Dear [Redacted],

Thank you for your email of [Redacted] in which you requested the following information:

“I make request for an electronic version of the following document, please, pursuant to the Freedom of Information Act 2000:

1. Army General Administrative Instruction Volume 2 Chapter 78 published in March 2019”

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

A search for the information has now been completed within the Ministry of Defence, and I can confirm that the information in scope of your request is held and is attached. I should explain that some of the information is exempt from release under section 40 (Personal Data) of the FOIA. Section 40(2) has been applied to some of the information to protect personal information as governed by the Data Protection Act 2018. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in deciding to withhold the information.

Under Section 16 (Advice & Assistance) of the FOIA, I have provided the current version of AGAI 78, dated May 2019. However, under the section ‘Record of Amendments’, you can see any changes to the AGAI that have been made since March 2019.

If you have any queries regarding the content of this letter, please contact this office in the first instance. Following this, if you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at [https://ico.org.uk/](https://ico.org.uk/).
Yours sincerely,

[Redacted]

Army Secretariat
ARMY

ARMY GENERAL AND ADMINISTRATIVE INSTRUCTIONS

VOLUME 2

CHAPTER 78

ARMY MEDICAL EMPLOYMENT POLICY
PULHHEEMS ADMINISTRATIVE PAMPHLET (PAP)

This AGAI 78, formerly known as PULHHEEMS Administrative Pamphlet, is sponsored by Workforce Policy, Army Personnel Policy. It covers the employment aspects of the application of Joint Medical Policy in the Army and provides instructions for the medical administration of all Army officers and soldiers and applies to both to the Regular Army and the Army Reserve.

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# ARMY MEDICAL EMPLOYMENT POLICY

## PULHHEEMS ADMINISTRATIVE PAMPHLET (PAP)

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DEFINITIONS

PULHHEEMS and the JMES

1. The PULHHEEMS system of medical classification is a Tri-Service clinical system, described in JSP 950, and takes its name from the first letters of the division under which the medical examination is carried out. These are:

- P = Physical capacity
- U = Upper limbs
- L = Locomotion
- HH = Hearing
- EE = Eyesight
- M = Mental capacity
- S = Emotional stability

Qualities

2. These divisions are known as ‘qualities’ e.g. P quality, U quality, etc, and are assessed in degrees.

Degrees

3. The standard of fitness under each quality is recorded by the figures 0 to 8; these figures are known as ‘degrees’. Not all degrees are used for each quality.

Joint Medical Employment Standard (JMES)

4. The PULHHEEMS clinical information is translated into a non-clinical JMES for the employer which enables safe and appropriate employment of the subject. The JMES comprises of a number of elements which include a deployment and employment standard and associated functional restrictions (non-clinical information).

Colour Perception (CP)

5. Records the ability to discriminate red/green hues.
# Glossary

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<td>Post Graduate Medical Officer</td>
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Purpose of this AGAI

78.001. This AGAI 78 contains the rules for the application of the PULHHEEMS system of medical classification in the Army and instructions for the medical administration of officers and soldiers.

Application

78.002. The instructions contained in this pamphlet are applicable to the Army and apply to all Army personnel serving in the Regular Army, Regular Reserve and Army Reserve. The general principles given in this AGAI also apply to locally enlisted personnel (LEP). Except where stated to the contrary, all the provisions of this AGAI are applicable to male and female soldiers/officers. The online tool PAPMIS must be used where possible for the management of personnel below the minimum medical employment standard for their Arm or Service and hard copies should only be used in extremis.

Sponsorship

78.003. The minimum medical standards in Tables 1 to 6 are the responsibility of the Regimental / Corps Colonels and Manning Boards concerned, who are also responsible for supplying Workforce Policy, Army Personnel Policy with required amendments for the whole AGAI in a regular and timely system of review. Medical advice is co-ordinated by the Senior Health Advisor (Army) (SHA(A)) on behalf of Director Personnel (D Pers). Headquarters Army Recruiting and Initial Training Command (HQ ARITC) advises upon the application of entry standards for officers and soldiers, and should be consulted on all matters affecting entry standards. Pers Pol (A) co-ordinates the Army’s requirements and lays down the procedures for operating the PULHHEEMS system. Queries on the Parts in this AGAI 78 should normally be addressed to Pers Pol (A), although queries of a purely medical nature are best directed to SHA(A). Queries on the tables should normally be addressed to the sponsor branch concerned.

78.004. This policy has been equality and diversity impact assessed in accordance with departmental policy. This resulted in a Part 1 screening and Part 2 full equality and diversity impact assessment being undertaken.

78.005. Legal advice has been sought and incorporated throughout the development of this complex policy.

78.006. This policy is owned by Workforce Policy, Personnel Policy (Army). Observations on this policy are welcomed and should be referred to...
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PART 1 - GENERAL PRINCIPLES OF THE PULHHEEMS SYSTEM OF MEDICAL CLASSIFICATION

General

78.101. The PULHHEEMS system is a set of medical standards designed to provide a coding for the medical assessment of the functional capacity of potential recruits and serving Army personnel from which can be derived a determination of fitness for service. Associated with the PULHHEEMS assessment is the award of a Joint Medical Employment Standard (JMES) grading in order to inform commanders and career managers of the employability and deployability of Army personnel. The allocation of a JMES grading is the responsibility of medical staff. In individual cases Army Personnel Policy has the authority (after taking appropriate medical advice) to waive or vary employment restrictions contained within the definitions of the P grade or JMES. Any application for such a waiver should be made through the Chain of Command (CoC) to the appropriate MS Branch at the Army Personnel Centre (APC) prior to submission to Pers Pol (A)\(^1\).

78.102. **Meaning of a PULHHEEMS Grading.** The medical examination for a PULHHEEMS grading is an occupational medical assessment. The examination is a record of the presence or absence of a medical condition or physical limitation that may affect employment. It is not a comprehensive health review, although a PULHHEEMS review may be used by a medical officer for some health promotion activities. It does not have any useful predictive value regarding the SP’s future physical performance.

78.103. Paragraphs 78.105-78.126 are intended as a guide to non-medical officers on the method used to determine and record a PULHHEEMS assessment and explain the use of JMES. JMES are explained in paragraphs 78.107-78.109, with detailed definitions contained in the Tables.

78.104. The PULHHEEMS system of medical classification and JMES grading are designed to:

a. Provide a functional assessment of the SP's capacity for work;

b. Assist in expressing the physical and mental attributes appropriate to the SP’s employment and fitness for deployment on operations with the Army;

c. Assist in assigning people to the employment for which they are most suited considering their physical, intellectual and emotional make-up allowing efficient use of manpower;

d. Provide a system, which is administratively simple to apply.

Method of Assessment

78.105. The allocation of a PULHHEEMS assessment is a medical responsibility. Instructions for medical officers, on the method of carrying out a medical classification under the PULHHEEMS system, are contained in JSP 950 Chapter 7 Leaflet 6-7-7.

\(^1\) Application For Special Enlistment (AF B203), more detail at para 78.840.
The Qualities Assessed under the PULHHEEMS System

78.106. In order to record in detail the physical and mental capacity of a SP, medical classification under the PULHHEEMS system is considered and recorded under the following qualities:

a. **Physical Capacity (P)**. This quality is used to indicate a SP’s overall physical and mental development, their potential for physical training and suitability for employment worldwide (i.e. the overall functional capacity). The ‘P’ grading is affected by other qualities in the PULHHEEMS profile, namely the ‘U’, ‘L’, ‘HH’, ‘EE’ and ‘S’ gradings.

b. **Upper Limbs (U)**. Indicates the functional use of the hands, arms, shoulder girdle and cervical and thoracic spine, and in general shows the SP’s ability to handle weapons and loads. A reduced ‘U’ grading will affect the ‘P’ grading.

c. **Locomotion (L)**. Indicates a SP’s ability to march/run. The ‘L’ grading refers to the functional efficiency of the locomotor system. This quality must therefore consider assessment of the lumbar spine, pelvis, hips, legs, knees, ankles and feet. Observation of gait and mobility are also important. Any conditions affecting the function of the locomotor system will result in a reduced ‘L’ grading which will in turn be reflected in the ‘P’ grading.

d. **Hearing (HH)**. This quality assesses auditory acuity only. Diseases of the ear such as otitis externa are assessed under the ‘P’ quality. Severe loss of hearing will affect the ‘P’ grading.

e. **Eyesight (EE)**. This quality assesses visual acuity only. Diseases of the eye such as glaucoma are assessed under the ‘P’ quality. Severe loss of visual acuity will affect the ‘P’ grading.

f. **Mental Capacity (M)**. Indicates the SP’s ability to learn military skills and duties. Mental capacity is not subject to formal medical assessment at recruitment. However, the recruit selection procedure, including interviews, and the SP’s academic record will allow judgement to be made on this quality. Subject changes are only likely to occur as a result of neurological disease or head injury.

g. **Stability (S)**. The S quality indicates emotional stability which grades the SP’s ability to withstand the psychological stress of military life (especially operations). Amendments to the “S” grade are usually required in cases of psychiatric illness but are not restricted to these circumstances.

Joint Medical Employment Standards (JMES)

78.107. The JMES is an employment code awarded by medical staff in order to inform commanders of the employability and deployability of Service personnel. The JMES describes the functional and geographical employability of the individual along with specific medical restrictions/limitations. The JMES awarded by the medical board also contains a ‘temporary’ or ‘permanent’ marker which assists in the management of the individual. This publication reflects the harmonisation of JMES (agreed interpretation of the grading system) across all three services undertaken from 1 Aug 16.

78.108. **Medical Employment Standard (MES)**. This relates a SP’s PULHHEEMS profile to their branch/trade requirements and expresses it as numerical degrees in four functional areas, indicated by the letters A, L, M and E. These reflect medical fitness for duties in the Air (A), Land (L), and Maritime (M) environments and any requirement for medical environmental (E) support. All elements of the MES are to be allocated for each medically downgraded SP with a number from
1-5/6 awarded for each (where 1 is the least restricted and 5 or 6 is the most restricted in terms of medical limitations). Gradings A1-A3 will only be used by Army aircrew with A4 being the least restricted medical grading for the majority of Army personnel (as non-aircrew). Similarly, M1-M3 will only be used by Army personnel employed in maritime roles, for example RLC Seaman/Navigator trades and Army personnel serving within 3 Cdo Bde, with M4 being the default least restricted grading for the remainder of Army personnel.

78.109. **Medical Deployment Standard.** The Medical Deployment Standard (MDS) describes the medical capacity for deployment and is determined by the ALME code (see para 78.109). For the Army, the MDS has a specific relation to the L grade as can be seen below (the JMES table at page 1-6 gives further detail of the ALME categories).

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<th>MND</th>
<th>MLD</th>
<th>MFD</th>
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<tr>
<td>L1</td>
<td>Fit for unrestricted duty</td>
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<tr>
<td>L2</td>
<td>Fit for high readiness roles with minor limitations.</td>
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<tr>
<td>L3</td>
<td>Fit for limited duties but with some restriction subject to Medical Risk Assessment.</td>
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<tr>
<td>L4</td>
<td>Fit for certain deployed roles into well-established MOB locations subject to Consultant Occupational Physician Medical Risk Assessment.</td>
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<tr>
<td>L5</td>
<td>Unfit deployment. Fit for branch/trade and limited UK operations.</td>
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<tr>
<td>L6</td>
<td>Unfit for service in the land environment.</td>
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**Method Used to Record Temporary Medical Conditions – ‘T’ suffix**

78.110. **Temporary or Permanent Marker.** When a medical board awards a JMES of MLD or MND, a decision will be made as to whether the JMES is temporary (Temp) or permanent (Perm). The maximum period of validity of a Temp JMES is 12 months (from day one of the TJMES) for Army personnel unless an extension to this period is authorised (para 78.111). As soon as it is clear that a condition is ‘Perm’, i.e. likely to last 12 months or more, a Fitness for Work Assessment (FWA(P)) should be conducted to award a permanent JMES; a Perm JMES can be awarded at any time if clinically appropriate. Permanent does not mean that the JMES can never change, but is intended to assist employment decision making by distinguishing the longer-term health problems affecting a SP from the short-term. The abbreviations ‘Perm’ and ‘Temp’ are used within the JMES and the term ‘not applicable (abbreviated N/A)’ is the marker used with the JMES of MFD. For those graded L6E5 MND Temp, who are sick on full pay, para 78.708 applies.

78.111. A Fitness for Work Assessment (Temporary) (FWA(T)) may award the T suffix for a maximum period of 12 months in total which starts from the day of the Temporary JMES. If less than 12 months, the time awarded by the FWA(T) must reflect the estimated time to achieve a permanent grading, noting that a Perm grading may be appropriate straightforwardly (78.110). Where clinically appropriate, a temporary medical downgrading can be extended beyond 12 months with Occupational Medicine (OM) Consultant authority and periods beyond 18 months will only be approved exceptionally by Pers Pol (A), on application to SO2 Empl Pol by the OM Consultant. Service personnel evacuated as a casualty from an operational theatre or admitted to a hospital for inpatient care, including the Royal College of Defence Medicine (RCDM) and Defence Medical Rehabilitation Centre/Defence National Rehabilitation Centre (DMRC/DNRC), should be graded L6E5 MND Temp following an appropriate medical assessment (with further medical board if needed).

78.112. **Limited Duties.** Limited Duties are written advice from medical staff to the CoC about an officer or soldier’s medical condition. An officer or soldier may be placed on limited duties when medical staff assess that their condition is mild and temporary in nature, and is unlikely to last for longer than 28 days. On the 29th day, or before the 29th day if medical staff assess that the condition is likely to last beyond 28 days, the SP’s JMES must be amended. Limited Duties should ordinarily only be given for periods of no longer than 14 days at a time, although may be given for

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2 This is to be conducted by the UMO or equivalent.
up to 28 days where there is a clinical requirement.

78.113. **Limited Duties Administration.** The type and extent of limited duties are recorded on the Light Duties Proforma (LDP) F Med 8721 recorded in the Defence Medicine Information Capability Programme (DMICP)\(^3\) as follows:

- a. **Disposal A - Attended.** SP attended a medical appointment.
- b. **Disposal B - Limited duties.** SP is excused specific activities. Maximum continuous period before review 14 days (although in some cases may be up to 28 days if there is a clinical requirement).
- c. **Disposal C - UnFitness for Work, Bedded Down / Admitted.** SP is bedded down at their Residence at Work Address (Home/SFA/SLA), at an MRS, or as a hospital inpatient. Maximum continuous period before review 14 days (although by exception may be up to 28 days).
- d. **Disposal - Medication and Discharged.** SP was provided with medication, and was discharged from medical care.

78.114. **Limited Duties (Disposal B).** Limited duties are ordinarily granted by the MO, although they may delegate this responsibility, with appropriate restrictions, to other members of their clinical team. SP placed on Limited Duties must be reviewed no later than the 28-day point and, if the SP's medical condition persists, a JMES assessment must be carried out. Under no circumstances can Limited Duties be extended beyond 28 days.

78.115. **Limited Duties - Unfit for Work (Disposal C).** Assessing a SP as Unfit for Work is not the same as granting them Sick Leave (see Part 7). The SP should be bedded down at their Residence at Work Address, at an MRS, or as a hospital inpatient. It is the SP's responsibility to inform their CoC, although Medical Staff may undertake to do this on behalf of the SP in cases of incapacity or medical emergency. MOs considering granting Sick Leave directly are to inform the SP's CoC ASAP (see JSP 760, para 21.5). If at any point during this period it is considered unlikely that a SP will return to limited or full duties by the 28-day point, then a JMES assessment must be carried out. In all cases, by the 28 day point a JMES assessment must be carried out to enable a Fitness for Work Assessment (Temporary) to be conducted.

78.116. **Medical Advice to Chain of Command.** Following receipt of the Light Duties Proforma (LDP), the CO retains the authority to employ or deploy a SP contrary to medical advice. However, this must not be done lightly, and may only happen in exceptional circumstances, and following a risk assessment. 'Exceptional' is defined as: In an emergency; in extremis; where there is no other choice and not using that SP would result in very serious consequences. Financial reasons or standard manning difficulties are highly unlikely to be regarded as reasonable considerations. The CO must carefully consider the situation before tasking a SP with a duty against medical advice.

78.117. **Medical Limitations.** In addition to the JMES grading, any JMES below MFD is accompanied by a detailed medical functionality and limitations assessment. For Army personnel this is articulated in the notification of functional restrictions Appendix 9 which is specific to the Army context. The Appendix 9 is for employment purposes for use by the CoC.

\(^3\) In extremis the AF I 8721 Light Duties Proforma (LDP) may be used.
Pregnancy

78.118. **On selection.** Candidates found to be pregnant at their Pre-Service Medical Assessment (PSMA) are not to undertake any physical selection tests. They are to be given a **Defer – (Temporarily Medically UNFIT)** grading and are considered temporarily unfit (this will also apply to candidates found to be pregnant at IMA). Post-Partum candidates should be medically assessed as fit to undertake physical selection tests before any subsequent attempt as PSMA and must be at least 3 months after the end of a pregnancy (JSP 950, Lft 6-7-7, 4-J-2).

78.119. **Environmental and Medical Support Grading E6.** SP have no obligation to inform their CoC that they are pregnant before the notification week, (from the Sunday before the due date count backwards 15 weeks). Once a SP has formally notified their employer of pregnancy (using F Med 790) and given consent (written or a contemporaneous record within the clinical notes) for the CoC to be informed of their functional restrictions (Appendix 9), the E6 JMES grading will be used. If consent is withheld **para 78.1032** is to be enacted. In both circumstances the deployability coding is reduced to L5 MND (T).

78.120. **In Training.** Soldiers under Training (SuT) and OCdts who are pregnant cannot be medically discharged on the grounds of pregnancy. They are to be graded A4L5M4E6 MND (T).

78.121. **Postpartum Return to Work (RtW).** New mothers are to be graded MLD(T) A4L4M4E4 during their RtW Medical, for a period of 6 months from their RtW date. This is in order to ensure Regional Occupational Health Team (ROHT) input into Deployed Medical Risk Assessments (MRA), access to the appropriate postpartum rehabilitation and consideration at Unit Health Committee (UHC). The Return to Work (RtW) Fitness for Work Assessment (FWA) will be conducted in line with JSP 760 Chapter 24 and JSP 950 Part 1 Leaflet 6-7-7 which will take account of any specialist post-natal review but will in any case be determined on an individual basis. The RtW FWA must always be conducted in the Servicewoman’s presence and should be conducted having had sight of the workplace risk assessment completed for the Servicewoman by the CoC, so that any Appendix 9 can be tailored specifically to the employment aspirations of both the Servicewoman and CoC.

78.122. **Guidance.** The Pregnancy and Maternity in the British Army Servicewomen’s and Unit Guides give direction on further considerations for the CoC.

78.123 – 78.200. Reserved.

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4 Including those who have experienced perinatal death or stillborn issue.
5 In line with JSP 375 Pt 2 Vol 1 and JSP 950 Part 1 Leaflet 6-7-7
# JOINT MEDICAL EMPLOYMENT STANDARDS (JMES) TABLE

<table>
<thead>
<tr>
<th>MES Code</th>
<th>Description</th>
<th>Guidance</th>
<th>Notes</th>
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<tbody>
<tr>
<td>A1</td>
<td>Fit for flying duties without restriction.</td>
<td>Only for aircrew.</td>
<td>To be used by Army aircrew only.</td>
</tr>
<tr>
<td>A2</td>
<td>Fit for flying duties but has reduced hearing or eyesight.</td>
<td>Only for aircrew.</td>
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<tr>
<td>A3</td>
<td>Fit for duties in the air within the stated employment or Appendix 9.</td>
<td>Only for aircrew.</td>
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<tr>
<td>A4</td>
<td>Fit to be flown in a passenger aircraft.</td>
<td></td>
<td>Default for Army personnel less aircrew.</td>
</tr>
<tr>
<td>A5</td>
<td>Unfit to be flown in a passenger aircraft.</td>
<td>Will prevent aeromedical evacuation.</td>
<td>By exception.</td>
</tr>
<tr>
<td>A6</td>
<td>Unfit for any duties in the aviation environment.</td>
<td>Duties in the aviation environment include, but not limited to, air traffic control, baggage handling, aircraft towing, aircraft maintenance, airfield driving and duties on a flying station/base.</td>
<td>N/A for Army personnel.</td>
</tr>
<tr>
<td>L1</td>
<td>Fit for unrestricted duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L2</td>
<td>Fit for high readiness roles with minor limitations.</td>
<td>Must have appropriate level of musculoskeletal fitness to undertake role and all expected duties in austere environments. Must be able to undertake Pre-Employment Training (PET) and Individual Pre-Deployment Training (IPDT) to deliver the minimum personal military skills to allow a SP to carry out the requirements of their job specification while maintaining their own Force Protection (FP) and positively contributing to the FP of those around them. May undertake Operational Fitness Tests (OFTs) with appropriate build-up training. Must be fit PJHQ5 Global Low to Medium Threat environments. Deployments are subject to MRA in line with Part 5. No limitation on exposure to weapons noise. Must be E1 or E2.</td>
<td></td>
</tr>
<tr>
<td>L3</td>
<td>Fit for limited duties but with some restriction subject to Medical Risk Assessment.</td>
<td>Should not impose a significant and/or constant demand on the medical services if deployed, on exercise or deployments. The SP may deploy on operations or overseas exercises following completion of a deployed MRA. Have no limitations in their ability to function wearing personal equipment demanded of the environment, branch/trade and rank.</td>
<td>Operational deployments require deployed MRA (App 2B) to be completed by Unit CoC. ROHT input to DMRA will not be required unless annotated on App 9. Routine activities (as defined in Part 5) are covered by App 9.</td>
</tr>
</tbody>
</table>

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6 **2015DIN07-112** Individual Pre-deployment Training Policy. Global IPDT requirements are set against the overall risk to deployed personnel within an individual theatre. This assessment takes into account the identified risk from terrorism, armed attack, criminality and environmental factors including Road Traffic Accidents. Whilst there may be variations in IPDT requirements for personnel deployed on certain operations given their role and exposure to risk, the nature of certain Global operations require all personnel to be trained to a single standard to mitigate the expected threat. **Global Low Threat.** Environments where the identified threats or risks to deployed personnel may not require FP restrictions to be imposed. This category also includes personnel deployed within Medium and High threat environments where the nature of their deployment does not expose them to the threat. **Global Medium Threat.** Environments where there is an identified threat from terrorism, armed attack or high risk of environmental hazards to personnel operating in remote or isolated locations. Personnel deployed on Global Medium Threat deployments are required to complete enhanced training as defined by the JTRs, relevant to role or specific risks. **Global High Threat.** Environments where there is an identified high threat from terrorism, armed attacks, Insider Threat or violent criminality. Personnel deployed on Global High Threat deployments are required to complete enhanced training as defined by the JTRs, relevant to role or specific risks.
<table>
<thead>
<tr>
<th>MES Code</th>
<th>Description</th>
<th>Guidance</th>
<th>Notes</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>L4</td>
<td>Fit for certain deployed roles into well-established MOB locations subject to Consultant Occupational Physician Medical Risk Assessment.</td>
<td>SPs whose medical conditions have the potential to pose a significant risk on deployment in the land environment. May be reliant on an uninterrupted supply of medication and/or a reliable cold chain. Must be able to function wearing a helmet and the minimum theatre entry standard body armour.</td>
<td>Operational deployments require DMRA (App 26) completed by Unit CoC. ROHT input to DMRA required in all circumstances. Routine activities (as defined in Part 5) are covered by App 9.</td>
<td></td>
</tr>
<tr>
<td>L5</td>
<td>Unfit deployment. Fit for branch/trade and limited UK operations.</td>
<td>SPs who are unable to deploy due to significant Appendix 9. May be fit limited UK operations. Able to provide regular and effective service in the non-deployed land environment subject to meeting the minimum requirements as specified in single-Service employment policy.</td>
<td>Must be fit for branch / trade subject to allowable limitations as defined in Table 6 (Functional Interpretation of JMES).</td>
<td></td>
</tr>
<tr>
<td>L6</td>
<td>Unfit for service in the land environment.</td>
<td>For L6 Perm (previously referred to as 'P8'): Unfit for any duties. For L6 Temp (previously referred to as 'P0'): Unfit all duties except those specifically recommended/agreed/directed by ROHT (e.g. GRoW)</td>
<td>L6 temp requires ROHT sanction to extend &gt; 6 months and Pers Pol (A) sanction to extend &gt;12 months. It is recommended that the L6 Temp grade follows discussion at UHC with ROHT involvement (or reviewed soon after the award to ensure the grade is appropriate).</td>
<td></td>
</tr>
<tr>
<td>M1</td>
<td>Fit for unrestricted duties</td>
<td>May be employed and deployed worldwide in the maritime environment.</td>
<td>Army personnel employed in the maritime environment should follow RN single-Service guidance</td>
<td></td>
</tr>
<tr>
<td>M2</td>
<td>Fit for restricted duties afloat within the limitations as stated.</td>
<td>Fit for duties at sea but may be restricted to specific size or type of vessel, have medical support needs or environmental limitations as indicated by the MES and Appendix 9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M3</td>
<td>Fit for restricted duties in a vessel in harbour or alongside with the limitations as stated.</td>
<td>Able to safely move around a ship alongside or within the confines of a harbour including the ability to evacuate from the vessel and take emergency action (e.g. firefighting and damage control) without assistance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M4</td>
<td>Fit to be carried as embarked forces in transit.</td>
<td>Fit to move safely around a ship at sea, in harbour or alongside including using ladders and stairs, opening heavy hatches, stepping over hatch combings and tolerating a moving/rolling platform. Not to be part of the firefighting or damage control organisation but must be able to take emergency response and evacuation actions unaided.</td>
<td>Default for Army personnel less Commando and Port and Maritime personnel should not normally be graded M4.</td>
<td></td>
</tr>
<tr>
<td>M5</td>
<td>Fit for restricted duties ashore within the limitations as stated.</td>
<td>Not to work on ships/submarines alongside and may not be able to complete all duties required of their branch/trade ashore.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M6</td>
<td>Unfit for any duties in the maritime environment.</td>
<td>Long-term sick or in a MF for &gt;28 days or given a medical board recommendation for discharge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E1</td>
<td>Fit for worldwide service in all environments.</td>
<td>Fit to deploy on contingent and enduring operations with no requirement for medical care within the deployed location beyond deployed Primary Healthcare (or equivalent).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Army Medical Employment Policy

**May 2019**

(Replaces AEL 110 dated Mar 19)

<table>
<thead>
<tr>
<th>MES Code</th>
<th>Description</th>
<th>Guidance</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E2</td>
<td>Fit for unrestricted duties but with a medical risk marker.</td>
<td>Has a specific medical condition, which does not currently affect employability or deployability but may do so in future and currently requires medical oversight. Has no climatic restriction and no requirement for medical support bar adequate supply of medication. The medical condition is stable with treatment. Should loss of medication occur for ≤ 1 week this should not lead to clinical deterioration in the condition or functional degradation during that time.</td>
<td>Excludes any medical condition that would require review by a MO before authorising deployment.</td>
</tr>
<tr>
<td>E3</td>
<td>Restricted employment outside UK due to medical support or environmental requirements.</td>
<td>Fit subject to limitations as will require access to enhanced medical support, or has specific medication requirements unlikely to be compatible with contingent operations. Fit to be in areas within limitations eg climatic injuries, hearing loss, susceptibility to environmental exposure.</td>
<td>Personnel may be employed in locations with reduced health care provision. When advising on employment or deployment away from the firm base the MO must ensure that in-theatre medical provision can meet the SP’s routine and emergency needs. Excluding BFG, the Low Countries, BATUS (CROWFOOT only) and Nepal for Gurkhas only.</td>
</tr>
<tr>
<td>E4</td>
<td>Only to be employed out of the UK where there is access to established, ‘NHS equivalent or better’ Primary and Secondary Healthcare.</td>
<td>Has a medical condition requiring access either routinely or as an emergency to medical care at a level available equivalent to that provided in the UK.</td>
<td>When advising on employment outside the UK the MO must ensure that in-theatre medical provision can meet the SP’s routine and emergency needs.</td>
</tr>
<tr>
<td>E5</td>
<td>May be employed within the UK only.</td>
<td>To be employed appropriately to their Appendix 9 within the UK. ‘Unit all duties’ if associated with L6 grade.</td>
<td>Personnel with on-going health care needs, which would be adversely affected by employment outside of the UK.</td>
</tr>
<tr>
<td>E6</td>
<td>Pregnancy and Maternity</td>
<td>Only to be used when the woman has formally informed her employer of her pregnancy (eg using Mat B1) and she has given her consent in writing for MES to be displayed as E6 or a contemporaneous record has been made in the clinical notes confirming permission granted. E6 is to be maintained until the Service woman has successfully completed a return-to-work medical post pregnancy and/or maternity leave.</td>
<td></td>
</tr>
</tbody>
</table>

**MES Code**

- **E2**
- **E3**
- **E4**
- **E5**
- **E6**

**Description**

- Fit for unrestricted duties but with a medical risk marker.
- Restricted employment outside UK due to medical support or environmental requirements.
- Only to be employed out of the UK where there is access to established, ‘NHS equivalent or better’ Primary and Secondary Healthcare.
- May be employed within the UK only.
- Pregnancy and Maternity

**Guidance**

- Has a specific medical condition, which does not currently affect employability or deployability but may do so in future and currently requires medical oversight. Has no climatic restriction and no requirement for medical support bar adequate supply of medication. The medical condition is stable with treatment. Should loss of medication occur for ≤ 1 week this should not lead to clinical deterioration in the condition or functional degradation during that time.
- Fit subject to limitations as will require access to enhanced medical support, or has specific medication requirements unlikely to be compatible with contingent operations. Fit to be in areas within limitations eg climatic injuries, hearing loss, susceptibility to environmental exposure.
- Has a medical condition requiring access either routinely or as an emergency to medical care at a level available equivalent to that provided in the UK.
- To be employed appropriately to their Appendix 9 within the UK. ‘Unit all duties’ if associated with L6 grade.
- Only to be used when the woman has formally informed her employer of her pregnancy (eg using Mat B1) and she has given her consent in writing for MES to be displayed as E6 or a contemporaneous record has been made in the clinical notes confirming permission granted. E6 is to be maintained until the Service woman has successfully completed a return-to-work medical post pregnancy and/or maternity leave.
Joint Medical Employment Standards (JMES) functional matrix

The below tables demonstrate the relationship between the JMES ALME and MDS and how the JMES translates to a deployable grade. The percentage of likely deployable SP within each grade, and the risk assumed by the Chain of Command when deploying a SP.

