SUMMARY OF MEDICAL EXAMINATIONS OF SEAFARERS CONDUCTED BY APPROVED DOCTORS

Required in accordance with The

1 January - 31 December 2015

Merchant Shipping (Medical Certification) Regulations 2010

1. SUMMARY OF APPROVED DOCTORS' DECISIONS

Fitness	Result	Validity Period	Form Issued	Number
Cat.				Issued
				44779
Cat 1	UNRESTRICTED	2 years	ENG 1	
		Less than 2 years – non		288
		medical reasons e.g. under		
	UNRESTRICTED	18 years	ENG 1	
		Less than 2 years – medical		4644
	UNRESTRICTED - U (TL)	reasons	ENG 1	
		2 years	ENG 1 + ENG 3	1076
Cat 2	RESTRICTED - R			
		Less than 2 years – medical	ENG 1 + ENG 3	1392
	RESTRICTED - R (TL)	reasons		
				669
Cat 3	TEMPORARILY UNFIT - TU	Any	ENG 3	
				98
Cat 4	FAILURE - F	Permanent	ENG 3	<u> </u>
No. of Returns entered = 255		TOTAL No. OF EXA	MINATIONS	52946

2. ANNUAL COMPARISON OF EXAMINATIONS AND MEDICAL REVIEWS

TOTAL	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Exams	26456	28606	31660	318388	35104	36056	39346	40472	42257	47482	51759	52200	54311	54058	52880
ENG	87	91	71	63	70	80	71	90	81	66	51	48	41	31	47
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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Medical Category	AD's Decision Upheld	AD's Decision changed	Cases awaiting decision	Cases withdrawn	TOTAL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	1	2	0	2	5
Blood disorders	1	1	0	0	2
Mental disorders	0	2	0	1	3
Diseases of the nervous system	1	0	2	0	3
Cardio-vascular system	2	7	0	1	10
Respiratory system	1	4	2	0	7
Digestive system	0	1	0	0	1
Genito-urinary conditions	0	1	0	0	1
Musculo-skeletal	2	0	0	0	2
Sensory	1	3	1	0	5
General	1	1	2	0	4
Physical fitness	0	2	0	0	2
Skin	0	1	0	0	1
Unknown (geographical/incomplete)	0	0	0	1	1
TOTAL NUMBER OF CASES	10	25	7	5	47

Key: U(TL) – Unrestricted (less than 2 years) **R-** Restricted (2 years); **R(TL)** - Restricted (less than 2 years)

F- Failed; **TU** – Temporarily Unfit

Ref No	Condition	U(TL)	R	R(TL)	TU	F
1.0	INFECTIONS					
1.1	Gastro intestinal infection	0	0	0	1	0
1.2	Other infection	3	0	1	4	0
1.3	Pulmonary TB	16	0	2	5	2
1.4	Sexually transmissible diseases	6	0	1	0	0
1.5	HIV +	27	0	5	0	0
1.6	Hepatitis A	3	0	0	0	0
1.7	Hepatitis B, C etc	85	0	10	0	1
2.0						
2.1	Malignant neoplasms	114	10	67	9	4
3.0						
3.1	Endocrine disease	66	7	10	4	1
3.2	Diabetes – non insulin treated by diet	70	4	12	19	0
3.3	Diabetes - non-insulin treated by oral medication	476	22	97	22	1
3.4	Diabetes - insulin using	28	16	66	9	2
3.5	Obesity / abnormal body mass	1804	27	241	104	5
4.0						
4.1	Blood-forming organs	18	1	8	1	1
4.2	Anaemia	14	1	4	2	0
4.3	Splenectomy (history of surgery)	1	6	3	0	0
5.0						
5.1	Psychosis (acute)	1	0	1	1	2
5.2	Alcohol abuse (dependency)	7	3	11	8	0
5.3	Drug dependence / persistent substance abuse	3	0	1	1	1
5.4 a	Mood / affective disorders severe anxiety state, depression, or any other mental disorder likely to impair performance	26	4	32	14	3
5.4 b	Mood / affective disorders minor or reactive symptoms of anxiety/depression	105	5	41	8	0

