



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

1. SUMMARY OF APPROVED DOCTORS' DECISIONS

Fitness	Result	Validity Period	Form Issued	Number
Cat.				Issued
Cat 1	UNRESTRICTED	2 years	ENG 1	44212
	LINRESTRICTED	Less than 2 years - non medical reasons e.g. under 18 years	ENG 1	451
	0.1112571116725	Less than 2 years -	2.10	
	UNRESTRICTED - U (TL)	medical reasons	ENG 1	4080
		2 years	ENG 1 + ENG 3	
Cat 2	RESTRICTED - R			1201
	RESTRICTED - R (TL)	Less than 2 years - medical reasons	ENG 1 + ENG 3	1168
Cat 3	TEMPORARILY UNFIT – TU	Any	ENG 3	536
Cat 4	FAILURE – F	Permanent	ENG 3	107
No. of F	Returns entered = 261	TOTAL No. OF EXA	51,759	

2 ANNUAL COMPARISON OF EXAMINATIONS AND MEDICAL REVIEWS

TOTAL	2001			2004	2005	2006		2008		2010	2011
S		2002	2003				2007		2009		
ENG 1											
exams	26456	28606	31660	31388	35104	36056	39346	40472	42257	47482	51759
Medical											
referrals	87	91	71	63	70	80	71	90	81	66	51

3. ANALYSIS OF REFEREES' DECISIONS ON APPEAL CASES

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Medical Category	AD's Decision Upheld	AD's Decision changed	Cases awaiting decision	Cases withdrawn	TOTAL				
Cancers									
Endocrine and metabolic	1	1		1	3				
Blood disorders	1	3	1		5				
Mental disorders		1	1		2				
Diseases of the nervous system	2	3			5				
Cardio-vascular system	3	3	1		7				
Respiratory system		4	1		5				
Digestive system	1	4			5				
Genito-urinary conditions		4			4				

Musculo-skeletal		1	1		2
Sensory		4	1	2	7
General		2			2
Physical fitness		1			1
Unknown (geographical / incomplete)	1	2	2	2	7
TOTAL NUMBER OF CASES	9	33	8	5	55

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	Condition	U(TL)	R	R(TL)	TU	F
No	INFECTIONS					
1.0	Gastro intestinal infection	5	0	0	1	0
1.2	Other infection	14	0	0	2	0
1.3	Pulmonary TB	41	0	1	5	8
1.4	Sexually transmissible diseases	2	0	1	0	0
1.5	HIV +	6	0	0	0	0
1.6	Hepatitis A	2	0	0	0	0
1.7	Hepatitis B, C etc	54	1	7	5	0
2.0						
2.1	Malignant neoplasms	118	8	50	5	5
3.0						
3.1	Endocrine disease	39	7	8	5	0
3.2	Diabetes - non insulin treated by diet	58	6	30	9	0
3.3	Diabetes - non-insulin treated by oral medication	335	59	101	20	4
3.4	Diabetes - insulin using	9	20	37	6	3
3.5	Obesity / abnormal body mass	1489	57	217	105	10
4.0		<u> </u>				
4.0 4.1	Blood-forming organs	9	2	8	0	1
4.2	Anaemia	17	0	5	1	0
	1 27	1			1	

Ref No	Condition	U(TL)	R	R(TL)	TU	F
4.3	Splenectomy (history of surgery)	2	6	3	0	0
1.5	Spiencetomy (instory or surgery)		Ü	3	Ü	Ů
5.0						
5.1	Psychosis (acute)	1	0	2	1	0
5.2	Alcohol abuse (dependency)	15	0	10	11	1
5.3	Drug dependence / persistent substance abuse	1	0	0	1	1
5.4 a	Mood / affective disorders severe anxiety state, depression, or any other mental disorder likely to impair performance	13	10	25	11	1
5.4 b	Mood / affective disorders minor or reactive symptoms of anxiety/depression	42	5	22	7	0
5.5	Disorder of personality – clinically recognised	2	0	0	0	0
5.6	Disorder of psychological development – autism, Aspergers syndrome	0	0	1	0	0
5.7	Hyperkinetic disorders – Attention Deficit Hyperactivity Disorder	2	0	2	2	0
5.8	Other mental health and cognitive disorders	2	0	2	2	0
6.0	disorders					
6.1	Organic nervous disease e.g multiple sclerosis, Parkinson's disease	8	3	7	3	1
6.2	Syncope	1	0	4	1	0
6.3	Epilepsy – no provoking factors	3	10	8	6	3
6.4	Epilepsy provoked by alcohol, medication, head injury	0	0	1	7	1
6.5	Risk of seizures from intra-cranial surgery	2	1	1	0	0
6.6	Migraine	3	3	0	1	0
6.7	Meniere's disease	2	0	2	0	1
6.8	Sleep apnoea	4	0	4	0	0
6.9	Narcolepsy	0	0	0	0	0

