

# SUMMARY OF MEDICAL EXAMINATIONS OF SEAFARERS CONDUCTED BY APPROVED DOCTORS 1 January – 31 December 2017

Required in accordance with The Merchant Shipping (Medical Certification) Regulations 2010

## 1. SUMMARY OF APPROVED DOCTORS' DECISIONS

Fitness Cat.	Result	Validity Period	Form Issued	Number Issued
Cat 1	UNRESTRICTED	2 years	ENG 1	44996 +775
	UNRESTRICTED	Less than 2 years – non-medical reasons e.g. under 18 years	ENG 1	291 -22
	UNRESTRICTED - U (TL)	Less than 2 years – medical reasons	ENG 1	4810 +125
Cat 2	RESTRICTED - R	2 years	ENG 1 + ENG 3	1072 +71
	RESTRICTED - R (TL)	Less than 2 years – medical reasons	ENG 1 + ENG 3	1231 -219
Cat 3	TEMPORARILY UNFIT - TU	Any	ENG 3	822 +128
Cat 4	FAILURE - F	Permanent	ENG 3	93 -26
<b>No. of Returns entered =</b>		<b>TOTAL No. OF EXAMINATIONS</b>		53315 +832

## 2. ANNUAL COMPARISON OF EXAMINATIONS AND MEDICAL REVIEWS

TOTAL	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Exams	31660	318388	35104	36056	39346	40472	42257	47482	51759	52200	54311	54058	52880	52483	53315
ENG Referral	71	63	70	80	71	90	81	66	51	48	41	31	47	46	48

## 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Medical Category	AD's Decision Upheld	AD's Decision changed	Cases awaiting decision	Cases withdrawn	TOTAL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					
Endocrine and metabolic	3	2			5
Blood disorders	1	1		1	3
Mental disorders	2	2			4
Diseases of the nervous system	3	3			6
Cardio-vascular system		2			2
Respiratory system	9	4	1		14
Digestive system	2		1		3
Genito-urinary conditions					
Musculoskeletal		2			2
Sensory		2		1	3
General	4	2			6
Physical fitness					
Skin					
Unknown (geographical/incomplete)					
<b>TOTAL NUMBER OF CASES</b>	<b>24</b>	<b>20</b>	<b>2</b>	<b>2</b>	<b>48</b>

**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
<b>1.0</b>	<b>INFECTIONS</b>					
1.1	Gastro intestinal infection	2		2		
1.2	Other infection	1	2	2	3	
1.3	Pulmonary TB	3		1	18	2
1.4	Sexually transmissible diseases				1	
1.5	HIV +	48	1	5	1	1
1.6	Hepatitis A	2				
1.7	Hepatitis B, C etc	88		4	4	
<b>2.0</b>						
2.1	Malignant neoplasms	124	10	47	10	3
<b>3.0</b>						
3.1	Endocrine disease	30	3	8	13	1
3.2	Diabetes – non insulin treated by diet	44	1	15	21	1
3.3	Diabetes - non-insulin treated by oral medication	491	21	74	24	2
3.4	Diabetes - insulin using	12	25	88	9	4
3.5	Obesity / abnormal body mass	1693	28	262	118	8
<b>4.0</b>						
4.1	Blood-forming organs	17	1	4	1	3
4.2	Anaemia	26				
4.3	Splenectomy (history of surgery)	2	2	3	1	
<b>5.0</b>						
5.1	Psychosis (acute)	1	1	8	4	1
5.2	Alcohol abuse (dependency)	9	4	12	9	1
5.3	Drug dependence / persistent substance abuse	2		5	1	2
5.4 a	Mood / affective disorders severe anxiety state, depression, or any other mental disorder likely to impair performance	20	20	66	36	2
5.4 b	Mood / affective disorders minor or reactive symptoms of anxiety/depression	211	11	64	18	
5.5	Disorder of personality - clinically recognised	1		1		
5.6	Disorder of psychological development - autism, Aspergers syndrome	2			1	1
5.7	Hyperkinetic disorders - Attention Deficit Hyperactivity Disorder	9	2	2	2	
5.8	Other mental health and cognitive disorders	6	1	4	4	4

