General

Working With Royal Fleet Auxiliary

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The Royal Fleet Auxiliary (RFA) was formed in 1905 to provide the Royal Navy with the ability to re-supply at sea. Currently the RFA employs around 2300 people and has a fleet of thirteen ships. The RFA has increasingly taken on front line roles with ships supporting operations in Iraq and Afghanistan, providing disaster relief, carrying out anti-narcotics and counter piracy operations. As an integral part of the Naval Service the professionalism and the capability of RFA ships matches the RN in all respects. The medical picture, although similar, has important differences. The RFA medical system, employment rules and demographic are explored in this article.

RFA ships are classified as merchant ships, not warships, and therefore come under the Maritime Coastguard Agency (MCA) rules. RFA personnel are merchant seaman and in total they have 145 days a year off. When you subtract weekends (52 x 2) this gives an annual leave of 41 days. On average seafarers work four months on, two months off. If RFA personnel are outside of UK waters for 185 days of the year and various criteria are met they can claim back their tax. It follows that for some there can be financial not to be returned to the UK and so injury or illness may be managed by non-UK health systems. These may treat patients using different protocols and medications from those used in UK and the NHS, and available medical records can be incomplete.

An RFA crew changes at staggered intervals with a percentage of crew members changing at each port stop. On average ships go alongside once every four to six weeks for a few days, with longer stops scheduled for maintenance periods. In addition to RFA personnel there are often embarked RN and RM personnel plus Supply and Transport Officer (Naval) department personnel in bulk supply (Fort class) ships.

Unlike Royal Navy personnel if RFA personnel are unhappy they can choose to leave a ship in UK or European waters at the next port stop having given seven days notice. This is not without consequences as they will have to give an account of their reason/s and an investigation will take place so this is a rare event. Usually an individual will have been through a formal grievance process onboard before taking such a significant step.

Seafarers can resign from the RFA with three months notice. It is compulsory for all new joiners to be Sponsored Reservists and most current RFA personnel have signed up to this. In the event of war Reserve status would be activated and they would come under the Naval Discipline Act. This also clarifies their position as military personnel under the rules of the Geneva Convention.

The RFA employs an Occupational Health Nursing Advisor who works in conjunction with RFA Human Resources to help manage RFA personnel who are on long term sick leave or medically downgraded to enable a return to duty or to assist in the management of their discharge on medical grounds. If a seafarer is advised to refrain from work by their registered medical practitioner, they are required to provide a Statement of Fitness for Work to their RFA Human Resources Manager as evidence of unfitness for work for sick pay and benefit purposes. The seafarer is required to self certify sickness absence for the first 7 days.

Should a seafarer live abroad, an equivalent to such a Statement is required. If signed off with long term sickness the RFA are entitled to 6 months full pay and six months half pay before they go to a review board to decide if they can continue in the service. Should a seafarer be unable to return to duty within a reasonable time frame, then ill health retirement may be considered. If ill health retirement is refused, dismissal on the grounds of ill health may then be appropriate.

The Supply and Transport Officer (Naval) (STO(N)) department are not members of the RFA or the RN. They are civil servants who volunteer to work onboard a ship for periods of 24 months at a time. They deal with the bulk cargo supplies that are carried for other ships and are therefore currently only employed on the Fort ships. They can choose to leave the job with no notice at any port stop. However, as with serving RFA seafarers, the individual would then be subject to disciplinary action.

Deployed STO(N) can have additional difficulty accessing health and dental care due to the conditions of their service. They have 30 days annual leave a year and no extra leave is granted when the ship leaves UK waters. In ships deployed for prolonged periods most of the STO(N) fly home for periods of up to 2 weeks at a time. It can be difficult to arrange dental and medical appointments during this time.

The Merchant Shipping (Medical Examination) Regulations 2002, as amended (MSN 1822 (M) make it a legal requirement for any seafarer (as defined in the regulations), to hold a valid certificate (ENG1) attesting.
to their medical fitness for the work for which they are employed. All RFA and STO(N) personnel are required to have an ENG certificate issued by a Maritime and Coastguard Agency (MCA) approved doctor who acts for the Secretary of State to undertake such examinations.

