

SUMMARY OF MEDICAL EXAMINATIONS OF SEAFARERS CONDUCTED BY APPROVED DOCTORS 1 January – 31 December 2013

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	46500
	UNRESTRICTED	Less than 2 years – non medical reasons e.g. under 18 years	ENG 1	366
	UNRESTRICTED - U (TL)	Less than 2 years – medical reasons	ENG 1	4312
Cat 2	RESTRICTED - R	2 years	ENG 1 + ENG 3	1185
	RESTRICTED - R (TL)	Less than 2 years – medical reasons	ENG 1 + ENG 3	1255
Cat 3	TEMPORARILY UNFIT - TU	Any	ENG 3	578
Cat 4	FAILURE - F	Permanent	ENG 3	115
No. of Returns entered = 255		TOTAL No. OF EXAMINATIONS		54311

2. ANNUAL COMPARISON OF EXAMINATIONS AND MEDICAL REVIEWS

TOTALS	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
ENG 1 Exams	26456	28606	31660	318388	35104	36056	39346	40472	42257	47482	51759	52200	54311
Medical Referrals	87	91	71	63	70	80	71	90	81	66	51	48	41

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Medical Category	AD's Decision Upheld	AD's Decision changed	Cases awaiting decision	Cases withdrawn	TOTAL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		6		2	8
Blood disorders					
Mental disorders		1			1
Diseases of the nervous system	1	3	1		5
Cardio-vascular system	1	5			6
Respiratory system	1	4		2	7
Digestive system		1			1
Genito-urinary conditions		1			1
Musculo-skeletal	1	3			4
Sensory	2	6		3	11
General	1	2			3
Physical fitness		1			1
Unknown (geographical / incomplete)				1	1
TOTAL NUMBER OF CASES	7	33	1	8	49

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	4	0
1.2	Other infection	4	1	0	5	0
1.3	Pulmonary TB	25	0	5	1	14
1.4	Sexually transmissible diseases	1	0	0	0	0
1.5	HIV +	26	0	1	3	0
1.6	Hepatitis A	0	0	1	0	0
1.7	Hepatitis B, C etc	67	0	4	1	3
2.0						
2.1	Malignant neoplasms	114	7	42	9	1
3.0						
3.1	Endocrine disease	36	5	5	2	0
3.2	Diabetes – non insulin treated by diet	87	11	35	11	1
3.3	Diabetes - non-insulin treated by oral medication	418	36	95	29	5
3.4	Diabetes - insulin using	10	21	53	11	0
3.5	Obesity / abnormal body mass	1567	53	275	75	2
4.0						
4.1	Blood-forming organs	18	0	7	0	0
4.2	Anaemia	22	0	0	1	0
4.3	Splenectomy (history of surgery)	0	2	3	0	0
5.0						
5.1	Psychosis (acute)	0	0	1	1	1
5.2	Alcohol abuse (dependency)	10	0	10	6	1
5.3	Drug dependence / persistent substance abuse	1	0	1	2	0
5.4 a	Mood / affective disorders severe anxiety state, depression, or any other mental disorder likely to impair performance	12	3	28	15	3
5.4 b	Mood / affective disorders minor or reactive symptoms of anxiety/depression	77	6	30	13	1
5.5	Disorder of personality - clinically recognised	0	0	1	0	0
5.6	Disorder of psychological development - autism, Aspergers syndrome	0	0	1	0	0
5.7	Hyperkinetic disorders - Attention Deficit Hyperactivity Disorder	11	1	0	0	0