Ref	Condition	U(TL)	R	R(TL)	TU	F
No	Condition	0(12)	IX	IX(I L)	10	
			l.			
7.0						
7.1	Heart - congenital and valve disease	25	5	10	9	1
7.2	Hypertension	1205	29	241	108	13
7.3	Cardiac event	124	21	83	15	2
7.4	Cardiac arrhythmias	178	10	41	25	6
7.5	Other heart disease	32	5	27	7	1
7.6	Ischaemic cerebrovascular disease	11	7	17	3	4
7.7	Arterial – claudication	4	1	12	0	0
7.8	Varicose veins	35	2	9	3	0
7.9	Deep vein thrombosis / pulmonary	2	1	8	2	0
	embolus					
8.0						
8.1	Sinusitis / nasal obstruction	0	0	3	2	0
8.2	Throat infections	8	0	0	0	0
8.3	Chronic bronchitis and /or emphysema	28	2	13	3	3
8.4	Asthma	40	100	31	6	3
8.5	Pneumothorax	0	0	2	2	0
9.0						
9.1	Oral Health	50	25	25	20	0
9.2	Peptic ulcer	11	2	4	1	0
9.3	Non infectious enteritis, colitis, Crohn's disease, diverticulitis etc.	11	15	15	1	0
9.4	Stoma (ileostomy, colostomy)	1	7	6	0	0
9.5	Cirrhosis of liver	3	1	1	1	1
9.6	Biliary tract disease, biliary colic	14	2	0	1	0
9.7	Pancreatitis	0	0	0	2	0
9.8	Anal conditions: piles (haemorrhoids) fissures, fistulae	12	2	5	0	0
9.9	Hernias - inguinal and femoral	22	10	13	10	0
9.10	Hernias -umbilical	36	3	6	6	0
9.11	Hernias - diaphragmetic (hiatus)	1	0	0	0	0

Ref	Condition	U(TL)	R	R(TL)	TU	F
No 10.0						
10.1	Proteinuria, haematuria, glycosuria, or other urinary abnormality	134	1	29	46	1
10.2	Acute nephritis	0	0	0	0	0
10.3	Sub acute or chronic nephritis or nephrosis	2	6	5	1	1
10.4	Acute urinary infection	32	0	1	2	0
10.5	Renal or ureteric calculus renal colic	6	6	10	4	0
10.6	Prostatic enlargement / Urinary obstruction	6	2	5	0	0
10.7	Removal of kidney or one non- functioning kidney	4	0	2	1	0
10.8	Incontinence of urine	0	0	0	0	0
10.9	Heavy vaginal bleeding or other gynecological conditions	2	0	1	0	0
11.0						
11.1	Pregnancy	3	0	17	1	0
12.0						
12.1	Skin infections	10	3	1	0	0
12.2	Other skin diseases e.g. eczema, dermatitis, psoriasis	20	11	4	0	1
13.0						
13.1	Osteo arthritis, other joint diseases and subsequent joint replacement	61	22	31	21	10
13.2	Recurrent instability of shoulder or knee joints	6	1	6	8	2
13.3	Limb prosthesis	0	1	2	0	1
13.4	Back pain	32	9	20	17	3
14.0						