### MES - E1 E2 E3 E4 E5 E6 MDS MRA

<table>
<thead>
<tr>
<th>MES</th>
<th>E1</th>
<th>E2</th>
<th>E3</th>
<th>E4</th>
<th>E5</th>
<th>E6</th>
<th>MDS</th>
<th>MRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1</td>
<td>L1E1</td>
<td>L1E2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>MFD</td>
<td>N/A</td>
</tr>
<tr>
<td>L2</td>
<td>L2E1</td>
<td>L2E2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>MLD</td>
<td>MO</td>
</tr>
<tr>
<td>L3</td>
<td>N/A</td>
<td>N/A</td>
<td>L3E3</td>
<td>L3E4</td>
<td>N/A</td>
<td>N/A</td>
<td>MLD</td>
<td>MO</td>
</tr>
<tr>
<td>L4</td>
<td>N/A</td>
<td>N/A</td>
<td>L4E3</td>
<td>L4E4</td>
<td>N/A</td>
<td>N/A</td>
<td>MLD</td>
<td>MO</td>
</tr>
<tr>
<td>L5</td>
<td>N/A</td>
<td>N/A</td>
<td>L5E3</td>
<td>L5E4</td>
<td>L5E5</td>
<td>L5E6</td>
<td>MND</td>
<td>N/A</td>
</tr>
<tr>
<td>L6</td>
<td>L6E1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>L6E5</td>
<td>L6E6</td>
<td>MND</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### MDS - ASSUMED RISK

- MFD: 0
- MLD: 1
- NSD: 2
- MND: 3
- IMB: 4
- Consent withheld
- Pregnant

### L Grade - Estimated deployability

- L1: 100%
- L2: >98%
- L3: 70%
- L4: 30%
- L5: <0.5%
Intentionally blank
PART 2 - INSTRUCTIONS FOR CLASSIFICATION

PULHHEEMS Assessments

78.201. Responsibility. The allocation of a PULHHEEMS assessment is a medical responsibility, but officers commanding units are responsible for ensuring that all ranks are referred to a medical officer in accordance with the instructions contained in para 78.202-78.209 and Appendix 6. The PULHHEEMS reviews detailed in para 78.206-78.207 are to be carried out by a medical officer, who may arrange a medical board if a change of JMES is indicated. Where PULHHEEMS reviews are required for different reasons over a short period (six months), a further PULHHEEMS review need not be completed unless there has been a change in the SP's medical condition.


78.203. Serving Candidates Applying for Commission.

a. All candidates are to have had a Joint Medical Employment Standard (JMES) assessment and have been verified as medically fit for unrestricted service worldwide (Medically Fully Deployable (MFD)) by in-service standards by a FWA(T).

b. Soldier (Regular and Reserve) candidates who are to undertake AOSB and the Commissioning Course require a Stage Two ‘confirmation of JMES’ medical assessment (para 78.301 refers). The same Stage Two medical assessment can be used for both if the individual's medical situation is unchanged and medical assessment is conducted within 12 months of the Commissioning Course start date. If a Stage Two assessment raises a concern that a SP’s current JMES does not meet the medical suitability criteria to attend the proposed course then commanders can request medical advice via a Stage Three assessment.

Reserves

78.204. Mobilised and Full-Time Reserve Service (FTRS) Personnel.

a. Mobilised Personnel. Mobilised personnel are to be medically assessed prior to acceptance into service at the mobilisation centre.

b. FTRS Personnel. Following selection for an FTRS post, APC FTRS Section will write to the candidate informing the SP of suitability and inviting them to approach Military Training and Mobilisation Centre (Individual) (MTMC(I)) to arrange a pre-induction FTRS medical and dental check to confirm eligibility.

78.205. The Regular Reserve.

a. A JMES is mandatory for the Regular Reserve.

b. Mobilised personnel are to be medically assessed prior to acceptance into service at the mobilisation centre.

c. The JMES in Table 5 applies to those joining the Regular Reserve or extending their membership of it.

d. The JMES assessment at the time a SP leaves the Regular Army or Army Reserve remains valid (under normal circumstances) throughout the time they remain liable for call-
out or recall for full-time service. A medical examination, however, will be arranged by the Career Manager (CM) Branch whenever a significant disability comes to their notice.

e. Further details regarding the medical assessment of all categories of Reserves and those subjects to recall are contained in JSP 753 – Regulations for the Mobilisation of UK Reserve Forces.

**Occasions for Review of JMES Grading**

**78.206. All Ranks.**

a. Conducted annually when deployability standard is other than MFD. If sufficiently familiar with the clinical history, this review will not always require a consultation and may be based on a review of the medical records with supporting input from the employer, as needed. Any changes to the assessment will require the SP’s consent for the release of the Appendix 9 (therefore requiring a consultation). This includes those on mobilised Service and FTRS.

b. Prior to substantive promotion or confirmation of the appropriate authority for a SP to move from one career stage to another and the change conversion of engagement or commission.

c. Before termination of service, in accordance with para 78.604. This includes those on mobilised service and FTRS.

d. Additionally, when required by regulations (an example is annual aircrew medicals).

e. Before proceeding overseas if required after checking medical documents against medical standard required.

f. On the 29th day of a period of Limited Duties.

**78.207. Soldiers.** On the application for change of engagement, extension or continuance in the Service, the PULHHEEMS and JMES assessment is to be verified by a check of medical and Service documents and a personal interview. A medical examination is to be carried out if considered necessary.

**78.208. Alterations to PULHHEEMS Assessments.** Alterations to PULHHEEMS/JMES assessments are to be notified using Appendix 9 and via DMICP/JPA.

**78.209. Documentation.** Documentation as laid down in Part 6 is to be completed whenever:

a. An initial or Service assessment is allotted (see also Appendix 6).

b. Any alteration is made to an assessment.

c. An automatic review is carried out in accordance with para 78.206 – 78.0208.

d. On termination of full time service.

**78.210 – 78.300. Reserved.**
PART 3 - STANDARDS FOR OFFICERS

Entry Standards

78.301. **Commissions in the Regular Army.** The normal entry medical standards required for those wishing to be commissioned into the Regular Army are as follows:

a. **As a civilian.** The common Army entry standard of:

```
P U L H H E E M S CP
2 2 2 2 2 2 8 8 2 2 4
3 6
```

Note: Arms and Service variations can be found at Table 1.

b. **From the Ranks (Regular or Reserve) or from another Officer Service.** Soldier (Regular and Reserve) candidates who are to undertake the Commissioning Course/Commissioning Course Short require a Stage Two medical assessment\(^7\) prior to attendance to confirm they meet the required standard (this includes Reservists attending the Combined Commissioning Course Module C and Module D). The routine standard required is a Joint Medical Employment Standard (JMES) assessment of Medically Fully Deployable (MFD) (A4L1M4E2) by in-service standards\(^8\), as shown in Table 4.

c. **Scheme members.** Assuming they have already met the common Army entry standard on acceptance to the following courses or schemes, candidates who go on to seek a Commission must have a JMES of MFD by in-service standards to commence the Commissioning Course (this is to be confirmed through a Stage Two medical assessment):

- Welbeck College
- The Defence Technical Undergraduate Scheme
- The Army Sixth Form Scholarship Scheme
- The Army Undergraduate Bursary Scheme
- The Army Undergraduate Cadetship Scheme
- Pre-RMAS courses
- Gap Year Commissions
- University Officer Training Corps

d. **Other forces.** Candidates who are serving personnel of the Regular or Reserve Forces of the Crown, including those from Commonwealth states, must meet the normal standard MFD as shown in Table 4.

e. **All candidates listed above who are below the medical standards.** Corps Colonels or Commanding Officers\(^10\) wishing to commission a SP who is below the normal entry standard may apply to Hd Pers Pol (A) for special enlistment authority outlining the exceptional circumstances of the case\(^11\).

78.302. **Commissions into the Army Reserve.** For those already serving and eligible to apply for a Army Reserve Group A Senior Soldier Entry Commission (SSE)\(^12\), the minimum

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\(^7\) In accordance with Section 4 of JSP 950 Part 1 Lft 6-7-7 (V1.1 2 Sep 16).
\(^8\) In accordance with JSP 950 Lft 1-2-12
\(^9\) In accordance with Section 5 of JSP 950 Part 1 Lft 6-7-7 (V1.1 2 Sep 16).
\(^10\) Minimum rank of OF4.
\(^11\) Application for Special Enlistment (AF B203), more detail at Para 78.839.
\(^12\) Reserve Land Forces Regulations, Chapter 4, Annex E
medical standard is normally medically fully deployable (MFD), however, SP who are Below Normal Medical Standards (BNMS) will be considered by the Army Employment Board\textsuperscript{13} (AEB) post selection and their commissioning is subject to AEB approval. For direct entry, the standards for candidates wishing to be commissioned into the Army Reserve are the same as in para 78.301 above. Selection boards may consider candidates below these standards with special enlistment authority (AFB203 which must be added to the DMICP record) from Hd Pers Pol (A) provided that:

a. On enlistment, they are provided with an official medical grading and protected from further harm by an appropriate Appendix 9.

b. Specific guidance from ARITC Occ Med\textsuperscript{14} and Pers Pol (A) is complied with.

c. Each candidate has been identified as being of particular value to the Army Reserve.

Minimum Standards for Retention of Regular and Army Reserve Officers

78.303. Officers are to be retained provided their medical assessment does not fall below the minimum standard for their respective Arm or Service as laid down in Table 4.

78.304. Officers with a JMES assessment below that required of their own Arm or Service but not graded \textit{medically unfit for service in the Land environment} (L6 MND Perm), may be either considered for transfer to another Arm or Service, permanently employed in sedentary duties at E2 (wider Army employment, not related to the E code within the MES), or apply to retire voluntarily (Premature Voluntary Release). If an officer has been seriously wounded, injured or is seriously sick and no employment can be found, either at E1 (in their own or another Arm or Corps) or E2, and they wish to be retained, they may be retired on medical grounds or may apply for their case to be referred to the Army Employment Board (see Part 12). Officers below the rank of Captain\textsuperscript{15} can be subject to Appendix 22\textsuperscript{16}.

Medical Standards for Conversion of Commission, Promotion and Appointment Boards

78.305. Normally, JMES will not be considered at boards for changes of engagement (which includes conversion of commission) or for promotion, but will be considered following a provisional board decision in relation to future employment on a case by case basis. For Soldiers who are commissioning and Officers the final authority for all changes of engagement will be the Army Commissions Board. For appointment boards, including command boards, JMES will be considered as the medical status will have a direct effect on employability. OH and employment advice will be required to accompany any applications in order to inform any board decision.

Medical Standards for the Regular Army Reserve of Officers

78.306. The JMES assessment awarded at the time of retirement remains valid throughout the time the officer remains liable for callout for full-time service. However, a callout re-entry medical will be conducted prior to any RARO officer being called-out to the Service.

Medical Standards for Officers Applying to Re-Instate

\textsuperscript{13} Formerly known as the Army Commissions Board

\textsuperscript{14} ARITC OM Consultants and ARITC Spec Nurses within ARITC Occ Med are authorised to give guidance.

\textsuperscript{15} Although the retention standard for WO2-WO1 and Captain and above is L5 MND Perm, soldiers and officers of these ranks can still be considered for Appendix 22 in exceptional circumstances if it is considered to be in the interest of the Service.

\textsuperscript{16} Refer to Para 10 for details of the Appendix 22.
78.307. The re-instatement standards for trained officers, including those joining from FTRS, RARO and mobilised service, are as laid down in Table 4. Submissions for officers falling below those standards, and considered desirable to the interests of the service for re-employment, are to be submitted to Pers Pol (A) for approval.

78.308 – 78.400. Reserved.
PART 4 - STANDARDS FOR SOLDIERS

Entry Standards

78.401. Common Army Entry Standard.
   a. The common medical standard for entry into the Army is a minimum of:

   P  U  L  H  E  E  M  S  CP
   2  2  2  2  8  8  2  2  4
   3  6

   Note. Certain Career Employment Groups/Qualifications (CEG/CEQ) within some Arms/Services may require different standards due to role specific requirements. In these cases, written justification has been provided by Regimental / Corps Colonels to Pers Pol (A) in support. Variations from the Common Army Entry Standard are shown in Table 2.

   b. Candidates for entry who are below the normal entry standard may be considered for special enlistment authority by Pers Pol (A)17.

   c. Scheme members. Assuming they have already met the common Army entry standard on acceptance, soldier candidates who undertake any form of bursary, scholarship or higher educational training as part of, or prior to the completion of initial Trade Training must have a JMES of MFD by in-service standards on the completion of their training.

78.402. Regular Soldiers. The minimum medical standards by Arms or Service and employment are given in Table 2.

78.403. Volunteers for the Army Reserve. The minimum medical standards acceptable by Arms and Services are given in Table 2. Soldiers below the standard required for a particular employment may be accepted on the submission of an application for special enlistment authority from the Commanding Officer to Pers Pol (A) via ARITC Occ Med, provided that:

   a. On enlistment, they are provided with an official medical grading and safeguard by an appropriate Appendix 9.

   b. Specific guidance from ARITC Occ Med18 and Pers Pol (A) is complied with.

78.404. Regular Reserve. The minimum standard for entry on transfer to the Reserve is the same standard as for retention.

Retention Standards

During Basic and Initial Trade Training in the Army

78.405. From completion of Initial Medical Assessment (IMA), the Joint Medical Employment Standard (JMES) of Medically Fully Deployable (MFD) must be maintained throughout basic and Initial Trade Training. When a SP falls below MFD (see Part 8) and is unlikely to recover in a reasonable time, discharge action is to be considered in accordance with the appropriate paragraph of The Queen’s Regulations for the Army 1975 (QR(Army)). Prior to completion of Initial Trade Training and assignment, a medical assessment is to be carried out (para 78.828). Where this assessment identifies a JMES which is lower than the minimum entry standard for the

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17 Application for Special Enlistment (AF B203), more details at Para 78.839.
18 ARITC OM Consultants and ARITC Spec Nurses within ARITC Occ Med are authorised to give guidance.
Arm or Service, as shown in Table 2, the following action is to be taken:

a. **In Peace.** SP are to be offered the option of a voluntary transfer to another Corps for which they are suitable which, if they elect to transfer and is not possible, may lead to a discharge under **QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements.** For SP who do not elect to transfer and, therefore do not wish to pursue further employment in service, the discharge will be in accordance with **QR(Army) para 9.414 Services No Longer Required.** The Unit can also apply for authority for the SP to move into the Field Army below the medical standard\(^{19}\).

b. **In War or During an Emergency (on Instructions from the Ministry of Defence).** Service personnel are to be compulsorily transferred to another Corps or discharged in accordance with the then current instructions for reallocation.

c. SPs accepted for entry as special cases under **para 78.401b.** must maintain their entry PULHHEEMS medical standard throughout training.

d. Further details are at Part 8.

**After Basic and Initial Trade Training in the Army, or for Retention in the Army Reserve**

**78.406.** Retention standard after Basic and Initial Training, or for retention in the Army Reserve, differs from those still under training and is as such:

a. **Regular soldiers.** If a SP’s PULHHEEMS assessment does not meet the standard (see Table 5) for their Arm or Service and employment, they may be permitted to continue to serve on their current engagement for as long as suitable approved employment is available with the authority of Pers Pol (A) obtained through the APC (through completion of an Appendix 8). They are to be discharged under the provisions of **QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements** on the authority of MS (or **QR(Army) para 9.414 Services No Longer Required** on the authority of Pers Pol (A) where the SP is not willing to transfer and continue their employment), if suitable employment compatible with their assessment cannot be found:

   1. In their own Arm or Corps and employment;
   2. In their own Arm or Corps in another employment;
   3. In another Arm or Corps to which they are willing to transfer;
   4. At extra-regimental employment;

b. Before a case is submitted for discharge, the SP’s PULHHEEMS are to be reassessed, irrespective of the date of their last assessment. The procedure in Part 10 is to be followed.

c. **Army Reserve.**

   1. **Re-Joiners.** Ex-Regular soldiers enlisting into the Army Reserve or Army Reserve personnel currently serving in the Army Reserve or within 12 months of discharge are to comply with the standards laid down in **para 78.406a.** Audiometric tests must be undertaken in accordance with the **AGAI Volume 2, Chapter 77 - Army Hearing Conservation Policy.**

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\(^{19}\) Using the **AF B203A Application for Special Enlistment Authority.**
(2) **Retention.** Provided a volunteer is up to the retention standard of MLD for their Arm or Corps, and suitable employment is available, they are eligible to complete their current engagement.

**Standards for Other Types of Service**

**Standards for Re-Joining for Trained Soldiers and from the Regular Reserve**

78.407. The re-entry standards for trained soldiers, including those joining on, or from, FTRS and mobilised service, are laid down in Table 5. Candidates who are below a deployable standard of MLD or do not meet the standards in Table 5, but whose enlistment is thought to be desirable, can only be accepted subject to Pers Pol (A) approval.

78.408. The PULHHEEMS assessment allotted by the medical authorities at the time application is made to re-join the Colours is to be regarded as a provisional assessment. The Officer Commanding the unit to which the SP first reports is to arrange for their medical examination within six days of reporting. The SP should be assessed and a PULHHEEMS grade and JMES grading allocated. Further guidance is at Part 8.

**Medical Standards for Change of Engagement (QR(Army) 9.078), Promotion and Appointment Boards**

78.409. Normally, medical employment standards will not be considered at boards for changes of engagement (which includes VEng Transfer) or for promotion, but will be considered following a provisional board decision in relation to future employment on a case by case basis. For soldiers, the final authority for all changes of engagement will be the parent MS Branch Colonel. For appointment boards, medical employment standards will be considered as the medical status will have a direct effect on employability. OH and employment advice will be required to accompany any applications in order to inform any board decision.

a. The minimum medical standards normally acceptable are those given by Arms and Employment in Table 5.

b. Soldiers who do not meet the Table 5 standards for MFD or MLD should only be accepted if:

   (1) Suitable approved employment compatible with their assessment is likely to remain available for the duration of the extension or new engagement.

   (2) The candidate is aware that should suitable employment compatible with the PULHHEEMS assessment cease to be available, the Appendix 22 might be initiated.

   (3) The candidate acknowledges in writing the special conditions applied to the extension or change of engagement.

**Standards for Continuance (QR(Army) 9.098 - 9.107)**

78.410. Provided a soldier meets the standard of MLD (see Table 5) for their Arm and suitable employment is available, they may be considered for an initial period of continuance in the Service. The same will apply to any further periods of continuance.

78.411. Any acceptance of a category other than MFD or MLD is subject to Pers Pol (A) approval.
Standards for Compulsory Transfer (QR(Army) 9.229) or Reallocation (QR(Army) 9.232)

78.412. The reallocation or retransfer of a soldier is not to be considered unless their JMES is within the standards contained in AGAI 48.

78.413 – 78.500. Reserved.
PART 5 - RULES FOR THE ASSIGNMENT AND EMPLOYMENT OF OFFICERS AND SOLDIERS

General

78.501. The normal minimum PULHHEEMS assessments for each Joint Medical Employment Standards (JMES) for all employments are given in Table 4 for officers and Table 5 for soldiers.

78.502. The JMES shows the medical limitations on employment, operational deployment and assignment.

78.503. Assignments. Personnel may be assigned to any unit provided they are up to the minimum standard for retention in their Arm or Service and are not restricted by the limitations of their JMES. Personnel below the minimum standard required may only be assigned to another unit on the approval of their Career Manager and new Commanding Officer (CO) or as directed by the Army Employment Board. Regimental / Corps Colonels and Manning Bricks and the CoC are to assist APC Career Managers (CMs) in ensuring that any requirements for a specific post to deploy is clearly annotated against the post to ensure that someone with employment limitations which fall below these requirements is not assigned to that post.

78.504. Specialist Employment. Personnel employed on Special Forces/flying duties must be up to the minimum PULHHEEMS assessment for the appropriate JMES for flying duties as given in Appendix 6, or UKSF given in Table 3. Personnel employed in flying duties may have assignments restricted because of their suitability for certain types of aircraft even though they meet the JMES for flying duties as per Appendix 6. The medical standards for Unmanned Aerial Systems (UAS) operators are defined in Appendix 13 (taken from MAA Regulations which is the authority).

Assignment of Officers and Soldiers

78.505. Assignment authorities are to ensure that SPs are assigned in accordance with the limitations of their JMES (see para 78.503). Warrant Officers and Officers of Captain rank and above are generally more broadly employable because of staff posts available.

78.506. The minimum PULHHEEMS assessments standard for each JMES for all employments in each Arm or Service are given in Tables 4 and 5. SPs who are other than Medically Fully Deployable (MFD) are limited in their employment.

78.507. A CO may apply to retain an officer of Lieutenant rank or below or a soldier of SSgt or below with a JMES below the retention standard for their Arm or Service. He/she is to apply for authority to retain the SP from Pers Pol (A) through the appropriate CMs using the form at Appendix 8 with a current Appendix 9 attached. Appendix 8s are to be reviewed annually but Pers Pol (A) may grant extensions to this period under exceptional circumstances.

78.508. Should a CO not wish to retain an officer or soldier with a JMES below the minimum standard for their present employment, they are to follow the process outlined in Part 10. For SPs below the minimum standard required by their Arm or Service and who wish to be retained, the process is slightly different and is described in Parts 10 and 12.

78.509. SPs whose JMES is below the minimum retention standard for their Corps and who cannot be re-employed though the Appendix 22 are to be dealt with as in paras 78.304-78.406.
Minimum Medical Deployment Standard (MDS) for Deployments

78.510. **General.** Assessments are mandatory for all SP graded Medically Limited Deployability (MLD). The responsibility for the medical advice used in completing the risk assessment of L2 and L3 MLD SP rests with the UMO and for L4 MLD SP with the Regional Operational Health Team (ROHTs) Occ Med Consultant. In all cases the Appendix 26 Deployment Medical Risk Assessment (DMRA) must be completed by the CO of the deploying/losing unit. A copy of Appendixes 9 and 26 must be held by the deployed OF4 Comd for the duration of the deployment to ensure the individual is not employed outside of their authorised remit.

78.511. It should be noted that as the nature of a conflict and the medical facilities available in Theatre (Th) evolve, the minimum permissible JMES for a deployment may also change. Comds must be continuously cognisant of the JMES of those under their Comd.

78.512. **Unit and Formation Deployments.** COs are to determine whether SP with MDS of MLD are fit to deploy. The CO will need to consider the standards laid down in the operational mounting instructions and take advice from the Unit Medical Officer (UMO), and if appropriate, the ROHTs using the Appendix 9 and Unit Health Committee (UHC). An Appendix 26 must be completed by the unit and authorised by the CO, following the below process, before an MLD SP can be deployed:

a. When an SP enters a period of elevated readiness or likely deployability, Section 1 – Role Specific Assessment of the Appendix 26 should be completed by the owning unit (on behalf of the Force Generating HQ, if different).

b. Upon confirmation of a deployment location, Sections 2 – 4 must be completed and endorsed by the CO.

78.513. **Individual Augmentees (IA).** OCE selection letters or ADOC FGensOs will provide the detail and timelines that emphasise responsibilities in providing the appropriate documents, and guidance to the IAs current CoC in the deployment process.

a. **Losing Chain of Command.** The losing unit has the responsibility to ensure that any MLD SP to be deployed as an IA has an up to date Appendix 9, which will cover the duration of their deployment and a completed Appendix 26. The completed Appendices 9 and 26 must be received by APC and Military Training and Mobilisation Centre (Individual) MTMC(I) NLT 28 days after an individual is notified of their deployment.

   (1) Details of the deployed role and environmental conditions can be obtained through APC CM Op Cts cell, or through formation G3/5 to ADOC in the event of a trawl.

   (2) Details of medical infrastructure for the deployment can be obtained through PJHQ J4 Med. Those in an L4 grade must also receive input from DPHC ROHTs OH.

b. **APC/ADOC.** Having reviewed the documents to ensure suitability for deploy in the identified role, APC/ADOC will forward them to PJHQ J3/J4 Med for endorsement.

c. **PJHQ.** J4 Med will consider the Appendix 26 in consultation with J3. If PJHQ J3 accept the SP for deployment to the Th they will ratify Comd endorsement and forward the

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20 even if the deployment is on assignment.
21 This should be reviewed during G/J1 Assurance visits of deployed HQs.
22 As part of any task force or ORBAT held at readiness.
23 APC-CMOps-MSOPCTS-SO2
24 If OCE letters give different timeframe they are to take precedence.
Appendix 26 to the appropriate Comd in Th. A copy of Appendices 9 and 26 should be given to the IA to deploy with.

78.514. If an IA becomes MLD after attending MTMC(I) but prior to deployment and remains liable to deploy in their new grade, the MTMC(I) MO should provide a current Appendix 9 and the MTMC(I) CoC will become responsible for completion of Appendix 26. In this instance, or if the IA is a Reserve without the opportunity to be discussed at a UHCC, OH advice can be sought from APC OH. The IA must provide explicit consent for their DMICP records to be reviewed by APC OH on an Appendix 17.

78.515. Reservists. Regardless of the mechanism for deployment, as part of a Unit and Formation deployment or as an Individual Augmentee, when a Reservist is warned for operations their CoC must submit a copy of both Appendices 9 and 26 to APC CM Ops Mob and MTMC(I) Ops. Without a clear understanding that the DMRA has been completed, no call out notice would be issued.

78.516. Deployment of MND Service Personnel. In exceptional circumstances, MND (P) SP may be deployed subject to an Appendix 26 completed with ROHTs input. The CoC should engage PJHQ J3/4 and where appropriate APC/MTMC(I)25 at the outset, as soon as the SP is aligned to the deployment. Once the deployment has been agreed in principle, the SP may deploy, subject to confirmation that:

a. The agreement of the deploying and Theatre Headquarters that their employment is consistent with their JMES and accompanying functional restrictions and;

b. UMO and ROHTs OM Con is content the SP's medical condition is not likely to deteriorate as a result of a deployment to that theatre and;

c. Suitable medical facilities exist in Th for management of the condition for which the SP has been graded and;

d. An appropriate risk assessment is conducted (in accordance with Appendix 26) outlining the risks and mitigating considerations.

Medical Risk Assessment for Routine Activities

78.517. The principles for medical risk assessments for deployments outlined in paragraph 78.510-78.515 may also apply to more routine activities, including ranges, exercises and courses, for all personnel who are graded MLD or Medically Not Deployable (MND). Normally routine activity including domestic (UK/BFG) deployments, ranges and other such activity conducted at unit's barracks or which are included on an enduring basis on the Units' static Risk to Life (RtL) Register, will not require an Appendix 26. Conversely, activities which are required to be included on a Units' dynamic RtL Register normally will require an Appendix 26. Any activity reliant on a reverse CASEVAC chain will normally fit into this category. The Appendix 9 and appropriate risk assessment is to be used by the unit for all such personnel to plan activities anticipated in the 12 months following a downgrade. Where ambiguity arises regarding the requirement for an Appendix 26, one should be completed.

78.518 – 78.600. Reserved.

25 For IAs.
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PART 6 - DOCUMENTATION

78.601. Responsibility. Commanding Officers (COs) are responsible for ensuring that personnel are referred to medical authorities for assessment or reassessment as required on entering the Army, on completion of Initial Trade Training, during service and before termination of service (see Part 2).

   a. Medical authorities are responsible for:

      (1) Fitness for Work Assessments and notification of results to COs.

      (2) Recording results in the medical record.

   b. COs are responsible for:

      (1) Publishing the results.

      (2) Recording the results in Service records.

   c. All concerned are responsible for ensuring that JMES and PULHHEEMS assessments are treated as OFFICIAL SENSITIVE – PERSONAL and that they are not disclosed to any unauthorised person.

78.602. Notification. Assessments and reassessments, including those showing no change, are to be notified to Officers Commanding (OC) on the form at Appendix 9,10 or 11. If a Full Medical Board recommends discharge on medical grounds, the decision is notified on the form at Appendix 12.

