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## Maritime Labour Convention, 2006: Medical Care

**Notice to all shipowners, masters, manning agents and seafarers.**

*This notice should be read with the Merchant Shipping and Fishing Vessels (Medical Stores) Regulations 1995 and the Merchant Shipping (Maritime Labour Convention) (Minimum Requirements for Seafarers etc.) Regulations 2014 ("the MLC Minimum Requirements Regulations")*

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### Summary

- Shipowners are required to provide seafarers with medical care on board ship.
- This includes the provision of medical stores, a ship's doctor (for certain ships) and crew trained in first aid and medical care.
- Where seafarers require medical treatment not available on board, they have the right to go ashore for treatment in ports of call, where reasonably practicable.
- Where seafarers suffer illness or injury on board, or arising from the work on board, shipowners must also meet the costs of medical care until the seafarer recovers or is declared permanently unfit, for a period of up to 16 weeks.
- Amendment 1 reflects changes to eligibility for free medical care for seafarers following changes to NHS legislation and the end of the implementation period for UK Exit from the EU and updates references.

### 1. Introduction

- 1.1 Regulation 4.1 of the Maritime Labour Convention, 2006 (MLC) lays certain duties on shipowners in respect of medical care for any seafarer working on board their ships. The purpose of this regulation is to protect the health of seafarers and to ensure that they have prompt access to medical care on board ship and ashore. This medical care must be provided at no cost to the seafarer. In principle, these measures should ensure that seafarers have access to medical care which is, as far as practicable, comparable to that which is generally available to workers ashore.
- 1.2 This notice summarises the United Kingdom (UK) legislation which implements those duties and advises shipowners how to find out more details of the UK requirements which apply to them.
- 1.3 The majority of these requirements apply to all seagoing ships other than pleasure vessels, fishing vessels, ships of traditional build, warships and naval auxiliaries, and vessels not ordinarily engaged in commercial activities. Where the application is different this is specified in the relevant section below.



## **2. Shipowner duty to make provision for medical care**

- 2.1 If a seafarer on board a UK ship experiences sickness or injury, the shipowner must ensure that the seafarer is provided with medical care on board, as far as practicable, and bear the costs of any treatment, including surgical, medical, dental or optical treatment, and the repair or replacement of any medical or therapeutic appliance.
- 2.2 Under Part 4 of the Merchant Shipping (Maritime Labour Convention) (Minimum Requirements for Seafarers, etc.) Regulations (“the MLC Minimum Requirements Regulations”), governing Seafarer Employment Agreements, the “social protection” provided by the shipowner (or employer), including the provision of medical care, must be reflected in the Seafarer’s Employment Agreement (this implements MLC A2.1.4(h)).
- 2.3 This duty replaces, for those subject to the MLC Minimum Requirements Regulations, the duty in section 45 of the Merchant Shipping Act 1995, which will nevertheless remain in force for others working on UK ships.

## **3. Shipowner liability for costs of medical care**

- 3.1 The shipowner is liable to meet the expenses for medical care of seafarers in respect of any illness or injury incurred while the seafarer is employed on the ship or arising in consequence of their employment. The expenses covered are –
- 3.1.1 Expenses for surgical, medical, dental or optical treatment (including the repair or replacement of any medical or therapeutic appliance); and
  - 3.1.2 Expenses for board and lodging.
- 3.2 This liability starts from the day that the illness or injury occurs and ends once the seafarer has recovered or been declared permanently unfit by a doctor approved to issue seafarer medical fitness certificates. It is however limited to a period of 16 weeks from the day on which the illness or injury first occurs. However, under the MLC Minimum Requirements Regulations, Part 6, the shipowner is liable for medical care for a seafarer until they have been repatriated, without any time limit. So, in the unusual circumstances that a seafarer is still overseas after 16 weeks of medical care, the shipowner’s liability continues until the seafarer is repatriated.
- 3.3 In certain circumstances, the shipowner may recover from the seafarer any costs incurred. Those circumstances are -
- (a) where the injury incurred otherwise than in the service of the ship;
  - (b) where the injury or sickness arises from the wilful misconduct of the seafarer which is injured or sick; or
  - (c) where the injury or sickness was intentionally concealed by the seafarer prior to entering into the seafarer employment agreement.
- 3.4 The shipowner’s liability under these Regulations does not apply to any costs met by public authorities.

## **4. Duty to carry a medical practitioner (ship’s doctor) on board a ship**

- 4.1 A medical practitioner must be carried on any ship carrying 100 or more persons on an international voyage of 72 hours duration or longer.
- 4.2 The qualifying criteria to work as a ship’s doctor on a UK ship are laid down in MSN 1841(M).



4.3 Paragraph 7 of MSN 1768(M+F) refers to the Merchant Shipping (Ships' Doctors) Regulations 1995, which have been revoked. That paragraph is therefore no longer relevant.

## **5. Seafarer in charge of medical care on board**

5.1 The statutory requirements for levels of training on UK ships fall under the Merchant Shipping (Standards of Training, Certification and Watchkeeping) Regulations 2015. Deck officers (including those with boatmaster or yachtmaster qualifications on smaller vessels) are all trained in medical first aid, or at more senior levels in medical care<sup>1</sup>.

5.2 Where a UK ship does not carry a doctor among the seafarers employed in it, Section 53 of the Merchant Shipping Act 1995 holds the Master responsible for ensuring that any necessary medical attention given on board ship is given either by him, or under his supervision, by a person appointed by him for that purpose.