Ref No	Condition	U(TL)	R	R(TL)	TU	F
5.8	Other mental health and cognitive disorders	2	4	2	1	1
6.0						
6.1	Organic nervous disease e.g multiple sclerosis, Parkinson's disease	7	1	8	4	0
6.2	Syncope	4	0	1	2	0
6.3	Epilepsy - no provoking factors	2	11	5	6	2
6.4	Epilepsy provoked by alcohol, medication, head injury	1	1	2	3	1
6.5	Risk of seizures from intra-cranial surgery	2	2	0	3	0
6.6	Migraine	2	3	1	0	1
6.7	Meniere's disease	0	0	0	1	0
6.8	Sleep apnoea	2	1	6	1	1
6.9	Narcolepsy	1	1	0	0	0
7.0						
7.1	Heart – congenital and valve disease	30	7	11	12	4
7.2	Hypertension	1264	29	290	83	13
7.3	Cardiac event	105	17	83	21	3
7.4	Cardiac arrhythmias	120	4	41	26	2
7.5	Other heart disease	38	5	22	6	9
7.6	Ischaemic cerebrovascular disease	19	7	19	3	3
7.7	Arterial – claudication	4	1	7	2	0
7.8	Varicose veins	18	2	5	0	0
7.9	Deep vein thrombosis / pulmonary embolus	6	3	9	1	0
8.0						
8.1	Sinusitis / nasal obstruction	3	0	1	0	0
8.2	Throat infections	0	0	0	0	0
8.3	Chronic bronchitis and /or emphysema	18	3	8	6	2
8.4	Asthma	37	67	36	11	3
8.5	Pneumothorax	1	0	1	1	0
9.0						
9.1	Oral Health	54	21	12	20	0
9.2	Peptic ulcer	6	3	3	3	0
9.3	Non infectious enteritis, colitis, Crohn's disease, diverticulitis etc.	19	16	13	2	1
9.4	Stoma (ileostomy, colostomy)	3	3	4	0	0
9.5	Cirrhosis of liver	2	0	0	0	0
9.6	Biliary tract disease, biliary colic	5	0	1	1	0
9.7	Pancreatitis	1	0	1	0	0

Ref No	Condition	U(TL)	R	R(TL)	TU	F
9.8	Anal conditions: piles (haemorrhoids) fissures, fistulae	12	2	4	4	0
9.9	Hernias – inguinal and femoral	10	14	14	9	0
9.10	Hernias –umbilical	12	3	8	2	0
9.11	Hernias – diaphragmatic (hiatus)	0	0	1	0	0
10.0						
10.1	Proteinuria, haematuria, glycosuria, or other urinary abnormality	120	7	17	66	1
10.2	Acute nephritis	0	0	0	0	0
10.3	Sub acute or chronic nephritis or nephrosis	13	1	6	0	2
10.4	Acute urinary infection	20	0	0	4	0
10.5	Renal or ureteric calculus renal colic	39	6	8	4	4
10.6	Prostatic enlargement / Urinary obstruction	9	1	8	2	0
10.7	Removal of kidney or one non-functioning kidney	6	0	4	0	0
10.8	Incontinence of urine	0	0	0	0	0
10.9	Heavy vaginal bleeding or other gynecological conditions	0	0	0	1	0
11.0						
11.1	Pregnancy	0	0	18	2	0
12.0						
12.1	Skin infections	2	2	1	1	0
12.2	Other skin diseases e.g. eczema, dermatitis, psoriasis	20	5	10	4	1
13.0						
13.1	Osteo arthritis, other joint diseases and subsequent joint replacement	68	23	42	25	11
13.2	Recurrent instability of shoulder or knee joints	6	3	3	8	1
13.3	Limb prosthesis	2	2	0	0	0
13.4	Back pain	15	4	27	13	4
14.0						
14.1	Speech defect	0	0	0	0	1
14.2	Otitis – externa and media	3	0	1	3	0
14.3	Hearing	170	39	57	60	11
14.4	Eyesight – Visual acuity	27	210	36	18	9
	Colour vision	42	533	60	9	5

Ref No	Condition	U(TL)	R	R(TL)	TU	F
	Other sight problems	22	21	11	10	2
15.0						
15.1	Prescribed medication	460	8	73	2	0
15.2	Transplants – kidney, heart, lung, liver	2	2	2	0	1
15.3	Progressive conditions	3	0	4	0	0
15.4	Allergies (other than allergic dermatitis and asthma)	8	6	2	2	1
15.5	Conditions not specifically listed	119	18	34	16	4
16.0						
16.0	Physical fitness (see Appendix 2 of MSN 1822)	52	4	10	14	3

Chief Medical Adviser's COMMENTARY

Each year all MCA Approved Doctors (ADs) complete a return. This lists the number of medical examinations performed, how many medical certificates of each category, from fit for service worldwide to restricted duties, are issued, and how many seafarers are made temporarily or permanently unfit. The medical reasons for all restricted certificates and decisions of unfitness are noted. This information is collected from paper records and so only limited analysis is possible. Each year the MCA analyses these returns and produces this summary report. It enables the pattern of illnesses to be noted and any major trends to be highlighted. The pattern of past years is largely unchanged in 2013.