78.603. Recording. Details of all assessments and reassessments, even when no change is notified are to be recorded on at least one of the following as appropriate:

   a. Electronic Personnel Record. All PULHHEEMS assessments are to be entered onto the electronic medical record. Joint Medical Employment Standard (JMES) assessments are to be recorded onto the electronic medical record and will automatically transfer to JPA and PAPMIS. Where electronic systems are not available the appropriate medical and personal documents are to be completed.

   b. Pre-Service and During Training. The Recruiting Group Medical Declaration (RGMD) is to be completed and held by the training unit until completion of Initial Trade Training. They are then retained in the SP’s medical record along with the PHCR check. See Part 8.

   c. FMed 1. This is now only routinely used for the Initial Medical Assessment (IMA) upon commencing Basic Training. The pre-release and final PULHHEEMS and JMES assessments are recorded on the electronic medical record using the appropriate templates. FMed 1 is only used at release when the electronic record is unavailable.

   d. FMed 23. This is used to record all Fitness for Work Assessment (Permanent Downgrading) (FWA(P)) proceedings (for guidance on completion, see the notes at Appendices 1,3 and 4).

   e. Electronic Medical Record. Where electronic medical records are held, assessment,
reassessments and JMES are to be recorded using extant medical board and run-ups templates.

f. **FMed 143.** Used to record details of routine career related PULHHEEMS, JMES, Army Reserve Re-Engagement, etc. The electronic template is to be used where available.

g. **AF B193.** Held by Command/Theatre headquarters, JMES entered.

h. **FMed 133.** This is to be issued at the final medical along with a Defence Medical Information Capability Programme (DMICP) summary printout for onward transmission to the service leaver’s civilian general practitioner.

78.604. **Assessment on Termination of Service.** Before termination of service all Regular and Reserve personnel, including all scheme members (para 78.301) are to be reassessed as follows and the assessment notified, published and recorded as in para 78.603.

a. **Termination of Service on Medical Grounds.** The President of the Medical Board will complete an FMed 23 in line with the following:

   (1) Officers unfit for Service on medical grounds/medically unfit for Service under existing standards will be retired under The Promotions and Appointments Warrant 2009 (PAW 09), Article 196.

   (2) Soldiers unfit for service on medical grounds will be discharged under QR(Army) para 9.386 or 9.387.

   (3) Soldiers medically unfit for service under existing standards will be discharged under QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements.

   (4) Army Reserve Officers unfit for service on medical grounds / medically unfit for service under existing standards will be retired under RLFR para 01.04.180.

   (5) Army Reserve Soldiers unfit for service / medically unfit for service under existing standards will be discharged under RLFR para 01.05.198.

   **Note:** In all cases the SP is to be informed as soon as the decision to invalid them is made.

b. **Termination of Service other than on medical grounds.** COs are to refer personnel to a Medical Officer for assessment:

   (1) **On Normal Termination of Service.**

      (a) **Pre-Release Medical.** This is to be completed no later than eight weeks prior to the date the SP is due to leave the unit, in order to allow newly declared medical conditions to be investigated and/or treated. For units in the UK this is eight weeks before the date on which terminal leave begins, if such leave has been authorised, or discharge. For units overseas, this is eight weeks before returning to a UK unit for commencement of release procedures (e.g. start of resettlement course and/or terminal leave). The Medical Officer will complete the DMICP FMed 143 template using Read Code “Release Medical” and the resultant PULHHEEMS and JMES assessment is to be recorded on the electronic medical record. If the SP has enduring healthcare needs the Medical Officer is to commence transitional planning immediately in writing to the relevant NHS Clinical Commissioning Group for NHS England or Health Board for NHS Scotland, Wales and Northern Ireland. Copies of correspondence are to be
retained in the Service Healthcare Record. This medical is to be carried out in theatre for personnel in units overseas. This is the last opportunity for referral to Full Medical Board in Service.

(b) **Final Medical.** To take place immediately prior to departure on terminal leave, if such leave has been authorised, or discharge.

(c) **Release Overseas.** If being released overseas the Pre-Release Medical is to be completed at least eight weeks prior to the date the SP is due to leave the unit. The Final Medical is to take place immediately prior to departure on terminal leave, if such leave has been authorised, or discharge.

(2) **On Premature Termination of Service.** Following receipt of the authority for termination:

(a) Where there is no alteration to an assessment, the MO is to complete the FMed 1, recording, in appropriate cases, the SP’s fitness for Reserve Service\(^{27}\). This information is then forwarded to the officer commanding.

(b) Where an alteration to the assessment is necessary, a Medical Board is to be convened. The proceedings are to be endorsed ‘Termination of Full Time Service’ and disposed of in the usual manner.

(3) **On Premature Termination of Service During Training.** See Appendix 21.

78.605. **Hospitalisation at the Termination of Service Date.** When a SP, who is entitled to full pay and allowances, including under the provisions of para 78.711, is admitted to hospital, the Unit of the SP is responsible for arranging the medical board that is to be convened in the following circumstances:

a. If in-patient treatment is likely to exceed 28 days (four weeks) duration at the end of the eight-week period.

b. A final medical board will be held four months after admission if in-patient treatment is still required at that date.

c. In other cases, if at the end of in-patient treatment:

   (1) An alteration to the PULHHEEMS assessment shown on the medical record is required.

   (2) The period of in-patient treatment has exceeded eight weeks.

78.606. Boards held under **para 78.605** are to recommend whether the SP should be retired/discharged on medical grounds or by normal administrative procedure.

78.607 – 78.700. Reserved.

\(^{27}\) Presently all SP are recorded by APC as suitable for Reserve Service, regardless of the final JMES. In the case of war or national emergency MES will be reviewed with likelihood to current employability.
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PART 7 - MANAGEMENT OF PERSONNEL WHO ARE ABSENT FROM WORK THROUGH SICKNESS

General

78.701. **Application.** The provisions of this Part 7 apply to all Service Personnel (SP) of the Regular Army and all members of the Reserve Land Forces.

78.702. **Command and Care of the Wounded, Injured and Sick.** AGAI Volume 3 Chapter 99 gives the policy for the management of SP who are absent from work through sickness. The Wounded Injured and Sick Management Information System (WISMIS) is to be used for recording all events, such as visits or the granting of sick leave, during the period that a SP is sick-absent. Medical in Confidence information must not be recorded on WISMIS or PAPMIS. All WIS SP are deemed to be on Recovery Duty unless they are specifically exempt recovery activity on sick leave, on annual leave, Graduated Resettlement Time (GRT), terminal or invaliding leave.

78.703. Any reference in this Part to absence from duty will be assumed to have resulted from sickness or injury and from no other cause.

Applicable Categories

78.704. The following categories will be considered:

a. SP who are not likely to become fit for duty by reason of a disability incurred before entry into the Service.

b. SP who are temporarily unfit.

c. SP who are permanently unfit.

d. SP becoming unfit during terminal leave or otherwise shortly before date of termination of service.

e. SP becoming unexpectedly unfit following Notice To Terminate (NTT) or application for Premature Voluntary Release (PVR).

78.705. Notwithstanding anything stated hereafter, in exceptional cases a SP may have their service terminated prematurely on medical grounds at any time before their due date for termination of service.

Disabilities Incurred Before Entry into the Service

78.706. A SP who, as a result of a disability incurred before entry (regardless if identified following the PSMA), is deemed unlikely to become fit for Service is to have their Service terminated at once following:

a. Examination by a Medical Board or specialist, or admission to hospital or as the immediate result of the initial medical examination held within six days of joining for duty, or;

b. The lowering of medical category for a pre-existing condition, the history of which was denied or not disclosed on the Recruiting Group Medical Declaration (RGMD) Part 1-3 at the pre-service medical examination.
The following provisions are to be used:

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<th>Engagement</th>
<th>Provision</th>
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<tbody>
<tr>
<td>Regular Army Officer</td>
<td>PAW 09 Article 196</td>
</tr>
<tr>
<td>Regular Army Soldier</td>
<td>QR(Army) Para 9.381d</td>
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<tr>
<td>Army Reserve Officer</td>
<td>RLFR 2016 Part 1 Chap 4 Sect 8 Para 760</td>
</tr>
<tr>
<td>Army Reserve Soldier</td>
<td>RLFR 2016 Part 1 Chap 5 Sect 6 Para 624</td>
</tr>
<tr>
<td>Regular Reserve Officers or Soldiers</td>
<td>RLFR 2016 Part 2 Chap 1 Para 02.01.040/042</td>
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**Temporarily Non-Effective**

**78.707.** A SP who is, or is likely to be, unfit all duties for more than 28 days is to be assessed by a medical board, graded L6E5 Temp and an Appendix 10 issued. Sick Leave recommended by the Appendix 10 following the L6E5 Temp grading should be based around the Residence at Work address (unless there is a clear clinical recommendation for an exception – a discussion which should occur at the UHC), enabling the clinical and command chains to support the medically downgraded SP. If the SP is a member of the Regular Army or a Reserve on FTRS(FC) or on mobilised service, the unit must apply via WISMIS to APC Glasgow for the SP to be granted Temporarily Non-Effective (TNE) status. Only a SP who is selected at the Army Recovery Capability Assessment Board (ARCAB) and assigned to a Personnel Recovery Unit (PRU) will be assigned to the Resilience Margin (ReM). A SP may be retained exceptionally in Service beyond a period of 12 months TNE on the authority of Pers Pol (A) provided that, in the opinion of the approved medical authority (FWA(P) or FMB), there is a reasonable prospect that the SP has a clear outcome (either returning to duty or being invalided out of the Regular Army, Army Reserve or Regular Reserve on medical grounds) and also provided that the SP's Regular Army, Army Reserve or earlier Reserve Service Engagement Expiry Date (EED) does not occur within that period (in which case it must normally be put into effect unless covered by paras 78.0711 to 78.0716).

**78.708.** For the purpose of calculating the above mentioned 12-month TNE period all periods of absence from duty due to the same disability will be aggregated, except where there has been a continuous period back to duty of six calendar months or more (in which case the calculation will start again). Periods of absence from duty due to different disabilities are not to be aggregated if they are separated by a period of duty.

**Permanently Unfit**

**78.709.** If at any stage it becomes clear that there is no reasonable prospect of the SP becoming fit for duty invalidating action, which is likely to result in a shortening of their Regular Army or Reserve Service, must be recommended immediately and a FMB convened. The following provisions for invaliding are to be used:

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<tr>
<th>Engagement</th>
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<tbody>
<tr>
<td>Regular Army Officer</td>
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<tr>
<td>Regular Army Soldier</td>
<td>QR(Army) Para 9.385-7</td>
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<td>RLFR 2016 Part 1 Chap 4 Sect 8 Para 760</td>
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</tr>
<tr>
<td>Regular Reserve Officers or Soldier</td>
<td>RLFR 2016 Part 2 Chap 1 Para 02.01.040/042</td>
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**78.710.** Where the FMB has graded a SP L6E5 MND(P) medically unfit for service, they may recommend a deferral to the Last Day of Service (LDoS) which in the majority of cases will be

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28 The SP is under the authority of their parent unit and the leave is granted on CoC authority.

29 In extremis, with the agreement of AH Manning, Pers Pol (A) discretion may be shown to allow the TNE period to run to the SPs normal retirement date or end of engagement.
earlier than their pre-medical retirement/discharge EED. The LDoS deferral is calculated from the date that the FMB recommendation arrives and is actioned at OH APC. Where the SP requires access to DMS Healthcare facilities and treatment and no comparable treatment can be achieved on the NHS, APC SO1 OH is authorised\(^{30}\) to award a later EED providing it is not later than their pre-medical retirement/discharge EED and does not exceed the recommendation of the Appendix 12. In rare cases there may the requirement for a medical extension in service (see Part 10) if the factors articulated at \textbf{para 78.1040} are met.

\section*{Becoming UNFIT Shortly Before Termination of Service}

\textbf{78.711. Leave.} JSP 760 Chapter 19 does not allow Service to be extended to take unused Annual Leave. This must include Annual Leave lost through sickness (or other reasons) prior to the start of Terminal Leave. SP on Terminal Leave can no longer take Sick Leave (see \textbf{para 78.716g}).

\textbf{78.712. In-Patients.}

\begin{itemize}
\item[a.] For the purposes of this Part, 'inpatient treatment' is defined as:
\begin{itemize}
\item[(1)] SP undergoing treatment, including courses of intensive rehabilitation\(^{31}\), which necessitate retention in hospital.
\item[(2)] SP granted periods of sick leave between successive stages of in-patient treatment or courses of intensive rehabilitation, for example two-stage surgical operations or DMRC care.
\item[(3)] It will not include SP who may eventually require further in-hospital treatment, but for whom such treatment cannot be immediately and affirmatively diagnosed as necessary.
\end{itemize}
\item[b.] SP who are in-patients immediately prior to or during their entitled Terminal Leave (some types of Reserve Service do not have an entitlement for Terminal Leave) shall have their Terminal Leave suspended and resumed on the day they cease to be an in-patient. If they are an in-patient for 5 months from their last day at duty, noting that GRT counts as duty, their EED will be set at the 12-month point. SP who are being invalided out of the Regular Army, Army Reserve or Regular Reserve, or a SP whose service is being ended for special reasons\(^{32}\), will not have their Terminal Leave suspended if they are an in-patient.
\end{itemize}

\textbf{78.713. Graduated Resettlement Time (GRT).} If a member of the Regular Army, Army Reserve or Reserve Service has GRT which has not been taken at their EED, and they are fit to take it, an application can be made for their service to be extended by the number of working days of GRT that were lost through sickness. If at their EED they are not fit to take this GRT or they wish to use all or some of it at a later date rather than have their Service extended, they may apply through resettlement channels for Post Discharge Resettlement (PDR) in accordance with JSP 534. If the SP’s disability endures, PDR in some cases can be transferred to a spouse or dependant.

\begin{footnotesize}
\footnote{In consultation with the appropriate Pers Pol (A) Policy desk.}
\footnote{Exclusive of RRU treatment courses.}
\footnote{Special reasons include retirement/discharge on administrative and disciplinary grounds, which may take precedence over medical retirements/discharges, QR(Army) Para 9.379g refers for Regular Army soldiers.}
\end{footnotesize}
Definition of Medical Absence Categories

78.714. Absence on Medical Grounds includes three types of absence, all of which are Recovery Duties and defined in JSP 760 Part 1; Sick Leave, Hospital Inpatient Leave and Hospital Sick Leave. Sick leave is notably distinct from Light Duties – Unfit for Work, see para 78.115.

Sick Leave Criteria

78.715. Sick Leave on Medical Grounds (a medical absence and recovery duty) is an authorised period of absence in addition to the Individual Leave Allowance (ILA) to allow Service personnel the opportunity to rest or receive treatment for an illness or injury. Sick Leave does not excuse a SP from clinical, medical, rehabilitation appointments or other recovery activities, which should continue to be conducted during a period of convalescence, in line with clinical direction and the Individual Recovery Pathway (IRP).

78.716. Sick leave is permissible only when the following conditions are fulfilled:

a. The SP is unfit for military duty.

b. The SP is in or attending hospital, or is under the care of a medical officer or specialist and requires sick leave before return to military duty.

c. The disability is unlikely to be aggravated and direct medical supervision is not necessary.

d. The SP can continue to conduct directed recovery activity.

e. The SP can attend clinical and medical appointments scheduled over their period of sick leave.

f. The SP is not assessed as unfit for further service; and

g. It is not additional to normal terminal leave.

78.717. Sick leave is not to be granted to a SP who:

a. Has been assessed as medically unfit for service.

b. Has been assessed temporarily unfit, when no further in-patient treatment is required and he/she is due a routine termination of service (not medical discharge).

78.718. Granting Sick Leave. In addition to the personnel listed at JSP 760 Part 1, the authority to grant absence on medical grounds also extends to Unit COs (inc PRU COs) after liaison with the SP’s unit medical staff, on the recommendation of a civilian clinician. JSP 760 Part 1 details the process that must be undertaken when granting Sick Leave, in all instances the CoC is to be informed by all parties as soon as possible.

Leave Allowances

78.719. General. A SP who is being medically retired or discharged is to be granted 20 working days Invaliding Leave (IL) plus the appropriate Terminal Leave (TL) as defined by JSP

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33 QR(Army), paragraph 9.385-9.387.
760\textsuperscript{35}, both are to be recorded on JPA. Additionally, a SP is to be granted the balance of any outstanding Individual Leave Allowance (ILA) in accordance with their JPA record if it does not extend beyond their medical retirement/discharge EED. ILA is still to be recorded on JPA, accounting for Unit Stand-down periods and leave from recovery activity.

78.720. Medical Discharge leave entitlements. Leave is to be reckoned from the date on which the SP is officially notified of the decision that they are to be invalided, the first day of leave being fixed by the APC. The date of medical retirement/discharge is as notified by the APC and is calculated having considered the balance of any entitlement to GRT, IL and TL. Whilst these entitlements form part of the APC calculation (when setting the Last Day or Service (LDoS), they do not run sequentially.

78.721. Terminal Leave. A SP may be granted five working days TL if their service is to be terminated on medical grounds, because of a disability incurred before entry and which becomes evident during in-service medical examination. The SP will not be entitled to TL if the disability incurred before entry and was not disclosed at the time at which it lowers the SP’s medical grading.

78.722. Personnel whose Repatriation Overseas has been Approved. A SP who is to be invalided and whose repatriation to their home country has been approved is to be retained on full pay until the date of disembarkation in their home country (provided that embarkation to that country takes place at the first available opportunity) and for the periods of IL and TL admissible thereafter. This may involve the continuance of pay beyond the appropriate period specified in para 78.707, or beyond the normal date for termination of service. If, however, the SP is currently residing in their country of domicile, or has elected to remain in the country in which they are located at the date when the decision to invalid is taken, pay is not issuable beyond the appropriate period specified in paras 78.711 and 78.724e.

78.723. Service Personnel sentenced to a period of detention at MCTC. In cases where a SP has been sentenced to, or is likely to be sentenced to, a period of detention at MCTC the following factors need to be taken into consideration:

a. All SP must have an in date medical grade.

b. SP graded medically unfit for Service L6E5 can be admitted to MCTC.

c. If a SP who is graded medically unfit for duty and under medical care L6E5 or medically unfit for Service L6E5 is being charged with an offence that could lead to a period of detention, then the unit MO is to liaise with the MCTC medical centre in advance of the case being considered to ensure that continuity of care can be provided should a sentence of detention be awarded.

d. All SP must be seen on arrival by the health team at MCTC who will provide medical advice to the CoC to ensure that the SP is managed and risk assessed in accordance with their limitations.

e. IL and TL are not admissible in the case of a SP discharged on medical grounds while serving a sentence of imprisonment.

78.724. Service Personnel sentenced to a period of detention in a civilian prison. In cases where a SP has been sentenced to, or is likely to be sentenced to, a period of detention at a civilian prison the following factors need to be taken into consideration:

a. Where the SP is released on bail every attempt should be made to confirm an in date

\textsuperscript{35} Normally 20 working days, at the rate of 1 day for each month of reckonable service to a maximum of 20 days, provided they have completed a minimum of 6 months service.
medical grade, prior to sentencing.

b. Where the SP has been held on remand until their court date, the CoC and UMO are to contact the HMP medical chain to establish a retrospective medical grade for administrative discharge, and ensure the continuation of appropriate medical care.

78.725 – 78.800. Reserved.
PART 8 - THE MEDICAL ASSESSMENT STANDARDS OF ARMY CANDIDATES FOR RECRUITMENT AND TRAINING

Introduction

78.801. Headquarters Army Recruiting and Initial Training Command (HQ ARITC) is responsible for the pre-employment medical assessment of candidates for enlistment and commissioning and the award of an initial Joint Medical Employment Standards (JMES), as well as the management of individuals through their Basic Training (BT)\(^\text{36}\). Land Warfare Centre (LWC) is responsible for individuals in Initial Trade Training (ITT). The Occupational Medicine (OM) Department of HQ ARITC (HQ ARITC Occ Med) provides medical advice regarding the implementation of standards at all stages of selection and throughout training. The National Recruiting Centre (NRC), through Recruiting Branch (RB), is responsible for the administration and assurance of the Assessment Centres (AC) and ARITC for administration of the Army Officer Selection Board (AOSB).

78.802. This Part 8 describes the procedures to be used for the medical assessment of candidates prior to enlistment or commission and during Basic Training and subsequent Initial Trade Training.

General

78.803. The Medical Employment Standards on Entry are common for all \textit{ab initio} (external from the beginning) candidates, (officers and soldiers [Junior Entry and Standard Entry], Regular and Reserve\(^\text{37}\)).

Medical Administrative Process for Pre-Employment Assessment

78.804. Online Medical Questionnaire (OMQ). In all \textit{ab initio} cases, applications are initiated by the candidates online. The candidate is required to complete the OMQ, to confirm that they do not have any of the major disqualifying medical conditions listed. This list is not exhaustive but acts as a useful preliminary filter.

78.805. Recruiting Group Medical Declaration (RGMD). This is a health declaration which includes optometrist, dentist and General Practitioner’s (GP) reports intended for pre-employment screening for Regular officers, Reserve officers and soldiers, including UOTC\(^\text{38}\). RGMDs for re-joins are to be submitted to NRC Chief Medical Officer.

78.806. Copy of Primary Healthcare Record (PHCR). Successful candidates will be asked to consent to their GP providing a copy of their entire PHCR to inform the medical screening processes up to and including the Initial Medical Assessment (IMA), to ensure continuity of primary care on joining. Candidates applications will be unable to progress without this consent. Candidates will also be requested to compete a dental and eye-sight proforma to ensure they meet the published standards.

78.807. RGMD/PHCR Review. The completed RGMDs and PHCRs (including any specialist reports and/or previous service medical records) are reviewed by medical examiners for pre-service medical screening purposes. Successful candidates are to be called forward for Pre-Service Medical Assessment (PSMA). Other candidates may be deferred or rejected at this stage. In cases of deferral, medical examiners may seek clarification from the candidate, the candidate’s GP or other agencies. Liaison with HQ ARITC Occupational Medicine (OM) may be required. The

\(^{36}\) Including Combined Infantry Course.

\(^{37}\) Applies to all Army Reserve applicants including Group B.

\(^{38}\) For OFs thr RGMD is known as the RMAS Form 01
RGMD must have been completed in the 12 months preceding the PSMA (from the date of GP signature).

78.808. **Pre-Service Medical Assessment (PSMA).** The PSMA will be conducted in accordance with JSP 950 Medical Policy Part 1 Leaflet 6-7-7 Joint Service Manual of Medical Fitness. The result is recorded in the candidate's medical record and the employer informed of the outcome. The PULHHEEMS award is not to be disclosed but, with the candidate's consent, qualities for hearing (HH), visual acuity (EE) and Colour Perception (CP) may be disclosed to the employer to ensure eligibility for their chosen CEG. The medical examiner must determine whether candidates may undertake the physical components of the military selection tests that follow the PSMA. Pregnant candidates are not to undertake the physical selection tests. The validity of the PSMA is 12 months prior to commencing BT.

Candidates discovered to be pregnant at selection are not to undertake physical tests. The result is recorded in the candidate's medical record and the employer informed of the pregnancy. The medical examiner must determine whether candidates graded MND may undertake the physical components of the military selection tests that follow the PSMA. The PSMA for Gurkha recruits is conducted in Nepal. Candidates must be declared fit to perform the Gurkha Role Fitness Test (Entry) (Pass – (FIT)). The JMES normally necessary for an untrained individual to enter the Army. Certain categories of candidate who fall below entry standards but who recruiters wish to be considered as special cases by Pers Pol (A) must be applied for on an AFB 203 (see para 78.825).

b. **Probationary Pass – (Temporarily Medically UNFIT).** Only to be used for candidates and Scheme Members considered to be temporarily unfit but likely to meet entry standards in time to commence Basic Training (see para 78.812) where a permanent decision on fitness has not been established. These may be graded MND (Temporary) with the annotation that they are considered fit for the award of a scholarship / bursary subject to annual medical review.

c. **Defer – (Temporarily Medically UNFIT).** Candidates considered temporarily unfit (for example those who require a specialist opinion or time to recover fitness from illness or injury, or pregnancy) are to be graded MND (Temp) until a final decision is made. The examining MO must determine whether candidates graded MND may undertake the physical components of military selection tests that follow the pre-employment medical examination. Candidates discovered to be pregnant at selection are not to undertake physical tests.

d. **Fail – (Permanently Medically UNFIT).** Candidates found to be medically UNFIT for service in accordance with the standards laid down in JSP 950 Medical Policy Part 1 Leaflet 6-7-7 Joint Service Manual of Medical Fitness are graded MND Permanent. They do not require a further assessment by a second medical examiner.

e. **Pass – MFD/MLD/MND (FIT to retention standards).** This grading should be used for re-joiners only. Retention standards must be met.

78.809. **Soldier Candidates for the Regular Army.** Candidates graded MFD are fit for attestation and may be allocated a place on a Basic Training course. The AC military selection staff are to ensure that the candidate meets the standards required of their chosen CEG/CEQ. Selection medical staff send pre-employment screening records to the NRC for forwarding to the SMO of the Basic Training unit at least ten working days prior to the Candidate's start date.

78.810. **Candidates for the Brigade of Gurkhas.** The PSMA for Gurkha recruits is conducted in Nepal. Candidates must be declared fit to perform the Gurkha Role Fitness Test (Entry)
(RFT(E)) assessment. Candidates graded PASS are fit for attestation (which itself is conducted in Nepal) and may start Basic Training on arrival in the UK. Gurkha recruits do not require an IMA provided they enter the Infantry Training Centre within three months of their PSMA.

78.811. Officer Candidates for Direct Entry to RMAS. Candidates for direct entry\(^42\) to the Commissioning Course (CC) are normally administered by Recruiting Group (RG) who initiate the pre-employment medical assessment process:

a. Army Officers Selection Board (AOSB). For successful Candidates, following PSMA and AOSB, RG will forward the RGMD, PSMA record and PHCR to SMO RMAS at least ten working days prior to Pre-Commissioning Course Briefing Course (PCCBC). The successful Candidate is called forward to PCCBC.

b. Pre-Commissioning Course Briefing Course (PCCBC) Medical. Some Candidates successful at AOSB will undergo a second pre-employment examination at RMAS (around three months before the start of the CC). Candidates are to be graded in accordance with 78.808, and must be declared FIT to proceed. SMO RMAS has responsibility for all aspects of the administration of the PCCBC medical with the exception of referrals and appeals which are directed back to SMO AC Westbury. The PCCBC medical is accepted as the IMA, with the caveat that the candidate completes a self-declaration to confirm no change in their medical status at the commencement of the CC. Where the candidate has not attended PCCBC, the IMA is undertaken on arrival for the CC, prior to attestation.

c. Serving Candidates. Serving (Regular and Reserve) candidates applying for commission are to refer to para 78.203 and those who are to undertake AOSB or the Commissioning Course/Commissioning Course Short require an in date medical for attendance (Reservists attending the Combined Commissioning course Mod C and Mod D must have an in date medical). They are to undertake a stage four medical assessment at a DPHC facility, in accordance with JSP 950, Lft 1-2-12. Reserve candidates are to obtain GP records, iaw 2017DIN-096.

78.812. Defence Sixth Form College (Welbeck), Scholars and Bursars (including Defence Technical Undergraduate Scheme (DTUS)). The PSMA procedure for these candidates is as described in para 78.803 to 78.809. When medical fitness at the time of the CC cannot be accurately predicted\(^43\) but an eventual grade of MFD is expected, candidates may be graded Probationary Pass – MND (Temporarily Medically UNFIT) (as per para 78.808b)\(^44\). To ensure ongoing fitness, all of the above are required to have completed an RGMD annually. Completed RGMDs are to be submitted to AC (Westbury) who will grade individuals in accordance with para 78.808 and inform the relevant sponsoring RHQs. Completed RGMDs form part of an ongoing occupational health record and are to be retained within RG as part of the individual's Service medical record. Cases where eventual fitness to train or serve in the grade of MFD is in doubt they are to be discussed with ARITC OCC MED. Individuals that are UNFIT to continue as scholars or bursars are to be recorded on an FMed 23 by AC (Westbury) which is to be ratified by HQ ARITC Occ Med, who will write to the candidate informing them of the decision.

78.813. Professionally Qualified Officers (PQOs). PQOs are recruited by procedures determined by their Corps or Department, typically commissioned on ‘probation’ and administered by their Corps during this period. RGMD is conducted in accordance with para 78.803-78.808 above. Prior to the start of the RMAS PQO CC, all PQOs are to undergo an IMA, normally at PCCBC\(^45\).

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\(^42\) In this context, the term “direct entry” refers to candidates who are selected at AOSB to attend the Commissioning Course in contrast to scholars (see para 78.814).

\(^43\) Examples include lower limb “growing pains” that would preclude declaration of fitness for the commissioning course at the time of examination (e.g. at age 16) but are likely to resolve as the candidate matures.

\(^44\) Potential medical and dental cadets must be graded MFD.

\(^45\) For further details of the PQQ recruitment pipeline see The Army Commissioning Regulations.
78.814. Specialist Reserve Officers (SROs) and Specialist Reserve Other Ranks (SRORs/SRSs). Procedures for the enlistment of Specialist Reserves are published in 2018DIN01-135.

78.815. Officer Reinstatements. Procedures for the medical assessment of officers wishing to reinstate their commission are found in The Army Commissioning Regulations 2017. Only OFs re-instate, ORs re-join.

78.816. Re-joiners to the Regular Army. The terms ‘re-join’ or ‘re-joiner’ means the re-enlistment or re-joining of trained ex-Regular personnel who have left Regular service and wish to return to the Regular Army. The terms replace previous terminology used; ‘re-employment’ and ‘trained re-enlist’. Procedures for re-enlisters and re-joiners to the Regular Army are published in 2017DIN01-105.