This certificate is valid for a maximum of two years. The ENG1 is the medical certificate issued to the seafarer, the ENG2 the medical record sheet (MCA equivalent of an FMedi143) completed by the seafarer and examining doctor and retained by the doctor, with the ENG3 being the notice of restriction issued to the seafarer if they are assessed as anything other than Category 1.

New or unstable medical conditions may invalidate an existing certificate and a new ENG1 is then required on recovery. If a seafarer is absent from work for 30 days or more for a medical reason, they must report the reason as soon as possible to an approved medical practitioner (if practicable the one who issued their certificate) who will advise whether a further medical examination is required before the seafarer returns to work.

Similarly, if a seafarer develops a medical condition which may affect their fitness for sea, they must report this to an approved medical practitioner and if advised to do so, attend for a medical examination for re-issue of their medical certificate. Where applicable, advice is sought from RFA Occupational Health, which can result in the seafarers return to work being managed with input from the Regional Occupational Health Centre Teams at HM Naval Bases Clyde, Portsmouth or Devonport.

**ENG Categories:**

Cat 1 = Fit for sea service with no restrictions
Cat 2 = Fit for sea service with restrictions in duties, employment or geographical areas
Cat 3 = Temporarily unfit for sea service
Cat 4 = Permanently unfit for sea service

All deployed RFA ships carry a single Medical Technician. They are usually, although not always, ex-RN Medical Branch Senior Rates. On joining the RFA they attend a one week induction course at HMS Raleigh and are required to pass a four week offshore medicus course. Medtechs also attend various military courses including noise assessor, risk assessors, medical information systems (DMICP Users course) and first aid instructor. Increasingly Royal Navy and Royal Marine Units are embarked and may bring their own medical personnel with them.

For medical advice a fully qualified GP at Medical Division, Navy Command HQ, is contactable by email and telephone. Out of hours advice is provided by a duty RN doctor. An overview of ships medical department activity is provided by a weekly report to Navy Command medical Division which details the medical conditions encountered and other medical activity.

When the Medtech is ashore or not borne there is a nominated Officer with Medical Responsibility. This person is required to have a passed ‘MCA Proficiency in Medical First Aid On Board Ship’, a five day course that includes basic treatments and how to discuss medical conditions with a doctor via telephone.

RFA personnel are required to register with a civilian GP who is ultimately responsible for their primary care when not embarked. Referrals for secondary medical care should be made by their civilian GP wherever possible. As well as accessing the usual NHS pathways RFA personnel are entitled to treatment at the Dreadnought Service at St Thomas’ Hospital in London. This unit exists for the treatment of merchant seafarers and aims to minimise delays in a seafarer returning to sea.

RFA seafarers are entitled to Royal Naval Medical Service (RNMS) health care, including aeromedical evacuation, when they are serving onboard an RFA or RN ship; complemented to or present at an official shore appointment; or attending an approved course in a service establishment. RFA are not entitled to be seen in the NHS via the commissioned pathways arranged for serving Regular military personnel.

The RFA and STO(N) are required to be registered with a civilian dentist. The STO(N) in particular can experience difficulty in receiving treatment due to the short time they are in the UK. On deployment the scope of emergency dental treatment is limited to the relief of pain, infection or urgent repairs.

It is the individual’s responsibility to ensure that they are fit to join a ship. The RFA as the employer pays for the certification of fitness and the seafarer is expected to report medical conditions in accordance with MSN 1822 (M) and MOD Policy. If in any doubt they should visit their GP before joining. On joining a ship a screening medical is carried out and personnel will be sent back to the UK if considered unfit.

RFA personnel are required to join a ship with enough medication to last the duration of their deployment. A set scale of drugs is carried onboard that does not include specific long term medications such as hypertensive drugs nor is there access to the patient’s civilian medical record. A few patients have reported difficulty persuading their GP to prescribe more than three months medication at a time. A good patient doctor relationship and understanding of the patients’ job should resolve this problem.

From a medical point of view the most significant difference from RN ships is that the average age is higher; there is a greater incidence of chronic disease being managed by a wide range of protocols; and medical records are often less complete.

Personnel suffer from the expected age related variety of
medical conditions, including Type 2 diabetics and a history of myocardial infarction – conditions which are not so often met in RN ships. The most frequently encountered condition is hypertension.

Working with the RFA is a rewarding and enjoyable experience that is to be recommended.

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