Ref No	Condition	U(TL)	R	R(TL)	TU	F
14.1	Speech defect	1	0	0	0	0
14.2	Otitis - externia and media	2	0	1	0	0
14.3	Hearing	140	29	41	27	1
14.4	Eyesight – Visual acuity	19	190	21	15	10
	Colour vision	33	526	67	9	4
	Other sight problems	30	17	9	5	3
15.0						
15.1	Prescribed medication	171	25	165	3	19
15.2	Transplants - kidney, heart, lung, liver	0	2	3	0	0
15.3	Progressive conditions	1	0	3	0	0
15.4	Allergies (other than allergic dermatitis and asthma)	19	8	2	2	0
15.5	Conditions not specifically listed	127	8	25	13	7
16.0						
16.0	Physical fitness (see Appendix 2 of MSN 1822)	30	5	18	18	2

Chief Medical Adviser's COMMENTARY

Each year all MCA Approved Doctors (ADs) complete a return listing the number of medicals 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. In 2011, the pattern of past years was largely unchanged, one exception being the numbers who were receiving oral (non-insulin) treatment for diabetes. It is not possible to say whether this represents an

increase in the condition or a greater readiness to treat at an early stage.

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. The small number of seafarers seeking a review (51 out of between 2,500 and 3,000 who were eligible, and the lowest number in the last ten years) is a credit to the quality of decision taking and explanation by ADs.

Both ADs and referees are included in quality improvement initiatives. The former through a programme of auditing and monitoring of performance and the latter by means of a twice yearly review of 100% of the cases seen, to decide if each decision is in accord with the standards and with the consensus views of the referees. This approach is a powerful tool for identifying where standards need to be modified or clarified. As a result of such

reviews, we will soon be issuing revised frameworks for assessing those with asthma and those treated with anticoagulants. The problems with both these conditions came to light through our quality improvement programme.

In 2010 we introduced a more formal system of hearing tests, using either audiometry or a test of speech recognition developed for use by phone or on the web (RNID test). In 2011 we asked all ADs to make a return on tests done and their results. 32000 tests were performed (68% audiograms/32% RNID test). The results were classified in terms of levels of impairment that required observation and those that could indicate reduced speech recognition; referral for further investigation was recommended for those in the latter group. Of the audiograms 11% showed possible impairment and 4% definite impairment. For the RNID test 5% showed possible impairment and 1% definite impairment. Further investigation of these results will be undertaken.

2011 has seen yet another increase in the number of medical examinations performed within the MCA framework, from 47,482 to 51,759. Within the UK growth has come from the massive increase in the international market for security guards for ships in areas where there is a high risk of piracy. The UK is a leader in the supply and training of such guards. At present there are no formal fitness standards for this group of para-military workers at sea. The MCA medical is required because they work at sea but does not cover the performance and safety requirements for their duties, which are more akin to those of the police or the military. Discussions are going on between Departments on how best to ensure that there are valid and efficient systems for their fitness assessment.

The number of examinations performed outside the UK also rose. An internal review suggests that between 15,000 and 20,000 of

these are done on seafarers who are not going to serve on UK flag ships and do not hold UK maritime certificates of competence. A proportion of these will be for seafarers on other British ships (flagged with other members of the Red Ensign Group). Thus between 30 and 40% of the administrative work done to support the medical examination system brings no return to the UK taxpayer. In the current stringent times we are looking for ways in which we can minimize costs or recover the costs that are incurred. A related issue is the tendency of crewing agents outside the UK and their principles both to obtain a range of national certificates to enhance crew flexibility and to seek a new certificate at the start of each contract rather than two yearly.

We are seeking ways of terminating these uses of the ENG1, which put an unnecessary administrative burden on MCA.

As in previous years the medical examination system of the MCA continues to work well and is seen as one of the best in the world – a credit but also a burden when others base their recruitment decisions on our work rather than developing their own occupational health standards that meet their needs. The ILO/IMO International Guidelines on Seafarer Medical Examinations should be formally adopted by the end of 2012. These lean heavily on current UK practice and have the potential to provide a 'new world order' for seafarer medicals – if the world is ready for it!

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