78.817. Re-joiners to the Army Reserve and Army Reserve Re-Engagement. Procedures for re-joiners to the Army Reserve are published in 2015DIN01-157 and 2017DIN07-022. When a member of the Army Reserve applies to re-engage within 12 months of the cessation of their former Army Reserve engagement, they may do so on their former JMES, where the in-service retention standard for their CEG was met. If they re-engage after 12 months they are to be medically examined.

78.818. Transfer from Regular Service to Reserve Service. Procedures for Regulars to join the Army Reserve are published in 2015DIN01-157. Policy on transfer to the Army Reserve can be found in 2017DIN01-106.

78.819. Transfer from Reserve Service to Regular Service. Procedures for Reservists to join the Regular Army are published in 2014DIN01-213.

78.820. Soldiers Discharged from the Army as Temperamentally Unsuitable for Army Service under QR(Army) 9.414 Services No Longer Required wishing to re-join. A prerequisite to the PSMA is confirmation of temperamental suitability. Temperamental suitability must be assessed by a Single Service Occupational Physician (SSOP) unless on discharge the SP has an associated mental health condition, in which case he/she must be assessed by a consultant psychiatrist at a Defence Primary Health Care (DPHC) Department of Community Mental Health (DCMH) centre which will be routinely arranged by NRC. If temperamental suitability is confirmed the candidate must undergo the full PSMA as described in Paras 78.803-78.809.

78.821. AGC Military Provost Guard Service (MPGS). MPGS candidates are normally either serving personnel or those who will have left the Service. In exceptional circumstances where there is a specific Service requirement, recruits may be sought who have no prior military experience. Further information can be found in AGAI 40 – Recruitment Policy and 2014DIN01-213.

78.822. Ab Initio Soldier candidates to the Army Reserve. Candidates are to undergo the full PSMA as described in para 78.803-78.808. Candidates must be declared fit to perform the Role Fit Assessment – Entry (RFT-E). Candidates graded PASS are fit for attestation but may not commence training until the medical screening process is complete. Basic Training must commence within one year of the medical screening process. The AC selection staff are to ensure that the candidate meets the standards required of the chosen CEG/CEQ.

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46 As announced by CGS on 28 Jun 16, personnel who have successfully completed Regular Army Basic (Phase 1) training are to be considered ‘trained strength’ (ACIN 25/16).

47 All candidates graded MFD A41M4E1 by entry standards may attempt RFT-E (formerly Physical Selection Standards (Recruit Reserve) (PSS(RR))). Those that do not meet this standard (prior to referral or deferral) may undertake RFT-E at the discretion of the examining MO.
78.823. Serving Army Reserve soldiers applying for a Commission in the Army Reserve. Army Reserve officer candidates who have spent a period of time in the ranks will have been subject to the procedures outlined in para 78.819. Upon commissioning the validity of their recorded JMES is to be confirmed (see para 78.301). Candidates for commission directly into the Army Reserve are to undergo the full pre-employment medical assessment as described in Paras 78.803-78.809 and 78.203.

78.824. Appeals. The Appeals process is detailed in Appendix 19. ARITC is responsible for all appeals concerning selection and training. SHA(A) is the final authority for any appeals against published medical standards. Where practicable, appeals should be considered in the first instance by the Medical Officer or Board that made the original decision.

Application for Special Enlistment

78.825. AF B203 Application for Special Enlistment. Candidates will require medical assessment to consider fitness to undertake physical selection tasks or be waived of this requirement. Where a candidate does not meet the pre-employment standards of A4L1M4E2 MFD but, their Arm or Service wishes to sponsor the candidate’s employment on an executive waiver due to exceptional qualities (Knowledge, Skills and/or Experience), an application for special enlistment can be submitted. The process for special enlistment is directed by AGAI 40 – Recruitment Policy. At IMA, the MedLim 1302 ‘Enlisted Below Entry Standards’ MUST be recorded on the candidates DMICP record along with a copy of the AF B203 by the conducting physician. An approved AF B203 will only remain valid for 12 months from the date of approval, candidates must be enlisted or attested by this time.

Medical Administrative Processes for Assessment During Training

78.826. General. Throughout BT and ITT, both Regular and Army Reserve soldiers and Officer Cadets (OCdts) must retain the in-service standard of A4L1M4E2 MFD as a minimum. Personnel may not remain in training if they fall below this standard and their prognosis indicates that recovery within 84 days is very unlikely, preventing completion of all training objectives and pass out of training at the in-service standard of MFD A4L1M4E2.

78.827. Initial Medical Assessment (IMA). This assessment is to be conducted within the first 2 weeks (usually in the first week) of starting Basic Training to confirm the individual’s fitness to commence training. The minimum medical data set (MMDS) that must be available in all cases is the RGMD, an in-date PSMA and a copy of the full PHCR (not required for AR). Without this MMDS, the IMA cannot be conducted and must be deferred until such times as it is available. 08/13 DPHC Guidance on MMDS for conduct of IMA at ARITCs provides specific guidance on circumstances where PHCR and RGMD may not be available, such as Foreign and Commonwealth candidates.

a. Soldiers under Training (SuT) and RMAS OCdts. All candidates are to undergo an IMA to ensure they meet the entry standard. Potential Officers will usually undergo IMA at PCCBC. Repeat physical examination may be required at the discretion of the examining MO. The pre-employment PULHHEEMS grade is confirmed and the MO’s assessment (FIT

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48. AF B203 applications for Group D specialist applicants require that the RGMD/PSMA is in-date by 24 as these specialists are enlisted on a 12 month probationary period which facilitates the opportunity for any new medical or exacerbation of previous medical conditions to be declared/assessed and if required, medically managed out of Service. ARITC Occupational Health will assess on a case by case basis may still request either an updated RGMD or PSMA if there is a clinical requirement prior to submission of an AF B203 section 5 (medical) to Pers Pol.

49. OCdts include those undertaking academic training, e.g. under the Defence Technical Undergraduate Scheme (DTUS).

50. JSP 950 Part 1 Leaflet 6-7-7 Section 5

51. JSP 950 Part 1 Leaflet 6-7-7 Section 5
TO TRAIN) entered into the DMICP medical records. At the discretion of the Training Unit CO, individuals who are not fit to start training\textsuperscript{52} may be retained for further investigation, remedial treatment\textsuperscript{53} or discharged. The PHCR is to be summarised on DMICP and all other pre-service medical screening documentation is to be retained in the electronic healthcare record in accordance with DPHC medical records management policy; DPHC Handbook Guidance Number 16: Summarisation and Scrutiny of Medical Records.

b. **IMA failure within the first 2 weeks of service.** Where IMA failure occurs in the first 2 weeks of service the AF B204 is to be initiated appein place of the Appendix 21. The AF B204 ensures the swift admiration of QR(Army) para 9.381 Defective in Enlistment. The AF B204 is to be filled out by the UMO following an IMA failure and sent to ARITC Occ Med for ratification with electronic copy sent to the CoC to ensure they are aware of the IMA failure and are therefore able to appropriately support the SP from a duty of care/administrative perspective. Once ratified, ARITC Occ Med then send the AF B204 to the Unit and completion of the form by the Unit CO is sufficient authorisation for the SP’s administrative discharge (AF B130 is not required in addition to the AF B204).

c. **Army Reserve Recruits and Officers.** Army Reserve recruits and officers undertake modular BT and ITT. After BT, it is not logistically possible to medically examine SP at the start of each element. Training organisations therefore provide personnel with a form, as part of course joining instructions, outlining the nature of activities to be undertaken during each course together with a self-declaration of fitness to be signed and returned to the course administrators.

78.828. **Service Medical Examination (SME) and award of JMES.**

a. **SuT and OCdts.** Prior to completion of ITT\textsuperscript{54}, a Stage Two ‘confirmation of JMES’ Medical Assessment (JSP 950 ft 1-2-12) must confirm that SuT and 2Lts completing their Young Officers’ courses meet the minimum medical standards for entry to the Field Army contained in Tables 1 / 2\textsuperscript{55} as assessed by in-service standards. Where there is doubt, a Stage Two Medical Assessment can be escalated to a Stage Three ‘MO confirmation of JMES’ and then repeat physical examination may be required at the discretion of the examining MO. This process also applies to transferees conducting Initial Trade Training on transfer.

b. **Army Reserve Recruits and Officers.** SME is not required. Army Reserve personnel will be medically examined to confirm their JMES prior to mobilisation at MTMC(I). Reservist recruits who are below the minimum in-service medical standard required for their Arm or Service are to be discharged in accordance with RLFR, Part 1, Chapter 5, Para 198.

**Medical Board Procedures for Regular Army Personnel Under Training**

78.829. **Introduction.** Having passed an IMA, if a SuT or OCdt is unable to meet the in-service standard of MFD A4L1M4E2 they are to be assessed by a FWA, and, where below the standard of any Arm, discharged. The FWA is to comply with the instructions set out in JSP 950 Part 1 Leaflet 6-7-7. The ARITC OCC MED Consultant has responsibility for ratification of all FWAs conducted on personnel under training that lead to transfer of discharge action. Prior discussion with ARITC OCC MED is recommended especially if there is a likelihood of appeal against discharge.

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\textsuperscript{52} Including probaibonary passes from PSMA.

\textsuperscript{53} Weight management course for example

\textsuperscript{54} If there is more than one sub-phase of Initial Trade Training (e.g. RE), the Service Medical Examination is to be performed at the end of the second sub-phase. This also applies to Gurkhas who complete ITC Catterick and go on to a subsequent initial trade course.

\textsuperscript{55} In exceptional circumstances authority can be granted by Pers Pol (A) for an individual to move into the Field Army below the minimum medical standard. Applications are to be made on an AFB203A
78.830. **Award of P Grade and JMES.** Individuals are to be graded in accordance with the guidance at Table 6. MOs should also consider the likely duration of the grade and any likely restrictions required and note these on the FMED 23. When considering a Temporary or Permanent marker, the approach at **para 78.112** applies. If it is considered that the individual does not meet the criteria of L5E5, the case is to be discussed with HQ ARITC Occ Med to consider whether a Full Medical Board (FMB) needs to be arranged to consider **Medically Unfit For Service L6E5.** Temporary changes to the S grade may be initiated by the MO. Permanent changes to the S grade require the recommendation of a Consultant Psychiatrist at a DPHC DCMH\(^{36}\).

78.831. **Medically Unfit for Service (L6E5 / P8) Discharges.** The majority of discharges of trainees for medical reasons are authorised by QR(Army) **para 9.381 Defective in Enlistment or para 9.385 Ceasing to Fulfil Army Medical Requirements.** Occasionally, a trainee will become medically unfit for any form of Army service and is likely to remain so permanently. In these rare cases, **medically unfit for service (P8) medical discharge is appropriate under QR(Army) para 9.386 / 7 Ceasing to Fulfil Army Medical Requirements (Temp/Perm).** The process differs from discharge under QR(Army) paragraph 9.381 Defective in Enlistment and 9.385 Ceasing to Fulfil Army Medical Requirements, because the discharge must be recommended by a FMB. The HQ ARITC Occ Med consultant has authority to convene a FMB to consider recommendations for **medically unfit for service (P8) discharge.**

78.832. **Initiating Transfer or Discharge Action.** For all Basic Training cases an Appendix 21 is to be completed using PAPMIS (SP at Initial Trade Training are transferred through Appendix 22). The Appendix 21 is an administrative form and must not include any medical details. Once the application for discharge has been made, unit commanders are responsible for ensuring that the administrative processes and required timelines are adhered to.

78.833. **Pregnant Personnel.** SuT and OCdts who are pregnant may not be medically discharged on the grounds of pregnancy. They are to be graded MND A4L5M4E6, on RtW new mothers\(^{57}\) are to be graded MLD(T) L4E4 during their RtW Medical, for a period of 6 months from their RtW date and the CoC given appropriate advice regarding restriction of their employment, where possible continuation of an appropriate level of training should be permitted. Pregnant personnel with other medical conditions, unrelated to their pregnancy, may be considered for medical discharge, see **para 78.1002.** In such cases advice should be sought from HQ ARITC Occ Med. The Pregnancy and Maternity in the British Army Servicewomen’s and Unit Guides give direction on further considerations for the CoC.

78.834. **P Grade of SuT / OCdts Electing to Discharge As Of Right (DAOR) or discharge for any other reason.** All are to undergo a discharge medical with the award of JMES. The examining MO should consider whether a medical discharge might be more appropriate and discussion with HQ ARITC Occ Med is advised.

**Medical Board Procedures for Army Reserve Personnel Under Training**

78.835. Medical Board procedures for Army Reserve personnel under training are identical to those for Regular Army personnel with the exception that the authority for discharge is either RLFR, Part 1, Chapter 5, Para 208 (Defect in Enlistment Procedure) or Para 199 (ceasing to fulfil Army medical requirements, that is permanently unfit for any form of Army Service).

**Permissible Downgrading Timelines**

\(^{36}\) This must be iaw with JSP 950 Medical Policy Part 1 Leaflet 6-7-7 Joint Service Manual of Medical Fitness Section 5 Annex L Para 6

\(^{57}\) Including those who have experienced perinatal death or stillborn issue.
78.836. Individuals under training may be considered for transfer to a more appropriate CEG or discharge at different stages depending on their progression through the training pipeline\textsuperscript{58}. If discharge is recommended, the Appendix 21 for SP in Basic Training (Appendix 22 is to be used for SP in Initial Trade Training and those who have progressed beyond Initial Trade Training and its completion is detailed in Part 10 of this AGAI) is to be followed except in cases where medically unfit for service L6E5 Perm (previously known as ‘P8’) recommendation would be appropriate\textsuperscript{59}.

\begin{itemize}
\item[a.] \textbf{Basic Training.} Individuals who have passed the IMA and present with a medical condition that requires limited duties for a consecutive period exceeding 28 days will be downgraded at a FWA(T) or, by exception, a FWA(P)\textsuperscript{60}, this rule is to be robustly applied at Basic Training establishments. When 56 days have expired in the TJMES (making a total of 84 days), or if from the outset it is anticipated that the period of TJMES will exceed 56 days, the Appendix 21 discharge process is to be initiated. All trainees with a TJMES will be subject to Unit Health Committees (UHCs) which is to be recorded in their PAPMIS record (with notification of each case to HQ ARITC Occ Med). Private Health Care Initiative (PHCI) funds may be provided to hasten the recovery or diagnosis. The Appendix 21 discharge process must be initiated once it is apparent that the individual will not meet those recovery timelines. In exceptional circumstances where the UHC and ARITC Occ Med agree that an individual is likely to return to an MFD and complete the training (supported by the CO), the SP may be retained in the TJMES for a maximum period of 6 months from the date of downgrading before the reallocation or Appendix 21 must be initiated. Cases for extension in the unit on TJMES beyond the maximum 6-month period must be staffed by the unit CO to Workforce Policy, Pers Pol (A).

\item[b.] \textbf{Progression from Basic Training and Initial Trade Training.} Individuals in Basic Training on limited duties or TJMES who have completed all training objectives may progress to Initial Trade Training where the MO confirms a prognosis that will see recovery to MFD within a total of 84 days, both ARITC and LWC training establishment COs are in agreement and the LWC training establishment can facilitate their recovery, following a MO to MO handover of their clinical care.

\item[c.] \textbf{Initial Trade Training (including officers who have commissioned from RMAS but not completed Initial Trade Training).} At Initial Trade Training establishments, an individual with a medical diagnosis that requires limited duties for a consecutive period exceeding 28 days will be downgraded. When 56 days have expired in the TJMES (making a total of 84 days), or if from the outset it is anticipated that the period of TJMES will exceed 56 days, ARITC Occ Med must be consulted by the responsible MO and CO. Confirmation of this discussion will be recorded in DMICP and the UHC minutes. The discharge process will not be initiated if the individual is realistically expected to return to the in-Service retention standard within six months from the date of downgrading (not including any periods of limited duties) and the training unit can accommodate their rehabilitation. Private Health Care Initiative (PHCI) funds may be provided to hasten the recovery. The discharge process must be initiated once it is apparent that the individual will not meet those recovery timelines. In exceptional circumstances where the UHC and ARITC Occ Med agree that an individual is likely to return to an MFD JMES and complete their training (supported by the CO), the SP may be extended on TJMES for a maximum period of 12 months from the date of downgrading before the Appendix 22 must be initiated. Cases for extension in the unit on TJMES beyond the maximum 12-month period must be staffed by the unit CO to Workforce Policy, Pers Pol (A).
\end{itemize}

\textsuperscript{58} Training providers that have intergraded basic and Initial Trade Training (ie; School of Infantry) are to ensure apply the Appendix 21 policy appropriate to the individuals training progression.

\textsuperscript{59} See para 0831 for discharge procedures.

\textsuperscript{60} The 84 days cannot be a summation of limited duties for a series of separate medical conditions. A medical diagnosis is required to process Appendix 21 but must not to be used in circumstances which should attract an administrative discharge.
Transfer or Discharge Action

78.837. The medical discharge process for SuTs and RMAS OCdts in Basic Training.
Once initiated, the Appendix 21 discharge process should take no more than 28 days to complete. To facilitate this all discharge applications must be processed using PAPMIS. However, this relies on each section being completed as fully as possible to allow the appointed ARITC Occ Med\(^6\) to confirm if the grade awarded by the unit Medical Board is appropriate and to recommend the appropriate QR(Army) for discharge. Where possible the UMO should be involved in the Medical Board process of individual recruits. Guidance on the completion of each section of the Appendix 21 is given below. Any queries relating to this process should be directed to HQ ARITC Occ Med.

a. **Role of the UMO.** The role of the UMO within the Appendix 21 is to oversee the Medical Board and confirm the medical grading and to ensure that all the necessary medical documents are attached prior to the Appendix 21 being forwarded to HQ ARITC Occ Med.

b. **Section A – Completed by the Unit CO.** The CO initiates this process and should ensure that the individual has been interviewed prior to completion of the Appendix 21/22, to inform the individual of the implications of this process and understand its possible outcomes, including the employment, financial and welfare implications, as per para 78.1015. The CO signs this section to confirm that they have briefed the recruit to this effect.

c. **Section B – Completed by the SuTs and RMAS OCdts.** The individual is asked to confirm that they have been fully briefed on the Appendix 21 and the implications. ARITC staff should consider whether a recruit is fit to be transferred to a different Corps, to whom they are eligible to transfer. Should this be the case then the individual should state which Arm or Service, for which they are eligible, they would be prepared to transfer to. On PAPMIS this will be typed in by a Unit Witness Authoriser/Adjt/RCMO.

d. **Section C – Completed by UMO or delegated representative.** The FMed23 should be completed following a FWA(T) in accordance with Appendix 1 (paying particular attention to para 22) and Appendix 2. There may be situations where an FMed 23 is completed following a FWA(P) but this is unlikely for SP in Basic Training (should an FMed 23 be a result of a FWA(P) then Appendix 1 and Appendix 3 apply). Only the UMO or delegated representative should sign/authorise Section D. Overarching guidance for Boards is provided by JSP 950 Medical Policy Part 1 Leaflet 6-7-7.

e. **Section D – Attachments.** Those completing the Appendix 21 are to confirm all documentation is attached by annotating this on PAPMIS. Submitted Applications lacking the necessary documentation will be returned to the unit. The following will always be required however additional documents may also be inserted at the discretion of the UMO and CO:

   (1) F Med 23 (UMO). This should be augmented with a clinical update as necessary.
   (2) Appendix 9 (UMO).
   (3) Appendix 17 (UMO).
   (4) FMED 133 with a full DMICP Printout.

f. **Section E – Completed by the appointed ARITC Occ Med.** ARITC Occ Med will

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\(^6\) The appointed ARITC Occupational Health Clinician, formally refereed to in this policy as the HQ ARITC OM, may be an OM Consultant or Spec Nurse.
review the medical information and advice on the future employability of the SuT/OCdt. The appointed ARITC Occ Med will ratify the FMed 23 and make an entry on DMICP to this effect and inform the UMO. If the appointed ARITC Occ Med does not agree with the recommendations of the FWA(T) or FWA(P), they will discuss this with the UMO or delegated representative separately and return all documents to the CO/UMO with comments. Care is to be taken to ensure that documents marked ‘MEDICAL - PROTECT’ are not released outside the medical chain.

g. **Section F – Completed by the Receiving / Retaining Staff & Personnel Selection Officer (SPSO).** This section is not required where the individual is unfit for transfer to a different cap badge. In this instance, it should be forwarded directly to the SMO for completion of Section D. On receipt of the Appendix 21 and accompanying medical documents, the SPSO completes Section C.

(1) If the individual is within the Medical Employment Standards on Entry to another cap badge but is otherwise not suitable or is unwilling to transfer, the SPSO forwards the documents direct to ARITC Occ Med.

(2) If the individual is within the medical standards for transfer to another cap badge and is willing to do so, the SPSO returns the documents to the CO for action in accordance with AGAI Volume 2, Chapter 48. There is no longer any requirement to submit a transfer application on AF B241 as the Appendix 21 is all that is required.

78.838. On receipt of the completed Appendix 21, the CO carries out the transfer procedure if recommended. If discharge is recommended, the CO completes Part 2 as follows:

a. **Recommended under QR(Army) para 9.381 Defective in Enlistment**62 – soldiers who have not completed basic or Initial Trade Training (for those beyond 2 weeks of service). The CO, as Competent Military Authority, approves discharge of the soldier on AF B130 and forwards all documents to the APC CM Pol. This is also the usual QR(Army) para for failures at IMA (through the AF B204).

b. If discharge is recommended in accordance with QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements63, then the discharge will be authorised by the CO on an AF B103 and the CO will have completed Part 2 of the Appendix 21 after ratification by ARITC Occ Med. It is the Unit responsibility to set the Last Day of Service (LDoS).

c. **Temperamental Unsuitability (TU).** Cases of TU fall outside of the Appendix 21 process. HQ ARITC Occ Med is not involved in this process. These cases are handled and processed in accordance with QR(Army) para 9.434.

d. It should be noted that termination on medical grounds is described in QR(Army) para 9.385-9.387. Termination under QR(Army) para 9.381 Defective in Enlistment (Defect in Enlistment Procedure) is not on Medical Grounds.

78.839. **Soldiers Under Training (SuT) Graded MND L6E5 Permanent (Medically Unfit For Service (P8)).** Under QR(Army) Para 9.386 or 9.387 individuals Temporarily or Permanently Medically Unfit for any form of military Service should be discharged. The application for a discharge on medical grounds will be generated automatically from the Full Medical Board (FMB) to APC SO1 OH. It should be noted that SuT graded L6E5 medically unfit for service (P8) do not follow the Appendix 21 process as the discharge is processed automatically between the FMB and APC. In exceptional circumstances, on a case by case basis, SuT graded medically unfit for service (P8) by the ARITC Occ Med can be assessed by ARCAB and assigned to a PRU. In

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62 QR(Army) para 9.381: Defect in Enlistment Procedures.
63 QR(Army) para 9.385: Considered Unsuitable for further Army Service on Medical Grounds.
cases where the UMO or their delegated representative is unclear of whether the correct grading is L5/6 E5, early referral to the ARITC Occ Med is recommended. The Appendix 21 should not be delayed whilst an FMB decision is awaited.

Progression Out of Training Below the Medical Employment Standard

78.840. AF B203A Application for Medical Employment Standard Waiver on Initial Assignment. A SuT or OcDtl must normally be MFD A4L1M4E2 by in-service standards at the end of training to progress to a Regular Army unit. In order to prevent holdover, where an SuT or OcDtl is downgraded but reasonably expected to return to MFD by in-service standards within a reasonable time frame or, will return to a suitable functional state within their retention standards to be employable, deployable and progress within their CEG, then their training unit may apply to Pers Pol (A) to approve their progression. Re-trades that have previously completed ITT and progress to Fd Army, can do so again in line with the in-service retention standards (MLD A4L4M4E4).

78.841. The AF B203A staffing process is as follows:

a. Section 1. Applicants personal details. This section is to be completed by the applicants CoC, the training unit.

b. Section 2. Medical Consent. The SP must consent to release the functional restrictions related to their JMES, limited duties proforms, and MEP Appendices in order for the application to progress, if the applicant does not consent the Appendix 21 process is to be initiated by the CoC. The Applicant also has the option to consent to ARITC Occ Med to discuss specific clinical the Medical in Confidence details of their condition with the Workforce Policy Team, Pers Pol (A). Such disclosure will allow the discussion of evidence based decisions as to whether or not they are medically fit enough to serve in the Regular or Reserve Army. All personal Data will be processed and managed in line with the extant legislation.

c. Section 3. Current Medical Grading. This section is to be completed by the training unit MO, it is the only opportunity for a clinician that has conducted an in propria persona medical assessment to influence the application. This section must no: contain specific clinical medical in confidence information.

d. Section 4. Sponsorship. This section is initially to be completed by the CO of the training unit before being forwarded to the proposed future employing CO of the Regular Army unit. It is the training unit's responsibility to liaise with the APC CM and identify a suitable assignment for the applicant. It is essential that the sponsor incorporates adequate detail of the applicants proposed employment for an occupational medical recommendation to be offered. This must include; proposed duties and responsibilities, proposed hours and patterns of work; the precise proposed role and location, any special requirements of the proposed role. Once fully completed and appropriately sponsored the AF B203A should be staffed to ARITC Occ Med.

e. Section 5. Recommendation by ARITC Occ Med. Once complete forwarded to appropriate Manning Brick.


g. Section 7. Competent Military Authority Decision. Pers Pol (A) will review the case before endorsing or rejecting the application. The final decision will be sent to the
sponsor(s), ARITC Occ Med and Manning Brick representatives. It should then be staffed by
the training unit to APC CMs permitting the promulgation of an assignment order.

h. Section 8. Mandatory Employment Responsibilities. A summary of the medical
employment policy requirements to be undertaken by the sponsor.

78.842. Point of Contact. For queries relating to either the AF B203 or AF B203A the key
Point of Contact is:

- SO2 Recruiting, Workforce Policy, Personnel Policy (Army), [redacted]

78.843 – 78.900. Reserved.
PART 9 - INSTRUCTIONS FOR FITNESS FOR WORK ASSESSMENTS

General

78.901. The task of a Fitness for Work Assessment is to advise the executive of a SP’s fitness for military duty. A Board\(^64\) may comprise one or more suitably trained Medical Officers\(^65\) convened by authority of the local Senior Administrative Medical Officer (MO)\(^66\). The Board’s advice is communicated to the CoC by the award of a JMES which, although coded, constitutes a formal Occupational Medicine (OM) report.

78.902. Exceptionally, there may be circumstances where the CoC feel the need to seek Regional Occupational Heath Team (ROHT) opinion themselves. In this situation, the unit can request the UMO or DPHC assigned MO applies to the ROHT for a FWA\(^67\). When necessary the Unit can approach the ROHT directly\(^68\) to request a FWA subject to the SP being issued with Appendix 7.

78.903. The President of a Board is normally the initiating MO who should be familiar with the case. Members of a Board may confirm the proceedings in absentia. In these cases, they must familiarise themselves with the case before doing so\(^69\). To ensure that reports are valid and robust, Boards must award grades based on accurate and contemporary clinical information, evidence of function and policy\(^70\), and ensure that this is recorded appropriately.

78.904. SPs must give consent for the Board’s report to be conveyed to the CoC and other agencies by completion of the form at Appendix 17. If consent is withheld or unobtainable, then the MO is to enter the JMES of A6L6M6E1 onto DMICP. This JMES is not a grade that could occur in any other circumstance and will inform the CoC that the SP has not consented for their medical information to be shared. They will not be entitled to invaliding leave or additional resettlement leave that would be granted specifically for a normal Medical Discharge. See para 78.1033.

78.905. Exceptionally, where a SP is either unable or declines to attend, a Board may produce a report based on the contemporary medical record and relevant reports. The proceedings should be annotated to note that the Board was conducted in the patient’s absence. In these cases, the SP must be given at least 14 days’ notice of the Board, be informed that it is their right to attend and have the opportunity to provide written representation.

78.906. Indication for Formal Review of PULHHEEMS / JMES. From the initial award of a PULHHEEMS/JMES, a Medical Board is required for any mandated review or to change a JMES. A SP’s grade is to be reviewed when a period of sickness absence has exceeded (or is likely to exceed) 28 days (para 78.708) or when a SP has been (or is likely to be) unfit for full duties for a period greater than 28 days.

78.907. Training. All MOs\(^71\) and medical centre administrative staff are to be trained in the content of this instruction.