5.3 In accordance with MSN 1865(M), the Master and the officer in charge of first aid or medical care are required to attend refresher training at least every five years.

5.4 The levels of medical care and medical first aid training, including the syllabus for the relevant certificates are set out in MSN 1865(M) (officers with qualifications under the IMO Convention on the Standards of Training, Certification and Watchkeeping) or MGN 147(M) (for domestic passenger vessels and small commercial vessels).

5.5 In designating officers with responsibility for medical care and medical first aid, the shipowner should take account of the number of seafarers on board, the availability of medical care ashore, and should ensure that there are sufficient competent seafarers to support the designated officer, and that, as far as possible, their first aid and medical care duties do not interfere with their scheduled hours of rest.

## **6. Medical Stores**

6.1 All seagoing UK ships must carry medical stores appropriate to their area and type of operation and the number of seafarers on board. The medical stores requirements in the UK are drawn from a European Directive 92/29/EC and are set out in the Merchant Shipping and Fishing Vessels (Medical Stores) Regulations 1995 and Merchant Shipping Notice MSN 1768(M+F) (shortly to be replaced by MSN 1905(M+F)). The Regulations implemented European Directive 92/29/EC and form part of UK retained law. All the obligations in the EU legislation mentioned in the Regulations which have affect in the UK prior to the 1st January 2021, are retained in UK law, with any necessary modifications, after the end of the EU Exit implementation period.

## **7. Right to seek medical attention in ports of call**

7.1 Seafarers must have the right, where reasonably practicable in ports of call, to go ashore for medical attention not available on board, without delay.

7.2 "Where reasonably practicable" requires a proportionate judgement to be made. In these circumstances MCA would expect this to be based primarily on the urgency of treatment (in terms of the seafarer's welfare as well as their ability to carry out their duties, and the treatment available on board), but also to take into account issues of fact such as the security situation ashore, the availability and suitability of medical facilities ashore. Operational demands may also have a bearing where there is no immediate urgency for treatment (such

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<sup>1</sup> On small commercial vessels operating under the statutory Codes, the holder of a yachtmaster certificate may have Elementary First Aid. Please note that the person in charge of medical care on board, regardless of the level of first aid/medical training they are required to have to obtain to qualify as a master of the vessel, must also be trained to use the medical stores carried. See MGN 147(M)



as obtaining a replacement spare pair of glasses where the seafarer has one good pair, or repair of a loose filling.) All of the above would also have to be considered in the context of the particular operational circumstances – if the next suitable port call was three weeks away, a different outcome might be expected than if it was the next day.

## 8. Telemedical Advice

- 8.1 Parties to the Maritime Labour Convention, 2006 are required to ensure that medical advice by radio or satellite communication is available by a pre-arranged system to ships at sea. In the UK, there are two designated centres for free Telemedical Advice, and information about how to contact them is available in Marine Guidance Note MGN 623 (M+F).
- 8.2 Shipowners should ensure that there is a complete, up-to-date list of telemedicine services, and if equipped with a system of satellite communication, carry an up-to-date and complete list of coast-earth stations through which medical advice can be obtained for their area of operation. All radio services, nationally and worldwide, are listed in the Admiralty List of Radio Signals, in particular Volume 5. National entries include notes on accessing that administration's telemedical service where applicable.
- 8.3 Seafarers with responsibility for medical care or medical first aid should be instructed in the use of the ship's medical guide and the medical section of the most recent edition of the *International Code of Signals* so as to enable them understand the type of information needed by the advising doctor as well as the advice received.

## 9. Medical Report Form

- 9.1 When a seafarer is sent ashore for medical attention, it is important that the treating doctor has all the relevant information to assist in diagnosis and treatment. Similarly, when contacting a telemedicine service, it is important to have all the relevant information ready to hand. The MCA has produced a model form, MSF 4155, for use in these circumstances. This is available from the MCA website. The form gives the minimum of information required, but there is nothing to stop companies developing their own forms or using those available from other sources. It is important however that the seafarers in charge of medical care or medical first aid on board and given familiarisation training with the form to be used on board and company procedures for obtaining medical advice, if this is different from the free service explained in MGN 623 (M+F). Once completed with patient information the forms should be treated as confidential.

## 10. Availability of medical care ashore in the UK

- 10.1 Within the UK, medical care is available for seafarers from ships calling at UK ports under the National Health Service (NHS). Unless seafarers are ordinarily resident in the UK or otherwise eligible for free NHS treatment under the National Health Service (Charges for Overseas Visitors) Regulations 2015 as amended, the NHS may charge for that medical care. <https://www.gov.uk/government/publications/how-the-nhs-charges-overseas-visitors-for-nhs-hospital-care/how-the-nhs-charges-overseas-visitors-for-nhs-hospital-care#:~:text=People%20will%20be%20entitled%20to,liable%20for%20their%20NHS%20costs>.
- 10.2 Whilst the NHS would always provide emergency treatment to a seafarer on a ship calling in the UK free at the point of delivery, the NHS has power to recover those costs from the shipowner retrospectively. This is in line with the shipowner liability provisions of the MLC (see MGN 480).
- 10.3 There may also be circumstances where a seafarer requires treatment or attention in order to be able to continue to perform their duties but there is no medical emergency (eg replacement of damaged glasses) and so costs may be incurred by the shipowner.



10.4 The Dreadnought Unit at Guy's and St Thomas' NHS Foundation Trust in London seeks to provide priority medical services for seafarers.

10.5 For details of the service provided by Dreadnought Unit see MGN 370(M+F).

### **More Information**

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