

SUMMARY OF MEDICAL EXAMINATIONS OF SEAFARERS CONDUCTED BY APPROVED DOCTORS 1 January – 31 December 2008

Required in accordance with Regulation 12(b) of the Merchant Shipping (Medical Examination) Regulations 2002

1. SUMMARY OF APPROVED DOCTORS' DECISIONS

Fitness	Result	Validity Period	Form Issued	Number
Cat.				Issued
Cat 1	UNRESTRICTED	2 years	ENG 1	35099
	UNRESTRICTED	Less than 2 years – non medical reasons e.g. under 18 years	ENG 1	616
	UNRESTRICTED - U (TL)	Less than 2 years – medical reasons	ENG 1	3165
Cat 2	RESTRICTED - R	2 years	ENG 1 + ENG 3	967
	RESTRICTED - R (TL)	Less than 2 years – medical reasons	ENG 1 + ENG 3	989
Cat 3	TEMPORARILY UNFIT*- TU	Any	ENG 3	502
Cat 4	FAILURE - F	Permanent	ENG 3	141
No. of Returns entered = 246		TOTAL No. OF EXA	MINATIONS	41479

2 ANNUAL COMPARISON OF EXAMINATIONS AND MEDICAL REVIEWS

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total no. of examinations	24987	26458	28606	31660	31388	35104	36056	39346	41479
Cases referred to medical referees	68	87	91	71	63	70	80	71	90

3. ANALYSIS OF REFEREES' DECISIONS ON APPEAL CASES

Medical Category	AD's Decision Upheld	AD's Decision changed	Cases awaiting decision	Cases withdrawn	TOTAL
Cancers	0	0	0	0	0
Endocrine and metabolic	6	6	0	0	12
Blood disorders	1	1	0	0	2
Mental disorders	1	2	0	0	3
Diseases of the nervous system	6	3	1	0	10
Cardio-vascular system	5	17	1	0	23
Respiratory system	3	6	0	0	9
Digestive system	0	1	0	0	1
Genito-urinary conditions	1	2	1	0	4
Musculo-skeletal	0	11	0	0	11
Sensory	3	5	1	0	9
General	1	2	2	1	6
Physical fitness	0	0	0	0	0

TOTAL NUMBER OF CASES	27	56	6	1	90

Key: U(TL) – Unrestricted (less than 2 years) R- Restricted (2 years); R(TL) - Restricted (less than 2 years)
F- Failed; TU – Temporarily Unfit

	F- Failed; TU – Temporarily Unfit					
Ref No	Condition	U(TL)	R	R(TL)	F	TU
1.0	INFECTIONS					
1.1	Gastro intestinal infection	2	0	1	0	2
1.2	Other infection	1	0	3	0	2
1.3	Pulmonary TB	0	0	0	1	0
1.4	Sexually transmissible diseases	0	0	0	0	0
1.5	HIV +	1	0	1	1	0
2.0	CANCERS					
2.1	Malignant neoplasms	61	15	29	6	4
3.0	ENDOCRINE AND METABOLIC					
3.1	Endocrine disease	13	2	11	0	2
3.2	Diabetes – non insulin	247	37	121	0	43
3.3	Diabetes - insulin using	5	10	30	10	4
3.4	Obesity / abnormal body mass	1366	58	203	9	73
4.0	BLOOD DISORDERS		1			
4.1	Blood-forming organs	7	0	7	1	0
4.2	Anaemia	1	0	2	0	1
4.3	Splenectomy (history of surgery)	0	4	1	0	0
5.0	MENTAL DISORDERS					
5.1	Psychosis (acute)	1	1	4	5	3
5.2	Alcohol abuse (dependency)	20	4	4	1	6
5.3	Drug dependence / persistent substance abuse	2	0	0	1	1
5.4	Neurosis e.g anxiety state, depression	43	24	30	8	32
6.0	DISEASES OF THE NERVOUS SYSTEM					
6.1	Organic nervous disease e.g multiple sclerosis, Parkinson's disease	8	1	8	3	3

