

SUB-COMMITTEE ON STANDARDS OF
TRAINING AND WATCHKEEPING
43rd session
Agenda item 14

STW 43/14
11 June 2012
Original: ENGLISH

REPORT TO THE MARITIME SAFETY COMMITTEE

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1 GENERAL

1.1 The Sub-Committee on Standards of Training and Watchkeeping (STW) held its forty-third session from 30 April to 4 May 2012 under the Chairmanship of Rear Admiral Peter Brady (Jamaica).

1.2 The session was attended by delegations and by observers from international organizations and non-governmental organizations in consultative status as listed in document STW 43/INF.1.

Secretary-General's opening address

1.3 The Secretary-General welcomed participants and delivered his opening address, the full text of which can be downloaded from the IMO website at the following link: <http://www.imo.org/MediaCentre/SecretaryGeneral/SecretaryGeneralsSpeechesToMeetings>.

Chairman's remarks

1.4 The Chairman, in responding specifically to the Secretary-General's remarks relating to his tenure and conduct of STW meetings over the years including his chairing of the STW Sub-Committee, and his election unopposed as Chairman of the Whole at the Diplomatic Conference in 2010, thanked the Secretary-General for his kind personal remarks and sentiments and words of guidance and encouragement, and assured the Secretary-General that his advice and requests would be given every consideration in the deliberations of the Sub-Committee and its working groups.

Adoption of the agenda and related matters

1.5 The Sub-Committee adopted the agenda (STW 43/1), and agreed, in general, that the work of the Sub-Committee should be guided by the annotations to the provisional agenda and timetable (STW 43/1/1), as amended. In this context, the delegation of Germany made a statement, which is set out in annex 15. The agenda, as adopted, with the list of documents considered under each agenda item, is set out in document STW 43/INF.6.

2 DECISIONS OF OTHER IMO BODIES

2.1 The Sub-Committee noted the decisions and comments pertaining to its work by MSC 89, SLF 54, BLG 16, NAV 57, DE 55 and DE 56, MEPC 62 and MEPC 63, COMSAR 16 and A 27 (STW 43/2, STW 43/2/1, STW 43/2/2 and Add.1) and took them into account in its deliberations under the relevant agenda items.

2.2 The Sub-Committee also noted the relevant decisions of FSI 20, which had taken place four weeks before and had been reported orally by the Secretariat under agenda item 13 (paragraphs 13.20 to 13.21 refer).

3 VALIDATION OF MODEL TRAINING COURSES

Report on the model course programme

3.1 The Sub-Committee noted the updated information provided by the Secretariat (STW 43/3) on the status of production of model courses and the progress made with their translation into French and Spanish.

Consideration of model courses to be reviewed/updated consequent to the adoption of the 2010 Manila Amendments to the STCW Convention and Code

3.2 The United States (STW 43/3/8) commented on elements to be considered when evaluating model courses and proposed the adoption of a philosophy for the review of, and revisions to, the model courses. In its view, there was a need to ensure that the competences within each course were well represented and that the courses deliver a consistent development of maritime skills through the various levels specified within the STCW Convention and Code.

3.3 In the ensuing discussions, the following views were expressed that:

- .1 the contents of the model courses submitted lacked consistency and did not comply with the 2010 Manila Amendments;
- .2 model courses should facilitate career progression where required, and there was a need to avoid duplication or redundancy of course content;
- .3 the process to develop model courses needed to be completely reviewed under a structured programme with proper terms of reference and this was beyond the scope of a drafting group;
- .4 the 2010 Manila Amendments entered into force on 1 January 2012, and bearing in mind that there was an urgent need for the updated model courses, the proposal to develop them in accordance with the proposed philosophy at this stage was not practical;
- .5 there was a need to provide appropriate guidance to maritime education and training providers on the preparation of training programmes to address the 2010 Manila Amendments, in a timely manner; and
- .6 the model courses should follow the knowledge, understanding and proficiency (KUPs) in the tables of competence.

3.4 After some discussions, the Sub-Committee agreed that the courses submitted for validation should be reviewed to ensure that they meet the knowledge, understanding and proficiency (KUPs) in the tables of competence.

3.5 The Sub-Committee invited Member Governments to submit appropriate proposals for an unplanned output to the Maritime Safety Committee, for undertaking an overall review of the process for development and validation of model training courses.

3.6 The Sub-Committee noted with appreciation the information provided by GlobalMET (STW 43/INF.2) relating to the review and revision of model courses in response to the 2010 Manila Amendments to the STCW Convention and Code.

3.7 Turkey (STW 43/3/13) expressed the view that, pursuant to the 2010 Manila Amendments to the STCW Convention and Code, there was a need to review and update model courses 1.22 (Ship Simulator and Bridge Teamwork) and 2.07 (Engine-room Simulator) and offered to review and update these courses.

3.8 After a brief discussion, the Sub-Committee expressed the view that caution must be exercised in the review and updating of the aforementioned model courses considering that leadership and teamwork skills were included in other model courses.

3.9 Furthermore, the Sub-Committee accepted the offer by Turkey with appreciation and invited Turkey to also take account of the information contained in the model course on leadership and teamwork skills that had been developed, in the review and updating of these model courses, and submit the revised courses to the Secretariat at an early date.

3.10 The Sub-Committee also noted with appreciation information provided by the delegation of Poland relating to the development of a model course on Electro-Technical Officers, which had been forwarded to the Validation Panel for comments.

VALIDATION OF MODEL COURSES

3.11 In view of the large number of model courses submitted to this session for validation, the Sub-Committee agreed to establish two drafting groups to finalize them.

Revised model course on the operational use of Electronic Chart Display and Information Systems (ECDIS)

3.12 The Sub-Committee gave preliminary consideration to the draft model course on the operational use of Electronic Chart Display and Information Systems (ECDIS) (STW 43/3/1).

3.13 GlobalMET (STW 43/3/9), ICS et al. (STW 43/3/10), Finland and Germany (STW 43/3/11) and Poland (STW 43/3/19) commented on and proposed amendments to the above-mentioned model course.

3.14 The United Kingdom (STW 43/3/20) identified aspects of the revised draft model course on the operational use of Electronic Chart Display and Information Systems (ECDIS) that may pose problems for both administrations and training establishments in its implementation and proposed amendments to demonstrate an alternative approach.

3.15 The United Kingdom (STW 43/3/21), commenting on the revised draft ECDIS model course, expressed the view that the mariner should be fully aware of the potential difficulties within ECDIS as a generic system and, particularly, the overall reliance on correct software installation, maintenance and updating and, the possibility that ECDIS may contain display anomalies.

3.16 In the ensuing discussion, the following views were expressed that the ECDIS model course:

- .1 was for global use and should contain generic references and terminology, focus on clear training objectives and guidelines, relevant teaching facilities and appropriate equipment;
- .2 should form a template for training in operational and management levels and retain assessment at individual levels rather than in groups;
- .3 should not be too prescriptive but be functional and flexible;
- .4 should specify that the qualifications of trainers should include that they have had ECDIS training;
- .5 onboard training and familiarization for trainers at regular intervals was impractical; and

- .6 meet the knowledge, understanding and proficiency (KUPs) in the tables of competence.

3.17 After some discussion, the Sub-Committee referred the above documents to Drafting Group 1 to be established on validation of model courses for finalization, with a view to validation by the Sub-Committee.

Revised model course for Ship Security Officer

3.18 The Sub-Committee gave preliminary consideration to the revised draft model course for Ship Security Officer (STW 43/3/3), together with document STW 43/3/23 (Norway) which provided comments on the revised draft model course for Ship Security Officer.

3.19 In the ensuing discussion, the following views were expressed that:

- .1 while the use of citadels was specific to piracy and may increase, there was no specific reference to the same in IMO instruments;
- .2 the ISM and ISPS Codes provide for training in the use of citadels and should, therefore, not be included in the model course;
- .3 model courses should reflect the requirements of the STCW Convention and Code, hence direct references should not be made to Best Management Practices (BMPs) in the model course but could be placed in its bibliography; and
- .4 the use of citadels were already included in the course through reference to MSC/Circ.623/Rev.3.

3.20 In light of the foregoing, the Sub-Committee agreed that direct reference to citadels should not be included in the model course for Ship Security Officer.

3.21 After some discussion, the Sub-Committee referred these documents to Drafting Group 1 on validation of model courses for finalization, with a view to validation by the Sub-Committee.

Security awareness training for seafarers with designated security duties and Security awareness training for all seafarers

3.22 The Sub-Committee gave preliminary consideration to the new draft model courses on Security awareness training for seafarers with designated security duties and Security awareness training for all seafarers (STW 43/3/2), together with document STW 43/3/14 (China) which provided comments and proposed the addition of Citadel training.

3.23 After some discussion, the Sub-Committee referred these documents to Drafting Group 1 to be established for finalization, with a view to validation by the Sub-Committee.

Establishment of Drafting Group 1

3.24 The Sub-Committee established Drafting Group 1 and instructed it, taking into account decisions and comments in plenary, to:

- .1 consider and comment, as appropriate, on the text of the draft model courses, set out in the annexes to documents STW 43/3/1, STW 43/3/2, STW 43/3/3, and documents STW 43/3/9, STW 43/3/10, STW 43/3/11, STW 43/3/14, STW 43/3/19, STW 43/3/20, STW 43/3/21 and STW 43/3/23; and
- .2 submit its report on Thursday, 3 May 2012.

Train the Simulator Trainer and Assessor

3.25 The Sub-Committee gave preliminary consideration to the new draft model course on Train the Simulator Trainer and Assessor (STW 43/3/4). After some discussion, the Sub-Committee referred the document to Drafting Group 2 to be established for finalization, with a view to validation by the Sub-Committee.

Revised model course for Master and Chief Officer

3.26 The Sub-Committee gave preliminary consideration to the revised draft model course for Master and Chief Officer (STW 43/3/6).

3.27 The Democratic People's Republic of Korea (STW 43/3/15) drew attention to certain discrepancies in relation to references to IMO conventions in this model course.

3.28 ISF (STW 43/3/18) sought clarification regarding the training method for Leadership and Managerial Skills as required by section A-II/2 of the STCW Code.

3.29 Singapore and the United Kingdom (STW 43/3/22), commenting on the revised draft model courses for Master and Chief Officer (STW 43/3/6) and Chief Engineer Officer and Second Engineer Officer (STW 43/3/7) relating to a potential review of the model courses for deck and engine officers, proposed to harmonize certain common areas of deck and engineering functions at management level through a time-bound Correspondence Group.

3.30 In the ensuing discussion relating to document STW 43/3/22 (Singapore and United Kingdom), taking note of the decision in paragraph 3.4 above, the Sub-Committee expressed the view that, while several aspects merited consideration, it would be more effective for the proposal to be considered as a part of a longer-term work plan.

3.31 After some discussion, the Sub-Committee referred these documents to Drafting Group 2 to be established for detailed consideration, to ensure the model course followed the knowledge, understanding and proficiency (KUPs) in the tables of competence in the STCW Code and finalization with a view to validation by the Sub-Committee.

Revised model course for Chief Engineer Officer and Second Engineer Officer

3.32 The Sub-Committee gave preliminary consideration to the revised draft model course for Chief Engineer Officer and Second Engineer Officer (STW 43/3/7), together with document STW 43/3/12 (Turkey) which proposed amendments to the draft model course.

3.33 ISF (STW 43/3/17) sought clarification relating to the training method for Leadership and Managerial Skills as required by section A-III/2 of the STCW Code.

3.34 After some discussion, the Sub-Committee referred these documents to Drafting Group 2 to be established for finalization, with a view to validation by the Sub-Committee.

Revised model course for Officer in charge of an Engineering watch

3.35 The Sub-Committee gave preliminary consideration to the revised draft model course for Officer in Charge of an Engineering Watch (STW 43/3/5) together with document STW 43/3/16 (ISF), providing comments and seeking clarification regarding training methods and time allocated for various areas of training as required by section A-III/1 of the STCW Code relating to Leadership and Managerial Skills in table A-III/1 of the Code.

3.36 After some discussion, the Sub-Committee referred these documents to Drafting Group 2 to be established, for detailed consideration, to ensure the model course followed the knowledge, understanding and proficiency (KUPs) in the tables of competence in the STCW Code and finalization with a view to validation by the Sub-Committee.

Establishment of Drafting Group 2

3.37 The Sub-Committee established Drafting Group 2 and instructed it, taking into account decisions and comments in plenary, to:

- .1 consider and comment, as appropriate, on the text of the draft model courses set out in the annexes to documents STW 43/3/4, STW 43/3/5, STW 43/3/6, STW 43/3/7 and documents STW 43/3/12, STW 43/3/15, STW 43/3/16, STW 43/3/17, STW 43/3/18 and STW 43/3/22; and
- .2 submit its report on Thursday, 3 May 2012.

REPORTS OF THE DRAFTING GROUPS

3.38 On receipt of the report of Drafting Group 1 (STW 43/WP.6) and Drafting Group 2 (STW 43/WP.7), the Sub-Committee took action as summarized in the ensuing paragraphs.

3.39 In the ensuing discussion related to the ECDIS model course, the following views were expressed that:

- .1 the "staff requirement" to hold a "relevant certificate of competency in the deck department" did not address the operational requirements of ECDIS;
- .2 ECDIS was a fundamental element for safe navigation at operational and management level, and that trainers should have the experience associated at master's level or other suitable equivalent qualification; and
- .3 the assessment element of the model course should be retained to facilitate a consistent assessment approach by training providers globally.

3.40 In light of the foregoing, the Sub-Committee agreed that trainers should hold a relevant certificate of competency in the deck department or other qualification or experience at the discretion of the Administration approving the ECDIS training course.

3.41 Consequently, the Sub-Committee validated the model courses, as amended, on:

- .1 Operational use of Electronic Chart Display and Information Systems (ECDIS);
- .2 Security training for seafarers with designated security duties;

- .3 Security awareness training for all seafarers;
- .4 Ship Security Officer; and
- .5 Train the Simulator Trainer and Assessor,

and instructed the Secretariat to finalize and publish them, as soon as possible.

3.42 The Sub-Committee recalled that validation of model courses by the Sub-Committee in this context meant that it found no grounds to object to their contents. In doing so, the Sub-Committee did not approve the documents and they could, therefore, not be regarded as official interpretations of the Convention.

3.43 With respect to the model courses for Master and Chief Mate, Chief Engineer Officer and Second Engineer Officer, and Officer in charge of an Engineering Watch, the Sub-Committee, having made some preliminary changes, agreed to refer these model courses to the course coordinators to further revise the courses to reflect closely the requirements of the 2010 Manila Amendments and to forward them to the Secretariat within a timeline of four months.

3.44 With respect to other model courses that are under development or being updated, the Sub-Committee expressed the view that these courses should also be reviewed by the course coordinators to ensure that they meet the knowledge, understanding and proficiency in the tables of competency in the STCW Code, prior to being submitted for validation by the Sub-Committee.

3.45 In light of the foregoing, the Sub-Committee instructed the Secretariat to forward the model courses referred to in paragraph 3.43 above to the course coordinators for further revision and, on receipt of the revised model courses, to submit them to STW 44 for validation.

4 UNLAWFUL PRACTICES ASSOCIATED WITH CERTIFICATES OF COMPETENCY

Reports on fraudulent certificates as reported to the Secretariat

4.1 The Sub-Committee noted the information provided by the Secretariat (STW 43/4 and addenda), detailing fraudulent certificates found on board ships during inspections or reportedly being used, as reported to the Secretariat for the years 2010 and 2011, and urged Member Governments to report details of fraudulent certificates detected in the revised reporting format (STW 38/17, annex 1).

4.2 The delegation of the Bahamas sought clarification regarding the usefulness of information provided by Parties relating to fraudulent certificates, and whether such information was analysed by the Organization, and if so, did their results provide any information that facilitated any appropriate action being taken by the Organization. In this context, the Secretariat confirmed that so far no such analysis had been carried out.

4.3 The Sub-Committee recalled that MSC 89 agreed to place the information relating to fraudulent certificates detected/found on board ships during inspections or reportedly being used, as reported to the Secretariat (STW 43/4 and addenda), on the IMO public website to assist all concerned in ensuring that no seafarers serving on board ships were holding fraudulent certificates of competency.

4.4 In the ensuing discussion, the following views were expressed:

- .1 that it was difficult to obtain information for verification in time;
- .2 the inability to contact relevant personnel, as the information for focal points for verification of certificates were not up to date; and
- .3 that it would be helpful if Administrations could provide online certificate verification facilities.

4.5 In light of the foregoing, the Sub-Committee urged Member Governments to provide the Secretariat updated information regarding contact points and URLs to facilitate verification of certificates, and to respond in a timely manner to requests for verification of certificates.

Certification/verification facility

4.6 The Sub-Committee also noted the oral information provided by the Secretariat that the certification/verification facility through the IMO website had been used 10,722 times during the year 2011.

5 CASUALTY ANALYSIS

5.1 The Sub-Committee recalled that MSC 77 (MSC 77/26, paragraph 18.10) agreed to retain the item on "Casualty Analysis" in the work programme of the Sub-Committee and that this decision was re-affirmed by MSC 78 (MSC 78/26, paragraph 24.8).

5.2 The Sub-Committee noted that, at this session, no documents have been either submitted for consideration or referred to the Sub-Committee by either the FSI Sub-Committee or any other technical body of the Organization for review, and consequently agreed to defer further consideration of the item to STW 44.

6 DEVELOPMENT OF AN E-NAVIGATION STRATEGY IMPLEMENTATION PLAN

6.1 The Sub-Committee noted that NAV 57, after reviewing the progress made within the framework established by the e-navigation strategy, had:

- .1 invited MSC 90 to approve a revised joint plan of work for the COMSAR, NAV and STW Sub-Committees for the period 2012-2014 and extend the target completion date for the work programme item "Development of an e-navigation strategy implementation plan" to 2014; and
- .2 re-established the Correspondence Group on e-navigation under the coordination of Norway with the terms of reference, as set out in paragraph 6.42 of the report of NAV 57.

REPORT OF THE CORRESPONDENCE GROUP ON E-NAVIGATION

6.2 The Sub-Committee considered document STW 43/6 (Norway) containing the report of the Correspondence Group (CG) on e-navigation, from the training and human element perspective.

Development of maritime Computer-Based Training (CBT) and manufacturers training programmes

6.3 The Sub-Committee noted that:

- .1 there were sufficient competencies set out in the STCW Convention and Code, as amended, which could be used to address the general qualifications of seafarers to use technology-based systems on board ships;
- .2 the development and use of more standardized and modularized bridge layouts might require some changes to initial training and, in the longer term, there might be a potential for reducing initial and familiarization training requirements;
- .3 modern technologies, such as the use of remote classroom through CBT programmes, combined with predefined classes and tutorials, free access to teaching materials and online assessment and examinations could facilitate training and onboard familiarization and refresher training; and
- .4 marine equipment manufacturers could provide CBT programs along with the related equipment to facilitate and enhance the conduct of harmonized training, including the use of standardized phrases (Standard Marine Communication Phrases (SMCP)) to facilitate language skills and ensure universal understanding and interpretation.

6.4 The Sub-Committee also noted that, section B-I/6 of the STCW Code provided guidance on the use of distance learning and e-learning, assessing a trainee's progress and achievements through distance learning and e-learning. One possible way of achieving a universal approach in the future could be through the preparation of appropriate guidelines and recommendations.

6.5 In the ensuing discussion, the following views were expressed that:

- .1 the current provisions of the STCW Convention and Code already allowed the use of CBT programs. Each Administration was able to decide whether CBT programs should be used to assist training;
- .2 CBT programs should be used to assist training and should not be interpreted as a way to reduce or replace existing training and familiarization requirements;
- .3 validation of CBT programs should be focused on the human/machine interface;
- .4 the increasing number of available modern technologies such as CBT, would significantly assist and facilitate training in the future, for example, to assist familiarization and type-specific training of new ECDIS carriage requirements; and
- .5 the application of standardized and modularized bridge layouts would facilitate initial and familiarization training.

6.6 In light of the foregoing and bearing in mind that e-navigation was still under development, the Sub-Committee agreed that it was premature to define CBT requirements for training related to e-navigation at this stage.

Application of the Human Element Analysing Process (HEAP) to the potential e-navigation solutions

6.7 The Sub-Committee noted the proposed HEAP for potential e-navigation solutions prepared by the Correspondence Group, containing:

- .1 a table of specific human element criteria to be considered during the preparation of practical e-navigation solutions;
- .2 a flow diagram with a series of questions designed to ensure that each potential e-navigation solution considers aspects that contribute to unsafe acts and accidents;
- .3 a classification of threats and errors inspired to the theories of human error management implemented by ICAO within the LOSA (Line Operation Safety Audit) system; and
- .4 a proposed way forward for assessing potential e-navigation solutions from a human element perspective through:
 - .1 real-world test beds;
 - .2 full bridge simulations; and
 - .3 accident analyses.

Gap analysis

6.8 The Sub-Committee noted that COMSAR 16:

- .1 had expressed concerns with regard to the inclusion of prescriptive training requirements in the gap analysis that did not reflect "user friendly" and "innovative" approaches which were widely accepted as being integral to the e-navigation process; and
- .2 was of the view that due consideration should be given to the human element during the discussion of all issues relating to e-navigation and that attention should be given to the human-machine interface, with a view to minimizing the need for training.

6.9 In the ensuing discussion, the following views were expressed that:

- .1 it was too premature to consider e-navigation training requirements without having a clear understanding of the future development of e-navigation;
- .2 most of the gaps identified by the Correspondence Group related to training had already been addressed within the STCW Convention and Code;
- .3 the terminology used in the gap analysis should be consistent with the terminology used in the STCW Convention and Code; and

- .4 consideration should be given to the development of a new training module for e-navigation in the future.

6.10 Bearing in mind that the gap analysis was expected to be finalized at NAV 58, the Sub-Committee decided to give priority to its completion and instructed the Working Group on e-navigation to review the list of gaps, based on user needs, as approved by NAV 56 (NAV 56/WP.5/Rev.1, annexes 2 to 5) and prepare a final list of gaps from a training perspective, including comments and observations, as appropriate.

Establishment of the Working Group

6.11 The Sub-Committee established the Working Group on e-navigation and instructed it, taking into account decisions of, and comments on, proposals made in Plenary, to:

- .1 review the list of gaps identified by the Correspondence Group and prepare an updated final draft list of gaps which are relevant to training aspects, based on user needs, as approved by NAV 56 (NAV 56/WP.5/Rev.1, annexes 2 to 5); and
- .2 submit its report on Thursday, 3 May 2012.

REPORT OF THE WORKING GROUP

6.12 On receipt of the report of the Working Group (STW 43/WP.3), the Sub-Committee approved the report in general and took action as summarized in the ensuing paragraphs.

6.13 The Sub-Committee noted the comments of the Working Group concerning the gap analysis and, in particular, that:

- .1 some training elements, especially those that were, in general, covered by the STCW Convention and Code, might need to be reviewed in the future in light of the forthcoming developments on e-navigation; and
- .2 the revision, updating or development of training elements should only be considered in the future, after having a clear understanding of the potential technical, operational and regulatory e-navigation solutions that would be developed by the Organization.

6.14 In discussing the draft list of gaps (STW 43/WP.3, annex), several delegations expressed concerns regarding one of the gaps related to the current training regime for shipboard users and type-specific systems, namely, the operation of ECDIS (STW 43/WP.3, annex, page 12) and recommended deleting the gap as the current training system was already covered within both the STCW Convention and Code, and the ISM Code. Another delegation was of the opinion that, due to the complex nature of e-navigation, the current training regime would require to be reviewed in the future, and recommended amending and retaining the above-mentioned gap instead.

6.15 After some discussion, the Sub-Committee agreed to delete the gap related to the current training regime for shipboard users and type-specific systems, taking into account that the issue could be reviewed in the future after progressing further the development of e-navigation solutions. Accordingly, the Sub-Committee requested the Secretariat to issue a revised version of the report of the Working Group (STW 43/WP.3/Rev.1), in order to allow the NAV Sub-Committee to refer to the revised draft list of gaps as agreed by the Sub-Committee.

6.16 Consequently, the Sub-Committee endorsed the final draft list of gaps relevant to training (STW 43/WP.3/Rev.1, annex) and instructed the Secretariat to forward it to NAV 58, for final consideration.

7 DEVELOPMENT OF TRAINING STANDARDS FOR RECOVERY SYSTEMS

Performance standards for recovery systems for all types of ships

7.1 The Sub-Committee recalled that MSC 81 had assigned a high-priority item on "Development of training standards for recovery systems" in the Sub-Committee's work programme.

7.2 The Sub-Committee further recalled STW 38 had agreed to commence the work only after the DE Sub-Committee had developed the relevant performance standards. Furthermore, bearing in mind that DE 55 would be considering the performance standards, STW 42 agreed to defer further consideration to this session.

7.3 The Sub-Committee was informed that DE 56 (STW 43/2/2 (part)) has completed its work related to the provisions for recovery capability for all types of ships (DE 56/WP.6), and had agreed the following:

- .1 a draft SOLAS regulation III/17-1 for submission to MSC 90 for approval with a view to subsequent adoption;
- .2 a draft MSC resolution on Application of SOLAS regulation III/17-1 to ships other than those engaged in international voyages, for submission to MSC 90 for approval, in principle, with a view to subsequent adoption in conjunction with the adoption of the associated SOLAS regulation; and
- .3 a draft MSC resolution on Guidelines for development of plans and procedures for recovery of persons from the water, for submission to MSC 90 for approval in principle, with a view to final approval in conjunction with the adoption of the associated SOLAS regulation.

7.4 The Sub-Committee also noted that the DE Sub-Committee prepared an amendment to SOLAS regulation III/17-1 as follows:

"All ships shall have ship-specific plans and procedures for recovery of persons from the water, taking into account the guidelines developed by the Organization. The plans and procedures shall identify the equipment intended to be used for recovery purposes and measures to be taken to minimize the risk to shipboard personnel involved in recovery operations."

7.5 In this context, the Sub-Committee, noting that the minimum standards of competence in survival craft and rescue boats other than fast rescue boats and minimum standards of competence in fast rescue boats in the STCW Code adequately addressed the requirements of the Guidelines developed by DE 56, agreed that there was no need to develop additional training.

7.6 Accordingly, the Sub-Committee invited the Committee to concur with this decision and delete this work programme item from the biennial agenda of the Sub-Committee under agenda item 11.

8 PREPARATION OF GUIDELINES FOR THE IMPLEMENTATION OF THE MEDICAL STANDARDS OF THE 2010 MANILA AMENDMENTS

8.1 The Sub-Committee recalled that:

- .1 the 94th session of the International Labour Conference adopted the Maritime Labour Convention (MLC), 2006 and a resolution concerning the development of International Standards of medical fitness for crew members and other seafarers, which called for the ILO to consider appropriate action in cooperation with IMO and WHO; and
- .2 the 2010 STCW Conference adopted a resolution on "Development of guidelines to implement international standards of medical fitness for seafarers", which called, inter alia, for the Organization in cooperation with the International Labour Organization and World Health Organization to develop guidelines to implement the international standards for medical fitness for seafarers, set out in the STCW Convention and MLC, 2006.

8.2 The Sub-Committee noted that:

- .1 the Committee and the ILO Governing Body agreed to convene an Ad Hoc Joint IMO/ILO Working Group (Group) on Medical Examination of Seafarers and Ships' Medicine Chests to prepare draft Guidelines for Medical Examination of Seafarers leading to the issue of medical certificates. IMO was represented by Germany, Japan, Liberia, the Marshall Islands, Panama, the Philippines, the United Kingdom and the United States in the aforesaid Group; and
- .2 the first meeting of the Group, which was held from 4 to 7 October 2010 at the International Labour Office in Geneva, prepared the preliminary Guidelines for the Medical Examination of Seafarers. The second meeting which was held from 26 to 30 September 2011 finalized the aforementioned Guidelines.

8.3 The Secretariat (STW 43/8) provided information on the outcome of the work of the Ad Hoc Joint IMO/ILO Working Group on Medical Examination of Seafarers, along with the report of the second meeting of the Group on revision of the Guidelines for Medical Examination of Seafarers and the revised Guidelines for Medical Examination of Seafarers.

8.4 In this context, taking into account that the 2010 Manila Amendments entered into force on 1 January 2012, several delegations expressed the view that there was an urgent need to provide appropriate guidance to Parties to effectively implement the international standards of medical fitness for seafarers and, proposed to disseminate the guidance developed by the Organization, as soon as possible.

8.5 The Sub-Committee endorsed revised Guidelines on the Medical Examination of Seafarers and invited the Committee to:

- .1 approve revised Guidelines on the Medical Examination of Seafarers, as set out in annex 1, and disseminate it as a STCW.7 circular; and
- .2 delete this item when considering the biennial agenda of the Sub-Committee.

8.6 With reference to document STW 43/8/1, the Sub-Committee recalled that it had already been dealt with and action taken under agenda item 9 (paragraphs 9.20 to 9.22 refer).

9 DEVELOPMENT OF GUIDANCE FOR THE IMPLEMENTATION OF THE 2010 MANILA AMENDMENTS

9.1 The Sub-Committee recalled that MSC 89 agreed to include, in the 2012-2013 biennial agenda of the STW Sub-Committee and in the provisional agenda for STW 43, a planned output on "Development of guidance for the implementation of the 2010 Manila Amendments", with a target completion year of 2014.

VTS Training for Navigating Officers

9.2 IALA (STW 43/9) proposed to develop guidance for officers in charge of a navigational watch on ships of 500 gross tonnage or more relating to VTS procedures.

9.3 In the ensuing discussion, the following views were expressed that:

- .1 clarification was needed if the proposed guidance was to be stand-alone or included within part of part A of the STCW Code;
- .2 there was no need for separate guidance, as training relating to VTS procedures would be included in the relevant model course; and
- .3 IALA has developed relevant training guidance for VTS operators.

9.4 After some discussion, the Sub-Committee agreed that there was no need to develop guidance as proposed by IALA.

Hours of rest

9.5 Brazil (STW 43/9/1) sought clarification on the application of paragraph 3 of section A-VIII/1 relating to the division of the hours of rest for all persons who were assigned duty as officer in charge of a watch or a rating forming part of a watch and those who undertake designated safety, prevention of pollution and security duties.

9.6 In the ensuing discussion, the following views were expressed that:

- .1 there was a need for all Parties to have a uniform understanding of the provisions in chapter VIII, paragraphs 2.2, 3 and 9;
- .2 the hours of rest provisions applied to watchkeepers and other personnel whose duties involved designated safety, prevention of pollution and security duties;
- .3 the STCW Convention and Code provided the minimum hours of rest for watchkeepers, and that other arrangements may be made for non-watchkeeping personnel and those without responsibilities for safety, security and environmental protection tasks; and
- .4 there was no need to develop guidance on a "unified interpretation" or additional guidance, as the provisions in the STCW Code were quite clear.

9.7 In light of the foregoing, the Sub-Committee agreed that there was no need to develop any further guidance on the application of paragraph 3 of Section A-VIII/1 of the STCW Code.

Revision of the procedures regarding the consideration of information communicated in accordance with article IV and regulation I/7 of the STCW Convention and section A-I/7 of the STCW Code

9.8 Australia (STW 43/9/2) proposed the revision of MSC/Circ.796/Rev.1 pursuant to the 2010 Manila Amendments, with a view to support its implementation.

9.9 In the ensuing discussion, the following views were expressed that:

- .1 the guidance in Circulars MSC.1/Circ.796/Rev.1 and MSC/Circ.997 could be merged and consolidated; and
- .2 the titles of the two circulars should be amended and revised accordingly.

9.10 After some discussion, the Sub-Committee referred this document to the Working Group for detailed consideration and preparation of draft revised MSC/Circ.796/Rev.1.

Guidance on the Preparation and Review of Independent Evaluations required by regulation I/8 of the STCW Convention and section A-I/7 of the STCW Code

9.11 Australia (STW 43/9/3) proposed amendments to MSC/Circ.997 to reflect the provisions of the 2010 Manila Amendments to the STCW Convention and Code.

9.12 The Islamic Republic of Iran (STW 43/9/5) proposed amendments to MSC/Circ.997 to include the steps to be taken to implement the 2010 Manila Amendments to the STCW Convention and Code.

9.13 In the ensuing discussions, the following views relating to the proposal contained in document STW 43/9/5 were expressed that:

- .1 caution should be exercised relating to references on the steps taken to implement the 2010 Manila Amendments;
- .2 the deletion of the grandfather clause caused concern;
- .3 certain aspects related to port State control issues were areas of concern; and
- .4 the possible merger of this proposal with that contained in document STW 49/9/3 could expand the scope of the guidance.

9.14 After some discussion, the Sub-Committee referred these documents to the Working Group for detailed consideration and preparation of draft revised MSC/Circ.997.

Guidance on arrangements between Parties to allow for recognition of certificates under regulation I/10 of the STCW Convention

9.15 The Islamic Republic of Iran (STW 43/9/4) proposed the review of MSC/Circ.950 to encompass the provisions of the 2010 Manila Amendments to the STCW Convention and Code.

9.16 After some discussion, the Sub-Committee referred this document to the Working Group for detailed consideration and preparation of draft revised MSC/Circ.950.

Electronic Chart Display and Information System (ECDIS) Training

9.17 ICS and ISF (STW 43/9/6) commented on ECDIS training requirements, wherein they have identified a training gap when implementing the ECDIS carriage requirements and the transitional arrangements of the 2010 Manila Amendments to the STCW Convention, and proposed a way forward.

9.18 In the ensuing discussions, the following views were expressed that:

- .1 clarification was needed for the application of training requirements for navigating officers serving on ships fitted with ECDIS;
- .2 equipment-specific ECDIS training courses were not practical;
- .3 regulation I/14.1.5 includes familiarization training; and
- .4 it was necessary to consider, if there was a need to issue guidance to port State control authorities relating to ECDIS training.

9.19 After some discussion, the Sub-Committee referred this document to the Working Group for detailed consideration and advice, as appropriate.

Colour vision

9.20 Canada and the United States (STW 43/8/1) expressed the opinion that, in their view, the present requirements for colour vision were impractical and proposed amending table A-I/9 of the STCW Code as a long-term solution, and as a short-term measure, to issue interim guidance in the form of an MSC circular, STCW circular or amendment to section B-I/9 of the STCW Code.

9.21 In the ensuing discussions, the following views were expressed that:

- .1 CIE standards were dated and needed to be revised;
- .2 as colour vision provisions are a part of the STCW Convention and Code, the Organization was the right forum to review the requirements;
- .3 a short-term solution to provide interim guidance through a circular could create difficulties and confusion, unless adequate and relevant information was provided therein;
- .4 caution needed to be exercised when providing information on alternate methods of testing, in the absence of recognized alternatives to Anomaloscopy; and
- .5 the notes in table A-I/9 of the STCW Code were mandatory, as they were an integral part of the STCW Code.

9.22 After an in-depth discussion, the Sub-Committee agreed to defer, to its next session, further consideration of Guidance on Colour Vision for Seafarers and instructed the Secretariat to contact the Commission Internationale de l'Eclairage (CIE), with a view to

updating the CIE International Recommendations for Colour Vision Requirements for Transport (CIE-143-2001 standard).

Best Practice ECDIS Training Guidance

9.23 The Sub-Committee noted with appreciation the information provided by the Nautical Institute et al. (STW 43/INF.3) relating to Industry-developed Best Practice ECDIS Training Guidance.

Guidelines on the STCW Convention and Training Record Books

9.24 The Sub-Committee noted with appreciation the information provided by ISF (STW 43/INF.4) relating to the updated "On Board Training Record Books", including the new requirements for support level watchkeepers and Able Seafarers, to facilitate onboard training to be documented in an approved training record book.

Action taken to implement the 2010 Manila Amendments

9.25 The Sub-Committee noted with appreciation the information provided by South Africa (STW 43/INF.5) relating to action, it had taken to implement the 2010 Manila Amendments.

9.26 The delegation of the Philippines made a statement on steps that had been taken to address the 2010 Manila Amendments, as set out in annex 16.

