# Annual report: ML5 Medical Assessments 2016

### 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 performed by 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**

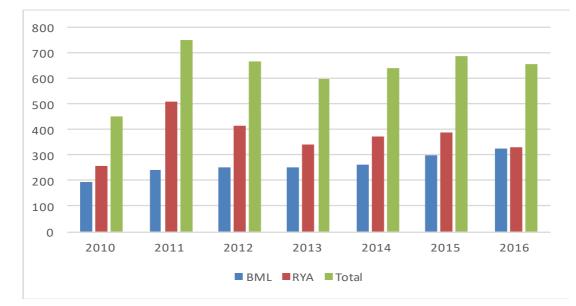
The MCA Assessors summarise their findings at the time of the assessment in a structured way on a database. The results presented here are from this source. Each year a clinical review meeting is held between MCA and the Assessors at which the summary data for the last year is presented and case work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

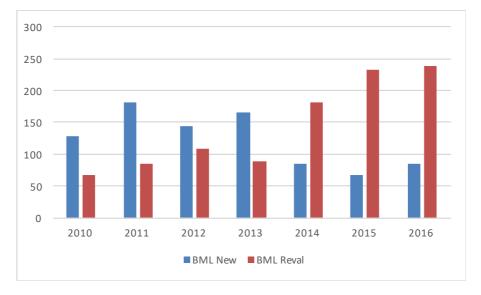
### Key results for 2016

A total of 656 referrals were made, 323 being applicants for Boatmaster's licenses and 333 for RYA commercial endorsements for Yachtmasters and powerboat operators. Although referrals are remaining relatively steady, the proportion of BML and RYA referrals are now almost even (RYA having predominated in the past due to higher demand in the yachting industry).

	2010	2011	2012	2013	2014	2015	2016
BML	193	241	253	253	265	298	323
RYA	257	509	414	343	373	388	333
Total	450	750	667	596	638	686	656

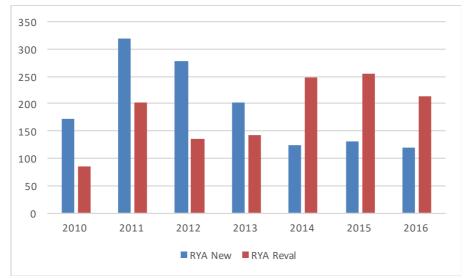


	2010	2011	2012	2013	2014	2015	2016
BML New	127	182	144	165	84	66	84
BML Reval	66	85	109	88	181	232	239



It can be seen that after a number of new applications between 2010 and 2013, BML are now mainly being revalidated, although totals have not changed greatly.

	2010	2011	2012	2013	2014	2015	2016
RYA New	173	320	279	201	125	132	120
RYA Reval	84	203	135	142	248	256	213

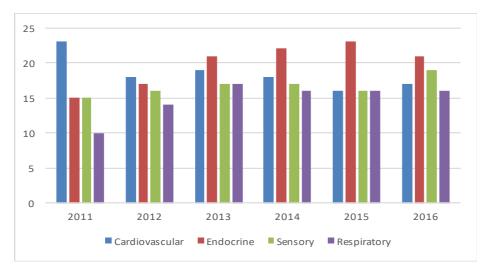


The same change can be seen in RYA new applications, which having risen steeply in 2011, have dropped off, while renewals have increased.

## Outcomes

As last year, the highest number of referrals related to Endocrine and Metabolic conditions (21%), closely followed by sensory (19%), cardiac (17%), and respiratory conditions (16%). The most common specific conditions were asthma and colour vision deficiency (both 12 %), diabetes (10%), neurotic illness (8%), myocardial infarction and obesity (both 7%).

	Cardiovascular %	Endocrine %	Sensory %	Respiratory %
2011	23	15	15	10
2012	18	17	16	14
2013	19	21	17	17
2014	18	22	17	16
2015	16	23	16	16
2016	17	21	19	16



In 2012 the ML5 form was altered 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. Figures have remained relatively stable since then. Further change is planned with respect to the question regarding asthma, in order to reduce unnecessary referrals.

As in previous years, very few (only 2%) of those assessed were found unfit, and 39% 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.

Sally Bell Chief Medical Advisor Maritime and Coastguard Agency 2017