

The Standard Club's PEME scheme – an update

The Standard Club's PEME scheme has now been in operation for 19 months. This article looks at the lessons learnt.



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PEME so far

The Standard Club's enhanced pre-employment medical (or PEME) scheme was developed to improve vessel safety, reduce the number of claims related to preventable illnesses and ensure that seafarers have full awareness of their own medical status.

The scheme now covers 15 clinics, conducting around 400 examinations per month. Whilst the primary aim of the scheme is to prevent seafarers from obtaining employment without their full medical status being known to the shipowner, a secondary outcome is to provide the club with data allowing greater insight into the challenges facing members and the types of conditions that render seafarers unfit. With the second year of the scheme now well under way, this article examines the scheme's first year and discusses some of the insights gained.

Lifestyle is key

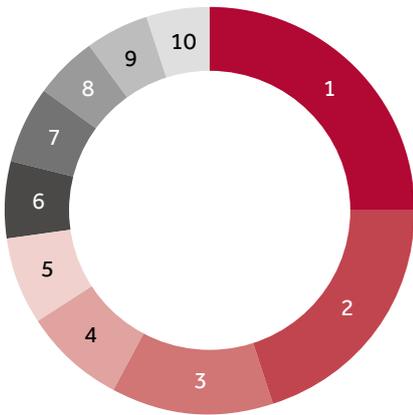
The loss prevention department has conducted an analysis of the data generated by the scheme. Of most interest were the reasons for failure and demographic trends. In the first year of the scheme 2,004 seafarers were examined and of those 128 were deemed unfit to serve at sea based on the enhanced PEME standards.

This figure equates to just over 6% of the total number of seafarers examined. The conditions that prompted the failure of these seafarers were identified and examined by Medical Rescue International.

The most common causes of PEME failure were hypertension, poor cardiac stress test results and diabetes. It is commonly accepted that these conditions are linked to the diet and lifestyle of an individual. As a result, [previous articles](#) in Standard Safety have looked at how to avoid these conditions.

The data was also examined for trends relating to rank/rate and age. The analysis of age trends shows that the age 46+ group dominates nearly every category, with the exception of fatty liver/liver disease and high cholesterol/LDL. These findings indicate a clear link between age and illness risk amongst seafarers, and demonstrate the need for greater monitoring of seafarers who fall within this age category. Also, since these conditions are linked to lifestyle, they highlight the importance of current initiatives to improve and maintain the health of today's fit young seafarers so that they do not face these risks later in life.

Top 10 causes of PEME failure



1	Hypertension	25%
2	Poor cardiac stress test results	20%
3	Diabetes related	13%
4	Non-specific ST-T Changes	8%
5	Heart disease	7%
6	NSSTTW (changes)	6%
7	Overweight/obese	6%
8	Sinus tachycardia	5%
9	Fatty liver/liver disease	5%
10	High cholesterol/LDL	5%

Ranks/rates/departments

When the statistics are examined for rank/rate and departmental trends, there are several interesting observations to highlight.

Firstly, able seamen account for the largest number of PEME failures, whilst chief cooks are the second largest, despite having fewer onboard numbers than some of the other rank/rate categories.

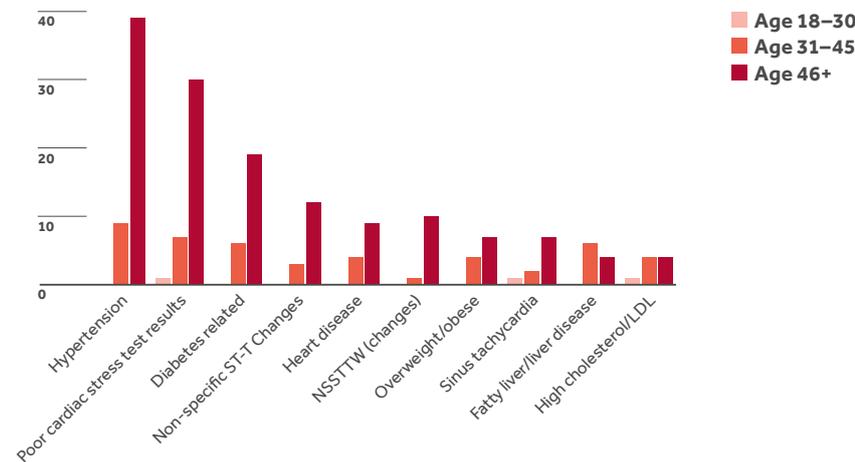
Secondly, deck officers accounted for only 7% of the total, whilst engineer officers accounted for 22%, of which 9% were chief engineers. Chief engineers, like chief cooks, are a smaller group so appear to be over-represented in the data.

Overall our PEME failure data appears to indicate trends with specific ranks and departments on board ships. At the moment, we have not established the reasons for these trends. The high proportion of engineers is worthy of investigation and we will be monitoring this trend to determine if it continues into year two.

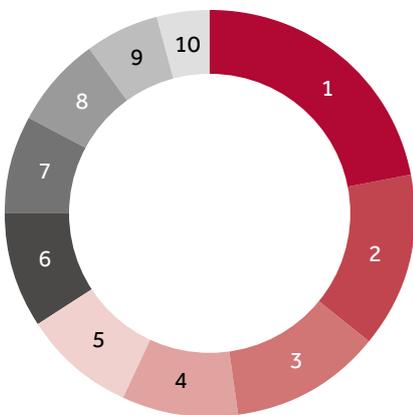
Conclusion

The model of PEME scheme operated for this last year has proven to be highly successful, and four additional clinics have now been added to the scheme. This expansion will provide greater capacity, flexibility and freedom of choice for our members. The expanded list of clinics can be found on our [website](#).

The scheme has proven itself to be adaptable, cost-effective and able to withstand surges in demand from members. It continues to reduce the risk of personal illness claims for participating members. Whilst we cannot place an exact figure on the number of claims prevented by the seafarers who were identified as being unfit for sea service, we can say with some certainty that their presence on board a vessel whilst unfit would have presented significant risk of a claim, repatriation or other operational disruption to our members.



Top 10 ranks/rates PEME failures



1	Able Seaman	22%
2	Chief Cook	14%
3	Oiler	12%
4	Chief Engineer	9%
5	3rd Engineer	9%
6	Bosun	9%
7	Ordinary Seaman	8%
8	Master	7%
9	Cook	6%
10	2nd Engineer	4%