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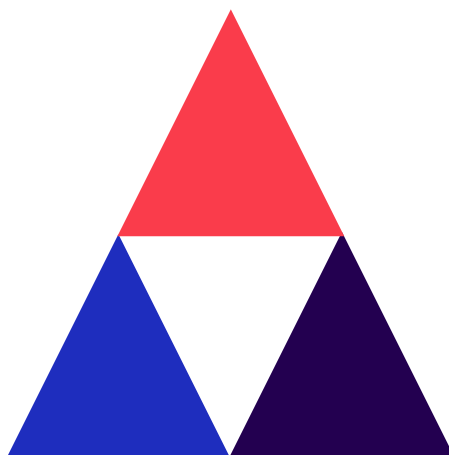


INTERNATIONAL
MARITIME
ORGANIZATION

► JMMEF/2024/9

► Record of proceedings

Joint ILO-IMO Meeting to Adopt Guidelines for Medical Examination of Fishers/Fishing Vessel Personnel
(Geneva, 12–16 February 2024)



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► I. Introduction

1. In accordance with decisions taken by the International Maritime Organization (IMO) Council, at its 129th session in July 2023, and the IMO's Maritime Safety Committee (MSC) at its 107th Session in June 2023, as well as decisions taken by the International Labour Organization (ILO) Governing Body at its 349th Session in October–November 2023, the ILO and the IMO convened a joint meeting in Geneva, from 12 to 16 February 2024, with the purpose of reviewing and finalizing the draft ILO/IMO Guidelines on the medical examination of fishers. The meeting was held in hybrid format.
2. The Chairperson of the meeting was Mr Selwyn Bailey of the Government of South Africa. The Government Vice-Chairperson was Ms Sue Stannard from the Government of the United Kingdom of Great Britain and Northern Ireland, the Employer Vice-Chairperson was Mr Ment van der Zwan and the Worker Vice-Chairperson was Mr Johnny Hansen.
3. The Joint ILO–IMO secretariat comprised:
Mr Frank Hagemann (ILO Secretary-General of the Meeting), Ms Yukiko Arai (Deputy-Director of the Sectoral Policies Department and ILO Deputy Secretary-General of the Meeting), Brandt Wagner (Head of the Transport and Maritime Unit in SECTOR and Executive Secretary), Christine Bader (Maritime Specialist in SECTOR, ILO), Francisco Santos O'Connor (Senior Specialist in Occupational Safety and Health, ILO), Tilmann Geckeler (Office of the Legal Services and Office of the Legal Adviser, ILO), May Mi Than Tun (Coordinator of the Meeting and Chief of the Secretariat Services, ILO), Mr Bingbing Song (Head of the Maritime Training and Human Element Subdivision for Operation Safety and Human Element, Maritime Safety Division and IMO Secretary-General of the Meeting); and Mr Jongchul Park (Technical Officer, Subdivision for Operational Safety and Human Element, Maritime Safety Division, IMO).
4. The meeting was attended by 110 participants, including Government representatives and advisers (from 8 Member States), together with 71 Government observers (from 32 Member States), as well as 9 fishing vessel owner and 12 fisher representatives and advisers, and 1 observer from an invited international non-governmental organization.
5. The **Chairperson** welcomed the participants and declared open the first meeting of the Joint ILO–IMO Tripartite Working Group (JTWG) to adopt guidelines on the medical examination of fishers. Having served aboard fishing vessels and ashore in the fishing industry and spent many years serving as an official in the South African Maritime Safety Authority, he understood the need for guidelines on medical examinations in the fishing sector. He encouraged all meeting participants to engage in informal consultations to foster progress and expressed the hope that, through robust social dialogue, consensus and compromise would be achieved and the guidelines serving the needs of fishing vessels and their personnel adopted.
6. The **Secretary-General of the Meeting (ILO)** acknowledged the long-standing cooperation between the ILO and IMO to address specific issues in the shipping and fishing sectors. Fishing was a hazardous occupation, with high injury and fatality rates. It was therefore important to ensure that fishers were medically fit to work, in order to protect them, their fellow colleagues and fishing vessel owners. The tripartite nature of the joint ILO–IMO meeting meant that the draft guidelines would be discussed by representatives of fishing vessel owners, fishers and governments, using their knowledge and experience to ensure that the final text reflected the needs and views of all stakeholders.



7. The **Secretary-General of the Meeting (IMO)** said that the draft guidelines had been prepared by a correspondence group mandated by the IMO Legal Committee, reflecting the commitment of both organizations to addressing the unique challenges faced by professionals in the maritime sector. The need for guidelines on the medical examination of fishers was clear. Professionals in the fishing industry faced a very demanding work environment, both physically and mentally, and it was vital to ensure their access to medical care and well-being support. The drafting process had been a collaborative endeavour, with contributions from experts and stakeholders, including delegations to IMO's Sub-Committee on Human Element, Training and Watchkeeping. Once finalized and adopted, the guidelines would be submitted to the 108th session of the Maritime Safety Committee, to be held from 15 to 24 May 2024, to be approved in conjunction with the adoption of the revised International Convention on Standards of Training, Certification and Watchkeeping for Fishing Vessel Personnel Convention (STCW-F Convention) and new STCW-F Code. The joint ILO-IMO meeting aimed to promote cooperation through an inclusive, tripartite process, to ensure that the adopted document reflected the diverse perspectives and interests of all stakeholders, fostering a sense of ownership and collective responsibility. The guidelines aimed to align the regulatory framework with the current trends in and needs of a challenging sector. He looked forward to fruitful discussions as participants worked towards the shared goal of enhancing the health, safety and well-being of professionals of the fishing sector.
8. The **Executive Secretary of the Meeting (ILO)** presented the draft Guidelines on the medical examination of fishing vessel personnel/fishers (JMMEF/2024). They had initially been prepared by a correspondence group and working group of the IMO's Sub-Committee on Human Element, Training and Watchkeeping (HTW) on the basis of the ILO/IMO Guidelines on the medical examination of seafarers (published in 2013). The draft guidelines had been adapted to the fishing sector, reflected work being undertaken by IMO to update its International Convention on Standards of Training, Certification and Watchkeeping for Fishing Vessel Personnel Convention (STCW-F Convention) and had also been influenced by the Guidelines on the medical examination of fishers that had been developed by the European Union social partners, with help from the International Maritime Health Association. The draft currently before the Meeting further included proposed changes introduced by the ILO secretariat, in consultation with the IMO Secretariat, aiming to ensure consistency with the ILO approach, including references to: the ILO Declaration on Fundamental Principles and Rights at Work (1998), as amended in 2022, and to bring it more closely in line with the relevant provisions of the Work in Fishing Convention, 2007 (No. 188), and the accompanying ILO Work in Fishing Recommendation (No. 199). Lastly, the IMO correspondence group had put forward two appendices, K and L, which did not have an equivalent in the ILO/IMO Guidelines on the medical examination of seafarers, and related to the training of medical practitioners and a monitoring programme on the health of fishers and occupational risk.



► II. General discussion

9. The **Employer Vice-Chairperson** stated that the meeting was timely. When the Guidelines on the medical examination of seafarers had been adopted, the decision had been taken not to extend their scope to fishers, a group that numbered some 35 million workers across the world. Indeed, the potential number of fishers that might be examined under the proposed guidelines could be far larger, as the Work in Fishing Convention, 2007 (No. 188), also applied to the inland fishing sector. Once the draft guidelines on the medical examination of fishers were adopted, they should be merged with those relating to seafarers. It was not practical to operate with two sets of guidelines, especially as both groups of workers had been examined using a single set of criteria

for years. He expressed the hope that a merged document would accord greater importance to the impact of fishers' physically demanding work on their lung health. Noting that the IMO was not a tripartite organization and that employers' organizations had not been involved in the ongoing revision of the STWC-F Convention, he drew attention to a range of challenges relating to the draft annex to that document, including with regard to the scopes of application of – and lack of alignment between – the provisions of Convention No. 188 and the revised parts of the STCW-F Convention, particularly with regard to medical examinations, the relative lack of flexibility clauses in the STCW-F Convention, and various terminology issues.

10. The **Worker Vice-Chairperson** said that it would be extremely useful to align the guidelines on the medical examination of fishers with those on the medical examination of seafarers and, if possible, to merge them when the latter came up for revision, particularly as, in many countries, both groups of workers underwent the same medical examinations. He stressed that every possible effort should be made to resolve issues outside of the plenary sessions and to build consensus.
11. The **Government Vice-Chairperson** welcomed the timely discussion on the medical examination of fishers, noting that it was critical for the health of fishers and other crew members to ensure that fishers were medically fit to perform their duties. She concurred that certain terminology issues might need to be resolved. However, the meeting had before it a solid draft that drew on the existing ILO–IMO Guidelines on the medical examination of seafarers, the work of the correspondence and working groups, and proposals submitted by the ILO secretariat. She thanked all those involved in the preparation of the documents and organization of the meeting. Her group recognized that one major difference with respect to the Guidelines on the medical examination of seafarers was the addition of Appendices K and L and proposed that those sections should be discussed earlier in the week. Amendments made during the meeting should be clearly recorded so that when the Guidelines on the medical examination of seafarers were revised, those amendments could be incorporated into the revised text. She stressed the importance of drafting and adopting guidelines on the medical examination of fishers that were up to date and met the needs of all involved in ensuring the health of those who worked at sea.
12. The **Government representative from South Africa** considered that, adopting the proposed guidelines would be a critical step in standardizing the rights of fishers, providing protection and ensuring that all personnel on board were medically fit for duty. The guidelines needed to be clear and applicable to all fishers on board all types of vessels. Mindful of the relevance of the work of this joint Meeting to the ongoing revision of the STCW-F Convention, he drew attention to a lack of consistency between the provisions of the STCW-F Convention and the Work in Fishing Convention as well as different levels of flexibility with regard to their application.
13. The **Government representative from Panama** noted that, in Panama, fishers and seafarers wishing to work on board a ship or fishing vessel sailing under the national flag needed to obtain a medical certificate, a process regulated by ILO standards and national legislation. He expressed his support for the work of the joint ILO–IMO meeting, stressing the need for tripartite consensus to adopt standards adapted to the current realities of the fishing sector.
14. The **observer from the International Maritime Health Association** said that his organization represented medical professionals in the maritime sector and had contributed to the development of the Guidelines on the medical examination of seafarers, on which the present draft document was based. With regard to the examination of fishers, the medical practitioner's role was to ascertain fitness for work, including by measuring various health parameters and considering respective cut-off values. It was as important to avoid keeping fishers who were fit to work onshore as it was to prevent those who were unfit for duty from heading out to sea. Given



that a growing number of factors were involved in those decisions, it was vital to ensure harmonized regulations and standards, to enable medical professionals to perform examinations according to the same criteria, depending on people's jobs or tasks. As medical examiners needed to be aware of exactly what those tasks involved, it was essential for training modules to cover the specific tasks performed by fishers, versus those performed by other workers at sea. Appropriate training was critical and must be based on data and research from the fishing sector, in order to establish basic training programmes and cut-off values for results. In that regard, he stressed the importance of discussing the contents of Appendices K and L.

► III. Consideration and adoption of the draft Guidelines on the medical examination of fishers

15. With regard to the consistent use of terminology, the Meeting established, during the course of its deliberations, that throughout the Guidelines:
- the term “fisher” would be used in preference to “fishing vessel personnel”, although a footnote would be added to the title to clarify that the definitions were identical.
 - the term “competent authority” would replace references to national authorities or administrations.
 - the term “recognized medical practitioner” would replace all references to “approved” or “authorized” medical practitioners.
 - references to “navigational safety” would also include the term “environmental” (to read “environmental and navigational safety”).