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 1822 and in the MCA Approved Doctor's Manual, these can be found at www.dft.gov.uk/mca.

In 2013 there was again a small increase in the total number of medical examinations performed, from 52,200 to 54,311. This increase came from the medicals done to MCA standards outside the UK (20,167 to 22,863). Looking at the distribution of these it is notable that there continues to be a year on year increase at the locations where crews are trained or recruited for work on large yachts. Although many are flagged with other members of the Red Ensign Group (REG), not with the UK, this sector has tended to adopt the MCA medical examination, in tandem with the other MCA standards for large yachts as the sector norm. On the one hand this is a recognition of the qualities of our medical systems, but at the same time the administrative and medical support provided by MCA for the doctors performing these

examinations does not result in any financial benefit for UK from fees for registration to the UK flag.

In recent years we have been collecting additional data on hearing assessments performed on UK seafarers. This has been done in part to identify the frequency of potentially safety-critical communication problems arising from impaired hearing and partly as a quality measure to ensure that Approved Doctors are consistently testing hearing as required in the MCA standards. Severe impairment is relatively rare, and one of the changes that we have made in recent years is to allow seafarers, subject to certain safeguards, to work at sea wearing hearing aids. This approach appears to be accepted by the industry and greatly reduces the number of seafarers whose careers are terminated for this reason. The assessment of hearing to confirm that there are no communication problems needs to be distinguished from the assessment of damage to hearing from prolonged exposure to high levels of noise, particularly in ships' engine rooms, here different test protocols are used and the need for such testing should be based on the ship operator's assessment of noise levels. As fewer engine spaces are now permanently crewed it can be anticipated that noise as a cause of hearing damage and hence of consequential communication problems will become less frequent.

From 2014 we have changed the focus of additional data collection to start a review of decision taking by Approved Doctors on those who are significantly overweight and obese. As in the rest of society such problems are becoming more frequent in seafarers and can result in both immediate problems when demanding physical work has to be undertaken and, in the longer term, in a range of life-shortening conditions such as arterial disease and diabetes. We are now collecting information on the decisions taken on those with body mass indexes (BMI) of over 35. Like the earlier initiative on hearing this also serves to improve the consistency of assessments in an area where both seafarers and their employers sometimes feel aggrieved at what they see as unfair or unsafe decisions taken about fitness.

This is a topic where the solutions lie not with doctors but with seafarers themselves in adjusting their calorie intakes and with ship operators in providing palatable food that enables crewmembers to enjoy a calorie controlled diet.

My final note in this commentary is to advise readers that this will be the last time I write it. It was an innovation introduced soon after I joined MCA in 1999 and has continued to supplement the published annual summaries of examinations ever since. Sadly we started with paper systems and, despite the huge benefits for MCA, Approved Doctors, seafarers and their employers in having a computer database that will enable simpler compilation of this information as well as providing more detailed information on patterns and trends this has yet to be realised. I very much hope that improvements in this will come to pass before too long as it would greatly assist everyone who is a user of the seafarer medical assessment system, not least in providing a validation

service and better control of fraud in medical certification which has been a very real problem in the last year.

My successor is Dr Sally Bell, who has been working in the maritime sector for many years and whom a number of you will know already.

So goodbye from me to the preparation of these returns, but not goodbye to maritime health as I aim to continue to work for a while in this area, both in UK and internationally.

Thank you for all your help and support for the last 14 years!

Tim Carter
Chief Medical Adviser
UK Maritime and Coastguard Agency
March 2014



Maritime and Coastguard Agency

Produced by:

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

Tel: + (44) 02380 329 247
Fax: + (44) 02380 329 251