Ref No	Condition	U(TL)	R	R(TL)	F	TU
6.2	Epilepsy	4	5	3	8	6
6.3	Cranial surgery	1	1	4	1	2
6.4	Migraine (frequent attacks causing incapacity)	2	1	3	0	1
6.5	Syncope	4	2	1	0	6
6.6	Meniere's disease	0	0	0	1	1
7.0	CARDIO-VASCULAR SYSTEM					
7.1	Heart – congenital heart disease	5	0	5	2	1
7.2	Hypertension	1037	52	209	3	75
7.3	Cardiac event	43	28	64	10	18
7.4	Cardiac arrhythmias	47	22	31	3	17
7.5	Other heart disease	56	10	35	5	15
7.6	Ischaemic cerebrovascular disease	8	4	12	3	7
7.7	Arterial – claudication	9	2	7	2	4
7.8	Varicose veins	18	2	0	0	2
7.9	Deep vein thrombosis / pulmonary embolus	4	0	3	3	1
7.10	Piles	18	1	0	0	0
8.0	RESPIRATORY SYSTEM					
8.1	Sinusitis / nasal obstruction	1	0	0	0	1
8.2	Throat infections	0	0	1	0	1
8.3	Chronic bronchitis and /or emphysema	29	2	9	0	1
8.4	Asthma	24	75	28	8	12
8.5	Pneumothorax	1	0	1	0	0
9.0	DIGESTIVE SYSTEM					
9.1	Diseases of the mouth and teeth	55	19	29	0	11
9.2	Peptic ulcer	8	1	1	0	4
9.3	Recurrent attacks of appendicitis	0	0	0	0	0

Ref No	Condition	U(TL)	R	R(TL)	F	TU
9.4	Non infectious enteritis, colitis, diverticulitis etc.	19	12	11	0	1
9.5	Stoma	0	2	1	0	0
9.6	Cirrhosis of liver	2	1	0	0	1
9.7	Biliary tract disease	4	0	1	0	0
9.8	Pancreatitis	0	0	0	1	0
10.0	GENITO-URINARY CONDITIONS					
10.1	Proteinuria, glycosuria, or other urinary abnormality	90	4	37	1	67
10.2	Acute nephritis	1	0	0	0	1
10.3	Sub acute or chronic nephritis or nephrosis	6	1	1	0	1
10.4	Acute urinary infection	2	0	0	0	1
10.5	Renal or ureteric calculus	9	6	4	0	3
10.6	Prostatic enlargement/urinary obstruction	9	4	1	0	0
10.7	Removal of kidney	1	2	1	0	0
10.8	Incontinence of urine	0	0	0	0	0
10.9	Gynaecological conditions	1	2	1	0	2
11.0	PREGNANCY					
11.1	Pregnancy	3	1	20	0	4
12.0	SKIN					
12.1	Skin infections	2	0	0	0	2
12.2	Other skin diseases eg eczema, dermatitis, psoriasis	14	7	7	0	1
12.0						
13.0 13.1	MUSCULO-SKELETAL Joint diseases and joint replacement	48	14	33	14	12
13.2	Recurrent instability of shoulder or knee joints	2	6	4	3	10
13.3	Limb prosthesis	2	2	1	0	2
13.4	Back pain	18	18	9	9	16
13.5	Hernia	17	9	14	0	17

Ref No	Condition	U(TL)	R	R(TL)	F	TU
14.0	SENSORY					
14.1	Speech defect	0	0	1	0	0
14.2	Otitis – externia and media	7	0	0	0	3
14.3	Deafness	21	9	12	7	3
14.4	Eyesight – Visual acuity	19	156	31	5	16
	Colour vision	9	344	48	4	7
	Other sight problems	15	11	7	1	2
15.0	GENERAL					
15.1	Prescribed medication	19	10	12	3	4
15.2	Transplants – kidney, heart, lung, liver	0	1	3	0	1
15.3	Conditions not specifically listed	54	20	29	7	14
15.4	Progressive conditions	0	0	1	0	1
16.0	PHYSICAL FITNESS	۱ 	·			
16.0	Physical fitness (Ref Appendix 2 to Annex B)	36	0	5	3	17