Guidelines on the medical examination of fishers

16. The **Government Vice-Chairperson** proposed to introduce the following footnote to the title:
- The definitions of “fishing vessel personnel” and “fisher” are identical. Therefore, the present Guidelines use the term “fisher”, which, for the purposes of the present Guidelines, means the same as the term “fishing vessel personnel”, while taking into consideration any possible differences in the scope of the two Conventions.
17. The **Worker Vice-Chairperson** agreed with the proposed footnote but requested to include complete references to the Standards of Training, Certification and Watchkeeping for Fishing Vessel Personnel, 1995 (1995 STCW-F Convention) and the International Labour Organization (ILO) Working in Fishing Convention, 2007 (No. 188).
18. It was so agreed.

Preface

Proposed paragraph 1

19. Paragraph 1 was adopted as proposed.

Proposed paragraph 2

20. Paragraph 2 was adopted as proposed.



Proposed paragraph 3

21. Paragraph 3 was adopted as proposed.

Proposed paragraph 4

22. The **Employer Vice-Chairperson** proposed to add the sentence “The 1995 STCW-F Convention makes no distinction between a certificate of competency and a certificate of proficiency with regard to the requirement to hold a medical certificate”, at the end of the paragraph.
23. It was so agreed.
24. Paragraph 4 was adopted as amended.

Proposed paragraph 5

25. The **Worker Vice-Chairperson** proposed to add the following sentence at the end of the paragraph: “The examination should be done in a language that the fisher understands”.
26. Paragraph 5 was adopted as amended.

Proposed paragraph 6

27. Paragraph 6 was adopted as proposed.

Proposed paragraph 7

28. The **Government Vice-Chairperson** proposed a change of tense, from “could provide” to “have provided”, in the second sentence and suggested that the last part of the third sentence, “and also reflect recent developments in medical technology and practice over the past decade”, should be deleted.
29. Paragraph 7 was adopted as amended.

Proposed paragraph 8

30. Paragraph 8 was adopted as proposed.

Proposed paragraph 9

31. Paragraph 9 was adopted as proposed.

Proposed paragraph 10

32. The **Government Vice-Chairperson** said that although her group had initially proposed to delete paragraphs 10 and 11 and to replace them with alternative text, after some discussion, it had agreed to retain paragraph 10. However, in order to address training and surveillance separately, she proposed to amend the paragraph to read:

They also suggest additional requirements in the competences of the recognized medical practitioners (as per paragraph 63 and Appendix K). Recognized medical practitioners performing such examinations should have a clear understanding of the unique aspects of fishing, as their professional judgement is often critical to the health and safety of fishers.

33. Paragraph 10 was adopted as amended.



Proposed paragraph 11

34. Following group discussions, and in the light of amendments to Appendix L, the **Government Vice-Chairperson** presented an alternative draft text for paragraph 11, to read as follows:

Consistent with Recommendation No. 199, data collected within the medical examination system could be used in research and surveillance of the health of fishers so that trends can be monitored, and appropriate interventions made. It is also recommended that competent authorities consider adequate measures for the establishment and provision of ongoing surveillance of occupational safety and health for fishers exempt from the requirement for medical certification (see Appendix L of the present Guidelines).

35. The **Employer Vice-Chairperson** proposed to add a more specific reference, namely to the relevant paragraph of the above-mentioned recommendation.
36. Paragraph 11 was adopted as amended.

Proposed paragraph 12

37. Paragraph 12 was adopted as proposed.

Proposed paragraph 13

38. The **Employer Vice-Chairperson** proposed to delete the last sentence and to insert the following text: "In the present Guidelines, "fisher", or where appropriate "fishers", is used instead of "fishing vessel personnel", and both terms have the same meaning".
39. The **Government Vice-Chairperson** agreed with that proposal and suggested that the following wording should be inserted at the end of the paragraph: "Therefore, the present Guidelines use the term 'fisher', which, for the purpose of the present Guidelines, means the same as the term 'fishing vessel personnel', while taking into consideration any possible differences in the scope of these two Conventions." Furthermore, the contents of that paragraph should be added as a footnote to the title page of the document, to make it very clear from the start that both definitions were identical.
40. Paragraph 13 was adopted as amended.

Part 1. Introduction

I. Purpose and scope of the Guidelines

Proposed paragraph 14

41. The **Government Vice-Chairperson** proposed to add "for the environmental and navigational safety" after the wording "for the safe operation of the fishing vessel", to read "Fishers are required to undergo medical examinations to reduce risks to other crew members and for the safe operation of the fishing vessel, for the environmental and navigational safety, as well as to safeguard their personal health and safety."
42. Paragraph 14 was adopted as amended.

Proposed paragraph 15

43. Paragraph 15 was adopted as proposed.



Proposed paragraph 16

44. Paragraph 16 was adopted as proposed.

Proposed paragraph 17

45. Paragraph 17 was adopted as proposed.

Proposed paragraph 18

46. The **Government Vice-Chairperson** proposed, in the first sentence of the paragraph, to replace the term “relevant administrations” with “States”, and to delete the term “competent authorities”, to enhance clarity.
47. Paragraph 18 was adopted as amended.

Proposed paragraph 19

48. Paragraph 19 was adopted as proposed.

Proposed paragraph 20

49. The **Employer Vice-Chairperson** proposed to open the paragraph with the following wording: “In order for a fisher to hold one instead of two medical certificates ...”. He also asked for the reference to the STWC-F Convention be corrected to the “1995 STCW-F Convention” and proposed to insert at the end of the paragraph, after the words “should preferably also meet the requirements of the Work in Fishing Convention, 2007 (No. 188)”, the following wording “and vice-versa, although the Conventions do not specifically provide for it.”
50. The **Government Vice-Chairperson** proposed, in the light of discussions on Appendix G, that paragraph 20 should be amended to bring it in line with the contents of that appendix. She therefore suggested that the text should be revised to read: “In order for a fisher to hold one instead of two medical certificates, a medical certificate issued in accordance with the requirements of the 1995 STCW-F Convention, also meets the requirements of Convention No. 188 and vice-versa.”
51. It was so agreed.
52. Paragraph 20 was adopted as amended.
53. The **Worker Vice-Chairperson** suggested to insert a new paragraph 20 *bis*, to read: “Further guidance on the implementation of these Guidelines can be found in the relevant provisions of the MLC, 2006 and the STCW-F Convention.
54. The **Employer Vice-Chairperson** stressed that the MLC, 2006 and STCW Conventions did not apply to fishing. Moreover, references to those two agreements should not be inserted into the text, as his group was not involved in drafting either document. Furthermore, any guidance taken from the MLC, 2006 had already been incorporated.
55. The **Worker Vice-Chairperson** withdrew their proposal.

II. Contents and use of the Guidelines

Proposed paragraph 21

56. The **Government Vice-Chairperson** proposed to delete the reference to “part 4”, and to instead insert text to read “These Guidelines also include a series of appendices ...”.



57. Paragraph 21 was adopted as amended.

Proposed paragraph 22

58. Paragraph 22 was adopted as proposed.

III. Background to the preparation of the Guidelines

Proposed paragraph 23

59. Paragraph 23 was adopted as proposed.

Proposed paragraph 24

60. Paragraph 24 was deleted as proposed.

Proposed paragraph 25

61. The **Government Vice-Chairperson** proposed to delete the word “revision” from the last line of the paragraph as no guidelines for fishers had previously existed.

62. Paragraph 25 was adopted as amended.

Proposed paragraph 26

63. Paragraph 26 was adopted as proposed.

IV. Fisher medical fitness examinations

Proposed paragraph 27

64. The **Government Vice-Chairperson** proposed, in the last sentence of the paragraph, to change the wording “not likely to prevent all routine and emergency duties” to “not likely to impact all routine and emergency duties”, and to add “environmental” to “navigational safety”.

65. The **Government Vice-Chairperson**, in response to doubts raised by the **Employer Vice-Chairperson**, amended the wording of her proposal to: “not likely to affect all routine and emergency duties”.

66. Paragraph 27 was adopted as amended.

Proposed paragraph 28

67. The **Government Vice-Chairperson** proposed to amend the final sentence of the paragraph, to read “These Guidelines provide the basis for establishing national arrangements which are in line with international conventions”.

68. Paragraph 28 was adopted as amended.

Proposed paragraph 29

69. While the **Worker Vice-Chairperson** considered that the medical certificate should be in a language understood by the fisher, the Employer Vice-Chairperson stressed that creating an obligation for the certificate to be issued in multiple languages would cause problems. The certificate should be issued in the official language of the country that had approved the medical examiner, and in English as a second language. Similarly, the Government Vice-Chairperson noted



that the STCW-F Convention stipulated that certificates should be issued in two languages, one of them being English.

70. Paragraph 29 was adopted as proposed.

Proposed paragraph 30

71. The **Government Vice-Chairperson** proposed to add “or the environmental and navigational safety” at the end of the final sentence of the paragraph, to read “Other safety consequences also need to be considered, for instance whether a fisher is suffering from any medical condition likely to be aggravated by service at sea, to render the fisher unfit for such service, or to endanger the health and safety of other persons on board, or the environmental and navigational safety”.
72. Paragraph 30 was adopted as amended.

Proposed paragraph 30 *bis*

73. The **Employer Vice-Chairperson** proposed the insertion of a new paragraph, to read:
- For the safety and health of the fisher and others, and for environmental safety reasons, and in light of paragraph 30, the fisher should disclose to the skipper and to the recognized medical practitioner any medical condition, impairment or intake of medicine (Appendix F).
74. The **Worker Vice-Chairperson** said that as long as a fisher was in possession of a valid medical certificate, there were no grounds for placing an obligation on them to provide information on a medical condition to the skipper. If there were any reasons for concern, information would presumably be shared with the medical examiner. However, he supported the inclusion of a reference to medicine intake, as it would be a good idea to ensure that the necessary medication was available on board.
75. The **Government Vice-Chairperson** proposed the following wording for the new paragraph:
- For the safety and health of the fisher and others, and for environmental safety reasons, and in light of paragraph 30, the fisher should disclose to the skipper and to the recognized medical practitioner any change in medical condition, impairment and intake of medicine whilst on board (Appendix F).
76. Although objections had initially been raised by the Employers’ group about placing any obligation on fishers to disclose an impairing ailment, after further debate and in the light of Appendix E and paragraph 77, the proposed changes were approved. Paragraph 30 *bis* was adopted as amended.

Proposed paragraph 31

77. The **Government Vice-Chairperson** proposed to add the following text to subclause (iii): “and the likelihood that they will develop an impairing condition (Appendix E)”.
78. Paragraph 31 was adopted as amended.

Proposed paragraph 32

79. The **Government Vice-Chairperson** proposed to revise the clause after “emergency duties” to read: “the medical care available on board, and on the distance from shore-based medical facilities”.
80. Paragraph 32 was adopted as amended.



Proposed paragraph 33

81. Paragraph 33 was adopted as proposed.

Proposed paragraph 34

82. The **Government Vice-Chairperson** proposed that, instead of referring to “relevant capabilities”, the paragraph should invite the competent authorities to “consider the criteria set out in paragraphs 30 and 31”. She further proposed to add “experience level” to the list of issues that competent authorities should take into consideration, noting that the guidelines on seafarers differentiated between people, functions and different duties. The revised paragraph would then read:

Competent authorities may, without prejudice to the safety of the fishers or the fishing vessel, consider the criteria set out in paragraphs 30 and 31, experience level and on-board duties of those assessed. Competent authorities may differentiate between those persons seeking to start a career at sea in the industry and those fishers already serving at sea in the industry.

83. Following a discussion on the potential need for the subsequent alignment of the two sets of guidelines in view of changes being made to wording stemming from the Guidelines on the medical examination of seafarers, the proposed amendments were approved.
84. Paragraph 34 was adopted as amended.

