

It pays to be careful

With shipping companies ever mindful of balancing the welfare of crew with cost, quality medical examinations are often the first and most vital step in avoiding expensive claims.

Sophia Grant, who heads the PEME (Pre-Employment Medical Examination) Programme at the UK P&I Club, said there had been huge savings for both ship owners and P&I insurers since the launch of the Club's scheme 18 years ago.

Its PEME Programme, to assess the fitness of prospective seafarers, had recently completed its 300,000th examination, passing Edward Nefuda, a Second Engineer from Anglo-Eastern Crew Management Phils, at the Halcyon Clinic in Makati, Philippines.

Since 1996, the programme has provided crew with a health check before going to sea while protecting ship owners from claims arising from medical conditions existing prior to employment. It is the leading loss prevention initiative managed by the UK P&I Club and has long proved itself by reducing the volume and the level of claims.

In the past 18 years, close to 9,700 applicants have been assessed as medically unfit for employment at sea and if all the rejected candidates had incurred average claims costs of around \$12,000, the bill would have totted up to well over \$100 million.

The main reasons for rejection have been consistently Hepatitis B, Hypertension, Pulmonary Tuberculosis (PTB), abnormal liver function, diabetes, gall bladder and kidney disease and heart defects. When these are found, the clinic can offer advice on appropriate treatment and lifestyle changes and when applicants recover fully, they may be reconsidered for service subject to re-examination.

Some applicants are known to try and seek a more favourable verdict at a different clinic, though the P&I Club's online medical database contains all examinee records enabling clinics to verify the individual details before examination by crosschecking with Club PEME records, thereby avoiding possible deception.

"There have been a few instances whereby the crew member reported at one clinic and was found unfit and subsequently the seafarer attended another approved clinic and was rejected," explained Ms Grant.

"The online medical database which each clinic updates flags details of the last examination. Also, the database does not allow entry on the same seafarer until three

months have passed since the date of last examination."

Since 1996, the scheme has increased the number of accredited clinics at key crewing centres around the world and there are now 13 clinics in the Philippines, 12 in India, four in Croatia, three in South Africa and the UK, two in Romania and Australia and one in other countries such as France and Poland.

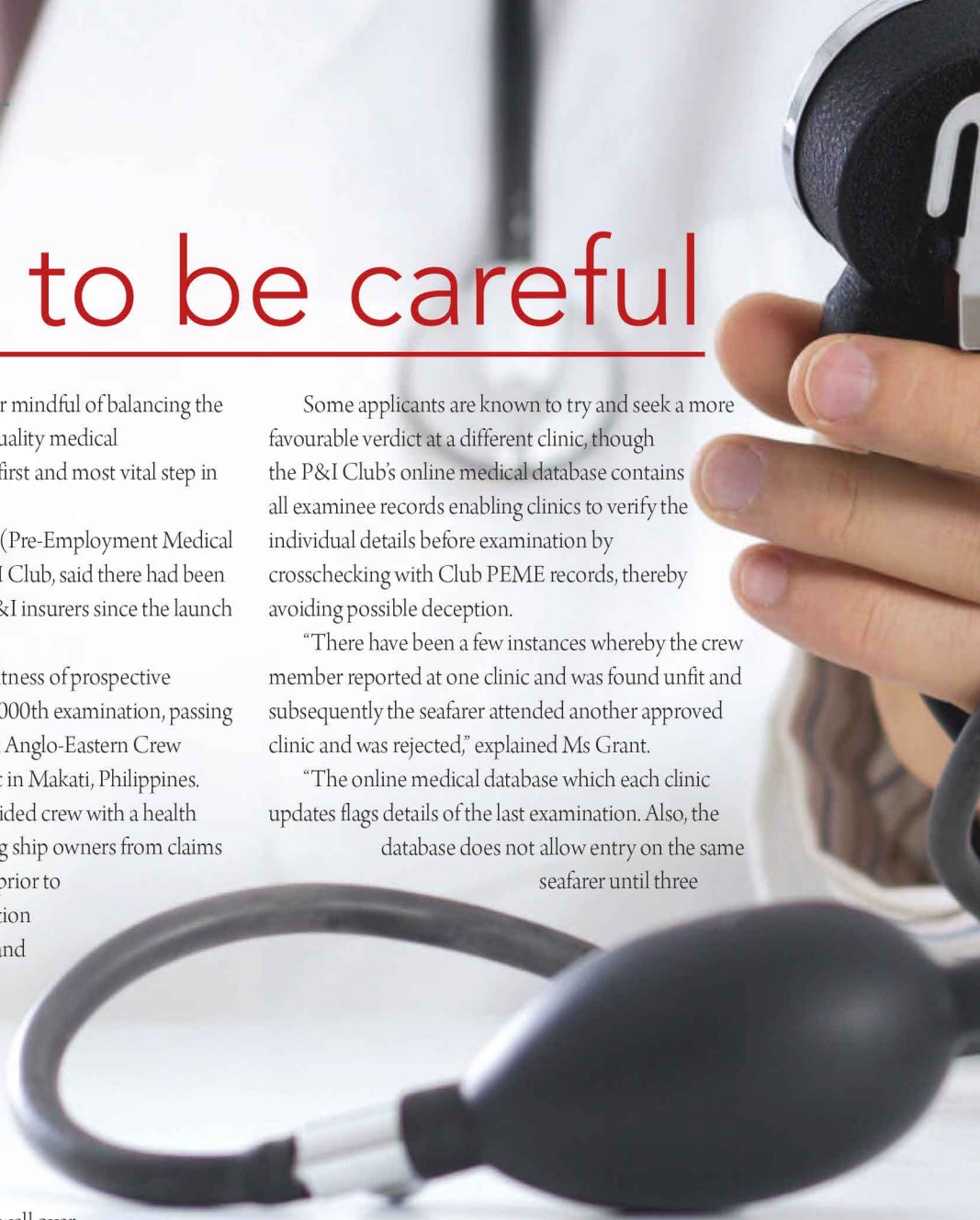
However, more clinics are being planned to meet the geographical requirements of members, with areas currently under consideration including Portugal, Latvia, Turkey and Malaysia.

