



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
				40314
Cat 1	UNRESTRICTED	2 years	ENG 1	
	LINRESTRICTED	Less than 2 years - non medical reasons e.g. under 18 years	ENG 1	457
	UNRESTRICTED - U (TL)	Less than 2 years - medical reasons	ENG 1	3707
Cat 2	RESTRICTED - R	2 years	ENG 1 + ENG 3	1178
	RESTRICTED – R (TL)	Less than 2 years - medical reasons	ENG 1 + ENG 3	1122
Cat 3	TEMPORARILY UNFIT – TU	Any	ENG 3	573
Cat 4	FAILURE – F	Permanent	ENG 3	111
No. of F	Returns entered = 275	TOTAL No. OF EXA	MINATIONS	47482

2 ANNUAL COMPARISON OF EXAMINATIONS AND MEDICAL REVIEWS

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total no. of examinations	24987	26456	28606	31660	31388	35104	36056	39346	40472	42257	47482
Medical referrals	68	87	91	71	63	70	80	71	90	81	66

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Medical Category	AD's Decision Upheld	AD's Decision changed	Cases awaiting decision	Cases withdrawn	TOTAL			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					0			
Endocrine and metabolic	2	3			5			
Blood disorders		3			3			
Mental disorders	3	2		1	6			
Diseases of the nervous system	4	2			6			
Cardio-vascular system	1	9	2		12			
Respiratory system		5			5			
Digestive system	1	3		1	5			
Genito-urinary conditions					0			
Musculo-skeletal	1	3			4			

Sensory		6		4	10
General		2			2
Physical fitness		1			1
Unknown (geographical / incomplete)			1	6	7
TOTAL NUMBER OF CASES	12	39	3	12	66

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	18	6	8	5	1
1.2	Other infection	0	1	3	2	0
1.3	Pulmonary TB	2	0	1	2	0
1.4	Sexually transmissible diseases	0	0	0	0	0
1.5	HIV +	5	0	0	1	0
1.6	Hepatitis A	0	0	0	0	0
1.7	Hepatitis B, C etc	23	0	0	3	1
2.0	CANCERS					
2.1	Malignant neoplasms	84	6	39	8	0
3.0	ENDOCRINE AND METABOLIC					
3.1	Endocrine disease	39	3	10	4	0
3.2	Diabetes – non insulin treated by diet	55	11	28	14	1
3.3	Diabetes - non-insulin treated by oral medication	242	39	85	8	1
3.4	Diabetes – insulin using	12	24	45	4	3
3.5	Obesity / abnormal body mass	1391	67	229	99	6
4.0	BLOOD DISORDERS					
4.1	Blood-forming organs	5	1	7	0	1

Ref No	Condition	U(TL)	R	R(TL)	TU	F
4.2	Anaemia	13	0	0	1	0
4.3	Splenectomy (history of surgery)	2	3	1	1	0
5.0	MENTAL DISORDERS					
5.1	Psychosis (acute)	1	0	0	0	1
5.2	Alcohol abuse (dependency)	11	0	4	5	3
5.3	Drug dependence / persistent substance abuse	2	0	4	1	0
5.4 a	Mood / affective disorders severe anxiety state, depression, or any other mental disorder likely to impair performance	11	2	18	8	4
5.4 b	Mood / affective disorders minor or reactive symptoms of anxiety/depression	48	8	17	8	3
5.5	Disorder of personality - clinically recognised	0	0	0	0	0
5.6	Disorder of psychological development – autism, Aspergers syndrome	2	0	2	0	0
5.7	Hyperkinetic disorders – Attention Deficit Hyperactivity Disorder	1	0	0	2	0
5.8	Other mental health and cognitive disorders	4	0	1	3	0
6.0	DISEASES OF THE NERVOUS SYSTEM					
6.1	Organic nervous disease e.g multiple sclerosis, Parkinson's disease	6	4	10	3	1
6.2	Syncope	2	1	4	2	0
6.3	Epilepsy – no provoking factors	1	9	7	2	0
6.4	Epilepsy provoked by alcohol, medication, head injury	0	1	4	3	1
6.5	Risk of seizures from intra-cranial surgery	0	1	4	0	1
6.6	Migraine	4	1	0	0	1
6.7	Meniere's disease	0	0	1	0	0
6.8	Sleep apnoea	6	3	2	2	1