Part 2. Guidance for competent authorities

V. Relevant standards of and guidance from the International Labour Organization, the International Maritime Organization and the World Health Organization

Proposed paragraph 35

85. Paragraph 35 was adopted as proposed.

ILO instruments concerning the medical examination and health of fishers

Proposed paragraph 36

86. Paragraph 36 was deleted as proposed.

Proposed paragraph 37

87. The **Worker Vice-Chairperson** proposed to delete “as noted above”, given the agreed decision to delete paragraph 36.
88. The **Government Vice-Chairperson** proposed to revise the paragraph to read: “Convention No. 188 revised Convention No. 113 which had been ratified by 30 States and remains in force at the date of the adoption of the Guidelines for those among them that have not yet ratified Convention No. 188”.
89. Paragraph 37 was adopted as amended.

Proposed paragraph 38

90. Paragraph 38 was adopted as proposed.



Proposed paragraph 39

91. Paragraph 39 was adopted as proposed.

Proposed paragraph 40

92. The **Employer Vice-Chairperson** proposed, as a clarification, to specify that the article mentioned at the start of the paragraph was Article 10(1) of Convention No. 188.

93. It was so agreed.

94. Paragraph 40 was adopted as amended.

Proposed paragraph 41

95. The **Worker Vice-Chairperson** said that as a reference to Convention No. 188 had been inserted into paragraph 40, the same approach should be taken in paragraph 41, to ensure consistency and for the sake of clarity. The amended paragraph would thus read:

Article 12 of Convention No. 188 sets additional requirements for fishing vessels of 24 metres in length and over, or on vessels which normally remain at sea for more than three days, including with respect to what, as a minimum, shall be stated in the medical certificate, and for how long it shall be valid.

96. It was so agreed.

97. Paragraph 41 was adopted as amended.

Proposed paragraph 42

98. The **Worker Vice-Chairperson** proposed to add a reference to Convention No. 188, as had been agreed for the previous two paragraphs, for the sake of clarity.

99. It was so agreed.

100. Paragraph 42 was adopted as amended.

Proposed paragraph 42 *bis*

101. The **Employer Vice-Chairperson** proposed to add a new paragraph, to read:

Article 10(3) allows for the competent authority, in urgent cases, to permit a fisher working on a fishing vessel of 24 metres in length and over or which normally remains at sea for more than three days, to work on such a vessel for a period of limited and specific duration until a medical certificate can be obtained, provided that the fisher is in possession of an expired medical certificate of a recent date.

102. Following a discussion on medical certificate exemptions and the relevant provisions of Convention No. 188, during which the **Worker Vice-Chairperson** had stressed the need to emphasize that exceptions were only granted in urgent cases and that, to avoid confusion, instead of paraphrasing the relevant article it would be preferable to adopt the wording used in the Convention, it was agreed that the proposed paragraph would replicate the exact wording of Article 10(3) of Convention No. 188:

Lastly, Article 10(3) of Convention No. 188 provides that exemptions in Article 10(2) shall not apply to a fisher working on a fishing vessel of 24 metres in length and over or which normally remains at sea for more than three days; in urgent cases, the competent authority may permit a fisher to work on such a vessel for a period of a limited and specified duration until a medical certificate can be obtained, provided that the fisher is in possession of an expired medical certificate of a recent date.



103. It was so agreed.
104. The **Employer Vice-Chairperson** noted that it was unclear what time period was covered by the term “recent date” in the wording “an expired medical certificate of a recent date”. He suggested that further clarification might be required.
105. The **Executive Secretary** noted that the Maritime Labour Convention referred to validity periods for expired certificates that did “not exceed three months”.
106. The **Government Vice-Chairperson** said that, in the light of group discussions and in order to clarify the time frame described by the wording in question, a footnote should be added to paragraph 42 *bis*, to read:

The meaning of the term “recent date” is at the discretion of the competent authority but it is recommended that the expiry date of the medical certificate should be within the last 30 days. The meaning of the term “period of a limited and specified duration” is at the discretion of the competent authority, but it is recommended that a fisher can be permitted to work with an expired medical certificate provided that the period of such permission does not exceed three months.

107. It was so agreed.
108. Paragraph 42 *bis* was adopted as amended.

Proposed paragraph 43

109. Paragraph 43 was adopted as proposed.

Proposed paragraph 44

110. The **Government Vice-Chairperson** proposed to add, for clarification, the following sentence at the end of the paragraph: “The present Guidelines are, at the time of their adoption, the most recent international guidance in line with paragraph 9 of Recommendation No. 199”.
111. Paragraph 44 was adopted as amended.

IMO instruments concerning medical examination requirements for fishing vessel personnel

112. The **Government Vice-Chairperson** proposed, following a discussion on the terminology used in the STCW-F Convention, to add an explanatory footnote with the following wording: “The terms ‘fishing vessel personnel’ and ‘Party’ are used to reflect the terms used in the STWC-F Convention”.
113. It was so agreed.

Proposed paragraph 45

114. Paragraph 45 was adopted as proposed.

Proposed paragraph 46

115. The **Secretary-General of the Meeting (IMO)**, responding to a query from the Worker Vice-Chairperson, said that while no “earlier” version of the Convention existed, work was currently under way to revise its Annex and to prepare a new Code. He therefore proposed to delete the reference to “earlier versions” of the Convention. The amended first sentence of the paragraph would thus read:

The 1995 STCW-F Convention, before the revision of its Annex and development of the new Code, as adopted in 2024, included criteria for vision and physical capability requirements for



medical fitness, particularly regarding eyesight and hearing but not for other aspects no specified criteria for any aspects of medical assessment.

116. It was so agreed.

117. Paragraph 46 was adopted as amended.

118. In this context, the Employer Vice-Chairperson noted that IMO documents were not always available free of charge on its website and encouraged the organization to consider allowing free access to public documents, including the guidelines. The Secretary-General of the Meeting (IMO) stated that the texts of conventions and treaties were publicly accessible, free of charge, but that publications such as books and booklets, were available for purchase on the website. His organization would take the point made on board and consider making fishing-related publications available free of charge in the future.

Proposed paragraph 47

119. The **Employer Vice-Chairperson** proposed to add the following footnote to the paragraph: “The STCW-F makes no distinction between a certificate of competency and a certificate of proficiency with regard to the requirement to hold a medical certificate”.

120. Paragraph 47 was adopted as amended.

WHO measures concerning fishers’ health and medical services and medical examinations of fishers

Proposed paragraph 48

121. The **Worker Vice-Chairperson** said that the meaning of the paragraph was unclear and suggested that it should either be redrafted or deleted, including the heading of that section.

122. The **Employer Vice-Chairperson** agreed with the proposal to delete the first part of the paragraph and to redraft the rest.

123. The **Government Vice-Chairperson** proposed to delete the entire paragraph and associated title, as it contained no specific information relevant to fishers, and most of the pertinent information was already contained in Appendix E.

124. It was so agreed.

125. Paragraph 48 and the associated section heading were deleted as proposed.

VI. Purpose and contents of the medical certificate

126. The **Government Vice-Chairperson** proposed, to make it easier for readers to find the relevant information in the guidelines, to amend the title of the section to “Purpose, contents and validity period of the medical certificate”.

127. It was so agreed.

Proposed paragraph 49

128. Paragraph 49 was adopted as proposed.

Proposed paragraph 50

129. Paragraph 50 was adopted as proposed.



Proposed paragraph 51

130. The **Government Vice-Chairperson** raised the question of what defined a “voyage”, given that a fishing vessel could potentially sail through many ports where a medical certificate could be issued, rather than waiting until the end of the voyage, which could be of an unknown or prolonged length. Several amendments were proposed, including to merge paragraphs 51 and 52. It was finally agreed that, as the validity period of medical certificates was addressed in the next paragraph, paragraph 51 – as it stood – was redundant.
131. The matter of language had been discussed at various stages during the deliberations on the draft guidelines, including the Worker Vice-Chairperson’s proposal that the certificate should be issued in a language understood by the fisher and the practicalities of issuing certificates in multiple languages. It was agreed that a reference to the language of the medical certificate would be added to the text. The **Employer Vice-Chairperson** therefore proposed to replace the existing text of paragraph 51 with the following wording: “The STCW-F requires in section A-I/12, paragraph 8 that medical certificates shall be in the official language of the issuing country. If the language used is not English, the text shall include a translation into that language”.
132. Paragraph 51 was adopted as amended.

Proposed paragraph 52

133. The **Employer Vice-Chairperson** proposed to split the paragraph into two separate paragraphs. The second paragraph would begin with the wording “In urgent cases ...”. He also proposed to add a reference to Convention No. 188 in the first sentence of the first paragraph.
134. It was so agreed.
135. Paragraph 52 was split into two separate paragraphs and adopted as amended.

Proposed paragraph 53

136. The **Employer Vice-Chairperson** proposed to add “by the same medical examiner” after the word “reassessment” in the second sentence, to emphasize that the fisher should not be confronted with a new examiner during their follow-up assessment.
137. The **Government Vice-Chairperson** agreed with that proposal but suggested amending the wording to “the same medical examiner if possible”, to account for the fact that medical practitioners might resign, retire, or take sick or holiday leave.
138. The **Worker Vice-Chairperson** expressed concern that the proposed amendment might restrict a fisher’s access to a second opinion, in cases where the fisher disagreed with the initial assessment.
139. The **Employer Vice-Chairperson** clarified that the paragraph concerned the decision by the initial medical examiner to re-examine the fisher after a shorter interval than the two-year period stipulated in the Convention. That decision, at the initiative of the medical examiner, had no impact on the right of the fisher to request a second opinion from a different doctor. Therefore, the fisher should be re-examined by the same medical examiner.
140. The **Worker Vice-Chairperson** stressed that if a fisher disagreed with the grounds given for issuing a certificate of limited duration and needed a second opinion, that assessment should not be carried out by the same person.
141. The Executive Secretary noted that intervals between medical examinations were mentioned elsewhere in the draft guidelines, as was information on limited duration certificates and appeals



procedures – including in cases where a fisher failed their medical examination. The **Government Vice-Chairperson** said that, from a clinical and administrative point of view, ensuring that the fisher was seen by the same medical practitioner made sense. While she took on board the Worker Vice-Chairperson's comments that the fisher might wish to see a different medical examiner, the proposed amendment was still appropriate.

142. Paragraph 53 was adopted as amended.

Proposed paragraph 54

143. The **Employer Vice-Chairperson** stated that the terms used in the paragraph should align with those in Appendix F.

144. The **Worker Vice-Chairperson** agreed that consistent terminology should be used throughout the document.

145. The **Government Vice-Chairperson** agreed with the proposal to align paragraph 54 and Appendix F, stating a preference for the wording used in the paragraph (deck/engine/catering/other).

146. Paragraph 54 was adopted as proposed.

Proposed paragraph 55

147. The **Government Vice-Chairperson** proposed to insert the word "both" in the first sentence, to read: "If the fisher cannot perform both routine and emergency duties safely ...", and to amend the phrase "fit for duty with limitations" to "fit for duty with restrictions" in the second sentence, to ensure consistency throughout the document, as "limitations" was used elsewhere in relation to time.

148. Paragraph 55 was adopted as amended.

Proposed paragraph 56

149. The **Employer Vice-Chairperson** proposed to insert the phrase "before resuming work" after "may need to be assessed".

150. The **Government Vice-Chairperson** proposed to amend the wording "to perform routine and emergency duties safely" to "perform routine or emergency duties safely", as there was no need to wait until the fisher could perform neither.