\(^{64}\) Excluding MOD(A) Board.
\(^{65}\) Includes service specialist Occupational Health nurse.
\(^{66}\) For example: Dir DPHC, Div Comd Med (for Army Reserve) and ARITC Occ Med.
\(^{67}\) Which may result in a temporary or permanent medical grade.
\(^{68}\) Where there is unavailability of either a regular UMO or DPHC assigned MO to advise the CoC.
\(^{69}\) As a minimum it should involve discussion with the President and review the App 9.
\(^{70}\) MOs should formulate an opinion as to whether the individual has the functional capacity to pass the objective tests, and that instances where additional evidence is required by the MO or CoC that they are capable of achieving the functional standards, requiring an objective test.
\(^{71}\) To include CMPs, sessional doctors and locums.
78.908. **Types of Fitness for Work Assessment.** The constitution of Boards convened to upgrade personnel should, wherever possible, reflect that of the Board that made the initial award\(^2\). The constitution and authority of each type of Medical Board is as follows:

a. **Fitness for Work Assessments (Temporary Downgrading) (FWA(T)).** Usually conducted by the UMO, but can also be awarded by a Service Specialist Occupational Health Nurse in the course of delivering OH assessments and OH case management or Allied Health Professionals. FWA(T)s are used to temporarily downgrade a SP for a period not exceeding a maximum of 12 months in total and can be used to initiate Appendix 21. Administrative instructions are at Appendix 2.

b. **Fitness for Work Assessments (Permanent Downgrading) (FWA(P)).** Usually initiated by the UMO. A FWA(P) is required to downgrade a SP for any period exceeding 12 months and for all Appendix 22 applications (with OM Consultant presiding). Administrative instructions are at Appendix 3.

c. **Full Medical Board (FMB).** Presided over by a Service consultant in occupational medicine, a FMB is required for the consideration of (P8) medical discharge and related appeals. Administrative instructions are at Appendix 4.

d. **MOD(A) Medical Board.** The MOD(A) Medical Board is convened under SHA(A) direction, principally for the purpose of appeals. The MOD(A) Medical Board will always include two OM consultants. Administrative instructions are at Appendix 5.

78.909. **Role of Specialists and Consultants.** An appropriate specialist or consultant may volunteer or be requested to provide an opinion to assist a Board making an occupational recommendation\(^3\). Specialists\(^4\), unless invited to comment or acting as a member of a Board, should avoid making any recommendations on grading or comment on medical discharge in accordance with published policy. Interpretation of specialist clinical opinion and advice for the purpose of a Fitness for Work Assessment is the responsibility of the presiding MO supported by Service OM consultants. Changes to the JMES of aviators which could affect their ability to operate within their CEG are to draw upon specialist CAM membership advice, and where necessary advice from an aviator operator as a matter of course.

78.910. **Role of Specialist Occupational Health Nurses.** Service Specialist Occupational Health Nurses may conduct Fitness for Work Assessments Boards leading to a temporary or permanent\(^5\) change in JMES during the course of their OH assessment and OH case management.

78.911. **Reports and Proceedings.** Medical Board reports are recorded on the Appendix 9-12 and forwarded to the CoC. The Boards’ proceedings are to be recorded as follows:

a. **FWA(T).** Recorded in SP’s case notes (and on FMed 23 if in support of Appendix 21) as described at Appendix 2.

b. **FWA(P).** Recorded on FMed 23 as described at Appendix 1.

c. **FMB.** Recorded on FMed 23 as described at Appendix 1.

d. **MOD(A).** Recorded on FMed 23 as described at Appendix 1.

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\(^2\) Unless otherwise specified.
\(^3\) Consent is required when seeking reports and a consent form, information sheet and specimen request are at Appendices 14, 15 and 16.
\(^4\) Including Service consultants and DMRC and RCDM advice, but not DCAs.
\(^5\) With Consultant ratification, in line with 0908.b and Appendix 3.
General Instructions for Fitness for Work Assessments

78.912. Appeals. An Officer or soldier may appeal, through the CoC, against the findings of a Fitness for Work Assessment using the process and paperwork as described at Appendices 19 and 20. Any appeal will not delay a SP’s discharge date but, if the results are overturned at a future date, the SP will be reinstated from the day of discharge with associated back pay and benefits.

78.913. Review of Downgraded Personnel. Personnel who are downgraded are to undergo annual review to confirm that the JMES awarded remains appropriate. Provided no alteration is indicated this review may be recorded in the notes as at Appendix 2. If it is necessary to alter the grade a FWA(P) is required and the proceedings recorded as at Appendix 3. The report is communicated to the CoC using Appendix 9. The attendance of the SP may not be necessary provided the MO is confident that the SP’s current state of health and functional capacity is known.

78.914. Pregnancy. Pregnant Service personnel (including those in training) are to be graded L5E6 for periods from formal notification of their pregnancy to the CoC until reviewed at their Return to Work (RtW) Medical. At which point they are to be graded L4E4 for 6 months. The Return to Work (RtW) FWA will be conducted in line with JSP 760, Chapter 24 and JSP 950 Leaflet 6-7-7 which will take account of any specialist post-natal review but will in any case be determined on a SP basis. The RtW FWA must always be conducted in the Servicewoman’s presence and should be conducted having had sight of the workplace risk assessment completed for the Servicewoman by the CoC, so that any Appendix 9 can be tailored specifically to the employment aspirations of both the Servicewoman and CoC.

78.915. Occupational Report. A Board should, in line with para 78.1005, and with the subject’s consent, seek evidence of the subject’s capacity to perform military duties from commanders using the form at Appendix 18. This is preferable for consideration for permanent medical grades below the SP’s minimum medical retention standard. A subject’s refusal to consent will not delay a board and may lead to administrative discharge. The Appendix 18 Occupational Report is mandatory in the case of trained personnel as the content relates to the SP’s ability to ‘fulfil current role’ and continue employment in CEG (both of which are unlikely to be applicable in the case of soldiers still undertaking Basic Training or Initial Trade Training). Should the CoC wish to convey specific information to the Board regarding a trainee then the Appendix 18 can still be used, but is not mandatory. In the cases of IMA failure in the first 2 weeks of service the Appendix 18 is not required.

78.916. Use of the grade L6E5 Temp (previously ‘P0’). SPs temporarily unfit for all duties whilst under medical care are graded L6E5 MND Temp. It is recommended that the L6 Temp grade follows discussion at UHC with ROHT involvement. FWAs should award this grade for no longer than six months before formal review. If it is anticipated that the SP is likely to remain unfit for longer than six months, the presiding MO must refer to the ROHT who should undertake formal review and ensure expedient return to duty or recommendation of discharge as appropriate. Periods of medical downgrading in excess of 12 months require OM Consultant authority and periods beyond 18 months will only be approved exceptionally by Pers Pol (A), on application to SO3 Empl Pol by the OM Consultant.

78.917. Audit. Primary healthcare providers are to ensure adequate arrangements for audit of Fitness for Work Assessment procedures and outcomes.

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\(^{76}\) Performed by the individual’s usual / responsible MO.

\(^{77}\) In line with JSP 375 Pt 3 Vol 1 and JSP 950 Part 1 Leaflet 6-7-7
78.918. **Dental.** Medical boards for dental re-grading purposes are to be carried out in accordance with the extant policy from SHA(A).

78.919 – 78.1000. Reserved.
PART 10 - MANAGEMENT OF PERSONNEL BELOW THE MINIMUM STANDARD REQUIRED FOR EMPLOYMENT IN THEIR ARM OR SERVICE

General

78.1001. This Part outlines the mechanisms for the management of Service Personnel (SP) who are below the minimum medical requirement for their Arm and Service as defined in Tables 4 and 5. When an officer or soldier is assessed by a Fitness for Work Assessment to be permanently below the minimum medical grading required by their Arm or Service, or where the Commanding Officer (CO) is unable to continue to employ a SP fully due to medical restrictions, then MND Employment via Appendix 22 should be sought (or, where applicable, an application for retention within Unit should be made via Appendix 8). This does not affect a SP's right to apply for Premature Voluntary Release (PVR)/Notice To Terminate (NTT). This process allows for consideration for transfer to a different Arm or Service or, where not possible, discharge.

78.1002. Pregnant SP are not to be retired/discharged for any reason connected with their pregnancy. Servicewomen are to be treated at all times in accordance with JSP 760 and not treated less favourably because they are pregnant, absent on maternity leave or for any other reason connected specifically with their pregnancy. Secondary conditions resultant from pregnancy may lead to medical discharge.

78.1003. The process applies to all trained Regular and Reserve personnel. For ease of reference, flow charts are included at Appendices 23 and 24 showing potential scenarios for SPs graded unfit for all military service who wish to be retained.

78.1004. An enduring principle is that SPs are to be managed carefully throughout the process and must be fully informed at all times with frank and pragmatic advice on the financial, welfare and career implications of their medical condition, employability and potential outcomes. This is a CoC responsibility, supported by APC using Appendix 27.

78.1005. Whilst treatment is on-going, SPs should be employed and managed in accordance with Appendices 10-12 and procedures laid out in AGAI Volume 3, Chapter 99 (Command and Care of the Wounded, Injured and Sick). The table below directs which appendices the CoC are required to complete when a SP is graded below MFD (noting that Appendix 18 is only mandatory for trained soldiers (para 78.915 refers):

<table>
<thead>
<tr>
<th></th>
<th>App 18</th>
<th>App 27</th>
<th>App 26</th>
<th>App 8</th>
<th>App 22/2181</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLD(T)</td>
<td>Optional82</td>
<td>Optional59</td>
<td>Yes83</td>
<td>Not required</td>
<td>Not required</td>
</tr>
<tr>
<td>MLD(P)</td>
<td>Required</td>
<td>Required</td>
<td>Yes60</td>
<td>Not required</td>
<td>Exceptionally</td>
</tr>
<tr>
<td>MND(T)</td>
<td>Optional59</td>
<td>Optional59</td>
<td>Yes60</td>
<td>Not required</td>
<td>Not required</td>
</tr>
<tr>
<td>MND(P)</td>
<td>Required</td>
<td>Required</td>
<td>Yes60</td>
<td>Req for retention</td>
<td>Req for L5 (N/A for L6)</td>
</tr>
</tbody>
</table>

80 The minimum standard, as defined in Tables 4 and 5, is L5 MND for WO2, WO1 and Capt and above and L4 MLD for those below these ranks. Personnel graded L6E5 MND(P) will routinely be discharged.
81 Personnel graded below MFD should be identified and managed through the Unit Health Care Committee following a Medical Board. APC Career Managers should also monitor medical grading through JPA and bring cases to the attention of COs should neither Appendix 22 or Appendix 8 retention action be taken.
82 The Appendix 27 is not required for Recruits undergoing Appendix 21 where the ARITC Appendix 21 SOI Annex F is used (as this performs the same function).
83 Not required for WO2, WO1, or officers ranked Capt and above unless by exception through Pers Pol (A) (see Para 78.1024).
84 Optional – there may be instances where a unit feels it would be beneficial to complete these appendices for personnel not permanently downgraded, for example in advance of a medical board, or if it is apparent the individual will become downgraded in the future.
85 For deployment – only required for SP deploying on an exercise or operations. Can also be used at a CO’s discretion (e.g. Adventure Training).
78.1006. In certain circumstances some MFD personnel may be given a medical E9 marker which will require management by the CoC. In these cases, the CoC can complete any of the relevant Appendices above to help in this management.

Joint Discharge Policy and Definitions

78.1007. The Armed Forces will discharge all those medically unfit for military service. However, the Armed Forces may retain those seriously injured, if they wish to stay, for as long as there is a worthwhile role or it is judged to be in the interest of the SP and the individual Service to which they belong.

78.1008. **Worthwhile Role.** ‘Worthwhile role’ is defined as the ability to perform useful military employment, for which a SP is suitable, qualified or can be reasonably trained.

78.1009. **Interests of the SP and Army.** The ‘interests of the SP and the Army’ applies where no worthwhile role for the SP can be identified. It requires the Army Employment Board (AEB) to consider all other relevant factors in order to assess whether the benefits of retention to both the SP and the Army override the absence of a worthwhile role for the SP. It includes factors such as medical, welfare, financial and presentational factors and may also include the circumstances leading to the injury or illness.

Authority

78.1010. Under the provisions of PAW 09, QR(Army) and RLFR, consideration may be given to invaliding officers and soldiers from the Service. In pursuit of effective governance, it is the responsibility of Pers Pol, in conjunction with APC to consider, when requested, cases for both officers and soldiers whose change of medical category will affect their future employability in the Army. Through this process Pers Pol (A) will monitor current medical retirement/discharge trends and figures, and provide policy guidance on employability issues where required. As the Competent Army Authority and Inspectorate for the respective Arms and Services, Regimental/Corps Colonels and Manning Bricks also have a role in the provision of advice and policy.

Management of Downgraded Personnel

78.1011. **Initial Downgrading.** Once a SP has been formally medically downgraded they will be issued with an Appendix 9 to notify their unit of their functional restrictions. The Appendix 9 will explain to the CoC what the SP can and cannot do and aid in the appropriate employment with regards to their condition. When a SP is downgraded they will also automatically have a record created on PAPMIS (see Part 13).

78.1012. **Fitness for Work Assessments.** SP will ordinarily be directed to attend a Fitness for Work Assessment by the Unit Medical Officer (UMO). In exceptional circumstances, there may be occasions where the CoC feel the need to seek Regional Operational Health Team (ROHT)
opinion and may do so, following local protocol. All SP who are overdue any medical review must be discussed at the monthly Unit Health Committee.

78.1013. **Deployment on Exercise or Operations.** If the CoC want to deploy a downgraded SP then they must ensure that an Appendix 26 (Deployed Medical Risk Assessment) is completed where necessary. For UK exercises/deployments there might not be the requirement where the SP role is unchanged, access to medical support is unchanged and the employment is within the bounds of the Appendix 9. Where there is doubt regarding the requirement for Appendix 26 completion, then the Appendix 26 should be completed; the risk of deploying a downgraded SP lies with the CO and the decision should be made having discussed the case with a Medical Officer and in consideration of the medical facilities available while deployed (see Paras 78.510-78.514 for further detail).

**Permanently Downgraded SP**

78.1014. A temporary downgrading can only last for a maximum of 12 months and, after this time, the SP must attend a Fitness for Work Assessment to provide them with a permanent grading. For ROHT managed boards (for consideration of an MND grade) the CoC is required to complete an Appendix 18 in order to support the medical assessment. The Appendix 18 is an occupational report for employment purposes and looks at how the SP will be managed over the next 12 months – including, depending on the employment, the requirement for the SP to use weapons and other aspects which can have an affect on the JMES. This is produced by the SP’s Office Commanding (OC) and submitted to the ROHT prior to the medical board. Submission must be through PAPMIS as the ROHT will access the document through PAPMIS.

78.1015. Once a SP has been assessed by a Fitness for Work Assessment as being permanently downgraded the CO is to ensure that a SP is fully aware of the implications of the Fitness for Work Assessment’s grading. Drawing on respective subject matter expertise (including Occupational Health, Veterans UK and Personnel Recovery Unit staff as necessary), the CO must ensure that a SP is provided with an Appendix 27 Unit Implications Brief. The Appendix 27 to be agreed and completed on PAPMIS and is to contain the following information:

a. Initial career advice on the implications of the outcome of the Fitness for Work Assessment’s decision, including prospects for promotion and a full career, with advice from APC.

b. Financial advice, based on potential career options implications, including pay, pensions and compensations, with support from Veterans UK.

c. Additional medical advice and clarification.

d. Explanation of the potential outcomes of the Appendix 22.

e. Resettlement entitlement advice and support.

f. Welfare support to ensure a SP is aware of the implications on their welfare provision.

g. Assistance in completing and submitting an Armed Forces Compensation Scheme application.

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89 Appendix 26s can be completed for Exercises, Operations, Adventure Training and (if the CoC deem it necessary) everyday work.

90 If one is not available then the information can be taken from the Appendix 9.

91 Can be prior to the Fit for Work Assessment when the decision is predicted with a high level of certainty

92 Implications Briefs (App 27) are required for personnel who are graded permanently below MFD (including MLD). The Appendix 27 is not required for Recruits undergoing Appendix 21 where the ARITC Appendix 21 SOI Annex F is used (as this performs the same function).
Personnel Graded L6E5 MND Permanent

78.1016. SP graded L6E5 MND Permanent by a Fitness for Work Assessment will routinely be retired or discharged with the application being generated automatically from the Full Medical Board (FMB) to APC SO1 OH. CO input will be sought prior to the FMB. It should be noted that SP permanently graded L6E5 MND (P) do not follow the Appendix 22 process as the retirement or discharge is processed automatically between the FMB and APC. The exceptions to this are SPs who are graded L6E5 MND (P) who wish to be retained in the Army and who must therefore apply to the AEB for this (Part 11). It should be noted that it is unlikely that SP who are graded L6E5 MND (P) will be retained unless there is a compelling argument for retention. Once a SP has been permanently graded L6E5 MND they are no longer allowed to work without the authority of the AEB and it is therefore essential that a handover is conducted by any SP who has the potential to be permanently graded L6E5 MND prior to them attending their Fitness for Work Assessment.

78.1017. Warrant Officer and Officer retention standard. Due to broader employability within staff appointments, the minimum retention standards for Warrant Officers and Officers of Captain rank and above is set at a lower standard than those required for soldiers of SSgt rank and below and officers of Lieutenant rank and below. Thus, WO2-WO1s and Captains and above graded as low as L5E5 MND Permanent are not routinely retired. However, if it is deemed to be in the service interest, Warrant Officers and Officers at the rank of Captain and above can be considered for transfer/discharge via the Appendix 22 if approved by Pers Pol (A) in consultation with SO1 OH APC.

78.1018. Employment Decision. For SP not covered by the provisions in para 78.1017 the retention standard is MLD (P). If an SP is graded permanently Medically Non-Deployable (MND(P)) then the CO must make an employment decision (in consultation with the Unit’s medical advisers and the appropriate CM Branch). This employability assessment is to be based on the minimum medical retention standards required and the SP’s ability to undertake different employment within that unit or another for which they are qualified (or can be reasonably trained for), and where there is a vacancy. This employment decision will result in one of two outcomes:

a. Where the CO wishes to retain in Unit: An application for retention through an Appendix 8.

b. Where the CO does not support retention in Unit: An application for MND Employment through Appendix 22.

Application for Retention through Appendix 8

78.1019. Application for Retention. If a CO wishes to retain a SP who is graded L5 MND (P) then they must submit an Appendix 8 through APC to Pers Pol (A) on PAPMIS clearly articulating the desired duration of the retention. Prior to the end of this period the CO must either reapply for a further Pers Pol (A) Appendix 8 period of retention, approach APC to discuss posting/extension or initiate the Appendix 22. If, once authority for retention has been granted, the CO re-evaluates the situation and no longer wishes to retain the SP then the Appendix 22 should be initiated. Where the Appendix 22 of an SP graded L5 MND (P) leads to a successful MND Employment, the receiving unit must then complete an Appendix 8 application which clearly states

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83 Under QR(Army) para 9.386 or 9.387 Temporarily or Permanently Medically Unfit for any form of military service.
84 All Appendix 22 applications for WO2, WO1 and Captains and above must be approved by Workforce Policy, Personnel Policy before being considered by the APC CM.
85 And exceptionally permanently Medically Limited Deployable.
86 No more than the duration of the assignment and up to a maximum of 24 months.
that this follows a successful Appendix 22. The template for the retention application is at Appendix 8 and this should be completed using PAPMIS in the following manner:

a. **Commanding Officer’s Statement - completed only by the Unit CO.** The CO initiates the Appendix 8 within 28 days of the medical downgrading and should interview the SP prior to completing Questions 1-4. The CO’s statement is an important section of the Appendix 8 and is the primary piece of evidence which the Appendix 8 Board refer to when deciding if the SP is to be retained. This is the only unit input into the retention process. The statement should detail which parts of the role the SP can, or cannot, perform without referring to any medical in confidence information. The statement should go on to explain the impact on the unit if the SP were not to be retained. It is paramount that the CO’s statement is consistent with the comments that follow from the UMO, APC Career Manager and APC OH, therefore consultation must take place before submitting the statement as there is no other opportunity for the CO to have any input at a later date. Before forwarding the Appendix 8 the CO is to ensure that a copy of an in date and physically signed Appendix 9 is uploaded to PAPMIS. **NOTE: This cannot be delegated. Where a CO’s post is gapped or they are unavailable (deployed), a SP of OF3 rank, to whom their role has been delegated, may complete the App on the CO’s behalf.**

b. **Certificate - completed by the UMO.** The UMO or Civilian Medical Practitioner (CMP) will complete Question 5 which confirms the SP’s JMES. It is paramount that the CO and UMO/CMP have discussed the SP case prior to completing this certificate to ensure that both of them are in agreement. The JMES on the Appendix 8 must match the JMES on the Appendix 9 or the application will be rejected. Once completed the UMO/CMP will need to forward the Appendix 8 to the SP’s appropriate APC CM Manager.

c. **APC Career Managers Recommendations - completed by APC Career Manager.** The Career Manager is required to provide an assessment of the SP’s application in relation to current manning figures for the rank and trade across the cap badge. They should also provide any additional information they consider relevant to the career management of the SP in relation to their JMES (this is not to include any clinical comment).

d. **APC OH Comments - completed by APC Occupational Health.** APC OH will review all medical and employment information and provide an assessment for Pers Pol (A) explaining how the suggested role will affect their medical condition. APC OH may recommend that a SP be re-assessed by an appropriate Fitness for Work Assessment (FWA(P) or FMB) if it is believed that the SP’s medical condition may have changed or if the original grading appears incorrect.

e. **Pers Pol (A) Approval - completed by Pers Pol (A).** Pers Pol (A) will board all applications97. Any decision to retain is authorised for a set period after which another application will need to be submitted. If authority for retention is not granted by Pers Pol (A) the reason(s) will be recorded on the application and also within the Appendix 8 Board Record of Decisions and the unit must immediately initiate an Appendix 22.

### Assignment and Extension in Post on Retention

**78.1020.** SPs graded L5 MND(P) are not to be assigned between units unless they have an in-date Appendix 8 authorisation. A SP graded L5 MND(P) can only be assigned if the receiving CO agrees to employ the SP in a MES below the minimum retention standard for their CEG, and can clearly articulate how they will be gainfully employed. In such circumstances the losing CO should apply for retention in advance of an assignment (prior to the cessation of the extant application) and any such application should be supported by a confirmatory e-mail from the receiving CO.

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97 The Appendix 8 Board comprises 5 SMEs from Pers Pol (A) and is chaired by SO1 Workforce Policy.
Any application to extend in post should be submitted to APC prior to the cessation of any extant Appendix 8. On approval by APC, a subsequent Appendix 8 must be submitted by the CoC to cover the duration of the proposed period of retention.

Promotion on Retention

78.1021. Once a MND SP’s retention has been approved by the Appendix 8 Board they can be promoted, with APC Career Managers support where necessary, on authority of Pers Pol (A) if the following criteria are met:

a. In their current unit.
   (1) There is a suitable role available and the CO supports promotion.
   (2) OH has conducted an assessment and confirmed the SP is medically suitable to complete the requirements of the new role.
   (3) The promotion occurs prior to the expiry of the Appendix 8.
   (4) All mandatory promotion courses have been completed.
   (5) The SP is deemed by the CoC and OH assessment to be medically capable to complete any courses required to substantiate their promotion (preferably within the date of the current Appendix 8) or a training waiver has been obtained. See CLM Handbook and ACSO 3223 for more information.

b. On assignment, and in addition to the above requirements, the receiving CO and APC Career Managers, where necessary, have identified and support the receipt of the SP into a suitable role.

Application for MND Employment through Appendix 22

78.1022. Prior to initiating an Appendix 22 the unit must explore all possible transfer opportunities within the SP’s current cap badge, in conjunction with APC Career Managers and Regimental/Corps Colonels as appropriate. If the SP is below the minimum medical employment standard required for employment in any post within the unit, but worthwhile role can be identified then the CO must apply to Pers Pol (A), via the appropriate APC Career Manager, for retention of that SP using an Appendix 8. For SP within the retention standard (MLD(P) for all up to and including SSgt), exceptional authority is to be sought from Pers Pol (A) before initiating the Appendix 22. Once initiated, APC Career Managers are to examine all reasonable options for MND Employment at E1 and E2 (E1 and E2 APC job categorisations, not to be confused with the Environmental element of the JMES). In all initiated Appendix 22 cases, if no suitable employment opportunities can be identified, the SP will be administratively retired/discharged on medical grounds or can request that their case is considered by the AEB. If an employment opportunity is identified, then the SP will be considered for appointment by the respective E1 or E2 APC Appointment Board. Should the SP reject this offer, ORs will be discharged under QR(Army) para 9.414 Services No Longer Required and OFs will be retired under PAW 09 Article 190/1.

78.1023. Should a SP below the medical retention standard wish to be retained, but are not employable within their current unit and/or cap badge (this includes SP at ITT), then an Appendix 22 is to be initiated by the CO within 28 days of the medical downgrading. If the SP does not wish to be retained then they can apply to be administratively discharged or retired but it must be explained to the SP (and recorded) that they will waive the right to a medical discharge,

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a Including opportunities not listed on the MND (P) Jobs list.
immediately and retrospectively (see Part 12). The Appendix 22 applies to SPs at ITT and trained SPs whose permanent medical grade is MND L5 (exceptionally MLD L2 – L4) and therefore below the minimum for retention in the Army but for whom no suitable employment can be found within their current unit.

78.1024. The Appendix 22 should not be initiated until the SP is medically assessed as being permanently medically downgraded or having a medical condition with a recovery that is of slow progression\(^99\), temporary inability to perform duties due to a medical condition does not automatically fall into this category\(^100\). The key objective is to ensure that the skills that personnel have acquired through long and expensive training should not be wasted if continued employment can be found within their functional capacity (where such employment will not exacerbate their medical condition or place at risk the health and safety of others). Medical professionals are to provide a grading for the SP and give an assessment of the stability of a condition and requirement for on-going access to Defence Medical Services specific treatment; this medical assessment should be annotated on the Appendix 9. Clinical staff are not required to comment on the Appendix 22 as this is an employment decision and should be made by the CoC. The Appendix 22 is divided into the following sections:

a. **Section A - Completed by the Unit CO.** The CO initiates the Appendix 22, interviewing each SP prior to completing Section A. This will ensure that they have been fully briefed on the career, financial and welfare implications of the process and understand its possible outcomes. Section A is authorised by the CO to certify that a full briefing has taken place. If the SP is MLD (P) then the CO must clearly articulate why retention in unit is not appropriate and include detail of the Pers Pol (A) exceptional authority that has been granted in order to proceed.

b. **Section B - Completed by the Adjt / RCMO.** The Adjt/RCMO must interview the SP to ascertain any personal career goals and ensure that they are fully aware of the implications of any decision to accept or to reject MND Employment opportunities\(^101\) as well as what opportunities are available to them in their permanent medical grade. The RCMO must then certify that there are no internal transfer opportunities within the SP’s current unit. If the SP is within the Medical Employment Standard for MND Employment within another Arm or Service but is unwilling to transfer, this should be noted.

c. **Section C – Completed by the SP.** The SP is asked to confirm that they have been fully briefed on the Appendix 22 and its implications. MND Employment preferences should be annotated. The SP should record at least three of preferences from the MND Employment Vacancy List, predicated on their known Knowledge Skills and Experience in order to show that they are a volunteer for MND employment. On PAPMIS this will be typed in by a Unit Witness Authoriser/Adjt/RCMO. Where a SP identifies that they are a non-volunteer for transfer the process should be ceased; ORs will be discharged under QR(Army) para 9.414 Services No Longer Required and OFs will be retired under PAW 09 Article 190/1.

d. **Section D - Completed by UMO.** The role of the MO within the Appendix 22 is to confirm the medical grading and to ensure that all the necessary medical documents have been attached prior to the Appendix 22 being forwarded to APC CM. The UMO is asked to confirm the JMES; this should have been confirmed by an appropriate Fitness for Work assessment that there will be continuing gain in functionality as determined by an appropriate medical authority.

\(^{99}\) With regards to rehabilitation from an injury or illness, ‘slow progression’ is regarded as gradual improvement in functionality over a time period of one year up to a maximum of 18 months. This period can be occasionally extended beyond 18 months subject to an assessment that there will be continuing gain in functionality as determined by an appropriate medical authority.

\(^{100}\) Temporary gradings can be authorised for a period of up to one calendar year, 18 months with OM Consultant authority.

\(^{101}\) Those individuals who are in a working grade (LSE5 and above) and who reject an offer to transfer to a different Arm or Service may be ineligible for discharge on medical grounds and may be discharged under QR(Army) para 9.414 Services No Longer Required, with significant financial/pension implications.
Assessment\(^\text{102}\). Where a Fitness for Work Assessment has not taken place, the UMO must consult with APC SO1 OH to decide what level of board is most appropriate. It is essential that the UMO ensures that the Appendix 17, giving consent for documents to be seen within APC, has been completed. In addition, the following documents are required\(^\text{103}\):

<table>
<thead>
<tr>
<th>Document</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 10/11/12</td>
<td>Notification of Board Result</td>
<td>Scan to PAPMIS Library (should be signed by SP)</td>
</tr>
<tr>
<td>Appendix 17</td>
<td>Consent for disclosure of medical and administrative records</td>
<td>Complete on PAPMIS</td>
</tr>
<tr>
<td>Appendix 18</td>
<td>Occupational Report</td>
<td>Complete on PAPMIS</td>
</tr>
<tr>
<td>F Med 23</td>
<td>Fitness for Work Assessment Record</td>
<td>Scanned to DMICP (once ratified by the OM Cons)</td>
</tr>
<tr>
<td>F Med 24</td>
<td>Personal Statement</td>
<td>Scanned to DMICP</td>
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</tbody>
</table>

**e. Section E - Completed by APC Career Manager.** Having been informed of the SP’s elected MND Employment opportunities, the APC CM must then certify that there are no internal MND Employment opportunities at E1 within the SP’s cap badge. The APC Career Manager must ensure that all other E2 MND Employment vacancies are explored and the SP is given every chance for retention. This relies on APC Career Managers examining potential options fully, matching KSE, and retaining an audit trail to prove that all reasonable options (as elected by the SP) have been considered. Where possible this audit trail should be uploaded to the SP’s record library on PAPMIS. Any worthwhile MND Employment vacancies that have been identified in another Cap badge, Corp or Arm, subject to Appendix 8 approval, should be noted. The CM must then certify that all suitable MND Employment opportunities have been explored. This investigation will result in one of two outcomes:

1. Where an MND Employment opportunity is identified, a Board Briefing Note for the MND Employment role is to be developed by the CM in consultation with APC OH advice. This will ensure the SP fully understands promotion prospects, employment limitations and their potential future career pathway. The offer for MND Employment is then made, only after the appropriate E1 or E2 appointment board has ratified the appointment (where this employment is safe and appropriate relating to the SP’s functional restrictions). Where an MND Employment offer is made and notified by Assignment Order, the Appendix 22 will end after completion of Section E and the form is to be returned to the unit. An Appendix 8 should be staffed by receiving unit. Should the MND Employment offer be rejected by the SP (i.e. the SP wishes to be discharged) then they will be discharged under the provision identified in Section D. If the offer is rejected and the SP wishes to be retained, then the process stops at this point and the SP must apply for their case to be considered by the AEB (see Part 12).