Ref	Condition	U(TL)	R	R(TL)	TU	F
No 6.9	Narcolepsy	0	0	0	0	0
0.5	Типсотерзу	Ü	ŭ	Ŭ	Ŭ	Ů
7.0	CARDIO-VASCULAR SYSTEM					
7.1	Heart - congenital and valve disease	15	1	10	8	1
7.2	Hypertension	1166	49	221	110	4
7.3	Cardiac event	86	25	82	16	3
7.4	Cardiac arrhythmias	39	10	34	21	2
7.5	Other heart disease	27	12	22	7	1
7.6	Ischaemic cerebrovascular disease	14	12	18	7	0
7.7	Arterial - claudication	9	2	13	1	0
7.8	Varicose veins	15	3	7	2	0
7.9	Deep vein thrombosis / pulmonary embolus	4	0	3	0	6
8.0	RESPIRATORY SYSTEM					
		1	0	2	0	0
8.1	Sinusitis / nasal obstruction	1	0	3	0	0
8.2	Throat infections	0	0	0	0	0
8.3	Chronic bronchitis and /or emphysema	32	3	11	8	1
8.4	Asthma	39	89	31	12	1
8.5	Pneumothorax	0	0	0	2	0
9.0	DIGESTIVE SYSTEM					
9.1	Oral Health	50	17	20	22	0
9.2	Peptic ulcer	5	0	2	1	0
9.3	Non infectious enteritis, colitis, Crohn's disease, diverticulitis etc.	15	19	19	3	1
9.4	Stoma (ileostomy, colostomy)	1	3	3	0	0
9.5	Cirrhosis of liver	3	0	3	3	2

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Ref	Condition	U(TL)	R	R(TL)	TU	F
No						
0.6	Series and the series are	_	,	0	2	0
9.6	Biliary tract disease, biliary colic	5	1	0	2	0
9.7	Pancreatitis	1	0	3	0	0
3.7	Tancreatitis	'	U	5	O	O
9.8	Anal conditions: piles (haemorrhoids)	6	3	0	2	0
	fissures, fistulae					
9.9	Hernias – inguinal and femoral	9	8	10	10	0
9.10	Hernias -umbilical	4	4	6	3	0
9.11	Hernias – diaphragmetic (hiatus)	0	0	2	0	0
10.0	GENITO-URINARY CONDITIONS					
10.1	Proteinuria, haematuria, glycosuria, or	180	2	26	49	0
10.1	other urinary abnormality	100	_	20	73	
10.2	Acute nephritis	0	0	1	0	0
	·					
10.3	Sub acute or chronic nephritis or	8	4	5	5	0
	nephrosis					
10.4	Acute urinary infection	12	0	1	1	0
10.5		_		10	2	-
10.5	Renal or ureteric calculus renal colic	7	9	12	3	1
10.6	Prostatic onlargement / Urinary	13	1	7	3	0
10.6	Prostatic enlargement / Urinary obstruction	13	1	1	3	U
	obstruction					
10.7	Removal of kidney or one non-	2	3	3	0	0
	functioning kidney					
10.8	Incontinence of urine	0	1	0	0	0
10.9	Heavy vaginal bleeding or other	3	2	0	0	0
	gynecological conditions					
11.0	PRECNANCY					
11.0	PREGNANCY	1	0	22	2	0
11.1	Pregnancy	1	0	23	2	0
12.0	SKIN					
12.1	Skin infections	1	0	0	1	0
12.2	Other skin diseases e.g. eczema,	12	5	14	2	0

Ref No	Condition	U(TL)	R	R(TL)	TU	F
	dermatitis, psoriasis					
13.0	MUSCULO-SKELETAL					
13.1	Osteo arthritis, other joint diseases and subsequent joint replacement	63	12	43	28	12
13.2	Recurrent instability of shoulder or knee joints	6	2	1	5	3
13.3	Limb prosthesis	2	0	0	0	2
13.4	Back pain	12	10	18	19	2
14.0	SENSORY					
14.1	Speech defect	0	0	0	0	0
14.2	Otitis - externia and media	8	0	2	1	0
14.3	Hearing	36	20	19	13	6
14.4	Eyesight – Visual acuity	22	171	17	20	13
	Colour vision	10	476	44	18	13
	Other sight problems	15	19	9	2	3
15.0	GENERAL					
15.1	Prescribed medication	60	13	14	1	2
15.2	Transplants - kidney, heart, lung, liver	1	0	2	0	0
15.3	Progressive conditions	2	1	0	1	0
15.4	Allergies (other than allergic dermatitis and asthma)	2	3	3	0	1
15.5	Conditions not specifically listed	72	16	21	24	3
16.0		•				
16.0	Physical fitness (see Appendix 2 of MSN 1822)	49	2	11	6	0