151. Paragraph 56 was adopted as amended.

Proposed paragraph 57

152. The **Worker Vice-Chairperson** proposed to change the order of the paragraph, to read as follows: "For any person who intends to subsequently work as a fisher, it is advantageous, before training commences, to be medically examined to confirm that they meet the required fitness standards".

153. The **Employer Vice-Chairperson** suggested that a fisher was required to undergo a medical examination before they could commence basic safety training. It was therefore not simply "advantageous", but compulsory. He therefore proposed to change the wording to "it is required, before training commences, to be medically examined".

154. The **Executive Secretary** asked whether a reference to the STCW-F Convention should also be inserted into the paragraph.



- 155. The **Employer Vice-Chairperson** affirmed that such a reference was necessary, as the medical examination to which the paragraph referred was not required under Convention No. 188.
- 156. It was therefore agreed that the text be revised to read “For any person who intends to subsequently work as a fisher, it is required under the STCW-F Convention, before training commences, to be medically examined to confirm that they meet the required medical fitness standards”.
- 157. Paragraph 57 was adopted as amended.

VII. Right to privacy

Proposed paragraph 58

- 158. The **Government Vice-Chairperson** proposed, in the third sentence of the paragraph, to delete the wording “only be used for determining the fitness of the fisher for work and for enhancing health care”, so that sentence would read “medical records should not be disclosed to others without prior written informed consent from the fisher”. The aim was to acknowledge that medical data was used for administrative and research purposes, to enhance the health of fishers. It was important to know the issues that needed to be addressed. The original sentence was too limiting, although she acknowledged the need to protect the data and privacy of the fisher. She further proposed to delete “or other documents made available to others following the medical examination”, noting that there could be occasions where fishers might be required or encouraged to disclose a certain amount of medical information, especially when it concerned a safety issue for the fisher or others on board. The proposed deletion was a compromise solution that, while respecting the privacy of the fisher, allowed medical information to be shared with others, where appropriate for safety reasons. Personal medical information should not be included on the medical certificate itself.
- 159. The **Employer Vice-Chairperson** said that it was important to consider the impact of the proposed amendment, noting that medical information should be aggregated in an anonymized manner and individual medical information should never be shared without the fisher’s permission. The medical certificate should, at a minimum, state whether someone was fit for work, although it was uncertain whether that was considered personal medical information. He stressed the need for employers to know whether a fisher was fit for duty.
- 160. The **Worker Vice-Chairperson** highlighted the need for fishers to have access to data, including copies of their medical records, in a language that they understood. He proposed to add the following wording at the end of the paragraph: “The medical personal data provided should be in a language that the fisher understands”.
- 161. The **Employer Vice-Chairperson** said that although he understood the need for fishers to understand medical information that concerned them, given the sheer number of languages spoken by fishers throughout the world, it would be impossible to ensure the translation of medical notes into the local language of the fisher. Such a task would be too difficult for medical examiners. It should suffice to ensure that recognized medical examiners spoke one of the official languages of the State that approved them.
- 162. The **Government representative from Germany** raised doubts as to the practical implementation of the amendment proposed by the Worker Vice-Chairperson.
- 163. The **Worker Vice-Chairperson** reiterated the importance of the fisher’s right to access their personal medical data in a language that they understood.



164. The **Government representative from South Africa** said that it would be unrealistic to expect medical practitioners to provide information in the fisher's own language, especially when dealing with foreign nationals undergoing medical examinations in countries where their language was not spoken, who might potentially need to rely on interpretation services to communicate with the medical examiners. The proposed amendment would be difficult to implement.
165. The **Worker Vice-Chairperson** noted that language issues could complicate matters for fishers. He provided the example of a German fisher who, having been examined by a Portuguese-speaking medical practitioner in Brazil, had to submit medical information provided only in Portuguese for consideration by a German medical practitioner.
166. The **Government representative from Portugal** said that medical records were important official documents. There were concerns that vital information could be lost or altered during the translation process. It was therefore important to ensure that documents were issued in the original language as translation might also have an impact on their status as official documents.
167. The **Employer Vice-Chairperson** emphasized that it was the responsibility of the State approving the medical examiners to ensure that the medical examiners approved abroad spoke the language of the approving State. If there was no such examiner available in the foreign State, then the fisher would not be obliged to be examined there.
168. The **Government representative from Mexico** noted that medical terms were sometimes difficult to understand even in one's own language. Ensuring that medical records were available in the official language of a given State should suffice.
169. The **Employer Vice-Chairperson** acknowledged the reasoning behind the amendment proposed by the Workers' group but noted that it would not be possible to issue multiple language versions of documents. He proposed to amend the text by replacing "in a language that the fisher understands" with "in the language of the country where the medical examination takes place, and in English", as English was the official language of the sea.
170. The **Government Vice-Chairperson** concurred with the suggested amendment and proposed to add "and/or" to the final sentence due to the potential burden of issuing documents in two languages where one of those languages was not a language spoken in the relevant State, as well as possible translation issues.
171. It was agreed that the following sentence would be added at the end of the paragraph: "The personal medical data provided should be in a language of the country where the examination takes place and/or English".
172. Paragraph 58 was adopted as amended.



VIII. Recognition of medical practitioners

Proposed paragraph 59

173. The **Worker Vice-Chairperson** proposed to insert the words "trade unions/" before "organizations" in the third sentence of paragraph 59, as trade unions should be recognized as organizations representing fishers.
174. The **Employer Vice-Chairperson** proposed to make use of the term used in the Work in Fishing Convention, 2007 (No. 188): "representative organizations of fishers". He also noted that it could be difficult for the governments to make the list of recognized medical practitioners available to all fishers.

175. The **Government Vice-Chairperson** agreed to the Workers' amendment and proposed to add, in the third sentence, the words "published on the internet or", to be inserted between "should be" and "made available", as a way to ensure the availability of the list of medical practitioners to all fishers. She also proposed to insert the words "and the Maritime Labour Convention, 2006, as amended" in the fourth sentence after the reference to the STCW-F Convention, and to move the sentence "The competent authority should provide means to verify the authenticity of the medical certificates issued" to a new paragraph, thereby splitting the existing paragraph into two.
176. It was so agreed.
177. Paragraph 59 was split into two paragraphs and adopted as amended.

Proposed paragraphs 60 and 61

178. The **Government Vice-Chairperson** proposed minor amendments to the paragraph. The revised text would read: "The competent authority, when developing guidance for the conduct of medical fitness examinations, should take into consideration that some medical practitioners might need more detailed guidance than those who hold competence in the health of fishers and the industry." She also proposed to merge paragraphs 60 and 61.
179. It was so agreed.
180. Paragraphs 60 and 61 were adopted as amended.

Proposed paragraph 62

181. The **Government Vice-Chairperson** proposed to insert after the term "included" the words "in the list mentioned in paragraph 59", for clarity purposes. It was so agreed.
182. Paragraph 62 was adopted as amended.

Proposed paragraph 63

Chapeau

183. The chapeau was approved as proposed.

Clause (i)

184. Clause (i) was approved as proposed.

Clause (ii)

185. The **Government Vice-Chairperson** explained that the term "maritime occupational medicine" was not particularly understood or recognized in many countries and proposed the following amendment to clause (ii), in order to stress that although practitioners should ideally have additional knowledge of occupational medicine or maritime medicine, it was not always possible to ensure that was the case: "should be experienced in clinical medicine, ideally with knowledge in occupational medicine or maritime medicine;".
186. The **Worker Vice-Chairperson** said that he would prefer to delete "ideally".
187. The **Government Vice-Chairperson** stressed the need for a pragmatic approach; in some countries – even certain areas of some countries – where the pools of potential candidates were small, requiring medical practitioners to have knowledge of occupational medicine or maritime medicine could restrict recruitment, and was deemed unrealistic. She therefore recommended that the term "ideally" should be retained, reflecting that while experience in those fields of



medicine would be optimal and in line with best practice, it might not always be feasible to recruit practitioners with that knowledge.

188. Clause (ii) was approved as amended.

Clause (iii)

189. The **Government Vice-Chairperson** proposed to revise clause (iii) to read:

should have knowledge of the living and working conditions on board fishing vessels and the job demands of fishers, including work involved in unloading the catch and work in port, in so far as they relate to the effects of health problems on fitness for work, gained wherever possible through special instruction and through knowledge based on personal experience of fishing;

190. Clause (iii) was approved as amended.

Clause (iii) bis

191. Furthermore, she proposed to insert a new clause, to read as follows:

should assess the need for training programme for their recognized medical practitioners to provide initial and ongoing training. Where necessary, competent authorities may develop their own programme or approve other training programmes;

192. In the light of discussions on Appendix L, it was agreed that the wording of the clause be revised to reflect the text of that appendix. The revised version of the clause would thus read:

should address the need for a further training programme for their recognized medical practitioners to provide initial and ongoing training. Where necessary, competent authorities may develop their own programme or approve other training programmes;

193. Clause (iii) *bis* was approved as amended.

Clause (iv)

194. Clause (iv) was approved as proposed.

Clause (v)

195. The **Worker Vice-Chairperson** proposed replacing “limitations” with “restrictions”.

196. The **Employer Vice-Chairperson** said they preferred to use the wording in Section A 1-12/6 of the STCW-F Convention, namely “who had limitations imposed on their ability to work”.

197. The **Government Vice-Chairperson** proposed that, to reflect the wording contained in the STCW-F Convention and include a reference to potential restrictions placed on medical certificates, the paragraph should be revised to read as follows:

should be provided with written guidance on the procedures for the conduct of medical examinations of fishers, including information on appeals procedures for persons denied a medical certificate as a result of an examination or who had restrictions or limitations imposed on their ability to work and placed on their medical certificate;

198. It was so agreed.

199. Clause (v) was approved as amended.

Clause (vi)

200. Clause (vi) was approved as proposed.



Clause (vii)

201. Clause (vii) was approved as proposed.

Clause (viii)

202. Clause (viii) was approved as proposed.

203. Paragraph 63, as a whole, was adopted as amended.

Proposed paragraph 64

204. The **Government Vice-Chairperson** suggested replacing the entire paragraph 64 and its subparagraphs with more concise wording, reflecting the salient points that medical practitioners needed to take into account. The proposed alternative text would read as follows:

It is further recommended that medical practitioners are aware of the limitations of medical care on board, [for the vessels on which the fishers are expected to serve] including a knowledge of the medical equipment, supplies and related instructions carried on fishing vessels, the training of the persons on board qualified or trained in first aid and other forms of medical care, and the access by those on board to telemedicine by radio, satellite or other means of communication.

205. The **Worker Vice-Chairperson** was in favour of the change but wondered whether the sentence in brackets should be deleted.

206. The **Employer Vice-Chairperson** expressed similar doubts; after undergoing the medical examination to assess their fitness to work, fishers could subsequently be required to serve on a different vessel. He stressed the need for medical practitioners to understand fisheries and fishing vessels, including vessels other than the ones on which the fishers examined were scheduled to serve, as those might change. Therefore, he would also prefer to delete the text in brackets.

207. It was so agreed.

208. Paragraph 64 was adopted as amended.

Proposed paragraph 65

209. Paragraph 65 was deleted as proposed.

Proposed paragraph 66

210. Paragraph 66 was adopted as proposed.

Proposed paragraph 67

211. The **Government Vice-Chairperson** proposed to add, at the end of the paragraph, the following text: "but should be retained on the list as per paragraph 62", noting that although that change involved repeating information contained elsewhere, it added clarity.

212. It was so agreed.

213. Paragraph 67 was adopted as amended.



IX. Appeals procedures

Proposed paragraph 68

214. The **Government Vice-Chairperson** proposed to change the term “limitation” to “restriction or limitation” and, in order to reflect the new wording in paragraph 63(v), to redraft the final sentence in the paragraph. The new wording would thus read:

As required by both the STCW-F Code, in section A-I/12, and Convention No. 188 (Article 11(e)) fishers who have been refused a medical certificate or have had a restriction or limitation imposed on their ability to work and placed on their medical certificate must be given the opportunity to have their case reviewed within an appeals procedure.