Establishment of the Working Group

9.27 The Sub-Committee established the Working Group on Development of guidance for the implementation of the 2010 Manila Amendments, and instructed it, taking into account decisions and comments made in plenary, to:

- .1 consider document STW 43/9/2 (Australia) and prepare draft revised MSC/Circ.796/Rev.1 on Guidance on the Procedures regarding the consideration of information communicated in accordance with article IV and regulation I/7 of the STCW Convention and section A-I/7 of the STCW Code;
- .2 consider documents STW 43/9/3 (Australia) and STW 43/9/5 (Islamic Republic of Iran) and prepare draft revised MSC/Circ.997 on Guidance on the preparation and review of independent evaluations required by regulation I/8 of the STCW Convention and section A-I/7 of the STCW Code;
- .3 consider document STW 43/9/4 (Islamic Republic of Iran) and prepare draft revised MSC/Circ.950 on Guidance on arrangements between Parties to allow for recognition of certificates under regulation I/10 of the STCW Convention;
- .4 consider document STW 43/9/6 (ICS/ISF) and develop guidance, as appropriate; and
- .5 submit its report on Thursday, 3 May 2012.

REPORT OF THE WORKING GROUP

9.28 On receipt of the report of Working Group 2 (STW 43/WP.4), the Sub-Committee approved the report in general and took action as summarized in the ensuing paragraphs.

Procedures regarding the consideration of information communicated in accordance with article IV and regulation I/7 of the STCW Convention and section A-I/7 of the STCW Code

9.29 The Sub-Committee endorsed the draft revised MSC circular on Procedures regarding the consideration of information communicated in accordance with article IV and regulation I/7 of the STCW Convention and section A-I/7 of the STCW Code, as set out in annex 2, and invited the Committee to approve it.

Guidance on the preparation, reporting and review of independent evaluations and steps taken to implement mandatory amendments required by regulations I/7 and I/8 of the STCW Convention, and sections A-I/7 and A-I/8 of the STCW Code

9.30 The Sub-Committee endorsed the draft MSC circular on Guidance on the preparation, reporting and review of independent evaluations and steps taken to implement mandatory amendments required by regulations I/7 and I/8 of the STCW Convention, as set out in annex 3, and invited the Committee to approve it.

Guidance on arrangements between parties to allow for recognition of certificates under regulation I/10 of the STCW Convention

9.31 The Sub-Committee endorsed the draft MSC circular on Guidance on arrangements between parties to allow for recognition of certificates under regulation I/10 of the STCW Convention, as set out in annex 4, and invited the Committee to approve it.

9.32 In this context, the delegation of the Cook Islands expressed the opinion that once the Committee had confirmed that a Party was giving full and complete effect to the provisions of the Convention, all other Parties should automatically recognize the certificates issued by that Party, hence no need for any additional guidance on this matter. Several delegations clarified that it was a sovereign right whether or not to recognize certificates issued by another Party, and that there was a need for the aforementioned guidance.

Guidance on ECDIS training

9.33 With regard to guidance on ECDIS training, taking into account that the first phase of carriage requirements for ECDIS that would enter into force on 1 July 2012, several delegations expressed the view that there was an urgent need to provide appropriate guidance to Parties and their training providers and, proposed to disseminate the guidance developed by the Working Group as soon as possible.

9.34 In light of the foregoing and bearing in mind that the first phase of ECDIS carriage requirements enter into force on 1 July 2012, the Sub-Committee approved Circular STCW.7/Circ.18 providing Guidance on Electronic Chart Display and Information System (ECDIS) Training, as set out in annex 5, and invited the Committee to endorse the action taken.

10 ROLE OF THE HUMAN ELEMENT

Outcome of MSC 89

10.1 The Sub-Committee recalled that MSC 89, subject to the concurrence of MEPC 62, had agreed, in principle, to entrust a leading and coordinating role for the implementation of the Organization's strategy to address the Human Element to the STW Sub-Committee.

Outcome of MEPC 63

10.2 The Sub-Committee recalled (STW 43/2/1) that MEPC 63 concurred with the decision of MSC 89, subject to review of this arrangement after a few years, to decide if it had achieved the objectives. MEPC 63:

- .1 also agreed that it could refer Human Element matters relating to environmental issues directly to the Working Group, and that the Working Group should consider the issues referred to it, without further discussion in the Plenary of the STW Sub-Committee; and
- .2 clarified that matters related to the ISM Code, which are mandatory under the SOLAS Convention, were within the purview of the Maritime Safety Committee. Accordingly, the STW Sub-Committee could consider matters related to the ISM Code, as agreed by MSC 89.

Evaluation and replacement of lifeboat release and retrieval systems

10.3 The Sub-Committee noted the information provided by the Secretariat (STW 43/2/2 (part)), on the outcome of the 2009 Concentrated Inspection Campaigns (CIC) on lifeboat launching arrangements by the Paris and Tokyo MoUs (FSI 19/INF.7 and FSI 19/INF.9) that noted the particular seriousness of accident occurrences.

Amendments to the International Safety Management (ISM) Code

10.4 Austria et al. (STW 43/10) proposed draft amendments to the International Safety Management (ISM) Code, with a view to improving its implementation in order to make it more effective and user-friendly.

10.5 In the ensuing discussion, the following views were expressed that:

- .1 amending the definition of "major non-conformity" would change the characteristics of the Code;
- .2 the present proposal was different to the original proposal presented to MSC 89;
- .3 the proposed amendments relating to manning requirements were under the purview of SOLAS chapter V and were already addressed in resolution A.1047(27) on Principles of Minimum Safe Manning;
- .4 the proposal to add footnotes might be interpreted as mandatory requirements; and
- .5 paragraph 3.3 of the ISM Code already covered Companies' responsibilities.

10.6 After some discussion, the Sub-Committee referred this document to the Working Group to be established on Role of the Human Element, for detailed consideration and preparation of draft amendments to the International Safety Management (ISM) Code.

Amendments to the Revised Guidelines on Implementation of the International Safety Management (ISM) Code by Administrations (resolution A.1022(26))

10.7 Austria et al. (STW 43/10/1) proposed amendments to the Revised *Guidelines on the Implementation of the International Safety Management (ISM) Code by Administrations* (resolution A.1022(26)), with a view to filling some gaps in the current Guidelines relating to the verification and certification process and clarify company responsibilities.

10.8 In the ensuing discussion, in addition to the views expressed in paragraph 10.5 above, clarification and justification was sought for each proposed amendment.

10.9 After some discussion, the Sub-Committee referred this document to the Working Group, for detailed consideration and preparation of draft revised resolution A.1022(26).

Amendments to the Guidelines for the operational implementation of the International Safety Management (ISM) Code by Companies (MSC-MEPC.7/Circ.5)

10.10 Austria et al. (STW 43/10/2) proposed amendments to MSC-MEPC.7/Circ.5 on Guidelines on operational implementation of the International Safety Management (ISM) Code by Companies.

10.11 In the ensuing discussion, the view was expressed that the proposed amendments were already covered in the SOLAS and STCW Conventions and Maritime Labour Convention (MLC), 2006.

10.12 After a brief discussion, the Sub-Committee referred this document to the Working Group, for detailed consideration and preparation of draft revised MSC-MEPC.7/Circ.5.

Amendments to the Guidelines for a structure of an integrated system of contingency planning for shipboard emergencies (resolution A.852(20))

10.13 Austria et al. (STW 43/10/3) proposed amendments to resolution A.852(20) to improve the *Guidelines for a structure of an integrated system of contingency planning for shipboard emergencies*.

10.14 In the ensuing discussion, the following views were expressed that:

- .1 clarification was needed relating to the deletion of the term "security-related issues and unlawful acts";
- .2 the table of major shipboard emergencies included normal shipboard operations;
- .3 there was concern relating to the establishment of procedures for, and interaction with, Third Parties;
- .4 responsibilities of Companies were already covered in any effective Safety Management System (SMS);

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- .5 ships could not prepare for emergencies which could be due to external factors;
 - .6 table 3.2.4.7 might result in non-conformities on which other authorities may decide to act;
 - .7 no proper justification was provided for the proposed amendments and in some cases exceeded the requirements of the Code; and
 - .8 the proposal to add footnotes might be interpreted as being mandatory.

10.15 After some discussion, the Sub-Committee referred this document to the Working Group, for detailed consideration and preparation of draft revised resolution A.852(20).

Guidelines for reactivation of the Safety Management Certificate (SMC) following an operational interruption of the safety management system due to lay-up over a certain period

10.16 Austria et al. (STW 43/10/4) proposed the development of Guidelines for the reactivation of the Safety Management Certificate (SMC) following an operational interruption of the Safety Management System (SMS) due to lay-up over a certain period.

10.17 In the ensuing discussion, the following views were expressed that:

- .1 the intent and scope of initial and interim certification needed careful consideration;
- .2 the issuance of an interim certification did not provide a grace period;
- .3 the proposal to allow ships to return to service after a period of 12 months lay-up, after an initial audit and issuance of a full-term certificate caused concern; and
- .4 current guidelines allowed ships to return to service after a period of six months lay-up after an interim audit.

10.18 After some discussion, the Sub-Committee referred this document to the Working Group, for detailed consideration and preparation of draft Guidelines for the reactivation of the Safety Management Certificate following an operational interruption of the SMS due to lay-up over a certain period, with a view to approval by the Committees.

Update of Circular MSC.1/Circ.1371

10.19 Austria et al. (STW 43/10/5) proposed to update circular MSC.1/Circ.1371 to further improve the structure of the circular by including the following:

- upcoming rules and regulations; and
- categorization according to ship types (DOC).

10.20 In the ensuing discussion, the following views were expressed that:

- .1 the FSI Sub-Committee was already reviewing this circular and, hence, this work should not be duplicated;

- .2 this issue is not relevant to the human element;
- .3 it was not practical to categorize the list by ship type;
- .4 the proposed amendments were to assist seafarers;
- .5 updating the list should be carried out by the FSI Sub-Committee; and
- .6 the Working Group should give preliminary consideration and provide comments for onward transmission to the FSI Sub-Committee for consideration.

10.21 After some discussion, the Sub-Committee referred this document to the Working Group, for preliminary consideration with a view to providing comments for onward transmission to the FSI Sub-Committee.

Control of safety when transferring persons at sea

10.22 As instructed by the Committee at its eighty-ninth session, the Sub-Committee considered document MSC 89/24/1 (Denmark), which:

- .1 provided information related to several incidents that occurred during transfer of persons from small transport tenders to larger ships lying at anchor in Danish coastal waters, resulting in fatalities; and
- .2 proposed recommendations that might be used by Administrations and the industry during the transfer of personnel at sea,

and referred this document to the Working Group, for detailed consideration with a view to advising the Committee on the way forward.

Scoping exercise to establish the need for a review of the elements and procedures of the GMDSS

10.23 The Sub-Committee noted that COMSAR 16 had:

- .1 endorsed the draft revised Work Plan on the "Review and modernization of the GMDSS", and invited the Committee to approve it, along with a new unplanned output on the "Review and modernization of the GMDSS" with a target completion year of 2017, and include the proposed unplanned output in the biennial agenda of the COMSAR, NAV and STW Sub-Committees and in the provisional agenda for COMSAR 17; and
- .2 invited the Committee to bring the Work Plan to the attention of the STW Sub-Committee, in particular, to consider issues related to the Human Element for advice, as appropriate.

Establishment of Working Group

10.24 The Sub-Committee established the Working Group on Role of the Human Element, and instructed it, taking into account decisions and comments made in plenary, to:

- .1 consider document STW 43/10 (Austria et al.) and prepare draft amendments to the ISM Code;
- .2 consider document STW 43/10/1 (Austria et al.) and prepare draft revised resolution A.1022(26) on Revised Guidelines on implementation of the ISM Code by Administrations;
- .3 consider document STW 43/10/2 (Austria et al.) and prepare draft revised MSC-MEPC.7/Circ.5 on Guidelines for the operational implementation of the ISM Code by Companies;
- .4 consider document STW 43/10/3 (Austria et al.) and prepare draft revised resolution A.852(20) on Guidelines for the structure of an integrated system of Contingency planning for shipboard emergencies;
- .5 consider document STW 43/10/4 (Austria et al.) and prepare draft guidelines for the reactivation of the Shipboard Management Certificate (SMC) following and operational interruption of the Safety Management System (SMS) due to lay-up over a certain period;
- .6 consider document STW 43/10/5 (Austria et al.) and provide comments for onward transmission to the FSI Sub-Committee;
- .7 consider document MSC 89/24/1 (Denmark) in detail, with a view to advising the Committee on the way forward; and
- .8 submit its report on Thursday, 3 May 2012.

REPORT OF THE WORKING GROUP

10.25 On receipt of the report of Working Group 3 (STW 43/WP.5), the Sub-Committee took action as summarized in the ensuing paragraphs.

Enhancing the efficiency and user-friendliness of the ISM Code

10.26 The Sub-Committee noted the discussion on matters related to the footnotes to the draft amendments to the ISM Code.

10.27 With regard to the draft amendments to the International Safety Management (ISM) Code, the delegation of the Bahamas, supported by others, expressed concern that it was difficult to reconcile the text of the ISM Code and the draft amendments in STW 43/WP.5 with those contained in document STW 43/10, to have a clear understanding of the amendments therein. In addition, they also expressed concerns regarding a number of specific issues related to the draft amendments to the ISM Code and, proposed that the draft amendments should be further considered at STW 44, to ensure that all such concerns were fully discussed before the amendments were finalized for approval by the Committee.

10.28 In this context the delegation of Cyprus, supported by others, expressed the view that the draft amendments to the ISM Code should be submitted to MSC 91 for approval, and if any Member Governments and international organizations had any concerns, they could submit comments and proposals directly to MSC 91.

10.29 After some discussion, the Sub-Committee, endorsed the:

- .1 draft amendments to the International Safety Management (ISM) Code, as set out in annex 6;
- .2 draft Assembly resolution on Revised Guidelines on implementation of the ISM Code by Administrations, as set out in annex 7; and
- .3 draft circular on Revised Guidelines for the operational implementation of the ISM Code by Companies, as set out in annex 8,

and invited the Committees to approve them, as appropriate.

10.30 Furthermore, the Sub-Committee instructed the Secretariat to prepare the aforementioned amendments to the ISM Code, resolution A.1022(26) and MSC-MEPC.7/Circ.5 in the correct format for submission to the Committees for approval.

Draft amendments to the Guidelines for the structure of an integrated system of contingency planning for shipboard emergencies (resolution A.852(20))

10.31 The Sub-Committee agreed to the draft Assembly resolution on Revised *Guidelines for a structure of an integrated system of contingency planning for shipboard emergencies* (resolution A.852(20)), as set out in annex 9, and invited the Committees to approve it. In addition, the Sub-Committee instructed the Secretariat to prepare the aforementioned in the correct format prior to submission to the Committees for approval.

Draft Guidelines for the reactivation of the Shipboard Management Certificate following an operational interruption of the SMS due to lay-up over a certain period

10.32 The Sub-Committee noted that, due to time constraints, the Group was unable to undertake a detailed consideration of the draft Guidelines for the reactivation of the Shipboard Management Certificate following an operational interruption of the SMS due to lay-up over a certain period, and agreed that consideration of health and safety aspects relating to those individuals remaining on board during any out-of-service period, should be addressed at STW 44. Accordingly, the Sub-Committee invited Member Governments and international organizations to submit comments and proposals for consideration at STW 44.

List of codes, recommendations, guidelines and other safety- and security-related non-mandatory instruments (MSC.1/Circ.1371)

10.33 The Sub-Committee agreed to invite the Committee to invite the FSI Sub-Committee to consider document STW 43/10/5 in conjunction with its work on matters related to the List of codes, recommendations, guidelines and other safety- and security-related non-mandatory instruments (MSC.1/Circ.1371), with a view to including upcoming rules and regulations, and categorization according to ship types.

Control of safety when transferring persons at sea

10.34 The Sub-Committee agreed to recommend to the Committee that guidelines on safety when transferring persons at sea should be developed and take action, as appropriate.

10.35 In this context, the delegation of the Cook Islands, referred to action taken by the NAV Sub-Committee related to pilot boarding arrangements, and in order to avoid duplication of work and creating overlapping requirements, proposed that the issue related to safety when transferring persons at sea should be referred to the NAV Sub-Committee for consideration.

11 BIENNIAL AGENDA AND PROVISIONAL AGENDA FOR STW 44

General

11.1 The Sub-Committee noted that the Assembly, at its twenty-seventh session, had approved the six-year Strategic Plan for the Organization (resolution A.1032(27)) and the *High-level Action Plan of the Organization and priorities for the 2012-2013 biennium* (resolution A.1038(27)).

11.2 The Sub-Committee also noted that MSC 89 and MEPC 62 had approved the revised Guidelines on the organization and method of work of the MSC and the MEPC and their subsidiary bodies (MSC-MEPC.1/Circ.4/Rev.2) and urged all those concerned to strictly follow the revised Guidelines.

Biennial agenda, post-biennial agenda and provisional agenda for STW 44

11.3 Taking into account the progress made during this session, the Sub-Committee prepared its draft revised biennial agenda for the 2012-2013 biennium in SMART terms, including items on the Committee's post-biennial agenda under the purview of the Sub-Committee, and the provisional agenda for STW 44 (STW 43/WP.2), based on the biennial agenda approved by MSC 89, which was further modified by the *High-level Action Plan of the Organization and Priorities for the 2012-2013 Biennium* (resolution A.1038(27)), as set out in annexes 10 and 11 respectively, for approval by MSC 91.

11.4 The IFSMA and ITF observers, requested clarifications relating to the consideration of Human Element issues by the Sub-Committee, and questioned if the STW Sub-Committee was the appropriate organ of the Organization to consider such issues.

11.5 The delegation of the United Kingdom, in response, explained that MSC 89, subject to the concurrence of MEPC 62, agreed, in principle, to entrust a leading and coordinating role for the implementation of the Organization's strategy to address the Human Element to the STW Sub-Committee, and that MEPC 63 had concurred with the decision of MSC 89, subject to review of this arrangement after a few years, to decide if it had achieved the objectives. MEPC 63 had further agreed that it could refer Human Element matters relating to environmental issues directly to the Joint MSC/MEPC Working Group on the Human Element, and that the Working Group should consider the issues referred to it, without further discussion in the Plenary of the STW Sub-Committee. In addition, MEPC 63 had also clarified that matters related to the ISM Code, which were mandatory under the SOLAS Convention, were within the purview of the Maritime Safety Committee, and accordingly, the STW Sub-Committee could consider matters related to the ISM Code, as agreed by MSC 89.

11.6 Some delegations expressed concern that the Assembly at its twenty-seventh session had not designated the STW Sub-Committee as the coordinating organ (A.1038(27)). In this context, it was clarified that at the time of adopting the aforementioned resolution, MEPC 62 had not considered the decision of MSC 89, and hence the Assembly could not designate the Sub-Committee as the coordinating organ.

Arrangements for the next session

11.7 The Sub-Committee agreed to establish, at its next session, working and drafting groups on the following subjects:

Working Groups

- .1 Development of an e-navigation strategy implementation plan;
- .2 Development of guidance for the implementation of the 2010 Manila Amendments; and
- .3 Role of the Human Element.

Drafting Group(s)

- .1 Validation of model training courses

Status of planned outputs

11.8 The Sub-Committee prepared the report on the status of planned outputs of the High-level Action Plan of the Organization and priorities for the 2012-2013 biennium relevant to the Sub-Committee, as set out in annex 12, and invited the Committees to note the status.

Date of the next session

11.9 The Sub-Committee noted that the forty-fourth session of the Sub-Committee had been tentatively scheduled to take place from 13 to 17 May 2013.

12 ELECTION OF CHAIRMAN AND VICE-CHAIRMAN FOR 2013

12.1 The Sub-Committee, being informed of its Chairman's and Vice-Chairman's decisions to relinquish their office at the end of the current year, expressed deep appreciation to Rear Admiral Peter Brady (Jamaica) and Mr. Abdel Hafiz El Kaissi (Lebanon) for the outstanding contribution they had made over many years to the work of IMO and this Sub-Committee, and wished them happiness in life and success in all their future undertakings.

12.2 In accordance with rule 16 of the Rules of Procedure of the Maritime Safety Committee, the Sub-Committee unanimously elected Mr. Bradley Groves (Australia) as Chairman and Ms. Mayte Medina (United States) as Vice-Chairman for the year 2013.

13 ANY OTHER BUSINESS**Guidelines on operational information for masters of passenger ships for safe return to port by own power or under tow**

13.1 The Sub-Committee (STW 43/2 and STW 43/2/2/Add.1 (part)) recalled that MSC 89, in approving MSC.1/Circ.1400 on Guidelines on operational information for masters of passenger ships for safe return to port by own power or under tow, had also noted the decision of SLF 53 to refer the matter of additional training requirements for masters and crew members assigned to operate stability computers on board to the Sub-Committee for further consideration.

13.2 After a brief discussion, the Sub-Committee recalled that competence in the use of automatic data-based (ADB) equipment for management level was already included in chapter II of the STCW Code and, hence, there was no need for the development of additional training requirements, and instructed the Secretariat to inform the SLF Sub-Committee accordingly.

Development of a mandatory Code for ships operating in polar waters

13.3 The Sub-Committee (STW 43/2/2/Add.1 (part)) was informed that DE 56 had developed the draft Polar Code (DE 56/WP.4, annex 1) and specifically requested the Sub-Committee to consider chapter 13 of the Code that addresses crewing, training and certification intended to mitigate hazards specific to polar waters, taking into account the list of tasks identified by DE 56 (DE 56/WP.4, annex 2), with a view to providing appropriate advice to the DE Sub-Committee.

13.4 In this context, the Sub-Committee noted that, due to the short time period between DE 56 and the current session, it had not been possible for Member Governments and international organizations to consider this request and submit comments and proposals within the deadline for submission of documents for STW 43.

13.5 In the ensuing discussion, the following views were expressed that:

- .1 a correspondence group should be convened to prepare relevant guidance on training for seafarers serving on board ships operating in polar waters;
- .2 the Sub-Committee had developed training requirements for ships operating in polar waters, which have been included in section B-V/g of part B of the STCW Code; and
- .3 in accordance with resolution 11 of the 2010 STCW Conference, mandatory training requirements would be required when the Polar Code is developed, and this could be achieved by transferring the guidance from part B to part A of the STCW Code.

13.6 In light of the foregoing, the Sub-Committee invited Member Governments and international organizations to consider the matter in detail and submit comments and proposals to STW 44, and agreed to defer its consideration to STW 44, and instructed the Secretariat to convey the same to DE 57.

International Code of safety for ships using gas or other low-flashpoint fuels (IGF Code) with properties similar to liquefied natural gas (IGF Code)

13.7 The Sub-Committee (STW 43/2/2/Add.1 (part)) was informed that BLG 16, in considering whether specific training requirements for gas and chemical tankers already in place were suitable for officers and crew serving on ships fuelled by gas or low-flashpoint fuels, had agreed that it was premature to include any training requirements in chapter 18 of the draft International Code of safety for ships using gas or other low-flashpoint fuels (IGF Code), even as interim provisions, before these had been considered by the STW Sub-Committee. Accordingly, BLG 16 had requested the Sub-Committee to consider chapter 18 of the draft IGF Code (BLG 17/8) and provide guidance on any training requirements for inclusion in the draft Code being developed.

13.8 In this context, the Sub-Committee noted that, due to the short time period between BLG 16 and the current session, it had not been possible for Member Governments to

consider this request and submit comments and proposals within the deadline for submission of documents for STW 43.

13.9 Accordingly, the Sub-Committee invited Member Governments to consider the matter in detail and submit comments and proposals to STW 44, and agreed to defer its consideration to STW 44, and instructed the Secretariat to convey the same to BLG 17.

Development of the Revised International Code for the Construction and Equipment of Ships Carrying Liquefied Gases in Bulk (IGC) Code

13.10 The Sub-Committee noted that BLG 16, in its ongoing work related to the Development of the Revised International Code for the Construction and Equipment of Ships Carrying Liquefied Gases in Bulk (IGC) Code, had referred issues related to Personnel Training for the consideration of the Sub-Committee, in particular chapter 18 of the draft revised IGC Code which requires that:

- .1 Personnel shall be adequately trained in the operational and safety aspects of liquefied gas carriers as required by the STCW Convention, the ISM Code and the Medical First Aid Guide (MFAG). As a minimum:
 - .1 all personnel shall be adequately trained in the use of protective equipment provided on board and have basic training in the procedures, appropriate to their duties, necessary under emergency conditions; and
 - .2 officers shall be trained in emergency procedures to deal with conditions of leakage, spillage or fire involving the cargo and a sufficient number of them shall be instructed and trained in essential first aid for the cargoes carried.

13.11 In this context, the Sub-Committee recalled that section A-V/1-2 and tables A-V/1-2-1 and A-V/1-2-2 of the STCW Code (Mandatory minimum requirements for the training and qualification of masters, officers and ratings on liquefied gas tankers), specify the minimum standards of competence in basic and advanced training for liquefied gas tanker cargo operations, to address the aforementioned personnel training in the draft revised IGC Code. Relevant references to the IGC Code and the Medical First Aid Guide (MFAG) have been included in the Knowledge, Understanding and Proficiency (KUP) of the aforementioned tables.

13.12 In light of the foregoing, the Sub-Committee agreed that the STCW Convention and Code adequately provide training relating to the use of protective equipment and emergency procedures for personnel serving on liquefied gas carriers, hence there was no need for additional training requirements and instructed the Secretariat to inform BLG 17 accordingly.

Revision of the Recommendations for entering enclosed spaces aboard ships

13.13 The Sub-Committee (STW 43/2/2/Add.1 (part)) was informed that DSC 16 referred the draft amendments to SOLAS regulation III/19 to STW 43 for consideration, with a view to finalizing the above draft amendments at DSC 17.

13.14 In this context, the Sub-Committee noted that training requirements relating to entry into enclosed spaces aboard ships are adequately covered by chapters II, III, V and VI of the STCW Code, hence, no further amendments were required to the draft amendments to SOLAS regulation III/19 and instructed the Secretariat to inform DSC 17 accordingly.

Operating anomalies identified within ECDIS

- 13.15 The Sub-Committee (STW 43/2/2/Add.1 (part)) was informed that MSC 89 had:
- .1 noted the outcome of a workshop organized by IHO in February 2011 (MSC 89/24/2) to discuss the issues raised during MSC 88 regarding "Operating anomalies in ECDIS";
 - .2 considered document MSC 89/24/3 (Australia et al.) that supplemented the report on the outcome of the workshop organized by IHO and proposed further steps which ought to be taken; and
 - .3 decided to refer the matter to NAV 57 for further consideration under agenda item 14, "Any Other Business" and advise MSC 90 on the way forward (MSC 89/25, paragraphs 24.6 to 24.9).

13.16 In this context, the Sub-Committee recalled that matters relating to anomalous behaviour of ECDIS display had been addressed in the revised model course on the operational use of ECDIS (paragraphs 3.12 to 3.17 refer).

Implications on the entry into force of the STCW-F Convention

- 13.17 The Sub-Committee (STW 43/13/1) noted:
- .1 that following the ratification by 15 countries, the requirements for entry into force of the International Convention on Standards of Training, Certification and Watchkeeping for Fishing Vessel Personnel (STCW-F), 1995 as set out in article 12 of the Convention were fulfilled, and the STCW-F Convention would enter into force on 29 September 2012; and
 - .2 the information relating to the implications on the entry into force of the STCW-F Convention and the obligations thereof for Parties,

and urged Parties to the STCW-F Convention to communicate information pursuant to article 4 and regulation I/5 at an early date.

Code for the implementation of mandatory IMO instruments

13.18 The Sub-Committee recalled that MSC 88, following a request from FSI 18 had instructed STW 42 to consider how the STCW Convention could be amended to make the Code for the implementation of mandatory IMO instruments (III Code) mandatory, using the tacit amendment procedure; and that at STW 42, due to the short time period between MSC 88 and that session, it had not been possible to consider the full implications of the request of FSI 18 and invited Member Governments to submit comments and proposals to STW 43.

13.19 The Sub-Committee noted the information provided by the Secretariat (STW 43/13/2) relating to the Committee's instruction to consider how the STCW Convention could be amended to make the IMO Instruments Implementation Code (III Code) and auditing mandatory, together with any amendment to appendix 1 of resolution A.974(24) on *Framework and Procedures for the Voluntary IMO Member State Audit Scheme*.

13.20 In this context, the Sub-Committee also noted that FSI 20 had recommended to MEPC 64 and MSC 91 that amendments to the relevant instruments should be adopted after

the III Code has been adopted by A 28. The preferred method of referencing proposed by FSI 20 would be to incorporate the symbol of the Assembly resolution adopting the III Code into the text of the amendments to the mandatory instruments.

13.21 Accordingly, FSI 20 had prepared the draft III Code, together with the associated draft Assembly resolution, for submission to MEPC 64 and MSC 91 for consideration, with a view to submission to A 28, for adoption.

13.22 In the ensuing discussion, the following views were expressed that:

- .1 provisions of alcohol limits be included in the areas to be covered under the STCW Convention by the mandatory Member State Audit Scheme;
- .2 the provisions of regulations I/7 and I/8 already provided an ongoing robust mechanism for auditing the implementation of the Convention and that this should not be diluted with the introduction of the auditing provision in the III Code;
- .3 there could be a time lag between the audits under the mandatory Member State Audit Scheme and the existing audits under regulations I/7 and I/8 of the STCW Convention;
- .4 the provisions of regulations I/7 and I/8 could not pre-empt inclusion of the mandatory Member State Audit Scheme from the STCW; and
- .5 the two audit processes were complimentary and could run concurrently.

13.23 In this context, the Secretariat provided the Sub-Committee with a detailed explanation of the possible methods and the timeline as to how the STCW Convention could be amended to include the mandatory Member State Audit Scheme.

13.24 After a detailed discussion, the Sub-Committee instructed the Secretariat to provide draft amendments to the STCW Convention and Code, similar to those developed by FSI 20 to amend other mandatory IMO instruments.

13.25 Having considered STW 43/WP.8, the Sub-Committee endorsed, in principle, subject to further improvements by Member Governments at MSC 91, the draft amendments to the International Convention on Standards of Training, Certification and Watchkeeping, 1978, as amended and the Seafarers' Training, Certification and Watchkeeping (STCW) Code to include the mandatory Member State Audit Scheme, as set out in annexes 13 and 14 respectively, and invited the Committee to approve them. In this context, the Sub-Committee invited Member Governments to submit comments and proposals for future improvements to the proposed amendments to the STCW Code to MSC 91.

Dispensations issued under article VIII of the STCW Convention

13.26 The Sub-Committee noted information provided by the Secretariat (STW 43/13/Rev.1 and addendum) on the submissions made by Parties in accordance with article VIII of the STCW Convention on dispensations granted by them in the years 2010 and 2011.

Information on simulators available for use in maritime training

13.27 The Sub-Committee noted that, following the approval by MSC 81 of MSC.1/Circ.1209, requesting Member Governments to provide information on simulators available for use in maritime training, the Secretariat had received information from several Member Governments. This has been added to the GISIS database which could be viewed by the public on a "read-only" basis. Consequently, the Sub-Committee requested those Member Governments, who had not yet provided such information, to do so at an early date to enable the Secretariat to update the information in the GISIS database.

Expressions of appreciation

13.28 The Sub-Committee expressed appreciation to the following delegates and observers, who had recently relinquished their duties, retired or were transferred to other duties or were about to, for their invaluable contribution to its work and wished them a long and happy retirement or, as the case might be, every success in their new duties:

- Captain Valentin Ruz Rodriguez (Argentina) (on return home);
- Commander Roberto Annichini (Argentina) (on return home);
- Captain Hadi Supriyono (Indonesia) (on return home); and
- Captain Ada Lorena Dimas Rodriguez (Mexico) (on return home).

14 ACTION REQUESTED OF THE COMMITTEES

14.1 The Maritime Safety Committee, at its ninety-first session, is invited to:

- .1 concur with the decision of the Sub-Committee that there was no need to develop additional training for recovery capability for all types of ships (paragraphs 7.5 and 7.6);
- .2 approve the draft revised Guidelines on the Medical Examination of Seafarers and instruct the Secretariat to disseminate it as STCW.7 circular (paragraph 8.5 and annex 1);
- .3 approve the draft MSC circular on Procedures regarding the consideration of information communicated in accordance with article IV and regulation I/7 of the STCW Convention (paragraph 9.29 and annex 2);
- .4 approve the draft MSC circular on Guidance on the preparation, reporting and review of independent evaluations and steps taken to implement mandatory amendments required by regulations I/7 and I/8 of the STCW Convention, (paragraph 9.30 and annex 3);
- .5 approve the draft MSC circular on Guidance on arrangements between parties to allow for recognition of certificates under regulation I/10 of the STCW Convention (paragraph 9.31 and annex 4);
- .6 bearing in mind that the first phase of carriage requirements for ECDIS will enter into force on 1 July 2012, endorse the Sub-Committee's approval of Guidance on Electronic Chart Display and Information System (ECDIS) Training (STCW.7/Circ.18) (paragraph 9.34 and annex 5);

- .7 approve the draft amendments to the International Safety Management (ISM) Code (paragraph 10.29.1 and annex 6);
- .8 approve draft Assembly resolution on Revised Guidelines on implementation of the ISM Code by Administrations (paragraph 10.29.2 and annex 7);
- .9 approve the draft revised circular on Guidelines for the operational implementation of the ISM Code by Companies (paragraph 10.29.3 and annex 8); and
- .10 approve draft Assembly resolution on Revised Guidelines for the structure of an integrated system of Contingency planning for shipboard emergencies (paragraph 10.31 and annex 9);
- .11 invite the FSI Sub-Committee to consider document STW 43/10/5 in conjunction with its work on matters related to the List of codes, recommendations, guidelines and other safety- and security-related non-mandatory instruments (MSC.1/Circ.1371) (paragraph 10.33);
- .12 bearing in mind the recommendation of the Sub-Committee that guidelines on safety when transferring persons at sea should be developed, take action, as appropriate (paragraph 10.34);
- .13 approve the revised biennial agenda for the 2012-2013 biennium, including items on the Committee's post-biennial agenda under the purview of the Sub-Committee and the provisional agenda for STW 44 (paragraph 11.3 and annexes 10 and 11);
- .14 note the report on the status of planned outputs for the 2012-2013 biennium relevant to the Sub-Committee (paragraph 11.9 and annex 12);
- .15 approve draft amendments to the International Convention on Standards of Training, Certification and Watchkeeping, 1978, as amended and the Seafarers' Training, Certification and Watchkeeping (STCW) Code (paragraph 13.25 and annexes 13 and 14); and
- .16 approve the report in general.

14.2 The Marine Environment Protection Committee, at its sixty-fourth session, is invited to approve the:

- .1 draft Assembly resolution on Revised Guidelines on implementation of the ISM Code by Administrations (paragraph 10.29.2 and annex 7);
- .2 draft revised circular on Guidelines for the operational implementation of the ISM Code by Companies (paragraph 10.29.3 and annex 8); and
- .3 draft Assembly resolution on Revised Guidelines for the structure of an integrated system of Contingency planning for shipboard emergencies (paragraph 10.31 and annex 9).

ANNEX 1

DRAFT STCW CIRCULAR

[STCW.7/Circ...]
[28 May 2012]

GUIDELINES ON THE MEDICAL EXAMINATION OF SEAFARERS

1 The Sub-Committee on Standards of Training and Watchkeeping at its forty-third session (30 April to 4 May 2012), pursuant to resolution 8 of the 2010 STCW Conference, on "Development of guidelines to implement international standards of medical fitness for seafarers", endorsed Guidelines on the Medical Examination of Seafarers, developed by the Organization jointly in cooperation with the International Labour Organization.

2 The Maritime Safety Committee at its [ninety-first session (26 to 30 November 2012)] approved the aforementioned Guidelines.

3 The Guidelines aim to assist Parties in ensuring that the standards of medical fitness for seafarers in the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended and the Seafarers' Training, Certification and Watchkeeping (STCW) Code, are effectively implemented.

