Annual report: ML5 Medical Assessments 2015

Important notice:

The ML5 certificate does not comply with the requirements of the Maritime Labour Convention, or other international conventions and so may not be accepted during vessel inspections outside UK. If you need certificates that are MLC compliant, crew members must have an ENG 1 medical with an MCA Approved Doctor, or a recognised equivalent certificate issued by another maritime authority. See below links:

https://www.gov.uk/government/publications/mca-approved-doctors-uk-based

https://www.gov.uk/government/publications/msn-1815-countries-that-can-issue-eng-1-equivalents

The ML5 system

Masters of small commercial vessels and crew members of certain classes of vessel within this group have the option of periodic fitness certification by means of the ML5 system rather than the ENG 1 system of medical examinations for Merchant Navy seafarers performed by doctors who are approved by MCA.

The ML5 procedure is that applicants request any GMC registered doctor with a licence to practice, but normally their general practitioner, to complete an ML5 form giving information on their health. The medical report form is designed so that if there are no boxes ticked indicating ill health or disability the doctor completes a certificate that indicates that the applicant may work on the designated classes of vessel. If one or more of the boxes indicates the presence of illness or disability the medical report has to be referred, either by the MCA Marine office for Boatmasters or by the RYA for holders of their commercial endorsements, to a Medical Assessor appointed by the MCA. Some 5-10% of medical reports are so referred. The Medical Assessor, of whom there are four – two each for RYA and for Boatmaster applicants - will review the medical report and may then either contact the individual or their doctor for further information. Based on what is reported and any additional information supplied the Assessor will make a decision on fitness and issue an appropriate certificate.

Data sources

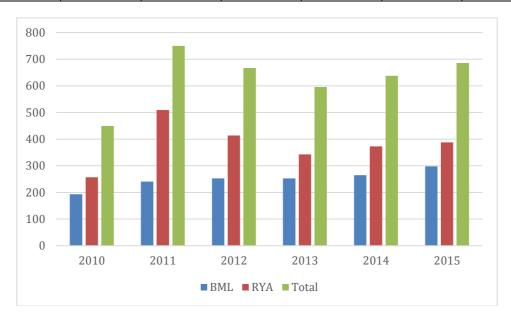
The MCA Assessors summarise their findings at the time of the assessment in a structured way on a database. The results presented here are from this source. Each year a clinical review meeting is held between MCA and the Assessors at which the summary data for the last year is presented and case work and policy issues are considered.

As this information only relates to the 5-10% of cases referred to Assessors, the overall numbers of RYA and Boatmaster applicants are not available broken down by age, gender and the class of licence or endorsement applied for. As a result incidence and prevalence rates for different conditions cannot be analysed. As only 5% of applicants are female these have not be analysed separately and the results presented are for both men and women.

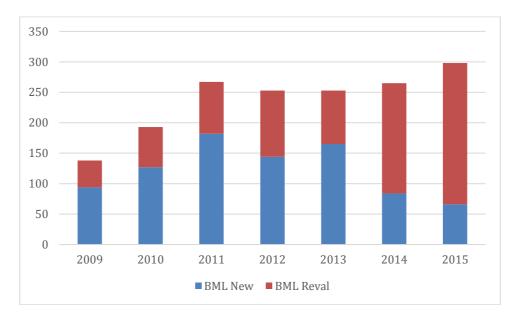
Key results for 2015

A total of 686 referrals were made, 298 being applicants for Boatmaster's licenses and 388 for RYA commercial endorsements for Yachtmasters and powerboat operators. Overall this was a 7% rise on referrals from 2014.

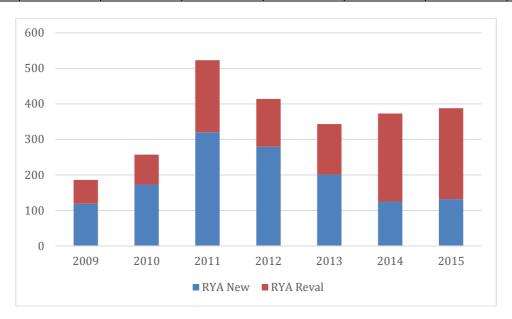
	2010	2011	2012	2013	2014	2015
BML	193	241	253	253	265	298
RYA	257	509	414	343	373	388
Total	450	750	667	596	638	686



	2009	2010	2011	2012	2013	2014	2015
BML New	94	127	182	144	165	84	66
BML	44	66	85	109	88	181	232
Reval							



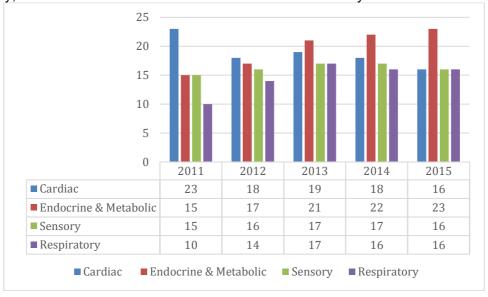
	2009	2010	2011	2012	2013	2014	2015
RYA New	119	173	320	279	201	125	132
RYA Reval	67	84	203	135	142	248	256



It can be seen that the demand for BML and particularly RYA certificates surged in 2010/2011, applicants for RYA certification doubling. Figures have stabilised since that time. It is possible that this reflects the higher demand in the yachting industry, and the change in BML referrals probably reflects a change in the regulations at that time.

Outcomes

As last year, the highest number of referrals related to Endocrine and Metabolic conditions (23%), closely followed by cardiac, sensory and respiratory conditions (all 16%). The percentage of referrals for cardiovascular conditions has decreased slightly, whilst referrals for endocrine conditions have steadily increased.



The commonest specific condition responsible for referral was asthma (11.4%), followed by Obesity (9.5%), colour vision defects (8.9%), and neurotic illness (8.5%) and then myocardial infarction (6.9%). Diabetics accounted for 10.7% of total

referrals, split into those with dietary control (2.9%), on oral medication (5.4%) and insulin dependent (2.8%). These figures are similar to last year's, the form having been altered in 2012 to focus on conditions relevant to safe and effective performance at work, or medication with impairing effects, as opposed to asking generally for other conditions and medication. This change is noted to have significantly reduced the necessity to refer for hypertension. Although asthma remains a common reason for referral, of the 78 cases referred, only six were restricted and bar one, all had other coexisting conditions, rather than for asthma alone. As this trend appears to be continuing from previous years the asthma question will be reviewed to try to reduce the number of unnecessary referrals, when the ML5 Report form is next reviewed.

We continue to observe that very few (only 1%) of those assessed are found unfit, and 40% were able to obtain a restricted certificate and remain in work. All others assessed were found fit without restriction. As before, the MCA has not been made aware of any significant incidents arising because of health related impairment in those using the ML5 system as the means of certifying fitness to work at sea. This demonstrates the value of this simple method of assessment for those pursuing careers in inland waterways or in certain limited sea areas.

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