COMMENTARY

- Each year the returns of numbers of seafarer medical examinations carried out by MCA Approved Doctors (ADs) and their outcomes are summarised and the overview distributed to those who have contributed and to other interested parties.
- 2. In 2008 the total number of examinations carried out by MCA Approved Doctors was 41479 compared with 39346 in 2007. These numbers relate to the number of examinations and not to the number of seafarers examined. While some of the increase has come from the issue of a larger number of certificates with durations of less than two years there has also been

in the number some growth of examinations. In part this continues to arise from the increasing numbers of medicals done for the commercial yachting sector. It is also apparent that, because they trust the assessment process, some employers for instance in the growing offshore wind farm sector are requiring these medicals for workers who are outside formal scope of the Medical Examination Regulations.

3. The number of restricted certificates has remained relatively constant, as have the numbers failed either temporarily or permanently.

- 4. One of the most worrying trends is the increase in the number whose fitness is limited by diabetes that does not require treatment with insulin, up from 360 in 2007 to 448 in 2008. While some of this rise may represent a more active approach to diagnosis in the community and a greater need to maintain close surveillance of the condition. an increase of 25% in a year almost certainly represents a real increase in the condition. The form of diabetes that initially require does not insulin treatment (Type 2) is to an extent a complication of obesity - an issue that also continues to be a major cause of limitations placed on fitness. However it is of even more concern in terms of the future crewing needs of the industry because it is associated with considerable increase in the likelihood of a person having a heart attack or developing other forms of arterial disease, as well as frequently needing insulin treatment in a few years time. Both heart disease and the need to use insulin are commonly reasons why terminated careers at sea are prematurely. Maritime employers can do much to reduce these risks by provision of dietary options that encourage weight control and bv running exercise and weight control programmes for their seafarers.
- 5. The number of cases seen by referees has increased to its highest level since 2002. In 2002 the present standards for introduced fitness were and this resulted in a fall in cases for the next few years. In 2001 and early 2002 MCA recognised that some of the existing standards were not in line with developments in medical treatment and so ADs were encouraged to indicate to seafarers that they should consider

asking for a review by a referee. This is again happening as the standards are revised. Two again categories in cardiac events particular, and hip replacements, account for a significant proportion of additional referrals as well as for the high frequency of changes to AD decisions by the referees. When the new standards are in place they will contain revisions relating to these conditions that will allow ADs to let more seafarers return to a wider range of duties at sea.

- 6. MCA aims to enhance the quality and consistency of the assessments performed on its behalf by ADs in the UK and overseas. The elements of this include:
 - An annually updated manual for ADs. This is available on line as well as in printed form. It will undergo a major revision to coincide with the introduction of new standards in 2010.
 - A training CD that all new ADs are required to complete in their first year of appointment.
 - A six monthly newsletter to ADs covering important clinical issues or administrative requirements relating to their work
 - An annual maritime health seminar attended by around 100 doctors each November.
 - A helpline where ADs can obtain advice from administrative staff and on medical matters from me.
 - A programme of audit visits: over 90% of UK based ADs have been assessed. Most are working to a high standard and where any inconsistencies have been identified they have, in most cases, been rapidly remedied.

 The annual returns on which this report is based. As well as being used to compile this report, the pattern of certificates issued by each AD and the conditions for which they are issued are scrutinised and further questions are addressed to those whose pattern diverges widely from the average. This is usually explained by the population of seafarers seen, their age and whether they see large numbers of recruits.

Tim Carter Chief Medical Adviser UK Maritime and Coastguard Agency March 2009



Maritime and Coastguard Agency

Produced by :

Seafarer Safety & Health Branch Maritime & Coastguard Agency Bay 1/29 Spring Place 105 Commercial Road Southampton SO15 1EG

Tel: + (44) 02380 329 380 Fax: + (44) 02380 329 251