4 Member Governments and Parties to the STCW Convention are invited to take full account of the Guidelines in the annex when implementing the standards of medical fitness for seafarers in the STCW Convention and Code.

* * *

ANNEX

GUIDELINES ON THE MEDICAL EXAMINATION OF SEAFARERS

Preface

The International Labour Organization (ILO) adopted the Medical Examination of Young Persons (Sea) Convention, 1921 (No.16), as one of the first Conventions. This was followed by the Medical Examination (Seafarers) Convention, 1946 (No. 73). These instruments have now been consolidated into the Maritime Labour Convention, 2006 (MLC, 2006). The laws of most maritime countries require that all seafarers carry a valid medical certificate.

The International Maritime Organization's (IMO) International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended, states that every seafarer holding a certificate issued under the provisions of the Convention, who is serving at sea, shall also hold a valid medical certificate issued in accordance with the provisions of regulation I/9 and of section A-I/9 of the STCW Code.

With national fitness standards for seafarers varying widely, the set of international guidelines adopted in 1997 (the Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers) was a first attempt towards harmonization. The increasing internationalization of shipping makes such harmonization even more desirable. Medical practitioners performing such examinations should have a clear understanding of the special requirements of seafaring life, as their professional judgement is often critical to the lives of seafarers. All concerned should be able to trust a seafarer's medical certificate as having been issued in accordance with the relevant applicable international standards.

These Guidelines have been endorsed by the ILO Governing Body and the IMO Maritime Safety Committee to provide complementary advice to competent authorities, medical practitioners and all stakeholders of the shipping industry on the application of the MLC, 2006, and the STCW Convention, 1978, as amended, with regard to safeguarding the health of seafarers and promoting safety at sea.

These Guidelines supersede the Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers, which were published by the ILO and the World Health Organization (WHO) in 1997.

Disseminating these Guidelines and ensuring their implementation should contribute towards harmonizing the standards for medical examinations of seafarers and improving the quality and effectiveness of the medical care provided to seafarers.

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Part 1. Introduction

Purpose and scope of the Guidelines

1 Seafarers are required to undergo medical examinations to reduce risks to other crew members and for the safe operation of the ship, as well as to safeguard their personal health and safety.

2 The MLC, 2006, and the STCW Convention, 1978, as amended, require a seafarer to hold a medical certificate, detail the information to be recorded and indicate certain specific aspects of fitness that need to be assessed.

3 These Guidelines apply to seafarers in accordance with the requirements of the MLC, 2006, and the STCW Convention, 1978, as amended. They revise and replace the Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers, published by the ILO and WHO in 1997.

4 When implementing and utilizing these Guidelines, it is essential to ensure that:

- .1 the fundamental rights, protections, principles, and employment and social rights outlined in articles III and IV of the MLC, 2006, are respected;
- .2 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; and
- .3 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 A.1.2.2 of the MLC, 2006.

5 These Guidelines are intended to provide maritime administrations with an internationally recognized set of criteria for use by competent authorities either directly or as the basis for framing national medical examination standards that will be compatible with international requirements. Valid and consistent guidelines should assist medical practitioners, shipowners, seafarers' representatives, seafarers and other relevant persons with the conduct of medical fitness examinations of serving seafarers and seafarer candidates. Their purpose is to help administrations establish criteria that will lead to equitable decisions about who can safely and effectively perform their routine and emergency duties at sea, provided these are compatible with their individual health-related capabilities.

6 These Guidelines have been developed in order to reduce the differences in the application of medical requirements and examination procedures and to ensure that the medical certificates which are issued to seafarers are a valid indicator of their medical fitness for the duties they will perform. Ultimately, the aim of the Guidelines is to contribute to health and safety at sea.

7 A medical certificate issued in accordance with the requirements of the STCW Convention, 1978, as amended, also meets the requirements of the MLC, 2006.

Contents and use of the Guidelines

The Guidelines are arranged in the following manner:

8 Part 1 summarizes the purpose and scope of the Guidelines, their contents and the background to their preparation, and identifies the main features of a framework for medical examinations and the issue of a medical certificate to a seafarer.

9 Part 2 provides information relevant to competent authorities to assist with the framing of national regulations that will be compatible with relevant international instruments on the health and fitness of seafarers.

10 Part 3 provides information relevant to those who are carrying out seafarer medical assessments. This may be used directly or may form the basis for national guidelines for medical practitioners.

11 Part 4 includes a series of appendices on standards for different types of impairing conditions, recordkeeping and the contents of the medical certificate.

12 Some parts of the Guidelines are more appropriate for competent authorities than for individual medical practitioners, and vice versa. Nevertheless, it is suggested that the whole of the Guidelines be taken into consideration to ensure that all topics and information are taken into account. The Guidelines are designed as a tool to enhance medical examinations and make them more consistent; they cannot and are not intended to replace the professional skill and judgement of recognized medical practitioners.

Background to the preparation of the Guidelines

13 In 1997, the ILO and WHO published the first international guidelines concerning the medical examinations of seafarers. This has been an invaluable document for maritime authorities, the social partners in the shipping industry and the medical practitioners who conduct medical examinations of seafarers. Since 1997 there have been important changes in the diagnosis, treatment and prognosis of many of the medical conditions that need to be taken into account. The 1997 Guidelines provided detailed information on the conduct of seafarer medical examinations but they did not, with the exception of vision, assist by proposing the appropriate criteria to be used when deciding whether a medical certificate could be issued for other conditions.

14 The need for revision was recognized by a number of maritime authorities, by the social partners and by doctors undertaking seafarer medical examinations. This led to a resolution being adopted by the 94th (Maritime) session of the International Labour Conference in 2006 recommending that the need for revision should be considered. IMO, in its comprehensive review of the 1978 STCW Convention and Code, also recognized the need to include medical fitness criteria that were relevant to maritime safety, and concluded that the present Guidelines required revision.

15 ILO and IMO subsequently agreed to create a joint working group to develop revised Guidelines.

Seafarer medical fitness examinations

16 The aim of the medical examination is to ensure that the seafarer being examined is medically fit to perform his or her routine and emergency duties at sea and is not suffering from any medical condition likely to be aggravated by service at sea, to render him or her unfit for service or to endanger the health of other persons on board. Wherever possible, any conditions found should be treated prior to returning to work at sea so that the full range of routine and emergency duties can be undertaken. If this is not possible, the abilities of the seafarer should be assessed in relation to his or her routine and emergency duties and recommendations made on what the seafarer is able to do and whether any reasonable adjustments could enable him or her to work effectively. In some cases, problems will be identified that are incompatible with duties at sea and cannot be remedied. Appendices A to E provide information on the disabilities and medical conditions which are not likely to prevent all routine and emergency duties being performed, those which require adaptation or limitation to routine and emergency duties, and those which result in either short-term or longer term unfitness to work at sea.

17 Medical examination findings are used to decide whether to issue a medical certificate to a seafarer. Consistent decision-making needs to be based on the application of criteria for fitness that are applied in a uniform way, both nationally and, because of the global nature of seafaring and marine transport, internationally. These Guidelines provide the basis for establishing national arrangements which are compliant with the relevant international conventions.

18 The medical certificate is neither a certificate of general health nor a certification of the absence of illness. It is a confirmation that the seafarer is expected to be able to meet the minimum requirements for performing the routine and emergency duties specific to their post at sea safely and effectively during the period of validity of the medical certificate. Hence, the routine and emergency duties must be known to the examining medical practitioner, who will have to establish, using clinical skills, whether the seafarer meets the standards for all anticipated routine and emergency duties specific to their individual post and whether any routine or emergency duties need to be modified to enable them to be performed safely and effectively.

19 The ability to safely and effectively perform routine and emergency duties depends on both a person's current degree of fitness and on the likelihood that they will develop an impairing condition during the validity period of the medical certificate. Criteria for performing routine and emergency duties safely will be higher where the person has critical safety duties, either as part of their routine or in emergencies. Other safety consequences also need to be considered, for instance whether a seafarer is suffering from any medical condition likely to be aggravated by service at sea, to render the seafarer unfit for such service, or to endanger the health and safety of other persons on board.

20 The examining medical practitioner should base the decision to issue a medical certificate on whether criteria for minimum performance requirements, as listed in the appendices to this document, are met in the following areas:

- .1 vision (appendix A), hearing (appendix B) and physical capabilities (appendix C);
- .2 impairment from the use of medication (appendix D); and
- .3 presence or recent history of an illness or condition (appendix E).

21 The consequences of impairment or illness will depend on the routine and emergency duties and, in some cases, on the distance from shore-based medical facilities.

22 Thus, the examining medical practitioner needs the skills to assess individual fitness in all these areas and the knowledge to relate their findings to the requirements of the individual's routine and emergency duties at sea whenever any limitations in fitness are identified.

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.

Part 2. Guidance for competent authorities

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

24 The Guidelines have taken into account the appropriate Conventions, Recommendations and other instruments of ILO, IMO and WHO. Competent authorities should ensure that medical practitioners are provided with information on other relevant standards which may have been formulated after the date of adoption of these Guidelines.

ILO instruments concerning the medical examination and health of seafarers

25 Several earlier Conventions on seafarer working conditions have been consolidated in the MLC, 2006, including requirements for the issue of medical certificates (regulation 1.2 and associated standards and guidelines) and for medical care on board ship and ashore (regulation 4.1 and associated standards and guidelines).

26 An important objective of the MLC, 2006, is to safeguard the health and welfare of seafarers. The MLC, 2006, applies to all seafarers except where expressly provided otherwise in the Convention (article II, paragraph 2).

IMO instruments concerning medical examination requirements for seafarers

27 The IMO STCW Convention, 1978, as amended, includes requirements for medical examinations and the issue of medical certificates.

Earlier versions of the STCW Convention included criteria for vision and physical capability but not for other aspects of medical assessment.

28 Every seafarer holding a certificate issued under the provisions of the STCW Convention who is serving at sea must also hold a valid medical certificate issued in accordance with the provisions of STCW Convention regulation I/9 and of section A-I/9 of the STCW Code.

WHO measures concerning seafarers' health and medical services and medical examinations of seafarers

29 The WHO Executive Board and World Health Assembly have adopted resolutions on the health of seafarers (WHA14.51, EB29.R10, WHA15.21, EB37.R25, EB43.R23), requesting to assist nations to improve the health of seafarers, ameliorate the medical records of seafarers, and make available to seafarers services in each port where the

necessary specialized medical care can be provided. Furthermore, in May 1996, a resolution of the 49th World Health Assembly (WHA49.12) on the WHO Global Strategy for Occupational Health for All and in May 2007, a resolution of the 60th World Health Assembly (WHA60.26), the Global Plan of Action on Workers Health urge countries to give special attention to full occupational health services for the working population, including groups at high risk, such as seafarers. In addition, the following guidelines approved by the WHO Guidelines Review Committee since 2007 include references to medical examinations: the "Guidelines for treatment of tuberculosis" (fourth edition); the "WHO policy on TB infection control in health-care facilities, congregate settings and households"; the "Guidelines for using HIV testing technologies in surveillance: selection, evaluation and implementation" (2009 update); and the "mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings".

Purpose and contents of the medical certificate

30 The MLC, 2006, (Standard A1.2) and the STCW Convention, 1978, as amended, (section A-I/9, paragraph 7) specify the information that should be included as a minimum on the medical certificate. The detailed content of these Guidelines aligns with these requirements and the other more detailed provisions of the relevant international conventions, which should be consulted when developing national procedures. The aim of the Guidelines is, wherever possible, to avoid subjectivity and to give objective criteria for decision-making.

31 The period of validity of the medical certificate is indicated in the MLC, 2006, (Standard A1.2, paragraph 7) and the STCW Convention, 1978, as amended, (regulation I/9). Both Conventions specify that the medical certificate will remain in force for a maximum period of two years from the date on which it is granted, unless the seafarer is under the age of 18, in which case the maximum period of validity is one year. Medical certificates issued in accordance with the STCW Convention, 1978, as amended, which expire during the course of a voyage will continue to be in force until the next port of call where the seafarer can obtain a medical certificate from a medical practitioner recognized by the party, provided that the period does not exceed three months. In urgent cases, the administration may permit a seafarer to work without a valid medical certificate until the next port of call where a medical practitioner recognized by the party is available, provided that the period of such permission does not exceed three months and the seafarer concerned is in possession of an expired medical certificate of recent date. In so far as a medical certificate relates to colour vision, it will remain in force for a period not exceeding six years from the date it is granted.

32 Two years is the period over which fitness should normally be assessed. However, if the examining medical practitioner considers that more frequent surveillance of a condition that may affect health or performance at sea is indicated, a medical certificate of shorter duration should be issued and arrangements made for reassessment. The examining medical practitioner should only issue a medical certificate with a duration of less than two years if they can justify their reasons in a particular case.

33 The medical practitioner should indicate on the medical certificate whether the person is fit for all duties worldwide within their department (deck/engine/catering/other), as indicated on their medical certificate; whether they can undertake all routine and emergency duties but are only able to work in specified waters, or whether adaptation of some routine and emergency duties is required. Safety-critical visual capabilities such as lookout duties should be specifically indicated.

34 If the seafarer cannot perform routine and emergency duties safely and effectively and adaptation of duties is not possible, the seafarer should be notified that they are "not fit for duty". If adaptation is possible then they should be notified that they are "fit for duty with limitations". The notification must be accompanied by an explanation of the seafarer's right to appeal as provided in section IX.

35 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.

36 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.

Right to privacy

37 All persons involved in the conduct of medical examinations, including those who come into contact with medical examination forms, laboratory results and other medical information, should ensure the right to privacy of the examinee. Medical examination reports should be marked as confidential and so treated, and all medical data collected from a seafarer should be protected. Medical records should only be used for determining the fitness of the seafarer for work and for enhancing health care; they should not be disclosed to others without prior written informed consent from the seafarer. Personal medical information should not be included on medical certificates or other documents made available to others following the medical examination. The seafarer should have the right of access to and receipt of a copy of his/her personal medical data.

Recognition of medical practitioners

38 The competent authority should maintain a list of recognized medical practitioners to conduct medical examinations of seafarers and issue medical certificates. The competent authority should consider the need for medical practitioners to be personally interviewed and for clinic facilities to be inspected before authorization to conduct medical examinations of seafarers is given. A list of medical practitioners recognized by the competent authority should be made available to competent authorities in other countries, companies and seafarers' organizations on request.

39 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.

40 In addition, the provision of an expert helpline can aid decision-making on novel or complex problems and can be a source of information that may be used to improve the quality of assessments.

41 The names of any medical practitioners whose recognition has been withdrawn during the previous 24 months should continue to be included, with a note to the effect that they are no longer recognized by the competent authority to conduct seafarers' medical examinations.

- 42 A medical practitioner so recognized by the competent authority:
- .1 should be a qualified medical practitioner currently accredited by the medical registration authority for the place where they are working;
 - .2 should be experienced in general and occupational medicine or maritime occupational medicine;
 - .3 should have knowledge of the living and working conditions on board ships and the job demands on seafarers 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 seafaring;
 - .4 should have facilities for the conduct of examinations that are conveniently situated for access by seafarers and enable all the requirements of the medical fitness examination to be met and conducted with respect for confidentiality, modesty and cleanliness;
 - .5 should be provided with written guidance on the procedures for the conduct of medical examinations of seafarers, including information on appeals procedures for persons denied a medical certificate as a result of an examination;
 - .6 should understand their ethical position as examining medical practitioners acting on behalf of the competent authority, ensuring that any conflicts with this are recognized and resolved;
 - .7 should refer any medical problems found, when appropriate, for further investigation and treatment, whether or not a seafarer is issued with a medical certificate; and
 - .8 should enjoy professional independence from shipowners, seafarers, and their representatives in exercising their medical judgement in terms of the medical examination procedures. Those employed by, or contracted to, a maritime employer or crewing agency should have terms of engagement which ensure that an assessment is based on statutory standards.
- 43 It is further recommended that such medical practitioners:
- .1 should be provided with information on the standard of competence for seafarers designated to take charge of medical care on board ships in relevant national laws and regulations; and
 - .2 should be familiar with the latest edition of the *International Medical Guide for Ships*, or an equivalent medical guide for use on ships.
- 44 In the case of a certificate solely concerned with a seafarer's sight and/or hearing, the competent authority may authorize a person other than a recognized medical practitioner to test the seafarer and issue such a certificate. In such cases, the qualifications for such authorized persons should be clearly established by the competent authority and such persons should receive information on the appeals procedure described in section IX of these Guidelines.

45 The competent authority should have in place quality assurance procedures to ensure that medical examinations meet the required standards. These should include publicized arrangements for:

- .1 the investigation of complaints from shipowners, seafarers, and their representatives concerning the medical examination procedures and the authorized medical practitioners;
- .2 collection and analysis of anonymized information from medical practitioners about the numbers of examinations undertaken and their outcomes; and
- .3 the introduction, where practical, of a nationally agreed review and audit programme for examining medical practitioners' practices and recordkeeping undertaken by, or on behalf of, the competent authority. Alternatively, they could endorse appropriate external clinical accreditation arrangements for those undertaking seafarers' medical examinations, the results of which would be made available to the authority.

46 Recognized medical practitioners who are found by the competent authority as a result of an appeal, complaint, audit procedure, or other reasons to no longer meet the requirements for recognition should have their authorization to conduct seafarers' medical examinations withdrawn.

Appeals procedures

47 The MLC, 2006 (Standard A1.2, paragraph 5) provides that seafarers that have been refused a medical certificate or have had a limitation imposed on their ability to work must be given the opportunity to have a further examination by another independent medical practitioner or by an independent medical referee. The STCW Code, in section A-I/9, paragraph 6, requires parties to the Convention to establish processes and procedures to enable seafarers who do not meet fitness standards or who have had a limitation imposed on them to have their case reviewed in line with that party's provisions for appeal.

48 The competent authority may delegate the arrangements for appeals, or part of them, to an organization or authority exercising similar functions in respect of seafarers generally.

49 The appeals procedure may include the following elements:

- .1 the medical practitioner or referee undertaking the review should have at least the same qualifications as the medical practitioner who conducted the initial examination;
- .2 the medical practitioner or referee undertaking the review process should be provided access to other medical experts;
- .3 the appeals procedure should not result in unnecessary delays for the seafarer or shipowner;
- .4 the same principles of confidentiality called for in the handling of medical records should apply to the appeals procedure; and

- .5 quality assurance and review procedures should be in place to confirm the consistency and appropriateness of decisions taken at appeal.

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

Role of the medical examination in shipboard safety and health

50 The medical practitioner should be aware of the role of the medical examination in the enhancement of safety and health at sea and in assessing the ability of seafarers to perform their routine and emergency duties and to live on board:

- .1 The consequences of impairment from illness while working at sea will depend on the routine and emergency duties of the seafarer and on the distance of the ship from shore-based medical care. Such impairments may adversely affect ship operations, as both the individual and those who provide care will not be available for normal duties. Illness at sea can also put the individual at risk because of the limited care available, as ships' officers only receive basic first-aid and other medical training, and ships are only equipped with basic medical supplies. Medication used by seafarers needs to be carefully assessed as it can lead to impairment from side effects that cannot be readily managed at sea. Where medication is essential to control a potentially life-threatening condition, inability to take it may lead to serious consequences.
- .2 Infectious diseases may be transmitted to others on board. This is particularly relevant to food-borne infections in those who prepare or handle food or drinks. Screening for relevant infections may be undertaken at the medical examination or at other times.
- .3 Limitations to physical capability may affect ability to perform routine and emergency duties (e.g. using breathing apparatus). Such limitations may also make rescue in the event of injury or illness difficult.
- .4 The medical examination can be used to provide an opportunity to identify early disease or risk factors for subsequent illness. The seafarer can be advised on preventive measures or referred for further investigation or treatment in order to maximize their opportunities for continuing their career at sea. However, the seafarer should be made aware that it does not replace the need for other clinical contacts or necessarily provide the main focus for advice on health maintenance.
- .5 If a medical condition is identified, any adverse consequences may be reduced by increasing the frequency of surveillance, limiting duties to those where the medical condition is not relevant or limiting the pattern of voyages to ensure that health care is readily available.
- .6 Seafarers need to be able to adjust to living and working conditions on board ships, including the requirement to keep watches at varying times of the day and night, the motion of the vessel in bad weather, the need to live and work within the limited spaces of a ship, to climb and lift weights and to work under a wide variety of weather conditions (see appendix C, table B-I/9, for examples of relevant physical abilities).

- .7 Seafarers should be able to live and work closely with the same people for long periods of time and under occasionally stressful conditions. They should be capable of dealing effectively with isolation from family and friends and, in some cases, from persons of their own cultural background.

51 Shipping operations and shipboard duties vary substantially. For a fuller understanding of the physical demands of particular categories of work on board ships, medical practitioners should acquire knowledge of the STCW Convention, 1978, as amended, and appropriate national requirements and should consult the relevant national authority, shipping company and trade union representatives and otherwise endeavour to learn as much as possible about seafaring life.

Type and frequency of medical examinations

52 For most medical conditions, the same criteria are appropriate for medical examinations undertaken at all stages of a seafaring career. However, where a condition is present that is likely to worsen in the future and thus limit a cadet's or trainee's ability to undertake the range of duties and assignments that are essential for complete training, there may be less flexibility in the application of fitness standards than for serving seafarers, in order to ensure that all training requirements can be met.

53 Examinations are normally performed every two years. Where there is a health condition that requires more frequent surveillance, they may be performed at shorter intervals. It is important to recognize that the requirement for more frequent examinations may limit the ability of a seafarer to obtain employment and lead to additional costs for the seafarer or their employer. If examinations are at intervals of less than two years, they may solely concern the condition under surveillance and, in this case, any reissued medical certificate should not be valid for more than two years from the previous full examination.

54 Any examination requirements of employers or insurers should be distinguished from statutory fitness examinations; the seafarer should be informed if both are being assessed at the same time and should consent to this. A medical certificate should be issued if statutory standards are met, irrespective of compliance with any additional employer requirements.

55 Seafarer medical examinations may also provide an opportunity to take measures to correct or mitigate medical conditions which could adversely affect the health of seafarers and should include measures of a preventive character. Tests necessary to evaluate the occupational exposure at work on board ship may, when appropriate, be performed at the same time as the periodic examinations.

Conduct of medical examinations

56 The following suggested procedures do not aim to replace in any way the judgement or experience of the medical practitioner. They will, however, serve as a tool to assist in the conduct of examinations of seafarers. A model medical examination form has been provided in appendix F.

- .1 The medical practitioner should determine whether there is any special purpose for the examination (e.g. return after illness or follow-up for continuing health problem) and, if so, should conduct the examination accordingly.

- .2 The identity of the seafarer to be examined should be verified. The number of his or her seafarer's book, passport or other relevant identity document should be entered on the examination form.
- .3 The examinee's intended position on board ship and, as far as practicable, the physical and mental demands of this work and the anticipated voyage pattern should be established. This may give insights that enable work to continue but with limitations based on the nature of the voyage (for example, fit for coastal or harbour service only) and the job to be held.
- .4 Information should be collected from the examinee on his or her previous medical history. Point-by-point questions on the details of previous diseases and injuries should be asked and the results recorded. Details of other diseases or injuries not covered should also be recorded. After the information is collected, the examinee should sign the form to certify that to the best of his/her knowledge it is a true statement. An individual should not, however, bear the burden of proof concerning the consequences of illness, past or present, on his or her fitness for work.
- .5 The examinee's previous medical records, where appropriate and available, should be reviewed.
- .6 The physical examination and the necessary additional examinations should be checked and recorded according to set procedures (see appendix F).
- .7 Hearing, eyesight and colour vision, if necessary, should be checked and recorded. Eyesight should be in compliance with the international eyesight standards for seafarers set out in section A-I/9 of the STCW Code (see appendix A for vision standards and appendix B for hearing standards). In examinations, appropriate equipment should be used in the assessment of hearing capacity, visual acuity, colour vision and night blindness, particularly regarding those examinees who will be engaged in lookout duties.
- .8 Physical capability should be assessed where the medical examination identifies that it may be limited by an impairment or medical condition (see appendix C).
- .9 Testing for the presence of alcohol and drugs in the course of a medical examination does not form part of these international Guidelines. Where it is performed, as a requirement of national authorities or employers, the procedures used should follow national, if available, or international good practice guidelines. These should provide adequate procedural and ethical safeguards for the seafarer. Consideration should be given to the Guiding Principles on Drug and Alcohol Testing Procedures for Worldwide Application in the Maritime Industry, adopted by the Joint ILO-WHO Committee on the Health of Seafarers (Geneva, 10-14 May 1993), and any subsequent revisions.
- .10 The application of multiple biochemistry or haematology tests or the use of imaging techniques applied to all seafarers is not recommended, other than where indicated in appendices A to E. Such tests should only be used where there is a clinical indication. The validity of any test used for the identification of a relevant medical condition will depend on the frequency

with which the condition occurs. Use is a matter for national or local judgement, based on disease incidence and test validity. In addition, decisions about fitness based solely on the results of single or multiple screening tests in the absence of a specific diagnosis or impairment are of limited predictive value. Unless tests have very high validity, use will result in inappropriate certification of a proportion of those tested.

- .11 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.
- .12 The results of the examination should be recorded and assessed to determine if the seafarer is fit for the work which will be undertaken. Appendices A to E contain guidance on medical criteria used to consider whether a seafarer is fit or currently unfit for work at sea. The age and experience of the seafarer to be examined, the nature of the duties to be performed and the type of shipping operation and cargo should be taken into account.

57 There are defined numerical criteria for some aspects of vision (appendix A) and hearing (appendix B). Here, decisions on fitness will depend on achieving the levels of perception that are listed, taking note of the explanatory information in the appendices. For other conditions, where such numerical criteria do not exist, the criteria have been classified in three categories, depending on the likelihood of recurrence at different stages and the severity of each condition.

Case-by-case assessment is recommended in the appendices where a specialist view on prognosis is needed or where there is considerable diversity in capability or likelihood of recurrence or progression.

A Incompatible with the reliable performance of routine and emergency duties safely or effectively:

- .1 expected to be temporary (T), i.e. less than two years;
- .2 expected to be permanent (P), i.e. more than two years.

For seafarers who are determined by the medical practitioner to have a medical condition where such a finding has been made, a medical certificate would not normally be issued.

This category means that the medical condition is such that the seafarer may cause a danger to the safety of the vessel or to other persons on board; they may not be able to perform their routine and emergency duties on board; or their health or life may be put at greater risk than would be the case if they were on shore. The category may be used temporarily until a condition has been treated, returns to normal, or a period without further episodes indicates that the likelihood of recurrence is no longer increased. It may be used on a permanent basis where the seafarer has a condition that can be expected to render them unable to meet the standards in the future.

B **Able to perform some but not all routine and emergency duties or to work in some but not all waters (R):** a restricted medical certificate would normally be issued.

Increased surveillance needed (L): a medical certificate of limited duration would normally be issued.

This category may mean that the seafarer has a condition that requires more frequent medical assessment than the two-year normal interval between medical certificates – i.e. a time-limited medical certificate (L).

Alternatively, they may be capable of performing the routine and emergency duties required of all seafarers but need some of their own duties to be adapted because they are expected not to be able to perform some of the duties specific to the work they normally undertake. They may also be more likely to suffer serious adverse effects from working in certain climates or beyond a certain distance from onshore medical care. In these cases, the job adaptations needed are specified and the medical certificate is restricted (R).

Use of this category can enable seafarers to remain working despite the presence of certain health-related impairments. However, it should be used only when clearly indicated as it may lead to the possibility that an employer will choose not to engage a seafarer even for duties that are within their capabilities or where duties can readily be adjusted.

C **Able to perform all duties worldwide within designated department:** an unrestricted medical certificate of full duration would normally be issued.

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.

If the seafarer is found fit for the work to be performed, the medical certificate should be issued. Any restrictions concerning work (i.e. the job the seafarer will perform, the trade area, the time limit or other considerations) should be reflected on the medical certificate in the description of the work he or she is fit to undertake. Further information on the medical certificate is provided in appendix G.

58 If the seafarer is found temporarily or permanently unfit for service or has limitations placed on their duties, he or she should be given an explanation of the reasons and should be advised of the right to appeal and on how to make an appeal. Additional guidance on appeals procedures is provided in section IX of these Guidelines. If "temporarily unfit", advice should be given on the need to undergo additional tests, to obtain opinions from specialists or to complete dental or other treatment, rehabilitation and/or appropriate medical care. The seafarer should be informed when to return for another examination.

59 As appropriate, the seafarer should be counselled on lifestyle (limiting alcohol intake, stopping smoking, modifying diet, losing weight, etc.) and on the dangers of and methods of prevention of malaria, hepatitis, HIV/AIDS and other communicable diseases. Printed health educational materials on drug and alcohol abuse prevention, smoking cessation, diet, communicable diseases prevention, etc., should also be provided, if available.

60 The medical examination records should be clearly marked as confidential and retained, according to national regulations, in the custody of the health establishment where the medical certificate was issued. The file should be kept confidential and should not be used for any purpose other than facilitating the treatment of seafarers and should be made available only to persons duly authorized in accordance with national data protection laws.

61 Relevant information on his/her health should be given to the seafarer on request and the seafarer should be advised to take it to the next medical examination or when he or she is treated for an illness or injury. If possible, a card indicating blood type, any serious allergies and other vital information should also be given to the seafarer to facilitate emergency treatment.

62 A copy of the medical certificate should be kept in the files of the health institution in which it was issued.

Appendix A

Vision standards

Testing

All tests needed to determine the visual fitness of a seafarer are to be reliably performed by a competent person and use procedures recognized by the relevant national authority. Quality assurance of vision-testing procedures at a person's first seafarer examination is particularly important to avoid inappropriate career decisions; competent authorities may wish to specify this in detail:

- Distance vision should be tested using Snellen test type or equivalent.
- Near vision should be tested with reading test type.
- Colour vision should be tested by colour confusion plates (Ishihara or equivalent). Supplementary investigations such as lantern tests may be used when appropriate (see the International Recommendations for Colour Vision Requirements for Transport of the International Commission on Illumination (CIE-143-2001, including any subsequent versions)). The use of colour-correcting lenses will invalidate test results and should not be permitted.
- Visual fields may initially be assessed using confrontation tests (Donders, etc.) and any indication of limitation or the presence of a medical condition where visual field loss can occur should lead to more detailed investigation.
- Limitations to night vision may be secondary to specific eye diseases or may follow ophthalmological procedures. They may also be noted during other tests or found as a result of limitations to low-contrast vision testing. Specialist assessment should be undertaken if reduced night vision is suspected.

STCW Code table A-I/9: Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision aided ¹		Near/intermediate vision	Colour vision ³	Visual fields ⁴	Night blindness ⁴	Diplopia (double vision) ⁴
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.5 ²	0.5	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4 ⁵	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes:

- ¹ Values given in Snellen decimal notation.
- ² A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.
- ³ As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001, including any subsequent versions).
- ⁴ Subject to assessment by a clinical vision specialist where indicated by initial examination findings.
- ⁵ Engine department personnel shall have a combined eyesight vision of at least 0.4.
- ⁶ CIE colour vision standard 1 or 2.
- ⁷ CIE colour vision standard 1, 2 or 3.

Visual correction

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.

Additional guidance

If laser refractive surgery has been undertaken, recovery should be complete and the quality of visual performance, including contrast, glare sensitivity and the quality of night vision, should have been checked by a specialist in ophthalmology.

All seafarers should achieve the minimum eyesight standard of 0.1 unaided in each eye (STCW Code, section B-I/9, paragraph 10). This standard may also be relevant to other seafarers to ensure visual capability under emergency conditions when visual correction may be lost or damaged.

Seafarers not covered by the STCW Convention's eyesight standards should have vision sufficient to perform their routine and emergency duties safely and effectively.

Appendix B

Hearing standards

Testing

Hearing capacity for seafarers apart from those identified below should be an average of at least 30 dB (unaided) in the better ear and an average of 40 dB (unaided) in the less good ear within the frequencies 500, 1,000, 2,000 and 3,000 Hz (approximately equivalent to speech-hearing distances of 3 metres and 2 metres, respectively).

It is recommended that hearing examinations should be made by a pure tone audiometer. Alternative assessment methods using validated and standardized tests that measure impairment to speech recognition are also acceptable. Speech and whisper testing may be useful for rapid practical assessments. It is recommended that those undertaking deck/bridge duties are able to hear whispered speech at a distance of 3 metres.

Hearing aids are only acceptable in serving seafarers where it has been confirmed that the individual will be capable of safely and effectively performing the specific routine and emergency duties required of them on the vessel that they serve on throughout the period of their medical certificate. (This may well require access to a back-up hearing aid and sufficient batteries and other consumables.) Arrangements need to be in place to ensure that they will be reliably aroused from sleep in the event of an emergency alarm.

If noise-induced hearing loss is being assessed as part of a health surveillance programme, different criteria and test methods will be required.

It is recommended that national authorities indicate which tests for hearing are to be used, based on national audiological practices, using the above thresholds as criteria. Procedures should include the methods to be adopted in deciding if the use of a hearing aid is acceptable.

Appendix C

Physical capability requirements

Introduction

The physical capability requirements for work at sea vary widely and have to take account of both routine and emergency duties. The functions that may require assessment include:

- strength;
- stamina;
- flexibility;
- balance and coordination;
- size – compatible with entry into confined areas;
- exercise capacity – heart and respiratory reserve; and
- fitness for specific tasks – wearing breathing apparatus.

Medical conditions and physical capability

Limitations may arise from a range of conditions, such as:

- high or low body mass/obesity;
- severely reduced muscle mass;
- musculoskeletal disease, pain or limitations to movement;
- a condition following an injury or surgery;
- lung disease;
- heart and blood vessel disease; and
- some neurological diseases.

Physical capability assessment

Physical capability testing should be undertaken when there is an indication for it, for instance because of the presence of one of the above conditions or because of other concerns about a seafarer's physical capabilities. The aspects that are tested will depend on the reasons for doing it. Table B-I/9 gives recommendations for physical capability abilities to be assessed for those seafarers covered by the STCW Convention, 1978, as amended, based on the tasks undertaken at sea.

The following approaches may be used to assess whether the requirements in table B-I/9 are met:

- Observed ability to do routine and emergency duties in a safe and effective way.
- Tasks that simulate normal and emergency duties.
- Assessment of cardio-respiratory reserve, including spirometry and ergometric tests.

This will predict maximum exercise capacity and hence the seafarer's ability to perform physically demanding work. A large reserve will also indicate that heart and lung performance is less likely to be compromised in the next few years. The benchmark test is maximum oxygen uptake (VO₂ max). This requires dedicated equipment. Step tests such as the Chester or the Harvard, are simpler alternatives, which may be used for screening. If step tests are abnormal, they should be further validated (e.g. VO₂ max or treadmill stress tests).

- Informal testing of reserve, for instance climbing three to six flights of stairs and assessing any distress, plus the speed of pulse rate decline on stopping. This is not readily reproducible but can be used for repeat assessment at the same location by the same medical practitioner.
- Clinical assessment of strength, mobility, coordination, etc.

Additional information may come from activities recently or regularly undertaken, as described by the seafarer, such as:

- physically demanding duties on the vessel, e.g. carrying weights or handling mooring equipment;
- attendance at a physically demanding course within the last two years, e.g. fire-fighting, helicopter escape or STCW basic training; and
- a confirmed personal pattern of regular strenuous exercise.

Interpretation of results

- 1 Is there any evidence that the seafarer is not able to perform their routine and emergency duties effectively?
- 2 Are there any observed limitations to strength, flexibility, stamina or coordination?
- 3 What is the outcome of any test for cardio-respiratory reserve?
 - .1 Test performance limited by shortness of breath, musculoskeletal or other pain, or exhaustion. Causes need to be investigated and taken into account in determining fitness.
 - .2 Unable to complete test.
 - .3 Completed but stressed or with poor recovery after stopping.
 - .4 Completed to good or average standard.

