

Annual report: ML5 Medical Assessments 2012

Important notices:

The format of the ML5 medical form was amended in 2012. If you have stored copies of the form on your website or elsewhere for use by applicants please check that this is MSF 4112 rev 04/12 and replace your current one if necessary.

<https://afrrmmcanet.mcga.gov.uk/formspublic/MSF4112.pdf>

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 with an MCA Approved Doctor, or a recognised equivalent certificate issued by another maritime authority. See below link.

http://www.dft.gov.uk/mca/mcga07-home/workingatsea/mcga-healthandsafety/mcga-medicalcertandadvice/mcga-ml5-medicalinfo/dqs-shs-live_list-eqivmedcerts.htm

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. See below link.

<http://www.dft.gov.uk/mca/mcga07-home/workingatsea/mcga-healthandsafety/mcga-medicalcertandadvice/mcga-ml5-medicalinfo/mcga-approved-docs-list.htm>

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 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 less than 10% of applicants are female these have not been analysed separately and the results presented are for both men and women.

Key results for 2012

A total of 667 (2011 - 750) assessments were performed. The numbers each year for applicants for boatmaster's licences show an increase year by year (2010 - 193, 2011 - 241, 2012 - 253). However those performed for the RYA commercial endorsements for yachtmasters and powerboat operators doubled in the previous two years (2010 - 257, 2011 - 509) but fell back in 2012 to 414. The causes for this pattern are unclear but may relate to changes in the commercial activities of RYA approved training centres and to variable use of RYA powerboat qualifications by operators of workboats which may be performing harbour duties, fish farming or supporting offshore wind turbine installations.

The most frequent illnesses and disabilities leading to referral to an assessor are cardiovascular conditions 18% (2011 - 23%), endocrine: mainly diabetes and obesity 17% (2011 - 15%), sensory: vision and hearing 16% (2011 - 15%), and respiratory conditions 14% (2011 - 10%). The two commonest specific conditions are hypertension - almost always controlled - and colour vision defects.

One significant change that has been made to the ML5 medical form during the year has been the replacement of the rather unfocused category of other conditions and medication use in the final section by two more clearly defined questions, one on medical conditions that could be relevant to safe and effective performance of work as a boat or yacht master and one asking about medication that may have impairing effects. It is hoped that this revision will reduce the number of referrals for conditions and medications that are irrelevant to work at sea. As yet it is too early to judge the impact of these changes.

The outcomes of assessment vary by condition. Virtually all those with diabetes on insulin are restricted. Around half of those with diabetes on oral medication and those who are obese are restricted, but only a small proportion of those with depression/anxiety or with diabetes controlled by diet alone.

Probably the most important indicator of the benefits of the assessment process comes from the overall finding that, while less than one per cent of those assessed are found to be unfit, 34% are enabled to remain at work despite their medical condition, provided that they abide by certain restrictions, for instance the need to have a second competent crew member on board, not to go too far from the shore or not to navigate at night. It is not possible to estimate the benefits to passenger and maritime safety that arise from having these arrangements in place, but during the year MCA has not become aware of any significant incidents that have arisen because of health related impairments in those who use the ML5 system as the means of certifying fitness to work at sea.

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