215. Paragraph 68 was adopted as amended.

Proposed paragraph 69

216. Paragraph 69 was adopted as proposed.

Proposed paragraph 70

Clause (i)

217. The **Government Vice-Chairperson** proposed the following amendments to paragraph 70(i) to emphasize that medical referees had the same training, experience and knowledge as recognized medical practitioners: “the medical practitioner or medical referee undertaking the review should meet the criteria as per paragraph 63;”.

218. The **Employer Vice-Chairperson** and the **Worker Vice-Chairperson** agreed.

Clause (ii)

219. The **Government Vice-Chairperson** said that it was important for reviewing practitioners to have access to the medical records, in order to understand the information and rationale for the decision of the recognized medical practitioner. She therefore proposed to amend paragraph 70(ii) as follows: “the medical practitioner or medical referee undertaking the review process should be provided access to other medical experts and the medical records of the first examination;”.

220. The **Employer Vice-Chairperson** and the **Worker Vice-Chairperson** agreed.

Clauses (iii), (iv) and (v)

221. Clauses (iii), (iv) and (v) were approved as proposed.

222. Paragraph 70, as a whole, was adopted as amended.



Part 3. Guidance to persons authorized recognized by competent authorities to conduct medical examinations and to issue medical certificates

X. Role of the medical examination in fishing safety and health

Proposed paragraph 71

Chapeau

223. The **Government Vice-Chairperson** suggested that the words “if applicable” should be inserted before “live on board”, as a large number of fishers did actually live on board fishing vessels.
224. The chapeau was approved as amended.

Clause (i)

225. The **Government Vice-Chairperson** said that, in the first sentence, the wording “, injury or medication” should be inserted after “The consequences of impairment from illness” and proposed to add “on the medical care available on board” after the wording “emergency duties of the fisher,”. Moreover, she suggested that “Impairment from illness, injury or medication” should be inserted at the start of the third sentence.
226. Clause (i) was approved as amended.

Clause (ii)

227. The **Government Vice-Chairperson** proposed to delete the second sentence in clause (ii) as it did not seem relevant to a guide on the medical examination of fishers.
228. Clause (ii) was approved as amended.

Clause (iii)

229. Clause (iii) was approved as proposed.

Clause (iv)

230. The **Government Vice-Chairperson** suggested that the first sentence of clause (iv) should be revised to read: “The medical examination can identify early disease or risk factors for subsequent illness, and the transmission of diseases, either directly or by food handling”. Furthermore, she proposed to delete “in order to maximize their opportunities for continuing their career as fishing vessel personnel” in the second sentence.
231. Clause (iv) was approved as amended.

Clause (v)

232. The **Government Vice-Chairperson** proposed some amendments to clause (v): she suggested adding “by limiting the duration of the certificate or restricting” after “the frequency of surveillance,” and replacing the term “limiting” before “the pattern of voyages” with “restricting”. The term “limiting” was appropriate for the period of validity, while the term “restricting” was more appropriate for the scope.
233. Clause (v) was approved as amended.



Clause (vi)

234. The **Government Vice-Chairperson** proposed a minor amendment to clause (vi), namely to change the reference to Appendix C, from “table B-I/9” to “table B-I/12”.

235. Clause (vi) was approved as amended.

Clause (vii)

236. Clause (vii) was approved as proposed.

Proposed paragraph 72

237. The **Government Vice-Chairperson** proposed to change the word “shipboard” in the first sentence to “onboard”.

238. Paragraph 72 was adopted as amended.

XI. Type and frequency of medical examinations*Proposed paragraph 73*

239. Paragraph 73 was adopted as proposed.

Proposed paragraph 74

240. The **Government Vice-Chairperson** proposed to add “or engagement” after “may limit the ability of a fisher to obtain employment” in the fourth sentence of the paragraph.

241. Paragraph 74 was adopted as amended.

Proposed paragraph 75

242. The **Government Vice-Chairperson** proposed to add “or insurer” to the last sentence, which would then read: “A medical certificate should be issued if statutory standards are met, irrespective of compliance with any additional employer or insurer requirements”.

243. Paragraph 75 was adopted as amended.

Proposed paragraph 76

244. Paragraph 76 was adopted as proposed.

XII. Conduct of medical examinations*Proposed paragraph 77**Chapeau*

245. The chapeau was approved as proposed.

Clauses (i) and (ii)

246. Clauses (i) and (ii) were approved as proposed.



Clause (iii)

247. The **Government Vice-Chairperson** proposed to amend the reference to “limitations” to “restrictions”.

248. Clause (iii) was approved as amended.

Clause (iv)

249. The **Government Vice-Chairperson** proposed to add “medication, alcohol or substance use” after “Details of other diseases”, in the third sentence.

250. Clause (iv) was approved as amended.

Clause (v)

251. Clause (v) was approved as proposed.

Clause (vi)

252. Clause (vi) was approved as proposed.

Clause (vii)

253. The **Government Vice-Chairperson** suggested to remove the reference to “night-blindness”, as it was a syndrome that was difficult to assess by a medical practitioner in the setting of a medical examination. The term “examinees” was replaced with “fishers”.

254. Clause (vii) was approved as amended.

Clauses (viii) and (ix)

255. Clauses (viii) and (ix) were approved as proposed.

Clause (x)

256. The **Government Vice-Chairperson** suggested that, in the third sentence, the term “effectiveness” should be replaced by “validity” and that the reference to the test should read “test used for the identification of a relevant medical condition relies on the prevalence of the condition and on the sensitivity and specificity of the test”. In the last sentence of the paragraph, she proposed to replace the word “will” with “may”.

257. Clause (x) was approved as amended.

Clause (xi)

258. The **Government Vice-Chairperson** proposed to add the word “currently”, and to replace “well-validated” with “suitable”, in the reference to “tests for the assessment of mental aspects or working ability”. Furthermore, she suggested to replace “suitable” with “recommended” in front of “for inclusion in the medical examinations of fishers”.

259. Clause (xi) was approved as amended.

Clause (xii)

260. The **Government Vice-Chairperson** proposed, in the final sentence of the clause, to add the wording “the voyages undertaken,” after “the nature of the duties to be performed”.



261. The **Employer Vice-Chairperson** noted that it was not always possible to be aware of all the voyages that might be undertaken in pursuit of fish. To resolve the issue, “(if known)” should be inserted immediately after the proposed wording, namely “the voyages undertaken”.
262. It was so agreed.
263. Clause (xii) was approved as amended.
264. Paragraph 77, as a whole, was adopted as amended.

Proposed paragraph 78

265. The **Government Vice-Chairperson** proposed the add the wording “(as per paragraph 79 and Appendix E)” after “in three categories” in the third sentence of the paragraph.
266. Paragraph 78 was adopted as amended.

Proposed paragraph 78 bis

267. The **Government Vice-Chairperson** proposed to insert a new paragraph, containing the agreed text added to Appendix E:

In complex cases and where appropriate, the recognized medical practitioner may, with the informed consent of the fisher, discuss the case with the competent authority and, where permitted by national legislation, seek relevant information from the fishing vessel owner to be considered as part of the decision-making process.

268. The new paragraph, 78 *bis*, was adopted as proposed.

Proposed paragraph 79

269. The **Government Vice-Chairperson** proposed to add “The three categories are:” to the chapeau and, under category A, to add “or to environmental or navigational safety” after “or to other persons on board”.
270. Paragraph 79 was adopted as amended.

Proposed paragraph 80

271. The **Government Vice-Chairperson** proposed to delete the text in parentheses in the second sentence, namely “(i.e. the job the fisher will perform, the trade fishing area, the time limit or other considerations)”. Furthermore, she suggested that the wording “or limitations” should be inserted after “restrictions” and proposed to delete “in the description of the work he or she is fit to undertake”.
272. Paragraph 80 was adopted as amended.

Proposed paragraph 81

273. The **Government Vice-Chairperson** proposed to insert “in writing” after the word “explanation” in the first sentence.
274. Paragraph 81 was adopted as amended.

Proposed paragraph 82

275. Paragraph 82 was adopted as proposed.



Proposed paragraph 83

276. The **Government Vice-Chairperson** proposed several amendments including to insert the words “and the competent authority” after “national regulations”, and to add the words “, or electronically stored” after the term “issued”. The first sentence of the paragraph would thus read:

The medical examination records should be clearly marked as confidential and retained, according to national regulations and the competent authority, in the custody of the health institution or the competent authority where the medical certificate was issued, or electronically stored.

277. In response to a query from the **Worker Vice-Chairperson**, the Government Vice-Chairperson explained that, in some States, national regulations (e.g., on data protection) could potentially differ from those issued by the competent authorities.

278. Paragraph 83 was adopted as amended.

Proposed paragraph 84

279. Paragraph 84 was adopted as proposed.

Proposed paragraph 85

280. The **Government Vice-Chairperson** proposed the following revision to align the wording of the paragraph with that of paragraph 83: “A copy of the medical certificate should be kept in the files of the health institution or competent authority in which it was issued, or electronically stored.”

281. Paragraph 85 was adopted as amended.

Appendices

Proposed Appendix A

282. The **Employer Vice-Chairperson** requested clarification of the wording “fishers not covered by the 1995 STCW-F” in the third paragraph of the section on additional guidance.
283. The **Secretary-General of the Meeting (IMO)** said that the text referred to fishers to whom the eyesight standards of the 1995 STCW-F Convention did not apply and proposed to amend the text accordingly.
284. The **Employer Vice-Chairperson** noted that the STCW-F Convention applied to all fishers on all vessels, and that additional clarification was required.
285. A **Government representative from the United Kingdom** suggested that, for the sake of clarity, the sentence in question could specify that fishers should have “aided vision sufficient” to perform their duties.
286. A **Government representative from South Africa** further elaborated on that proposal, suggesting that the text be amended to read: “Fishers not covered by the eyesight standards in table A-I/12 of the 1995 STCW-F Convention should have aided vision sufficient to perform their routine and emergency duties safely and effectively.”
287. It was so agreed.
288. Appendix A was adopted as amended.



Proposed Appendix B

289. The **Employer Vice-Chairperson** asked why fishers needed to be capable of hearing whispers, given the noise levels on fishing vessels.
290. The **Government Vice-Chairperson** said that the “whisper test” was an established, widely used method of assessing hearing that also featured in the Guidelines on the medical examination of seafarers. She proposed to delete the term “unaided” from the first paragraph, as it seemed redundant, and instead to insert it into the first sentence of the second paragraph, to read: “It is recommended that unaided hearing examinations should be made by a pure tone audiometer”. She also proposed to add, at the end of the third paragraph, the following wording “when examining fishers using hearing aids, appropriate methods should be used”.
291. Appendix B was adopted as amended.

Proposed Appendix C

292. The **Employer Vice-Chairperson** and the **Government Vice-Chairperson** said that the section on the physical capability assessment should be retained, as it was also included in the Guidelines on the medical examination of seafarers.
293. The **Government Vice-Chairperson** proposed to add to the first item in the list in the final paragraph of the section on physical capability testing, the wording “handling mooring equipment and fishing gear”. The revised item would read: “– physically demanding duties on the vessel, e.g. carrying weights or handling mooring equipment and fishing gear;”.
294. Appendix C was adopted as amended.

Proposed Appendix D

295. The **Government Vice-Chairperson** proposed to add at the end of the appendix, under the section on medical certificates, in the subsection relating to a fisher’s ability to perform some but not all duties or to work in some but not all waters, the following wording: “medication can cause adverse effects but these develop slowly, hence work in waters that will allow timely access to medical care”, noting that the notion of “limited waters” might be interpreted differently in different countries, and that the main issue at stake was ensuring access to timely care.
296. Appendix D was adopted as amended.

