Annual report: ML5 Medical Assessments 2018

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-amendment-6equivalent-medical-certificates

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 contact the individual and/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

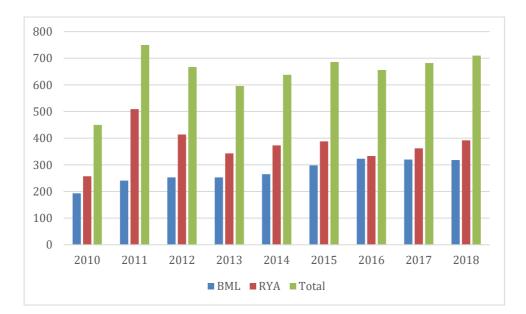
The MCA Assessors summarise their findings at the time of the assessment in a structured way on a database. The results presented here are from this source. Each year a clinical review meeting is held between MCA and the Assessors at which the summary data for the last year is presented and specific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

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. As a result it is not possible to access total numbers with regards to age, gender and the class of licence or endorsement applied for, and incidence and prevalence rates for different conditions cannot be analysed. As only 5% of applicants are female these have not been analysed separately and the results presented are for both men and women.

Key results for 2018

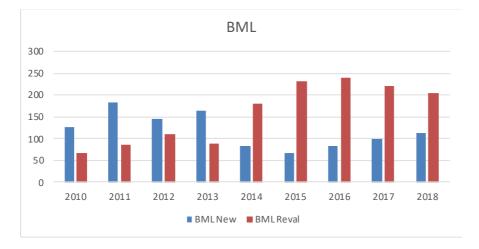
A total of 710 referrals were made, 334 being applicants for Boatmasters' licenses and 376 for RYA commercial endorsements for Yachtmasters and powerboat operators. Referrals are now remaining relatively steady, as is the proportion of BML and RYA referrals.

	2010	2011	2012	2013	2014	2015	2016	2017	2018
BML	193	241	253	253	265	298	323	320	318
RYA	257	509	414	343	373	388	333	362	392
Total	450	750	667	596	638	686	656	682	710

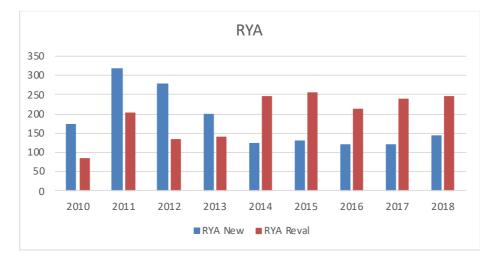


New applications and revalidations are reviewed each year, and from the graphs below it can be seen that renewals have outnumbered new applications since 2014. Although RYA applications have been remaining relatively steady over the past 5 years, new BML applications are slowly increasing.

	2010	2011	2012	2013	2014	2015	2016	2017	2018
BML New	127	182	144	165	84	66	84	99	113
BML Reval	66	85	109	88	181	232	239	221	205

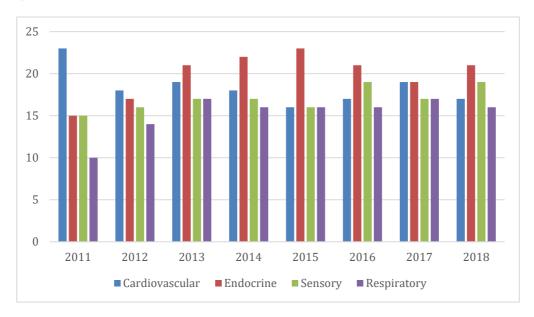


	2010	2011	2012	2013	2014	2015	2016	2017	2018
RYA New	173	320	279	201	125	132	120	123	144
RYA Reval	84	203	135	142	248	256	213	239	248



Outcomes

Analysis of the reasons for referral shows that figures remain relatively constant, with the highest number of referrals related to Cardiovascular, Endocrine and Metabolic sensory and respiratory conditions. Over the years it can be seen that the significance of these groups has evened out although it should be borne in mind that many referrals are for more than one reason.

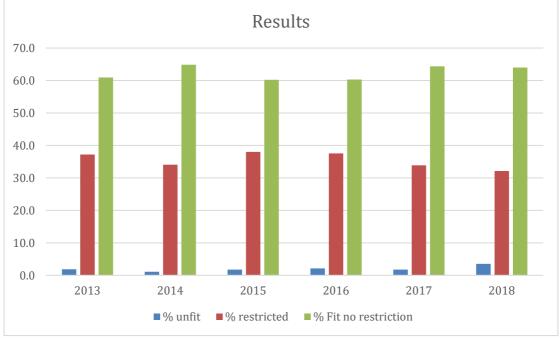


In 2012 the final, general question on the ML5 form was altered to focus on conditions relevant to safe and effective performance at work, or medication with impairing effects, as opposed to asking generally for other conditions and medication. Those referred as a result of this general question dropped to about half the previous number as a result. Figures have been reviewed to ensure that specific groups are not referred unnecessarily, and have remained relatively stable since then.

Year	No. Referrals	Total referrals for Year	%
2011	71	750	9%
2012	88	664	13%
2013	29	594	5%
2014	12	643	2%
2015	29	686	4%
2016	35	656	5%
2017	33	682	4%
2018	29	710	4%

Section 9 (general) referrals:

A slightly higher number of referrals (3.5%) were found unfit this year. A number of these decisions were overturned later on following the provision of further information however. 32% were able to obtain a restricted certificate and remain in work. All others assessed (64%) were found fit without restriction. The majority of those found unfit were morbidly obese, or suffered from ischaemic heart disease or mental health problems.



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.

Quality assurance is achieved by discussing with the assessors different aspects of certification for specific conditions, the detail of a number of different cases selected by both the assessors and the Chief Medical Advisor, and also by comparing the number of failures and restrictions for each assessor in order to ensure that

decisions are being made fairly.

Sally Bell Chief Medical Advisor Maritime and Coastguard Agency 2019