4 Discuss subjective feelings during the test with the subject and also go over experiences of fitness and capability when doing normal tasks and emergency drills. Obtain corroboration from others if performance at work uncertain.

Decision-making

Information from a range of sources may be required and many of these are not easily accessed in the course of a medical examination:

- 1 Is there any indication that physical capability may be limited (e.g. stiffness, obesity or history of heart disease)?
 - .1 No – do not test.
 - .2 Yes – consider what tests or observations will enable the seafarer's capability to perform their routine and emergency duties to be determined. Go to (2).

- 2 Do the test results indicate that capabilities may be limited?
 - .1 No – provided there are no underlying conditions that affect conduct of assessment. Able to perform all duties worldwide within designated department.
 - .2 Yes – but duties can be modified to enable safe working, without putting excess responsibilities on others. Able to perform some but not all duties (R).
 - .3 Yes – but cause of limitation can be remedied. Incompatible with reliable performance of essential duties safely or effectively (T).
 - .4 Yes – but cause of limitation cannot be remedied. Incompatible with reliable performance of essential duties safely or effectively (P).

Table B-I/9. Assessment of minimum entry level and in-service physical abilities for seafarers³

Shipboard task, function, event or condition ³	Related physical ability	A medical examiner should be satisfied that the candidate: ⁴
Routine movement around vessel: - on moving deck - between levels - between compartments <i>Note 1 applies to this row</i>	Maintain balance and move with agility Climb up and down vertical ladders and stairways Step over coamings (e.g. Load Line Convention requires coamings to be 600 mm high) Open and close watertight doors	Has no disturbance in sense of balance Does not have any impairment or disease that prevents relevant movements and physical activities Is, without assistance, ⁵ able to: - climb vertical ladders and stairways - step over high sills - manipulate door closing systems
Routine tasks on board: - use of hand tools - movement of ship's stores - overhead work - valve operation	Strength, dexterity and stamina to manipulate mechanical devices Lift, pull and carry a load (e.g. 18 kg) Reach upwards	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safe operation of the vessel

Shipboard task, function, event or condition ³	Related physical ability	A medical examiner should be satisfied that the candidate: ⁴
<ul style="list-style-type: none"> - standing a four-hour watch - working in confined spaces - responding to alarms, warnings and instructions - verbal communication <p><i>Note 1 applies to this row</i></p>	Stand, walk and remain alert for an extended period Work in constricted spaces and move through restricted openings (e.g. SOLAS regulation 11-1/3-6.5.1 requires openings in cargo spaces and emergency escapes to have the minimum dimensions of 600 mm x 600 mm) Visually distinguish objects, shapes and signals Hear warnings and instructions Give a clear spoken description	Has ability to: <ul style="list-style-type: none"> - work with arms raised - stand and walk for an extended period - enter confined space - fulfil eyesight standards (table A-1/9) - fulfil hearing standards set by competent authority or take account of international guidelines - hold normal conversation
Emergency duties ⁶ on board: <ul style="list-style-type: none"> - Escape - Fire-fighting - Evacuation <p><i>Note 2 applies to this row</i></p>	Don a lifejacket or immersion suit Escape from smoke-filled spaces Take part in fire-fighting duties, including use of breathing apparatus Take part in vessel evacuation procedures	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safe operation of the vessel Has ability to: <ul style="list-style-type: none"> - don lifejacket or immersion suit - crawl - feel for differences in temperature - handle fire-fighting equipment - wear breathing apparatus (where required as part of duties)
<p>Notes:</p> <p>¹ Rows 1 and 2 of the above table describe: (a) ordinary shipboard tasks, functions, events and conditions; (b) the corresponding physical abilities which may be considered necessary for the safety of a seafarer, other crew members and the ship; and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.</p> <p>² Row 3 of the above table describes: (a) emergency shipboard tasks, functions, events and conditions; (b) the corresponding physical abilities which should be considered necessary for the safety of a seafarer, other crew members and the ship; and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.</p> <p>³ This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions. Parties should specify physical abilities applicable to the category of seafarers (such as "deck officer" and "engine rating"). The special circumstances of individuals and for those who have specialized or limited duties should receive due consideration.</p> <p>⁴ If in doubt, the medical practitioner should quantify the degree or severity of any relevant impairment by means of objective tests, whenever appropriate tests are available, or by referring the candidate for further assessment.</p> <p>⁵ The term "assistance" means the use of another person to accomplish the task.</p> <p>⁶ The term "emergency duties" is used to cover all standard emergency response situations such as abandon ship or fire-fighting as well as the procedures to be followed by each seafarer to secure personal survival.</p>		

Appendix D

Fitness criteria for medication use

Introduction

Medication can play an important part in enabling seafarers to continue to work at sea. Some have side effects that can affect safe and effective performance of duties and some have other complications that will increase the likelihood of illness at sea.

This appendix is only concerned with continuing prescribed medication use that is identified at the medical examination. Ship operators need policies in place to reduce the impairing effects from short-term use of prescribed medication or the use of over-the-counter preparations.

The use of oral medication at sea may be prevented by nausea and vomiting, and illness may arise if an oral medication is used to suppress the harmful effects of a condition (e.g. epilepsy) or if it is used to replace essential body chemicals (e.g. hormones).

The examining medical practitioner will need to assess the known adverse effects of each medication used and the individual's reaction to it.

The use of specific medication for some conditions listed in appendix E is noted with the condition.

If medication is clinically essential for the effective control of a condition, e.g. insulin, anticoagulants and medication for mental health conditions, it is dangerous to stop it in an attempt to be fit for work at sea.

The medical practitioner should be alert to the need for the seafarer to have written documentation for the use of their medications. This should be in a form that can be shown to any official who may question the presence of the medication on board. This is particularly important for those medications that are legally prescribed controlled drugs or those drugs which may be abused.

Medications that can impair routine and emergency duties

- 1 Medication affecting the central nervous system functions (e.g. sleeping tablets, antipsychotics, some analgesics, some anti-anxiety and anti-depression treatments and some antihistamines).
- 2 Agents that increase the likelihood of sudden incapacitation (e.g. insulin, some of the older anti-hypertensives and medications predisposing to seizures).
- 3 Medication impairing vision (e.g. hyoscine and atropine).

Medications that can have serious adverse consequences for the user while at sea

- 1 Bleeding from injury or spontaneously (e.g. warfarin); individual assessment of likelihood needed. Anticoagulants such as warfarin or dicoumarin normally have a likelihood of complications that is incompatible with work at sea but, if coagulation values are stable and closely monitored, work that is near to onshore medical facilities and that does not carry an increased likelihood of injury may be considered.

- 2 Dangers from cessation of medication use (e.g. metabolic replacement hormones including insulin, anti-epileptics, anti-hypertensives and oral anti-diabetics).
- 3 Antibiotics and other anti-infection agents.
- 4 Anti-metabolites and cancer treatments.
- 5 Medications supplied for use at individual discretion (asthma treatments and antibiotics for recurrent infections).

Medications that require limitation of period at sea because of surveillance requirements

A wide range of agents, such as anti-diabetics, anti-hypertensives and endocrine replacements.

Issue of medical certificates

Incompatible with the reliable performance of routine and emergency duties safely or effectively:

- on the recommendation of the examining medical practitioner, based on reliable information about severe impairing side effects;
- oral medication where there are life-threatening consequences if doses are missed because of sickness;
- evidence indicating the likelihood of cognitive impairment when taken as prescribed;
- established evidence of severe adverse effects likely to be dangerous at sea, e.g. anticoagulants.

Able to perform some but not all duties or to work in some but not all waters:

(R): medication can cause adverse effects but these only develop slowly, hence work in coastal waters will allow access to medical care.

(L): surveillance of medication effectiveness or side effects needed more frequently than full duration of medical certificate (see guidelines on individual conditions in appendix E).

Able to perform all duties worldwide within designated department:

No impairing side effects; no requirements for regular surveillance of treatment.

Appendix E

Fitness criteria for common medical conditions

Introduction

The medical practitioner should bear in mind that it is not possible to develop a comprehensive list of fitness criteria covering all possible conditions and the variations in their presentation and prognosis. The principles underlying the approach adopted in the table below may often be extrapolated to conditions not covered by it. Decisions on fitness when a medical condition is present depend on careful clinical assessment and analysis and the following points need to be considered whenever a decision on fitness is taken:

- The recommendations in this appendix are intended to allow some flexibility of interpretation while being compatible with consistent decision-making that aims to maintain safety at sea.
- The medical conditions listed are common examples of those that may render seafarers unfit. The list can also be used to determine appropriate limitations to fitness. The criteria given can only provide guidance for physicians and should not replace sound medical judgement.
- The implications for working and living at sea vary widely, depending on the natural history of each condition and the scope for treatment. Knowledge about the condition and an assessment of its features in the individual being examined should be used to reach a decision on fitness.

The table in this appendix is laid out as follows:

- Column 1: WHO International Classification of Diseases, 10th revision (ICD-10). Codes are listed as an aid to analysis and, in particular, international compilation of data.
- Column 2: The common name of the condition or group of conditions, with a brief statement on its relevance to work at sea.
- Column 3: The guideline recommending when work at sea is unlikely to be indicated, either temporarily or permanently. This column should be consulted first when the table is being used to aid decisions about fitness.
- Column 4: The guideline recommending when work at sea may be appropriate but when restriction of duties or monitoring at intervals of less than two years is likely to be appropriate. This column should be consulted if the seafarer does not fit the criteria in column 3.
- Column 5: The guideline recommending when work at sea within a seafarer's designated department is likely to be appropriate. This column should be consulted if the seafarer does not fit the criteria in column 3 or 4.

For some conditions, one or more columns are either not relevant or are not an appropriate certification category. These are identified by the term "Not applicable".

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
A00–B99	Infections			
A00–09	Gastrointestinal infection <i>Transmission to others, recurrence</i>	T – If detected while onshore (current symptoms or awaiting test results on carrier status); or confirmed carrier status until elimination demonstrated	Not applicable	<i>Non-catering department:</i> When satisfactorily treated or resolved <i>Catering department:</i> Fitness decision to be based on medical advice – bacteriological clearance may be required
A15–16	Pulmonary TB <i>Transmission to others, recurrence</i>	T – Positive screening test or clinical history, until investigated If infected, until treatment stabilized and lack of infectivity confirmed P – Relapse or severe residual damage	Not applicable	Successful completion of a course of treatment in accordance with WHO Treatment of Tuberculosis guidelines
A50–64	Sexually transmissible infections <i>Acute impairment, recurrence</i>	T – If detected while onshore, until diagnosis confirmed, treatment initiated and impairing symptoms resolved P – Untreatable impairing late complications	R – Consider near coastal if oral treatment regime in place and symptoms non-incapacitating	On successful completion of treatment
B15	Hepatitis A <i>Transmissible by food or water contamination</i>	T – Until jaundice resolved and liver function tests returned to normal	Not applicable	On full recovery
B16–19	Hepatitis B, C, etc. <i>Transmissible by contact with blood or other bodily fluids. Possibility of permanent liver</i>	T – Until jaundice resolved and liver function tests returned to normal P – Persistent liver impairment	R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case decision-making based on duties and voyage	On full recovery and confirmation of low level of infectivity

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	<i>impairment and liver cancer</i>	with symptoms affecting safe work at sea or with likelihood of complications	patterns	
B20–24	HIV+ <i>Transmissible by contact with blood or other bodily fluids. Progression to HIV-associated diseases or AIDS</i>	T – Until stabilized on treatment with CD4 level of >350 or when treatment changed and tolerance of new medication uncertain P – Non-reversible impairing HIV-associated diseases. Continuing impairing effects of medication	R, L – Time limited and/or near coastal: HIV+ and low likelihood of progression; on no treatment or on stable medication without side effects, but requiring regular specialist surveillance	HIV+, no current impairment and very low* likelihood of disease progression. No side effects of treatment or requirements for frequent surveillance
A00–B99 Not listed separately	Other infections <i>Personal impairment, infection of others</i>	T – If detected while onshore: until free from risk of transmission and capable of performing duties P – If continuing likelihood of repeated impairing or infectious recurrences	Case-by-case decision based on nature of infection	Full recovery and confirmation of low level of infectivity
C00–48	Cancers			
C00–48	Malignant neoplasms – including lymphoma, leukaemia and related conditions <i>Recurrence – especially acute complications, e.g. harm to self from bleeding and to others from seizures</i>	T – Until investigated, treated and prognosis assessed P – Continuing impairment with symptoms affecting safe work at sea or with high likelihood of recurrence	L – Time limited to interval between specialist reviews if: cancer diagnosed <5 years ago; and there is no current impairment of performance of normal or emergency duties or living at sea; and there is a low likelihood of	Cancer diagnosed more than 5 years ago, or specialist reviews no longer required and no current impairment or low continuing likelihood of impairment from recurrence. To be confirmed by specialist report with

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
			recurrence and minimal risk of requirement for urgent medical treatment R – Restricted to near coastal waters if any continuing impairment does not interfere with essential duties and any recurrence is unlikely to require emergency medical treatment	evidence for opinion stated
D50–89	Blood disorders			
D50–59	Anaemia/Haemoglobinopathies <i>Reduced exercise tolerance.</i> <i>Episodic red cell breakdown</i>	T – Distant waters, until haemoglobin normal and stable P – Severe recurrent or continuing anaemia or impairing symptoms from red cell breakdown that are untreatable	R, L – Consider restriction to near coastal waters and regular surveillance if reduced haemoglobin level but asymptomatic	Normal levels of haemoglobin
D73	Splenectomy (history of surgery) <i>Increased susceptibility to certain infections</i>	T – Post surgery until fully recovered	R – Case-by-case assessment. Likely to be fit for coastal and temperate work but may need restriction on service in tropics	Case-by-case assessment

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
D50–89 Not listed separately	Other diseases of the blood and blood-forming organs <i>Varied recurrence of abnormal bleeding and also possibly reduced exercise tolerance or low resistance to infections</i>	T – While under investigation P – Chronic coagulation disorders	Case-by-case assessment for other conditions	Case-by-case assessment
E00–90	Endocrine and metabolic			
E10	Diabetes – Insulin using <i>Acute impairment from hypoglycaemia. Complications from loss of blood glucose control Increased likelihood of visual, neurological and cardiac problems</i>	T – From start of treatment until stabilized P – If poorly controlled or not compliant with treatment. History of hypoglycaemia or loss of hypoglycaemic awareness. Impairing complications of diabetes	R, L – Subject to evidence of good control, full compliance with treatment recommendations and good hypoglycaemia awareness Fit for near coastal duties without solo watchkeeping. Time limited until next specialist check-up. Must be under regular specialist surveillance	Not applicable
E11–14	Diabetes – Non-insulin treated, on other medication <i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems</i>	T – Distant waters and watchkeeping until stabilized	R – Near coastal waters and non-watchkeeping duties until stabilized R – Near coastal waters, no solo watchkeeping if minor side effects from medication. Especially when using sulphonylureas L – Time limited if compliance poor or medication needs frequent review. Check diet, weight and vascular risk factor control	When stabilized, in the absence of impairing complications

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	Diabetes – Non-insulin treated , treated by diet alone <i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems</i>	T – Distant waters and watchkeeping until stabilized	R – Near coastal waters and non-watchkeeping duties until stabilized L – Time limited when stabilized, if compliance poor. Check diet, weight and vascular risk factor control	When stabilized, in the absence of impairing complications
E65–68	Obesity/abnormal body mass – high or low <i>Accident to self, reduced mobility and exercise tolerance for routine and emergency duties. Increased likelihood of diabetes, arterial diseases and arthritis</i>	T – If safety-critical duties cannot be performed, capability or exercise test (Appendix C) performance is poor P – Safety-critical duties cannot be performed; capability or exercise test performance is poor with failure to achieve improvements Note: Body mass index is a useful indicator of when additional assessment is needed. National norms will vary. It should not form the sole basis for decisions on capability	R, L – Time limited and restricted to near coastal waters or to restricted duties if unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties	Capability and exercise test (Appendix E) performance average or better, weight steady or reducing and no co-morbidity
E00–90 Not listed separately	Other endocrine and metabolic disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes) <i>Likelihood of recurrence or complications</i>	T – Until treatment established and stabilized without adverse effects P – If continuing impairment, need for frequent adjustment of medication or increased likelihood of major complications	R, L – Case-by-case assessment with specialist advice if any uncertainty about prognosis or side effects of treatment. Need to consider likelihood of impairing complications from condition or its treatment, including problems taking medication, and	If medication stable with no problems in taking at sea and surveillance of conditions infrequent, no impairment and very low likelihood of complications Addison's disease: The risks will usually be such that an

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
			consequences of infection or injury while at sea	unrestricted certificate should not be issued
F00–99	Mental, cognitive and behavioural disorders			
F10	Alcohol abuse (dependency) <i>Recurrence, accidents, erratic behaviour/safety performance</i>	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse P – If persistent or there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: treating physician reports successful participation in rehabilitation programme; and there is an improving trend in liver function tests	After three years from end of last episode without relapse and without co-morbidity

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F11-19	Drug dependence/persistent substance abuse , includes both illicit drug use and dependence on prescribed medications <i>Recurrence, accidents, erratic behaviour/safety performance</i>	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse P – If persistent or there is co- morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: · treating physician reports successful participation in rehabilitation programme; and · evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives; and · continuing participation in drug screening programme	After three years from end of last episode without relapse and without co-morbidity

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F20–31	<p>Psychosis (acute) – whether organic, schizophrenic or other category listed in the ICD. Bipolar (manic depressive disorders) <i>Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour</i></p>	<p><i>Following single episode with provoking factors:</i> T – Until investigated and stabilized and conditions for fitness met. At least three months after episode</p> <p><i>Following single episode without provoking factors or more than one episode with or without provoking factors:</i> T – Until investigated and stabilized and conditions for fitness met. At least two years since last episode P – More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met</p>	<p>R, L – Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: · seafarer has insight; · is compliant with treatment; and · has no adverse effects from medication</p> <p>R, L – Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without close supervision and continuing medical monitoring providing that: · the seafarer has insight; · is compliant with treatment; and · has no impairing adverse effects from medication</p>	<p>Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided</p> <p>Case-by-case assessment to exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years</p>

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F32–38	Mood/affective disorders Severe anxiety state, depression, or any other mental disorder likely to impair performance <i>Recurrence, reduced performance, especially in emergencies</i>	T – While acute, under investigation or if impairing symptoms or side effects of medication present. At least three months on stable medication P – Persistent or recurrent impairing symptoms	R, L – Restrict to near coastal waters and not to work as master in charge of ship, only when seafarers has: · good functional recovery; · insight; · is fully compliant with treatment, with no impairing side effects; and · a low* likelihood of recurrence	Case-by-case assessment to exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing effects
	Mood/affective disorders Minor or reactive symptoms of anxiety/depression <i>Recurrence, reduced performance, especially in emergencies</i>	T – Until symptom free. If on medication to be on a stable dose and free from impairing adverse effects P – Persistent or recurrent impairing symptoms	R, L – Time limited and consider geographical restriction if on stable dose of medication and free from impairing symptoms or impairing side effects from medication	Case-by-case assessment after one year from end of episode if symptom free and off medication or on medication with no impairing effects
F00–99 Not listed separately	Other disorders , e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism) <i>Impairment of performance and reliability and impact on relationships</i>	P – If considered to have safety-critical consequences	R – As appropriate if capable of only limited duties	No anticipated adverse effects while at sea. No incidents during previous periods of sea service
G00–99	Diseases of the nervous system			
G40–41	Single seizure <i>Harm to ship, others and self from seizures</i>	Single seizure T – While under investigation and for one year after seizure	R – One year after seizure and on stable medication. Non-watchkeeping duties in near coastal waters	One year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	Epilepsy – No provoking factors (multiple seizures) <i>Harm to ship, others and self from seizures</i>	T – While under investigation and for two years after last seizure P – Recurrent seizures, not controlled by medication	R – Off medication or on stable medication with good compliance: case-by-case assessment of fitness, restricted to non-watchkeeping duties in near-coastal waters	Seizure-free for at least the last ten years, has not taken anti-epilepsy drugs during that ten-year period and does not have a continuing likelihood of seizures
	Epilepsy – provoked by alcohol, medication, head injury (multiple seizures) <i>Harm to ship, others and self from seizures</i>	T – While under investigation and for two years after last seizure P – Recurrent fits, not controlled by medication	R – Case-by-case assessment after two years' abstention from any known provoking factors, seizure-free and either off medication or on stable medication with good compliance; restricted to non-watchkeeping duties in near coastal waters	Seizure-free for at least the last five years, has not taken anti-epilepsy drugs during that five-year period, provided there is not continuing exposure to the provoking agent
G43	Migraine (frequent attacks causing incapacity) <i>Likelihood of disabling recurrences</i>	P – Frequent attacks leading to incapacity	R – As appropriate. If only capable of limited duties	No anticipated incapacitating adverse effects while at sea. No incidents during previous periods of sea service
G47	Sleep apnoea <i>Fatigue and episodes of sleep while working</i>	T – Until treatment started and successful for three months P – Treatment unsuccessful or not being complied with	L – Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed. Six-monthly assessments of compliance based on CPAP machine recording	Case-by-case assessment based on job and emergency requirements, informed by specialist advice

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	Narcolepsy <i>Fatigue and episodes of sleep while working</i>	T – Until controlled by treatment for at least two years P – Treatment unsuccessful or not being complied with	R, L – Near coastal waters and no watchkeeping duties, if specialist confirms full control of treatment for at least two years Annual review	Not applicable
G00–99 Not listed separately	Other organic nervous disease, e.g. multiple sclerosis, Parkinson's disease <i>Recurrence/progression. Limitations on muscular power, balance, coordination and mobility</i>	T – Until diagnosed and stable P – If limitations affect safe working or unable to meet physical capability requirements (Appendix C)	R, L – Case-by-case assessment based on job and emergency requirements, informed by specialist advice	Case-by-case assessment based on job and emergency requirements, informed by specialist advice

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
R55	Syncope and other disturbances of consciousness <i>Recurrence causing injury or loss of control</i>	T – Until investigated to determine cause and to demonstrate control of any underlying condition Event is: (a) simple faint; (b) not a simple faint; unexplained disturbance, not recurrent and without any detected underlying cardiac, metabolic or neurological cause T – Four weeks (c) Disturbance; recurrent or with possible underlying cardiac, metabolic or neurological cause T – With possible underlying cause that is not identified or treatable; for six months after event if no recurrences T – With possible underlying cause or cause found and treated; for one month after successful treatment (d) Disturbance of consciousness with features indicating a seizure. Go to G40–41	R, L – Case-by-case decision, near coastal with no lone watchkeeping R, L – Case-by-case decision, near coastal with no lone watchkeeping	Simple faint; if no incapacitating recurrences Three months after event if no recurrences With possible underlying cause but no treatable cause found; one year after event if no recurrences With possible underlying cause found and treated; three months after successful treatment With seizure markers – not applicable

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
		P – For all of above if recurrent incidents persist despite full investigation and appropriate treatment		
T90	Intracranial surgery/injury , including treatment of vascular anomalies or serious head injury with brain damage <i>Harm to ship, others and self from seizures. Defects in cognitive, sensory or motor function. Recurrence or complication of underlying condition</i>	T – For one year or longer until seizure likelihood low,* based on advice from specialist P – Continuing impairment from underlying condition or injury or recurrent seizures	R – After at least one year, near coastal, no lone watchkeeping if seizure likelihoods low* and no impairment from underlying condition or injury Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist	No impairment from underlying condition or injury, not on anti-epilepsy medications. Seizure likelihood very low* Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist
H00–99	Diseases of the eyes and ears			
H00–59	Eye disorders: Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment) <i>Future inability to meet vision standards, risk of recurrence</i>	T – Temporary inability to meet relevant vision standards (appendix A) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant vision standards (appendix A) or, if treated, increased likelihood of subsequent deterioration or impairing recurrence	R – Near coastal waters if recurrence unlikely but foreseeable and treatable with early medical intervention L – If risk of progression foreseeable but unlikely and can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where vision standards (appendix A) are not met during period of certificate is very unlikely

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
H65–67	Otitis – External or media <i>Recurrence, risk as infection source in food handlers, problems using hearing protection</i>	T – Until treated P – If chronic discharge from ear in food handler	Case-by-case assessment. Consider effects of heat, humidity and hearing protection use in otitis externa	Effective treatment and no excess likelihood of recurrence
H68–95	Ear disorders: Progressive (e.g. otosclerosis)	T – Temporary inability to meet relevant hearing standards (appendix B) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant hearing standards (appendix B) or, if treated, increased likelihood or subsequent deterioration or impairing recurrence	L – If risk of progression foreseeable but unlikely and it can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where hearing standards (appendix B) are not met during period of certificate is very unlikely
H81	Ménière's disease and other forms of chronic or recurrent disabling vertigo <i>Inability to balance, causing loss of mobility and nausea</i> See STCW table in appendix C	T – During acute phase P – Frequent attacks leading to incapacity	R – As appropriate. If only capable of limited duties R, L – If frequent specialist surveillance required	Low* likelihood of impairing effects while at sea

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I00–99	Cardiovascular system			
I05–08 I34–39	Congenital and valve disease of heart (including surgery for these conditions) Heart murmurs not previously investigated <i>Likelihood of progression, limitations on exercise</i>	T – Until investigated and, if required, treated P – If exercise tolerance limited or episodes of incapacity occur or if on anticoagulants or if permanent high likelihood of impairing event	R – Near coastal waters if case-by-case assessment indicates either likelihood of acute complications or rapid progression L – If frequent surveillance is recommended	<i>Heart murmurs</i> – Where unaccompanied by other heart abnormalities and considered benign by a specialist cardiologist following examination <i>Other conditions</i> – Case-by-case assessment based on specialist advice
I10–15	Hypertension <i>Increased likelihood of ischemic heart disease, eye and kidney damage and stroke. Possibility of acute hypertensive episode</i>	T – Normally if >160 systolic or >100 diastolic mm Hg until investigated and treated in accordance with national or international guidelines for hypertension management P – If persistently >160 systolic or >100 diastolic mm Hg with or without treatment	L – If additional surveillance needed to ensure level remains within national guideline limits	If treated in accordance with national guidelines and free from impairing effects from condition or medication
I20–25	Cardiac event , i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognized left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty <i>Sudden loss of capability, exercise limitation. Problems of managing repeat cardiac event at sea</i>	T – For three months after initial investigation and treatment, longer if symptoms not resolved P – If criteria for issue of certificate not met and further reduction of likelihood of recurrence improbable	L – If excess likelihood of recurrence is very low* and fully compliant with risk reduction recommendations and no relevant co-morbidity, issue six-month certificate initially and then annual certificate R, L – If excess likelihood of recurrence is low.* Restricted to: no lone working or solo watchkeeping; and	Not applicable

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
			operations in near-coastal waters, unless working on vessel with ship's doctor Issue six-month certificate initially and then annual certificate R, L – If likelihood of recurrence is moderate* and asymptomatic. Able to meet the physical requirements or their normal and emergency duties: - no lone working or watchkeeping/ lookout; and - operating within one hour of port, unless working on vessel with ship's doctor Case-by-case assessment to determine restrictions Annual review	

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I44–49	Cardiac arrhythmias and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD)) <i>Likelihood of impairment from recurrence, sudden loss of capability, exercise limitation. Pacemaker/ICD activity may be affected by strong electric fields</i>	T – Until investigated, treated and adequacy of treatment confirmed P – If disabling symptoms present or excess likelihood of impairment from recurrence, including ICD implant	L – Surveillance needed at shorter intervals and no impairing symptoms present and very low* excess likelihood of impairment from recurrence, based on specialist report R – Restrictions on solo duties or for distant waters if low* likelihood of acute impairment from recurrence or foreseeable requirement for access to specialist care Surveillance and treatment regime to be specified. If pacemaker fitted, duration of certificate to coincide with pacemaker surveillance	Surveillance not needed or needed at intervals of more than two years; no impairing symptoms present; and very low* likelihood of impairment from recurrence, based on specialist report
I61–69 G46	Ischaemic cerebrovascular disease (stroke or transient ischaemic attack) <i>Increased likelihood of recurrence, sudden loss of capability, mobility limitation. Liable to develop other circulatory disease causing sudden loss of capability</i>	T – Until treated and any residual impairment stabilized and for three months after event P – If residual symptoms interfere with duties or there is significant excess likelihood of recurrence	R, L – Case-by-case assessment of fitness for duties; exclude from lone watchkeeping. Assessment should include likelihood of future cardiac events. General standards of physical fitness should be met (appendix C). Annual assessment	Not applicable

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I73	Arterial-claudication <i>Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity</i>	T – Until assessed P – If incapable of performing duties	R, L – Consider restriction to non-watchkeeping duties in coastal waters, provided symptoms are minor and do not impair essential duties or if they are resolved by surgery or other treatment and general standard of fitness can be met (appendix C). Assess likelihood of future cardiac events (follow criteria in I20–25). Review at least annually	Not applicable
I83	Varicose veins <i>Possibility of bleeding if injured, skin changes and ulceration</i>	T – Until treated if impairing symptoms. Post-surgery for up to one month	Not applicable	No impairing symptoms or complications
I80.2–3	Deep vein thrombosis/pulmonary embolus <i>Likelihood of recurrence and of serious pulmonary embolus Likelihood of bleeding from anticoagulant treatment</i>	T – Until investigated and treated and normally while on short-term anticoagulants P – Consider if recurrent events or on permanent anticoagulants	R, L – May be considered fit for work with a low liability for injury in national coastal waters, once stabilized on anticoagulants with regular monitoring of level of coagulation	Full recovery with no anticoagulant use
I00–99 Not listed separately	Other heart disease , e.g. cardiomyopathy, pericarditis, heart failure <i>Likelihood of recurrence, sudden loss of capability, exercise limitation</i>	T – Until investigated, treated and adequacy of treatment confirmed P – If impairing symptoms or likelihood of impairment from recurrence	Case-by-case assessment, based on specialist reports	Case-by-case assessment, very low* likelihood of recurrence

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
J00–99	Respiratory system			
J02–04 J30–39	Nose, throat and sinus conditions <i>Impairing for individual. May recur. Transmission of infection to food/other crew in some conditions</i>	T – Until resolved P – If impairing and recurrent	Case-by-case assessment	When treatment complete, if no factors predisposing to recurrence
J40–44	Chronic bronchitis and/or emphysema <i>Reduced exercise tolerance and impairing symptoms</i>	T – If acute episode P – If repeated severe recurrences or if general fitness standards cannot be met or if impairing shortness of breath	R, L – Case-by-case assessment More stringency for distant water duties. Consider fitness for emergencies and ability to meet general standards of physical fitness (Appendix C) Annual review	Not applicable
J45–46	Asthma (detailed assessment with information from specialist in all new entrants) <i>Unpredictable episodes of severe breathlessness</i>	T – Until episode resolved, cause investigated (including any occupational link) and effective treatment regime in place In person under age 20 with hospital admission or oral steroid use in last three years P – If foreseeable likelihood of rapid life-threatening asthma attack while at sea or history of uncontrolled asthma, i.e. history of multiple hospital admissions	R, L – Near coastal waters only or on ship with doctor if history of moderate** adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years, or history of mild or exercise-induced asthma that requires regular treatment	Under age 20: If history of mild or moderate** childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment Over age 20: If history of mild** or exercise-induced** asthma and no requirements for continuing regular treatment

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
J93	Pneumothorax (spontaneous or traumatic) <i>Acute impairment from recurrence</i>	T – Normally for 12 months after initial episode or shorter duration as advised by specialist P – After recurrent episodes unless pleurectomy or pleurodesis performed	R – Duties in harbour areas only once recovered	Normally 12 months after initial episode or shorter duration as advised by specialist Post-surgery – based on advice of treating specialist
K00–99	Digestive system			
K01–06	Oral health <i>Acute pain from toothache. Recurrent mouth and gum infections</i>	T – If visual evidence of untreated dental defects or oral disease P – If excess likelihood of dental emergency remains after treatment completed or seafarer non-compliant with dental recommendations	R – Limited to near coastal waters, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety-critical manning issues for vessel	If teeth and gums (gums alone of edentulous and with well-fitting dentures in good repair) appear to be good. No complex prosthesis; or if dental check in last year, with follow-up completed and no problems since
K25–28	Peptic ulcer <i>Recurrence with pain, bleeding or perforation</i>	T – Until healing or cure by surgery or by control of helicobacter and on normal diet for three months P – If ulcer persists despite surgery and medication	R – Consider case-by-case assessment for earlier return to near coastal duties	When cured and on normal diet for three months
K40–41	Hernias – Inguinal and femoral <i>Likelihood of strangulation</i>	T – Until surgically investigated to confirm no likelihood of strangulation and, if required, treated	R – Untreated: Consider case-by-case assessment for near coastal waters	When satisfactorily treated or exceptionally when surgeon reports that there is no likelihood of strangulation

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K42–43	Hernias – Umbilical, ventral <i>Instability of abdominal wall on bending and lifting</i>	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort
K44	Hernias – Diaphragmatic (hiatus) <i>Reflux of stomach contents and acid causing heartburn, etc.</i>	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them
K50, 51, 57, 58, 90	Non-infectious enteritis, colitis, Crohn's disease, diverticulitis, etc. <i>Impairment and pain</i>	T – Until investigated and treated P – If severe or recurrent	R – Does not meet the requirements for unrestricted certificate but rapidly developing recurrence unlikely: near coastal duties	Case-by-case specialist assessment. Fully controlled with low likelihood of recurrence
K60 184	Anal conditions: Piles (haemorrhoids), fissures, fistulae <i>Likelihood of episode causing pain and limiting activity</i>	T – If piles prolapsed, bleeding repeatedly or causing symptoms; if fissure or fistula painful, infected, bleeding repeatedly or causing faecal incontinence P – Consider if not treatable or recurrent	Case-by-case assessment of untreated cases for near coastal duties	When satisfactorily treated
K70, 72	Cirrhosis of liver <i>Liver failure. Bleeding oesophageal varices</i>	T – Until fully investigated P – If severe or complicated by ascites or oesophageal varices	R, L – Case-by-case specialist assessment	Not applicable

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K80–83	Biliary tract disease <i>Biliary colic from gallstones, jaundice, liver failure</i>	T – Biliary colic until definitely treated P – Advanced liver disease, recurrent or persistent impairing symptoms	R, L – Case-by-case specialist assessment. Does not meet requirements for unlimited certificate. Sudden onset of biliary colic unlikely	Case-by-case specialist assessment. Very low likelihood of recurrence or worsening in next two years
K85–86	Pancreatitis <i>Likelihood of recurrence</i>	T – Until resolved P – If recurrent or alcohol related, unless confirmed abstinence	Case-by-case assessment based on specialist reports	Case-by-case assessment based on specialist reports, very low likelihood of recurrence
Y83	Stoma (ileostomy, colostomy) <i>Impairment if control is lost – need for bags, etc. Potential problems during prolonged emergency</i>	T – Until stabilized P – Poorly controlled	R – Case-by-case assessment	Case-by-case specialist assessment
N00–99	Genito-urinary conditions			
N00, N17	Acute nephritis <i>Renal failure, hypertension</i>	P – Until resolved	Case-by-case assessment if any residual effects	Full recovery with normal kidney function and no residual damage
N03–05, N18–19	Sub-acute or chronic nephritis or nephrosis <i>Renal failure, hypertension</i>	T – Until investigated	R, L – Case-by-case assessment by specialist, based on renal function and likelihood of complications	Case-by-case assessment by specialist, based on renal function and likelihood of complications
N20–23	Renal or ureteric calculus <i>Pain from renal colic</i>	T – Until investigated and treated P – Recurrent stone formation	R – Consider if concern about ability to work in tropics or under high temperature conditions. Case-by-case assessment for near coastal duties	Case-by-case assessment by specialist with normal urine and renal function without recurrence

