



Final report

**Joint ILO/IMO Meeting on Medical Fitness Examination
of Seafarers and Ships' Medicine Chests**
(Geneva, 26–30 September 2011)

Geneva, 2012

INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Department

ILO/IMO/JMS/2011/13

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of Seafarers and Ships' Medicine Chests**
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INTERNATIONAL LABOUR OFFICE, GENEVA

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Introduction

1. A meeting of the Joint ILO/IMO Meeting on Medical Fitness Examinations of Seafarers and Ships' Medicine Chests was held in Geneva from 26 to 30 September 2011.
2. Following decisions made by the Governing Body of the ILO at its 303rd (November) and 310th (March) Sessions and the IMO's Maritime Safety Committee at its 87th (12 to 21 March 2010) and 89th Sessions (11 to 20 May 2011), the objective of the Meeting was to complete revision of the *Guidelines on the medical examination of seafarers* and consider the guidance relating to ships' medicine chests.

Purpose of the Meeting

3. The purpose of the Meeting was to complete the revision of the *Guidelines on the medical examination of seafarers* leading to the issue of medical certificates, pursuant to the relevant requirements set out in the MLC, 2006, and the International Convention on STCW, 1978, as amended; and to consider the guidance relating to the ships' medicine chests, especially as regards quantities of equipment and supplies, so as to complete information contained in the latest edition of the *International Medical Guide for Ships* and facilitate compliance with the requirements of the relevant international Conventions.

Composition

4. The tripartite Meeting was attended by eight Government representatives nominated by the International Maritime Organization (IMO), four Shipowner and four Seafarer representatives nominated by the respective groups of the ILO's Joint Maritime Commission. Several other governments were represented. A number of observers from intergovernmental and non-governmental organizations were also present. A list of participants is attached to this report (Appendix I).
5. The tripartite Meeting unanimously elected the following Officers:

Chairperson: Ms Mayte Medina (Government, United States)
Vice-Chairpersons: Mr Arsenio Dominguez (Government, Panama)
Dr Sally Bell (Shipowner, United Kingdom)
Captain Johnie Michael Murphy (Seafarer, United States)

Documentation

6. The Meeting had before it two substantive documents to consider:
 - (a) the proposed revised *Guidelines on medical examinations of seafarers*, prepared by the Office as the report for discussion; and
 - (b) revision of the *International Medical Guide for Ships* Project Proposal, submitted by the World Health Organization (WHO).

General statements

7. The Secretary-General of the Meeting representing the ILO welcomed the Working Group to the ILO for the second and final meeting of the Joint ILO/IMO Working Group on Medical Fitness Examinations of Seafarers and Ships' Medicine Chests. She welcomed the representatives of the IMO and the WHO and recognized that the cooperation with sister organizations was important in the maritime sector. She described how the Sectoral Activities Department was responsible for the ILO's work in the different sectors of economic activity and accounted for the diversity of the world of work. She noted that it provided the ILO's constituents with opportunities for interaction on issues of concern in their sector. She then outlined the recent work of the ILO in the maritime sector, including the adoption of the MLC, 2006, the Work in Fishing Convention, 2007 (No. 188), the Work in Fishing Recommendation, 2007 (No. 199), and the Seafarers' Identity Documents Convention (Revised), 2003 (No. 185). It was a priority to promote these Conventions and expedite their entry into force. She announced that 19 member States had deposited their instruments of ratification of the MLC, 2006, with the ILO, representing 54 per cent of the world gross tonnage of ships. Two substantive issues were on the agenda: the finalization of the revised Guidelines which would supersede the 1997 *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers*, and the quantities of medicines to be carried by ships in their medicine chests. The ILO was grateful for the contribution of the WHO, which had made a proposal with regard to the future of the *International Medical Guide for Ships* and the contents of ships' medicine chests. It was noted that the proposals to cover fishers in these revised Guidelines were not accepted. The ILO remained conscious of the issue and suggestions in this regard were welcomed.
8. The Secretary-General of the Meeting, representing the IMO, in his opening address noted that the MLC, 2006, and the STCW Convention, 1978, as amended, required seafarers to hold certificates of medical fitness. He explained that the Manila amendments to the STCW adopted in June 2010 included pre-sea and periodic medical examination and called for cooperation with the ILO and the WHO to develop guidelines in this regard. He reminded the Meeting that seafarers undergo medical examinations for their own health and safety, and for the protection of other crew members and the safe operation of their ships. He said that the current international standards were adopted in 1997 and recognized that they needed to be updated in accordance with related ILO and IMO instruments. Consistency and uniformity in the standards applied worldwide would assist seafarers and administrations alike to avoid unnecessary duplication of procedures to prove that they meet the standards required by the relevant international instruments. He asserted that seafarers, medical practitioners carrying out medical examinations, shipowners, crew managers, seafarers' representatives and other stakeholders would all benefit from revised guidelines. He underlined the need for necessary measures to retain and attract people to the seafaring profession. He commented that the third objective of the "Go to Sea" campaign looked to improve quality of life at sea, which he noted had a particular significance for the efforts of the Working Group. The Secretary-General referred to the second issue of consideration of the Working Group relating to ships' medicine chests. He described that guidance on the contents of medicine chests needed updating and he hoped that the outcome of the week's work would be beneficial for medical practitioners, seafarers and others concerned with the welfare of seafarers, their health and the safe manning of ships.
9. The Chairperson of the Meeting welcomed the Working Group to Geneva and to the ILO. She thanked the Government group for electing her and thanked the Shipowners' and Seafarers' groups for their support. She stated that she was confident that the Working Group would be able to finalize the Guidelines during the Meeting.

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- 10.** The Deputy Secretary-General of the Meeting introduced the proposed revised *Guidelines on the medical fitness examinations of seafarers*. It was a modified version of the document discussed at the first meeting in October 2010 incorporating the changes made at the time, as well as some changes proposed intersessionally. He highlighted some of the outstanding issues which were mostly non-medical in nature. These, as well as text which was either new or on which there had been no previous agreement, were between square brackets. The Deputy Secretary-General gave an account of the steps taken by the Office following the October 2010 meeting. As concerned the medicine chest issue, he recalled the consultations held with the WHO which had led to the conclusion that the revision of the contents of the medicine chest was directly linked to the list of medicines contained in the *International Medical Guide for Ships*.
 - 11.** The Shipowner Vice-Chairperson welcomed the new draft of the Guidelines and stated that the text reflected the useful discussions from the first meeting. There were only three main issues of substance that the Shipowners wished to discuss relating to the fundamental principles and philosophies.
 - 12.** The Seafarer Vice-Chairperson acknowledged the tremendous amount of work carried out in preparing the proposed revised Guidelines. The objective was to finalize the Guidelines by the end of the Meeting. The Seafarers had some issues that they would be discussing, but he was certain that they would come to a conclusion.
 - 13.** The representative of the WHO confirmed that the health of seafarers was as important an issue for his organization as it was to the ILO and the IMO. The WHO had considered carefully the considerations from last year's meetings and letters sent to them by the IMO and the ILO and the discussions during the period leading up to this second meeting. This led to the preparation of a proposal by the WHO. He stated that the proposal was already distributed and that they would be glad to receive comments and discuss it by Thursday. He thanked the Meeting once more and said that he was very pleased with the IMO's and the ILO's work. He stressed that he looked forward to receiving feedback on the proposal the WHO had submitted.
 - 14.** The Chairperson clarified that the WHO was not actively involved in the preparation of the Guidelines, and that there should be no active intervention. She stressed that the WHO could provide informal comments to the Guidelines.
 - 15.** A Shipowner representative stated that the status of the WHO logo on the document was still unclear. She asked if the WHO preferred its logo not to appear on the document, and for any text relating to the WHO to be deleted.
 - 16.** The representative from the WHO responded that the WHO logo was not to be used. However, the WHO had informally reviewed the document. The WHO had provided information and some of its documents had been used, but the WHO had not participated in the preparation of the Guidelines.

Consideration of revised Guidelines on the medical examination of seafarers

Part 1. Introduction

I. Purpose and scope of the Guidelines

Paragraph 4

17. A Shipowner representative recognized that the Meeting was the result of the joint work of the IMO and the ILO, and understood that there were differences in views and philosophies. They considered the text between the square brackets to be correct, if one was taking into consideration the MLC, 2006, and fully supported the text between brackets and asked for it to be retained.
18. The Chairperson explained the essence of the morning discussion on the fourth paragraph on Part 1 and asked for any comments on the addition “When implementing and utilizing these Guidelines it is also essential to ensure that from the point of view of safety of life and property at sea and the protection of the marine environment, seafarers on board ships are qualified and fit for their duties”, as proposed by the Governments.
19. The Government Vice-Chairperson proposed a new paragraph to be inserted. “Where implementing and utilizing these Guidelines, it is essential to ensure that medical certificates genuinely reflect seafarers’ state of health in light of the duties they are to perform, the competent authority shall, after consultation with the shipowners’ and seafarers’ organizations concerned, in giving due consideration to applicable international guidelines referred to in Guideline B.1.2 of the MLC, 2006, prescribe the nature of the medical examination and certificate, as outlined in Standard A1.2(2) of the MLC, 2006.”
20. The Meeting agreed to add the proposed text and to delete the square brackets from paragraph 4.

