SUMMARY OF MEDICAL EXAMINATIONS OF SEAFARERS CONDUCTED BY APPROVED DOCTORS 1 January – 31 December 2021

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
				38964
Cat 1	UNRESTRICTED	2 years	ENG 1	
		Less than 2 years – non-		301
		medical reasons e.g.		
	UNRESTRICTED	under 18 years	ENG 1	
		-		
		Less than 2 years –		3937
	UNRESTRICTED - U (TL)	medical reasons	ENG 1	
		2 years	ENG 1 + ENG 3	1112
Cat 2	RESTRICTED - R			
		Less than 2 years –	ENG 1 + ENG 3	998
	RESTRICTED - R (TL)	medical reasons		
				753
Cat 3	TEMPORARILY UNFIT - TU	Any	ENG 3	
				69
Cat 4	FAILURE - F	Permanent	ENG 3	
No. of R	eturns entered = 206	TOTAL No. OF EXA	MINATIONS	46134

2. ANNUAL COMPARISON OF EXAMINATIONS AND MEDICAL REVIEWS

TOTAL	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Exams	42257	47482	51759	52200	54311	54058	52880	52483	53315	51294	51862	38567	46134
ENG Referral	81	66	51	48	41	31	47	46	48	24	23	18	18

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Medical Category	AD's Decision Upheld	AD's Decision changed	Cases awaiting decision	Cases withdrawn	TOTAL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					0
Endocrine and metabolic	1				1
Blood disorders					0
Mental disorders	2	1	1		4
Diseases of the nervous system		2			2
Cardio-vascular system					0
Respiratory system				1	1
Digestive system					0
Genito-urinary conditions	1	2			3
Musculoskeletal		1			1
Sensory		2			2
General		4			4
Physical fitness					0
Skin					0
Unknown (geographical/incomplete)					0
TOTAL NUMBER OF CASES	4	12	1	1	18

 $\label{eq:Key:U(TL)} \begin{array}{l} - \text{Unrestricted (less than 2 years) R- Restricted (2 years);} \\ \textbf{R(TL)} \text{-} Restricted (less than 2 years); F- Failed; TU- Temporarily Unfit $\end{tabular} \end{array}$

Ref No	Condition	U(TL)	R	R(TL)	TU	F
	INFECTIONS					
1.0 1.1	INFECTIONS Gastro intestinal infection					
		2	0	0	0	0
1.2	Other infection	1	0	0	6	1
1.3	Pulmonary TB					
1.4	Sexually transmissible diseases	0	0	13	1	1
		0	0	0	0	0
1.5	HIV +	8	1	1	2	1
1.6	Hepatitis A					
1.7	Hepatitis B, C etc	0	0	0	0	0
1.7		10	0	2	0	0
2.0	CANCERS					
2.1	Malignant neoplasms					
		122	9	50	6	4
3.0	ENDOCRINE AND METABOLIC					
3.1	Endocrine disease	33	8	3	4	0
3.2	Diabetes – non insulin	- 33	0	5	4	0
0.0	treated by diet	29	0	13	10	0
3.3	Diabetes - non-insulin treated by oral medication	335	34	51	28	3
3.4	Diabetes - insulin using		4.5		4.0	_
23.5	Obesity / abnormal body mass	0	15	83	10	0
		1434	45	196	77	0
4.0	BLOOD DISORDERS					
4.1	Blood-forming organs					
4.2	Anaemia	5	2	1	0	0
		14	2	1	2	0
4.3	Splenectomy (history of surgery)	0	4	1	1	0
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5.0 5.1	MENTAL DISORDERS Psychosis (acute)					
		0	2	4	3	1
5.2	Alcohol abuse (dependency)	6	1	4	6	2
5.3	Drug dependence / persistent substance	0	1	4	0	2
	abuse	2	0	2	6	3
5.4 a	Mood / affective disorders severe anxiety	۷	0	<u> </u>	U	<u> </u>
	state, depression, or any other mental disorder	AE	o	AE	24	A
5.4 b	likely to impair performance Mood / affective disorders minor or reactive	45	8	45	31	4
	symptoms of anxiety/depression	314	13	72	24	1
5.5	Disorder of personality - clinically recognised	2	0	0	2	0
5.6	Disorder of psychological development -					
5.7	autism, Aspergers syndrome Hyperkinetic disorders -	1	1	1	1	1
5.7	Attention Deficit Hyperactivity Disorder	18		1	9	0