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
N33, N40	Prostatic enlargement/urinary obstruction <i>Acute retention of urine</i>	T – Until investigated and treated P – If not remediable	R – Case-by-case assessment for near coastal duties	Successfully treated; low* likelihood of recurrence
N70–98	Gynaecological conditions – Heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs or other <i>Impairment from pain or bleeding</i>	T – If impairing or investigation needed to determine cause and remedy it	R – Case-by-case assessment if condition is likely to require treatment on voyage or affect working capacity	Fully resolved with low* likelihood of recurrence
R31, 80, 81, 82	Proteinuria, haematuria, glycosuria or other urinary abnormality <i>Indicator of kidney or other diseases</i>	T – If initial findings clinically significant P – Serious and non-remediable underlying cause – e.g. impairment of kidney function	L – When repeat surveillance required R, L – When uncertainty about cause but no immediate problem	Very low likelihood of serious underlying condition
Z90.5	Removal of kidney or one non-functioning kidney <i>Limits to fluid regulation under extreme conditions if remaining kidney not fully functional</i>	P – Any reduction of function in remaining kidney in new seafarer. Significant dysfunction in remaining kidney of serving seafarer	R – No tropical or other heat exposure. Serving seafarer with minor dysfunction in remaining kidney	Remaining kidney must be fully functional and not liable to progressive disease, based on renal investigations and specialist report

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
O00–99	Pregnancy			
O00–99	Pregnancy <i>Complications, late limitations on mobility. Potential for harm to mother and child in the event of premature delivery at sea</i>	T – Late stage of pregnancy and early postnatal period Abnormality of pregnancy requiring high level of surveillance	R, L – Case-by-case assessment if minor impairing effects. May consider working until later in pregnancy on near coastal vessel	Uncomplicated pregnancy with no impairing effects – normally until 24th week Decisions to be in accord with national practice and legislation. Pregnancy should be declared at an early stage so that national recommendations on antenatal care and screening can be followed
L00–99	Skin			
L00–08	Skin infections <i>Recurrence, transmission to others</i>	T – Until satisfactorily treated P – Consider for catering staff with recurrent problems	R, L – Based on nature and severity of infection	Cured with low likelihood of recurrence
L10–99	Other skin diseases , e.g. eczema, dermatitis, psoriasis <i>Recurrence, sometimes occupational cause</i>	T – Until investigated and satisfactorily treated	Case-by-case decision R – As appropriate if aggravated by heat, or substances at work	Stable, not impairing
M00–99	Musculoskeletal			
M10–23	Osteoarthritis , other joint diseases and subsequent joint replacement <i>Pain and mobility limitation affecting normal or emergency duties. Possibility of infection or dislocation and limited life of replacement joints</i>	T – Full recovery of function and specialist advice required before return to sea after hip or knee replacement P – For advanced and severe cases	R – Case-by-case assessment based on job requirements and history of condition. Consider emergency duties and evacuation from ship. Should meet general fitness requirements (appendix D)	Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of worsening such that duties could not be undertaken

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
M24.4	Recurrent instability of shoulder or knee joints <i>Sudden limitation of mobility, with pain</i>	T – Until satisfactorily treated	R – Case-by-case assessment of occasional instability	Treated; very low* likelihood of recurrence
M54.5	Back pain <i>Pain and mobility limitation affecting normal or emergency duties. Exacerbation of impairment</i>	T – In acute stage P – If recurrent or incapacitating	Case-by-case assessment	Case-by-case assessment
Y83.4 Z97.1	Limb prosthesis <i>Mobility limitation affecting normal or emergency duties</i>	P – If essential duties cannot be performed	R – If routine and emergency duties can be performed but there are limitations on specific non-essential activities	If general fitness requirements are fully met (appendix C). Arrangements for fitting prosthesis in emergency must be confirmed
	General			
R47, F80	Speech disorders <i>Limitations to communication ability</i>	P – Incompatible with reliable performance of routine and emergency duties safely or effectively	R – If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and effectively Specify assistance	No impairment to essential speech communication
T78 Z88	Allergies (other than allergic dermatitis and asthma) <i>Likelihood of recurrence and increasing severity of response. Reduced ability to perform duties</i>	T – Until fully investigated by specialist P – If life-threatening response reasonably foreseeable	Case-by-case assessment of likelihood and severity of response, management of the condition and access to medical care R – Where response is impairing rather than life-threatening, and reasonable adjustments can be	Where response is impairing rather than life-threatening, and effects can be fully controlled by long-term non-steroidal self-medication or by lifestyle modifications that are practicable at sea

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
			made to reduce likelihood of recurrence	with no safety-critical adverse effects
Z94	Transplants – Kidney, heart, lung, liver (for prosthetics, i.e. joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections) <i>Possibility of rejection. Side effects of medication</i>	T – Until effects of surgery and anti-rejection medication stable P – Case-by-case assessment, with specialist advice	R, L – Case-by-case assessment, with specialist advice	Not applicable
Classify condition	by Progressive conditions , which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus	T – Until investigated and treated if indicated P – Consider at pre-sea medical if likely to prevent completion or limit scope of training	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely
Classify condition	by Conditions not specifically listed	T – Until investigation and treated if indicated P – If permanently impairing	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee	Use analogy with related conditions as a guide. Consider excess likelihood of sudden incapacity, of recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee

Notes:

- * *Recurrence rates: Where the terms very low, low and moderate are used for the excess likelihood of a recurrence. These are essentially clinical judgements but, for some conditions, quantitative evidence on the likelihood of recurrence is available. Where this is available, e.g. for seizure and cardiac events, it may indicate the need for additional investigations to determine an individual's excess likelihood of a recurrence.*

Quantitative recurrence levels approximate to:

- *Very low: recurrence rate less than 2 per cent per year;*
- *Low: recurrence rate 2-5 per cent per year;*
- *Moderate: recurrence rate 5-20 per cent per year.*

** *Asthma severity definitions:*

Childhood asthma:

- *Mild: Onset age >ten, few or no hospitalizations, normal activities between episodes, controlled by inhaler therapy alone, remission by age 16, normal lung function.*
- *Moderate: Few hospitalizations, frequent use of reliever inhaler between episodes, interference with normal exercise activity, remission by age 16, normal lung function.*
- *Severe: Frequent episodes requiring treatment to be made more intensive, regular hospitalization, frequent oral or IV steroid use, lost schooling, abnormal lung function.*

Adult asthma:

Asthma may persist from childhood or start over the age of 16. There is a wide range of intrinsic and external causes for asthma developing in adult life. In late-entry recruits with a history of adult onset asthma, the role of specific allergens, including those causing occupational asthma, should be investigated. Less specific inducers such as cold, exercise and respiratory infection also need to be considered. All can affect fitness for work at sea.

- *Mild intermittent asthma: Infrequent episodes of mild wheezing occurring less than once every two weeks, readily and rapidly relieved by beta agonist inhaler.*
- *Mild asthma: Frequent episodes of wheezing requiring use of beta agonist inhaler or the introduction of a corticosteroid inhaler. Taking regular inhaled steroids (or steroid/long-acting beta agonists) may effectively eliminate symptoms and the need for use of beta agonist treatment.*
- *Exercise-induced asthma: Episodes of wheezing and breathlessness provoked by exertion, especially in the cold. Episodes may be effectively treated by inhaled steroids (or steroid/long-acting beta agonist) or other oral medication.*
- *Moderate asthma: Frequent episodes of wheezing despite regular use of inhaled steroid (or steroid/long acting beta agonist) treatment requiring continued use of frequent beta agonist inhaler treatment, or the addition of other medication, occasional requirement for oral steroids.*
- *Severe asthma: Frequent episodes of wheezing and breathlessness, frequent hospitalization, frequent use of oral steroid treatment.*

Appendix F

Suggested format for recording medical examinations of seafarers

Name (last, first, middle): _____

Date of birth (day/month/year):/..../.....

Sex: __ Male __ Female

Home address: _____

Method of confirmation of identity, e.g. Passport No./Seafarer's book No. or other relevant identity document No.: _____

Department (deck/engine/radio/food handling/other): _____

Routine and emergency duties (if known): _____

Type of ship (e.g. container, tanker, passenger): _____

Trade area (e.g. coastal, tropical, worldwide): _____

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition	Yes	No
1. Eye/vision problem		
2. High blood pressure		
3. Heart/vascular disease		
4. Heart surgery		
5. Varicose veins/piles		
6. Asthma/bronchitis		
7. Blood disorder		
8. Diabetes		
9. Thyroid problem		
10. Digestive disorder		
11. Kidney problem		
12. Skin problem		
13. Allergies		
14. Infectious/contagious diseases		
15. Hernia		
16. Genital disorder		
17. Pregnancy		
18. Sleep problem		
19. Do you smoke, use alcohol or drugs?		
20. Operation/surgery		
21. Epilepsy/seizures		
22. Dizziness/fainting		

Condition	Yes	No
23. Loss of consciousness		
24. Psychiatric problems		
25. Depression		
26. Attempted suicide		
27. Loss of memory		
28. Balance problem		
29. Severe headaches		
30. Ear (hearing, tinnitus)/nose/throat problem		
31. Restricted mobility		
32. Back or joint problem		
33. Amputation		
34. Fractures/dislocations		

If you answered "yes" to any of the above questions, please give details:

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		
36. Have you ever been hospitalized?		
37. Have you ever been declared unfit for sea duty?		
38. Has your medical certificate even been restricted or revoked?		
39. Are you aware that you have any medical problems, diseases or illnesses?		
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41. Are you allergic to any medication?		

Comments:

Additional questions	Yes	No
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42. Are you taking any non-prescription or prescription medications?

If yes, please list the medications taken, and the purpose(s) and dosage(s):

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (day/month/year):...../...../.....

Witnessed by (signature): _____ Name (typed or printed): _____

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Signature of examinee: _____ Date (day/month/year):/..../.....

Witnessed by (signature): _____ Name (typed or printed): _____

Date and contact details for previous medical examination (if known): _____

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

Visual acuity

<u>Unaided</u>			<u>Aided</u>		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular

Distant

Near

Visual fields

Normal	Defective
---------------	------------------

Right eye

Left eye

Colour vision

Not tested Normal Doubtful Defective

Hearing

Pure tone and audiometry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear				
Left ear				

Speech and whisper test (metres)

	Normal	Whisper
Right ear		
Left ear		

Clinical findings

Height: _____ (cm) Weight: _____ (kg)
Pulse rate: _____/(minute) Rhythm: _____
Blood pressure: Systolic: _____ (mm Hg) Diastolic: _____ (mm Hg)
Urinalysis: Glucose: _____ Protein: _____ Blood: _____

	Normal	Abnormal
Head		
Sinuses, nose, throat		
Mouth/teeth		
Ears (general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest		
Breast examination		
Heart		
Skin		
Varicose veins		
Vascular (inc. pedal pulses)		
Abdomen and viscera		
Hernia		
Anus (not rectal exam)		
G-U system		

	Normal	Abnormal
Upper and lower extremities		
Spine (C/S, T/S and L/S)		
Neurologic (full/brief)		
Psychiatric		
General appearance		

Chest X-ray

Not performed Performed on (day/month/year):/...../.....

Results:

Other diagnostic test(s) and result(s):

Test: Result:

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for lookout duty Not fit for lookout duty

	Deck service	Engine service	Catering service	Other services		
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Without restrictions	<input type="checkbox"/>	With restrictions	<input type="checkbox"/>	Visual aid required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe restrictions (e.g. specific position, type of ship, trade area)

Medical certificate's date of expiration (day/month/year): ____/____/____

Date medical certificate issued (day/month/year): ____/____/____

Number of medical certificate: _____

Signature of medical practitioner: _____

Medical practitioner information (name, licence number, address):

Appendix G

Medical certificate for service at sea

The minimum requirements for medical certificates are specified in STCW Code, section A-I/9, paragraph 7. These form a suitable framework for all seafarer medical certificates. Certificates meeting the criteria will also meet the requirements of the Maritime Labour Convention, 2006. Only information directly relevant to the functional requirements of the seafarer's duties should be included. Details of any medical conditions identified or test results, other than those listed, should not be recorded on the certificate.

It is recommended that the certificate is in a format which minimizes the likelihood of alteration of its contents or fraudulent copy.

- 1 **Authorizing authority** and the requirements under which the document is issued

- 2 **Seafarer information**
 - 2.1. Name: *(last, first, middle)*
 - 2.2. Date of birth: *(day/month/year)*
 - 2.3. Gender: *(male/female)*
 - 2.4. Nationality:

- 3 **Declaration of the recognized medical practitioner**
 - 3.1. Confirmation that identification documents were checked at the point of examination: *Yes/No*
 - 3.2. Hearing meets the standards in STCW Code, section A-I/9: *Yes/No/Not applicable*
 - 3.3. Unaided hearing satisfactory? *Yes/No*
 - 3.4. Visual acuity meets standards in STCW Code, section A-I/9? *Yes/No*
 - 3.5. Colour vision meets standards in STCW Code, section A-I/9? *Yes/No*
(testing only required every six years)
 - 3.5.1. Date of last colour vision test:
 - 3.6. Fit for lookout duties? *Yes/No*
 - 3.7. No limitations or restrictions on fitness? *Yes/No*
If "no", specify limitations or restrictions:
 - 3.8. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board? *Yes/No*
 - 3.9. Date of examination: *(day/month/year)*
 - 3.10. Expiry date of certificate: *(day/month/year)*

- 4 **Details of the issuing authority**
 - 4.1. Official stamp (including name) of the issuing authority
 - 4.2. Signature of the authorized person

- 5 **Seafarer's signature** – *Confirming that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-1/9 of the STCW Code.*

- 6 The certificate should indicate that it is issued to meet the requirements of both the STCW Convention, 1978, as amended, and the Maritime Labour Convention, 2006.

Appendix H

Extract from the Maritime Labour Convention, 2006

Regulation 1.2 – Medical certificate

Purpose: To ensure that all seafarers are medically fit to perform their duties at sea

- 1 Seafarers shall not work on a ship unless they are certified as medically fit to perform their duties.
- 2 Exceptions can only be permitted as prescribed in the Code.

Standard A1.2 – Medical certificate

1 The competent authority shall require that, prior to beginning work on a ship, seafarers hold a valid medical certificate attesting that they are medically fit to perform the duties they are to carry out at sea.

2 In order 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, and giving due consideration to applicable international guidelines referred to in Part B of this Code, prescribe the nature of the medical examination and certificate.

3 This Standard is without prejudice to the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW). A medical certificate issued in accordance with the requirements of STCW shall be accepted by the competent authority, for the purpose of regulation 1.2. A medical certificate meeting the substance of those requirements, in the case of seafarers not covered by STCW, shall similarly be accepted.

4 The medical certificate shall be issued by a duly qualified medical practitioner or, in the case of a certificate solely concerning eyesight, by a person recognized by the competent authority as qualified to issue such a certificate. Practitioners must enjoy full professional independence in exercising their medical judgement in undertaking medical examination procedures.

5 Seafarers that have been refused a certificate or have had a limitation imposed on their ability to work, in particular with respect to time, field of work or trading area, shall be given the opportunity to have a further examination by another independent medical practitioner or by an independent medical referee.

6 Each medical certificate shall state in particular that:

- .1 the hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
- .2 the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board.

7 Unless a shorter period is required by reason of the specific duties to be performed by the seafarer concerned or is required under STCW:

- .1 a medical certificate shall be valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year; and
- .2 a certification of colour vision shall be valid for a maximum period of six years.

8 In urgent cases the competent authority may permit a seafarer to work without a valid medical certificate until the next port of call where the seafarer can obtain a medical certificate from a qualified medical practitioner, provided that:

- .1 the period of such permission does not exceed three months; and
- .2 the seafarer concerned is in possession of an expired medical certificate of recent date.

9 If the period of validity of a certificate expires in the course of a voyage, the certificate shall continue in force until the next port of call where the seafarer can obtain a medical certificate from a qualified medical practitioner, provided that the period shall not exceed three months.

10 The medical certificates for seafarers working on ships ordinarily engaged on international voyages must as a minimum be provided in English.

Guideline B1.2 – Medical certificate

Guideline B1.2.1 – International guidelines

11 The competent authority, medical practitioners, examiners, shipowners, seafarers' representatives and all other persons concerned with the conduct of medical fitness examinations of seafarer candidates and serving seafarers should follow the *ILO/WHO Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers*, including any subsequent versions, and any other applicable international guidelines published by the International Labour Organization, the International Maritime Organization or the World Health Organization.

Regulation 4.1 – Medical care on board ship and ashore

Purpose: To protect the health of seafarers and ensure their prompt access to medical care on board ship and ashore

12 Each Member shall ensure that all seafarers on ships that fly its flag are covered by adequate measures for the protection of their health and that they have access to prompt and adequate medical care whilst working on board.

13 The protection and care under paragraph 1 of this Regulation shall, in principle be provided at no cost to the seafarers.

14 Each Member shall ensure that seafarers on board ships in its territory who are in need of immediate medical care are given access to the Member's medical facilities on shore.

15 The requirements for onboard health protection and medical care set out in the Code include standards for measures aimed at providing seafarers with health protection and medical care as comparable as possible to that which is generally available to workers ashore.

Standard A4.1 – Medical care on board ship and ashore

16 Each Member shall ensure that measures providing for health protection and medical care, including essential dental care, for seafarers working on board a ship that flies its flag are adopted which:

- .1 ensure the application to seafarers of any general provisions on occupational health protection and medical care relevant to their duties, as well as of special provisions specific to work on board ship;
- .2 ensure that seafarers are given health protection and medical care as comparable as possible to that which is generally available to workers ashore, including prompt access to the necessary medicines, medical equipment and facilities for diagnosis and treatment and to medical information and expertise;
- .3 give seafarers the right to visit a qualified medical doctor or dentist without delay in ports of call, where practicable;
- .4 ensure that, to the extent consistent with the Member's national law and practice, medical care and health protection services while a seafarer is on board ship or landed in a foreign port are provided free of charge to seafarers; and
- .5 are not limited to treatment of sick or injured seafarers but include measures of a preventive character such as health promotion and health education programmes.

17 The competent authority shall adopt a standard medical report form for use by the ships' masters and relevant onshore and on-board medical personnel. The form, when completed, and its contents shall be kept confidential and shall only be used to facilitate the treatment of seafarers.

18 Each Member shall adopt laws and regulations establishing requirements for onboard hospital and medical care facilities and equipment and training on ships that fly its flag.

19 National laws and regulations shall as a minimum provide for the following requirements:

- .1 all ships shall carry a medicine chest, medical equipment and a medical guide, the specifics of which shall be prescribed and subject to regular inspection by the competent authority; the national requirements shall take into account the type of ship, the number of persons on board and the nature, destination and duration of voyages and relevant national and international recommended medical standards;

- .2 ships carrying 100 or more persons and ordinarily engaged on international voyages of more than three days' duration shall carry a qualified medical doctor who is responsible for providing medical care; national laws or regulations shall also specify which other ships shall be required to carry a medical doctor, taking into account, inter alia, such factors as the duration, nature and conditions of the voyage and the number of seafarers on board;
- .3 ships which do not carry a medical doctor shall be required to have either at least one seafarer on board who is in charge of medical care and administering medicine as part of their regular duties or at least one seafarer on board competent to provide medical first aid; persons in charge of medical care on board who are not medical doctors shall have satisfactorily completed training in medical care that meets the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended ("STCW"); seafarers designated to provide medical first aid shall have satisfactorily completed training in medical first aid that meets the requirements of STCW; national laws or regulations shall specify the level of approved training required taking into account, inter alia, such factors as the duration, nature and conditions of the voyage and the number of seafarers on board; and
- .4 the competent authority shall ensure by a prearranged system that medical advice by radio or satellite communication to ships at sea, including specialist advice, is available 24 hours a day; medical advice, including the onward transmission of medical messages by radio or satellite communication between a ship and those ashore giving the advice, shall be available free of charge to all ships irrespective of the flag that they fly.

Guideline B4.1 – Medical care on board ship and ashore

Guideline B4.1.1 – Provision of medical care

20 When determining the level of medical training to be provided on board ships that are not required to carry a medical doctor, the competent authority should require that:

- .1 ships which ordinarily are capable of reaching qualified medical care and medical facilities within eight hours should have at least one designated seafarer with the approved medical first-aid training required by STCW which will enable such persons to take immediate, effective action in case of accidents or illnesses likely to occur on board a ship and to make use of medical advice by radio or satellite communication; and
- .2 all other ships should have at least one designated seafarer with approved training in medical care required by STCW, including practical training and training in life-saving techniques such as intravenous therapy, which will enable the persons concerned to participate effectively in coordinated schemes for medical assistance to ships at sea, and to provide the sick or injured with a satisfactory standard of medical care during the period they are likely to remain on board.

21 The training referred to in paragraph 1 of this Guideline should be based on the contents of the most recent editions of the *International Medical Guide for Ships*, the *Medical First Aid Guide for Use in Accidents Involving Dangerous Goods*, the *Document for Guidance – An International Maritime Training Guide*, and the medical section of the *International Code of Signals* as well as similar national guides.

22 Persons referred to in paragraph 1 of this Guideline and such other seafarers as may be required by the competent authority should undergo, at approximately five year intervals, refresher courses to enable them to maintain and increase their knowledge and skills and to keep up-to-date with new developments.

23 The medicine chest and its contents, as well as the medical equipment and medical guide carried on board, should be properly maintained and inspected at regular intervals, not exceeding 12 months, by responsible persons designated by the competent authority, who should ensure that the labelling, expiry dates and conditions of storage of all medicines and directions for their use are checked and all equipment functioning as required. In adopting or reviewing the ship's medical guide used nationally, and in determining the contents of the medicine chest and medical equipment, the competent authority should take into account international recommendations in this field, including the latest edition of the *International Medical Guide for Ships*, and other guides mentioned in paragraph 2 of this Guideline.

24 Where a cargo which is classified dangerous has not been included in the most recent edition of the *Medical First Aid Guide for Use in Accidents Involving Dangerous Goods*, the necessary information on the nature of the substances, the risks involved, the necessary personal protective devices, the relevant medical procedures and specific antidotes should be made available to the seafarers. Such specific antidotes and personal protective devices should be on board whenever dangerous goods are carried. This information should be integrated with the ship's policies and programmes on occupational safety and health described in Regulation 4.3 and related Code provisions.

25 All ships should carry a complete and up-to-date list of radio stations through which medical advice can be obtained; and, if equipped with a system of satellite communication, carry an up-to-date and complete list of coast earth stations through which medical advice can be obtained. Seafarers with responsibility for medical care or medical first aid on board should be instructed in the use of the ship's medical guide and the medical section of the most recent edition of the *International Code of Signals* so as to enable them to understand the type of information needed by the advising doctor as well as the advice received.

Guideline B4.1.2 – Medical report form

26 The standard medical report form for seafarers required under Part A of this Code should be designed to facilitate the exchange of medical and related information concerning individual seafarers between ship and shore in cases of illness or injury.

Guideline B4.1.3 – Medical care ashore

27 Shore-based medical facilities for treating seafarers should be adequate for the purposes. The doctors, dentists and other medical personnel should be properly qualified.

28 Measures should be taken to ensure that seafarers have access when in port to:

- .1 outpatient treatment for sickness and injury;

- .2 hospitalization when necessary; and
- .3 facilities for dental treatment, especially in cases of emergency.

29 Suitable measures should be taken to facilitate the treatment of seafarers suffering from disease. In particular, seafarers should be promptly admitted to clinics and hospitals ashore, without difficulty and irrespective of nationality or religious belief, and, whenever possible, arrangements should be made to ensure, when necessary, continuation of treatment to supplement the medical facilities available to them.

Guideline B4.1.4 – Medical assistance to other ships and international cooperation

30 Each Member should give due consideration to participating in international cooperation in the area of assistance, programmes and research in health protection and medical care. Such cooperation might cover:

- .1 developing and coordinating search and rescue efforts and arranging prompt medical help and evacuation at sea for the seriously ill or injured on board a ship through such means as periodic ship position reporting systems, rescue coordination centres and emergency helicopter services, in conformity with the International Convention on Maritime Search and Rescue, 1979, as amended, and the *International Aeronautical and Maritime Search and Rescue (IAMSAR) Manual*;
- .2 making optimum use of all ships carrying a doctor and stationing ships at sea which can provide hospital and rescue facilities;
- .3 compiling and maintaining an international list of doctors and medical care facilities available worldwide to provide emergency medical care to seafarers;
- .4 landing seafarers ashore for emergency treatment;
- .5 repatriating seafarers hospitalized abroad as soon as practicable, in accordance with the medical advice of the doctors responsible for the case, which takes into account the seafarer's wishes and needs;
- .6 arranging personal assistance for seafarers during repatriation, in accordance with the medical advice of the doctors responsible for the case, which takes into account the seafarer's wishes and needs;
- .7 endeavouring to set up health centres for seafarers to:
 - .1 conduct research on the health status, medical treatment and preventive health care of seafarers; and
 - .2 train medical and health service staff in maritime medicine;
- .8 collecting and evaluating statistics concerning occupational accidents, diseases and fatalities of seafarers and integrating and harmonizing the statistics with any existing national system of statistics on occupational accidents and diseases covering other categories of workers;

- .9 organizing international exchanges of technical information, training material and personnel, as well as international training courses, seminars and working groups;
- .10 providing all seafarers with special curative and preventive health and medical services in port, or making available to them general health, medical and rehabilitation services; and
- .11 arranging for the repatriation of the bodies or ashes of deceased seafarers, in accordance with the wishes of the next of kin and as soon as practicable.

31 International cooperation in the field of health protection and medical care for seafarers should be based on bilateral or multilateral agreements or consultations among Members.

Guideline B4.1.5 – Dependants of seafarers

32 Each Member should adopt measures to secure proper and sufficient medical care for the dependants of seafarers domiciled in its territory pending the development of a medical care service which would include within its scope workers generally and their dependants where such services do not exist and should inform the International Labour Office concerning the measures taken for this purpose.

Extract from the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended

Regulation I/9 – Medical standards

33 Each Party shall establish standards of medical fitness for seafarers and procedures for the issue of a medical certificate in accordance with the provisions of this regulation and of section A-I/9 of the STCW Code.

34 Each Party shall ensure that those responsible for assessing the medical fitness of seafarers are medical practitioners recognized by the Party for the purpose of seafarer medical examinations, in accordance with the provisions of section A-I/9 of the STCW Code.

35 Every seafarer holding a certificate issued under the provisions of the Convention, who is serving at sea, shall also hold a valid medical certificate issued in accordance with the provisions of this regulation and of section A-I/9 of the STCW Code.

36 Every candidate for certification shall:

- .1 be not less than 16 years of age;
- .2 provide satisfactory proof of his/her identity; and
- .3 meet the applicable medical fitness standards established by the Party.

37 Medical certificates shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.

38 If the period of validity of a medical certificate expires in the course of a voyage, then the medical certificate shall continue in force until the next port of call where a medical practitioner recognized by the Party is available, provided that the period shall not exceed three months.

39 In urgent cases the Administration may permit a seafarer to work without a valid medical certificate until the next port of call where a medical practitioner recognized by the Party is available, provided that:

- .1 the period of such permission does not exceed three months; and
- .2 the seafarer concerned is in possession of an expired medical certificate of recent date.

Extract from the Seafarers' Training, Certification and Watchkeeping Code

Section A-1/9 – Medical standards

40 Parties, when establishing standards of medical fitness for seafarers as required by regulation 1/9, shall adhere to the minimum in-service eyesight standards set out in table A-1/9 and take into account the criteria for physical and medical fitness set out in paragraph 2. They should also take into account the guidance given in section B-1/9 of this Code and table B-1/9 regarding assessment of minimum physical abilities.

These standards may, to the extent determined by the Party 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. They shall also take into account any impairment or disease that will limit the ability of the seafarer to effectively perform his/her duties during the validity period of the medical certificate.

41 The standards of physical and medical fitness established by the Party shall ensure that seafarers satisfy the following criteria:

- .1 have the physical capability, taking into account paragraph 5 below, to fulfil all the requirements of the basic training as required by section A-VI/1, paragraph 2;
- .2 demonstrate adequate hearing and speech to communicate effectively and detect any audible alarms;
- .3 have no medical condition, disorder or impairment that will prevent the effective and safe conduct of their routine and emergency duties on board during the validity period of the medical certificate;
- .4 are not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health and safety of other persons on board; and
- .5 are not taking any medication that has side effects that will impair judgement, balance, or any other requirements for effective and safe performance of routine and emergency duties on board.

42 Medical fitness examinations of seafarers shall be conducted by appropriately qualified and experienced medical practitioners recognized by the Party.

43 Each Party shall establish provisions for recognizing medical practitioners. A register of recognized medical practitioners shall be maintained by the Party and made available to other Parties, companies and seafarers on request.

44 Each Party shall provide guidance for the conduct of medical fitness examinations and issuing of medical certificates, taking into account provisions set out in section B-I/9 of this Code. Each Party shall determine the amount of discretion given to recognized medical practitioners on the application of the medical standards, bearing in mind the different duties of seafarers, except that there shall not be discretion with respect to the minimum eyesight standards for distance vision aided, near/immediate vision and colour vision in table A-I/9 for seafarers in the deck department required to undertake lookout duties. A Party may allow discretion on the application of these standards with regard to seafarers in the engine department, on the condition that seafarers' combined vision fulfils the requirements set out in table A-I/9.

45 Each Party shall establish processes and procedures to enable seafarers who, after examination, do not meet the medical fitness standards or have had a limitation imposed on their ability to work, in particular with respect to time, field of work or trading area, to have their case reviewed in line with that Party's provisions for appeal.

46 The medical certificate provided for in regulation I/9, paragraph 3, shall include the following information as a minimum:

- .1 **Authorizing authority** and the requirements under which the document is issued
- .2 **Seafarer information**
 - (2.1) Name: *(last, first, middle)*
 - (2.2) Date of birth: *(day/month/year)*
 - (2.3) Gender: *(male/female)*
 - (2.4) Nationality
- .3 **Declaration of the recognized medical practitioner**
 - .3.1 Confirmation that identification documents were checked at the point of examination: *Yes/No*
 - .3.2 Hearing meets the standards in section A-I/9: *Yes/No*
 - .3.3 Unaided hearing satisfactory? *Yes/No*
 - .3.4 Visual acuity meets standards in section A-I/9? *Yes/No*
 - .3.5 Colour vision* meets standards in section A-I/9? *Yes/No*
 - .3.5.1 Date of last colour vision test:
 - .3.6 Fit for lookout duties? *Yes/No*
 - .3.7 No limitations or restrictions on fitness? *Yes/No*
If "yes", specify limitations or restrictions:
 - .3.8 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?
Yes/No
 - .3.9 Date of examination: *(day/month/year)*
 - .3.10 Expiry date of certificate: *(day/month/year)*

* Note: Colour vision assessment only needs to be conducted every six years.

.4 **Details of the issuing authority**

- .4.1 Official stamp (including name) of the issuing authority
- .4.2 Signature of the authorized person.

.5 **Seafarer's signature** – *Confirming that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9.*

47 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.

STCW Code table A-I/9: Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision aided ¹		Near/intermediate vision	Colour vision ³	Visual fields ⁴	Night blindness ⁴	Diplopia (double vision) ⁴
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.5 ²	0.5	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4 ⁵	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes:

- 1 Values given in Snellen decimal notation.
- 2 A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.
- 3 As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001, including any subsequent versions).
- 4 Subject to assessment by a clinical vision specialist where indicated by initial examination findings.
- 5 Engine department personnel shall have a combined eyesight vision of at least 0.4.
- 6 CIE colour vision standard 1 or 2.
- 7 CIE colour vision standard 1, 2 or 3.

Section B-I/9

Guidance regarding medical standards

Medical examination and certification

48 Parties, in establishing seafarer medical fitness standards and provisions, should take into account the minimum physical abilities set out in table B-I/9 and the guidance given within this section, bearing in mind the different duties of seafarers.

49 Parties, in establishing seafarer medical fitness standards and provisions, should follow the guidance contained in the ILO–WHO publication *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers*, including any subsequent versions, and any other applicable international guidelines published by the International Labour Organization, the International Maritime Organization or the World Health Organization.

50 Appropriate qualifications and experience for medical practitioners conducting medical fitness examinations of seafarers may include occupational health or maritime health qualifications, experience of working as a ship's doctor or a shipping company doctor or working under the supervision of someone with the aforementioned qualifications or experience.

51 The premises where medical fitness examinations are carried out should have the facilities and equipment required to carry out medical fitness examinations of seafarers.

52 Administrations should ensure that recognized medical practitioners enjoy full professional independence in exercising their medical judgement when undertaking medical examination procedures.

53 Persons applying for a medical certificate should present to the recognized medical practitioner appropriate identity documentation to establish their identity. They should also surrender their previous medical certificate.

54 Each Administration has the discretionary authority to grant a variance or waiver of any of the standards set out in table B-I/9 hereunder, based on an assessment of a medical evaluation and any other relevant information concerning an individual's adjustment to the condition and proven ability to satisfactorily perform assigned shipboard functions.

55 The medical fitness standards should, so far as possible, define objective criteria with regard to fitness for sea service, taking into account access to medical facilities and medical expertise on board ship. They should, in particular, specify the conditions under which seafarers suffering from potentially life-threatening medical conditions that are controlled by medication may be allowed to continue to serve at sea.

56 The medical standards should also identify particular medical conditions, such as colour blindness, which might preclude seafarers holding particular positions on board ship.

57 The minimum in-service eyesight standards in each eye for unaided distance vision should be at least 0.1.¹

¹ Value given in Snellen decimal notation.

58 Persons requiring the use of spectacles or contact lenses to perform duties should have a spare pair or pairs, as required, conveniently available on board the ship. Any need to wear visual aids to meet the required standards should be recorded on the medical fitness certificate issued.

59 Colour vision testing should be in accordance with the *International Recommendations for Colour Vision Requirements for Transport*, published by the Commission Internationale de l'Eclairage (CIE 143-2001, including any subsequent versions) or equivalent test methods.

Table B-I/9. Assessment of minimum entry level and in-service physical abilities for seafarers³

Shipboard task, function, event or condition³	Related physical ability	A medical examiner should be satisfied that the candidate:⁴
Routine movement around vessel: - on moving deck - between levels - between compartments <i>Note 1 applies to this row</i>	Maintain balance and move with agility Climb up and down vertical ladders and stairways Step over coamings (e.g. Load Line Convention requires coamings to be 600 mm high) Open and close watertight doors	Has no disturbance in sense of balance does not have any impairment or disease that prevents relevant movements and physical activities Is, without assistance, ⁵ able to: - climb vertical ladders and stairways - step over high sills - manipulate door closing systems
Routine tasks on board: - use of hand tools - movement of ship's stores - overhead work - valve operation - standing a four-hour watch - working in confined spaces - responding to alarms, warnings and instructions - verbal communication <i>Note 1 applies to this row</i>	Strength, dexterity and stamina to manipulate mechanical devices Lift, pull and carry a load (e.g. 18 kg) Reach upwards Stand, walk and remain alert for an extended period Work in constricted spaces and move through restricted openings (e.g. SOLAS regulation 11-I/3-6.5.1 requires openings in cargo spaces and emergency escapes to have the minimum dimensions of 600 mm x 600 mm) Visually distinguish objects, shapes and signals Hear warnings and instructions Give a clear spoken description	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safe operation of the vessel Has ability to: - work with arms raised - stand and walk for an extended period - enter confined space - fulfil eyesight standards (table A-I/9) - fulfil hearing standards set by competent authority or take account of international guidelines - hold normal conversation

Shipboard task, function, event or condition³	Related physical ability	A medical examiner should be satisfied that the candidate:⁴
<p>Emergency duties⁶ on board: - escape - fire-fighting - evacuation</p> <p><i>Note 2 applies to this row</i></p>	<p>Don a lifejacket or immersion suit Escape from smoke-filled spaces Take part in fire-fighting duties, including use of breathing apparatus Take part in vessel evacuation procedures</p>	<p>Does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safe operation of the vessel Has ability to: - don lifejacket or immersion suit - crawl - feel for differences in temperature - handle fire-fighting equipment - wear breathing apparatus (where required as part of duties)</p>

Notes:

¹ Rows 1 and 2 of the above table describe: (a) ordinary shipboard tasks, functions, events and conditions; (b) the corresponding physical abilities which may be considered necessary for the safety of a seafarer, other crew members and the ship; and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.