Paragraph 6

21. The Government Vice-Chairperson suggested the deletion of the word “vast”, as there was no need to qualify the differences. He also asked to change the word “work” and replace it with “duties” in the fourth sentence of the paragraph.
22. The Meeting agreed to this proposal.

II. Contents and use of the Guidelines

Paragraph 9

23. The representative of the Government of Panama proposed to delete the word “suggests” and to replace it with “provides”.
24. The Meeting agreed to this proposal.

III. Background to the preparation of the Guidelines

Paragraph 15

25. The meeting agreed to delete this paragraph.

IV. Seafarer medical fitness examinations

Paragraph 16

26. A Shipowner representative proposed the deletion of “that the seafarer”.

27. The representative of the Government of Panama proposed to replace the word “work” with “duties”.

28. The Meeting agreed to these proposals.

Paragraph 17

29. The Meeting agreed to the suggestion made by the representative of the Government of Panama to place the word “medical” in front of the word “certificate” and to delete the rest of the sentence up to the word “seafarer”.

Paragraph 18

30. Following a suggestion made by the Seafarer Vice-Chairperson, it was agreed to add the words “a certification” after the word “nor”.

Paragraph 20

31. The Meeting agreed with the Shipowner Vice-Chairperson’s proposal that the word “general” in square brackets could be deleted.

Paragraph 21

32. The Seafarer Vice-Chairperson proposed that the word “the” be placed between “on” and “routine”. This now read as “will depend on the routine”.

33. The Meeting agreed to this proposal.

34. The representative of the Government of Panama proposed the insertion of a new paragraph to this section.

Paragraph 22

35. The Government group proposed to add a new paragraph 23 “Competent authorities may, without prejudice to the safety of the seafarers or the ship, differentiate between those persons seeking to start a career at sea and those seafarers already serving at sea and between different functions on board, bearing in mind the different duties of seafarers”.

36. The Meeting agreed to this proposal.

A statement concerning the fishing industry

37. A Shipowner representative spoke about slavery in fishing. He stated that there are 20 times more fishers than seafarers, that is, about 30 million. Fishing had become a globalized industry and this globalization in many cases had gone terribly wrong. The speaker gave examples of under-age fishers not getting written contracts, having to pay recruitment fees and failing to receive their pay regularly. They worked excessive hours without any shore leave and did not receive proper medical care. He emphasized that, due to the international character of fishing activities, an international legal framework was indispensable. Unfortunately, the International Convention on STCW, 1995, of the IMO, and the Work in Fishing Convention, 2007 (No. 188), of the ILO had not yet entered into force. He added the Work in Fishing Convention could contribute considerably to a solution of the problems he described. This Convention contained provisions on medical examination of persons who worked on seagoing fishing vessels. According to the Convention, no one could work on a fishing vessel without a valid medical certificate. This was also important for food safety and food security. The Work in Fishing Recommendation, 2007 (No. 199), recommended taking account of the *Guidelines on the medical examinations of the seafarers* that were under revision in this Meeting. These Guidelines would have a considerable impact on the fishing industry. However, the speaker added, the fishing sector had not been able to contribute to the development of these Guidelines and this had been a missed opportunity.

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

Paragraph 27

38. The Seafarer Vice-Chairperson suggested inserting “hearing” after “vision”.
39. The Chairperson explained that there was no standard for hearing and the Meeting did not agree to the proposal.

Paragraph 29

40. The Meeting agreed to remove the square bracket and to add new wording provided by the WHO.

VI. Purpose and contents of the medical certificate

Paragraph 34

41. The Government Vice-Chairperson proposed to add the text “as provided in section IX” after “right to appeal” and to delete the rest of the paragraph.
42. The Seafarer Vice-Chairperson concurred with the proposal.
43. The Meeting agreed to this proposal.

Paragraph 35

44. The Government Vice-Chairperson presented the new text drafted by his group. The new text read as follows: “Where illnesses and injuries may impair the ability of a seafarer with a valid medical certificate to perform routine and emergency duties safely, their current fitness may need to be assessed. Such examinations may be considered in various circumstances such as more than 30 days incapacitation, disembarkation for medical reasons, hospital admission or requirement for new medication. Their current medical certificate may be revised accordingly”.
45. The representative of the Government of Canada brought the attention of the Meeting to the word “safety” in the second line of the new text and pointed out that it should read “safely”. He said that this should be assumed as corrected in the new text.
46. The Meeting agreed to the proposed new text by the Government group.

Paragraph 36

47. The Government Vice-Chairperson presented new text that the Government group had drafted: “Before training commences, it is advantageous for any person who intends to subsequently work at sea to be medically examined to confirm that they meet the required medical fitness standards”.
48. The Meeting agreed to the proposed text by the Government group.

Paragraph 37

49. The Meeting agreed to delete paragraph 37 from section VI and to move it to Part 1, Introduction, numbered as 7.

VII. Right to privacy

Paragraph 38

50. The Chairperson explained the changes to be made to this paragraph. She proposed to delete the first set of square brackets and retain the text with the exception of the word “normally” which was to be deleted. It was further proposed to delete the second set of square brackets, and retain the text. The word “[or]” and the final sentence of this paragraph in square brackets were to be deleted.
51. The Meeting agreed to these changes.

VIII. Recognition of medical practitioners

Paragraph 39

52. The Seafarer Vice-Chairperson proposed to change the word “should” in the first sentence to “shall”.
53. After a lengthy discussion, the Chairperson proposed to leave out the references by deleting the text in parentheses and to keep the word “should”.

54. The Meeting agreed to these proposals.

Paragraph 40

55. The Shipowner Vice-Chairperson, referring to paragraphs 40 and 41, called for a common standard.

56. The Government Vice-Chairperson concurred and proposed to merge the two paragraphs.

57. He noted that in paragraph 41 discussion had been about the level of discretion that medical practitioners could be afforded. He then presented a proposal of new text that would replace paragraphs 40 and 41 which incorporated comments that had been voiced by the Meeting in the plenary sessions. The text read as follows: “The competent authority, when developing guidance for the conduct of medical fitness examinations, should take into consideration that general medical practitioners may need more detailed guidance than medical practitioners with competence in maritime health”.

58. The Meeting agreed to the proposed new text made by the Government Vice-Chairperson.

Paragraph 42

59. The Seafarer Vice-Chairperson proposed to add the words “maritime medical reference source, online assistance or” after the word “expert”.

60. The representative of the Government of Canada commented that this paragraph did not belong under section VIII and should be moved to section V or VI.

61. The Chairperson proposed to keep the text as drafted with the addition.

62. The Meeting agreed to retain paragraph 42 as it was.

Paragraph 43

63. The Seafarer Vice-Chairperson proposed that the names of the medical practitioners, whose recognition had been withdrawn, should appear in a separate list.

64. The Government Vice-Chairperson proposed to delete the paragraph.

65. The Shipowner Vice-Chairperson recognized the usefulness of the paragraph but proposed to split it to recognized and non-recognized.

66. The representative of the Government of Germany questioned the usefulness of the paragraph.

67. The Seafarer Vice-Chairperson said that this would be useful for port State inspection.

68. The Chairperson stated that this information may be useful for seafarers and shipowners, and asked the groups to reconsider this paragraph.

69. After discussion, the Government Vice-Chairperson asserted that the Government group had welcomed the comments it had received from the earlier plenary session regarding paragraph 43. He proposed that the Meeting retained paragraph 43 as it was except the change “12 months” to “24 months” to keep the Guidelines in accordance with the provisions of the relevant international Conventions.

70. This was accepted by the Meeting.

Paragraph 44

71. The Government Vice-Chairperson proposed to replace “work” in bullet point (iii) with “routine and emergency duties”.

72. However, the Meeting did not agree to the proposal.

73. The Seafarer Vice-Chairperson proposed to replace “with this” with “of interest” in bullet point (vi).

74. The representative of the Government of Canada suggested a full stop after the wording “recognized and resolved”.

75. The Seafarer Vice-Chairperson concurred with this proposal.

76. The Shipowner Vice-Chairperson agreed with the deletion, yet proposed that the deleted part should be moved to paragraph 38.

77. However, the Meeting agreed that paragraph 38 already covered this issue. The Meeting did not agree to the proposal to replace “with this” with “of interest” and agreed to a full stop after the wording “recognized and resolved”.

78. The Government Vice-Chairperson proposed to delete “absolute” in bullet point (viii).

79. The representative of the Government of the United States proposed to end the paragraph with “... statutory standards”.

80. The Meeting agreed to these proposals.

Paragraph 45

81. The Meeting discussed at length the reference to the *International Medical Guide for Ships* that might change in the future. In order to avoid problems, the Meeting agreed to add “latest” before “International” and delete “national”.