Chief Medical Adviser's COMMENTARY

- 1. Each year all MCA Approved Doctors (ADs) complete a return listing 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.
- 2. Seafarers who fail to meet the medical fitness standards are issued with a Notice of Failure/Restriction (ENG 3).

- Those who are given restrictions or made temporarily or permanently unfit 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 Referees' medical reviews are also presented in the report. Fuller details of the procedures for Approved Doctors and Referees can be found in MSN 1822(M) and in the MCA Approved Doctors' Manual, which can be found at www.dft.gov.uk/mca
- 3. 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 100% review 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 medical fitness standards need to be modified or clarified.
- 4. 2010 has seen yet another increase in the number of medical examinations performed within the MCA framework. It is notable that in the ten years prior to 2010 there has been a 90% increase in examinations from 24.987 to 47.370 per year. There are many causes for this including the increasingly international nature of shipping and the wish of agents in the major crewing countries to have seafarers available for work on vessels of several flags; the growth of the supervacht industry has also contributed, and in the last year the increasing development of wind farms, leading to more workboats around the UK coast has been a factor. By the same token MCA is concerned regarding the inappropriate use of ENG 1 or ML5 medicals for windfarm technicians and other similar employees who are not seafarers. Discussions with the windfarm industry in this regard are ongoing.
- 5. At least a part of this growth, both in the UK and internationally, can be attributed to the widespread international acceptance of MCA medical certificates. The lack of alternative examination arrangements in much of the UK Crown Dependencies and Overseas Territories (Red Ensign Group) may also be a factor, particularly for those working in the yacht sector. In times of financial stringency this use of the MCA system beyond the needs of UK domiciled seafarers, those holding UK Certificates of Competency and those working on UK flagged ships has to be guestioned as, while the ADs recover their costs, the MCA budget covers the administrative overheads for an ever growing number of Approved Doctors and examinations. In providing a service for many people who have no close link to the UK the MCA is currently carrying

- the administrative costs for medical examinations that bring no direct benefits to the UK maritime sector. We will be considering how best to address this in the coming year.
- 6. On 01 January 2010 a wide ranging set of revisions to the MCA seafarer medical standards were introduced to reflect changes to diagnosis and treatment and the need to ensure that decisions reflected the condition of the individual rather than just the medical diagnosis wherever feasible. These changes were supported by new guidance to ADs as they were being required to take more complex decisions for conditions such as heart disease, diabetes and hearing than had previously been the case. These changes have been working effectively and the number of people seeking a review by a Referee has fallen from 81 to 66 over the past year. It is to be hoped that this reflects greater satisfaction with the decisions taken by ADs but it is too early to be certain.
- 7. Experience over the year has shown that a few of the standards need further consideration, for instance those for asthma and for visual acuity, when the performance of the two eyes varies. There have also been some delays in introducing a more objective test of hearing as not all ADs have moved to setting this up as rapidly as was hoped.
- 8. Despite this year's changes to standards the pattern of medical conditions leading to restriction of duties or to unfitness has not changed to any great extent. Referrals to Referees have shown a drop in the number of those seen with musculo-skeletal conditions. This is a result of changes to the standards, enabling those with a full functional recovery after hip replacement surgery to return to work.
- Along with other MCA staff, I have this year been extensively involved in working with the International Maritime

Organization and the International Labour Organization to develop improved international medical fitness criteria for seafarers. These are integral to the requirements of the ILO Maritime Labour Convention and to the revisions to the IMO Standards for Training, Certification and Watchkeeping that will come into operation from 2012. Earlier work on the UK standards has put us in a good position to contribute to this work. It is to be hoped that it will lead to more effective, fairer and more consistent assessments of seafarers throughout the world, with greater scope (subject to adoption of the agreed criteria by flag states) for mutual

recognition of medical certificates internationally. This will have a bearing on our review of provision of ADs mentioned above.

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