² Row 3 of the above table describes: (a) emergency shipboard tasks, functions, events and conditions; (b) the corresponding physical abilities which should be considered necessary for the safety of a seafarer, other crew members and the ship; and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.

³ This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions. Parties should specify physical abilities applicable to the category of seafarers (such as "deck officer" and "engine rating"). The special circumstances of individuals and for those who have specialized or limited duties should receive due consideration.

⁴ If in doubt, the medical practitioner should quantify the degree or severity of any relevant impairment by means of objective tests, whenever appropriate tests are available, or by referring the candidate for further assessment.

⁵ The term "assistance" means the use of another person to accomplish the task.

⁶ The term "emergency duties" is used to cover all standard emergency response situations such as abandon ship or fire-fighting as well as the procedures to be followed by each seafarer to secure personal survival.

ANNEX 2

DRAFT MSC CIRCULAR

[MSC.1/Circ.796/Rev.2]
[30 November 2012]

PROCEDURES REGARDING THE CONSIDERATION OF INFORMATION COMMUNICATED IN ACCORDANCE WITH ARTICLE IV AND REGULATION I/7 OF THE STCW CONVENTION

General

1 The Maritime Safety Committee, [at its ninety-first session (26 to 30 November 2012)], considered draft procedures necessary for the Committee to confirm that full and complete effect to the provisions of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (hereinafter "Convention"), 1978, as amended, has been given by Parties concerned.

2 Such confirmation, in accordance with the procedures adopted by the Committee, is required by regulation I/7 of the Convention, which further stipulates that, if it is confirmed that a Party is giving full and complete effect to the provisions of the Convention:

- .1 the Committee shall identify the Parties so concerned;
- .2 the Committee shall review the list of Parties which communicated information that demonstrated that they give full and complete effect to the relevant provisions of the Convention, to retain in this list only the Parties so concerned; and
- .3 other Parties shall be entitled, subject to the provisions of regulations I/4 and I/10 of the Convention, to accept, in principle, that certificates issued on behalf of the Party are in compliance with the Convention.

Confirmation procedure

3 With respect to what should be considered for the confirmation process, the Committee agreed that it should not re-evaluate the information communicated by Parties but that, instead, it should confirm that the report(s) submitted by the Secretary-General on the advice of competent persons referred to in section A-I/7, paragraph 7 of the STCW Code (hereinafter "Code"), show(s) that the procedures for the assessment of the information communicated by Parties in accordance with article IV and regulation I/7 of the Convention and section A-I/7, paragraphs 2 and 3 of the Code, have been correctly followed by the competent persons selected by the Secretary-General for this task – except when section A-I/7, paragraph 14 of the Code is applied for the reasons listed in paragraph 4 of appendix 3 to the annex to this circular, or for other reasons, in which case the Committee will decide on a case-by-case basis.

4 Whilst a Party may have been assessed as giving full and complete effect to the provisions of the Convention, assistance may be requested by that Party in circumstances such as:

- .1 the Party fully complies without, however, providing all specialized training programmes (i.e. tanker training) and requests assistance to increase its training capability; or
- .2 the Party fully complies but might wish technical assistance to comply with certain sections of part B of the Code, e.g. simulator training.

Report by the Secretary-General

5 The Committee agreed that a separate report should be made up for each Party found to have given full and complete effect to the provisions of the Convention and that the report should be accompanied by a description of the procedures followed in reviewing the information communicated, a summary of the conclusions reached in the form of a "Table to assist in the consideration of materials communicated in accordance with article IV and regulation I/7, paragraphs 2 and 3, of the Convention and section A-I/7 of the Code (Comparison table)" and an indication of the areas which are not applicable to the Party concerned.

6 The Committee further agreed that the Comparison tables could assist not only competent persons in their work but that such table, if appropriately completed, would also be helpful to the Committee in confirming the Secretary-General's report that the information communicated has shown that full and complete effect had been given by a Party to the Convention and to a Party preparing the information for communication to the Secretary-General.

Confirmation tools

7 Taking into account the above, the Committee prepared "Procedures regarding the consideration of information communicated in accordance with article IV and regulation I/7 of the Convention and section A-I/7, paragraphs 2 and 3 of the Code given in the annex, which also provide:

- .1 a Table to assist in the consideration of materials communicated in accordance with article IV and regulation I/7 of the Convention and section A-I/7, paragraphs 2 and 3 of the Code (Comparison table) (appendix 1);
- .2 the Format of Report to be submitted by the Secretary-General pursuant to section A-I/7, paragraph 9 of the Code (appendix 2); and
- .3 Procedures for the Maritime Safety Committee to comply with regulation I/7, paragraph 3 of the Convention (appendix 3).

Action requested

8 Member Governments and Parties to the Convention are invited to note the foregoing, inform the competent persons nominated by them and approved by the Committee for the purposes explained in the Code and be guided accordingly when preparing the information to be communicated in accordance with the provisions of article IV and regulation I/7 of the Convention and section A-I/7 of the Code.

9 This circular revokes MSC/Circ.796/Rev.1.

* * *

ANNEX

**PROCEDURES REGARDING THE CONSIDERATION OF INFORMATION
COMMUNICATED IN ACCORDANCE WITH ARTICLE IV AND
REGULATION I/7 OF THE STCW CONVENTION AND SECTION A-I/7,
PARAGRAPHS 2 AND 3 OF THE STCW CODE**

General considerations

1 Parties communicate to the Secretary-General information on their implementation of the Convention, as amended, as required by article IV, paragraph 1 and regulation I/7, paragraph 1 and section A-I/7, paragraph 2. The Secretary-General acknowledges receipt of the information communicated to him and notifies all Parties accordingly.

2 Parties communicate to the Secretary-General the subsequent reports, as required by section A-I/7, paragraph 3. The Secretary-General acknowledges receipt of the information communicated to him and notifies all Parties accordingly.

3 In accordance with section A-I/7, paragraphs 7 to 12 of the Code, the Secretary-General selects a number of competent persons to be tasked with the consideration of the information provided.

4 The competent persons so selected will be provided with copies of the information communicated by Parties to the Convention under article IV and regulation I/7 of the Convention and section A-I/7, paragraphs 2 and 3 of the Code for their consideration and action. If deemed necessary, the competent persons meet and evaluate the information in accordance with section A-I/7, paragraph 10 of the Code and, on a confidential basis, provide the Secretary-General in writing with their agreed opinion or, if no agreement is reached, with both the majority and minority views.

5 If the agreed opinion or majority view of the competent persons is that the information communicated confirms that full and complete effect is given to the provisions of the Convention, the competent persons make a report to this effect to the Secretary-General with a draft report for submission to the Committee.

6 If the agreed opinion or majority view of the competent persons is that the information provided does not confirm that full and complete effect is given to the provisions of the Convention, the competent persons prepare a report to the Secretary-General stating the reasons why and recommending, as appropriate, the action the Party needs to take to resolve the matter.

7 In the former case, the Secretary-General submits a report to the Committee in accordance with regulation I/7, paragraph 2 of the Convention. In the latter case, he duly informs the Party concerned of the non-conformities and the deficiencies on which the agreed opinion or majority view is based.

8 The Committee considers, in accordance with the procedures proposed in appendix 3, the report submitted by the Secretary-General with a view to confirming that the information provided demonstrates that full and complete effect is given to the provisions of the Convention.

9 With respect to the foregoing, consideration should be given to the following:

- .1 the information communicated by STCW Parties should consist of the information specified in article IV (paragraphs 1(a), (b) and (c)) and regulation I/7 of the Convention and section A-I/7, paragraph 2 and, as appropriate, paragraph 3 of the Code. To keep the paperwork involved within manageable proportions, Parties should endeavour to submit only relevant parts of the required texts of legislation;
- .2 the Secretary-General maintains a list of competent persons, approved by the Committee, as required by section A-I/7, paragraph 7 of the Code and selects from this list a "panel" comprising an odd number of competent persons, ordinarily not exceeding five, taking into account their expertise, to whom he forwards the information received;
- .3 the report to the Committee required by regulation I/7, paragraph 2 of the Convention, prepared by the Secretary-General, taking into account the views received from the competent persons, shall include a completed table summarizing the results of the consideration of materials communicated in accordance with article IV and regulation I/7 of the Convention and section A-I/7, paragraphs 2 and/or 3, of the Code (Comparison tables), based on the draft forms contained in appendix 1;
- .4 if appropriate, the Secretary-General will, in accordance with section A-I/7, paragraph 12.2 of the Code seek clarification from a Party on matters related to information provided and refer such information to the competent persons for evaluation; and
- .5 the Secretary-General will, in accordance with section A-I/7, paragraph 12.3 of the Code, identify in his report to the Committee any area in which a Party, although having been assessed as giving full and complete effect to the Convention, may have requested assistance to implement the Convention.

Deadline for the receipt of information communicated

10 Whilst it is recognized that section A-I/7 of the Code stipulates within one calendar year of entry into force of regulation I/7, for the Party concerned, each Party shall report on the steps it has taken to give full and complete effect to the provisions of the Convention, each Party should, in order to provide sufficient time to have the information confirmed by the Committee, communicate complete and sufficient information to the Secretary-General not later than six months prior to the relevant session of the Committee.

Method of work of the competent persons

11 The competent persons should evaluate the information submitted by Parties using the "Table to assist in the consideration of materials communicated in accordance with article IV and regulation I/7 of the Convention and section A-I/7, paragraphs 2 and 3 of the Code (Comparison table)" given in appendix 1.

12 The amended Convention specifies two criteria upon satisfaction of which the Secretary-General reports to the Committee, i.e. "when complete information, as prescribed in article IV and section A-I/7 of the Code, has been received" and secondly when "such information confirms that "full and complete effect" is given to the provisions of the Convention".

13 The competent persons should first check whether the information submitted is complete, bearing in mind that the need to provide certain types of training and certificates depends on the demand generated by the crewing requirements of the Party's national fleet and the crewing requirements of the foreign flag's fleets crewed by the Party's seafarers. A Party's ships may also be crewed by expatriates through the recognition of certificates issued by other Parties and a Party may furthermore enter into arrangements so as to use training institutes located beyond its territorial jurisdiction for the training of its nationals (e.g. regional academies).

14 The competent persons should then evaluate whether or not the facts reported in the information are sufficient to confirm that full and complete effect is given to the applicable provisions of the Convention.

15 In particular, competent persons should not request clarification or additional information on measures implemented by a Party that are in excess of Convention requirements.

Report by the Secretary-General

16 A separate report should be made up for each Party found to have given full and complete effect to the provisions of the Convention and the report should be accompanied by a description of the procedures followed in reviewing the information communicated, a summary of the conclusions reached in the form of a comparison table and an indication of the areas which are not applicable to the Party concerned.

17 A "Format of Report to be submitted by the Secretary-General pursuant to section A-I/7, paragraph 12 of the STCW Code" is given in appendix 2.

MSC procedures to comply with STCW regulation I/7, paragraph 3 of the Convention

18 The Secretary-General's report, submitted to the Committee pursuant to regulation I/7, paragraph 3 of the Convention, should be considered directly by the Committee which could decide whether to establish a working group to deal with the matter.

19 With respect to what should be considered, the Committee or its working group will not re-evaluate the information submitted but will confirm that each report shows that the procedures for the assessment by competent persons of the information communicated by Parties have been correctly followed – except when section A-I/7, paragraph 14 of the Code is applied for the reasons listed in paragraph 4 of appendix 3 to this annex, or for other reasons, in which case the Committee will decide on a case-by-case basis.

20 A Party may be assessed as giving full and complete effect to the provisions of the Convention and, at the same time, request assistance to implement the Convention, in circumstances such as:

- .1 the Party may fully comply without, however, providing all specialized training programmes (i.e. tanker training) and request assistance to increase its training capability; or
- .2 the Party may fully comply but might wish technical assistance to comply with certain sections of part B of the Code, e.g. simulator training.

21 The draft Procedures for the Maritime Safety Committee to comply with regulation I/7, paragraph 3 of the Convention are given in appendix 3.

Appendix 1

TABLES TO ASSIST IN THE CONSIDERATION OF MATERIALS COMMUNICATED IN ACCORDANCE WITH ARTICLE IV AND REGULATION I/7 OF THE STCW CONVENTION AND SECTION A-I/7, PARAGRAPHS 2 AND 3 OF THE STCW CODE (COMPARISON TABLE)

These tables are intended to assist competent persons to:

- .1 determine that the information communicated to IMO by a Party to the Convention is **complete**; and
- .2 in relation to section A-I/7, paragraph 2 of the Code, **evaluate** that it is sufficient to sustain a conclusion that it "confirms that full and complete effect is given to the provisions of the Convention", in accordance with regulation I/7, paragraph 2; or
- .3 in relation to section A-I/7, paragraph 3 of the Code, **evaluate** whether the subsequent report is sufficient to conclude compliance with the relevant provisions of the Convention and Code.

A determination of the completeness and sufficiency of the material being evaluated should be based on "a comparison of the facts reported in the information communicated to the Secretary-General by the Party with all the relevant requirements of the Convention", in accordance with section A-I/7, paragraph 11.1 of the Code. If a particular requirement does not apply to the Party concerned, the "not applicable" box will be marked with N/A. Where, in the opinion of the competent person, the information provided is complete, the appropriate "cell" in the table should be marked with a check (✓). Where, in the opinion of the competent person, the evaluation confirms full and complete effect has been given to the relevant provision, the appropriate cell should be marked with a check. Cells marked with a zero (0) indicate that the information is incomplete or that full and complete effect has not been demonstrated.

**CONSIDERATION OF THE INFORMATION COMMUNICATED IN ACCORDANCE WITH
ARTICLE IV AND SECTION A-I/7, PARAGRAPH 2 OF THE SCTW CODE**

(NAME OF PARTY).....

	Reference	Information		Convention regulations to be met (includes Code)	Evaluation	
		Not applicable	Complete		Implementation measures	Monitoring and compliance measures
Article IV(1)(a)						
1	Text of laws, decrees, orders, regulations and instruments			articles VI, VIII and IX, chapters I to VIII Part A of the Code		
Article IV(1)(b)						
2	For each certificate full details of:	Contents and duration of study of courses		chapter I: I/6 and I/8 chapters II to VII		
3		National examination and other requirements				
Article IV(1)(c)						
4	Specimen certificates			article VI chapter I: I/2 and I/9		

	Reference	Information		Convention regulations to be met (includes Code)	Evaluation		
		Not applicable	Complete		Implementation measures*	Monitoring and compliance measures**	
A-I/7, paragraph 2.1							
5	Contact details and organization chart	Name			chapter I, regulation I/2		
		Postal address					
		Telephone numbers					
		Fax numbers					
		E-mail address					
		Organization chart					
A-I/7 paragraph 2.2							
6	Explanation of:	Legal measures			chapter I, regulations I/2, I/3, I/5, I/6, I/8, I/9, I/10, I/11, I/14 and I/15		
		Administrative measures				chapter VIII	

	Reference	Information		Convention regulations to be met (includes Code)	Evaluation		
		Not applicable	Complete		Implementation measures*	Monitoring and compliance measures**	
A-I/7, paragraph 2.3							
7	Statement of policies adopted concerning	Education			chapter I, regulations I/6, I/8, I/9, I/11 and I/12 chapters II to VII		
		Training					
		Examination					
		Competency assessment					
		Certification			chapter I, regulations I/2, I/5, I/8, I/9, I/10 and I/11 chapters II to VII		
A-I/7, paragraph 2.4							
8	For each certificate a summary of:	Courses			chapter I, regulations I/6, I/8 and I/12 chapters II to VII		
		Training					
		Examination					
		Assessment					

	Reference	Information		Convention regulations to be met (includes Code)	Evaluation	
		Not applicable	Complete		Implementation measures*	Monitoring and compliance measures**
A-I/7, paragraph 2.5						
9	A concise outline of procedures and related conditions to authorize, accredit or approve:	Training		chapter I: I/6, I/8, I/9, I/11 and I/12		
		Examination		chapters II to VII		
		Medical fitness				
		Competency Assessments				
10	A list of authorizations, accreditations and approvals granted			regulation I/7		
A-I/7, paragraph 2.6						
11	Summary of the procedures followed in granting any dispensation under article VIII			chapter I: I/2 and I/5		
A-I/7, paragraph 2.7						
12	The results of the comparisons carried out pursuant to regulation I/11			chapter I: I/11		
13	A concise outline of refresher and upgrading training mandated			chapters II to VII		

* Includes: legal instruments adopted or enacted and administrative arrangements.

** Includes: procedures for overseeing and verifying compliance and corrective measures.

**CONSIDERATION OF THE INFORMATION COMMUNICATED IN ACCORDANCE WITH
ARTICLE IV AND SECTION A-I/7, PARAGRAPH 3 OF THE STCW CODE**

(NAME OF PARTY).....

	Reference	Information		Convention regulations to be met (includes Code)	Evaluation	
		Not applicable	Complete		Implementation measures*	Monitoring and compliance measures**
A-I/7, paragraph 3.1***						
14	Full description of any equivalent education or training arrangements pursuant to article IX			article IX chapters II to VIII		
A-I/7, paragraph 3.2***						
15	A summary of measures taken to ensure compliance with regulation I/10			chapter I: I/2 and I/10		
A-I/7, paragraph 3.3***						
16	A specimen copy of safe manning documents issued to ships employing seafarers holding alternative certificates under regulation VII/1			chapter I: I/7		

* Includes: legal instruments adopted or enacted and administrative arrangements.

** Includes: procedures for overseeing and verifying compliance and corrective measures.

*** The information required under paragraphs 3.1, 3.2 and 3.3 and the report of the independent evaluation at intervals not exceeding five years, required under paragraph 4, may not be available at the time of the initial submission.

General Evaluation: Is the material communicated sufficient to support a conclusion that the information "confirms that full and complete effect is given to the provisions of the Convention" in accordance with regulation 1/7, paragraph 2?

_____ Yes

_____ No

Comments:

.....
Date

.....
Signature

Appendix 2

FORMAT OF REPORT TO BE SUBMITTED BY THE SECRETARY-GENERAL PURSUANT TO SECTION A-I/7, PARAGRAPH 12 OF THE STCW CODE

Report of the Secretary-General of the International Maritime Organization to the Maritime Safety Committee, at its [...] session, on the implementation of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended, by [name of Party], in accordance with the provisions of regulation I/7, paragraph 2, thereof

1 The Secretary-General of the International Maritime Organization, having solicited and taken into account the views expressed by competent persons, selected from the list established pursuant to section A-I/7, paragraph 7 of the Seafarers' Training, Certification and Watchkeeping (STCW) Code, reports that the Government of [name of Party], Party to the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended, has communicated information as required by article IV of the Convention and section A-I/7, paragraph(s) 2 and 3* of the Code, and that the information considered by the competent persons referred to in section A-I/7, paragraph 9 of the Code has demonstrated that full and complete effect is given by [name of Party] to the provisions of the 1978 Convention, as amended.

2 Whilst [name of Party] has been assessed as having given full and complete effect to the provisions of the Convention, [name of Party] has requested assistance to implement the Convention in the following areas**:

- .1
- .2
- .etc.

3 A description of procedures followed, a summary of conclusions reached (using the Comparison table) and an indication of the areas which are not applicable to [name of Party] are attached.

4 The Maritime Safety Committee is invited to consider this report and attachments for the purpose of confirming that the information provided shows that full and complete effect is given by [name of Party] to the provisions of the 1978 Convention, as amended.

* Delete, as appropriate.

** To be completed, as appropriate.

Appendix 3

PROCEDURES FOR THE MARITIME SAFETY COMMITTEE TO COMPLY WITH REGULATION I/7, PARAGRAPH 3 OF THE STCW CONVENTION

1 On receiving (a) report(s), submitted by the Secretary-General in accordance with regulation I/7, paragraph 2 of the 1978 Convention, as amended, the Committee will consider the report(s) and, if deemed necessary, convey them to a working group established to meet concurrently with the Committee, under the terms of reference given in paragraph 2 below.

2 The working group will, on the basis of the report(s) and the outcome of the discussions in the Committee:

- .1 confirm that the report(s) show that the procedures for the assessment of the information provided by Parties have been correctly followed and advise the Committee accordingly; and
- .2 advise the Committee, as necessary, to urge the Organization to secure technical assistance to enable the Party(ies) concerned to enhance training in those areas of the Convention, as may be identified in the report of the Secretary-General.

3 The Committee, when receiving a direct request from a Party to the Convention, as provided for in section A-I/7, paragraph 12.3 of the Code will consider such request and take action as outlined in paragraphs 4, 5 and 6 below.

4 The Committee should be informed by the relevant Party and by the Secretary-General why section A-I/7, paragraph 12.2 of the Code is invoked, which could, normally, be due to the following reasons:

- .1 the information communicated by a Party was found, by the Secretary-General, to be incomplete and clarification was being sought;
- .2 the information communicated by a Party was found, by the Secretary-General, not to demonstrate that full and complete effect was being given to the provisions of the Convention; or
- .3 the Secretary-General was, due to time constraints, unable to submit a report to the Committee in time to meet the agreed deadline for the submission of documents.

5 With respect to the appropriate action by the Committee to cover the possibilities listed under paragraphs 4.1 to 4.3 above, the Committee will convey all relevant material to a working group established to meet concurrently with the Committee which, on the basis of the material provided, will:

- .1 consider the request by the Party(ies) to take the action contemplated by regulation I/7, paragraph 3 of the Convention;
- .2 consider the evaluation done by the competent persons;

- .3 consider the Secretary-General's reason for not submitting the report called for by regulation 1/7, paragraph 2 of the Convention;
- .4 confirm that the procedures for the assessment of the information provided by the Party(ies) concerned have been correctly followed; and
- .5 advise the Committee what action should be taken.

6 If section A-I/7, paragraph 12.2 of the Code is applied for reasons other than those listed in paragraph 4 above, the Committee will decide on a case-by-case basis.

ANNEX 3

DRAFT MSC CIRCULAR

[MSC/Circ.997/Rev.1]
[30 November 2012]

GUIDANCE ON THE PREPARATION, REPORTING AND REVIEW OF INDEPENDENT EVALUATIONS AND STEPS TAKEN TO IMPLEMENT MANDATORY AMENDMENTS REQUIRED BY REGULATION I/7 OF THE STCW CONVENTION

1 The Maritime Safety Committee (MSC) [at its ninety-first session (26 to 30 November 2012)], in order to facilitate the preparation, reporting and review of independent evaluations and steps taken to implement mandatory amendments required by regulations I/7, paragraph 1, and I/8, paragraphs 2 and 3, of the Convention (hereinafter "Convention") and sections A-I/7, paragraphs 4, 5 and 6, and A-I/8, paragraph 3 of the STCW Code (hereinafter "Code"), has agreed to the amended procedures as set out below.

Application

2 The requirements of regulation I/8 and section A-I/8 of the Code, as amended by the Manila Amendments entered into force on 1 January 2012, require an independent evaluation of the quality standards system to be conducted at intervals of not more than five years. Under the provisions of section A-I/7, paragraph 4, the report of such evaluation shall be made within six months of its completion and, as required by paragraph 9, shall be considered by competent persons.

3 Parties should note that the independent evaluation pursuant to regulation I/8 of the Convention is related to Administrations rather than the training institutions. In this context, Administrations are required to ensure that all training institutions follow a prescribed quality standards system and are independently evaluated at intervals of not more than five years.

4 In order to assist Parties to carry out the independent evaluation, terms of reference for independent evaluators are set out in annex 1.

5 Pursuant to section A-I/7, paragraph 5, Parties shall report the steps taken to implement any subsequent mandatory amendments to the Convention and Code, not previously included in the report on the initial communication of information pursuant to regulation I/7 of the Convention or any previous independent evaluation report, and this information shall be included in the next independent evaluation report, following the entry into force of the amendment.

Contents of the report

6 On completion of an independent evaluation, pursuant to paragraph 2 of regulation I/8, the Party concerned should prepare a consolidated report on the results of the evaluation and the steps taken to implement any subsequent mandatory amendments to the Convention and Code for submission to the Secretary-General. The report is to be submitted at intervals of not more than five years, covering all aspects of training and the administration of the certification system, and should contain the information as set out in paragraphs 4 to 6

of section A-I/7 of the Code. Guidance on an index of materials to be submitted is provided in section B-I/7 of the Code.

7 Parties are reminded that when a report is made in an official language of the Organization, but which is not the official language of the Party, every effort should be made and particular care should be taken to ensure that the translations are accurate to avoid misunderstandings.

Action to be taken by competent persons in accordance with section A-I/7, paragraph 9

8 When a report is received from any Party under regulation I/8, paragraph 3 of the Convention, the Secretary-General will designate competent persons from the list maintained in accordance with section A-I/7, paragraph 7 of the Code, to consider the report and provide their views in relation to section A-I/7, paragraph 9 of Code.

9 On completion of their consideration of the report, the competent persons shall, on a confidential basis, provide their view in writing to the Secretary-General in the format given in annex 2, and as required by paragraph 11 of section A-I/7 of the Code. In the event that the competent persons are unable to reach an affirmative conclusion on the criteria provided for in section A-I/7, paragraph 9 of Code, the competent persons should seek additional information or clarifications from the Party concerned, through the Secretary-General, to assist them to reach their conclusion.

Action to be taken by the Secretary-General and the Maritime Safety Committee

10 The Secretary-General, taking into account the views expressed by the competent persons, shall submit a timely report to the Maritime Safety Committee when the information received from the competent persons confirms that "full and complete effect" is given to the provisions of regulation I/8 of the Convention and section A-I/7, paragraphs 4, 5 and 6 of the Code.

11 The Maritime Safety Committee, having received the reports of the Secretary-General, shall at the earliest possible time identify those Parties which have satisfied the requirements of regulation I/8 of the Convention and section A-I/7, paragraphs 4, 5 and 6 of the Code.

12 Member Governments are invited to be guided accordingly and to bring this circular to the attention of all parties concerned.

13 This circular revokes MSC/Circ.997.

* * *

ANNEX 1

TERMS OF REFERENCE FOR INDEPENDENT EVALUATOR(S)

When conducting an independent evaluation, pursuant to regulations I/7 and I/8 of the Convention and sections A-I/7 and A-I/8, and the guidance provided in sections B-I/7 and B-I/8 of the Code, as amended, the following shall be taken into account:

- .1 quality assurance and audit functions of: the administration of training, assessment of competence, certification including issue of certificates of competency, medical certificates, endorsements and revalidation of certificates;
- .2 administrative responsibilities for arrangements for internal audits and management reviews;
- .3 the level of knowledge, understanding and skills appropriate to examinations and assessments required for each certificate are identified;
- .4 education and training objectives and related standards of competence are clearly defined;
- .5 procedures followed to authorize, accredit or approve training courses, medical fitness, and competency assessment pursuant to the provisions prescribed in the Convention and Code, as amended; and
- .6 implementation of mandatory amendments to the Convention and Code which entered into force after the previous independent evaluation.

Standards, specification and legislation relevant to the above activities:

- .1 International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978, as amended;
- .2 Seafarers' Training, Certification and Watchkeeping Code, as amended;
- .3 National laws, regulations and administrative guidance related to the implementation of the Convention; and
- .4 Quality Standards System of [country's name], as appropriate.

* * *

ANNEX 2

**INFORMATION COMMUNICATED IN ACCORDANCE WITH
REGULATIONS I/7 AND I/8 OF THE STCW CONVENTION AND
SECTIONS A-I/7, PARAGRAPHS 4, 5 AND 6, AND A-I/8 OF THE STCW CODE**

(NAME OF PARTY)

	Reference	Information	Convention regulations to be met (includes Code)	Evaluation	
		Complete		Implementation measures	Monitoring and compliance measures
	A-I/7, paragraph 4			Refer to section A-I/7, paragraph 9	
	<p>Report of results of evaluations carried out pursuant to regulation I/8 covering:</p> <p>Qualifications and experience of those who conducted the evaluation;</p> <p>Terms of reference for the independent evaluation and those of the evaluators</p> <p>List of training institutions/centres covered by the independent evaluation</p> <p>results of the independent evaluation, including:</p> <p>.1 verification that: all applicable provisions of the Convention and Code, including their amendments, are covered by the Party's quality standards system in accordance with section A-I/8, paragraph 3.1;</p> <p>.2 all internal management control and monitoring measures and follow-up actions comply with planned arrangements and documented procedures and are effective in ensuring achievement of defined</p>				

	Reference	Information	Convention regulations to be met (includes Code)	Evaluation	
		Complete		Implementation measures	Monitoring and compliance measures
	<p>objectives in accordance with section A-I/8, paragraph 3.2.</p> <p>Brief description of:</p> <p>.1 non-conformities found, if any, during the independent evaluation corrective measures recommended to address the identified non-conformities;</p> <p>.2 corrective measures recommended to address the identified non-conformities; and</p> <p>.3 corrective measures carried out to address the identified non-conformities.</p>				
	A-I/7, paragraphs 5 and 6			Refer to section A-I/7, paragraph 11.3	
	<p>Information on the steps taken to implement mandatory amendments to the Convention and Code shall include the following, where applicable:</p> <p>.1 concise explanation of the legal and administrative measures provided and taken to ensure compliance with the amendment;</p> <p>.2 concise summary of any courses, training programmes, examinations and assessments provided to comply with the amendment;</p>				

	Reference	Information	Convention regulations to be met (includes Code)	Evaluation	
		Complete		Implementation measures	Monitoring and compliance measures
	<p>.3 concise outline of the procedures followed to authorize, accredit or approve training and examinations, medical fitness and competency assessments required under the amendment;</p> <p>.4 concise outline of any refresher training and upgrading training required to meet the amendments; and</p> <p>.5 comparison between the measures to implement the amendment and existing measures contained in previous reports pursuant to regulation I/7, paragraph 1 and/or regulation I/8, paragraph 2, where applicable.</p>				

General Evaluation: Is the material communicated sufficient to support a conclusion that the information "confirms that full and complete effect is given to the relevant provisions of the Convention" in accordance with regulation I/8 of the Convention and section A-I/7, paragraphs 4 to 6 of the Code?

_____ Yes

_____ No

Comments:

.....

.....

Date

Signature

ANNEX 4

DRAFT MSC CIRCULAR

[MSC/Circ...]
[.. November 2012]

GUIDANCE ON ARRANGEMENTS BETWEEN PARTIES TO ALLOW FOR RECOGNITION OF CERTIFICATES UNDER REGULATION I/10 OF THE STCW CONVENTION

1 The Maritime Safety Committee, at its [ninety-first session (26 to 30 November 2012)], agreed that, in establishing or reviewing arrangements for the recognition of certificates under STCW regulation I/10, a written undertaking should be concluded between the Party which is to recognize the certificates (i.e. the Administration), and the Party which is issuing the certificates to be recognized (i.e. the certificate-issuing Party). In this respect, the Committee agreed that the following issues should be considered by Parties:

- .1 identification of the Administration and the certificate-issuing Party;
- .2 position, address and access information for the official in the Administration and for the official in the certificate-issuing Party who are designated to be directly responsible for implementing the undertaking;
- .3 application of the undertaking;
- .4 procedures to be followed by the Administration, subject to the consent of the certificate-issuing Party, when requesting an opportunity to visit the facilities, observe the procedures, or review the policies which have been approved or employed by the certificate-issuing Party for meeting the requirements of the STCW Convention* (hereinafter "Convention") regarding:
 - .1 standards of competence;
 - .2 training;
 - .3 the issue, endorsement, revalidation and revocation of certificates;
 - .4 record-keeping;
 - .5 medical standards;
 - .6 quality standards; and
 - .7 communication and response process to requests for verifications;

* Clarification of transitional provisions relating to the 2010 Manila Amendments to the Convention and Code set out in the STCW.7/Circ.16 should be taken into account.

- .5 access by the Administration to the:
 - .1 results of quality standards evaluations conducted by the certificate-issuing Party in accordance with regulation I/8; and
 - .2 reports of the steps taken by the certificate-issuing Party to implement any subsequent amendments to the Convention and STCW Code (hereinafter "Code") in accordance with section A-I/7 of the Code;
- .6 procedures to be followed by the Administration when verifying the validity or contents of a certificate issued by the certificate-issuing Party, and to resolve questions which may arise;
- .7 procedures to be followed by the Administration in notifying the certificate-issuing Party when it has withdrawn or revoked its endorsement of recognition for disciplinary or other reasons;
- .8 procedures to be followed by the certificate-issuing Party in promptly notifying the Administration of any significant changes in the arrangements for training and certification provided in compliance with the Convention, and the criteria to be used in determining what changes are to be considered "significant" for this purpose. At a minimum, significant changes should be understood to include:
 - .1 changes in the position, address or access information for the official responsible for implementing the undertaking;
 - .2 changes affecting the procedures set forth in the undertaking; and
 - .3 changes which amount to substantial differences from the information communicated to the Secretary-General pursuant to section A-I/7 of the Code;
- .9 termination clauses; and
- .10 validity.

2 The undertaking should be signed by, or acknowledged and confirmed in writing by, an authorized official from the Administration and from the certificate-issuing Party.

3 This guidance is focused on bilateral arrangements but may also be reflected in a multilateral undertaking.

4 This guidance supersedes MSC/Circ.950 on "Guidance on arrangements between Parties to allow for recognition of certificates under STCW regulation I/10".

5 Member Governments and STCW Parties are invited to be guided accordingly and to bring this circular to the attention of all parties concerned.

ANNEX 5

STCW.7/Circ.18
1 June 2012

GUIDANCE ON ELECTRONIC CHART DISPLAY AND INFORMATION SYSTEMS (ECDIS) TRAINING

1 The Sub-Committee on Standards of Training and Watchkeeping, at its forty-third session (30 April to 4 May 2012), considered the need for guidance on ECDIS training. The information presented below aims to assist Member Governments, Parties to the STW Convention, companies and seafarers in ensuring that training programmes in the use of ECDIS provided to masters and officers¹ certificated under chapter II or VII of the STCW Convention serving on ships fitted with ECDIS take into account:

- .1 the mandatory carriage of ECDIS, as required by SOLAS regulation V/19.2.10, which will be subject to a staged entry into force between 1 July 2012 and 1 July 2018;
- .2 the 2010 Manila Amendments to the STCW Convention which have introduced ECDIS training for master and officers;
- .3 the transitional provisions of the 2010 Manila Amendments which require seafarers to be trained according to the new competence standards before 1 January 2017;
- .4 that there is, however, for some ships, a potential training gap associated with the ECDIS carriage requirement. Masters and officers certificated under chapter II of the STCW Convention on ships fitted with ECDIS, might not have received ECDIS training satisfying the requirements of the 2010 Manila Amendments. This potential gap may occur up to 1 January 2017;
- .5 masters and officers certificated under chapter II of the STCW Convention serving on board ships fitted with ECDIS are to be familiarized (in accordance with STCW regulation I/14) with the ship's equipment including ECDIS;
- .6 ECDIS manufacturers are encouraged to provide resources, such as type specific materials, which could be provided on a CD or DVD. These resources may form part of the ECDIS familiarization training;
- .7 while there may be no requirement for masters and officers serving on vessels fitted with ECDIS to meet the 2010 Manila Amendments before 1 January 2017, it is encouraged that, prior to serving on such vessels that these seafarers should be provided with generic training, for example, the IMO model course 1.27;

¹ Training and assessment in the use of ECDIS is not required for those who serve exclusively on ships not fitted with ECDIS. This limitation shall be reflected in the endorsements issued to the seafarer concerned (refer to tables A-II/1 and A-II/2 of the STCW Code).