Ref No	Condition	U(TL)	R	R(TL)	TU	F
<b>6.0</b>						
6.1	Organic nervous disease e.g multiple sclerosis, Parkinson's disease	11	7	14	6	3
6.2	Syncope	1	3	3	3	
6.3	Epilepsy - no provoking factors	1	8	8	9	4
6.4	Epilepsy provoked by alcohol, medication, head injury		1	3	5	1
6.5	Risk of seizures from intra-cranial surgery	1			1	
6.6	Migraine	3	4	7	2	
6.7	Meniere's disease					
6.8	Sleep apnoea	17	3	9	8	
6.9	Narcolepsy			1		
<b>7.0</b>						
7.1	Heart – congenital and valve disease	27	3	21	18	2
7.2	Hypertension	1423	11	79	113	3
7.3	Cardiac event	154	16	88	38	3
7.4	Cardiac arrhythmias	49	22	45	39	2
7.5	Other heart disease	35	9	18	9	4
7.6	Ischaemic cerebrovascular disease	13	10	32	11	3
7.7	Arterial – claudication	1	3	4	2	
7.8	Varicose veins	15	3	3	1	
7.9	Deep vein thrombosis / pulmonary embolus	4	3	9	1	
<b>8.0</b>						
8.1	Sinusitis / nasal obstruction	1				
8.2	Throat infections					
8.3	Chronic bronchitis and /or emphysema	18	4	15	6	2
8.4	Asthma	26	41	25	35	5
8.5	Pneumothorax	2		3	3	
<b>9.0</b>						
9.1	Oral Health	22	44	44	38	1
9.2	Peptic ulcer	5				
9.3	Non infectious enteritis, colitis, Crohn's disease, diverticulitis etc.	32	29	42	16	1
9.4	Stoma (ileostomy, colostomy)		3	9		
9.5	Cirrhosis of liver	3	1	1	2	1
9.6	Biliary tract disease, biliary colic	6		6	1	
9.7	Pancreatitis	1			1	
9.8	Anal conditions: piles (haemorrhoids) fissures, fistulae	6	2	4	4	
9.9	Hernias – inguinal and femoral	9	8	24	9	

Ref No	Condition	U(TL)	R	R(TL)	TU	F
9.10	Hernias –umbilical	4	7	10	2	
9.11	Hernias – diaphragmatic (hiatus)				1	
<b>10.0</b>						
10.1	Proteinuria, haematuria, glycosuria, or other urinary abnormality	112	7	28	71	1
10.2	Acute nephritis			1		
10.3	Sub acute or chronic nephritis or nephrosis	9	1	12	3	
10.4	Acute urinary infection	2		5	1	
10.5	Renal or ureteric calculus renal colic	34	12	22	12	3
10.6	Prostatic enlargement / Urinary obstruction	10	1	4	2	
10.7	Removal of kidney or one non-functioning kidney	3	2	2	1	
10.8	Incontinence of urine					
10.9	Heavy vaginal bleeding or other gynecological conditions	9	3	3	2	
<b>11.0</b>						
11.1	Pregnancy	3		18	1	
<b>12.0</b>						
12.1	Skin infections	1	2		2	1
12.2	Other skin diseases e.g. eczema, dermatitis, psoriasis	13	7	12	3	
<b>13.0</b>						
13.1	Osteo arthritis, other joint diseases and subsequent joint replacement	56	14	40	32	9
13.2	Recurrent instability of shoulder or knee joints	4	2	7	3	
13.3	Limb prosthesis		1	2		
13.4	Back pain	17	13	21	17	3
<b>14.0</b>						
14.1	Speech defect			1		
14.2	Otitis – extemia and media	3		1	2	
14.3	Hearing	165	42	35	23	3
14.4	Eyesight – Visual acuity	21	108	31	57	5
	Colour vision	27	473	80	17	10
	Other sight problems	18	12	6	7	2

Ref No	Condition	U(TL)	R	R(TL)	TU	F
<b>15.0</b>						
15.1	Prescribed medication	354	34	51	14	5
15.2	Transplants – kidney, heart, lung, liver		2	3	2	
15.3	Progressive conditions	6	1			
15.4	Allergies (other than allergic dermatitis and asthma)	2	25	6	16	6
15.5	Conditions not specifically listed	73	16	38	21	4
<b>16.0</b>						
16.0	Physical fitness (see Appendix 2 of MSN 1839)	39	2	24	14	3