Proposed Appendix E

297. The **Employer Vice-Chairperson** noted, in relation to the title of the third column of the table, that it could be difficult for a medical examiner to assess whether an illness was “incompatible with reliable performance of routine and emergency duties safely or effectively”. He thus proposed the following footnote: “This is at the discretion of the examiner, but in unclear cases, the assessment should be made after consulting the fishing vessel owner and the fisher”.
298. The **Government Vice-Chairperson** proposed, as an alternative to the amendment put forward by the Employer Vice-Chairperson, to add the following information as a bullet point, rather than a footnote, in the introduction to Appendix E:

In complex cases and where appropriate, the recognized medical practitioner may, with the informed consent of the fisher, discuss the case with the competent authority and, where permitted by national legislation, seek relevant information from the fishing vessel owner to be considered as part of the decision-making process.



In view of its importance, she also proposed to insert that information as a new paragraph, after paragraph 78. Finally, responding to a comment by the Employer-Vice Chairperson, she noted that it was not necessary to stipulate in the bullet point that the fisher should also be consulted, as it was assumed that the relevant details would have been obtained from the fisher during the medical examination. The information referred to in the amendment was in addition to that obtained during the medical examination and would come from the employer.

299. It was so agreed.

300. The **Employer Vice-Chairperson** noted that alcohol and drug dependency – problems with which the fishing sector struggled – were difficult to assess. He also requested clarification regarding the meaning of the term “prognosis”.

301. The **Government Vice-Chairperson** explained that, as she understood it, “prognosis” referred to the predicted pathway of a disease, its likelihood to progress over the next few years (during the period of validity of the medical certificate). She agreed that dependency was difficult to assess and deserved further consideration, possibly in a different forum. She said that the second sentence in the second bullet point should be amended to read “The list can also be used to determine appropriate restrictions or limitations on the medical certificate”. In the section on HIV, the following footnote should be inserted: “The recognized medical practitioner may refer to the WHO Guidelines for using HIV testing technologies in surveillance, selection, evaluation and implementation (2002 update)”. Additionally, references to “master” should be amended to “skipper”, to ensure that the text referred specifically to fishers. She stressed that the Government group was keen to leave the medical criteria in the annex as they stood, to ensure consistency with the Guidelines on the medical examination of seafarers, and with regard to training to avoid administrative burden. However, looking forward, she stressed the need to review the medical criteria as a whole, for both fishers and seafarers, and encouraged the IMO and ILO to set the process in motion.

302. The **Employer Vice-Chairperson** and the **Worker Vice-Chairperson** supported the amendments proposed by the Government Vice-Chairperson, as well as the proposal to review the list of medical criteria – for both seafarers and fishers – at a future date.

303. Appendix E was adopted as amended.

Proposed Appendix F

304. The **Employer Vice-Chairperson** requested further clarification regarding the circumstances in which a medical certificate could be revoked.

305. The **Government Vice-Chairperson** said that certificates could be revoked if there was a change in a medical condition, as defined under national legislation, or if the certificate had been obtained fraudulently, the identification document was incorrect, or a false medical declaration had been made. In response to a follow-up question from the Employer Vice-Chairperson, she clarified that information on changes to medical conditions was normally obtained either from fishers themselves, from fishing vessel owners or companies, during the process of repatriating a fisher, or from other sources. She proposed to amend the fifth item on the list to read “Method of confirmation of identity, e.g. Passport No./Seafarers identity document” in line with paragraph 77; to revise the seventh item on the list, namely “Department (deck/engine/radio/food handling/other)”, to read “Department (deck/engine/catering/other)” as in paragraph 54; to amend the ninth item to read “Area of fishing operation/trade” and to delete the words in brackets “(e.g. coastal limited waters, tropical, worldwide unlimited waters)” in the same item.



306. The **Employer Vice-Chairperson**, referring to the table in the subsection on the assessment of fitness for service at sea, requested clarification regarding the difference between the listed categories of “deck service” and “fishing service”, given that both activities took place on deck. He stressed that medical requirements, particularly when they might differ for people performing different tasks on board a fishing vessel, should be clear to fishing vessel owners and medical examiners.
307. A **Government representative from Germany** stated that “deck service” involved look-out work, while other tasks might include being on deck but without lookout duties – and therefore did not require fishers to meet the higher standards of hearing or vision that applied to those responsible for the navigation of the fishing vessel.
308. The **Executive Secretary (ILO)** noted that the column heading “fishing service” had been added by the correspondence group.
309. A **Government representative from the United Kingdom** noted that “deck service” covered the navigation and safety of the fishing vessel. The term “fishing service” had been added to cover fish processing on board and related tasks. It would be acceptable to delete the column heading “fishing service”, as its scope was covered by other services, and the standards that applied to them.
310. A **Government representative from South Africa** proposed to change the column headings from “service” to “department”, and to delete the column entitled “fishing service”. The revised column headings would then read “Deck department/Engine department/Catering department/Other departments”.
311. It was so agreed.
312. Appendix F was adopted as amended.

Proposed Appendix G

313. The **Government Vice-Chairperson** proposed to amend the heading of point 4 on the list, to read “Details of the issuing authority (recognized medical practitioner)”.
314. Appendix G was adopted as amended.

Proposed Appendix H

315. Appendix H was adopted as proposed.

Proposed Appendix I

316. Appendix I was adopted as proposed.

Proposed Appendix J

317. The **Government Vice-Chairperson** proposed to delete the table of eyesight standards, as it already featured in Appendix A.
318. Appendix J was adopted as amended.

Proposed Appendix K

319. The **Government Vice-Chairperson** proposed to delete Appendix K, as its contents were already included in the main body of the guidelines, including paragraph 63.



320. The **Employer Vice-Chairperson** disagreed, stressing that Appendix K was essential, as fishers needed to be examined by trained medical professionals with sufficient knowledge. Even if the appendix repeated information already included in paragraph 63, it should be retained.
321. The **Worker Vice-Chairperson** agreed with the **Employer Vice-Chairperson** and stressed that while paragraph 63 addressed the knowledge that medical professionals should possess, Appendix K covered the training provided to enable those professionals to perform their duties. Although there was some repetition, the text also expanded on certain points.
322. After further deliberations, including group discussions and debates outside of the scope of the plenary sessions, the **Government Vice-Chairperson** agreed with the proposal to retain Appendix K, but proposed a series of amendments. The following text should be inserted in the final sentence of the first paragraph: "The objective is to enhance the knowledge and skills of recognized medical practitioners and increase consistency in decision-making. This will improve the occupational safety and health of fishers". She also proposed to delete paragraph 2 of Appendix K and replace it with an alternative text, in order to align it with the contents of paragraph 63. The new text would read as follows: "Recognized medical practitioners should be experienced in clinical medicine, ideally with knowledge in occupational medicine or maritime medicine. They should have knowledge of the living and working conditions on board fishing vessels and the job demands on fishers, including work involved in unloading the catch and work in port, in so far as they relate to the effects of health problems on fitness for work, gained wherever possible through special instruction and through knowledge based on personal experience of fishing, as per paragraph 63." Furthermore, she proposed to delete paragraphs 3 and 4 of Appendix K, and to replace them with a single, more concise, paragraph, which would read: "Competent authorities should address the need for a further training programme for their recognized medical practitioners to provide initial and ongoing training. Where necessary, competent authorities may develop their own programme or approve other training programmes. Competent authorities, social partners, NGOs and UN agencies should work together to further develop training programmes that may be used for this purpose."
323. The **Employer Vice-Chairperson** proposed to add the word "training" after "instruction" in paragraph 2, to read: "through special instruction, training and through knowledge based on personal experience of fishing".
324. The **Worker Vice-Chairperson** said that, instead of merely referring to assessing the need for training, the text should stipulate an obligation to provide training.
325. The **Government Vice-Chairperson** noted, by way of clarification, that some countries had well-established training programmes for doctors assessing the fitness of seafarers. In such cases there would be no need to develop further training programmes.
326. The **Employer Vice-Chairperson** did not agree with use of the term "assess", stressing that it was imperative for training programmes to be provided.
327. The **Government Vice-Chairperson** proposed the following alternative wording: "Competent authorities should address the need for a further training programme for their recognized medical practitioners to provide initial and ongoing training."
328. It was so agreed.
329. Appendix K was adopted as amended.



Proposed Appendix L

330. The **Government Vice-Chairperson** said that health surveillance and the occupational safety and health of fishers were very important topics that should be developed further, in a separate forum. Given that the contents of Appendix L did not directly relate to the medical examination of fishers but to health surveillance and occupational safety and health, she proposed that the appendix be deleted and replaced with new text.
331. The **Employer Vice-Chairperson** pointed out that the medical examination of fishers was closely linked to health surveillance and occupational safety and health; it was therefore essential to retain Appendix L.
332. The **Worker Vice-Chairperson** agreed with that opinion.
333. The **Government Vice-Chairperson** argued that they were two different matters, and a fisher might not wish to disclose sensitive information relating to occupational health and safety to a medical examiner who was assessing their fitness for work. It was important to recognize the potential for conflict between the two issues. For example, alcohol consumption may be viewed differently from a fitness for work perspective and from a health surveillance/occupational safety and health perspective.
334. The **Employer Vice-Chairperson** explained that only aggregated information on fishers was shared. The data gathered through surveillance was crucial to enhancing the working conditions and well-being of fishers on fishing vessels.
335. The **Worker Vice-Chairperson** suggested transforming the issues contained in Appendix L into points for follow-up action requested by the Joint Tripartite Meeting.
336. Following discussions outside of the scope of the plenary sessions, the **Government Vice-Chairperson** presented an alternative text to replace Appendix L. The text had been drafted by a special tripartite working group convened for that purpose and had subsequently been reviewed and discussed by the Employers', Government and Workers' groups. The proposed alternative text read as follows:

L. Consideration of a monitoring programme on the health of fishers and occupational risk

1. Recognized medical practitioners performing medical examinations of fishers should have a clear understanding of the special requirements of the life of a fisher and receive appropriate initial and further training. The professional judgement of the practitioners is often critical to the lives of fishers.
2. All ILO Member States have an obligation to promote the principles of the Occupational Safety and Health Convention, 1981 (No.155) and the Promotional Framework for Occupational Safety and Health Convention (No. 187) as they are fundamental conventions, including progressively developing their national occupational safety and health systems. The Work in Fishing Convention, 2007 (No.188) sets out general provisions of occupational safety and health of fishers. It also references the ILO Occupational Health Services Convention (No. 161) in the preamble. In its Article 3, Convention No. 161 calls on Members to develop progressively occupational health services for all workers in all branches of economic activity and all undertakings. Surveillance of workers' health in relation to work is one of the functions of occupational health services as outlined in Article 5 of Convention No. 161 and the Occupational Health Services Recommendation (No. 171). The ILO Technical and Ethical Guidelines for Workers' Health Surveillance provide guidance in this respect. This means that competent authorities should, in consultation with the representative organizations of employers and workers concerned and the representative organizations of fishing vessel owners and fishers, establish a programme for systemic monitoring of the health status of fishers and their health risks in the working environment. This is particularly important for fishers exempted from the application of the provisions



concerning medical examination in the Convention by Article 10(2) of the Work in Fishing Convention, 2007 (No.188), where the competent authority should take adequate measures to provide health surveillance for the purpose of occupational safety and health as per ILO Recommendation No. 199 (Paragraph 10).