- .8 after 1 January 2017, all masters and officers serving on ships fitted with ECDIS certificated under chapter II of the STCW Convention shall have undertaken appropriate generic ECDIS training, (which may be based upon IMO model course 1.27), meeting the competence requirements of the 2010 Manila Amendments to the STCW Convention and Code;
- .9 regulation I/14, paragraph 1.5 of the STCW Convention, as well as sections 6.3 and 6.5 of the International Safety Management (ISM) Code, requires companies to ensure seafarers are provided with familiarization training. A ship safety management system should include familiarization with the ECDIS equipment fitted, including its backup arrangements, sensors and related peripherals. To assist Member Governments, Parties to the STCW Convention, companies and seafarers, a record of such familiarization should be provided;
- .10 Administrations should inform their port State control officers of the requirements for ECDIS training as detailed in paragraph 9 above. A certificate of competency issued in accordance² with the 2010 Manila Amendments would be prima facie evidence of generic ECDIS training; however, a record of the ship specific familiarization of the ECDIS should be provided; and
- .11 attention is also drawn to STCW.7/Circ.17 – Advice for port State control officers on transitional arrangements leading up to the full implementation of the requirements of the 2010 Manila Amendments to the STCW Convention and Code on 1 January 2017 and STCW.7/Circ.16 – Clarification of transitional provisions relating to the 2010 Manila Amendments to the STCW Convention and Code.

² Training and assessment in the use of ECDIS is not required for those who serve exclusively on ships not fitted with ECDIS. This limitation shall be reflected in the endorsements issued to the seafarer concerned (refer to tables A-II/1 and A-II/2 of the STCW Code).

ANNEX 6

DRAFT AMENDMENTS TO THE INTERNATIONAL MANAGEMENT CODE FOR THE SAFE OPERATION OF SHIPS AND FOR POLLUTION PREVENTION (INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE)

1 GENERAL

Section 1.1 Definitions

- 1 In paragraph 1.1.10, a footnote is inserted at the end of the phrase "Major non-conformity" as follows:

"Refer to the Procedures concerning observed ISM Code major non-conformity (MSC/Circ.1059), as may be amended."

Section 1.2 Objectives

- 2 In paragraph 1.2.3.2, a footnote is inserted at the end of the paragraph after the word "account" as follows:

"Refer to the List of IMO safety-related requirements and recommendations applicable to all ships or to certain types of ships (MSC.1/Circ.1371), as may be amended."

3 COMPANY RESPONSIBILITIES AND AUTHORITY

- 3 A footnote is inserted at the end of the title as follows:

"Refer to the Guidelines for the operational implementation of the International Safety Management (ISM) Code by Companies (MSC-MEPC.7/Circ.5), as amended."

4 DESIGNATED PERSON(S)

- 4 A footnote is inserted at the end of the title as follows:

"Refer to the Guidelines on the qualifications, training and experience necessary for undertaking the role of the Designated Person under the provisions of the International Safety Management (ISM) Code (MSC-MEPC.7/Circ.6), as amended."

6 RESOURCES AND PERSONNEL

- 5 A new paragraph 6.2.1 is inserted after existing paragraph 6. 2 as follows:

"The Company should ensure that the ship is appropriately manned in order to encompass all aspects of maintaining safe operations on board⁵."

- 6 In paragraph 6.2.1, a footnote is inserted at the end of the paragraph after the word "board" as follows:

"Refer to the Principles of minimum safe manning (resolution A.1047(27))."

8 EMERGENCY PREPAREDNESS

7 A footnote is inserted at the end of the title as follows:

"Refer to the *Guidelines for a structure of an integrated system of contingency planning for shipboard emergencies* (resolution A.852(20)), as amended."

9 REPORTS AND ANALYSIS OF NON-CONFORMITIES, ACCIDENTS AND HAZARDOUS OCCURRENCES

8 A footnote is inserted at the end of the title as follows:

"Refer to the Guidance on near-miss reporting (MSC-MEPC.7/Circ.7)."

11 DOCUMENTATION

9 A footnote is inserted at the end of the title as follows:

"Refer to the Revised list of certificates and documents required to be carried on board ships (FAL.2/Circ.123, MEPC.1/Circ.769 and MSC.1/Circ.1409), as amended."

12 COMPANY VERIFICATION, REVIEW AND EVALUATION

10 A new paragraph 12.2 is inserted after existing paragraph 12.1 as follows:

"The Company should periodically verify whether all those undertaking delegated ISM-related tasks are acting in conformity with the Company's responsibilities under the Code."

11 After new paragraph 12.2 is inserted, the subsequent paragraphs of section 12 are renumbered accordingly.

ANNEX 7

DRAFT ASSEMBLY RESOLUTION

Resolution A.[.....(28)]

**Adopted on [.. December 2013]
(Agenda item ..)**

**REVISED GUIDELINES ON THE IMPLEMENTATION OF THE INTERNATIONAL
SAFETY MANAGEMENT (ISM) CODE BY ADMINISTRATIONS**

THE ASSEMBLY,

RECALLING Article 15(j) of the Convention on the International Maritime Organization concerning the functions of the Assembly in relation to regulations and guidelines concerning maritime safety and the prevention and control of marine pollution from ships,

RECALLING ALSO resolution A.741(18) by which it adopted the *International Management Code for the Safe Operation of Ships and for Pollution Prevention* (International Safety Management (ISM) Code),

RECALLING FURTHER resolution A.788(19) by which it adopted the *Guidelines on implementation of the International Safety Management (ISM) Code by Administrations*,

NOTING that the ISM Code became mandatory, under the provisions of chapter IX of the International Convention for the Safety of Life at Sea (SOLAS), 1974, as amended, for Companies operating certain types of ships, on 1 July 1998; and for Companies operating other cargo ships and mobile offshore drilling units propelled by mechanical means of 500 gross tonnage and upwards, on 1 July 2002,

NOTING ALSO resolution A.1022(26) by which it adopted the *Guidelines on implementation of the International Safety Management (ISM) Code by Administrations*,

NOTING FURTHER that the Maritime Safety Committee, at its [ninety-second session], adopted, by resolution MSC.[...](92), amendments to the ISM Code,

RECOGNIZING that an Administration, in establishing that safety standards are being maintained, has a responsibility to ensure that Documents of Compliance and Safety Management Certificates have been issued in accordance with the ISM Code taking into account the aforementioned Guidelines,

RECOGNIZING ALSO that there may be a need for Administrations to enter into agreements in respect of the issue of certificates by other Administrations in compliance with chapter IX of the 1974 SOLAS Convention and in accordance with resolution A.741(18),

RECOGNIZING FURTHER the need for uniform implementation of the ISM Code,

HAVING CONSIDERED the recommendations made by the Maritime Safety Committee, at its ninety-first session, and the Marine Environment Protection Committee, at its sixty-fourth session,

1. ADOPTS the *Guidelines on implementation of the International Safety Management (ISM) Code by Administrations*, set out in the annex to the present resolution;
2. URGES Governments, when implementing the ISM Code, to adhere to the Guidelines;
3. REQUESTS Governments to inform the Organization of any difficulties they may experience when using the Guidelines;
4. AUTHORIZES the Maritime Safety Committee and the Marine Environment Protection Committee to keep the annexed Guidelines under review and to amend them as necessary;
5. REVOKES resolution A.1022(26) with effect from [1July 2014].

**REVISED GUIDELINES ON THE IMPLEMENTATION OF THE INTERNATIONAL
SAFETY MANAGEMENT (ISM) CODE BY ADMINISTRATIONS
(RESOLUTION A.[...(28)])**

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INTRODUCTION

The ISM Code

The *International Management Code for the Safe Operation of Ships and for Pollution Prevention (International Safety Management (ISM) Code)* was adopted by the Organization by resolution A.741(18) and became mandatory by virtue of the entry into force on 1 July 1998 of the SOLAS chapter IX on Management for the Safe Operation of Ships. The ISM Code provides an international standard for the safe management and operation of ships and for pollution prevention.

The Maritime Safety Committee, at its [ninety-second session [.. June 2013], adopted amendments to sections 3, 6, 12, 14, and footnotes of the ISM Code by resolution MSC.[...(92)]. As a result it was necessary to revise the Guidelines on implementation of the ISM Code by Administrations (resolution A.1022(26)), which is superseded by the Revised Guidelines.

The ISM Code requires that Companies establish safety objectives as described in section 1.2 (Objectives) of the ISM Code, and in addition that the Companies develop, implement and maintain a safety management system which includes functional requirements as listed in section 1.4 (Functional requirements for a safety management system) of the ISM Code.

The application of the ISM Code should support and encourage the development of a safety culture in shipping. Success factors for the development of a culture that promotes safety and environmental protection are, inter alia, commitment, values, beliefs and clarity of the Safety Management System.

Mandatory application of the ISM Code

The appropriate organization of management, ashore and on board, is needed to ensure adequate standards of safety and pollution prevention. A systematic approach to management by those responsible for management of ships is therefore required.

The objectives of the mandatory application of the ISM Code are to ensure:

- .1 compliance with mandatory rules and regulations related to the safe operation of ships and protection of the environment; and
- .2 the effective implementation and enforcement thereof by Administrations.

Effective enforcement by Administrations must include verification that the safety management system complies with the requirements as stipulated in the ISM Code, as well as verification of compliance with mandatory rules and regulations.

The mandatory application of the ISM Code should ensure, support and encourage the taking into account of applicable codes, guidelines and standards recommended by the Organization, Administrations, classification societies and maritime industry organizations.

Verification and certification responsibilities

The Administration is responsible for verifying compliance with the requirements of the ISM Code and for issuing Documents of Compliance to Companies and Safety Management Certificates to ships.

The *Guidelines for the authorization of organizations acting on behalf of the Administration* (resolution A.739(18)) and the *Specifications on the survey and certification functions of recognized organizations acting on behalf of the Administration* (resolution A.789(19)), which have been made mandatory by virtue of SOLAS regulation XI/1, and the *Guidelines to assist flag States in the implementation of IMO instruments* (resolution A.847(20)), are applicable when Administrations authorize organizations to issue Documents of Compliance and Safety Management Certificates on their behalf.

1 SCOPE AND APPLICATION

1.1 Definitions

The terms used in these Revised Guidelines have the same meaning as those given in the ISM Code.

1.2 Scope and application

1.2.1 These Revised Guidelines establish basic principles for:

- .1 verifying that the safety management system of a Company responsible for the operation of ships, or the safety management system for the ship or ships controlled by the Company, complies with the ISM Code;
- .2 carrying out the interim, initial, annual and renewal verification of the Document of Compliance and for the interim, initial, intermediate and renewal verification(s) of the Safety Management Certificate and the issuance/endorsement of corresponding documents; and
- .3 the scope of the Additional Verification.

2 VERIFYING COMPLIANCE WITH THE ISM CODE

2.1 General

2.1.1 To comply with the requirements of the ISM Code, Companies should develop, implement and maintain a documented safety management system to ensure that the safety and environmental protection policy of the Company is implemented. The Company policy should include the objectives defined by the ISM Code.

2.1.2 Administrations should verify compliance with the requirements of the ISM Code by determining:

- .1 the conformity of the Company's safety management system with the requirements of the ISM Code; and
- .2 that the safety management system ensures that the objectives defined in paragraph 1.2.3 of the ISM Code are met.

2.1.3 Determining the conformity or non-conformity of safety management system elements with the requirements specified by the ISM Code may demand that criteria for assessment be developed. Administrations are recommended to limit the development of criteria in the form of prescriptive management system solutions. Criteria for assessment in the form of prescriptive requirements may have the effect that safety management in shipping results in Companies implementing solutions prepared by others, and it may then

be difficult for a Company to develop the solutions which best suit that particular Company, operation or ship. Therefore, particular operations should be ship specific and fully reflected in manuals, procedures and instructions.

2.1.4 Therefore, Administrations are recommended to ensure that these assessments are based on determining the effectiveness of the safety management system in meeting specified objectives, rather than conformity with detailed requirements in addition to those contained in the ISM Code, so as to reduce the need for developing criteria to facilitate assessment of the Companies' compliance with the Code.

2.2 The ability of the safety management system to meet general safety management objectives

The ISM Code identifies general safety management objectives in section 1.2.2. The verification should support and encourage Companies in achieving these objectives, which provide clear guidance to Companies for the development of safety management system elements in compliance with the ISM Code. Since, however, the ability of the safety management system to achieve these objectives cannot be determined beyond whether the safety management system complies with the requirements of the ISM Code, they should not form the basis for establishing detailed interpretations to be used for determining conformity or non-conformity with the requirements of the ISM Code.

2.3 The ability of the safety management system to meet specific requirements of safety and pollution prevention

2.3.1 The main criterion which should govern the development of interpretations needed for assessing compliance with the requirements of the ISM Code should be the ability of the safety management system to meet the specific requirements defined by the ISM Code in terms of specific standards of safety and pollution prevention.

The specific standards of safety and protection of the environment are specified in section 1.2.3 of the ISM Code.

2.3.2 All records having the potential to facilitate verification of compliance with the ISM Code should be open to scrutiny during an examination, these may include records from delegated SMS tasks. For this purpose, the Administration should ensure that the Company provides auditors with statutory and classification records relevant to the actions taken by the Company to ensure that compliance with mandatory rules and regulations is maintained. In this regard the records may be examined to substantiate their authenticity and veracity.

2.3.3 Some mandatory requirements may not be subject to statutory or classification surveys, such as:

- .1 maintaining the condition of ship and equipment between surveys; and
- .2 certain operational requirements.

Specific arrangements may be required to ensure compliance with the ISM Code and to provide for the objective evidence needed for verification in these cases, such as:

- .1 documented procedures and instructions;
- .2 documentation of the verification carried out by senior officers of day-to-day operations when relevant to ensure compliance; and

- .3 relevant records of the ships being operated by the Company, e.g. flag State, port State controls, class and accident reports.

2.3.4 The verification of compliance with mandatory rules and regulations, which is part of the ISM Code certification, neither duplicates nor substitutes surveys for other maritime certificates. The verification of compliance with the ISM Code does not relieve the Company, the master or any other entity or person involved in the management or operation of the ship of their responsibilities.

2.3.5 Administrations should ensure that the Company has:

- .1 taken into account the recommendations, as referred to in paragraph 1.2.3.2 of the ISM Code, when establishing and maintaining the safety management system; and
- .2 developed procedures to ensure that these recommendations are implemented ashore and on board.

3 THE CERTIFICATION AND VERIFICATION PROCESS

3.1 Certification and verification activities

3.1.1 The certification process relevant to a Document of Compliance for a Company and a Safety Management Certificate to a ship will normally involve the following steps:

- .1 interim verification;
- .2 initial verification;
- .3 annual or intermediate verification;
- .4 renewal verification; and
- .5 additional verification.

These verifications are carried out at the request of the Company to the Administration, or to the organization recognized by the Administration to perform certification functions under the ISM Code, or at the request of the Administration by another Contracting Government to the Convention. The verifications will include an audit of the safety management system.

3.2 Interim verification

Interim certification may be issued under certain conditions as specified by the Code and should facilitate the implementation of a safety management system.

3.2.1 The Company should apply for interim certification to the Administration.

3.2.2 The process of interim Document of Compliance verification of the management system undertaken by the Administration would require an assessment at the Company's offices in accordance with paragraph 14.1 of the Code.

3.2.3 On satisfactory completion of the assessment of the shoreside safety management system, arrangements/planning may commence for the assessment of applicable Company's ships.

3.2.4 The process of interim verification of the ship should be undertaken by the Administration to ensure that the ship is provided with a safety management system, in accordance with paragraph 14.4 of the Code.

3.2.5 On satisfactory completion of the interim verification, an Interim Document of Compliance will be issued to the Company; copies should be made available by the Company to every shoreside premises and each applicable ship in the Company's fleet. As each ship is assessed and issued with an Interim Safety Management Certificate, a copy of it should also be forwarded to the Company's head office.

3.3 Initial verification

3.3.1 The Company should apply for ISM Code certification to the Administration.

3.3.2 An assessment of the shoreside management system undertaken by the Administration would necessitate assessment of the offices where such management is carried out and possibly of other locations which may include delegated SMS tasks, depending on the Company's organization and the functions at the various locations.

3.3.3 On satisfactory completion of the assessment of the shoreside safety management system, arrangements/planning may commence for the assessment of the Company's ships.

3.3.4 On satisfactory completion of the assessment, a Document of Compliance will be issued to the Company, copies of which should be made available to each shoreside premises and each ship in the Company's fleet. As each ship is assessed and issued with a Safety Management Certificate, a copy of it should also be forwarded to the Company's head office.

3.3.5 In cases where certificates are issued by a recognized organization, copies of all certificates should also be sent to the Administration.

3.3.6 The safety management audit for the Company and for a ship will involve the same basic steps. The purpose is to verify that a Company or a ship complies with the requirements of the ISM Code. The audits include:

- .1 the conformity of the Company's safety management system with the requirements of the ISM Code, including objective evidence demonstrating that the Company's safety management system has been in operation for at least three months and that a safety management system has been in operation on board at least one ship of each type operated by the Company for at least three months; and
- .2 that the safety management system ensures that the objectives defined in paragraph 1.2.3 of the ISM Code are met. This includes verification that the Document of Compliance for the Company responsible for the operation of the ship is applicable to that particular type of ship, and assessment of the shipboard safety management system to verify that it complies with the requirements of the ISM Code, and that it is implemented. Objective evidence demonstrating that the Company's safety management system has been functioning effectively for at least three months on board the ship and ashore should be available, including, inter alia, records from the internal audit performed by the Company.

3.4 Annual verification of Document of Compliance

3.4.1 Annual safety management audits are to be carried out to maintain the validity of the Document of Compliance, and should include examining and verifying the correctness of the statutory and classification records presented for at least one ship of each type to which the Document of Compliance applies. The purpose of these audits is to verify the effective functioning of the safety management system, and that any modifications made the Safety Management System comply with the requirements of the ISM Code.

3.4.2 Annual verification is to be carried out within three months before and after each anniversary date of the Document of Compliance.

3.4.3 Where the Company has more than one shoreside premises and/or delegates SMS tasks, the annual assessments should endeavour to ensure that all sites are assessed during the period of validity of the Document of Compliance.

3.4.4 During the annual verification, Administrations should verify if the Company is operating all ship types on the DOC. Appropriate action should be taken if the Company has stopped operating a particular ship type.

3.5 Intermediate verification of Safety Management Certificates

3.5.1 Intermediate safety management audits should be carried out to maintain the validity of the Safety Management Certificate. The purpose of these audits is to verify the effective functioning of the safety management system and that any modifications made to the safety management system comply with the requirements of the ISM Code. In certain cases, particularly during the initial period of operation under the safety management system, the Administration may find it necessary to increase the frequency of the intermediate verification. Additionally, the nature of non-conformities may also provide a basis for increasing the frequency of intermediate verifications.

3.5.2 If only one intermediate verification is to be carried out, it should take place between the second and third anniversary date of the issue of the Safety Management Certificate.

3.6 Renewal verification

Renewal verifications are to be performed before the validity of the Document of Compliance or the Safety Management Certificate expires. The renewal verification will address all the elements of the safety management system and the activities to which the requirements of the ISM Code apply. Renewal verification may be carried out from three months before the date of expiry of the Document of Compliance or the Safety Management Certificate, and should be completed before their date of expiry.

3.7 Additional verification

3.7.1 The Administration may, where there are clear grounds, require an additional verification to check if the safety management system still functions effectively. Additional verifications may be carried out following situations beyond normal procedures. Examples of such situations include port state control detentions, reactivation after the interruption of the operations due to a period out of service or to verify that effective corrective actions have been taken and/or properly implemented additional verifications may affect the shore-based organization and/or the shipboard management system. The Administration should determine the scope and depth of the verification, which may vary from case to case. The additional verifications should be completed within the time period agreed taking into

account guidelines developed by the Organization. The Administration should follow-up on the results of the verification and take appropriate measures, as necessary.

3.7.2 On satisfactory completion of the shipboard assessment, the Safety Management Certificate should be endorsed for additional verification.

3.8 Safety management audits

The procedure for safety management audits outlined in the following paragraphs includes all steps relevant for initial verification. Safety management audits for the interim, annual, intermediate, additional and renewal verification should be based on the same principles even if their scope may be different.

3.9 Application for audit

3.9.1 The Company should submit a request for audit to the Administration or to the organization recognized by the Administration for issuing a Document of Compliance or a Safety Management Certificate on behalf of the Administration.

3.9.2 The Administration or the recognized organization should then nominate the lead auditor and, if relevant, the audit team.

3.10 Preliminary review (Document review)

As a basis for planning the audit, the auditor should review the safety management manual to determine the adequacy of the safety management system in meeting the requirements of the ISM Code. If this review reveals that the system is not adequate, the audit will have to be delayed until the Company undertakes corrective action.

3.11 Preparing the audit

3.11.1 The auditor should review the relevant safety performance records of the Company, and take them into consideration when preparing the audit plan, for example flag State, port State controls, class and accident reports.

3.11.2 The nominated lead auditor should liaise with the Company and produce an audit plan.

3.11.3 The auditor should provide the working documents which are to govern the execution of the audit to facilitate the assessments, investigations and examinations in accordance with the standard procedures, instructions and forms which have been established to ensure consistent auditing practices.

3.11.4 The audit team should be able to communicate effectively with auditees.

3.12 Executing the audit

3.12.1 The audit should start with an opening meeting in order to introduce the audit team to the Company's senior management, summarize the methods for conducting the audit, confirm that all agreed facilities are available, confirm time and date for a closing meeting and clarify possible unclear details relevant to the audit.

3.12.2 The audit team should assess the safety management system on the basis of the documentation presented by the Company, and objective evidence as to its effective implementation.

3.12.3 The objective evidence should be collected through interviews and examination of documents. Observation of activities and conditions may also be included when necessary to determine the effectiveness of the safety management system in meeting the specific standards of safety and protection of the environment required by the ISM Code.

3.12.4 Audit findings should be documented. After activities have been audited, the audit team should review the objective evidence collected. This should then be used to determine what is to be reported as major non-conformities, non-conformities or observations, and should be reported in terms of the general and specific provisions of the ISM Code.

3.12.5 At the end of the audit, prior to preparing the audit report, the audit team should hold a meeting with the senior management of the Company and those responsible for the functions concerned. The purpose is to present the observations in such a way as to ensure that the results of the audit are clearly understood.

3.13 Audit report

3.13.1 The audit report should be prepared under the direction of the lead auditor, who is responsible for its accuracy and completeness.

3.13.2 The audit report should include the audit plan, identification of audit team members, dates and identification of the Company, observations on any non-conformities and observations on the effectiveness of the safety management system in meeting the specified objectives.

3.13.3 The Company should receive a copy of the audit report. The Company should be advised to provide a copy of the shipboard audit reports to the ship.

3.14 Corrective action follow-up

3.14.1 The Company is responsible for determining and initiating the corrective action needed to correct a non-conformity or to correct the cause of the non-conformity. Failure to correct non-conformities with specific requirements of the ISM Code may affect the validity of the Document of Compliance and related Safety Management Certificates.

3.14.2 Corrective actions and possible subsequent audits should be completed within the time period agreed. For corrective actions this should not normally exceed three months. The Company should apply for the follow-up audits as agreed.

3.14.3 Failure to take adequate corrective actions, in compliance with the requirements of the ISM Code, including measures to prevent recurrence, may be considered as a major non-conformity.

3.15 Company responsibilities pertaining to safety management audits

3.15.1 The verification of compliance with the requirements of the ISM Code does not relieve the Company, management, those undertaking delegated SMS tasks, officers or seafarers of their obligations as to compliance with national and international legislation related to safety and protection of the environment.

3.15.2 The Company is responsible for:

- .1 informing relevant employees and those undertaking delegated SMS tasks about the objectives and scope of the ISM Code certification;
- .2 appointing responsible members of staff to accompany members of the team performing the certification;
- .3 providing the resources needed by those performing the certification to ensure an effective and efficient verification process;
- .4 providing access and evidential material as requested by those performing the certification; and
- .5 cooperating with the verification team to permit the certification objectives to be achieved.

3.15.3 Where major non-conformities are identified, Administrations and recognized organizations (ROs) should comply with the procedures stated in MSC/Circ.1059-MEPC/Circ.401.

3.16 Responsibilities of the organization performing the ISM Code certification

The organization performing the ISM Code certification is responsible for ensuring that the verification and certification process is performed according to the ISM Code and these Guidelines. This includes management control of all aspects of the certification according to the appendix to these Guidelines.

3.17 Responsibilities of the verification team

3.17.1 Whether the verifications involved with certification are performed by a team or not, one person should be in charge of the verification. The leader should be given the authority to make final decisions regarding the conduct of the verification and any observations. His responsibilities should include:

- .1 preparation of a plan for the verification; and
- .2 submission of the report of the verification.

3.17.2 Personnel participating in the verification are responsible for complying with the requirements governing the verification, ensuring confidentiality of documents pertaining to the certification and treating privileged information with discretion.

Appendix

STANDARDS ON ISM CODE CERTIFICATION ARRANGEMENTS

1 INTRODUCTION

The audit team involved with ISM Code certification, and the organization under which it may be managed, should comply with the specific requirements stated in this annex.

2 STANDARD OF MANAGEMENT

2.1 Organizations managing verification of compliance with the ISM Code should have, in their own organization, competence in relation to:

- .1 ensuring compliance with the rules and regulations, including certification of seafarers, for the ships operated by the Company;
- .2 approval, survey and certification activities;
- .3 the terms of reference that must be taken into account under the safety management system as required by the ISM Code; and
- .4 practical experience of ship operation.

2.2 The Convention requires that organizations recognized by Administrations for issuing a Document of Compliance and a Safety Management Certificate at their request should comply with resolutions A.739(18) – *Guidelines for the authorization of organizations acting on behalf of the Administration* and A.789(19) – *Specifications on the survey and certification functions of recognized organizations acting on behalf of the Administration*.

2.3 Any organization performing verification of compliance with the provisions of the ISM Code should ensure that there exists independence between the personnel providing consultancy services and those involved in the certification procedure.

3 STANDARDS OF COMPETENCE

3.1 ISM Code certification scheme management

Management of ISM Code certification schemes should be carried out by those who have practical knowledge of ISM Code certification procedures and practices.

3.2 Basic competence for performing verification

3.2.1 Personnel who are to participate in the verification of compliance with the requirements of the ISM Code should have a minimum of formal education comprising the following:

- .1 qualifications from a tertiary institution recognized by the Administration or by the recognized organization within a relevant field of engineering or physical science (minimum two years programme); or
- .2 qualifications from a marine or nautical institution and relevant seagoing experience as a certified ship officer.

3.2.2 They should have undergone training to ensure adequate competence and skills for performing verification of compliance with the requirements of the ISM Code, particularly with regard to:

- .1 knowledge and understanding of the ISM Code;
- .2 mandatory rules and regulations;
- .3 the terms of reference which the ISM Code requires that Companies should take into account;
- .4 assessment techniques of examining, questioning, evaluating and reporting;
- .5 technical or operational aspects of safety management;
- .6 basic knowledge of shipping and shipboard operations; and
- .7 participation in at least one marine-related management system audit.

3.2.3 Such competence should be demonstrated through written or oral examinations, or other acceptable means.

3.3 Competence for initial verification and renewal verification

3.3.1 In order to assess fully whether the Company or the ship complies with the requirements of the ISM Code, in addition to the basic competence stated under 3.2 above, personnel who are to perform initial verifications or renewal verifications for a Document of Compliance or a Safety Management Certificate must possess the competence to:

- .1 determine whether the safety management system elements conform or do not conform with the requirements of the ISM Code;
- .2 determine the effectiveness of the Company's safety management system, or that of the ship, to ensure compliance with rules and regulations as evidenced by the statutory and classification survey records;
- .3 assess the effectiveness of the safety management system in ensuring compliance with other rules and regulations which are not covered by statutory and classification surveys and enabling verification of compliance with these rules and regulations; and
- .4 assess whether the safe practices recommended by the Organization, Administrations, classification societies and maritime industry organizations have been taken into account.

3.3.2 This competence can be accomplished by teams which together possess the total competence required.

3.3.3 Personnel who are to be in charge of initial verification or renewal verification of compliance with the requirements of the ISM Code should have at least five years' experience in areas relevant to the technical or operational aspects of safety management, and should have participated in at least three initial verifications or renewal verifications. Participation in verification of compliance with other management standards may be considered as equivalent to participation in verification of compliance with the ISM Code.

3.4 Competence for annual, intermediate and interim verification

Personnel who are to perform annual, intermediate and interim verifications should satisfy basic requirements for personnel participating in verifications and should have participated in a minimum of two annual, renewal or initial verifications. They should have received special instructions needed to ensure that they possess the competence required to determine the effectiveness of the Company's safety management system.

4 QUALIFICATION ARRANGEMENTS

Organizations performing ISM Code certification should have implemented a documented system for qualification and continuous updating of the knowledge and competence of personnel who are to perform verification of compliance with the ISM Code. This system should comprise theoretical training courses covering all the competence requirements and the appropriate procedures connected to the certification process, as well as practical tutored training, and it should provide documented evidence of satisfactory completion of the training.

5 CERTIFICATION PROCEDURES AND INSTRUCTIONS

Organizations performing ISM Code certification should have implemented a documented system to ensure that the certification process is performed in accordance with this standard. This system should, inter alia, include procedures and instructions for the following:

- .1 contract agreements with Companies;
- .2 planning, scheduling and performing verification;
- .3 reporting results from verification;
- .4 issuance of Documents of Compliance, Safety Management Certificates and Interim Documents of Compliance and Safety Management Certificates; and
- .5 corrective action and follow-up of verifications, including actions to be taken in cases of major non-conformity.

ANNEX 8

DRAFT MSC-MEPC CIRCULAR

[MSC-MEPC.7/Circ.5/Rev.1]
[..November 2012]

**REVISED GUIDELINES FOR THE OPERATIONAL IMPLEMENTATION
OF THE INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE
BY COMPANIES**

1 The Maritime Safety Committee at its [ninety-second session (29 April to 3 May 2012)] and the Marine Environment Protection Committee at its [sixty-fifth session (1 to 5 October 2012)] agreed that it was essential to review the existing guidelines for the operational implementation of the ISM Code by Companies (MSC-MEPC.7/Circ.5) with a view to enhancing the efficiency and user-friendliness of the ISM Code.

2 Accordingly, the Committees approved the revised guidelines for operational implementation of the ISM Code by Companies, as set out in the annex.

3 Member Governments and international organizations concerned are recommended to bring this circular to the attention of all parties concerned.

ANNEX

REVISED GUIDELINES FOR THE OPERATIONAL IMPLEMENTATION OF THE INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE BY COMPANIES

1 INTRODUCTION

1.1 The ISM Code

1.1.1 The *International Management Code for the Safe Operation of Ships and for Pollution Prevention (International Safety Management (ISM) Code)* was adopted by the Organization by resolution A.741(18) and became mandatory by virtue of the entry into force on 1 July 1998 of the SOLAS chapter IX on Management for the Safe Operation of Ships. The ISM Code provides an international standard for the safe management and operation of ships and for pollution prevention.

1.1.2 The Maritime Safety Committee, at its [ninety-second session (.. to .. June 2013)] adopted, by resolution MSC.[.....(92)] amendments to sections 3, 6, 12, 14, and footnotes of the ISM Code. As a result it was necessary to revise the Guidelines for the operational implementation of the International Safety Management (ISM) Code by Companies (MSC-MEPC.7/Circ.5) which is superseded by this Revised Guidelines.

1.1.3 The ISM Code requires that Companies establish safety objectives as described in section 1.2 (Objectives) of the ISM Code, and in addition that the Companies develop, implement and maintain a safety management system which includes functional requirements as listed in section 1.4 (Functional requirements for a safety management system) of the ISM Code.

1.1.4 The application of the ISM Code should support and encourage the development of a safety culture in shipping. Success factors for the development of a culture that promotes safety and environmental protection are, inter alia, commitment, values and beliefs and clarity of the Safety Management System.

2 SCOPE AND APPLICATION

2.1 Definitions

The terms used in these Revised Guidelines have the same meaning as those given in the ISM Code.

2.2 Scope and Application

2.2.1 These Revised Guidelines establish the basic principles for:

- .1 reviewing the safety management system by a Company;
- .2 the role of the Designated Person under the ISM Code;
- .3 reporting and analysing of non-conformities, accidents and hazardous occurrences (including near-misses);

- .4 performing internal audits and management reviews,

and do not reduce or replace the Company's responsibilities outlined in the ISM Code.

3 DEVELOPMENT OF THE SAFETY MANAGEMENT SYSTEM

3.1 The ISM Code requires that Companies establish safety objectives as described in section 1.2 of the ISM Code, and in addition that Companies develop, implement and maintain a safety management system (SMS) which includes functional requirements as listed in section 1.4 of the ISM Code.

3.2 Given the self-regulatory principles of the ISM Code, the internal verification and review processes are key elements in the implementation of each SMS. The Company should consider the outcome of internal audits, internal SMS reviews and analysis of non-conformities, accidents and hazardous occurrences to enhance the effectiveness of operations and procedures within their SMS.

To comply with the Code, the Company should:

- .1 designate a person or persons with direct access to the highest level of management who should monitor the safe operation of each ship (section 4);
- .2 ensure that adequate resources and shore-based support are provided to enable the designated person or persons to carry out their functions (section 3.3);
- .3 define and document the master's responsibility with regard to reviewing the safety management system and reporting its deficiencies to the shore-based management (section 5.1);
- .4 establish procedures for reporting and analysis of non-conformities, accidents and hazardous occurrences (section 9.1);
- .5 periodically evaluate the effectiveness of, and when needed, review the safety management system (section 12.2); and
- .6 perform internal audits to verify whether safety management activities comply with the requirements of the safety management system (section 12.1).

4 DESIGNATED PERSON

4.1 A key role, as identified by the ISM Code, in the effective implementation of a safety management system is that of the Designated Person. This is the person based ashore whose influence and responsibilities should significantly affect the development and implementation of a safety culture within the Company.

4.2 The designated person should verify and monitor all safety and pollution prevention activities in the operation of each ship. This monitoring should include, at least, the following internal processes:

- .1 communication and implementation of the safety and environmental protection policy;

- .2 evaluation and review of the effectiveness of the safety management system;
- .3 reporting and analysis of non-conformities, accidents and hazardous occurrences;
- .4 organizing and monitoring of internal audits including verification of independence and training of internal auditors;
- .5 appropriate revisions to the SMS; and
- .6 ensuring that adequate resources and shore-based support as identified in paragraph 4.3 below are provided by the Company.

4.3 To enable the designated person to carry out this role effectively, the Company should provide adequate resources and shore-based support. These include:

- .1 personnel resources;
- .2 material resources;
- .3 any training required;
- .4 clearly defined and documented responsibility and authority; and
- .5 authority for reporting non-conformities and observations to the highest level of management.

4.4 Designated Person(s) should have the qualifications, training and experience as set out in MSC-MEPC.7/Circ.6, to effectively verify and monitor the implementation of the safety management system in compliance with the ISM Code.

5 REVIEW OF THE SAFETY MANAGEMENT SYSTEM

5.1 The Company should periodically review and evaluate the effectiveness of the SMS in accordance with procedures established by the Company. Further, it is one of the master's responsibilities to review periodically the safety management system and to report its deficiencies to the shore-based management.

5.2 Management reviews support Companies efforts in achieving the general safety management objectives as defined in section 1.2.2 of the ISM Code. Based upon the results of such reviews, the Company should implement measures to improve further the effectiveness of the system. The review should be performed on a periodical basis as defined by the Company or when needed, e.g. in case of serious system failures. Any deficiencies found during the management review should be provided with appropriate corrective action taking into account the Company's objectives. The results of such reviews should be brought to the attention of all personnel involved in a formal way. The management review should at least take into account the results of the internal audits, any non-conformities reported by the personnel, the master's reviews, analysis of non-conformities, accidents and hazardous occurrences and any other evidence of possible failure of the SMS, like non-conformities by external parties, PSC inspection reports, etc.

6 REPORTING AND ANALYSING OF NON-CONFORMITIES, OBSERVATIONS, ACCIDENTS AND HAZARDOUS OCCURRENCES

6.1 The SMS should contain procedures to ensure that non-conformities, observations and hazardous occurrences are reported to the responsible person of the management. The Company should have a system in place for recording, investigating, evaluating, reviewing and analysing such reports, and to take action as appropriate.