Paragraph 46

82. The Seafarer Vice-Chairperson proposed adding the wording “under the supervision of a health-care professional” in parenthesis after the word “certificate” in the third line.

83. After some discussion, the Meeting decided to leave the paragraph unchanged.

Paragraph 48

84. The Shipowner Vice-Chairperson proposed to identify who would find medical practitioners to be “incompetent ... misconduct”, so as to avoid misinterpretations.

85. The Seafarer Vice-Chairperson concurred and suggested that this issue could be placed under paragraph 43.

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86. The Chairperson assigned the Government of Norway to work on the wording of paragraph 48.
87. The Seafarers' Vice-Chairperson explained that the Government group had been tasked with preparing the text for this paragraph, but when the Seafarers' group had received it, they did not agree. He asserted that the phrase "as a result of an appeal, complaint or audit procedure" was an important element to include in the paragraph. He proposed that the text should be edited to read as "Recognized medical practitioners who are found, as a result of an appeal, complaint or audit procedure, by the competent authority to no longer meet the requirements for recognition should have their authorization to conduct seafarers' medical examinations withdrawn".
88. This was agreed by the Meeting.

IX. Appeals procedures

89. Agreement among the three groups on this section had been reached.
90. The Government Vice-Chairperson took the Meeting through the three proposed changes. Firstly, he proposed to delete paragraph 50. Secondly, he proposed to delete from paragraph 51, "after consultation with organizations of shipowners' and seafarers'". Thirdly, he proposed to delete paragraph 52(ii) and replace it with "the medical practitioner or referee undertaking the review should be provided access to other medical experts".
91. The representative of the Government of Canada commented that the Meeting ought to change the "shall" in the new paragraph to "should" to remain consistent with the work of earlier plenary sessions.
92. A Shipowner participant stated that the "should"/"shall" issue was important to discuss. She noted that Convention text had been kept in other parts of the Guidelines and therefore it would be appropriate to keep the wording as "shall" in the case of the new paragraph.
93. In consultations, the Shipowners had thought that the new paragraph would employ the word "shall" and not "should".
94. The Government Vice-Chairperson and the representative of the Government of Germany supported the Shipowner representative's proposal to retain "shall".
95. The Meeting agreed to the new text including the word "shall".

Paragraph 52

96. The representative of the Government of Canada questioned the text of the paragraph 52 chapeau. He had understood that it no longer read as it did in the Meeting documentation.
97. The Government Vice-Chairperson explained that new text for the paragraph 52 chapeau had been agreed at last year's meeting. The text should have read as: "The appeals procedure may include the following elements".
98. The Meeting agreed and changed the text accordingly.

Paragraph 52(i)

99. The Meeting agreed to the proposal made by the representative of the Government of Germany to remove the words “higher or” from the first sentence.

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

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

Paragraph 53

100. The Government Vice-Chairperson proposed to delete the square brackets.

101. The Meeting agreed to the proposal.

Paragraph 53(i)

102. The Government Vice-Chairperson proposed to delete the square brackets.

103. The Seafarer Vice-Chairperson proposed to replace “It” in the beginning of the second sentence with “Such impairments”.

104. The Meeting agreed to these proposals.

Paragraph 53(ii)

105. The Government Vice-Chairperson proposed to delete bullet point (ii).

106. The Shipowner Vice-Chairperson proposed to delete the square brackets and keep the text.

107. The Meeting agreed to delete bullet point (ii).

Paragraph 53(iii)

108. The Seafarer Vice-Chairperson proposed to delete the last sentence “This ... vessels.”

109. The Meeting agreed to the proposal.

Paragraph 53(iv)

110. The Seafarer Vice-Chairperson proposed to replace “They can” in the beginning of the second sentence with “Such limitations may” and delete the text “e.g. obese ... space.” in brackets, ending bullet point (iv) in “difficult”.

111. The representative of the Government of the United Kingdom opposed deleting the text in brackets, as the example may be considered useful for doctors.

112. A Shipowner representative supported the deletion of the text in brackets.

113. The Meeting agreed to the proposals to change the wording and delete the text in brackets.

Paragraph 53(vi)

114. The Government Vice-Chairperson proposed to delete the square brackets and to delete “acceptable”.

115. The Meeting agreed to these proposals.

Paragraph 53(viii)

116. The Government Vice-Chairperson proposed to replace “for weeks and perhaps months on end” with “long periods of time”.

117. The Meeting agreed to the proposal.

118. The Seafarer Vice-Chairperson proposed to delete the second sentence “They ... background”.

119. The Shipowner Vice-Chairperson, the representative of the Government of the United Kingdom and the representative of the Government of Germany opposed the deletion.

120. The Meeting agreed to keep the second sentence.

Paragraph 54

121. The Government Vice-Chairperson proposed to replace “or equivalent” with “and appropriate”.

122. The Meeting agreed to the proposal.

123. The Seafarer Vice-Chairperson proposed to add “(i.e. physical abilities table)” after “amended”.

124. The Shipowner Vice-Chairperson and the representative of the Government of Norway opposed the proposal.

125. The Meeting did not agree to the proposal.

XI. Type and frequency of medical examinations

Paragraph 56

126. The Government Vice-Chairperson proposed to delete the paragraph.

127. The Meeting agreed to the proposal.

Paragraph 57

128. The Government Vice-Chairperson proposed to join the last two sentences by replacing the “.” with “and” so that the sentence would appear as “... under surveillance and in this case ...”.
129. The Meeting agreed to the proposal.

Paragraph 58

130. The Government Vice-Chairperson proposed to put a full stop after “requirements” and delete the rest of the sentence.
131. After a substantial exchange of opinions, the Chairperson noted that this section dealt only with type and frequency of examinations.
132. The Meeting agreed to the proposal to delete the rest of the sentence.

Paragraph 59

133. The Government Vice-Chairperson proposed to delete “laboratory and other” so that the last sentence would start with “Tests necessary ...”.
134. The Meeting agreed to the proposal.

XII. Conduct of medical examinations

Paragraph 60(i)

135. The Seafarers’ Vice-Chairperson expressed uncertainty about the contents of bullet point (i) and, after an explanation by the Special Adviser, proposed to delete it.
136. The Shipowner Vice-Chairperson concurred.
137. The representative of the Government of the United States, supported by the representative of the Government of Panama, suggested to delete “over ... requirements” and keep the rest.
138. The Meeting agreed to the proposal to delete “over ... requirements” and to keep the rest of the sentence.

Paragraph 60(ii)

139. The Special Adviser asked the Meeting, whether the term “seafarer’s book” should be used instead of “discharge book”.
140. The Shipowner Vice-Chairperson pointed out that terminology should be gender neutral.
141. The Meeting agreed to replace “discharge book” with “seafarer’s book”.

Paragraph 60(iv)

142. The Government Vice-Chairperson proposed to add “available” after “appropriate” and to move bullet point (iv) after bullet point (v).
143. The Meeting agreed to these proposals.

Paragraph 60(v)

144. The Government Vice-Chairperson stated that the text in square brackets departed from the previous agreement and should be more general.
145. The Shipowner Vice-Chairperson proposed to delete the text in square brackets.
146. The Seafarer Vice-Chairperson proposed to keep the text in square brackets.
147. The representative of the Government of Panama supported the suggestion to delete the paragraph because it contradicted the next paragraph.
148. The Seafarer Vice-Chairperson suggested taking the text to a drafting group.
149. The Shipowner Vice-Chairperson opposed this because the Meeting had not agreed on the principle.
150. The representative of the Government of Germany suggested checking the provisions from the MLC, 2006.
151. The representative of the Government of Norway, supported by the representative of the Government of the United Kingdom, stated that different health-care systems made this issue difficult and preferred to either delete the text or go back to the previous version of the text.
152. The representative of the Government of the United States commented that they preferred the text of the previous version of the guidelines although the changes made at the time were not reflected in the report of the 2010 meeting.
153. The Shipowner Vice-Chairperson concurred with the proposal of the representative of the Government of the United States.
154. The Seafarer Vice-Chairperson agreed to use the text of the previous version, if “physical or mental” would be deleted.
155. The Meeting agreed to change paragraph 60(v) back to the original text and to delete “physical or mental”.

Paragraph 60(ix)

156. The Government Vice-Chairperson proposed to remove the square brackets.
157. The Seafarer Vice-Chairperson stated that his group did not see the relevance of the text and proposed to delete bullet point 60(ix).
158. The Shipowner Vice-Chairperson supported removing the square brackets.

159. The Meeting agreed to keep the text and to remove the square brackets.

Paragraph 60(xi)

160. The Seafarer Vice-Chairperson stated that they did not agree with this paragraph and proposed to delete bullet point 60(xi). He further explained that the paragraph spoke about exploring the state of mental health and questioned who was making decisions on seafarers' mental health since there were no valid tests for it.
161. The Special Adviser explained that this bullet point was unchanged from the previous version and proposed to delete "health problems" and to replace it with "ill-health" in line 2 and to add "psychometric" after "well-validated" in line 3.
162. The Shipowner Vice-Chairperson and the representative of the Government of the United Kingdom supported keeping the text with the amendment proposed by the Special Adviser.
163. The Shipowner Vice-Chairperson suggested that the paragraph be amended as follows: "The medical practitioner should be aware that there are no well-validated tests for the assessment of mental aspects of working ability that are suitable for inclusion in the medical examinations of seafarers".
164. A representative of the Government of the United States requested for clarification on whether the word "psychometric" that was proposed to precede the word "tests" be retained.