Ref No	Condition	U(TL)	R	R(TL)	TU	F
5.8	Other mental health and cognitive disorders	40			<u> </u>	
		10	0	0	0	0
6.0	DISEASES OF THE NERVOUS SYSTEM			,		
6.1	Organic nervous disease e.g multiple sclerosis, Parkinson's disease	10	6	2	4	1
6.2	Syncope					
6.3	Epilepsy - no provoking factors	0	1	1	2	0
6.4		3	12	8	13	0
6.4	Epilepsy provoked by alcohol, medication, head injury	1	2	1	2	1
6.5	Risk of seizures from intra-cranial surgery	2	0	4	1	0
6.6	Migraine		0			0
6.7	Meniere's disease	1	1	2	2	0
		1	0	2	0	0
6.8	Sleep apnoea	27	1	13	2	0
6.9	Narcolepsy					
		0	0	2	0	0
7.0	CARDIO VASCULAR SYSTEM					
7.1	Heart – congenital and valve disease	26	5	15	16	0
7.2	Hypertension	1118	189	73	120	8
7.3	Cardiac event	160	6	83	38	2
7.4	Cardiac arrhythmias					
7.5	Other heart disease	32	10	23	28	0
		35	4	26	5	0
7.6	Ischaemic cerebrovascular disease	26	8	27	10	1
7.7	Arterial – claudication					
7.8	Varicose veins	4	0	5	2	0
		6	1	0	0	0
7.9	Deep vein thrombosis / pulmonary embolus	0	0	7	2	0
8.0	RESPIRATORY SYSTEM					
				,		
8.1	Sinusitis / nasal obstruction	0	0	0	0	0
8.2	Throat infections	0	0	0	0	0
8.3	Chronic bronchitis and /or emphysema	8	1	12	2	2
8.4	Asthma					
8.5	Pneumothorax	16	27	18	11	1
		0	3	0	2	0
9.0	DIGESTIVE SYSTEM					
9.1	Oral Health	27	21	16	11	0
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Ref No	Condition	U(TL)	R	R(TL)	TU	F
9.2	Peptic ulcer	3	0	6	1	0
9.3	Non infectious enteritis, colitis, Crohn's disease, diverticulitis etc.	26	15	27	9	1
9.4	Stoma (ileostomy, colostomy)	2	2	3	0	0
9.5	Cirrhosis of liver	2	0	2	1	0
9.6	Biliary tract disease, biliary colic	22	1	1	3	1
9.7	Pancreatitis	1	0	6	1	0
9.8	Anal conditions: piles (haemorrhoids) fissures, fistulae	4	1	2	2	0
9.9	Hernias – inguinal and femoral	12	13	14	11	0
9.10	Hernias –umbilical	5	2	1	1	0
9.11	Hernias – diaphragmetic (hiatus)	0	0	0	0	0
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10.0 10.1	GENITO URINARY CONDITIONS Proteinuria, haematuria, glycosuria, or other					
10.2	urinary abnormality Acute nephritis	61	1	13	52	0
10.3	Sub acute or chronic nephritis or nephrosis	0	0	0	0	0
10.4	Acute urinary infection	3	2	7	1	0
10.5	Renal or ureteric calculus renal colic	3	0	0	2	0
10.6	Prostatic enlargement / Urinary obstruction	16	9	20	23	3
10.0		6	0	2	2	0
	Removal of kidney or one non-functioning kidney	1	0	3	0	0
10.8	Incontinence of urine	0	0	0	0	0
10.9	Heavy vaginal bleeding or other gynecological conditions	5	1	0	1	0
11.0	PREGNANCY					
11.1	Pregnancy	3	1	8	2	0
12.0	SKIN					
12.1	Skin infections	0	1	0	2	0
12.2	Other skin diseases e.g. eczema, dermatitis, psoriasis	9	3	2	3	0
13.0	MUSCULO SKELETAL	0	0	_		Ŭ
13.0	Osteo arthritis, other joint diseases and					
13.2	subsequent joint replacementRecurrent instability of shoulder or knee joints	17	22	18	31	2
13.3	Limb prosthesis	1	1	2	7	1
13.4	Back pain	1	2	0	1	0
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Ref No	Condition	U(TL)	R	R(TL)	TU	F
14.0	SENSORY					
14.1	Speech defect	1	0	1	1	0
14.2	Otitis – externia and media	1	2	1	2	0
14.3	Hearing	38	23	14	28	1
14.4	Eyesight – Visual acuity	5	79	21	66	5
	Colour vision	12	435	50	15	5
	Other sight problems	18	23	15	3	0
15.0	GENERAL					
15.1	Prescribed medication	62	33	61	4	0
15.2	Transplants – kidney, heart, lung, liver	0	6	4	0	0
15.3	Progressive conditions	6	0	0	1	0
15.4	Allergies (other than allergic dermatitis and asthma)	2	44	5	. 14	12
15.5	Conditions not specifically listed	59	10	25	24	0
16.0	PHYSICAL FITNESS	·				
16.0	Physical fitness (see Appendix 2 of MSN 1839)	29	11	10	16	4

Chief Medical Advisor's COMMENTARY

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

During the pandemic, when the provision of medical certificates has been difficult and exceptional exemption from regulation has allowed for expired certificates to be accepted on board ship for 6 months as opposed to the 3 months allowed for in regulation, these statistics are understandably significantly affected. Those who had previously been made fit for two years without restriction may have delayed the renewal of their certificate, seafaring in the leisure sector has been very much reduced and those with conditions resulting in increased risk from Covid 19 may not have been working. For these reasons, although numbers have increased since last year they have not yet reached pre-pandemic levels. Trends in specific areas of seafarer health therefore remain skewed.