3. Where possible according to national legislation, the competent authority is encouraged to use the data collected as part of the medical examination of fishers, to monitor the health trends of the fisher population. This should include reasons for unfitness or restrictions placed on the medical certificate and could include trends on the prevalence of specific medical conditions.
4. Assessments for monitoring fisher health status and health risks involve a more detailed clinical health assessment that focuses on occupational safety and health at sea, including bullying and well-being. Monitoring may include risk indicators related to diet, smoking, drug and alcohol abuse, exercise and the safety and psychosocial environments.
5. Conducting assessments for monitoring fisher health status and health risks is not required as part of the medical examination for issuance of a fishers' medical certificate and does not form part of the ILO/IMO Guidelines for the Medical Examination of Fishers.
6. Health data collected through a monitoring programme provides additional knowledge of, and trends in, the health of fishers, their working environment and working conditions, their work efficiency and job retention. Such a programme may help to improve the working environment on fishing vessels and to develop and strengthen the competence and competitiveness of the fishing sector.
7. Conducting assessments for monitoring fisher health status and health risks is not required as part of the medical examination and when such an assessment is conducted, this should be outside of the medical examination of fishers. This follows similar practice as additional tests required by employers or insurers (as per paragraph 75 of these Guidelines).
8. The fisher should be informed of the purpose of the assessment, and informed consent documented. The procedures used should provide adequate procedural, data confidentiality and ethical safeguards for the fisher.



Paragraph 1

337. The **Employer Vice-Chairperson** proposed, in paragraph 1 alternative proposed text, to delete the word "often" from the phrase "the professional judgement of the practitioners is often critical to the lives of fishers". He also suggested to retain the title of the appendix as presented in the draft guidelines, namely: "A monitoring programme on the health of fishers and occupational risk".

338. It was so agreed.

339. Paragraph 1 of Appendix L was approved.

Paragraph 2

340. The **Government Vice-Chairperson** proposed to divide the paragraph into two separate paragraphs.

341. It was so agreed.

342. The **Government Vice-Chairperson** suggested, in the first paragraph of the annex, to insert the words "respect and realize" in order to align the text with the Occupational Safety and Health Convention, 1981 (No. 155), in line with a suggestion made by the Employers' group. The paragraph would then read as follows:

All ILO Member States have an obligation to promote the principles of the Occupational Safety and Health Convention, 1981 (No.155) and the Promotional Framework for Occupational Safety and Health Convention (No. 187) as they are fundamental Conventions including progressively developing their national occupational safety and health systems.

343. The **Executive Secretary** suggested revising the first sentence of the paragraph to reflect the wording used in the ILO's fundamental principles and rights at work: "All ILO Member States have an obligation to respect, promote and realize the principles of the Occupational Safety and Health Convention, 1981 (No. 155)."

344. Following further proposals for minor changes to the wording of the text, it was agreed that the amended paragraph would read:

All ILO Member States have an obligation to respect, promote and realize the principles of the Occupational Safety and Health Convention, 1981 (No.155) and the Promotional Framework for Occupational Safety and Health Convention (No. 187) as they are fundamental Conventions, as well as to progressively develop their national occupational safety and health systems.

345. It was agreed that the second of the two split paragraphs would read as follows:

The Work in Fishing Convention, 2007 (No.188) sets out general provisions of occupational safety and health of fishers. It also references the ILO Occupational Health Services Convention (No. 161) in the preamble. In its Article 3, Convention No. 161 calls on Members to develop progressively occupational health services for all workers in all branches of economic activity and all undertakings. Surveillance of workers' health in relation to work is one of the functions of occupational health services as outlined in Article 5 of Convention No. 161 and the Occupational Health Services Recommendation (No. 171). The ILO Technical and Ethical Guidelines for Workers' Health Surveillance provide guidance in this respect. This means that competent authorities should, in consultation with the representative organizations of employers and workers concerned and the representative organizations of fishing vessel owners and fishers, establish a programme for systemic monitoring of the health status of fishers and their health risks in the working environment. This is particularly important for fishers exempted from the application of the provisions concerning medical examination in the Convention by Article 10(2) of the Convention No. 188, where the competent authority should take adequate measures to provide health surveillance for the purpose of occupational safety and health as per Paragraph 10 of the ILO Work in Fishing Recommendation (No. 199).

346. Paragraph 2 of the appendix was split into two separate paragraphs and approved as amended.

Paragraph 3

347. The **Employer Vice-Chairperson** suggested that, in the proposed third paragraph, the wording "where possible" was redundant and should be deleted.

348. The **Worker Vice-Chairperson** and Government Vice-Chairperson agreed.

349. The **Government Vice-Chairperson** proposed to redraft the paragraph to read:

The competent authority is encouraged to use the data collected as part of the medical examination of fishers, to monitor the health trends of the fisher population, where possible under national legislation. This should include reasons for unfitness or restrictions placed on the medical certificate and could include trends on the prevalence of specific medical conditions.

350. The **Employer Vice-Chairperson** proposed to change the wording from "where possible" to "according to".

351. The **Government Vice-Chairperson** replied that the wording "according to" might be misleading. She instead suggested to use the wording "where permitted by".



352. Paragraph 3 of the appendix was approved as amended.

Paragraph 4

353. Paragraph 4 of the appendix was approved as proposed.

Paragraph 4 *bis*

354. The **Employer Vice-Chairperson** proposed to insert a short paragraph after paragraph 4 of the appendix, which would read: "Fishing vessel owners and fishers should conduct risk assessment and training tied to on-board work as per Article 31 and 32 of Convention No. 188."

355. Paragraph 4 *bis* of the appendix was approved as proposed.

Paragraph 5

356. The **Government Vice-Chairperson** proposed to delete paragraph 5, as some of the contents of that paragraph were contained in paragraph 7 of Appendix L.

357. It was so agreed.

358. Paragraph 5 of the appendix was deleted as proposed.

Paragraph 6

359. Paragraph 6 of the appendix was approved as proposed.

Paragraph 7

360. Paragraph 7 of the appendix was approved as proposed.

Paragraph 8

361. Paragraph 8 of the appendix was approved as proposed.

362. Appendix L was adopted, as a whole as amended.

363. The Guidelines on the medical examination of fishers, as a whole, were adopted as amended.

364. Following the adoption of the Guidelines, the three Vice-Chairpersons recalled that, in the course of the discussions, a consensus had emerged that two sets of guidelines for the medical examination of fishers and of seafarers was not practical, as in many countries both groups of workers underwent the same medical examination. The Vice-Chairpersons of the three Groups agreed and called for the possibility in the near future to merge the newly adopted guidelines for the medical examination of fishers with the existing guidelines for the medical examination of seafarers. To ensure that the merged guidelines remain relevant and up to date from a medical perspective the three Vice-Chairpersons recommended they should be reviewed as soon as possible and at regular intervals with the involvement of social partners from both shipping and fisheries.



► IV. Other business related to the work of the Joint Tripartite Working Group

Draft recommendation for follow-up action concerning occupational safety and health of fishers

365. The Meeting agreed to include recommendations for proposed follow-up action, noting that competent authorities, United Nations agencies, non-governmental organizations and social partners should continue to collaborate in the development of appropriate health surveillance for the purpose of occupational safety and health programmes, as per Paragraph 10 of the ILO Work in Fishing Recommendation, 2007 (No. 199). The text of those recommendations would be added to the appendix of the present report.

366. The **Government Vice-Chairperson** read out the text of the proposed draft recommendation:

Draft recommendation for follow-up action concerning occupational safety and health of fishers

The participants in the Joint ILO–IMO Meeting to adopt guidelines for Medical Examination of Fishers (Geneva, 12–16 February 2024) expressed diverging views on the inclusion of a detailed monitoring programme on the health of fishers and occupational risk in the ILO–IMO Guidelines for medical examination of fishers. The three Groups requested the ILO to develop guidelines for occupational safety and health and accident prevention for fishers, including the establishment of a monitoring programme on the health of fishers and occupational risk.

This request takes into account that:

- the Resolution on issues relating to migrant fishers adopted by the ILO’s Tripartite Meeting on Issues Relating to Migrant Fishers (18–22 September 2017), which requested the ILO to develop guidelines for implementing the occupational safety and health and accident prevention provisions of the Work in Fishing Convention, 2007 (No. 188), as set out in its Articles 31, 32, and 33; and
- the ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up, which was adopted at the 86th Session (1998) of the International Labour Conference and subsequently amended at its 110th Session (2022) to include, “a safe and healthy working environment” among the fundamental principles and rights, and which provides that all ILO Member States have an obligation to promote, respect and realise these principles that are the subject of the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), including progressively developing their national occupational safety and health systems.

Furthermore,

- ILO Convention No. 188 contains provisions concerning occupational safety and health and accident prevention of fishers, and refers, in its preamble, to the ILO Occupational Health Services Convention, 1985 (No. 161), which, in its Article 3, calls on Members to develop progressively occupational health services for all workers in all branches of economic activity and all undertakings, and provides, in Article 5, that surveillance of workers’ health in relation to work is one of the functions of occupational health services; and
- the additional guidance in the Work in Fishing Recommendation, 2007 (No. 199), in Paragraph 10, provides that, for fishers exempted from the provisions of Convention No. 188 concerning medical examination, the competent authority should take adequate measures to provide health surveillance for the purpose of occupational safety and health, and in other paragraphs 40 to 48 provides further guidance on occupational safety and health.



The Meeting recommends that competent authorities, social partners, NGOs and UN agencies should collaborate when developing guidelines for the occupational safety and health and accident prevention for fishers, including the development of appropriate health surveillance for the purpose of occupational safety and health programmes.

- 367.** The **Employer Vice-Chairperson** suggested that the word “relevant” should be inserted before “NGOs” in the introductory part of the proposed draft recommendation, and proposed to add “in tripartite consultation” after the word “guidelines” in the final sentence of the paragraph. The revised sentence would then read: “The three Groups requested the ILO to develop guidelines, in tripartite consultation, for occupational safety and health and accident prevention for fishers, including the establishment of a monitoring programme on the health of fishers and occupational risk”.
- 368.** It was so agreed.
- 369.** The **Government Vice-Chairperson** continued to read out the text of the proposed draft recommendation: “The three groups agreed on Appendix L of the ILO/IMO Guidelines on the medical examination of fishers,”. She explained that the following nine paragraphs would be copied from the adopted text of Appendix L.
- 370.** It was agreed that part of the recommendation could be approved without further discussion, as it reflected the exact wording of already adopted text.
- 371.** The **Government Vice-Chairperson** continued her presentation of the proposed draft recommendation, which included text adapted from the initial draft of Appendix L:

A monitoring programme should take into account Convention No. 161, Recommendation No. 171 and the ILO Technical and Ethical Guidelines for Workers’ Health Surveillance and adapt them to the fishing sector. Consensus was not reached but participants suggest that any health assessment could include the following:

Design

Further assessments are designed to monitor the health and safety of all fishers at regular intervals. In addition to a clinical assessment, fishers may complete a survey on their occupational health risks in fishing operations.

Methods

Clinical assessment

The content of the clinical assessment may:

- (1) ascertain the health of fishers;
- (2) identify any medical conditions;
- (3) determine whether fishers are suited to the psychological and physical demands of the job;
- (4) ensure the safety of the rest of the crew;
- (5) ensure safety of navigation; and
- (6) ensure occupational safety and health on board.

Questionnaire

A validated questionnaire may be used and could include:

- (1) safety culture on board;
- (2) negative workplace experiences;
- (3) noise, vibration and wet work;
- (4) ergonomic loads and claims;
- (5) indoor climate on board;
- (6) exposure to chemicals during work on board;



- (7) sleep on board;
- (8) health, including dental health;
- (9) tobacco and alcohol on board and at home;
- (10) [food and drink];
- (11) [safety culture on board and prevention of occupational risks];
- (12) [working time and hours of rest];
- (13) [healthcare on board];
- (14) [frequency and quality of emergency drills conducted];
- (15) [bullying and harassment, including sexual assault and sexual harassment]; and
- (16) [drug abuse, diet, environmental exposure to cold, sun, fatigue, work schedule, sources of stress, welfare facilities].

