raising the age limit of a pilot. In order to conduct comprehensive study of the possibilities, it was considered necessary to look into issues relating to aero medical competence and the impacts of growing older on the piloting skills. JCAB established two expert committees focused on medical aspects and influences of aging on piloting techniques. The committees had both separate and joint discussions on carefully examining the possibilities.

1.5 In addition, it was decided to carry out necessary measures to ensure safety and promote implementation of health management system and health education for pilots in the airline companies in 2014. In order to carry out these measures, JCAB established another experts committee.

1.6 Although the health management system of pilots engaged in air transports has been already established in major airlines in Japan, increase of LCCs and the accident of the Germanwings in 2015 have hastened establishment of pilots' health management system in airline companies, including LCCs and regional airlines. The Standards and guidelines for health management of aircraft crews was established in June, 2016.

2. RESULTS OF THE STUDY

2.1 On the grounds of low aviation accidents or unsafe incident rates by pilots over 60, and very high number of pilots over 60 passing additional medical checks, and low car accident rates by drivers aged 65 to 69, the authorities considered it possible to raise the age limit to 68.

2.2 However, in case a pilot aged 65 and over goes on duty, it is also considered necessary to take very careful steps and, therefore, to impose stricter conditions than those imposed on the pilots aged 60 to 65 since there are no known cases of such piloting experiences in the world.

2.3 After the age limit has been raised, it is thought to be essential for JCAB to verify the management status annually whether airlines employed pilots aged over 65 and if they properly control their health conditions and skill levels. And JCAB is also required to conduct a review of the requirements where necessary.

2.4 Based on the results of the above study, JCAB of Ministry of Land, Infrastructure, Transport and Tourism (MLIT) decided to amend its rules to raise the age limit for commercial pilots to 68 (by the day before his 68th birthday).

3. CONDITIONS IMPOSED ON AIRLINES IN CASE A PILOT AGED 65 AND OVER GOES ON DUTY

3.1 Airlines shall conduct a stricter additional medical exam for the pilots turning 65 besides the aviation medical certificate requirements.

3.2 Aside from the traditional additional medical examination requirements for the pilots aged 60 to 65, he must undergo electroencephalographic examination, and coronary CT scan as well if further risk assessment is required for cardiovascular tests.

3.3 For more careful judgments, an additional medical examination to be conducted for the pilots turning 65 is limited to medical institutions or hospitals designated by JCAB as an aviation medical certificate issuing medical institution.

3.4 For the moment, in order for airlines to conduct highly-accurate medical examinations, electroencephalographic and cardiovascular examinations are limited to medical institutions with a specialist(s) who can interpret test results properly.

3.5 Imposing stricter duty time limitations

3.6 For added safety, flight time for pilots aged over 65 are not allowed to exceed 80% of the current duty time limitations (i.e., 80 hours for 1 calendar month, 216 hours for 3 calendar months and 800 hours for 1 calendar year).

3.7 Compulsory additional training for pilots aged over 63 must be continued

3.8 He must go on duty with a pilot aged under 60. Also, all crew must be trained on a course of action to be taken in case one of the pilots on duty is incapacitated.

4. ENSUREMENT OF THE HEALTH MANAGEMENT SYSTEM IN AIRLINES

4.1 Airlines shall assign at least one physician (the pilot health care physician) and one person in charge who have acquired the knowledge of aviation medicine and conduct the affairs related to health management. Those who are in charge of health management must participate in JCAB's training

sessions every three years. Among the pilot health care physicians, health care personnel and the AME, the information on the pilots' health condition should be shared under pilots' agreement.

4.2 In order to carry out the pilots' health management in the airline companies, the pilot health care physicians and persons in charge who conduct the affairs related to health management should assess the pilots' health condition with their medical history and results of aviation medical examinations from the past. Those who are in charge of health management should grasp pilots' aviation medical certificate validity periods. Airline companies shall handle their pilots' flight duty properly based on health management system.

4.3 Airline companies shall educate their pilots regarding such a situation that if a pilot happens to receive medical treatment at the medical institution, he should report about the condition and treatment to health management department and file the medical certificate to his companies promptly, if necessary. Also, airline companies should develop a health information gathering system in which the staff and other crew members are required to report to their superiors in case a pilot's health conditions deteriorates to the point of making him unable to perform his duties properly, one that might pose as a risk to aviation safety.

4.4 In order to educate pilots about the importance of their self-health management and self-reporting duties, airline companies shall conduct regular training sessions for their pilots for better understanding of the health management system.

5. **IMPACT ASSESSMENT**

5.1 Twenty-eight pilots aged over 65 belonging to nine regional airlines and LCCs have been on domestic flight duties in March 2016, and they don't have particular issues in aeromedical competence as well as piloting techniques as of this moment. Also several more airlines are proceeding with preparations for assigning pilots aged over 65 to go on domestic flight duties, which is expected to contribute to solving pilot shortages in the immediate future.

5.2 It was decided to apply the health management standards and its guidelines from January 2017 and incorporate all related details into the Operations Manual. The Standards for health management of aircraft crews and related guidelines will secure the health management system of airline companies, which are expected to contribute to ensuring an environment in which commercial pilots are able to work in good health, ensuring safe and stable operation of the aircraft.