Since 2019 UK fishermen working on larger vessels have been included in the medical examination process, following the implementation of the Work in Fishing convention 2007 (ILO 188). Fishermen on smaller vessels which meet certain parameters will not require a medical certificate until 2023. A policy on Grandfather Rights for existing fishermen who had worked safely with stable medical conditions prior to the introduction of the medical certificates was developed in order to minimise the impact on industry. A total of 1267 fishermen attended for ENG medical fitness examination this year, 27 of whom were certified using Grandfather rights, and only 5 were made permanently unfit.

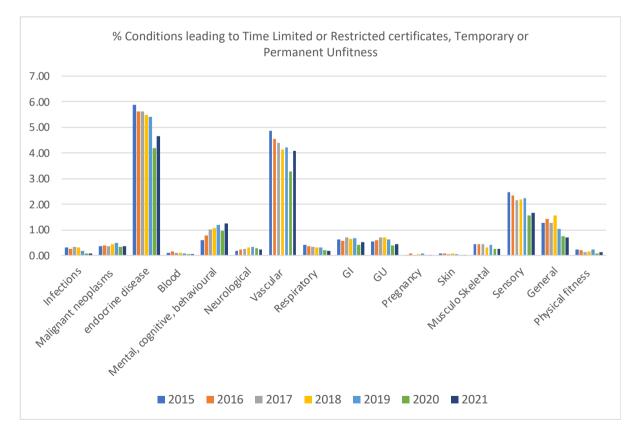
Seafarers or fishermen who either fail or are issued with a restricted certificate are entitled to seek a review of the AD's decision by an independent medical referee if they have reservations about the initial decision. The results of the referee reviews are also presented. Fuller details of the procedures for ADs and referees can be found in MSN 1883, MSN 1886, MSN 1887 and in the MCA Approved Doctors' Manual, July 2020 Edition which can be found on line at https://www.gov.uk/government/publications/the-approved-doctors-manual

For the 9 years prior to the pandemic, the total number of medical examinations had been remaining relatively steady between approximately 51,000 and 54,000 but last year dropped to 38,567. Although as the leisure industry recovers numbers have started to rise, they have not yet reached pre-pandemic figures, partly due to the effect of ongoing travel restrictions on leisure sectors and partly because emergency measures have been put in place to allow seafarers to continue to work when it was hard to obtain a medical certificate.

Regional figures continue to be reviewed annually in order to ensure that any significantly high or low numbers are considered when renewing appointments or appointing new ADs. As usual, 40% of ENG medicals were performed overseas, the majority of these taking place in areas associated with yachting with the exception of the Philippines, where many crew work in the cruising sector. Figures in the former areas are almost back to pre-pandemic levels, while although they have risen slightly in the Philippines they have not regained pre pandemic levels. Referrals to referees had remained stable at between 30 and 50 reviews each year but dropped in the two years prior to the pandemic and are now stable at 18 per year, no doubt due to the lower number of medicals performed. Decisions were altered in 12 out of the 18 cases reviewed, but it should be noted that a change in decision may represent a different restriction, and does not necessarily mean that the end result was more lenient.

Analysis of the type of certificate issued showed 93% Category 1 Unrestricted certificates , 4% Category 2 Restricted certificates, and 2% temporarily or permanently unfit. These percentages remain relatively stable year on year. The total number of ADs varies during the year with ongoing retirements and new appointments. 208 sets of data were collected from 205 ADs in total, most of whom are on the general list and able to perform medicals for any seafarer, while 19 performed medicals only for one or more named companies, data being collected separately for each company.

On reviewing the conditions underlying a decision of temporary or permanent unfitness, the majority were caused by vascular disease (mostly hypertension), followed by endocrine disease (mostly obesity, but also diabetes), then sensory (mostly visual acuity but also hearing). When restricted certificates are considered, a significant majority represented defective colour vision, followed by vascular and endocrine conditions. These trends remain relatively constant year on year although last year it was commented that mental health was becoming more significant as a cause of unfitness or restriction. The skewing of figures due to the pandemic means analysis of trends should be treated with caution at present however.



Although every condition noted for each seafarer is recorded, one seafarer may have several different conditions leading to their fitness decision. It is not possible to report whether specific conditions were linked, although it is likely for instance that hypertension was seen with other diagnoses such as obesity or diabetes.

Since the introduction of Colour Assessment and Diagnosis (CAD) testing as a supplementary test for deck candidates failing the Ishihara screening test for colour vision, statistics around the pass rate have been gathered. The pass rate for this test is low, at around 2%. This is similar to the low pass rate for Holmes Wright B Lantern testing, and illustrates the fact that most of those who fail the Ishihara test do indeed have defective colour vision.

The potential for analysis of the useful data collected by ADs remains limited when working with paper systems, but an electronic system of certification has been developed and implementation has already begun. This will eventually allow the automatic collection of data represented within the annual returns system, and will allow for a much simpler review of data regarding health patterns and trends.

Sally Bell Chief Medical Advisor UK Maritime and Coastguard Agency