Development of job exposure matrices at sea

In the field of occupational and environmental medicine research, increasing demands are being made for well-designed, epidemiological studies to also estimate reliable expressions of exposure.

For example, when assessing possible causes of hearing loss and tinnitus, it is key to estimate the exposure of the fishing vessel personnel to noise over several years.

Such methodology is developing rapidly in occupational safety and health and research in shore-based occupations but has not previously been used at sea. This is despite the fact that the method seems particularly applicable to the working environments on ships, as the design of many different types of ships is very similar.

There is also the potential opportunity for a productive international collaboration on current descriptions of exposures within the fishing industry.

- 372. The **Employer Vice-Chairperson** asked about the reason for including a question on emergency drills in the questionnaire (under point 14).
- 373. The **Government Vice-Chairperson** explained that the list of questions had been taken directly from the original draft of Appendix L, based on text prepared at the European level by the social partners. She noted that it was important for drills to be sufficiently frequent not to compromise safety but not so frequent as to cause fatigue.
- 374. The draft recommendation for follow-up action concerning occupational safety and health of fishers was adopted as amended.
- 375. An **Employer representative from the Netherlands**, speaking on behalf of his group, stressed the importance of a uniform system for collecting reliable and comparable statistical data. According to ILO statistics, an estimated 24,000 fatal incidents took place every year in the fishing sector, with more recent FAO estimates putting that figure at 32,000. Every hour of every day nearly four fishers lost their lives somewhere around the world. However, it was not possible to rely on the data available, as each country had its own data collection system. In some countries, data was only collected on large vessels, or excluded inland fisheries. Moreover, the data collected was not necessarily comparable. There was an urgent need to focus on developing a uniform system for collecting reliable, comparable statistical data on the health of fishers around the world.
- 376. The **Chairperson** noted that recent studies had updated the estimated number of annual fatalities in the sector to 100,000. Responding to a comment from the Government representative from Germany, he said that he would make the source of that data available to meeting participants.



► Closure of the meeting

377. The **Secretary-General of the Meeting (ILO)** congratulated all participants on a significant achievement: more than a decade after the adoption of the Guidelines on the medical examination of seafarers, corresponding guidelines for fishers had been adopted. It was a breakthrough for the fishing industry and would contribute to closing the protection gap in that sector. He thanked all parties for their hard work, good humour and the spirit of cooperation that had led to consensus, including on complex items. He thanked the Chairperson, Vice-Chairpersons and the IMO, as well as the entire team at the ILO.
378. The **Executive Secretary** congratulated participants on the adoption of the guidelines and the consensus achieved on recommendations for follow-up action.
379. The **Secretary-General of the Meeting (IMO)** thanked participants for their work and stressed the significance of the adopted guidelines. He drew attention to the power of tripartite cooperation and thanked everyone who had contributed to the successful outcome of the meeting.
380. The **Worker Vice-Chairperson** expressed his appreciation for the successful tripartite cooperation that had led to the adoption of an important document for the fishing sector. The guidelines would serve to protect workers in one of the most dangerous occupations in the world. He thanked all those that had contributed to a successful outcome, singling out the efforts of the Government group to build consensus.
381. The **Employer Vice-Chairperson** welcomed the newly adopted guidelines and thanked the Chairperson, all the social partners, the ILO and the IMO. On the basis of cooperation, problems were solved, and results achieved. He thanked the Government Vice-Chairperson for her efforts to achieve consensus and coordinate the contributions of the different groups, the IMO for sharing advice and knowledge, and the ILO secretariat.
382. The **Government Vice-Chairperson** welcomed the fact that the Joint Tripartite Working Group had fulfilled its terms of reference. She thanked the social partners, who had worked together to overcome challenges, and all who had contributed to the success of the meeting, including those working behind the scenes. The newly adopted guidelines would contribute to protecting fishers across the world. She expressed the hope that when the Guidelines on the medical examination of seafarers were revised, the amendments made during the current meeting would be taken into account.
383. The **Chairperson** said that, given his extensive experience of work in the fishing industry, he fully appreciated the importance of ensuring the safety and health of fishers. He thanked all participants and declared the first meeting of the Joint ILO-IMO Tripartite Working Group closed.



► Appendix

Draft recommendation for follow-up action concerning occupational safety and health of fishers

The participants in the Joint ILO–IMO Meeting to adopt guidelines for Medical Examination of Fishers (Geneva, 12–16 February 2024) expressed diverging views on the inclusion of a detailed monitoring programme on the health of fishers and occupational risk in the ILO–IMO Guidelines for medical examination of fishers. The three Groups requested the ILO to develop, in tripartite consultation, guidelines for occupational safety and health and accident prevention for fishers, including the establishment of a monitoring programme on the health of fishers and occupational risk.

This request takes into account:

- the Resolution on issues relating to migrant fishers adopted by the ILO’s Tripartite Meeting on Issues relating to Migrant Fishers (18–22 September 2017), which requested the ILO to develop guidelines for implementing the occupational safety and health and accident prevention provisions of the Work in Fishing Convention, 2007 (No. 188), as set out in its Articles 31, 32, and 33; and
- the ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up, which was adopted at the 86th Session (1998) of the International Labour Conference and subsequently amended at its 110th Session (2022) to include, “a safe and healthy working environment” among the fundamental principles and rights, and which provides that all ILO Member States have an obligation to respect, promote and realise these principles that are the subject of the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), including progressively developing their national occupational safety and health systems.

Furthermore,

- ILO Convention No. 188 contains provisions concerning occupational safety and health and accident prevention of fishers, and refers, in its preamble, to the ILO Occupational Health Services Convention, 1985 (No. 161), which, in its Article 3, calls on Members to progressively develop occupational health services for all workers in all branches of economic activity and all undertakings, and provides, in Article 5, that surveillance of workers’ health in relation to work is one of the functions of occupational health services; and
- the additional guidance in the Work in Fishing Recommendation, 2007 (No. 199), in Paragraph 10, provides that, for fishers exempted from the provisions of Convention No. 188 concerning medical examination, the competent authority should take adequate measures to provide health surveillance for the purpose of occupational safety and health, and in other paragraphs 40 to 48 provides further guidance on occupational safety and health.

The Meeting recommends that competent authorities, social partners, relevant NGOs and UN agencies should collaborate when developing guidelines for the occupational safety and health and accident prevention for fishers, including the development of appropriate health surveillance for the purpose of occupational safety and health programmes.



The three Groups agreed on Appendix L of the ILO/IMO Guidelines on the medical examination of fishers, which includes:

1. Recognized medical practitioners performing medical examinations of fishers should have a clear understanding of the special requirements of the life of a fisher and receive appropriate initial and further training. The professional judgement of the practitioners is critical to the lives of fishers.
2. All ILO Member States have an obligation to: respect, promote and realize the principles of the Occupational Safety and Health Convention, 1981 (No.155) and the Promotional Framework for Occupational Safety and Health Convention (No. 187) as they are fundamental Conventions including progressively developing their national occupational safety and health systems.
3. The Work in Fishing Convention, 2007 (No.188) sets out general provisions of occupational safety and health of fishers. It also references the ILO Occupational Health Services Convention (No. 161) in the preamble. In its Article 3, Convention No. 161 calls on Members to develop progressively occupational health services for all workers in all branches of economic activity and all undertakings. Surveillance of workers' health in relation to work is one of the functions of occupational health services as outlined in Article 5 of Convention No. 161 and the Occupational Health Services Recommendation (No. 171). The ILO Technical and Ethical Guidelines for Workers' Health Surveillance provide guidance in this respect. This means that competent authorities should, in consultation with the representative organizations of employers and workers concerned and the representative organizations of fishing vessel owners and fishers, establish a programme for systemic monitoring of the health status of fishers and their health risks in the working environment. This is particularly important for fishers exempted from the application of the provisions concerning medical examination in the Convention by Article 10(2) of the Work in Fishing Convention, 2007 (No.188), where the competent authority should take adequate measures to provide health surveillance for the purpose of occupational safety and health as per Paragraph 10 of ILO Recommendation No. 199.
4. The competent authority is encouraged to use the data collected as part of the medical examination of fishers, to monitor the health trends of the fisher population where permitted by national legislation. This should include reasons for unfitness or restrictions placed on the medical certificate and could include trends on the prevalence of specific medical conditions.
5. Assessments for monitoring fisher health status and health risks involve a more detailed clinical health assessment that focuses on occupational safety and health at sea, including bullying and well-being. Monitoring may include risk indicators related to diet, smoking, drug and alcohol abuse, exercise and the safety and psychosocial environments.
6. The fishing vessel owners and fishers should conduct risk assessment and training tied to onboard work as per Articles 31 and 32 of Convention No. 188.
7. Health data collected through a monitoring programme provides additional knowledge of, and trends in, the health of fishers, their working environment and working conditions, their work efficiency and job retention. Such a programme helps to improve the working environment on fishing vessels and to develop and strengthen the competence and competitiveness of the fishing sector.
8. Conducting assessments for monitoring fisher health status and health risks is not required as part of the medical examination and when such an assessment is conducted, this should



be outside of the medical examination of fishers. This follows similar practice as additional tests required by employers or insurers (as per paragraph 75 of these Guidelines).

9. The fisher should be informed of the purpose of the assessment, and informed consent documented. The procedures used should provide adequate procedural, data confidentiality and ethical safeguards for the fisher.

A monitoring programme should take into account Convention No. 161, Recommendation No. 171 and the ILO Technical and Ethical Guidelines for Workers' Health Surveillance and adapt them to the fishing sector.

Consensus was not reached but participants suggested that any health assessment could include the following:

Design

Further assessments are designed to monitor the health and safety of all fishers at regular intervals. In addition to a clinical assessment, fishers may complete a survey on their occupational health risks in fishing operations.

Methods

Clinical assessment

The content of the clinical assessment may:

- (1) ascertain the health of the fisher;
- (2) identify any medical conditions;
- (3) determine whether the fishers are suited to the psychological and physical demands of the job;
- (4) ensure the safety of the rest of the crew;
- (5) ensure safety of navigation; and
- (6) ensure the occupational safety and health on board.

Questionnaire

A validated questionnaire may be used and could include:

- (1) safety culture on board;
- (2) negative workplace experiences;
- (3) noise, vibration and wet work;
- (4) ergonomic loads and claims;
- (5) indoor climate on board;
- (6) exposure to chemicals during work on board;
- (7) sleep on board;
- (8) health, including dental health;
- (9) tobacco and alcohol on board and at home;
- (10) food and drink;



- (11) safety culture on board and prevention of occupational risks;
- (12) working time and hours of rest;
- (13) healthcare on board;
- (14) frequency and quality of emergency drills conducted;
- (15) bullying and harassment, including sexual assault and sexual harassment; and
- (16) drug abuse, diet, environmental exposure to cold, sun, fatigue, work schedule, sources of stress, welfare facilities.

Development of job exposure matrices at sea

In the field of occupational and environmental medicine research, increasing demands are being made for well-designed, epidemiological studies to also estimate reliable expressions of exposure.

For example, when assessing possible causes of hearing loss and tinnitus, it is key to estimate the exposure of the fisher to noise over several years.

Such methodology is developing rapidly in occupational safety and health and research in shore-based occupations but has not previously been used at sea. This is despite the fact that the method seems particularly applicable to the working environments on fishing vessels, as the design of many different types of fishing vessels is very similar.

There is also the potential opportunity for a productive international collaboration on current descriptions of exposures within the fishing industry.