Paragraph 61

165. The Government Vice-Chairperson proposed to remove the square brackets.
166. The Meeting agreed to the proposal.
167. The Seafarer Vice-Chairperson proposed to insert "where such numerical criteria did not exist" after "For other conditions".
168. The Meeting agreed to the proposal.

Paragraph 61(A)

169. The Seafarer Vice-Chairperson proposed to replace "Here" at the beginning of the third line with "For seafarers, who are determined by the medical practitioner to have a medical condition that warrants such a finding".
170. The Meeting agreed to the proposal.

Paragraph 61(C)

171. The Government Vice-Chairperson proposed to move the second paragraph "Case-by-case ... progression." to the chapeau of 61.
172. The Meeting agreed to the proposal.
173. The Seafarer Vice-Chairperson proposed to delete the sentence after "... is needed".

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- 174.** The representative of the Governments of the United Kingdom, Panama and Norway, as well as the Shipowner Vice-Chairperson, opposed the deletion.
- 175.** The Meeting agreed to keep the text as is without deleting the sentence after “... is needed”.
- 176.** The Seafarer Vice-Chairperson proposed that, in the second paragraph, in the second sentence: “Minimum capability requirements will be met ...” a full stop should be placed after the word “met” as the rest of the sentence was not valid. He expressed that there was use of subjective wording which would result in a subjective evaluation, while what was sought for was that the seafarer met the minimum requirements.
- 177.** The Special Adviser explained that the second sentence was intended to reflect that certificates were issued for a period of two years. Therefore, the Seafarer Vice-Chairperson suggested that the words “for the duration of the certificate” could be added after the sentence thus reading as follows: “Minimum capability requirements will be met for the duration of the certificate”.
- 178.** The representative of the Government of the United Kingdom stated that her Government preferred to retain the paragraph as it was, as there was the need to take into consideration that the “likelihood” of the circumstances mentioned could increase and thus mentioning the duration of the certificate did not cover what the paragraph was attempting to say.
- 179.** The representative of the Government of Norway noted that the addition proposed was not accurate as no one would be able to give a guarantee two years ahead of time; he argued that the proposition to add “for the duration of the certificate” seemed to imply some sort of guarantee. He further noted he was hesitant to accept the language concerning the two-year period, while he could understand the reasoning in the original second sentence it was preferred to retain the paragraph, as it pointed to the future but did not provide a guarantee that the seafarer would be fit.
- 180.** The representative of the Government of Germany concurred with the Governments of Norway and the United Kingdom and stated that he could accept the proposal made by the seafarers but without “for the duration of the medical certificate” being added. He noted that, in the first sentence, “can be expected to be fit” was a value judgment; in the second sentence, a full stop could be added after “met” and the rest could be deleted.
- 181.** The representative of the Government of Panama expressed the same concern as Norway, that if the reference to the duration of the certificate (two years) was to be added, it would not be possible to notify the fitness which could develop in some way in two years, or another situation could occur within this time period. He suggested that there was a need for a full stop after the first part without including the rest of the sentence. He further expressed his concern about putting the text in the second sentence in a mandatory way and suggested that it should read “should be met” rather than “will be met”, as it was important to retain flexibility.
- 182.** A representative of the Government of the United States supported the suggestion that the duration of the certificate be added. He highlighted that what the STCW Convention stated was almost similar; that the first sentence of the first paragraph under 61(C) was almost what the STCW Convention, section A-I/9, stated. He further suggested that if the wording “for the duration of the medical certificate” be added in the first sentence of that paragraph, it would be almost exactly as in the STCW Code. The rest of the paragraph could then be deleted.
- 183.** The Shipowners and Seafarers agreed with the suggestion put forward by the Government of the United States and the Meeting agreed and amended the paragraph as follows: “This

category means that the seafarer can be expected to be fit for all duties within their department on board and can fully discharge all routine and emergency duties for the duration of the medical certificate”.

- 184.** The Government Vice-Chairperson suggested three more amendments to the third (final) paragraph under paragraph 61(C): that the first sentence should be kept as it was; the second sentence “Any restrictions concerning the work ...” should be deleted, as it was covered in part B which addressed the issue of restrictions; and the last sentence “Further information on the medical certificate ...” applied to all three sections A, B and C. Therefore, he proposed it to be moved as an independent paragraph under paragraph 61.
- 185.** The Special Adviser indicated that the final sentence was intended to be a closing sentence. Therefore, it could be moved to the left to reflect this. It was agreed by the Meeting that the third paragraph under paragraph 61(C) was to be moved to the left and the text in that paragraph was to remain the same.

XIII. Vaccination requirements for seafarers

Paragraph 67

- 186.** The Meeting discussed at length the sentence referring to “responsibility” and agreed that clarification as to who was responsible was required.
- 187.** A Shipowner representative asked if the publication referred to in the paragraph was correct, and if the International Health Regulations (IHR) covered vaccination issues, and if so, whether IHR brought a legal obligation upon shipowners relating to the vaccinations.
- 188.** The Special Adviser explained to the Meeting that he had consulted the IHR and that they concerned health measures at the point of entry e.g. what immunizations were needed when entering a country. He added that the IHR contained an appendix concerned with vaccination and prophylaxis but did not mention who was responsible. In addition, there was no mention of seafarers specifically. He stated that, as far as he could see, there was no obligation for these guidelines to be linked to IHR. He further referred to the WHO publication “International Travel and Health” which provided guidance on immunizations in the form of general advice, but this too mentioned nothing specific about responsibilities. He highlighted the practical difficulties as the person who decided about the immunizations required had to know where the seafarer was going in order to make the right choice, and the person providing the medical certificate was often not able to do so, thus the responsibility would fall on the shipowner if the seafarer could not enter a country because of illness or failed to carry the required yellow fever certificate. He concluded that he was of the opinion that there was no mandatory requirement on responsibility for vaccination and immunization in the guidelines.
- 189.** The Meeting agreed to delete this entire section.

Appendix A

Vision standards and disorders of the eyes

Minimum in-service eyesight standards

International Conventions

- 190.** The Chairperson presented the suggestion made by a working party comprised of doctors from the three groups to delete the paragraphs under the subtitle “International Conventions”. It was also proposed to delete the words “and disorders of the eyes” in the first title of this appendix and to also delete the title “Minimum in-service eyesight standards”. The working party proposed to delete the paragraph referring to international Conventions throughout the appendices.
- 191.** The Seafarer Vice-Chairperson requested the working party to explain why it was suggested to delete the paragraphs discussing the international Conventions as he stated, from a layperson’s point of view those references were useful for the doctor.
- 192.** A representative of the Government of the United States explained that the reason for proposing to delete those sections was because these appendices were targeted for use by physicians and that it was unnecessary for doctors to have this brief information.
- 193.** The Government Vice-Chairperson agreed with the suggestion made by the working party for legal reasons, as the paragraphs were extracts of the Conventions and not the full text, it could lead to misinterpretations. As Appendix H already consisted of extracts from the relevant Conventions, it was unnecessary to have those paragraphs in every appendix.
- 194.** The Meeting agreed to delete the paragraphs on international Conventions throughout the appendices.

Testing

Paragraph 1

- 195.** A representative of the Government of the United States suggested that the word “must” be replaced with “should” as the verb should be non-mandatory. The representative of the Government of Panama supported this suggestion as he thought the text was a non-binding test and would remain as such. The fact that the medical examination must be performed by a competent authority guaranteed some reliability, but there was no reference to any Convention. The Chairperson and the Vice-Chairpersons of the Shipowners’ and Seafarers’ groups preferred to retain the word “must”. The Government Vice-Chairperson suggested that the word “must” be changed to “are to”. The Meeting agreed to this proposal.
- 196.** The Government Vice-Chairperson proposed that “or other approved” in bullet point 3 after “Ishihara” be replaced with “or equivalent”.
- 197.** The Meeting agreed with the proposal.
- 198.** The Chairperson explained that the table on the STCW Code had been replaced with the exact table from the STCW.