6.2 The system should ensure such reports are reviewed and evaluated by the responsible person(s) in order to determine appropriate corrective action and to ensure that recurrences are avoided. The evaluation of reports may result in:

- .1 appropriate corrective actions;
- .2 amendments to existing procedures and instructions; and
- .3 development of new procedures and instructions.

6.3 The responsible person should properly monitor the follow-up and closing-out of the non-conformities/deficiency reports. The receipt of reports should be acknowledged to those persons who have raised the reports. This should include the status of the report and any decisions made.

6.4 The Company should encourage the reporting of near-misses to maintain and improve safety awareness. The reporting and analysis of such incidents are essential for an effective risk assessment by the Company, especially where accident information is not available.

7 INTERNAL AUDITS

Companies should carry out internal shore-based and shipboard audits at intervals not exceeding 12 months to verify whether shore-based and shipboard activities comply with the SMS. In exceptional circumstances as documented by the Company, this period may be exceeded by not more than three months. These internal verifications should be prepared and conducted in accordance with procedures established by the Company. The procedures should at least consider the following elements:

- .1 responsibilities;
- .2 competence and selection of auditors;
- .3 audit scheduling;
- .4 preparing and planning the audit;
- .5 executing the audit;
- .6 audit report; and
- .7 corrective action follow-up.

8 QUALIFICATIONS, TRAINING AND EXPERIENCE

The ISM Code requires the Company to ensure that all personnel involved in the Company's SMS have an adequate understanding of relevant rules, regulations, codes, guidelines. The Company should ensure that all personnel have the qualifications, training and experience that may be required in support of the SMS. All persons performing internal audits should have successfully completed a relevant auditor training course.

9 THE COMPANY'S RESPONSIBILITIES

The Company which has taken over all the duties and responsibilities imposed by the Code, should provide adequate resources (e.g. technical, financial and human resources) to ensure that the safety management objectives will be achieved. ISM related tasks being carried out by the Company's branch offices or by external entities should be outlined in the SMS. The Company should verify that all those undertaking ISM related tasks perform in accordance with established procedures.

ANNEX 9

DRAFT ASSEMBLY RESOLUTION

**RESOLUTION A.[...](28))]
adopted on [.. December 2013]**

**REVISED GUIDELINES FOR THE STRUCTURE OF AN INTEGRATED SYSTEM
OF CONTINGENCY PLANNING FOR SHIPBOARD EMERGENCIES**

THE ASSEMBLY

RECALLING Article 15(j) of the Convention on the International Maritime Organization concerning the functions of the Assembly in relation to regulations and guidelines concerning maritime safety and the prevention and control of marine pollution from ships,

RECALLING ALSO that the 1994 International Conference of Contracting Governments to the International Convention for the Safety of Life at Sea (SOLAS), 1974, adopted amendments to that Convention introducing, inter alia, a new chapter IX on Management for the Safe Operation of Ships, which makes compliance with the International Management Code for the Safe Operation of Ships and for Pollution Prevention (International Safety Management (ISM) Code) mandatory,

BEING AWARE that shipboard emergency plans addressing different categories of emergencies are required under the provisions of the 1974 SOLAS Convention, as amended, and the International Convention for the Prevention of Pollution from Ships, 1973, as modified by the Protocol of 1978 relating thereto, as amended,

BEING CONCERNED that the presence on board ships of different and non-harmonized emergency plans may be counter-productive in case of an emergency,

RECOGNIZING that many ships already make use of comprehensive and effective emergency plans, such as the Shipboard Oil Pollution Emergency Plan (SOPEP),

CONSCIOUS of the need that human element aspects are borne in mind when rules and recommendations affecting shipboard operations are considered for adoption,

WISHING to assist shipowners, ship operators and other parties concerned in, where this has not yet been done, transposing the provisions regulating emergency plans into a coherent contingency regime,

HAVING CONSIDERED the recommendations made by the Maritime Safety Committee at its ninety-first session and by the Marine Environment Protection Committee at its sixty-fourth session,

1. ADOPTS the Revised Guidelines for a Structure of an Integrated System of Contingency Planning for Shipboard Emergencies, set out in the annex to the present resolution;
2. INVITES Governments, in the interests of uniformity, to accept the aforementioned structure as being in conformity with the provisions for the development of the shipboard emergency plans required by various instruments adopted by the Organization;

3. INVITES ALSO Governments to refer to these Guidelines when preparing appropriate national legislation;
4. REQUESTS the Maritime Safety Committee and the Marine Environment Protection Committee to keep the Guidelines under review and amend them as necessary in the light of experience gained;
5. REVOKES resolution A.852(20) with effect from [1 July 2014].

ANNEX

AMENDMENTS TO THE GUIDELINES FOR THE STRUCTURE OF AN INTEGRATED SYSTEM OF CONTINGENCY PLANNING FOR SHIPBOARD EMERGENCIES (RESOLUTION A.[....(28)])

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PREFACE

These Guidelines, prepared by the Maritime Safety Committee (MSC) of the International Maritime Organization (IMO), contain guidance to assist in the preparation of an integrated system of contingency planning for shipboard emergencies. It is intended to be used for the preparation and use of a module structure of an integrated system of shipboard emergency plans.

The high number of non-harmonized shipboard contingency plans justifies the development of an integrated system and the harmonization of the structure of contingency plans.

Shipboard emergency preparedness is required under paragraphs 1.2.2.2 and 8 of the ISM Code, as amended, referred to in chapter IX of the SOLAS Convention, as amended, under chapter III, regulation 24-4 of the SOLAS Convention, as adopted at the SOLAS Conference November 1995, and under MARPOL 73/78, Annex I, regulation 26.

To implement the SOLAS and MARPOL regulations, there must be shipboard procedures and instructions. These Guidelines provide a framework for formulating procedures for the effective response to emergency situations identified by the company and shipboard personnel.

In this context, the main objectives of these Guidelines are:

- to assist companies in translating the requirements of the regulations into action by making use of the structure of the integrated system;
- to integrate relevant shipboard emergency situations into such a system;
- to assist in the development of harmonized contingency plans which will enhance their acceptance by shipboard personnel and their proper use in an emergency situation;
- to encourage Governments, in the interests of uniformity, to accept the structure of the integrated system as being in conformity with the provisions for development of shipboard contingency plans as required by various IMO instruments, and to refer to these Guidelines when preparing appropriate national legislation.

1 General remarks

1.1 The ISM Code establishes an international standard for the safe management and operation of ships by defining elements which must be taken into account for the organization of company management in relation to ship safety and pollution prevention. Since emergencies, as well as cargo spillage, cannot be entirely controlled either through design, or through normal operational procedures, emergency preparedness and pollution prevention should form part of the company's ship safety management. For this purpose, every company is required by the ISM Code to develop, implement and maintain a Safety Management System (SMS).

1.2 Within this SMS, potential emergency shipboard situations should be identified and procedures should be established to respond to them.

1.3 If the preparation of response actions for the many possible varying types of emergency situations which may occur are formulated on the basis of a complete and detailed case-by-case consideration, a great deal of duplication will result.

1.4 To avoid duplication, shipboard contingency plans must differentiate between "initial actions" and the major response effort involving "subsequent response", depending on the emergency situation and the type of ship.

1.5 A two-tier course of action provides the basis for a modular approach, which can avoid unnecessary duplication.

1.6 It is recommended that a uniform and integrated system of shipboard emergency plans should be treated as part of the International Safety Management (ISM) Code, forming a fundamental part of the company's individual Safety Management System (SMS).

1.7 An illustration of how such a structure of a uniform and integrated system of shipboard emergency plans with its different modules can be incorporated into an individual SMS is shown in appendix 1.

2 Integrated system of contingency plans for shipboard emergencies

2.1 Scope

2.1.1 The integrated system of shipboard emergency plans (hereinafter referred to as the "system") should provide a framework for the many individual contingency plans (hereinafter referred to as the "plans"), tailored for a variety of potential emergencies, for a uniform and modular designed structure.

2.1.2 Use of a modular designed structure will provide a quickly visible and logically sequenced source of information and priorities, which can reduce error and oversight during emergency situations.

2.2 Structure of the system

2.2.1 The structure of the system comprises the following six modules, the titles of which are:

- Module I: Introduction
- Module II: Provisions
- Module III: Planning, preparedness and training
- Module IV: Response actions
- Module V: Reporting procedures
- Module VI: Annex(es).

An example of the arrangement of these modules is shown in appendix 2.

2.2.2 Each module should contain concise information to provide guidance and to ensure that all appropriate and relevant factors and aspects, through the various actions and decisions during an emergency response, are taken into account.

2.3 Concept of the system

2.3.1 The system is intended as a tool for integrating the many different plans into a uniform and modular structured frame. The broad spectrum of the many required plans which may be developed by a company will result in the duplication of some elements (e.g. reporting) of these plans. Such duplication can be avoided by using the modular structure of the system referred to in 2.2.1.

2.3.2 Although the initial action taken in any emergency will depend upon the nature and extent of the incident, there are some immediate actions which should always be taken – the so-called "**initial actions**" (see appendix 4). Therefore, a distinction within the plans between "**initial actions**" and "**subsequent response**", which depends on variables like the ship's cargo, type of the ship, etc., will help to assist shipboard personnel in dealing with unexpected emergencies and will ensure that the necessary actions are taken in a priority order.

2.3.3 "**Subsequent response**" is the implementation of the procedures applicable to the emergency.

3 System modules

3.1 General principles

3.1.1 As a starting point for the preparation of the system, appendix 3 provides guidance and a quick overview concerning the kind of information which may be inserted into the individual system modules.

3.1.2 Above all, the system should be developed in a user-friendly way. This will enhance its acceptance by shipboard personnel.

3.1.3 For the system as well as the associated plans to be effective it must be carefully tailored to the individual company and ship. When doing this, differences in ship type, construction, cargo, equipment, manning and route have to be taken into account.

3.2 Details of the individual modules

3.2.1 Module I: **Introduction**

3.2.1.1 The system should contain a module entitled "Introduction".

3.2.1.2 The content of this module should provide guidance and an overview of the subject-matter.

3.2.1.3 The following is an example of an introductory text:

INTRODUCTION

1 The system is intended to prepare shipboard personnel for an effective response to an emergency at sea.

2 The prime objective of the system is to provide guidance to shipboard personnel with respect to the steps to be taken when an emergency has occurred or is likely to occur. Of equal benefit is the experience of those involved in developing the plan.

3 The purpose of the system is to integrate contingency plans for shipboard emergency situations and to avoid the development of different, non-harmonized and unstructured plans which would hamper their acceptance by shipboard personnel and their proper use in an emergency situation. Therefore, the system and its integrated plans should be structured and formatted in their layout and content in a consistent manner.

4 The aim of the system is to ensure the most timely and adequate response to emergencies of varied size and nature, and to remove any threat of serious escalation of the situation. Additionally the system provides a structure to prevent critical steps from being overlooked.

5 The system and associated plans should be seen as dynamic, and should be reviewed after implementation and improved through the sharing of experience, ideas and feedback.

6 It should be kept in mind that there could be problems in communication due to differing language or culture of the shipboard personnel. The system, as well as the integrated plans, will be documents used on board by the master, officers and relevant crew members of the ship, and they must be available in the working language of the crew. Any change in these personnel, which results in a change in the crew's working language requires plans to be issued in the new language. The module should provide information to this effect.

7 The system is to be seen as a tool for implementing the requirements of paragraphs 1.2.2.2 and 8 of the International Safety Management (ISM) Code, or similar regulations in other IMO instruments, in a practical manner.

3.2.2 Module II: **Provisions**

3.2.2.1 This module should contain information and explanations on how the system could be developed on the basis of suggestions for improvement made by the individual company and shipboard personnel.

3.2.2.2 The primary objective of shipboard emergency prevention, preparedness and response activities should be to develop and implement an efficient and effective system which will minimize the risks to human life, the marine environment and property, with a continuous effort towards improvement.

3.2.2.3 To achieve this objective, there is a need for coordination of, and consistency in, safety procedures between the company and its ships. Therefore, the module should require that company shore-based and shipboard contingency planning and response are consistent and appropriately linked.

3.2.2.4 Safety involves "top-down" and "bottom-up" commitment to active development and application of safety procedures and practices by all persons both ashore and afloat, including management.

3.2.2.5 Free and open communication when evaluating emergency procedures, taking into consideration accidents and near misses when using this system, should be pursued, with the objective of improving accident prevention, preparedness and response aboard ships. The module should take care of this recommendation by providing information for the implementation of an error reduction strategy with appropriate feedback and procedures for modification of plans.

3.2.2.6 In summary, the module should inform the system user about the most important requirements with which, at a minimum, the plans should comply. The following main elements should be addressed in the module:

- procedures to be followed when reporting an emergency;
- procedures for identifying, describing and responding to potential emergency shipboard situations; and
- programmes/activities for the maintenance of the system and associated plans.

3.2.3 Module III: **Planning, preparedness and training**

3.2.3.1 This module should provide for emergency training and education of shipboard personnel with a view to developing general awareness and understanding of actions to be taken in the event of an emergency.

3.2.3.2 The system and plans will be of little value if the personnel who are to use them are not made familiar with them. Module III should therefore provide practical information which enables each key member of the shipboard personnel to know in advance what their duties and responsibilities are and to whom they are to report under the plans. Responsibility should be assigned for each emergency system, and it should be incumbent on the Company that all relevant officers and crew members should understand, be trained and should be capable of operating the emergency systems, such as fixed fire extinguishing systems, emergency generator, emergency steering, fire pumps, etc.

3.2.3.3 Successful management of an emergency or marine crisis situation depends on the ability of the shipboard personnel, the company, and external emergency coordinating authorities to muster sufficient resources in the right positions quickly.

3.2.3.4 An important goal of planning, preparedness and training programmes should be to increase awareness of safety and environmental issues.

3.2.3.5 Training should be at regular intervals and, in particular, be provided to shipboard personnel transferred to new assignments.

3.2.3.6 Records of all emergency drills and exercises conducted ashore and on board should be maintained and be available for verification. The drills and exercises should be evaluated as an aid to determining the effectiveness of documented procedures and identifying system improvements.

3.2.3.7 When developing plans for drills and exercises, a distinction should be made between full-scale drills involving all the parties that may be involved in a major incident and exercises limited to the ship and/or the company.

3.2.3.8 Feedback is essential for refining emergency response plans and emergency preparedness based on the lessons learned from previous exercises, accident investigations or real emergencies, and provides an avenue for continuous improvement. Feedback should ensure that the company, as well as the ship, is prepared to respond to shipboard emergencies (see summarizing flow diagram in appendix 1).

3.2.3.9 In conclusion, the module should, as a minimum, provide information on the procedures, programmes or activities developed in order to:

- familiarize shipboard personnel with the provisions of the system and plans;
- provide training for shipboard personnel about the system and plans, in particular to personnel transferred to new assignments;
- schedule regular drills and exercises to prepare shipboard personnel to deal with potential shipboard emergency situations;
- coordinate the shipboard personnel and the company's actions effectively, and include and take note of the aid which could be provided by external emergency coordinating authorities; and
- prepare a workable feedback system.

3.2.4 Module IV: **Response actions**

This module should provide guidance for shipboard personnel in an emergency when the ship is underway, berthed, moored, at anchor, in port or dry-dock.

3.2.4.1 In an emergency, the best course of action to protect the personnel, ship, marine environment and cargo requires careful consideration and prior planning. Standards for shipboard procedures to protect personnel, stabilize conditions, and minimize environmental damage when an incident occurs should therefore be developed.

3.2.4.2 In this context reference is made to the guidelines already developed by the Organization, which contain information to provide a starting point and to assist personnel in the preparation of plans for individual ships.

3.2.4.3 The variety of plans to be incorporated in the system should be simple documents which outline procedures different from those used for daily routine operations. With normal operational procedures very difficult problems can be handled, but an emergency situation, whether on the ship at sea or in a port, can extend those involved beyond their normal capabilities.

3.2.4.4 In order to keep the plans held by ship and shore identical, and to reduce possible confusion in an emergency as to who is responsible for which action, plans should make clear whether the action should be taken by shipboard personnel or shoreside personnel.

3.2.4.5 Taking these particulars into consideration, the module "Response actions" should comprise main groupings of emergency shipboard situations.

3.2.4.6 Potential emergency situations should be identified in the plans, including, but not limited to, the following main groups of emergency:

- .1 Fire;
- .2 Damage to the ship;
- .3 Pollution;

- .4 Unlawful acts threatening the safety of the ship and the security of its passengers and crew;
- .5 Personnel accidents;
- .6 Cargo related accidents; and
- .7 Emergency assistance to other ships.

In order to give the company the necessary flexibility for identifying, describing and responding to further shipboard emergency situations, more specific types of emergency should be included in the main groups.

3.2.4.7 The above-mentioned main groups can be further subdivided to cover the majority of shipboard emergencies.

The detailed response actions should be formulated so as to set in motion the necessary steps to limit the consequence of the emergency and the escalation of damage following, for example, collision or grounding.

3.2.4.8 The Company should identify all possible situations where shipboard contingency planning would be required relative to the operational requirements, ship's type, equipment and trade. The Company should consider which shipboard contingency plans should be reviewed and/or updated whenever changing trade patterns.

3.2.4.9 In all cases priority should be given to actions which protect life, the marine environment and property, in that order. This means that "**initial actions**" which are common for all ships, regardless of their type and the cargoes carried, should be fully taken into account when formulating "**subsequent response**" procedures.

3.2.4.10 The planning of subsequent response actions should include information relating to the individual ship and its cargo, and provide advice and data to assist the shipboard personnel. Examples of such information are listed below:

- .1 Information on:
 - the number of persons aboard;
 - the cargo carried (e.g. dangerous goods, etc.);
- .2 Steps to initiate external response:
 - search and rescue coordination;
 - buoyancy, strength and stability calculations;
 - engagement of salvors/rescue towage;
 - lightering capacity;
 - external clean-up resources;

.3 Ship drift characteristics

.4 General information:

- cooperation with national and port authorities;
- public relations.

3.2.4.11 Although shipboard personnel should be familiar with the plan, ease of reference is an important element in compiling and using an effective plan. Allowance must be made for quick and easy access to essential information under stressful conditions. Appendices 3 and 4 show a detailed picture of the sequence of priorities for "**initial actions**" in an emergency situation and their link with the "**subsequent response**".

3.2.4.12 In summary, the module should guide those responsible for developing the system on what should be included in emergency plans, namely:

- coordination of response efforts;
- response procedures for the entire spectrum of possible accident scenarios, including methods that protect life, the marine environment and property;
- the person or persons identified by title or name as being in charge of all response activities;
- the communication lines used for ready contact with external response experts;
- information concerning the availability and location of response equipment; and
- reporting and communication procedures on board ship.

A seven-step approach flow chart for emergency plan(s) implementation is presented on page 13.

3.2.5 Module V: **Reporting procedures**

A ship involved in an emergency situation, or in a marine pollution incident will have to communicate with the appropriate ship interest contacts and coastal State or port contacts. Therefore, the system must specify in appropriate detail the procedures for making the initial report to the parties concerned. This module should take care of the following:

3.2.5.1 Every effort should be made to assure that information regarding:

- ship interest contacts;
- coastal State contacts; and
- port contacts,

for reporting emergencies are part of the system and are regularly updated.

3.2.5.2 The establishment and maintenance of rapid and reliable 24-hour communication lines between the ship in danger and emergency control centre(s), company's main office and national authorities (RCC, points of contact), is important.

3.2.5.3 Those managing response operations on board and services assisting ashore should keep each other mutually informed of the situation.

3.2.5.4 Details such as telephone, telex and telefax numbers must be routinely updated to take account of personnel changes. Clear guidance should also be provided regarding the preferred means of communication.

3.2.5.5 In this context, reference is made to the Organization's guidelines and other national specific plans which give sufficient guidance on the following reporting activities necessary:

- .1 when to report;
- .2 how to report;
- .3 whom to contact; and
- .4 what to report.

3.2.6 Module VI: **Annex(es)**

In addition to the information required to respond successfully to an emergency situation, other requirements that will enhance the ability of shipboard personnel to locate and follow-up operative part 5 of the plan may be required.

4 Example format for a procedure of a selected emergency situation

An example format for a procedure of a selected emergency situation referred to in 3.2.4 is shown on pages 14 to 18.

ANNEX 10

PROPOSED BIENNIAL AGENDA FOR THE 2012-2013 BIENNIUM IN SMART TERMS AND ITEMS TO BE PLACED ON THE COMMITTEE'S POST-BIENNIAL AGENDA THAT FALL UNDER THE PURVIEW OF THE SUB-COMMITTEE

STANDARDS ON TRAINING AND WATCHKEEPING (STW)*					
PLANNED OUTPUTS 2012-2013 (resolution A.1038 (27))		Parent organ(s)	Coordinating organ(s)	Associated organ(s)	Target completion year
Number**	Description				
5.1.2.5	Development of training standards for recovery systems	MSC	STW	DE	2012
5.2.2.3	Validation of model training courses	MSC	STW		Ongoing
5.2.2.4	Unlawful practices associated with certificates of competency	MSC	STW		Ongoing
5.2.6.1	Development of an e-navigation strategy implementation plan	MSC	NAV	COMSAR, STW	2012
5.2.2.1	Development of guidance for the implementation of the 2010 Manila Amendments	MSC	STW		2013
5.2.1.22	Promotion of the implementation of the 1995 STCW-F Convention	MSC	STW	SLF	Ongoing
5.2.2.8	Preparation of guidelines for the implementation of the medical standards of the Manila amendments	MSC	STW		2013
5.4.1	Role of the human element	MSC/MEPC	[STW]		Ongoing
5.4.1.1	- Guidelines on how to present relevant information to seafarers	MSC/MEPC	[STW]		2012 [2013]
12.2.1.1	- Guidelines and associated training to assist companies and seafarers in improving the implementation of the ISM Code	MSC/MEPC	[STW]		2012 [2013]

* Items printed in bold have been selected for the draft provisional agenda for STW 44. Struck-out text indicates proposed deletions and shaded text indicates proposed changes.

** Numbers refer to the planned outputs for the 2012-2013 biennium.

STANDARDS ON TRAINING AND WATCHKEEPING (STW)*							
PLANNED OUTPUTS 2012-2013 (resolution A.1038 (27))				Parent organ(s)	Coordinating organ(s)	Associated organ(s)	Target completion year
Number**	Description						
12.2.1.2	- Revised guidelines for Administrations to make them more effective and user-friendly - enhancing the efficiency and user friendliness of ISM Code			MSC/MEPC	[STW]		2012 [2013]
12.2.1.3				MSC/MEPC	[STW]		2012 [2013]
12.1.2.1	Casualty analysis			MSC	FSI	STW	Ongoing
5.2.1.25	Development of guidelines for wing-in-ground craft			MSC	DE	FP/COMSAR/NAV/S LF/STW	2013
5.1.2.1	Making the provisions of MSC.1/Circ.1206/Rev.1 mandatory			MSC	DE	FSI/NAV/STW	2013
5.2.1.4	Development of a revised IGC Code			MSC	BLG	DE/FP/SLF/STW	2013

ITEMS ON THE COMMITTEE'S POST-BIENNIAL AGENDA THAT FALL UNDER THE PURVIEW OF THE SUB-COMMITTEE

MARITIME SAFETY COMMITTEE (MSC)								
ACCEPTED POST-BIENNIAL OUTPUTS				Parent organ(s)	Coordinating organ(s)	Associated organ(s)	Timescale (sessions)	Remarks
Number	Reference to Strategic Direction	Reference to High-level Actions	Description					
None								

ANNEX 11

PROVISIONAL AGENDA FOR STW 44

Opening of the session

- 1 Adoption of the agenda
- 2 Decisions of other IMO bodies
- 3 Validation of model training courses
- 4 Unlawful practices associated with certificates of competency
- 5 Casualty analysis
- 6 Development of an e-navigation strategy implementation plan
- 7 Development of guidance for the implementation of the 2010 Manila Amendments
- 8 Promotion of the implementation of the 1995 STCW-F Convention
- 9 Development of guidelines for wing-in-ground craft
- 10 Role of the human element
- 11 Biennial agenda and provisional agenda for STW 45
- 12 Election of Chairman and Vice-Chairman for 2014
- 13 Any other business
- 14 Report to the Maritime Safety Committee

ANNEX 12

REPORT ON THE STATUS OF PLANNED OUTPUTS IN THE HIGH-LEVEL ACTION PLAN

SUB-COMMITTEE ON STANDARDS OF TRAINING AND WATCHKEEPING								
Planned output number in the HLAP for 2012-2013	Description	Target completion year	Parent organ(s)	Coordinating organ(s)	Associated organ(s)	Status of output for Year 1	Status of output for Year 2	References
5.1.2.5	Development of training standards for recovery systems	2012	MSC	STW	DE	Completed		STW 43/14, section 7
5.2.2.8	Preparation of guidelines for the implementation of the medical standards of the 2010 Manila amendments	2013	MSC	STW		Completed		STW 43/14, section 8
5.2.2.3	Validation of model training courses	Ongoing	MSC	STW		Ongoing		STW 43/14, section 3
5.2.2.4	Unlawful practices associated with certificates of competency	Ongoing	MSC	STW		Ongoing		STW 43/14, section 4
5.2.2.1	Development of guidance for the implementation of the 2010 Manila Amendments	2013	MSC	STW		In progress		STW 43/14, section 9

SUB-COMMITTEE ON STANDARDS OF TRAINING AND WATCHKEEPING								
Planned output number in the HLAP for 2012-2013	Description	Target completion year	Parent organ(s)	Coordinating organ(s)	Associated organ(s)	Status of output for Year 1	Status of output for Year 2	References
12.1.2.1	Casualty analysis	Ongoing	MSC	FSI	STW	Ongoing		STW 43/14, section 5
5.2.6.1	Development of an e-navigation strategy implementation plan	2012	MSC	NAV	STW and COMSAR	In progress		STW 43/14, section 6
5.4.1.1	Guidelines on how to present relevant information to seafarers	2012	MSC	STW		Postponed		STW 43/14, section 10
12.2.1.1	Guidelines and associated training to assist companies and seafarers in improving the implementation of the ISM Code	2012	MSC/MEPC			[In progress] [completed]		STW 43/14, section 10
12.2.1.2	Revised guidelines for Administrations to make them more effective and user-friendly	2012	MSC/MEPC			[In progress] [completed]		STW 43/14, section 10
12.2.1.3	Enhancing the efficiency and user friendliness of ISM Code	2013	MSC/MEPC			In progress] [completed]		STW 43/14, section 10

ANNEX 13

DRAFT AMENDMENTS TO THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978

AMENDMENTS TO CHAPTER 1 – GENERAL PROVISIONS

1 The following is added at the end of regulation I/1.36:

".37 *Audit* means a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled;

.38 *Audit Scheme* means the IMO Member State Audit Scheme established by the Organization and taking into account the guidelines developed by the Organization,* which is intended to ensure the consistent and effective implementation of instruments of the Organization and to assist States to improve their capabilities and overall performance in this respect;

.39 *Code for Implementation* means the IMO Instruments Implementation Code (III Code) adopted by the Organization by resolution A.[....](28);

.40 *Audit Standard* means the Code for Implementation, which shall be used to determine the extent to which a Party gives full and complete effect to the provisions of the present Convention."

2 A new regulation I/16 is added after the existing regulation I/15:

"Regulation I/16

Verification of compliance

1 Each Party shall apply the provisions of the Code for Implementation in the execution of their obligations and responsibilities contained in the present Convention. For the purpose of this regulation, the requirements of the Code shall be treated as mandatory and its recommendations shall be treated as non-mandatory.

2 Every Party shall be subject to periodic audits by the Organization of its compliance with the audit standard and the [applicable] requirements of the present Convention.

3 The Secretary-General of the Organization shall have responsibility for the implementation of the Audit Scheme, based on the guidelines developed by the Organization.*

4 Every Party shall have responsibility for facilitating the conduct of the audit and implementation of a programme of actions to address the findings, based on the guidelines developed by the Organization.*

* Refer to the Framework and Procedures for the [IMO] Member State Audit Scheme, adopted by the Organization by resolution [A.....(28)].

- 5 Audit of all Parties shall be:
- .1 based on an overall schedule developed by the Secretary-General of the Organization, taking into account the guidelines developed by the Organization; and
 - .2 conducted at periodic intervals, taking into account the guidelines developed by the Organization.* "

* Refer to the Framework and Procedures for the [IMO] Member State Audit Scheme, adopted by the Organization by resolution [A.....(28)].

ANNEX 14

**DRAFT AMENDMENTS TO PART A OF THE SEAFARERS' TRAINING,
CERTIFICATION AND WATCHKEEPING (STCW) CODE**

CHAPTER I – GENERAL PROVISIONS

A new section A-I/16 is added after existing section A-I/15 that reads as follows:

"Section A-I/16

Verification of compliance

1 For the purpose of regulation I/16 the [applicable] requirements of the present Convention that shall be subjected to audit are indicated in the table below.

Dispensations (article VIII)	Are reports related to dispensations issued during the year to seagoing ships sent to the Secretary General?
Equivalentents (article IX)	Has the Party retained/adopted any equivalent educational and training arrangements since communicating information pursuant to regulation I/7? If yes, have the details of such arrangements been reported to the Secretary General for circulation to all STCW Parties?
Control (article X)	Has the Party enacted legislation permitting port State control on foreign ships visiting their ports?
Communication of information (article IV and regulation I/7)	<p>Has the Party communicated information pursuant to article IV and regulation I/7?</p> <p>If yes, is the Party confirmed by the Maritime Safety Committee as found to be giving "full and complete effect" to the provisions of the STCW Convention?</p> <p>Has the Party made any changes to the legal and administrative measures after communicating information pursuant to article IV and regulation I/7 to ensure compliance with the requirements of the Convention, in particular regulations I/6, I/9 and I/10?</p> <p>If yes, has this information been communicated to the Secretary-General?</p>

Quality standards – Independent evaluation (regulation I/8)	<p>Has the Party communicated its report of independent evaluation pursuant to regulation I/8?</p> <p>If yes, and the Maritime Safety Committee has confirmed that the Party continues to give "full and complete effect" to the provisions of the STCW Convention, the objective evidence would be the report itself.</p>
Watchkeeping (regulations VIII/1 and VIII/2)	<p>Has the Party enacted legislation to establish and enforce rest periods for watchkeeping personnel and to direct the attention of companies, masters, chief engineer officers and all watchkeeping personnel to the requirements, principles and guidance set out in the STCW Code to ensure that safe continuous watches appropriate to prevailing circumstances and conditions are maintained in all seagoing ships at all times?</p>

"

ANNEX 15

STATEMENT BY THE DELEGATION OF GERMANY

Mr Chairman, distinguished delegates,

This delegation should like to raise a procedural issue, a point about the Rules of Procedure. At MSC 89, a working group considered the future terms of reference of the STW Sub-Committee. According to a proposal coordinated by the Netherlands (MSC 89/10/4), a new permanent agenda item on the Role of the Human Element should be included in the agenda of the STW Sub-Committee. It was proposed to include the general subject "Human Element" in the responsibilities of the Sub-Committee on Standards of Training and Watchkeeping (STW).

As reflected in MSC 89/WP.8, the working group accepted the proposed transfer of the responsibility for the general subject but did not approve the specific inclusion of the ISM Code as an instrument explicitly referred to. Therefore, point 7 of document MSC 89/10/4, Annex, page 2 was deleted. The reason for this was that many delegations expressed concerns about the proposed inclusion of the topic "International Safety Management Code" (ISM Code) in this task and in the responsibilities of the STW Sub-Committee. The report of the group was approved by MSC 89.

Nevertheless, the report of the MSC did not reflect this concern. It was stated that subject to concurrence by MEPC 63, the agenda item "Role of the Human Element" should be permanently on the agenda of the STW Sub-Committee. But there was no awareness of the fact that the explicit reference to the ISM Code was deleted from the proposal contained in MSC 89/10/4.

However, it should be noted that the incorporation of the subject "Human Element" is not equivalent to the much broader subject "ISM Code", which has to ensure that mandatory rules and regulations are complied with and that applicable codes, guidelines and standards recommended by the Organization are taken into account when implementing a safety management system.

Therefore, there was a discussion at the last session of the extraordinary Council meeting in autumn 2011. It was decided that the STW Sub-Committee should not have a coordinating role for the proposed amendments to ISM Code-related instruments and the proposed amendments to the High-level Action Plan were altered.

At its last session, the Assembly approved a revised Assembly resolution A.1038(27) without accepting a coordinating role of the STW Sub-Committee for the amendments to the ISM Code.

Since "ISM Code" stands for "International Management Code for the Safe Operation of Ships and for Pollution Prevention" and aims to ensure that mandatory rules and regulations are complied with as well as that applicable codes and guidelines are taken into account, it refers to MSC as well as to MEPC issues.

However, MEPC 63 stated in its report that MEPC issues should not be discussed at the plenary at the STW Sub-Committee but only in the working group. One other point is that the MEPC conclusion on the issue was late and reached only after the deadline for substantial submissions to STW 43 had already passed.

In conclusion, Germany is requesting that the consideration of ISM Code-related documents be referred directly to the MSC/MEPC Committees for further timely consideration in 2012 as already specified at the extraordinary session of the Council (A.27/7/Add.1) and confirmed by Assembly via Resolution A.1038(27). It is stated that the subject of the review of the mandatory ISM Code and related instruments is the direct responsibility of the Committees and there is, therefore, no provision for another coordinating organ. Germany takes the view that the High-level Action Plan has to be respected.

Mr Chairman,

As a practical approach to taking the matter ahead, we would agree to a preliminary consideration of the papers submitted on the ISM Code under the condition that the (produced) WPs are forwarded directly to MSC 90 for further consideration, thus to facilitate a timely finalization of the issue in compliance with resolution A.1038(27).

Finally, I would like to ask you to reflect this statement in the report of this STW Sub-Committee meeting.

ANNEX 16

STATEMENT BY THE DELEGATION OF THE REPUBLIC OF THE PHILIPPINES

Good morning and thank you, Secretary-General and Chairman, for allowing the Philippines to make this special announcement:

In yesterday afternoon's plenary discussions, which continued this morning, attention was given to the implementation of the 2010 Manila Amendments. The deliberations focused on the need to effectively interpret and adopt the latest revisions, these being part of IMO's continuous drive towards safer shipping particularly in terms of the human element.

As the major source of global maritime professionals, the Philippines recognizes the strategic role and responsibility it plays in the international shipping industry. The country also appreciates the IMO's efforts to align its Member States and to ensure the collective implementation of all agreed to conventions. In this regard, we have never wavered from our commitment to live up to our responsibilities as a Member of the IMO.

I am, therefore, pleased to inform you that yesterday afternoon, April 30, 2012, President Benigno S. Aquino signed Executive Order No. 75, creating a single Central Maritime Administration under the Department of Transportation and Communication (DOTC). The operational functions of this Central Maritime Authority will be delegated to the Maritime Industry Authority (MARINA) which now will take on the task for the implementation of the STCW Convention.

By signing this landmark directive President Aquino has laid the ground work for the country to proceed immediately and decisively, ensuring full compliance with the STCW Code. This action is the commitment of the President, and also includes the support of all other government agencies that touch upon the maritime sector – the Department of Labor and Employment and its line and attached agencies; the Commission on Higher Education, the Professional Regulation Commission, the Department of Health, as well as the private sector.

At the same time, emphasis will be given on the application of the 2010 Manila Amendments covering matters relative to seafarers and safe shipping. This will include the strict monitoring of the education, training, and certification of maritime professionals, as well as, the registration and control of both the Philippine domestic and international fleet.

The new MARINA, will be fully operational in this new form thirty (30) days from the signing of this Executive Order.

The next phase of this total effort will be the passage of legislation through both Houses of Congress to institutionalize the new central maritime authority and to sustain its direction.

With this announcement today, the Philippines reiterates its readiness and commitment to move forward and deliver on its responsibilities within the context of the STCW Convention and Code, particularly the 2010 Manila Amendments.

Thank you, Secretary-General and Mr. Chairman.