Ref No	Condition	U(TL)	R	R(TL)	TU	F
5.5	Disorder of personality - clinically recognised	0	1	1	0	0
5.6	Disorder of psychological development - autism, Aspergers syndrome	20	0	1	0	0
5.7	Hyperkinetic disorders - Attention Deficit Hyperactivity Disorder	0	0	0	1	0
5.8	Other mental health and cognitive disorders	4	1	4	2	3
6.0						
6.1	Organic nervous disease e.g multiple sclerosis, Parkinson's disease	9	0	4	2	1
6.2	Syncope	2	3	5	11	0
6.3	Epilepsy - no provoking factors	1	9	10	7	1
6.4	Epilepsy provoked by alcohol, medication, head injury	1	1	2	0	0
6.5	Risk of seizures from intra-cranial surgery	1	0	1	1	0
6.6	Migraine	5	2	0	0	0
6.7	Meniere's disease	1	0	0	2	0
6.8	Sleep apnoea	10	1	5	1	0
6.9	Narcolepsy	0	0	1	0	0
7.0						
7.1	Heart – congenital and valve disease	39	5	29	16	6
7.2	Hypertension	1325	25	378	121	1
7.3	Cardiac event	133	10	81	13	6
7.4	Cardiac arrhythmias	116	15	41	30	2
7.5	Other heart disease	25	2	28	14	2
7.6	Ischaemic cerebrovascular disease	12	9	24	5	3
7.7	Arterial – claudication	3	2	3	1	0
7.8	Varicose veins	19	4	3	0	0
7.9	Deep vein thrombosis / pulmonary embolus	5	3	14	2	0
8.0						
8.1	Sinusitis / nasal obstruction	5	0	2	0	0
8.2	Throat infections	2	0	0	0	0
8.3	Chronic bronchitis and /or emphysema	26	3	18	4	4
8.4	Asthma	38	62	42	11	4
8.5	Pneumothorax	1	0	1	8	0

Ref No	Condition	U(TL)	R	R(TL)	TU	F
9.0						
9.1	Oral Health	32	37	36	13	0
9.2	Peptic ulcer	3	1	2	3	0
9.3	Non infectious enteritis, colitis, Crohn's disease, diverticulitis etc.	16	12	32	8	1
9.4	Stoma (ileostomy, colostomy)	1	3	3	1	0
9.5	Cirrhosis of liver	2	0	1	2	0
9.6	Biliary tract disease, biliary colic	4	0	2	1	0
9.7	Pancreatitis	2	1	2	0	0
9.8	Anal conditions: piles (haemorrhoids) fissures, fistulae	11	4	3	1	0
9.9	Hernias – inguinal and femoral	24	9	24	5	0
9.10	Hernias –umbilical	5	7	12	4	0
9.11	Hernias – diaphragmetic (hiatus)	1	0	1	0	0
10.0						
10.1	Proteinuria, haematuria, glycosuria, or other urinary abnormality	74	4	18	63	0
10.2	Acute nephritis	0	1	0	0	0
10.3	Sub acute or chronic nephritis or nephrosis	6	4	4	1	2
10.4	Acute urinary infection	2	1	1	1	0
10.5	Renal or ureteric calculus renal colic	43	6	12	4	1
10.6	Prostatic enlargement / Urinary obstruction	15	2	1	0	0
10.7	Removal of kidney or one non-functioning kidney	6	1	4	0	0
10.8	Incontinence of urine	0	0	0	0	0
10.9	Heavy vaginal bleeding or other gynecological conditions	2	2	5	3	0
11.0						
11.1	Pregnancy	1	2	16	5	0
12.0						
12.1	Skin infections	2	0	1	2	0
12.2	Other skin diseases e.g. eczema, dermatitis, psoriasis	20	6	8	4	0