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- 199.** The representative of the Government of Canada stated that the extract from STCW section A-I/9 on page 54 was mandatory and that the table in Appendix A needed to respect these mandatory provisions. He was especially concerned about Note 6, as the alternative tests to Ishihara were not easily accessible. Therefore, the table was too limiting.
- 200.** The Special Adviser commented that the issue that the representative of the Government of Canada had raised was important and that this same issue had been discussed, when the STCW Code had been drafted. The current wording had been seen as a solution.
- 201.** The representative of the Government of the Philippines suggested that it might be useful if the Government of Canada with other governments would make a submission to the MSC on this subject.
- 202.** The representative of the Government of the United Kingdom stated that CIE should be urged to update their recommendation, as it was already ten years old.
- 203.** A Shipowner representative suggested to flag out this issue at the MSC.
- 204.** A Government representative from Canada highlighted that following the adoption of the Manila Amendment to the International Convention of Standards, Training, Certification and Watchkeeping, it became evident that the implementation of the CIE Standard for colour vision in table A-I/9 of section A-I/9 of the STCW Code was impracticable.
- 205.** He continued that of importance for the group to note and consider was the fact that these CIE Standards that were now mandatory were dated. The lifespan of medical guidelines and recommendations was recognized to be five years as pointed out by the WHO. An example to support this fact would be the burden of testing to confirm the colour vision of seafarers falling into the CIE Standard 1. If the seafarer fails the screening Ishihara test, it then directs the examiner to primarily use the Holmes Wright Type B Lantern (HWB) among other specialized tests. However, the HWB lantern was no longer in production and there had been significant changes in the industry.
- 206.** Further, he explained that the weakness in the colour vision standard was its inflexibility. It prescribed for Standard 1 evaluation, the use of a lantern that presents a high level of difficulty to pass for seafarers that fail the Ishihara Screen, and provides the Holmes Wright Type B lantern as the only example. The CIE document goes on to describe the lanterns that could be utilized for the Standard 2 evaluation and lists a variety of lanterns including the HW type A, Farnsworth, Optec 900 or Beyne lanterns. In the body of the document that provides background, it reviews the possible lanterns available in the market for evaluating colour vision and provides remarks on each of the aforementioned lanterns. It however fails to provide any equivalent lanterns for the purpose of evaluating the Standard 1 outcome.
- 207.** As a result, he noted that the only alternative for assessment of colour vision for Standard 1 would be anomaloscopy. However, this is an extremely technical procedure that requires academic-level specialists to perform. As a result of the rarity of this test, its inclusion in the CIE guidelines is nonsensical.
- 208.** He stated that as a consequence, when a seafarer fails a screening test as outlined in Standard 1, in the absence of any further testing alternative, they would never attain the Standard 1 requirements and never receive the medical credentials to work on vessels larger than 500 gross tonnage.

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- 209.** Furthermore, he highlighted that the burden of lantern testing may not be fully appreciated by the parties. These units' cost starts at approximately \$3,000 to purchase or retrofit depending on availability, plastic filters would need to be replaced at regular intervals of about two years and the light source calibrated every five years. Lantern testing has very specific testing protocols where seafarers are required to sit in an absolutely dark room for a period of time and the screening process is time consuming. Some seafarers may require a second test on another day to confirm the results. Consequently, it is expected that the competent authorities, when recognizing medical practitioners for performing marine medical assessments ensure these units are made available and that training is provided to these recognized medical practitioners as this is subject to quality assurance and audit process as outlined in Regulation I/8 of the STCW Convention.
- 210.** He concluded that Canada would recommend that the Maritime Safety Committee of the International Maritime Organization would provide guidance and to allow competent authorities some flexibility of colour vision assessments in lieu of those outlined in table A-I/9 pending a reassessment of the CIE International Recommendations for Colour Vision Requirements for Transportation and communicate directly with the International Commission on Illumination.
- 211.** The representative of the Government of Panama explained that it would be difficult to come to a solution on the matter at that time. He suggested that one solution might be to leave the issue with the STCW since it provided considerable flexibility to administrations on the matter. He proposed that the issue raised could be captured in the report of the Meeting which would be submitted to the ILO Governing Body and to the MSC, and any administrations present at the Meeting would be invited to submit documents to both of those bodies. If finally the ILO Governing Body and the MSC governments would recognize that there had to be some flexibility in the amendment to the text, this could be done and subsequent amendments could be submitted to the ILO at that time.
- 212.** The Special Adviser explained that the text of the document, but not the table indicated that the lantern shown in the table was simply an example, prefaced by e.g. and not the one that had to be used. He noted that this was an example and not a mandatory tool to use, so it would be possible to explain in the guidelines that there was one example, and the national authority should satisfy that the lanterns they use have similar characteristics to those described in the example.
- 213.** The text remained unchanged.

Visual correction

- 214.** A representative of the Government of Norway noted that the text in this paragraph was extracted from STCW Code, part B, paragraph 11. He questioned the need for the first sentence to be kept as what the guidelines were concerned about was the actual medical certificate. Other information from the STCW Code, part B, did not appear appropriate. The Meeting should concentrate on the information which should be in the medical certificate. The representative of the Government of Panama supported Norway and noted that this would help avoid repetition. Thus, the reference to the spare pair could also be eliminated and this could be included in a new appendix.
- 215.** The Government Vice-Chairperson proposed to replace the paragraph with "Medical practitioners should advise persons required to use spectacles or contact lenses to perform duties, that they should have a spare pair or pairs, as required, conveniently available on board the ship".
- 216.** The Seafarer Vice-Chairperson proposed that "spare pair" always referred to spectacles, as contact lenses might not be appropriate for certain climates.

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- 217.** The Shipowner Vice-Chairperson concurred with the Seafarers and stated that it would be in the shipowners' interest to have a remark in the certification if a person needs to wear spectacles and proposed to keep the second sentence.
- 218.** The representative of the Government of Norway explained that this requirement was not included in the STCW and that it was up to the governments to decide to include this requirement in the legislation.
- 219.** The representative of the Government of the United States proposed to add "pairs" after "a spare pair".
- 220.** The Meeting agreed to the Government group's proposal to add "pairs".

Additional guidance

- 221.** The Meeting agreed to delete the first paragraph and the bullet points following it.
- 222.** The Government Vice-Chairperson proposed to delete the first sentence "Laser ... standards".
- 223.** The Meeting agreed to the proposal.
- 224.** The Meeting agreed to delete "in-service".

Eye disorders

- 225.** The Meeting agreed to delete this section.

Appendix B

Hearing and ear disorders and speech communication

- 226.** The Meeting agreed to change the title of this appendix to read as "Hearing standards".

Minimum in-service hearing standards

- 227.** The Meeting agreed to delete this heading.

International Conventions

- 228.** The Meeting agreed to delete this section.

Testing

- 229.** The Meeting agreed to change paragraphs 2 and 3 as proposed by the doctors' group.

Ear disorders

- 230.** The Meeting agreed to delete this section.

Otitis externa or media

- 231.** The Meeting agreed to delete this section.

Speech disorders

232. The Meeting agreed to delete this section.

Appendix C

Physical capability requirements

International Conventions

233. The Meeting agreed to delete this section.

Physical capability assessment

234. The Meeting agreed to replace table B-I/9 by the exact table from the STCW.

235. The Government Vice-Chairperson proposed to replace “doctor” in the fourth bullet point with “medical practitioner”.

236. The Meeting agreed to the proposal.

237. The Shipowner Vice-Chairperson proposed to delete “less reliably” and to add “, which may be used for screening but have less predictive value” after “alternatives”.

238. The Meeting agreed to the proposal.

239. The representative of the Government of United States proposed to replace the text proposed by the doctors’ group with “if step tests are abnormal they should be further validated”.

240. The Meeting agreed to the proposal.

Appendix D

International Conventions

241. The Meeting agreed to delete this section.

Appendix E

Fitness criteria for common medical conditions

International Conventions

242. The Meeting agreed to delete this section.

Table

243. The working party comprised of doctors from the three groups of the Meeting were asked to review Appendix E. The outcome was presented to the Meeting for discussion. After consideration, the Meeting agreed to the majority of changes presented to them.

B16-19 Hepatitis B, C, etc.

- 244.** The representative of the Government of Denmark suggested changes to section B16-19 of Hepatitis B, C, etc. She suggested the deletion of “and confirmation of low level of infectivity” since she was of the opinion that it did not affect if the seafarer was able to perform his or her duties worldwide. The suggestion was rejected by the meeting and no changes were made.
- 245.** She further suggested changes to the following sections: E10 Diabetes-Insulin Use; G40-41 Seizures; and I20-25 Cardiac event, to give the examining doctor greater latitude and to take into account the special forms of epilepsy like petit mal, that only affected children, which often disappeared when they got older. These suggestions were rejected by the Meeting and no changes were made.
- 246.** The representative of the Government of Canada wished to have confirmation of the wording of point N20-23 and this was clarified.
- 247.** The Special Adviser noted the need for transpositional change in the text. He explained that a new section, which would be entitled H00-99 on diseases of the eye and ear would have to be added. The present text at the end of the table would be moved to the appropriate place in the table. The Chairperson acknowledged that the groups agreed with the transpositional changes.

O00-99 Pregnancy

- 248.** The Seafarer Vice-Chairperson proposed to add “or on a case-by-case assessment” after “24th week”. The representative of the Government of Germany noted that as he was not a specialist in pregnancies he had confidence in the doctors. Therefore, the text should be accepted as it was established by doctors. The representative of the Government of Norway stated that the sentence “normally until 24th week” was unnecessary. However, the majority of the Meeting preferred to retain the text as it was. Therefore, the Chairperson acknowledged the will of the majority to leave the text as it stood.

