

Office Memorandum • UNITED STATES GOVERNMENT
FEDERAL AVIATION AGENCY

TO : Acting Civil Air Surgeon

DATE: March 9, 1959

FROM : Acting Chief, Medical Certification Branch

SUBJECT: Desirability of Medical Briefing of Persons Responsible for Proficiency Checks of Older Airline Pilots

Existing reports in the medical literature give indication of the extent to which impairment occurs in certain areas of physiological and psychological performance. It is admitted that the overall decrement in performance attributable to age cannot be determined medically, especially to the extent required in the selection of older individuals who could be reasonably expected to fail at some point.

Ability to perform adequately under realistic flight conditions would seem to be a reasonable test of the adequacy of at least the psychomotor functions of airline pilots. As indicated below, periodic testing by expert pilots is already an established procedure. The extent to which this periodic testing takes into consideration the functions particularly affected by age might well be explored.

Airline captains are required to accomplish proficiency check flights twice each calendar year, at intervals not greater than eight months or less than four months. These flight tests are administered, for the most part, by company check pilots who, at the time of serving as check pilots (whether for a portion of a flight, the entire flight, or for an assigned period of time), are representatives of the airline company and relinquish their union prerogatives. At other times, depending upon the company policies, they serve as regular airline pilots flying in routine operations.

FAA air carrier inspectors assigned to the various scheduled airline companies also conduct flight tests in lieu of the company tests. The testing by air carrier inspectors is limited in scope, however. Generally, it is expected that the number of flight tests conducted by air carrier inspectors will be equivalent to 20% of the number of pilots for each year. Theoretically, all pilots would have been checked by an FAA representative in a period of five years. In practice, however, because of scheduling, convenience, necessity, etc., numerous pilots may not have received such a check in this period of time and others would have received more than one test given by an FAA inspector.

It is suggested that we consider offering our services to air carrier operations representatives of FAA, especially to make available and interpret for them existing medical knowledge which they may find of value in ensuring that the factor of aging is adequately considered in the periodic testing of airline pilots. Such a presentation could take the form of a mutual interchange of information between this office and responsible operational personnel. This might result in a clearer understanding of the aging pilot problem by both groups.

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Ideally such an approach would produce several desirable results. It could promote interest in the problem of aging of pilots at the working level. It could serve as a means of mutual indoctrination in the general relationship between the operational and medical aspects of air carrier operations. It could result in an interim method of ensuring the realistic application of existing medical knowledge of the processes of aging in the testing of older pilots. It could assist in identifying areas in which further consideration might be given in an attempt to develop age standards for airmen.

It is recognized that this suggestion applies to only one of the several ^{facets} ~~aspects~~ of the pilot aging problem. For example, the problem of sudden incapacity from degenerative disease processes would have to be approached in an entirely different manner. It is requested, however, that consideration be given to this suggested interim approach until more scientific approaches can be developed.

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