2. Where an MND Employment opportunity is not found, the Appendix 22 is to be forwarded to APC SO1 OH who will inform the Unit that the application for MND Employment has been unsuccessful and that the SP will now be subject to discharge under QR(Army) para 9.385 **Ceasing to Fulfil Army Medical Requirements**\(^\text{104}\) or retired under PAW 09 Article 196. Should the SP wish to be retained at this point then the SP may apply to the AEB for their case to be considered.

**f. Section F – To be Completed by APC SO1 OH.** SO1 OH will review all medical and employment information. Where a medical assessment has been made without OH input, SO1 OH will return the Appendix 22 to the unit for further assessment. In addition, SO1 OH may recommend that a SP be re-assessed by an appropriate Fitness for Work Assessment

\(^{102}\) MB(P) or FMB. The MO should also advise the Unit as to OM specific recommendations.

\(^{103}\) Where electronic access is available, if not this should be sent to OH Branch in hard copy.

\(^{104}\) PAW 09 Article 196 for officers.
(FWA(P) or FMB) if it is believed that their medical condition may have changed. SO1 OH must ensure that the employability of the SP has been fully considered and that their level of disability has been fully assessed, as this will have an impact both on employability and on the final pension that may be offered in the event of invaliding from service. Once the Appendix 22 has been fully completed and a recommendation made, SO1 OH will inform the Unit who should undertake the necessary discharge action where required:

1) If retirement or discharge is on medical grounds, APC SO1 OH will authorise this and set the discharge date. The Unit and the SP will be informed by a letter from APC CM Ops OH Branch.

2) If discharge is recommended on administrative grounds then the recommendation letter and signed AF B130A(D) are to be forwarded to Pers Pol (A) by the Unit. On return of the documents from Pers Pol (A), the CO completes the discharge procedure and forwards all documents to the Document Handling Centre, APC Mail Point 490.

Reserves

78.1025. Mobilised Service. Reserves called out for permanent service will be treated in the same way as Regular SPs, and be offered the same level of access to Defence Primary Healthcare (DPHC). However, the Army has a responsibility to release a Reservist called out for permanent service at the earliest opportunity as these SP are likely to have suspended a civilian career when called out. The ability of the SP to resume their civilian career on release from service must be taken into consideration when retaining the Reservist in permanent service to continue treatment of any medical condition. Reservists who cannot be medically treated and are below an acceptable retention standard will be provided with clear advice and support as per para 78.011. (where applicable) and demobilised, including referral to Veterans UK as necessary.

78.1026. Full-Time Reserve Service (FTRS).

a. FTRS (Full Commitment) (FC). Reserves serving on FTRS(FC) will be treated in the same way as Regular SPs, and be offered the same level of access to Defence Primary Healthcare (DPHC). These SP may be held on the REM when under treatment. Reserves serving on an FTRS(FC) have a specific term of employment with a clearly defined start and end date and therefore must not be retained beyond the commitment date without Pers Pol (A) authority (see para 78.1035). Any extension of service should be merely to facilitate immediate medical treatment and its transfer and the Reservist has no entitlement to alternative employment.

b. FTRS (Limited Commitment) (LC) and (Home Commitment) (HC). Reserves serving on FTRS (LC) and (HC) should register for routine healthcare with a GP under normal NHS arrangements. They are entitled to Occupational Healthcare from DPHC (related to, for example, pre-course requirements where applicable) and may attend an annual medical review with a military doctor in order for the Appendix 9 to be produced, amended or updated, and the CoC can be made aware of any changes to medical employment limitations. If the CoC believe that a SP does not have the functional capability to complete their role for medical reasons, DPHC should be consulted and will conduct a subsequent medical review. If the SP is certified as unfit under the existing Army Reserve Medical Standards they are to be discharged or retired from the Army Reserve or Regular Reserve. This will also have the effect of terminating their FTRS commitment if it is still in effect.

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105 JSP 753.
106 The Reserve Land Forces Regulations 2016, para 01.05.198 or 199 (Soldiers); 01.04.180 (Officers)
78.1027. **Part-Time Reserves.** All Reserves serving less than full time, including on ADC, should register for routine healthcare with a GP under normal NHS arrangements. They are entitled to Occupational Healthcare from DPHC (related to, for example, pre-course requirements where applicable) and are entitled to attend an annual medical review with a military doctor in order for an Appendix 9 to be produced, amended or updated, and the CoC can be made aware of any changes to medical employment limitations. If the CoC believe that a SP does not have the functional capability to complete their role for medical reasons, DPHC should be consulted and will conduct a subsequent medical review. If the SP is certified as unfit under the existing Army Reserve Medical Standards they are to be discharged or retired\(^{107}\) from all forms of Reserve Service.

78.1028. **Armed Forces Compensation Scheme.** Should an attributable medical condition be permanent, Reserves may apply to the Armed Forces Compensation Scheme or for invaliding allowances.

78.1029. **Army Reserve and Regular Reserve OR SP on FTRS or Additional Duty Commitments** who would otherwise be medically discharged in the grade of MND(P) L5E5 may complete their commitment if retained on an Appendix 8 authorisation.

**Resettlement Training**

78.1030. **SPs for whom the Appendix 22 has been initiated and sent to APC are eligible to commence resettlement training in accordance with JSP 534 while their case is being processed\(^{108}\).** All SPs subject to medical discharge, who are Wounded, Injured or Sick (WIS) and those who are likely to be invalided from the Army on medical grounds, can access resettlement entitlements at an earlier stage than other Service leavers. It is the responsibility of the SP’s CO to ensure early access to resettlement is given to SPs under their command (WIS and medical discharge, including Appendix 22). Access is available prior to attendance at Fitness for Work Assessment and is not a pre-cursor to any Medical Discharge decision. Decisions to that effect, made at the Unit Health Committee, must be shared with unit Resettlement Information Staff so that they can begin 1\(^{st}\) Line Resettlement action.

78.1031. Where SPs undertaking early access are deemed fit to return to duty, or the Fitness for Work Assessment decides the SP will remain in Service, resettlement entitlements cease until the SP leaves the Service based on an invaliding date. Any previous resettlement entitlement that was used during early access will not be taken into consideration when leaving under subsequent invaliding. Should they be selected for transfer through the Appendix 22 they will be given any resettlement entitlement back.

**Refusal to Release Functional Restrictions Related to JMES**

78.1032. If, following a change in JMES to any grade below MFD (SP graded MFD do not have functional restrictions to withhold), a SP does not consent to the CoC having access to their medical grading information (JMES and Appendix 9 Notification of Functional Restrictions) then the MO is to enter the JMES of **A6L6M6E1** onto DMICP and notify the CoC. This JMES could not occur in any other circumstance and will inform the CoC that the SP has not consented for this information relating to their medical record to be released. Following this grading, the SP should be interviewed (this should be recorded) by their CoC. At this point it must be explained to the SP that their consent to disclose this information enables an informed assessment of the health risks of their employment. It should be made clear to the SP with whom the information will be shared and why this is required. Explaining the control measures and limit of disclosure may help to

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\(^{107}\) The Reserve Land Forces Regulations 2016, para 01.05.198 or 199 (Soldiers); 01.04.180 (Officers)

\(^{108}\) More detail can be found in ABN 47/14 - Changes to Access to Resettlement for Wounded, Injured or Sick Soldiers and Those Discharging Under PAP.
reassure the SP and in turn inform a positive decision. However, should the SP continue to withhold consent, without an understanding of the SP's JMES and functional restrictions the CoC will have difficulty in meeting its obligations under the Health and Safety at Work Act 1974. In the absence of this information the executive are required to manage the risk(s) relating to condition(s) and/ or medical restriction(s) for which they have no knowledge. In such circumstances, it may be considered necessary to terminate the SP's Service on administrative (rather than medical) grounds, namely **QR(Army) para 9.414 Services No Longer Required** for soldiers, and resignation of commission under PAW 09 Article 190 for officers. Should this option be pursued, the SP will forfeit GRT, TL, carried over ILA and the right to apply for a Retrospective Medical Discharge. The nature of this administrative discharge will be reflected in the SP’s AFB108 Certificate of Service/Discharge and the SP will be precluded from re-joining the Army at a later stage. If the SP is subject to an outstanding Return of Service (RoS), costs in lieu of that unexpended RoS will be recovered from the SP. Upon notification of the JMES A6L6M6E1, and prior to any decision being made on termination of Service, the CoC must consider that SP to have the potential to pose a significant risk on deployment in the land environment. Accordingly, they should not be deployed outside the UK or in locations with reduced health care provision. Such SP should be allocated only ‘light duty’ work commensurate with the SP’s functionality (Units can seek case-by-case direction and guidance from Pers Pol (A) if required) and must have no access to weapons or equipment that could put their own health and safety, or that of those working alongside them, at risk.

**Notice to Terminate**

**78.1033.** Unless critical to a SP’s immediate health, medical staff must not plan treatment or surgery for those in working grades who have given their notice (NTT/PVR), and for which such treatment will impact their function on transitioning to civilian life. The priority must be to transfer any ongoing or future care to the NHS or other agencies as appropriate, thus allowing the SP to conduct resettlement in good order. In certain circumstances those that have given notice may unexpectedly become WIS during their notice period. In such instances, a SP may apply to withdraw their notice:

a. If the withdrawal is supported by the CoC then approved by APC CMs and ARB, the SP will be subjected to the normal downgrading process, which may lead to medical discharge. In such circumstances APC CMs should consult Unit Medical Officer/Occ Med Cons regarding the SP's likely future employability.

b. Having consulted the Unit Medical Officer/Occ Med Cons and confirmed the medical chain have recorded this justification on Defence Medical Information Capability Programme (DMICP), where a SP’s withdrawal of NTT is not supported by the CoC or approved by APC CMs an extension to their EED for medical reasons should be made to Pers Pol (A) on an AF B10034. Pers Pol (A) will consider applications against the policy for Extensions in Service on Medical Grounds articulated in this Part.

**Extension in Service on Medical Grounds**

**78.1034.** **Requirement for extensions in service on medical grounds.** The Army supports SP in recovery and seeks to enact the most effective transition to civilian life and employment for those undergoing medical discharge/retiral action. Whilst the timelines for the discharge will have been carefully considered by the FMB in determining the LDoS, it is acknowledged that clinical recovery is complex and there may be occasions in which an individual’s DMS healthcare cannot be easily transferred to NHS providers within the given timeframe. In such cases an application for

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109 JSP 750 Pt 1 (v1.3 Mar 18) Chapter 2.
110 AGAI 38.014 to 38.
an extension in service on medical grounds can be made which, if policy compliant, will enable an extension to support healthcare transition.

78.1035. Eligibility. This mechanism is available to Regular SP, FTRS(FC) or mobilised Service and NRPS SPs (i.e. those already eligible for and under Defence Medical care)\(^{111}\) and supports the transition of military care to NHS providers for those SP who are undergoing medical discharge/retirement action (or in rare cases, those that are likely to undergo medical discharge/retirement action but have not yet had a FMB). The policy also supports SP who have not been able to plan or implement an effective transition due to the intensity of medical treatment/recovery (aspects that fall under the ‘HARDFACTS’ assessment headings). Becoming UNFIT shortly before the termination of service is not justification for an extension in service unless a case that satisfies the factors (para 78.1040) can be made.

78.1036. Employable SP reaching EED. There is a clear distinction between those undergoing Medical Discharge/Medical retirement who may require a service extension on medical grounds and those who are approaching EED who are in an employable grade, are not WIS SP\(^{112}\) and are undergoing medical treatment. Only in exceptional circumstances (such as where vital military medical care cannot be interrupted) will there be the requirement for a short extension to EED for non-Medical Discharge/retirement personnel. The policy and process for service extensions on medical grounds can be seen at para 78.1040. Key considerations:

a. The fact that the NHS or Veteran provided medical care may not be delivered to the same standard or as expeditiously as the Defence medical care is not grounds in itself for an extension in Service. Unless absolutely necessary, medical staff should not plan treatment or surgery for those approaching the end of their Service and for whom such treatment will severely impact their function on transitioning from military to civilian life. The Pre-release medical is the platform upon which healthcare transitional arrangements must commence (although for complex clinical transition such arrangements should be planned over 3 months prior to discharge in accordance with JSP 950).

b. The priority must be to transfer any on-going or future Defence medical care to NHS providers (or other agencies as appropriate), at or prior to EED thus allowing the SP to conduct their resettlement, if entitled, and transition into civilian life effectively. The pre-release medical is the platform upon which healthcare transitional arrangements must commence if they have not already.

78.1037. Exclusions. The service extension on medical grounds relates specifically to medical recovery (or difficulties in transition matters that are directly related to medical recovery). Whilst returning a SP to civilian life with employable functionality (where possible) is part of transition, unrealistic employment aspirations relating to functionality do not constitute grounds for an extension. The policy also does not grant medical extensions to cover loss of leave (factored into the LDoS by the FMB), increase pension entitlement, guarantee financial income or access untaken resettlement entitlement (JSP 534 specifically addresses this with the Post Discharge Resettlement provision). Additionally, DMS treatment such as residential rehabilitation should not be planned beyond the EED and is not justification for an extension in itself – the authorisation of extensions must not be assumed and only those compliant with the factors articulated in this policy will be authorised.

\(^{111}\) Those on part-time obligatory training, part-time Voluntary Training and Other Duties (VTOD), part-time Voluntary ex-Regular Reserve (VeRR) Service, High Readiness Reserve (HRR) and Sponsored Reserve Service, a part-time Additional Duties Commitment (ADC), FTRS(LC), FTRS(HC), FTRS(HC) RSG are normally only entitled to receive Defence medical care if their medical condition is directly attributable to their military Service, and in such circumstances will only be continued until it can be transferred to NHS providers.

\(^{112}\) AGAI 99 defines WIS Service Personnel as all those regular and reservist SP 'who are unable to undertake their normal military duties, within defined medical categories, in accordance with JSP 950 Medical Policy, Part 6, Chapter 71 who are on authorised sick leave or a Graduated Return to Work programme (GROW)'.
78.1038. **Access to DCMH.** Veteran’s arrangements articulated in JSP 950 Lft 1-3-4 enables the access to DCMH facilities for SP for 6 months post-discharge to support transition. As such, service extensions on medical grounds relating solely to access to DCMH are only applicable in exceptional cases. The application for an extension must satisfactorily demonstrate a strong justification for why the 6-month access arrangements post-discharge are not sufficient to meet the SP’s needs (i.e. the requirement for high-intensity DCMH treatment that cannot be conducted through NHS providers) and that the guidance in DPHC Standard Operating Procedures around the Unified Care Pathway for Common Mental Health Disorders were given due consideration. Any extension will only be granted for a time period that will reasonably allow the specific treatment to be completed (high intensity DCMH treatment up to a maximum of 30 sessions on a weekly basis with allowance for unavoidable breaks in therapy).

78.1039. **Process and factors.** If the CoC believe that the SP meets the eligibility criteria and requires a Service extension on medical grounds (that also meets the factors below in this paragraph), they are to make an application using the AF B10034 to SO1 OH APC having first consulted the Unit Medical Officer/Occ Med Cons and confirmed the medical chain have recorded this justification on DMICP. The AF B10034 must contain all the required justification within the form (as documentary evidence will be contained in DMICP there should be no requirement for additional attachments). The SP must also give explicit consent for each AF B10034 submission made. SO1 OH APC has delegated authority from Pers Pol (A) to authorise the extension of SP for up to 28 days if they are receiving treatment or for administrative reasons. For periods exceeding 28 days, or where SO1 OH APC does not wish to use the delegated power, applications are then submitted to Pers Pol (A) containing an OH APC medical assurance/recommendation. Pers Pol (A) then consider each application against the following factors (considering previous extensions where applicable):

a. **Clinical recovery timeline and functionality.** A medical (functional) assessment of the estimated recovery timeline and the expected outcome in relation to current ADL functionality and the likely improvement to the SP’s functionality if extension is authorised. Are there functional issues that are currently preventing transition to civilian employment? If so, is there a clear treatment plan and timeframe for transition of care to NHS? This non-medical information relating to treatment is required on the AF B10034 as non-clinical staff involved in judging the policy compliance of the case do not have access to the medical information contained in DMICP.

b. **Is the treatment required available on the NHS?** If no, then the application must provide supporting evidence of the specific clinical specialities that are being provided by keeping the individual in Service regarding the deficiencies in NHS expertise and availability (noting that failure to adhere to JSP 950 timelines on transition of care does not justify an extension in Service). If the required treatment is available on the NHS then the application must account for why the care has not been transitioned and give detail on the plan/timeframe for the healthcare transition (the application must be clear what, if anything, is preventing it).

c. **Is the care available on the NHS of the same standard as in-Service care?** Due to the residential multidisciplinary approach adopted by some Defence Medical facilities it is accepted that care in military facilities can occasionally, be superior to that offered by NHS providers. Whilst this may be preferable in the short term for injured SP (particularly in cases where the treatment is at a significant point in the clinical pathway and it is not appropriate for it to be transferred at that time), the Army cannot keep SP indefinitely and this is not a factor that will prevent transition of SP.

d. **Is retention in the SP's interest?** Repeated extension requests and

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113 Such an administrative extension must be JSP 760 compliant and is not to include additional time to take Annual leave.
overreliance on military care often lead to SP becoming institutionalised, resulting in other medical and social complications. Such complications significantly compromise the SP’s ability to transition to civilian life and employment. It is essential that a holistic approach to the SP’s wellbeing is considered when applying for an extension and repeated extensions are less likely to be approved.

e. **Do all the medical specialists and the CoC agree.** In many cases, it is recognised that there will be disagreements between SP medical specialists, and the CoC. In these cases, the medical assurance provided by the Occupational Heath Physician will inform Pers Pol (A)’s decision after careful consideration of the case against the policy factors.

f. **Are there other extenuating circumstances?** Limited functional capacity and medical treatment may impact on other aspects of the transition process, particularly with regard to resettlement training and future employment. The CoC should use the HARDFACTS\(^{114}\) acronym to highlight any circumstances where an extension request relates to the significant detrimental effect of medical treatment on progress towards effective transition (this relates to SP who have had significant residential medical interventions or clinical recovery periods that have prevented transition activity).

g. **Assignment to a PRU.** In order to maximise the positive impact of support on transition, SP assigned to a PRU through ARCAB can be extended in service (through the AFB10034) to enable four clear months\(^{115}\) residual service in the PRU. In this case the AFB10034 requires the PRU assignment date and Units are to ensure that the ARCAB AFB10027 form is annotated to clearly state that an application for extension in service has or will be submitted if the WIS SP is selected for assignment to a PRU.

78.1040. **Rejection of non-compliant AFB10034 applications.** If an application has not clearly articulated a policy compliant justification for service extension on medical grounds in the AFB10034 application then it will be rejected. In all cases the decision of Pers Pol (A) is final. If new information pertaining to the case is identified which is policy compliant then subsequent applications can be made.

78.1041. **Summary.** The aim of this process is to ensure that those medically downgraded personnel are managed correctly and those who are no longer fully employable within their current CEG are either considered for transfer or discharged/retired from the Army. Equally it aims to ensure that those personnel seriously injured who still wish to be retained have the opportunity for their case to be considered by the AEB. It should be noted that the critical factor governing the results of the Appendix 22 is employability. This process will ensure that the Army retains those Officers and Soldiers still capable of further Service and considers those for discharge / retirement whose medical condition is preventing their employment.

78.1042 – 78.1100. **Reserved.**

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\(^{114}\) Health, Accommodation & Relocation, Drugs & Alcohol, Finance, Attitudes, Children & Family, Training, Education & Employment, Supporting Agencies.

\(^{115}\) The effect of stand-downs such as Christmas can be taken into consideration. The PRU or unit may make a case for a longer period if supported by objective evidence.
PART 11 - THE ARMY EMPLOYMENT BOARD (AEB)

General

78.1101. This Part 11 describes the procedures for applications to the AEB, the potential outcomes from referral to the AEB and the construct of the AEB itself. Applications for referral to the AEB should not be considered to be the automatic process for all medical employment limitation issues, but rather the exception where retention is sought by the SP under the policy outlined at para 78.1006.

78.1102. The purpose of the AEB is to make decisions with respect to the continued employability of officers and soldiers who have been permanently downgraded by a Full Medical Board (FMB) or MOD A Board. An AEB can therefore only take place on completion of the medical assessment by an FMB or MOD A Board and will meet as required and as convened by SO1 OH, in the following circumstances:

a. In exceptional circumstances for a soldier or officer graded L6E5 MND permanent (P8) where retention is sought by the SP.

b. For a soldier or officer graded below the minimum medical retention standard required by Arm or Service where:

(1) The Fitness for Work Assessment grading means that a SP is unsuitable for transfer; or

(2) Where a transfer opportunity is not found; or

(3) An employment opportunity is identified, but the SP rejects the offer and retention is sought by the SP.

c. Where the circumstances described in para 78.1102 b (1) - (3) apply but the CoC considers that discharge is appropriate.

d. For cases where current guidelines are felt to be insufficient to meet complex issues. For example, where a SP's case falls outside of the definitions in Part 10 and the direction in this document is felt to be insufficient.

78.1103. Application Process. Where retention is sought by the SP, then the SP is to initiate the application for referral to the AEB, using Appendix 25. Where the CoC considers that discharge is more appropriate, then the CO either indicates this on the application by the SP or initiates an Appendix 25. In the case of a disputed Appendix 22, where the SP seeks retention, then an Appendix 25 is to be initiated by the SP, but the CO may or may not support this application and is required to comment on this at para 4 to Appendix 25.

78.1104. When referring a case to the AEB in the circumstances outlined in para 78.1102 above, SO1 OH must be informed and Appendix 25 is to be initiated and forwarded to APC. Time must be spent explaining the possible outcomes of AEB action. The Appendix 22 may be initiated either because retention is sought or because the CoC (including CM Branch and Regimental /}

116 It should be noted that the AEB may still recommend medical retirement for officers or for soldiers discharge either under QR(Army) para 9.414 Services No Longer Required or QR(Army) para 9.385 Unsuitable for further Army Service on Medical Grounds.
117 For soldiers, this application would take the form of a disputed Appendix 22.
118 Para 78.1102 a & b are where the individual wishes to stay and thus initiates the Appendix 22, which may or may not be supported by the CoC. The option under para 1102 c is effectively the CoC requesting that the AEB considers discharge against the wishes of the individual.
119 With the assistance of the immediate CoC.
Corps Colonels advice) decides that discharge or retirement is appropriate. SO1 OH, APC will provide guidance to the CoC on all the procedures and documentation required and will ensure that cases are dealt with appropriately.

78.1105. The application process to be followed by the CoC is as follows:

a. **In Cases of Applications for Retention by the SP.** In circumstances where retention is sought by the SP, then the SP should initiate the Appendix 25, but the CO should give reasons why they do or do not support the application. The process is as follows:

(1) For SPs graded L6E5 MND Permanent where retention is sought.

(a) The SP should be interviewed by the CO to confirm his/her understanding of the employment, financial and welfare implications of remaining in Service, using SME advice as appropriate and in accordance with para 78.1009.

(b) The appropriate CM Branch should be informed in order that options can be considered and employment options can be drafted. This must be agreed by the SP (if not agreed then see para 78.1105a (2)) and will be a key consideration for the AEB.

(c) Appendix 25 must be initiated by the SP, supported by the CoC, providing all medical and welfare reports as stipulated. The CO should state whether they do or do not support the application for retention with reasons as necessary. This should all be forwarded to APC SO1 OH.

(2) For SPs who are graded below the minimum medical standard required by Arm or Service, where either employment cannot be found or employment offered is rejected, but retention is sought by the SP (for soldiers this is a contested Appendix 22):

(a) The SP should be interviewed by the CO to confirm their understanding of the employment / financial implications of remaining in Service (for soldiers this should have been conducted as part of Section A of Appendix 22), in accordance with para 78.1015.

(b) The appropriate CM Branch reconsiders transfer options (for soldiers this will have been completed once as part of the Appendix 22) and employment options are drafted. This must be acknowledged by the SP and will be a key consideration for the AEB\(^\text{120}\)

(c) Appendix 25 is initiated by the SP and the CO should state whether they do or do not support the application for retention with reasons as necessary, providing all medical and welfare reports as stipulated. This should be forwarded to APC SO1 OH.

(3) **In Cases Where Discharge / Retirement is Sought by the CoC\(^\text{121}\).** Where discharge / retirement is sought by the CoC, Appendix 25 is to be initiated by the CO and the SP need not agree the application; the SP’s reasons for this disagreement will be fully considered by the AEB.

\(^{120}\) CM Branch will be responsible for ensuring that all welfare and medical reports are compiled as necessary and that in conjunction with the CoC a suitable employment plan is available. Transfer options should be considered and evidence provided where this has not been possible.

\(^{121}\) See footnote 81.
(a) The SP should be interviewed by the CO to confirm their understanding of the employment / financial implications of remaining in Service compared to discharge / retirement (for soldiers this should have been conducted as part of Section A of Appendix 22), in accordance with para 78.1015.

(b) The appropriate CM Branch should be informed to confirm whether employment can or cannot be found122. Employment options should be drafted to inform the AEB’s decision as to whether to approve discharge / retirement.

78.1106. All cases for retention must be accompanied by employment options drafted by the Career Manager and seen by the SP and the CO within the employing unit. In drafting these employment options, the Career Manager is also to seek the advice of the relevant Regimental / Corps Colonel as this will ensure that employment options incorporate broader implications on training and employment opportunities. The employment options summarise what could be offered to the SP in respect of future assignments, attendance on career courses123 and general career opportunities. Prospects for promotion should be included, taking due account of the limitations of promotion of personnel below the minimum medical standard. The employment options are to be informed by medical (including OH) advice regarding what type of work or activity can or cannot be undertaken.

78.1107. A personal statement from the soldier/officer is required for all cases referred to the AEB secretariat along with supporting statements. The appropriate CM Branch will be responsible for aiding in submitting all paperwork described in Appendix 25 para 5 to the AEB Secretary prior to the commencement of the AEB.

78.1108. Governance. The AEB reports to the Army Health Board124 (AHB), formerly the Army Health Committee, chaired by DCGS. The AEB will produce an annual summary of cases and AEB decisions to the AHB to inform Army policy.

78.1109. Board Composition. Membership of the AEB consists of:

<table>
<thead>
<tr>
<th>Post 125</th>
<th>Voting Member</th>
<th>Adviser Role</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMS</td>
<td>Yes</td>
<td>No</td>
<td>President and casting vote126</td>
</tr>
<tr>
<td>Col CM Ops</td>
<td>Yes</td>
<td>No</td>
<td>If not available, deputised by Col CM Branch</td>
</tr>
<tr>
<td>Col AMS</td>
<td>Yes</td>
<td>No</td>
<td>For AMS cases only</td>
</tr>
<tr>
<td>Col CM Branch</td>
<td>No</td>
<td>Yes</td>
<td>For Regimental personnel, as appropriate. Voting member if Col CM Ops not available</td>
</tr>
<tr>
<td>AH Employment, Pers Pol (A)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>President of the Full, Army Central or MOD(A) Medical Board127</td>
<td>No</td>
<td>Yes</td>
<td>The president of the most senior medical board that has considered the case is required</td>
</tr>
<tr>
<td>APC SO1 OH</td>
<td>No</td>
<td>Yes</td>
<td>Secretary</td>
</tr>
<tr>
<td>Army Sec representative</td>
<td>No</td>
<td>Yes</td>
<td>For presentational issues</td>
</tr>
<tr>
<td>Legal advisor</td>
<td>No</td>
<td>Yes</td>
<td>Employment Law</td>
</tr>
</tbody>
</table>

122 Although finding employment will have been conducted as part of the Appendix 22, a further attempt should be made to find employment, considering any factors which may have changed.
123 Where a career course attracts a Return of Service (ROS) in accordance with 2010DIN01-096, and an individual subsequently applies for discharge, advice must be sought from Pers Pol (A).
124 The Army Health Committee is chaired by DCGS and is the highest committee considering both the personnel and welfare aspects of health policy together with the individual aspects of Health care.
125 Or nominated representative, not below the rank of OF4.
126 If not available a suitable AH OF5 can deputise.
127 The President of each FMB will be expected to attend the AEB, but may delegate attendance to a nominated OM Consultant cognisant with the medical aspects of the case. They will only be asked to discuss those cases for which they are responsible and therefore each board may require the attendance of more than one President.
78.1110. Board Procedure. Prior to the AEB convening to consider a case the following should occur:

a. All documents to be relied upon at the AEB will be provided to the SP.

b. The SP may provide written representations no later than 10 working days prior to the AEB. If they wish to attend the AEB in person or to examine witnesses, they should indicate this NLT 10 working days from the date of the hearing. The President of the Board will consider any request to examine witnesses out of committee in conjunction with the Secretary and having taken legal advice.128

c. Where circumstances permit the Secretary of the Board will normally consult the Consultant OH due to advise the AEB and legal adviser NLT seven days prior to the AEB to address any outstanding points prior to the Board convening.

d. Voting. Decisions of the Board may be made by simple majority. The views of dissenting members should be recorded in Records of Decisions (RoDs). The President has a casting vote.

e. Record of Decisions. The RoDs should include the reasons for the decision of the AEB and should have reference to the case consideration factors as applied to the facts of the case.

f. Written reasons for the decisions of the board should be provided to the SP within 10 working days of the Board’s decision.129

78.1111. Case Considerations. In determining whether the SP who is seeking retention or discharge/retirement has the potential to fulfil a worthwhile role and whether it is judged to be in the best interests of the SP and the Army for them to be retained, the AEB will consider all relevant factors, drawing on Regimental/Corps Colonels and the Manning Bricks advice where necessary, including the following:

a. Length of Service and the extent to which a SP is able to complete their respective Commission / Engagement.

b. Whether medical, welfare, health and safety restrictions preclude continued employment within the SP’s current commission / trade / CEG or any other capacity. It is critical that continued employment can be found within a SP’s medical capacity that will not exacerbate their medical condition, or have other health and safety considerations.

c. The likelihood or possibility of gainful employment and whether a full career can be offered (including promotion / advancement prospects and operational liability, where appropriate).