Ref No	Condition	U(TL)	R	R(TL)	TU	F
13.0						
13.1	Osteo arthritis, other joint diseases and subsequent joint replacement	56	25	39	32	8
13.2	Recurrent instability of shoulder or knee joints	4	6	3	9	1
13.3	Limb prosthesis	1	0	0	0	0
13.4	Back pain	12	14	13	20	4
14.0						
14.1	Speech defect	0	0	0	0	0
14.2	Otitis – externia and media	5	2	3	2	0
14.3	Hearing	218	27	45	39	1
14.4	Eyesight – Visual acuity	50	151	42	35	9
	Colour vision	37	487	55	19	15
	Other sight problems	28	17	17	8	1
15.0						
15.1	Prescribed medication	337	24	31	15	2
15.2	Transplants – kidney, heart, lung, liver	1	4	5	1	0
15.3	Progressive conditions	2	2	2	1	0
15.4	Allergies (other than allergic dermatitis and asthma)	12	16	7	9	9
15.5	Conditions not specifically listed	142	14	23	13	4
16.0						
16.0	Physical fitness (see Appendix 2 of MSN 1839)	85	1	29	12	1

Chief Medical Advisor's COMMENTARY

Each year all MCA Approved Doctors (ADs) complete a return. This lists the number of medical examinations performed, and how many medical certificates have been issued in each category (fit for service worldwide and fit for restricted duties whether for two years or a limited time) as well as how many seafarers are made temporarily or permanently unfit. The medical reasons for all restricted certificates and decisions of unfitness are anonymously noted. Each year the MCA analyses these returns and produces this summary report. At this stage, this information is collected from paper records and so only limited analysis is possible. It does however enable the pattern of illnesses to be noted and any major trends to be highlighted. The pattern of past years was largely unchanged in 2015.

Seafarers who are failed or issued with a restricted certificate are able to seek a review of the AD's decision by an independent medical referee if they have reservations about the initial decision. The results of the referee reviews are also presented. Fuller details of the procedures for Approved Doctors and referees can be found in MSN 1839 and in the MCA Approved Doctor's Manual, which can be found on line at

https://www.gov.uk/government/public ations/the-approved-doctors-manual

Although the total number of medical examinations had been steadily climbing for over 10 years, this trend has ceased, and numbers for the past two years have very slightly decreased from 54058 to 52946 in 2015. Numbers of overseas medicals have in contrast very slightly increased, although this is general

rather than related to a specific geographical area. It is possible that the relative decrease in UK is related to the reduced activity in the Scottish oil industry.

Referrals to referees, having dropped significantly after the revision of the guidelines in 2010 would appear to have stabilised, with anything from 30 to 50 reviews each year. Of the 37 referred in 2015, 9 had their decision upheld and 23 had the decision amended, 5 having withdrawn their appeal. However a change in decision does not necessarily mean that the end result was more lenient.

It is not surprising that conditions noted in seafarers reflect global public health issues. The focus of our Maritime Health Seminar in 2014 was the relevance of obesity to fitness to work at sea, and our aim is to continue to ensure consistency of assessments in an area which can be hard to confront for both seafarer and doctor. We continue to emphasise the importance of fitness testing in obese seafarers, and the guidance in the 2015 revision of the AD Manual was altered to reflect this. A recent analysis of worldwide trends in BMI published in the Lancet reveals that the number of obese people has risen from 105 million in 1975 to 641 million in 2014, and seafarers appear to follow the same trend as the general population. Figures from 2015 show that the highest number of seafarers failed or made temporarily unfit were those with hypertension, closely followed by obesity. These conditions were also leaders in the cases restricted, along with diabetics on oral medication.

The condition most likely to cause a restriction was defective colour vision, which is a significant problem for both deck and engine candidates. Seafarers

do need to take responsibility for having vision testing prior to training. We continue to emphasise to ADs the importance of careful testing of colour vision which can have such a significant effect on a seafarer's career. Guidance on decisions relating to colour vision and appropriate restrictions is to be revised in order to make these decisions clearer. Although for many years the accepted method of further testing for deck candidates who fail their Ishihara test has been the Holmes Wright B lantern, following research at City University commissioned by MCA we are considering a replacement for these lanterns which will soon become obsolete.

We have commented previously on the difficulty of making a full analysis of the useful data collected by ADs when working with only paper systems.

Although we have found methods to

sort the data provided by ADs in an easier fashion this year, we continue to work towards the development of a fully electronic system of certification. We hope that this will automatically collect the data represented within the annual returns system, and will allow much simpler review of data regarding health patterns and trends. This system will produce huge benefits for MCA, Approved Doctors, seafarers and their employers, and will allow us to gain better control of fraud in medical certification.

Sally Bell Chief Medical Advisor UK Maritime and Coastguard Agency March 2016