09 February 2016

Dear [Name],

Thank you for your email of 12 January 2016 where you requested the following information:

*Please could you tell me how many army recruits aged a) over 18 at enlistment and b) under 18 at enlistment, were discharged due to injury before completing Phase 2 training, in each of the last three years for which you have complete records.*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000.

A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held. The information you requested is enclosed. This shows the number of untrained (phase 1 and 2) Regular Army personnel medically discharged with a principal or contributory cause of musculoskeletal disorders and injuries (ICD10 chapters M00-M99 and S00-T980) between 1 April 2012 and 31 March 2015. Please note the caveats applied to this information.

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If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.
If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, https://ico.org.uk.

Yours sincerely,

xxxxxxxxxxxxxxxxxxxxxxxxxxx
Army Secretariat
Table 1: Untrained Regular Army personnel medically discharged with a principle or contributory cause of musculoskeletal disorders and injuries by age at entry and Financial Year, 1 April 2012 to 31 March 2015, Numbers.

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>1,106</td>
<td>383</td>
<td>398</td>
</tr>
<tr>
<td>Under 18 on entry</td>
<td>301</td>
<td>105</td>
<td>114</td>
</tr>
<tr>
<td>18 and over on entry</td>
<td>805</td>
<td>278</td>
<td>284</td>
</tr>
</tbody>
</table>

Source: Joint Personnel Administration (JPA) and FMED 23

1. Musculoskeletal disorders and injuries include ICD 10 chapters M00-M99 and S00-T980.
2. Untrained personnel are those on Phase 1 and Phase 2 training.

Notes:

1. Please note that the ICD 10 codes for musculoskeletal injuries and disorders (M00-M99 and S00-T980), do not include all conditions which can be considered an injury. For example, noise-induced hearing loss is assigned the ICD 10 code H833. Defence Statistics have included musculoskeletal disorders (M00-M99) with injuries (S00-T980) as historic reviews of ICD 10 coding has shown that some medical discharges (as a result of injury) have been ascribed to musculoskeletal disorders, rather than to the injury itself.

2. Principal condition is the first principal ICD 10 code on the medical discharge documents (FMED 23). Contributory cause contains all other principal conditions and any contributory conditions on the medical discharge paper (FMED 23).

3. Army Regular personnel include Gurkha Regiments and Military Provost Guard Service (MPGS) but do not include Full Time Reserve Service personnel or mobilised reservists.

4. Note that untrained personnel are sometimes discharged under administrative categories, albeit on medical grounds. These discharges usually concern individuals who have failed their initial training for medical reasons, or who at their initial medical failed to disclose reasons which may later affect their application and training. As these cases are not defined as medical discharges they are not included in the numbers in Table 1.


6. Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc) coming to the conclusion that an individual is suffering from a medical condition that pre-empts their continued service in the Armed Forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the Armed Forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.

7. The information on cases was sourced from electronic personnel records and manually entered paper documents from medical boards. The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.

8. Although Medical Boards recommend medical discharges they do not attribute the principal disability leading to the board to Service. A Medical Board could take place many months or even years after an event or injury and it is not clinically possible in some cases to link an earlier injury to a later problem which may lead to a discharge. Decisions on attributability to Service are made by Vets-UK (formally the Service Personnel and Veterans’ Agency).