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128 The President will take legal advice from SO1 Employment Law, HQ DALS.
129 Col CM Ops is the authority in the absence of DMS for notification.
d. Whether employment can be offered elsewhere in the Army either through transfer to a different cap badge or through placement in General Service.

e. Operational effectiveness, deployability and the impact of retaining a SP within extant manning levels.

f. Welfare, resettlement and access to medical support and care, including Care, Recovery and Transition Plans as appropriate.

g. The written personal statement of the SP together with any supporting documentation and / or representations that they or their CO may present to the AEB.

h. The Commanding Officer’s report\(^{130}\).

i. The circumstances resulting in the serious injury or illness may be considered.

78.1112. The AEB Options. The Board has the authority to direct one of the following options, giving reasons for its direction:

a. Retention in employment at A4L6M4E5 MND (P8), providing direction where appropriate on the length of retention. The AEB may also comment on a SP’s fitness for a Conversion of Commission or Engagement. In addition, a detailed risk assessment will need to be performed in order to advise the CoC on any restrictions/adaptations required in the workplace. The medical status of the SP must be reviewed annually.

b. Retaining a SP, subject to a review within a specified timeframe\(^{131}\). This is to be applied where the prognosis of a SP’s condition is uncertain, or where there is an obligation to ensure a SP is given sufficient time to make the transfer to civilian life. This must be reviewed at six monthly intervals\(^{132}\) within the parameters of the SP’s current Engagement or Commission type and will not normally be extended beyond 24 months. A temporary grading of L6E5 MND temporary will also be recommended should this be required.

c. Invaliding from the Service after a period of resettlement, with invaliding and terminal leave in accordance with the current regulations\(^{133}\). Such a recommendation may allow for temporary retention, for a period specified by the Board, in accordance with WIS procedures.

d. Discharge / retirement from the Service after a period of resettlement in accordance with current regulations. This option is only likely in circumstances when employment can be found for a SP but the SP declines the offer\(^{134}\).

78.1113. SP Attendance at AEBs. The AEB is focussed on making decisions regarding employability. The SP is not required to attend the AEB, however, a unit representative or the CO may be asked to attend. SPs may request attendance at an AEB to APC SO1 OH; the President of the Board will decide on the relevance of such requests.

78.1114. Withdrawal of Request for AEB Action. In order to withdraw a request for AEB consideration the following is required:

\(^{130}\) This should include additional information not in Appendix 18. As a minimum, the CO should take a view on current and future employment prospects based on the individual’s capability and aptitude.

\(^{131}\) Downgraded personnel are reviewed routinely on an annual basis.

\(^{132}\) By APC SO1 OH.

\(^{133}\) In accordance with JSP 760 Tri-Service Regulations For Leave And Other Types Of Absences and JSP 534 The Tri-Service Resettlement Manual.

\(^{134}\) If discharged under QR(Army) para 9.414 Services No Longer Required, this will have significant financial/pension implications.
a. **Change to Medical Condition.** Any changes to a SP’s medical condition must be confirmed by a medical assessment submitted to SO1 OH. If necessary, a further FMB should take place.

b. **Retention.** Requests by the SP to withdraw an application for retention must be submitted to APC SO1 OH and copied to the appropriate Officer / soldier CM Branch.

78.1115. **Resettlement Training.** SPs recommended for invaliding from the Service remain eligible to commence resettlement training in accordance with JSP 534 while their case is being processed and submitted to the AEB.

78.1116. **Post Board Action.** The following will take place after each AEB:

a. **Notification.** The results of the AEB will be notified in writing to both the SP and the CO. In cases where it is deemed appropriate, the AEB may advise the CO by telephone of the outcome of the Board. Notification will be sent within 48 hrs from completion of the AEB.

b. **Retention.** The JMES awarded by the President of the Fitness for Work Assessment will remain unchanged. If the SP is being retained in a non-working grade the authority for retention in military service is provided by the AEB, including the duration of retention. SO1 OH APC will ensure a detailed risk assessment is performed in order to advise the CoC on any restrictions/adaptations required in the workplace to facilitate the proposed employment (as required).

c. **Discharge.** If discharge is recommended on medical grounds in accordance with QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements, forward all documents to APC CM Ops, OH Branch. A discharge will be authorised and a date for discharge will be issued by APC SO1 OH. If discharge is recommended in accordance with QR(Army) para 9.414 Services No Longer Required then the authorisation letter and signed AF B130A are to be forwarded to Pers Pol (A) SO2 Discharges by the unit. On return of the documents from Pers Pol (A)/APC, the CO completes the discharge procedure and forwards all documents to Document Handling Centre.

d. **Retirement.** Invaliding retirement for Officers will be authorised in accordance with the provisions of the Army Promotions and Appointments Warrant 2009 and actioned by APC CM Ops Offr Sec SO1.

**Appeals**

78.1117. The SP has the right of appeal against the AEB’s recommendation only in the following circumstances:

a. Where new factors or evidence have come to light that were not considered by the original board, the SP may, at any time prior to their discharge / retirement, request that their case be considered before a reconvened Board. In order to expedite this process, this review may take place out of committee.

b. Where a SP disagrees with any decision of the Board with regard to invaliding, retention or review, they may request in writing, within a maximum of one calendar month from the promulgation of the board result, a review by the Army Employment Appeals Board (AEAB).

78.1118. The AEAB will meet as and when required but within three calendar months of the acknowledgement of the appeal application by SO1 OH (in accordance with para 78.1120).
78.1119. **Composition of the Appeals Board.** The AEAB is composed of:

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<tr>
<th>Post</th>
<th>Voting Member</th>
<th>Adviser Role</th>
<th>Remarks</th>
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<tr>
<td>D Pers</td>
<td>Y</td>
<td></td>
<td>President</td>
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<tr>
<td>Hd Manning</td>
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<td>Hd APSG</td>
<td>Y</td>
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<tr>
<td>Army Sec Representative</td>
<td>N</td>
<td>Y</td>
<td>SCS Level</td>
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<tr>
<td>APC SO1 OH</td>
<td>N</td>
<td>Y</td>
<td>Secretary</td>
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<tr>
<td>CAOM</td>
<td>N</td>
<td>Y</td>
<td>Where medical issues are contested</td>
</tr>
<tr>
<td>Legal Advisor</td>
<td>N</td>
<td>Y</td>
<td>Employment Law</td>
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78.1120. **Appeals Procedure.** An application for appeal should be submitted in writing to the relevant CM Branch through the appellant’s CO, clearly stating the grounds for the appeal and the desired outcome. The appropriate officer / soldier CM Branch will forward the application to SO1 OH. Further medical, welfare and unit reports will be raised as required and determined by SO1 OH. Appeals must clearly state, including details of any supporting evidence:

a. The grounds of the appeal.

b. What outcome the appellant is seeking.

78.1121. SO1 OH will acknowledge receipt of the appeal through the SP’s CO and convene a meeting of the AEAB. SO1 OH will prepare a brief for AEAB and forward the papers to members for consideration prior to the AEAB meeting. These papers (less any legal advice which is privileged) will be also disclosed to the appellant consistent with the AEB procedure at para 78.1110. SO1 OH will also inform the appellant, in writing, of the Board’s decision, copied to the CO and relevant CM Branch at the APC.

78.1122. **AEAB Powers.** The AEAB will hear the application of the SP afresh and may take the following action:

a. Uphold the SP’s appeal and substitute its own recommendation for that of the AEB.

b. Reject the SP’s appeal and uphold or vary the AEB’s original recommendation.

In each case, the AEAB will give reasons for its decision. Although the decision of the AEAB is final, a SP may make a Service Complaint under section 334 of the Armed Forces Act 2006 and in accordance with JSP 831.

78.1123 – 78.1200. Reserved.
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PART 12 - RETROSPECTIVE / MEDICAL DISCHARGES RETIREMENTS

General

78.1201. This Part 12 clarifies circumstances where both Officers and Soldiers are required to attend a Fitness for Work Assessment close to or after their Engagement Expiry Date (EED).

78.1202. It is essential that all Service Personnel (SP) leaving the Service have a pre-release medical at least eight weeks prior to the date they are due to leave the unit. This is the last opportunity for referral to a Full Medical Board (FMB) and if the pre-release medical is not carried out in these timelines then the SP will not have enough residual service to attend the FMB in service. In these circumstances a SP can apply for a medical discharge sometime after leaving. This Part gives direction on how these cases should be managed.

78.1203. Personnel Graded L5E5 MND(P). If a SP is graded L5 MND(P) by a Fitness for Work Assessment, then the parent unit must start the process laid down in Part 10 and complete either an Appendix 8 (for retention) or Appendix 22 (transfer and invaliding). If a SP has Notice to Terminate (NTT) / Premature Voluntary Release (PVR) or is coming to the end of their current service and their planned discharge occurs prior to the invaliding date authorised by APC Occupational Health (OH), then they will not be discharged in accordance with PAW 09 Article 196 / QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements and will be discharged on the original date. The final Fitness for Work Assessment grading will however apply and any restrictions that this grade will have on future Service / Reserve liability will be imposed. The SP will not be able to apply to Pers Pol (A) for a retrospective medical discharge unless there are exceptional circumstances. This also applies to those graded L5E5 MND(P) at a Fitness for Work Assessment after discharge.

78.1204. Personnel Graded L6E5 ('P8') MND(P). All SP graded L6E5 MND(P) by a FMB prior to discharge will receive a medical discharge/retirement with the date being set by APC OH unless their planned discharge date is prior to this. In these cases they will be given the option to:

a. Extend their current discharge date to the date set by SO1 OH and receive a medical discharge.

b. Refuse a medical discharge and continue to be discharged / retired on their original date. This must be done in writing to APC OH, including reference to financial implications, and acknowledging they will have no right to apply for a retrospective medical discharge at a later date. In these cases the SP’s medical grade will be updated to show they were graded L6E5 on discharge. The final Fitness for Work Assessment grading will be applied and any restrictions that this grade will have on future Service / Reserve liability will be imposed.

78.1205. It is essential that if a SP with less than 12 weeks service remaining is graded L6E5 (Perm) by a FMB then the FMB President is to ensure that SO1 OH at the APC is informed. If a unit receives an App 12 (informing them that a SP in their last 12 weeks of service has been recommended for a L6E5 medical discharge) then they are to liaise with APC OH. These

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135 This is eight weeks before the date on which terminal leave begins for a UK based unit. If overseas, this is eight weeks before returning to the UK for commencement of release procedures.
136 WO2-WO1 and Captain are retained at L5E5 MND(P) but in exceptional circumstances can be subject to Appendix 22 action.
137 Even if it appears that there is not enough time for this process to be completed it should be started in case there is a delay to the planned discharge / retirement date.
138 Ceasing to fulfil Army Medical requirements, that is medically unfit under existing standards.
139 If, for example, there is evidence that the SP has been mismanaged / disadvantaged by their CoC.
140 Calculated in accordance with JSP 760 and JPA entitlement.
141 This refusal is to be placed on the individual’s P file.
142 The SP may wish to consult the Forces Pension Society or other agencies to help understand any financial implications.
procedures will ensure that the SP is not discharged without being offered the option of delaying the date to receive a medical discharge.

78.1206. All SP who receive a medical discharge date prior to their current EED will not be extended to allow them to complete their service; the FMB determination takes precedence.

78.1207. If a SP is referred for a FMB prior to discharge in some circumstances they will reach the EED prior to attendance at the board. If they are subsequently graded L6E5 MND(P) they can apply to Pers Pol (A) for a retrospective medical discharge. This is only applicable if they would have received the same grade at a FMB prior to discharge.

78.1208. SP administratively discharged for disciplinary reasons prior to receiving a medical discharge will not be entitled to a retrospective medical discharge.

Appeals for Retrospective Medical Discharge

78.1209. SP can appeal to Pers Pol (A) to consider a retrospective medical discharge. In order for their case to be considered evidence needs to be presented to support the case for appeal. Appeals will only be considered if sufficient information is provided to support the change and if the SP confirms that they are aware of the financial implications. SP graded L6E5 MND(P) prior to their EED who previously refused a medical discharge cannot subsequently claim for one.

78.1210. Pers Pol (A) will convene a Retrospective Medical Discharge Board to conduct an initial assessment of all appeals to determine if the case meets the policy criteria. The board’s membership is as follows:

<table>
<thead>
<tr>
<th>Post</th>
<th>Organisation</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO1 Wf Pol</td>
<td>Workforce Policy, Pers Pol (A)</td>
<td>Chair</td>
</tr>
<tr>
<td>SO1 Occ Med</td>
<td>SHA(A)</td>
<td></td>
</tr>
<tr>
<td>SO2 Empl Pol</td>
<td>Workforce Policy, Pers Pol (A)</td>
<td></td>
</tr>
<tr>
<td>SO2 Discharges</td>
<td>Workforce Policy, Pers Pol (A)</td>
<td>Secretary</td>
</tr>
<tr>
<td>E1 Discharges</td>
<td>Workforce Policy, Pers Pol (A)</td>
<td>Administrative support</td>
</tr>
</tbody>
</table>

The board will reach one of the following decisions:

a. **Reject.** If it is clear from the files that the SP is not eligible for a retrospective medical discharge, then the appeal will be rejected immediately.

b. **Approve.** If, on review of their medical and personnel documentation, it is clearly apparent that the SP should have received a medical discharge then Pers Pol (A) will authorise one.

c. **Referral.** In more complex cases, or those requiring specialist consultant input, Pers Pol (A) will ask SO1 OM (or a specialist) to review the medical evidence and discharge circumstances. A retrospective medical discharge will only be granted if, after this review, Pers Pol (A) agree that the SP would have met the criteria for L6E5 MND(P) under the policy extant at the time of discharge.

d. **Out of time or inappropriate.** If the case is more than 12 months old it will be ruled out of time. If the circumstances are not covered by the remit of the board then the SP will be advised of a more appropriate mechanism for their grievance.

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143 SO2 Discharges for soldiers and SO2 Officer ToS for Officers.
144 Special to Type Service Complaint process under JSP 831 Redress of Individual Grievances; Service Complaints
145 The SP may wish to consult the Forces Pension Society or other agencies to help understand any financial implications as in certain circumstances they may be required to pay back part of any lump sum they had received.
78.1211. Pers Pol (A) will not authorise a retrospective medical discharge for any SP where the injury / illness was not apparent to the medical chain or recognised in medical policy at the time of leaving the Service. In all of these cases the SP can still apply through Veterans UK for a War Disablement Pension and (if applicable) to the Armed Forces Compensation Scheme.

78.1212. The time limit for all appeals for retrospective medical discharge is **12 months** from the discharge or retirement date, this timeframe applies *ex post facto* to all appeals. The decision of Pers Pol (A) will be final, there is no subsequent right to appeal a Pers Pol (A) decision for retrospective medical discharge.

78.1213 – 78.1300. Reserved.
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PART 13 - PAPMIS

General

78.1301. PULHHEEMS Administrative Pamphlet Management Information System (PAPMIS) is the Management Information System for the CoC to ensure the enacting and tracking of the required PAP processes relating to medically downgraded SP. Use of PAPMIS ensures that mandated processes are carried out in the most effective and efficient manner whilst also enabling appropriate levels of assurance. As such, its use is mandated for all Army personnel, regardless of their current TLB.

Access, Roles and Responsibilities

78.1302. Access. PAPMIS, accessed via Google Chrome, is limited to those personnel directly involved in the medical welfare management of soldiers and the CoC are to use PAPMIS after reading the online presentation regarding the use of PAPMIS. Those who require access to PAPMIS are to apply for access in LUMS (the Army Application Access Management System). The Unit PAPMIS Point of Contact (usually the Adjutant or RCMO) should then authorise and complete the access request in LUMS. All 1* formations/organisations and above with subordinate PAPMIS using units must identify a PAPMIS PoC who has the appropriate KSE. Further PAPMIS User Account administration support can be obtained by the formation PAPMIS PoC through the Army Information Front Door – The Army Apps Service Catalogue.

78.1303. Management of Accounts. The Unit is responsible for creating and deleting accounts. PAPMIS roles are linked to a SP’s PUID and not to their post or role within a Unit. It is therefore paramount that when a SP moves away from the Unit that their PAPMIS access is withdrawn immediately by the Unit System Admin for data protection reasons. If the departed SP requires PAPMIS access at their new unit, it can be restored by their receiving unit System Admin once they arrive. Further PAPMIS User Account administration support can be obtained by the formation PAPMIS PoC through the Army Information Front Door – The Army Apps Service Catalogue.

78.1304. Roles. The type of account authorised is dependent on the role of the SP within the Unit and the level of access they require. The different PAPMIS roles are detailed below.

   a. ‘Unit CO / OC / Adjt / RCMO / RAO / Welfare Officer’ Roles. Self-explanatory.

   b. ‘Unit User’ Role. For those who require ‘write’ access to records (e.g. 2IC/CSM/SSM for drafting CO / OC comments) but cannot ‘authorise’ sections on appendices.

   c. ‘Unit Witness Authoriser’ Role. For those who need to witness a SP’s signature on Appendices 18, 21 or 22. This is automatically included in unit CO/OC/Adjt /RCMO roles.

   d. ‘Unit Read’ Role. For those members of staff who do not require any ‘write’ access to records.

   e. ‘Unit System Admin’ Role. For those members of staff who are required to create new PAPMIS user accounts (e.g. Adjt / RCMO / RAWO / RCMO / iHub / ISO / ISA), manage the system and deactivate accounts when SPs are posted out of the unit.

78.1305. The table below highlights positions within a standard unit and the PAPMIS roles required for those positions. This is a guide; units may choose other people to have specific PAPMIS roles.
78.1306. Responsibilities. Once access to PAPMIS has been granted on LUMS, PAPMIS users are required to carry out the following detailed responsibilities to enable PAPMIS to work efficiently:

<table>
<thead>
<tr>
<th>Ser</th>
<th>Post</th>
<th>PAPMIS Accounts Required</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CO</td>
<td>Unit CO role</td>
<td>Role includes Witness Authoriser rights</td>
</tr>
<tr>
<td>2</td>
<td>Unit 2IC</td>
<td>Unit User role</td>
<td>Populates CO section for Appendix 18, 8 and 22. 2IC or an OC (in extremis) can be delegated CO role for administrative purposes when the CO is absent.</td>
</tr>
<tr>
<td>3</td>
<td>Sub Unit OC</td>
<td>Unit OC role</td>
<td>Role includes Witness Authoriser rights</td>
</tr>
<tr>
<td>4</td>
<td>Adjt</td>
<td>Unit Adjt role, Unit System Admin role</td>
<td>Role includes Witness Authoriser rights</td>
</tr>
<tr>
<td>5</td>
<td>RCMO</td>
<td>Unit RCMO role, Unit System Admin role</td>
<td>Role includes Witness Authoriser rights</td>
</tr>
<tr>
<td>6</td>
<td>RAO</td>
<td>Unit RAO role</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>RMO</td>
<td>AMD Medical Authoriser role</td>
<td>This role cannot be created by a Unit System Admin, only by a AMD System Admin (usually the Practice Manager)¹⁴⁶</td>
</tr>
<tr>
<td>8</td>
<td>Welfare Officer</td>
<td>Unit Welfare Officer role</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Sub Unit 2IC</td>
<td>Unit User Role, Unit Witness Authoriser role</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>RSM</td>
<td>Unit User role</td>
<td>Can populate OC section for Appendix 18</td>
</tr>
<tr>
<td>11</td>
<td>SSM</td>
<td>Unit User role, Unit Witness Authoriser Role</td>
<td>Can populate OC section for Appendix 18</td>
</tr>
<tr>
<td>12</td>
<td>RAWO</td>
<td>Unit System Admin role</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Tp Cmdr</td>
<td>Unit Read role</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Prac Mgr</td>
<td>AMD System Admin role</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Asst RCMO</td>
<td>Unit User role, Unit System Admin role</td>
<td></td>
</tr>
</tbody>
</table>

¹⁴⁶ If the RMO does not have an AMD System Admin working in their medical centre then they can apply directly.

a. **Commanding Officer.** The Commanding Officer is responsible for authorising Appendix 8s and 22s as required. This role cannot be delegated unless the CO is away and the 2IC is given delegated powers of Command on Unit Part 1 Orders. **NOTE: These responsibilities cannot be delegated except in the instance that a CO’s post is gapped or they are unavailable (deployed), in which circumstances a SP of OF3 rank, to whom the CO’s powers have been holistically delegated, may complete the process on the CO’s behalf.**

b. **Sub Unit Officer Commanding.** The OC is responsible for ensuring all permanently downgraded soldiers have an Appendix 18 completed on PAPMIS. OCs are also responsible for drafting Appendix 8s and 22s for the CO. OCs can act as a Witness Authoriser for both Appendix 18s and 22s.

c. **Adjutant.** The Adjutant is responsible for the authorising of accounts and preparation of Appendix 8s and 22s on behalf of the CO. To monitor and ensure compliance with procedures by all sub units. To input notes to the “Notes” section of records during (or following) Unit Health Committee meetings. To act as a Witness Authoriser if required. **NOTE: Under no circumstances can the Adjutant be delegated the role of CO on PAPMIS.**

d. **RCMO.** To ensure all relevant parts within each Appendix which require RCMO action are completed. To ensure that all permanently downgraded personnel (both MLD and MND) have an Appendix 18 and Appendix 27 completed on their record. To act as a Witness Authoriser (especially Part 3 of App 22) if required.
e. **RAO.** To ensure all relevant parts of Appendix 27 are completed.

f. **RMO.** To ensure all relevant parts within each appendix which require RMO action are completed on receipt from units and RHQ. To ensure when soldiers are downgraded, Appendix 9s are produced in hard copy. The RMO may be able to assist the unit in the process of uploading Appendix 9s onto PAPMIS.\(^{147}\)

g. **Welfare Officer.** To ensure all relevant parts of Appendix 27 are completed.

h. **Sub Unit 2IC.** Responsible for assisting the SSM in the drafting of Appendix 18 for all permanently downgraded personnel within the sub unit. Only in the absence of the OC and SSM are they to act as a Witness Authoriser.

i. **Sub Unit Sergeant Major.** The sub unit Sergeant Major is responsible for the day to day management of all sub unit personnel being managed under PAPMIS. In addition the sub unit Sergeant Major is required to draft Appendix 18s on behalf of the OC, ensure all soldiers under PAPMIS have completed the Appendix 27 process and to act as the unit Witness Authoriser to authorise signatures on Appendix 18s.

j. **RAWO.** The RAWO is to ensure that all accounts are created and managed correctly across the unit including being responsible for the deletion of accounts when SPs are assigned.

k. **Medical Centre Practice Manager.** Is responsible for the creation and management of AMD accounts for the Medical Centre staff.

78.1307. **Medical in Confidence.** Medical Employment Policy (MEP) and PAPMIS are strictly administrative processes and systems. There should be no medical in confidence information recorded in PAPMIS, either in the notes area of a MEP Record, or in any appendices. If medical information is inadvertently saved, the unit must contact Employment Policy in Pers Pol (A) immediately to request its removal.

78.1308. **Unit Admin Inspection.** PAPMIS has been successfully implemented across all army units and forms a key part of Unit Admin Inspections. Where units cannot demonstrate compliance with this AGAI through PAPMIS then this will highlight a failure of the Unit's management of their medically downgraded personnel. As such, the use of PAPMIS is required in the Unit Admin Inspection and units will fail if they cannot show appropriate engagement and compliance with PAPMIS.

78.1309. **Reserves.** Reserve units are to comply with PAPMIS in the same way as Regular units. Given the geographically dispersed nature of many Reserve units, PAPMIS is often even more beneficial for the Reserve. If Reserve units do not have access to a military Medical Officer (MO), then it is possible for a "Virtual MO" to complete Appendices remotely. In this situation, contact Occ Health Reserves in SG DPHC for further guidance.

**Appendices on PAPMIS**

78.1310. **Appendix 9.** This form notifies a unit of a SP's medical or functional restrictions. The Appendix 9 is currently completed on DMICP and it is the unit's responsibility to upload the current in-date copy, signed by the SP, to PAPMIS. All existing hard copies of Appendix 9 should be

\(^{147}\) Duty medics could do this as part of their routine business, however, if the medical centre does not have the capacity then the unit can look at other ways of getting the appendices onto PAPMIS including the use of SSMs or Duty Clerks. This is a unit, not a medical responsibility.
scanned into UHC file structures on MOSS and then uploaded to a SP’s PAPMIS Library to ensure complete histories are retained on PAPMIS.

78.1311. Appendix 18. This is the Occupational Report on a SP for Employment Purposes (including Fitness for Work Assessment). It must be completed annually for all permanently downgraded personnel\(^\text{148}\) (and can be completed for any downgraded person who would benefit from it). Initiated by the sub unit and authorised by the sub unit OC. Printed copies of the Appendix 18 should be retained in the SP’s P file and a scanned image of the signed copy should be uploaded into the PAPMIS Record Library.

78.1312. Appendix 27. This is the Unit Implications Brief. Must be completed annually for all permanently downgraded personnel and this brief should be given to the SP before a decision has been made on retention or transfer and should be reviewed annually where the SP is retained. The Appendix 27 is not required for Recruits Appendix 21 where the ARITC Appendix 21 SOI Annex F is used (as the Annex F performs the same function).

78.1313. Appendix 26. This is the Deployment Medical Risk Assessment Form. This form is the obligatory risk assessment which must be completed for SPs graded below MFD prior to deploying on exercise or operations where necessary (see 78.517 and 78.1013). The form is to be used to provide a risk assessment for a SP’s training, deployment against a specified role or suitability to be employed in a @R ORBAT. The document is to be generated by the sub unit in consultation with the Appendix 9 and authorised by the CO with MO guidance.

78.1314. Appendix 21/22. This is the Application for Transfer or Discharge of a Recruit (Appendix 21) or Soldier Medically Unfit for Employment within Current Arm or Service (Appendix 22). Appendix 21 process is articulated in Part 8. Appendix 22 must be initiated by the unit when a soldier is downgraded to MND(P) (or MLD(P) in exceptional circumstances) if the unit feels they are unemployable and do not wish to retain the soldier. The Appendix 22 must be authorised by the CO. Printed copies of the Appendix 22 should be retained in the SP’s P file and a scanned image of the signed copy should be uploaded into the PAPMIS Record Library.

78.1315. Appendix 8. This is the Application Form for Permission to Retain a SP who has a JMES which has fallen below the minimum medical employment standard for their Arm or Corps. It must be initiated by the unit when the soldier has been graded MND(P) unless the CO considers the Appendix 22 as a better option. The Appendix 8 must be authorised by the CO personally, where the CO is absent Appendix 8s will be accepted where evidence is provided that authority has been delegated to the 2IC (or in extremis an OC\(^{149}\)). Appendix 8s that are not signed by the CO (or an appointed Field Officer where the CO is absent) will be rejected.

78.1316. PAPMIS Queries. There is no formal training package for PAPMIS. Issues with PAPMIS functionality should be addressed through the unit CoC, before being elevated to Bde and then Div levels. For IT related PAPMIS issues, users are to engage with the LF Service Desk who manage the application: [Redacted]

78.1317. Summary. PAPMIS is an essential tool in managing SPs who do not meet the required JMES for their Arm or Service, but it must be used correctly. It is imperative that all commanders and managers within the Unit Health Management chain embrace and utilise PAPMIS to help improve the deployability and Combat Effectiveness of the Army.

78.1318 – 78.1400. Reserved.

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\(^{148}\) Less those in basic or Initial Trade Training.