"Expansion is dependent on member need, demand and availability of suitable facilities," explained Ms Grant.

The Club is looking at possibly changing future screening arrangements through a joint venture with health management companies or directly with individual clinics.

But, how does the Club know each clinic is carrying out examinations to the best of its ability?

Clinics are audited every two to four years and in the Philippines and India, where there is a high volume of examinations, audits take



place every two years. They are carried out by the Club's PEME team, which reviews medical records and accreditations, interviews staff, looks round the facilities and then recommends any improvements that may be necessary.

"We do not have any problems with the approved clinics," said Ms Grant. "Occasionally with newly approved clinics there are teething problems such as registration of examination data online and documentation or billing queries. These are usually resolved by a telephone call or email exchange."

In the early years, PEME moved quickly towards a rejection rate of 12% which confirmed the low standards of some of the clinics but this has now been stabilised at 3%.

"The existence of a quality examination has almost certainly had an impact on the number of unfit crew passing through the system and being considered for sea service," said Ms Grant.

The content of the medical examination is also reviewed routinely every few years and regularly as part of the new member discussions.

"If a member requires a particular test to be added we will consider the validity and effectiveness of the test which

may ultimately be added as an 'optional extra' for that company. For example, abdominal ultrasound screening now forms part of many ship owners' examinations but is not, as yet, included in the basic Club exam."

Ms Grant concluded: "Ensuring that crews are fit and healthy is important to all owners and managers. For the seafarer, PEME offers a regular health check-up that can detect illnesses in the early stages, thus increase the likelihood of quick and full recovery after treatment. It diminishes significantly the risk of crews becoming ill while serving onboard, at times way out to sea and far from professional help. It reduces the probability that a crew member will require hospitalisation overseas or need to be repatriated by air.

"Some seafarers and owners were initially sceptical about the purpose and enhanced standards of the UK Club examination. It is now widely accepted the scheme has benefits as an effective means of loss prevention and is a valuable crew health management control." ❤️

1/ Marine Healthcare Systems Medical Operations Manager Dr Judy Rivera-Halago and Medical Director Dr Glennnda Canlas congratulate 2/E Edward Nefulda of Anglo Eastern for being the 300,000th PEME under the UK P&I Club PEME Programme