Appendix F

Suggested format for recording medical examinations of seafarers

- 249.** The Shipowner Vice-Chairperson stated that “Discharge book No.” should be replaced with “Seafarer’s book No.”.
- 250.** The Seafarer Vice-Chairperson asked to insert the words “cruise ship” after “passenger” and to delete “fishing”. He addressed the importance of drawing the distinction primarily because the type of medical capability differed between the ships. Both the Government and Shipowner Vice-Chairpersons agreed with the seafarers’ suggestion. The Shipowner Vice-Chairperson highlighted that the addition of the word “cruise” would be valuable information for doctors as to differentiate between cruise ships from passenger ships.
- 251.** The representative of the Government of the United States underlined that the IMO tried to distinguish between a passenger vessel and other types of vessels and that as a result it was decided to keep the word “passenger vessel”. The representative of the Government of Germany confirmed the statement of the United States. He further highlighted that for seafarers and shipowners it could be a problem to list all different types of ships. The Chairperson expressed her concern and asked if the doctor would be able to know the

difference between passenger and cruise ships. A Shipowner representative responded that doctors should be able to assess who is on what ship. He noted the possibility to include “ferry/cruise” ships to avoid confusion regarding the terminology. The Chairperson reiterated the importance to avoid additional confusion due to the interchangeability of “cruise and passenger ships”. She suggested keeping the text as it was. She then acknowledged that it was agreed to delete the word fishing.

Medical examination

Sight

- 252.** The representative of the Government of the United States wished to add “or/and” in the sentence “Use of glasses or contact lenses:” as well as to add “Yes or No” as possible answers.
- 253.** The representative of the Government of Norway preferred to include a short sentence instead of giving the possibility to click Yes or No.
- 254.** The Special Adviser said that including a space for free text after “use of glasses and contact lenses” would be preferred than boxes to tick. The Meeting agreed to give the option to include free text.

Colour vision

- 255.** The Meeting agreed to delete this section.

Hearing

- 256.** The Chairperson acknowledged the deletion of 4,000 and 6,000 Hz.

Clinical findings

Other diagnostic test(s) and result(s)

- 257.** The Government Vice-Chairperson suggested the deletion of “vaccination status recorded”. The Meeting agreed to this proposal.

Assessment of fitness for service at sea

- 258.** The Chairperson drew attention to the new document, which would be inserted after the section “Chest X-ray”. The section “Assessment of fitness for service at sea” and the handwritten text “Date of Medical Certificate issue: ... and Certificate Identification: ...” should be added. The Government Vice-Chairperson suggested replacing “examiner” by “practitioner” in the last sentence of the new document.
- 259.** A representative of the Government of the United States suggested that, as in the paper at present, there was no additional information on the medical practitioner apart from the signature and it would thus be useful if a name, licence number, etc., were included in the record of examination.
- 260.** The Chairperson suggested that, at the bottom of the piece of paper, just below the signature of the medical practitioner, information on the medical practitioner would be included (name, licence number and address) as this would actually be one of the most important parts in the guidelines even though the medical practitioner would be authorized by a competent authority.

Appendix G

- 261.** The Government Vice-Chairperson noted that under bullet 3.2 it was agreed at the previous meeting that in addition to “Yes/No” a “Not applicable” option be added to cover the MLC, 2006. He further noted that point 3.7 should read “If ‘No’, specify ...” as it read in the STCW Code. The Chairperson reiterated the decision from the previous meeting that in bullet 3.2 after “Yes/No”, “Not applicable” be added to make sure to cover other personnel under the MLC, 2006.
- 262.** The Government Vice-Chairperson supported the retention of both bullets 6 and 7 and further proposed to move bullet 7 as a second paragraph of the chapeau as it contained more general information relevant to the competent authority. The Meeting agreed to these suggestions.

Appendix H

- 263.** The Chairperson highlighted that it was necessary to ensure that the extract of the MLC, 2006, in this appendix included the exact Regulation 4.1, Standard A4.1 and Guideline B4.1. Regarding the STCW Code, she noted that it was important to ensure that the exact wording was included as to section A-I/9 of regulation 19, including the tables; and that section B-I/9, including the table, would be added and the tables included would be exact tables from the STCW Code.

Consideration of the contents of the ships’ medicine chest (International Medical Guide for Ships and Addendum concerning Ships’ Medicine Chests)

- 264.** The Chairperson noted document ILO/IMO/JMS/2011/6 submitted by the WHO and reiterated that the mandate of the Meeting was limited to discuss only the ships’ medicine chest.
- 265.** A Shipowner representative thanked the WHO for the document but noted that, as the document had been received only three days before the Meeting, the Shipowners had not been able to consult with the other stakeholders. The Shipowners were concerned with the contents of the document and with the lack of prior consultations. For the moment, it would be confusing to update the medicine chest contents in isolation and not as part of the *International Medical Guide for Ships* (IMGS). There was a need to revise the IMGS. She reminded the Meeting that there were a number of stakeholders, among them the WHO, who could produce such documents. The Shipowners were concerned that the WHO procedure would not allow for social dialogue to determine the outcome and questioned the costs proposed by the WHO. She stated that the WHO could participate in developing the contents of the ships’ medicine chest the same way it had assisted in drafting the guidelines by way of providing technical input, equally in conjunction with the ILO and the IMO. She explained that for the reasons mentioned, the Shipowners could not endorse the document, but that they would be willing to discuss proposals to be put forward through the ILO Governing Body and the IMO Maritime Safety Committee for discussions at the ILO and the IMO.
- 266.** The Seafarer Vice-Chairperson stated that his group would not support an amendment to the ship’s medicine chest at this stage. The WHO had published an amendment, through an addendum to the IMGS, in 2010 and another revision would cause confusion. He added that a completely new medicine chest would need to be developed in conjunction with a new version of the *International Medical Guide for Ships* to reflect the changes in shipboard needs and capabilities. Therefore, a long-term goal for the organizations

involved would be a complete revision of the IMGS, including the medicine chest. He questioned the document submitted by the WHO for lack of tripartite involvement and asked who would be responsible for the funding. He believed that there would be a need for a semi-formal meeting between stakeholders to define exactly how the organizations will collaborate in this process. He concluded that if the WHO would not be willing to allow more participation and control than they had proposed, the social partners with guidance from their organizations would have to explore other avenues to publish an independent medical guide that would meet the shipboard needs as well as those of shore side organizations.

- 267.** The Government Vice-Chairperson noted that the complexity of the task to revise ships' medicine chests had been underestimated. He said that a new guidance just one year after the publication of the addendum would cause confusion. In addition, he reminded the Meeting that the ILO and the IMO had not received indications of any problems in the implementation of the addendum. He stated that expert research would be needed before renewing the medicine chest. He supported a full revision of the IMGS but considered that discussing this would have been outside the mandate of the Meeting. Instead, he suggested that the ILO, the IMO and the WHO should organize an inter-agency meeting on the IMGS.
- 268.** The representative of the WHO thanked the Meeting for their comments and reactions and reminded the Meeting that the WHO aimed to promote the health of seafarers. He said that the WHO had submitted the document for comments. He recalled that any guidance would have to be based on scientific research. He noted that the WHO would be prepared to engage with the ILO and the IMO and emphasized that the advice of the scientific community would have to be taken into account in any case, in order for the guidance document to be useful. He informed the Meeting that the process of developing guidance documents at the WHO was based on scientific evidence and that experts from governments, shipowners and seafarers could participate in the process among other contributing groups.
- 269.** The Chairperson concluded that the Meeting had not been able to provide a revision of the contents of the ships' medicine chest. She reiterated that another document just one year after the WHO addendum would cause confusion. As a long-term plan, she proposed the ILO, the IMO and the WHO to work together to amend the IMGS and that the result should be a practical document.
- 270.** The representative of the International Maritime Health Association (IMHA) stated that the IMHA supported the revision of the medicine chest as a part of a revised IMGS, as the two were closely linked. He noted that the IMHA list concerning ships' medicine chest was almost identical to the addendum of IMGS3. He agreed that the revision of the medicine chest would have to be done through discussions and agreement with the IMO and the ILO and in consultation with the government authorities and social partners. He concluded that the IMHA would be content to assist in the revision process of the IMGS.
- 271.** The representative of the Government of Canada proposed that the document prepared by the WHO could be sent to the MSC.
- 272.** The Shipowner Vice-Chairperson said that sending the document to the MSC would complicate and delay the process.
- 273.** The Seafarer Vice-Chairperson concurred with the Shipowners and reminded the Meeting that the previous request for the ILO, the IMO and the WHO to work together with this issue had not been successful.

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274. The representative of the Government of Panama agreed with the previous speakers and said that it would be counterproductive to send the document to the ILO and the IMO.
275. The Chairperson suggested reiterating the proposal from last year for the ILO, the IMO and the WHO to work together on the ships' medicine chest and to add a timeline to the proposal.
276. The Chairperson invited comments on a short text summarizing the conclusions of the Meeting regarding the contents of the ships' medicine chests.
277. After considering some modifications, the text which is to be found in Appendix II was accepted by the Meeting.