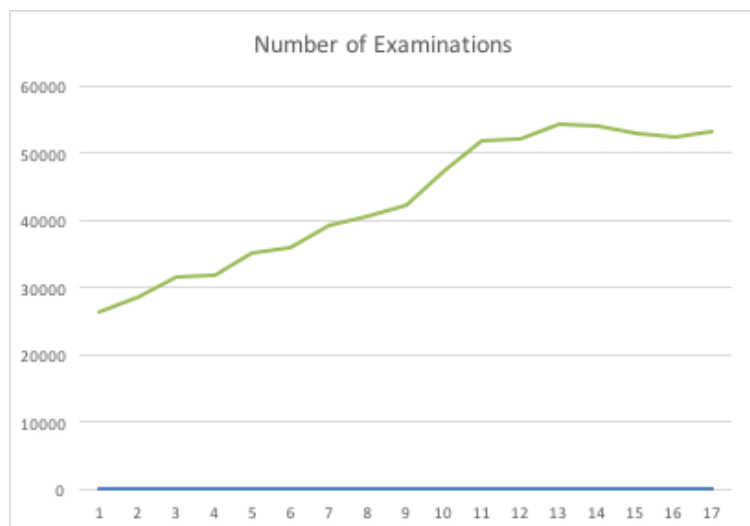
## Chief Medical Advisor's COMMENTARY

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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 remained largely unchanged in 2018.

Seafarers who either fail or are 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 corrigendum) and in the MCA Approved Doctor's Manual, February 2018 Edition which can be found on line at <https://www.gov.uk/government/publications/the-approved-doctors-manual>

Although the total number of medical examinations had been climbing steadily from 2003 to 2011, this trend has evened out, with numbers for the previous three years decreasing slightly from 2013 to 2016. This year, 53,311 examinations were performed, an increase of 828 since 2016. 44% of these medicals are performed overseas, mainly in either the Philippines, or areas relating to the yachting sector (Australia, New Zealand, South Africa, France and the USA). The figures for these countries have remained stable.



Referrals to referees, having dropped significantly after the revision of the guidelines in 2010, have remained stable, at just under 50 reviews each year. Of the 48 referred in 2017, 50% had their decision upheld, the majority of the rest had the decision amended, 2 having withdrawn their appeal and 2 still awaiting a decision at the time of compilation. A change in decision may mean a different restriction, but does not necessarily mean that the end result was more lenient.



These figures are illustrated in the graphs appended, which clearly show the stability of number of medicals at present, and the steadily reducing number of referrals which have remained at a constant percentage over the past few years. It is to be hoped that this trend reflects the clearer guidance to ADs, thus ensuring that decisions are fully understood by the seafarers.

Although data were collected from 255 ADs, several of these have retired during the year, while a similar number of new doctors were appointed, so there is therefore a certain amount of overlap. 84% of ADs are on the general list, and able to perform medicals for any seafarer, while 16% perform medicals only for a named company.

Analysis of all conditions underlying a decision of temporary or permanent unfitness showed that the majority were due to obesity, hypertension, urinary abnormality, visual acuity problems and diabetes. If all cases restricted, time limited or unfit are considered, the largest number of specific cases noted were colour vision deficient, followed closely by obesity and cardiovascular problems.

Although every condition noted for each seafarer is recorded, as they may have several different conditions leading to their fitness decision, it is not possible at present to report whether hypertension was seen with other diagnoses such as obesity or diabetes, although this seems likely. As has been noted in the past, obesity remains a significant problem. Colour vision defects, which exist in up to 8% of the male population, remain a significant issue, mainly in the deck department. The Holmes Wright B lantern test used for confirmatory colour vision testing in the UK has now been discontinued, and the City University Colour Assessment and Diagnosis (CAD) test is now in use, which will give clear and reproducible results.

The potential for analysis of the useful data collected by ADs remains limited when working with paper systems, but we continue to work towards the development of a fully electronic system of certification, which 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**