Adoption of revised guidelines for the medical examinations of seafarers

278. The draft guidelines were presented to the Meeting for review. The Meeting considered the draft section by section, making proposals and noting amendments to be incorporated into the final version of the guidelines. After lengthy discussion, the Meeting agreed to all of the proposals made and adopted the draft guidelines, which were now titled *Guidelines on the medical examinations of seafarers*.

Closing statements

279. The representative of the Pelagic Freezer-trawler Association (PFA) (fisheries) spoke on behalf of the International Organisation of Employers expressed his hopes that the outcomes of the Meeting would be also useful for fishers.
280. The Chairperson concluded the Meeting by thanking the interpreters, the ILO staff working behind the scenes and the ILO secretariat. She expressed her appreciation to Mr. T. Carter for his expert, as well as additional non-medical, advice. The contributions of the three Vice-Chairpersons were also appreciated, as well as input from the other social partners and governments. The Chairperson expressed her gratification for being able to take part in the last part of the amendment process.
281. The Seafarers Vice-Chairperson thanked the ILO secretariat for hosting this Meeting, the Chairperson for her great work, the Shipowners for their support, the Special Adviser for his untiring efforts to bring this project to completion and the Governments for their expert opinions. He felt that this group had produced a valuable document that would provide consistent and accurate medical advice, which would benefit seafarers' worldwide. He hoped that the decision-making bodies of the ILO/IMO/WHO would work together to establish a way forward for fast-tracking a revision of the IMGS and medicine chest. He said that the group would not extend the applicability of these revised guidelines to fishers; however, he did believe that there was a gap in the coverage for the 30 million fishers who make their living at sea. He mentioned that he would like to see concrete actions to address this issue by the ILO and the IMO if appropriate.
282. The Shipowner Vice-Chairperson thanked the Chairperson for leading the Meeting so competently. She also thanked the IMO and the ILO secretariats both visible and behind the scenes for all their support and also the interpreters. She noted it was a pleasure to work with the Seafarer and Government groups who had worked hard to make this a really constructive week, resulting in a document that would be a sound basis for ensuring valid and consistent Seafarer medical examinations worldwide. She also noted that the groups had only completed part of what they had hoped to achieve, but that they were optimistic

that, with the commitment of the ILO and the IMO Governing Bodies, more progress would be made on IMGS. She also particularly thanked the Special Adviser for his work and members of the Shipowners' group for all their input and support.

283. The Secretary-General representing the IMO thanked all participants for their hard work and noted that there was still “another big port to reach”. He hoped that the ILO would work with other parties to be able to deliver its best to keep seafarers healthy.

284. The Secretary-General of the Meeting representing the ILO congratulated all participants on their active and constructive participation. She stated that the outcome of this Meeting was a new set of *Guidelines on the medical examinations of seafarers* and expressed her belief that the document achieved the correct balance between protecting seafarers and ensuring health and safety on board ship as well. She then reiterated the conclusion that the ships' medicine chest could not be revised without also revising the IMGS. She assured the participants that the Office would progress on a timely revision of this document, which would subsequently improve the conditions of work and the lives of seafarers. She thanked all for their cooperation this week, particularly the Special Adviser, IMHA and the staff of her department who facilitated this Meeting.

Appendix I

List of participants
Liste des participants
Lista de participantes

Chairperson/Moderator

Président/Modérateur

Presidente/Moderador

Ms Mayte Medina, Division Chief, Maritime Personnel Qualifications Division, Office of Operating and Environmental Standards, US Coast Guard, Washington, DC, United States.

Members representing governments

Membres représentant les gouvernements

Miembros representantes de los gobiernos

CANADA CANADÁ

Mr Naim Nazha, Director, Personnel Standards and Pilotage, Marine Safety, Transport Canada, Ottawa.

Adviser/Conseiller technique/Consejero técnico

Dr Peter Janna, Senior Marine Medical Officer, Marine Safety, Transport Canada, Ottawa.

CHINA CHINE

Mr Li Wei, Engineer, China Maritime Safety Administration (MSA), Beijing.

Adviser/Conseiller technique/Consejero técnico

Mr Zhao Jingjun, Engineer, China Maritime Safety Administration (MSA), Beijing.

DENMARK DANEMARK DINAMARCA

Ms Tina Bolbjerg Winther-Nielsen, Head of Section, Danish Maritime Authority, Copenhagen.

Adviser/Conseiller technique/Consejero técnico

Mr Kent Østermark Jensen, Nurse, Case Officer, Danish Maritime Authority, Fanoe.

FRANCE FRANCIA

D^r Thierry Sauvage, Médecin-chef pour le littoral méditerranéen, Direction interrégionale de la mer Méditerranée, Service de santé des gens de mer, Marseille.

GERMANY ALLEMAGNE ALEMANIA

Mr Jürgen Göpel, Expert, Federal Ministry of Transport, Building and Urban Development, Bonn.

Adviser/Conseiller technique/Consejero técnico

Dr Bernd-Fred Schepers, Medical Director, Maritime Medical Service, Ship Safety Division, Hamburg.

MARSHALL ISLANDS ILES MARSHALL ISLAS MARSHALL

Ms Elizabeth Bouchard, Deputy Commissioner of Maritime Affairs, Republic of the Marshall Islands, Marshall Islands Maritime and Corporate Administrators, Inc., Reston, United States.

NORWAY NORVÈGE NORUEGA

Mr Haakon Storhaug, Senior Adviser, Norwegian Maritime Directorate, Haugesund.

Advisers/Conseillers techniques/Consejeros técnicos

Mr Aleksander Grieg, Senior Adviser, Norwegian Maritime Directorate, Haugesund.

Mr Alf Magne Horneland, Senior Adviser, Norwegian Centre for Maritime Medicine, Haukeland University Hospital, Bergen.

PANAMA PANAMÁ

S. E. Sr. Alberto Navarro Brin, Embajador, Representante Permanente, Misión Permanente de Panamá en Ginebra.

Advisers/Conseillers techniques/Consejeros técnicos

Sr. Arsenio A. Dominguez, Representante Alterno y Asesor, Técnico de la Misión Permanente de Panamá ante la Organización Marítima Internacional (OMI), Panama Maritime Authority, London, United Kingdom.

Sra. Rossana Cedeño, Subdirectora General, Dirección de Gente de Mar, Autoridad Marítima de Panamá (AMP), Ciudad de Panamá.

Sra. Adelaida Fundora Sittón, Jefa del Departamento de Asuntos Laborales Marítimos, Autoridad Marítima de Panamá (AMP), Ciudad de Panamá.

Sra. Mayté Burgos, Subjefa del Departamento de Asuntos Laborales Marítimos, Autoridad Marítima de Panamá (AMP), Ciudad de Panamá.

Sr. Alejandro I. Mendoza Gantes, Consejero, Misión Permanente de Panamá en Ginebra.

PHILIPPINES FILIPINAS

Mr Neil Frank Ferrer, Director, Department of Foreign Affairs, Pasay City.

Advisers/Conseillers techniques/Consejeros técnicos

Mr Manuel G. Imson, Labor Attaché, Permanent Mission of the Philippines in Geneva.

Mr Nicolas B. Lutero, Director, Department of Health, Bureau of Health Facilities and Services (BHFS), Manila.

**RUSSIAN FEDERATION FÉDÉRATION DE RUSSIE
FEDERACIÓN DE RUSIA**

Mr Andrey Bushmanov, Main Specialist Ministry of Health, Ministry of Health and Social Development, Moscow.

SWEDEN SUÈDE SUECIA

Ms Charlotta Nilsson, Senior Administrative Officer, Maritime Department, Swedish Transport Agency, Norrköping.

Adviser/Conseiller technique/Consejero técnico

Ms Tove Jangland, Senior Administrative Officer, Maritime Department, Swedish Transport Agency, Norrköping.

UNITED KINGDOM ROYAUME-UNI REINO UNIDO

Ms Caroline Livingstone, Medical Administration Manager, Seafarer Safety and Health Branch, Maritime and Coastguard Agency, Southampton.

UNITED STATES ETATS-UNIS ESTADOS UNIDOS

Ms Mayte Medina, Division Chief, Maritime Personnel Qualifications Division, Office of Operating and Environmental Standards, US Coast Guard, Washington, DC.

Advisers/Conseillers techniques/Consejeros técnicos

Dr Laura Gillis, US Federal Maritime Surgeon, US Coast Guard Headquarters, Washington, DC.

Mr Luke Harden, Chief Mariner Credentialing Division, US Coast Guard, Washington, DC.

Mr Andrew McGovern, Adviser, Chair, Merchant Marine Personnel, Advisory Committee, New York.

Members representing the shipowners

Membres représentant les armateurs

Miembros representantes de los armadores

Dr Sally Bell, Clinical Quality Consultant, International Shipping Federation, London, United Kingdom.

Dr Pascualito Gutay, Medical Director, Supercare Medical Services, Inc., Manila, Philippines.

Dr Emmie Knudtzon Snincak, Maritime Medical Director, General Manager, Maritime Medical Clinic for Seafarers, Bergen, Norway.

Mr James Langley, Senior Adviser (Marine Operations), International Chamber of Shipping, London, United Kingdom.

Additional members representing the shipowners

Membres additionnels représentant les armateurs

Miembros adicionales representantes de los armadores

Mr Maurizio Ernesto Campagnoli, Director, Industrial and Employment Relations, Italian Shipping Association, c/o Costa Crociere S.p.A., Genova, Italy.

Ms Vera Pacini, Confitarma, Italian Shipping Association, Costa Crociere S.p.A., Genova, Italy.

Mr Ment van der Zwan, Senior Policy Adviser, Pelagic Freezer-trawler Association (PFA), AB Rijswijk ZH, Netherlands.

Members representing the seafarers
Membres représentant les gens de mer
Miembros representantes de la gente de mar

Dr Teodosio Alcantara, Medical Director, AMOSUP Seamen's Hospital Cebu, Mandaue City Cebu, Philippines.

Dr Kenneth B. Miller, MD, Medical Consultant, American Maritime Officers (AMO), Seafarers International Union (SIU), New York, United States.

Captain Johnie Michael Murphy, National Vice-President, Government Relations, American Maritime Officers (AMO), Washington, DC, United States.

D^f Daniel Suzzoni, Délégué national, Fédération des officiers de la marine marchande UGICT-CGT, Marseille, France.

Additional member representing the seafarers
Membre additionnel représentant les gens de mer
Miembro adicional representante de la gente de mar

Mr Klaus Luhta, International Organization of Masters, Mates and Pilots (IOMMP), Linthicum Heights, United States.

Representatives of the United Nations, specialized agencies
and other official international organizations

Représentants des Nations Unies, des institutions spécialisées
et d'autres organisations internationales officielles

Representantes de las Naciones Unidas, de los organismos especializados
y de otras organizaciones internacionales oficiales

World Health Organization (WHO)
Organisation mondiale de la santé (OMS)
Organización Mundial de la Salud (OMS)

Mr Carlos Dora, Coordinator, Public Health and Environment Department, Geneva, Switzerland.

Mr Ivan Dimov Ivanov, Scientist, Occupational Health, Public Health and Environment Department, Geneva, Switzerland.

Ms Susan Wilburn, Technical Officer, Public Health and Environment Department, Geneva, Switzerland.

European Union
Union européenne
Unión Europea

Dr Francisco Jesús Álvarez Hidalgo, Principal Administrator, Gasperich, Luxembourg.

Representatives of non-governmental international organizations
Représentants d'organisations internationales non gouvernementales
Representantes de organizaciones internacionales no gubernamentales

International Association of Classification Societies (IACS)
Association internationale des sociétés de classification
Asociación Internacional de Sociedades de Clasificación

Mr Georg Smefjell, IACS EG/ILO Representative, International Association of Classification Societies (IACS), London, United Kingdom.

International Maritime Health Association (IMHA)
Association internationale de médecine maritime
Asociación Internacional de Medicina Marítima

Dr Suresh Idnani, President, International Maritime Health Association (IMHA), Goa, India.

International Shipping Federation (ISF)
Fédération internationale des armateurs
Federación Naviera Internacional

Ms Natalie Shaw, Director Employment Affairs, International Chamber of Shipping, London, United Kingdom.

International Transport Workers' Federation (ITF)
Fédération internationale des ouvriers du transport
Federación Internacional de los Trabajadores del Transporte

Mr Rossen Karavatchev, Senior Section Assistant, ITF Seafarers Section, International Transport Workers' Federation (ITF), London, United Kingdom.

Mr Bjørn-Erik Kristoffersen, Senior Section Assistant, ITF Seafarers Section, International Transport Workers' Federation (ITF), London, United Kingdom.

International Organisation of Employers (IOE)
Organisation internationale des employeurs
Organización Internacional de Empleadores

M. Jean Dejardin, Conseiller, Genève, Suisse.

International Trade Union Confederation (ITUC)
Confédération syndicale internationale
Confederación Sindical Internacional

Ms Esther Busser, Deputy Director, Geneva Office, Geneva.

Secretariat of the Meeting
Secrétariat de la reunion
Secretaría de la reunión

International Labour Office

Bureau international du Travail

Oficina Internacional del Trabajo

Ms Alette van Leur, Director, Sectoral Activities Department

Mr Dani Appave, Senior Maritime Specialist, Sectoral Activities Department

Mr Brandt Wagner, Senior Maritime Specialist, Sectoral Activities Department

Mr Yong-Seok Kang, Associate expert, Sectoral Activities Department

Mr David Seligson, Transport Specialist, Sectoral Activities Department

Ms Eleanor Ktisti, Junior Technical Officer, Sectoral Activities Department

Dr Tim Carter, Consultant

International Maritime Organization (IMO)

Organisation maritime internationale (OMI)

Organización Marítima Internacional (OMI)

Mr Milhar Fuazudeen, Senior Technical Officer, Maritime Training and Human Element Section, International Maritime Organization (IMO).

Appendix II

Conclusions on ships' medicine chests

1. The group recognized that the priority of the Meeting was the development of the *Guidelines on medical examinations of seafarers* considering the entry into force of the 2010 amendments to the STCW Convention and the future entry into force of the MLC, 2006.
2. The group recalled that the WHO had published last year an addendum to the *International Medical Guide for Ships* (IMGS) (third edition) (Quantification addendum: *International Medical Guide for Ships*, WHO, 2010) without consultation with the International Maritime Organization (IMO) and the ILO, and the social partners. In this context, the group was informed that there have been no reports of port State control difficulties in the implementation of the addendum or national requirements. The group recognized that developing amendments to the medicine chest at this time will cause confusion within the shipping industry and port State control, considering the WHO published addendum to the IMGS.
3. In attempting to fulfil the terms of reference from the IMO to revise the existing Ships' Medicine Chests Recommendation, 1958 (No. 105), relating to ships' medicine chests, with a view to harmonizing it with the latest edition of the *International Medical Guide for Ships*, the group considered that the complexity of this task had been underestimated. Furthermore, the group agreed that the medicine chest has a direct relationship to the content of the IMGS and therefore, any future discussions on the revision of the content of the ship's medicine chest should be done in conjunction with the revision of the IMGS. The group noted that the IMGS should be amended as a priority to ensure it remains up to date and user-friendly.
4. Following the introduction of the WHO document on revision of the *International Medical Guide for Ships*, the group agreed that the document submitted by the WHO was outside the group's terms of reference as provided by the IMO.
5. The seafarers and shipowners expressed concern with the lack of consultation in the development of the WHO proposal and the lack of consultation in the process outlined therein. Furthermore, they mentioned that other approaches for amending the IMGS could be explored.
6. The WHO explained that the proposal in the document was written in accordance with the procedures for developing guidelines of that organization. Furthermore, they recommended that any revision of the IMGS, whether through the WHO or through any other organization should be based on scientific understanding, knowledge and rigour.
7. Subsequent to the discussions on this issue, the following recommendations and actions were proposed by the group:
 - (i) Not to amend the content of the ship's medicine chest as contained in the IMGS (third edition) at this time. The group was of the view that any amendments to the medicine chest should be made in conjunction with the revision of the IMGS. Furthermore, publishing an additional document will cause confusion within the shipping industry, port State control authorities and the pharmaceutical industry, and the group recommends the continued use of the addendum and monitoring its impact or any problems, e.g. port State control actions.
 - (ii) Reiterated the recommendation from the previous meeting of the group that the IMO and ILO secretariats should discuss with the WHO secretariat the differences in processes between the three agencies to find a way forward and to continue inter-agency cooperation for the revision of the IMGS. Furthermore, the group recommended that, in acknowledging the urgent need for the revision of the IMGS, the IMO and ILO secretariats report the final results of their deliberations with the WHO to MSC 90 and the meeting of the Governing Body of the ILO in March 2012. Additionally, the ILO should continue to pursue its mandate to confer with the WHO, in consultation with the constituents concerned and taking into account established practices between the two organizations, with the view to proposing an appropriate mechanism to review on a five-year basis, and revising as appropriate the IMGS, as well as assessing the financial implications to support this process.

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- (iii) That the Maritime Safety Committee of the IMO and the Governing Body of the ILO convene a separate tripartite meeting to discuss the revision of the IMGS at a future date, after the IMO and ILO secretariats have discussed with the WHO secretariat the differences in their processes and a way forward to progress the work. In this context, the group noted the recommendation of the 89th Session of the IMO's Maritime Safety Committee that due to the complexity of the ships' medicine chests, a separate tripartite meeting might be convened by the ILO, in cooperation with the IMO and WHO, at a later date to consider the revision of the addendum to the *International Medical Guide for Ships* (third edition) after the financial resources had been identified by the WHO. The group also noted the Governing Body decision (GB.310/PV) to approve the holding of a small tripartite meeting, in cooperation with the IMO and WHO, to revise the Quantification addendum to the *International Medical Guide for Ships* published by the WHO.