\(^{149}\) Minimum of OF3.
Table 1

Minimum Medical Standards for Officers, by Arms, On Entry and on Commission

<table>
<thead>
<tr>
<th>Serial</th>
<th>Arm</th>
<th>P</th>
<th>U</th>
<th>L</th>
<th>H</th>
<th>H</th>
<th>E</th>
<th>E</th>
<th>M</th>
<th>S</th>
<th>CP</th>
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<tbody>
<tr>
<td>1</td>
<td>Household Cavalry</td>
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<tr>
<td>6</td>
<td>Foot Guards</td>
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<td>7</td>
<td>Infantry (incl PARA)</td>
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</tr>
<tr>
<td>8a</td>
<td>UKSF&lt;sup&gt;150&lt;/sup&gt;Badged ranks</td>
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<td>See Table 3 for Entry Standards to UKSF</td>
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<td>9a</td>
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<td>See Appendix 6 for Entry Standards to Army Flying Appointments</td>
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<td>14a</td>
<td>AGC: RMP/MPS</td>
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<td>2</td>
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<td>2</td>
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<td>3</td>
</tr>
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<td>AGC: All other</td>
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<sup>150</sup> Includes Army personnel serving within SFSG.
<sup>151</sup> Regulations apply to Army personnel within SBS, 22 SAS, SRR, 18 (UKSF) Sig Regt SFCs, 21 SAS(R) and 23 SAS(R).
<sup>152</sup> Regulations apply to Army personnel within SBS, 22 SAS, SRR, 18 (UKSF) Sig Regt SFCs, 21 SAS(R) and 23 SAS(R).
<sup>153</sup> Port and Maritime Regulations may require CP1 (See MSN 1756 (M) Seafarer Medical Examination System and Medical any Eyesight Standards (to be superseded by MSN 1822(M) dated 6 Apr 10).
Notes:

1. Officers of any Arm employed as parachutists or attached to the PARA or the UKSF must conform to the medical standard required for entry to those regiments as either badged or attached ranks as appropriate.

2. Officers employed on the crew of armoured vehicles (irrespective of cap-badge) must have visual acuity of not less than (also see Note 4):

<table>
<thead>
<tr>
<th>E</th>
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<tbody>
<tr>
<td>8</td>
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<td>2</td>
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</table>

3. Officers who are to be employed in the handling of food are to undergo a special medical examination and be certified by a Medical Officer (MO) to be in a fit state of health in accordance with the policy contained in Chapter 4 to Volume 3 (Defence Food Safety Management) of JSP 456 (Defence Catering Manual). Food handling is not permitted until this process has been successfully completed.

4. Unless stated otherwise, the only eye specific requirement is that all entrants to the Army must be at least E3 in the right eye. As long as this criterion is met, side specific standards requiring a higher VA than E3 may be reversed. For example:

<table>
<thead>
<tr>
<th>Tabled Grade</th>
<th>Acceptable Alternative</th>
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</thead>
<tbody>
<tr>
<td>8 8 2 6</td>
<td>8 8 3 2</td>
</tr>
</tbody>
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5. CAMUS standards apply to Officers in Army Reserve bands.

6. If candidate fails Ishihara Pseudo-Isochromatic Plates testing by Holmes-Wright or Fletcher CAM Lantern is mandatory to ensure red/green, signal colour safety, IAW JSP 950.

7. Candidates to the Army with hearing impairment identified by audiometry must be graded according to Annex A to SHAPL 001/16. Candidates considered MLD by in-service standards must be graded medically unfit for service (P8), unfit for entry. The suitability for Army service of those candidates who attract an E2 JMES marker must be discussed with ARITC Occ Med.
### Minimum Medical Standards for Entry to the Army, by Arm and Employment - Soldiers

<table>
<thead>
<tr>
<th>Serial</th>
<th>Arm and Employment/CEQ</th>
<th>P</th>
<th>U</th>
<th>L</th>
<th>H</th>
<th>E</th>
<th>E</th>
<th>M</th>
<th>S</th>
<th>CP</th>
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154 Includes Army personnel serving with SFSG.
155 Regulations apply to Army personnel serving with SBS, 22 SAS, SRR, 18 (UKSF) Sig Regt SFCs, 21 SAS(R) and 23 SAS(R).
156 Regulations apply to Army personnel serving with SBS, 22 SAS, SRR, 18 (UKSF) Sig Regt SFCs, 21 SAS(R) and 23 SAS(R).
## MINIMUM MEDICAL STANDARDS FOR ENTRY TO THE ARMY FOR SOLDIERS

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<td><strong>RLC Air Dispatcher</strong></td>
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<tr>
<td><strong>RLC Port Operator</strong></td>
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<tr>
<td><strong>RLC Driver (Comms specialist)</strong></td>
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<td><strong>RLC Chef</strong></td>
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<td><strong>REME</strong></td>
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<td><strong>REME Vehicle Mechanic</strong></td>
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<td><strong>REME Armourer</strong></td>
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<td><strong>REME Metal smith</strong></td>
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<td><strong>REME Technician Electronics</strong></td>
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<tr>
<td><strong>REME Technical Storeman</strong></td>
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157 Port and Maritime Regulations may require CPI (See MSN 1756 (M)) Seafarer Medical Examination System and Medical any Eyesight Standards (to be superseded by MSN 1822(M) dated 6 Apr 10).
### MINIMUM MEDICAL STANDARDS FOR ENTRY TO THE ARMY FOR SOLDIERS

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<td>QARANC Qualified Nurse</td>
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</tr>
</tbody>
</table>

**Notes:**

1. SPs employed as either a driver or commander of armoured vehicles (irrespective of cap-badge) must have visual acuity of not less than.

   $$E_{8}E_{8}$$

   $$2E_{6}$$

2. SPs employed as a driver of a vehicle requiring a C licence (irrespective of cap-badge) must have visual acuity of not less than (also see note 1).

   $$E_{7}E_{7}$$

   $$2E_{3}$$

3. Unless stated otherwise, the only eye specific requirement is that all entrants to the Army must be at least E3 in the right eye. As long as this criterion is met, side specific standards requiring a higher VA than E3 may be reversed. For example:

<table>
<thead>
<tr>
<th>Tabled Grade</th>
<th>Acceptable Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>8 8</td>
</tr>
<tr>
<td>2 6</td>
<td>3 2</td>
</tr>
<tr>
<td>8 8</td>
<td>8 8</td>
</tr>
<tr>
<td>1 6</td>
<td>3 1</td>
</tr>
</tbody>
</table>


5. See Part 8 for the full aircrew medical standards.

6. Holmes/Wright or Fletcher CAM Lantern Test is mandatory.

7. Soldiers who are to be employed in the handling of food are to undergo a special medical examination and be certified by a medical officer to be in a fit state of health in accordance with the policy contained in Chapter 4 to Volume 3 (Defence Food Safety Management) of JSP 456 (Defence Catering Manual). Food handling is not permitted until this process has been successfully completed.

8. CAMUS standards apply to musicians in Army Reserve bands.

10. Candidates to the Army with hearing impairment identified by audiometry must be graded according to Annex A to SHAPL 001/16. Candidates considered MLD by in-service standards must be graded *medically unfit for service* (P8), unfit for entry. The suitability for Army service of those candidates who attract an E2 JMES marker must be discussed with Occupational Medicine at Army Recruiting and Training Division.
Table 3

Minimum Medical Standards for Entry and Retention – United Kingdom Special Forces

General

1. UKSF Selection is an extremely arduous selection process both physically and mentally. It is conducted in remote locations both in the UK and overseas. Subsequent service with UKSF is similarly demanding. It follows that a very high level of physical and medical fitness is required. Those with a predisposition to, or with conditions requiring periodic medical care or review or taking long term medication or in whom deterioration of a pre-existing condition might occur are not suitable for service with UKSF. In accordance with JSP 950 V1 Leaflet 1-2-12, all candidates must undergo a Stage Four Medical Assessment within 1 year prior to the start of the selection process. The Unit Medical Officer must ensure that, all candidates must have a Joint Medical Employment Standard (JMES) of Medically Fully Deployable (MFD) with no medical limitations (A4 L1 M1 E1). Candidates with a JMES of A4L1M1E2 may be considered after discussion with PMO SBS or SMO 22 SAS.

2. The medical examination may be performed by either Service Medical Officers or civilian medical practitioners employed by the MOD. Advice may be obtained from SO1 Med HQ DSF who is the authority on fitness to serve with UKSF.

PULHHEEMS Profile

3. The minimum PULHHEEMS profile for the SAS is as follows:

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th>U</th>
<th>L</th>
<th>H</th>
<th>H</th>
<th>E</th>
<th>E</th>
<th>M</th>
<th>S</th>
<th>CP</th>
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<tbody>
<tr>
<td>Entry</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
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<td>4</td>
</tr>
<tr>
<td>Retention</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

4. 2017DIN07-090 further details the current application process, specific entry standards and restrictions for all branches of the UKSF.
Intentionally blank
### Table 4a

**Minimum Retention JMES Coding for Officers**

<table>
<thead>
<tr>
<th>Serial</th>
<th>Arm/Service</th>
<th>Deployability Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minimum JMES Coding – for trained Lt and below</td>
<td>A4L1M4E2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A4L4M4E4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>below retention standard</td>
</tr>
<tr>
<td>2</td>
<td>Minimum JMES Coding – for Capt and above</td>
<td>A4L1M4E2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A4L4M4E4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A4L5M4E5</td>
</tr>
</tbody>
</table>

Assumption: E6 coding automatically leads to a MND Temporary grading.

### Table 4b

**Minimum Retention Eyesight Employment Standards for Officers**

<table>
<thead>
<tr>
<th>Serial</th>
<th>Arm/Service</th>
<th>Deployability Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minimum Eyesight Grading (less those listed below)</td>
<td>8 8 3 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 8</td>
</tr>
<tr>
<td>2</td>
<td>UKSF</td>
<td>3 3 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 8</td>
</tr>
<tr>
<td>3</td>
<td>AAC - Pilots</td>
<td>5 5 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 7 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 7 1 1</td>
</tr>
<tr>
<td>4</td>
<td>AAC - Ground Appointments (pilots and non-pilots)</td>
<td>7 7 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 7 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 7 2 3</td>
</tr>
<tr>
<td>5</td>
<td>RAChD</td>
<td>8 8 6 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 6 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 6 8</td>
</tr>
<tr>
<td>7</td>
<td>RLC</td>
<td>8 8 3 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 6</td>
</tr>
<tr>
<td>8</td>
<td>RAMC</td>
<td>8 8 3 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 6</td>
</tr>
<tr>
<td>9</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 8</td>
</tr>
<tr>
<td>10</td>
<td>RAVC</td>
<td>8 8 3 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 8 3 6</td>
</tr>
<tr>
<td>Serial</td>
<td>Arm/Service</td>
<td>Deployability Coding</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFD</td>
</tr>
<tr>
<td>11</td>
<td>RADC</td>
<td>8 3</td>
</tr>
<tr>
<td>12</td>
<td>INT CORPS</td>
<td>8 3</td>
</tr>
<tr>
<td>13</td>
<td>RAPTC</td>
<td>8 3</td>
</tr>
<tr>
<td>14</td>
<td>LE Commissions (all Arms)</td>
<td>8 3</td>
</tr>
<tr>
<td>15</td>
<td>Staff (Colonel &amp; above)</td>
<td>8 3</td>
</tr>
<tr>
<td>16</td>
<td>QARANC</td>
<td>8 3</td>
</tr>
<tr>
<td>17</td>
<td>CAMUS</td>
<td>8 2</td>
</tr>
</tbody>
</table>
### Table 5a

**Minimum Retention JMES Coding for Soldiers**

<table>
<thead>
<tr>
<th>Serial</th>
<th>Arm/Service</th>
<th>Deployability Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MFD</td>
</tr>
<tr>
<td>1</td>
<td>Minimum JMES Coding (less those listed below)</td>
<td>A4L1M4E2</td>
</tr>
<tr>
<td>2</td>
<td>RLC Seaman/Navigator</td>
<td>A4L1M1E2</td>
</tr>
<tr>
<td>3</td>
<td>Minimum JMES Coding – for WO2-WO1</td>
<td>A4L1M4E2</td>
</tr>
</tbody>
</table>

**Assumptions:**

1. All soldiers with a JMES coding below those listed under MLD are by definition MND.
2. An E6 coding automatically leads to a MND Temporary grading.

### Table 5b

**Minimum Retention Eyesight Employment Standards for Soldiers**

<table>
<thead>
<tr>
<th>Serial</th>
<th>Arm/Service</th>
<th>Deployability Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MFD</td>
</tr>
<tr>
<td>1</td>
<td>Minimum Eyesight Grading (less those listed below)</td>
<td>8 8</td>
</tr>
<tr>
<td>2</td>
<td>RE (trades listed below only):</td>
<td>3 6</td>
</tr>
<tr>
<td></td>
<td>ME (Driver)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Driver Specialist (Plant Transporter))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Driver Specialist (Crane))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Driver Specialist (Automotive Bridge Launching Equipment))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Driver Specialist (Tank Bridge Transporter))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Resources Specialist)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Armoured Engineer)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Plant Operator Mechanic)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Geographic Technician)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (Construction Materials Technician)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME (C3S)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 7</td>
<td>7 7</td>
</tr>
<tr>
<td></td>
<td>2 3</td>
<td>2 3</td>
</tr>
<tr>
<td>Serial</td>
<td>Arm/Service</td>
<td>Deployability Coding</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MFD</td>
</tr>
<tr>
<td>3</td>
<td>ME (Fitter Gen)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R SiGNALS (trades listed below only):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regimental Duty</td>
<td>7 7</td>
</tr>
<tr>
<td></td>
<td>Foreman of Signals</td>
<td>2 3</td>
</tr>
<tr>
<td></td>
<td>Yeoman of Signals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervisor (Information Systems)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervisor (Radio)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communication Systems Operator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electronic Warfare Systems Operator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electrician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Systems Engineer Technician</td>
<td>8 8</td>
</tr>
<tr>
<td></td>
<td>Installation Technician</td>
<td>3 6</td>
</tr>
<tr>
<td>4</td>
<td>Infantry (trades listed below only):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dvr Lic Cat C &amp; E</td>
<td>2 3</td>
</tr>
<tr>
<td></td>
<td>Dvr Lic Cat B &amp; E</td>
<td>8 8</td>
</tr>
<tr>
<td>5</td>
<td>UKSF</td>
<td>3 3</td>
</tr>
<tr>
<td>6</td>
<td>AAC - Pilots</td>
<td>5 5</td>
</tr>
<tr>
<td>7</td>
<td>AAC - Ground Appointments (pilots and non-pilots)</td>
<td>7 7</td>
</tr>
<tr>
<td></td>
<td>RLC (trades listed below only):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Driver</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Driver (Communications Specialist)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Driver (Tank Transporter)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Port Operator</td>
<td>7 7</td>
</tr>
<tr>
<td></td>
<td>Ammunition Technician</td>
<td>2 3</td>
</tr>
<tr>
<td></td>
<td>Postal and Courier Operator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Logistic Specialist (Supply)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vehicle Support Specialist</td>
<td></td>
</tr>
<tr>
<td>Serial</td>
<td>Arm/Service</td>
<td>Deployability Coding</td>
</tr>
<tr>
<td>--------</td>
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<tr>
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<td>MFD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MLD</td>
</tr>
<tr>
<td></td>
<td>Photographer</td>
<td>5 5</td>
</tr>
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<td></td>
<td>Petroleum Operator</td>
<td>2 2</td>
</tr>
<tr>
<td></td>
<td>Air Dispatcher</td>
<td>3 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 1</td>
</tr>
<tr>
<td></td>
<td>Mariner</td>
<td>1 6</td>
</tr>
<tr>
<td></td>
<td>Railway Operator</td>
<td>1 3</td>
</tr>
<tr>
<td></td>
<td>Marine Engineer</td>
<td>7 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 6</td>
</tr>
<tr>
<td></td>
<td>Movement Controller</td>
<td>7 7</td>
</tr>
<tr>
<td></td>
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<td>2 6</td>
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<td>9</td>
<td>RAMC</td>
<td>8 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 6</td>
</tr>
</tbody>
</table>
### Army Medical Employment Policy

**(May 2019)**  
*(Replaces AEL 110 dated Mar 19)*

#### Serial 10

**Arm/Service**  
REME (trades listed below only):

<table>
<thead>
<tr>
<th>Trade</th>
<th>MFD</th>
<th>MLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificer Vehicles</td>
<td>7 7</td>
<td>7 7</td>
</tr>
<tr>
<td>Recovery Mechanic</td>
<td>2 3</td>
<td>2 3</td>
</tr>
<tr>
<td>Vehicle Mechanic</td>
<td>7 7</td>
<td>7 7</td>
</tr>
<tr>
<td>Artificer Avionics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificer Aircraft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificer Weapons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificer Electronics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technician Avionics</td>
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<td></td>
</tr>
<tr>
<td>Technician Aircraft</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle Electrician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal smith</td>
<td>7 7</td>
<td>7 8</td>
</tr>
<tr>
<td>Shipwright</td>
<td>2 7</td>
<td>3 8</td>
</tr>
<tr>
<td>Armourer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronics Technician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regimental Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical Storeman</td>
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<td></td>
</tr>
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</table>

#### Serial 11

**Arm/Service**  
RAVC

<table>
<thead>
<tr>
<th>MFD</th>
<th>MLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>8 8</td>
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<tr>
<td>3 6</td>
<td>3 6</td>
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</tbody>
</table>

#### Serial 12

**Arm/Service**  
SASC

<table>
<thead>
<tr>
<th>MFD</th>
<th>MLD</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>3 6</td>
<td>3 6</td>
</tr>
</tbody>
</table>

#### Serial 13

**Arm/Service**  
RADC

<table>
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<tr>
<th>MFD</th>
<th>MLD</th>
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</thead>
<tbody>
<tr>
<td>8 8</td>
<td>8 8</td>
</tr>
<tr>
<td>3 6</td>
<td>3 6</td>
</tr>
</tbody>
</table>

#### Serial 14

**Arm/Service**  
INT CORPS

<table>
<thead>
<tr>
<th>MFD</th>
<th>MLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>8 8</td>
</tr>
<tr>
<td>3 6</td>
<td>3 6</td>
</tr>
</tbody>
</table>

#### Serial 15

**Arm/Service**  
APTC

<table>
<thead>
<tr>
<th>MFD</th>
<th>MLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>8 8</td>
</tr>
<tr>
<td>3 6</td>
<td>3 6</td>
</tr>
</tbody>
</table>

#### Serial 16

**Arm/Service**  
QARANC

<table>
<thead>
<tr>
<th>MFD</th>
<th>MLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 8</td>
<td>8 8</td>
</tr>
<tr>
<td>3 6</td>
<td>3 6</td>
</tr>
</tbody>
</table>

**Note:** SPs employed as a driver of a vehicle requiring a C licence (irrespective of cap-badge) must have visual acuity of not less than 7/2 x 7/3.
# Functional Interpretation of JMES / PULHHEEMS Grades

<table>
<thead>
<tr>
<th>MDS</th>
<th>Function Capacity and Employment/ Deployment Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Fully Deployable (MFD)</td>
<td>Medically Fit For Unrestricted Service Worldwide (L1). The absence of a medical condition or functional limitation that would prevent the SP from undertaking all elements expected of both rank and Career Employment Group (CEG) in barracks and whilst deployed on any unrestricted world-wide operation.</td>
</tr>
<tr>
<td>Objective Tests:</td>
<td>• Ability to pass all MATTs (physically ‘fit to attempt’, which enables the start of any required build up training)(^{158})</td>
</tr>
<tr>
<td>Medically Limited Deployability (MLD)</td>
<td>Medically Fit For Duty With Minor Employment Limitations (L2-4). A SP who has a medical condition or functional limitation that prevents the meeting of all MFD requirements. The SP must:</td>
</tr>
<tr>
<td></td>
<td>• Be able to undertake full-time employment in barracks, there may be minor limitations on their employment on exercise or deployments.</td>
</tr>
<tr>
<td></td>
<td>• Not be vulnerable to a significant deterioration of their condition if there is an interruption to the supply of medication(^{159}), delay in planned medical review or interruption in treatment.</td>
</tr>
<tr>
<td></td>
<td>• Not impose a significant and / or constant demand on the medical services if deployed.</td>
</tr>
<tr>
<td></td>
<td>• Have no limit in their ability to function wearing personal equipment demanded of the environment and their CEG and rank.</td>
</tr>
<tr>
<td></td>
<td>• Not be vulnerable to exacerbation of their medical condition as a result of deployment or employment providing reasonable precautions are put in place.</td>
</tr>
<tr>
<td>Medically Not Deployable (MND)</td>
<td>Medically unfit for deployment. Fit for branch/trade and limited UK operations (L5). A SP who has a medical condition or functional limitation that prevents the meeting of all MLD requirements. They may require regular, continued medical care or supervision, regular long-term medication and/or access to secondary level (hospital) medical facilities. They are not fit to deploy on military operations but should be able to deploy on exercises in the UK and limited British bases overseas(^{160}), subject to the appropriate risk assessment. If employed in accordance with their CEG the condition or functional limitation should not be exacerbated. The SP must be:</td>
</tr>
<tr>
<td></td>
<td>• Capable of performing the requirements of their CEG and/or formally established (i.e. has a PiD) employment within limits of restrictions.</td>
</tr>
<tr>
<td></td>
<td>• Able to work effectively for at least 32.5 hours per week (inc: 1 hr per day for treatment or rehabilitation, not including travel time).</td>
</tr>
</tbody>
</table>

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158 As mandated by the SP’s current role/assignment.

159 This requirement may be waived in the MLD grade following discussion with CAOM / ROHT: in such cases the Appendix 9 must be explicit that uninterrupted supply of medication is essential, and specify whether this is reliant on a reliable cold chain.

160 For example employment in BATUS - CROWFOOT, but only where medical facilities exist to accommodate the requirements of the condition or limitation.
<table>
<thead>
<tr>
<th>JMES</th>
<th>Medically Fully Deployable (MFD)</th>
<th>Medically Limited Deployability (MLD)</th>
<th>Medically Not Deployable (MND)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P Grade</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>HH</td>
<td>Audiometrically Assessed Acuity of Hearing.</td>
<td>Acceptable practical hearing for service purposes.</td>
<td>Impaired hearing but the SP is able to fire a personal weapon with normal or operationally issued hearing protection, operate equipment related to their CEG and communicate using telephone or radio without significant medical restrictions and without likelihood of causing further hearing damage.</td>
</tr>
<tr>
<td>EE</td>
<td>Visual Acuity. The Degrees under EE are Simple Records of Distant Visual Acuity</td>
<td></td>
<td>Right eye correctable to 6/12</td>
</tr>
<tr>
<td>M</td>
<td>Mental Capacity</td>
<td>The absence of a medical condition affecting normal mental function.</td>
<td>The presence of a limitation to mental function likely to affect the SP’s ability to perform in their CEG. Able to perform commensurate with the SP’s CEG, current rank and training. Able to provide supervisory, leadership and management responsibilities commensurate with their rank and CEG. Fit to perform MATTs.</td>
</tr>
<tr>
<td>S</td>
<td>Emotional Stability (Combat Temperament)</td>
<td>The absence of a medical condition affecting normal emotional stability.</td>
<td>The presence of a minor limitation to emotional stability likely to affect the SP’s ability to perform in their CEG and at their appropriate rank. Fit to attempt ACMT and pass all MATTs. Able to handle live ammunition and operate a weapon without any risk to themselves or others.</td>
</tr>
</tbody>
</table>
APPENDIX 1 TO CHAPTER 78

GUIDANCE FOR MEDICAL OFFICERS

Completion of FMED 23

1. The FMed 23 is used to justify the findings of a Fitness for Work Assessment and record any recommendations made. The narrative should not be an exhaustive repetition of the medical history but rather a targeted synopsis of any pertinent facts, alongside the justification for the board’s recommended JMES and outcome.

2. This guidance on the completion of the FMed 23 is provided in order to ensure all relevant information is consistently and clearly provided. When other documents in the electronic health care record are referred to they should be referenced and if loose leaved sheets are incorporated, personal details (minimum service number, rank and name) and the date of the board must be included on each sheet.

Procedure

3. For convenience, the front sheet of the FMed 23 (see pages App 1-6 & 1-7) has been annotated with numbers referred to in the notes below. The relevant boxes on the FMed 23 should be completed in line with the guidance notes below.

Guidance Notes Relating to Annotated FMed 23 Front Sheet:

1. **Full Service Number.** Self-explanatory.

2. **Rank/Rating.** Use the approved abbreviations.

3. **Branch/Trade.** Use the approved abbreviations (eg RLC/Dvr, RAMC/Cbt Med Tech etc). Branch and Trade names are subject to change, and the correct terminology should be checked with the patient at the time of the Board during the initial interview.

4. **Total Full Time Service.** NOT REQUIRED.

5. **Surname and Forename(s).** Current full names, as they appear on the medical record, should be used.

6. **Dates.** To avoid any possible confusion with dates, the correct Service date format should be used throughout. This is in the form of numbers for the day, a 3-letter abbreviation for the month, and 2 numbers for the year, such as 08 Dec 15.

7. **Command.** NOT REQUIRED.

8. **Ship/Unit/Station.** NOT REQUIRED.

9. **Type of Enlistment / Commission.** NOT REQUIRED.

10. **Authority of Board.** The extant Army Medical Regulations.

11. **Principal Condition(s) Affecting the Medical Employment Standard Leading to Fitness for Work Assessment.** This section should be completed with all conditions

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161 Additional guidance on the completion of FMed 23 for candidates discharged from training is at para 5.
leading individually or collectively to the overall P grade which then relates to the JMES. For example, in a board grading L5 MND perm, only those conditions attracting a grade of L5 should be listed here.

12. **Place of Board.** This will normally be listed as the Medical Centre or ROHT.

13. **Date of Board and Signatures.** All dates for the Board are to be the same, and are to be the date on which the patient was seen and the PES awarded. Dates of the signing, if recorded, should reflect the date of signature itself.

14. **Other Condition(s) Affecting the Medical Employment Standard at the Time of the Fitness for Work Assessment.** Details of other medical conditions affecting the patient and that would result in a lowered JMES. Resolved or minor conditions should not be listed.

15. **Date (of Principal and other Conditions).** The date listed should be as accurate as possible, to the day. If the exact date of onset is uncertain, such as when a patient presents late with a problem, then the date of presentation should be stated with the fact noted (e.g. 01 Feb 08 (presented)), and the matter noted in the narrative (e.g. “on 01 Feb 08, LCpl Bloggs presented with a history of wheeze of several months duration”). A separate date should be noted for each condition listed, using the same numbering system.

16. **Place of Origin.** The Place of Origin should be confined to a broad geographical area, (e.g. UK, Germany, SBA Cyprus, or USA etc). If the event occurred on operations, then list the operation name (e.g. Op HERRICK). A separate place should be noted for each condition listed in the Principal Disabilities box, using the same numbering system.

17. **Ceased Duty On.** NOT REQUIRED.

18. **PULHHEEMS and JMES.** The PULHHEEMS and JMES blocks should be completed in accordance with JSP 950.

   a. **Place, Type and Date of Next Fitness for Work Assessment.** If the Fitness for Work Assessment wishes to review a PES at a set interval, the appropriate information should be entered here.

   b. **Probable Period of Unfitness.** Those awarded a JMES other than L5E5 are deemed to be fit. For those graded L5E5 temp the probable period of time before return to duty / next Fitness for Work Assessment should be noted. If a period of SL is granted, then the appropriate period should be noted here.

   c. Any employment restrictions should be recorded here.

19. **Normal Date of Termination.** NOT REQUIRED.

20. **Narrative. Narrative for Fitness for Work Assessments.** The following information should be recorded noting that the quality of an FMed 23 narrative is not dependent on its length and using bullet points will convey information clearly and concisely. There is no requirement to replicate the DMICP record; a brief summary of relevant events will suffice. It is essential to assess functional capacity, identify employment restrictions, comment on risk and interpret findings in accordance with the standards set at MEP, Table 6. A four-paragraph approach is suggested to help order thoughts and ensure all relevant information is included:
a. **History.** Provide a brief overview. Start dates are useful but the date of every operation / admission is not required\(^{162}\). The names of treating consultants, hospitals and lengthy descriptions of causation are only required if they assist with understanding the current situation. Significant medical history and current medication are required.

b. **Summary of Current Situation.** Describe current symptoms and identify stage of rehabilitation / treatment\(^{163}\). How and where is the soldier employed; including working hours, length of current employment and work place adaptation required to facilitate employment. Include social circumstance if informative.

c. **Functional Capacity Evaluation.** The bulk of the narrative should be in this paragraph and include any relevant examination. Begin with the limit of their function\(^{164}\), what can the soldier do/ not do include the activities of daily living.\(^{165}\) What effects do their injuries or conditions have on their ability to work in their current rank/trade or any other military role. Comment on recovery time needed after an activity.\(^{166}\)

d. **Recommendation.** Comment on the risk the condition represents and interpretation of how your assessment translates to the employers’ standards as set out in table 6 to PAP\(^{167}\). You are drawing a conclusion here that will justify altering the soldier’s grade. It should be coherent and make sense to the second member of the board. If it does not the second member should reflect this to the initiating doctor as this represents the built-in quality control in the process.

21. **Narrative for Fitness for Work Assessments grading Medically Unfit for Service L6 MND Perm.** The following information should be recorded noting that the quality of an FMEd 23 narrative is not dependent on its length and using bullet points will convey information clearly and concisely. There is no requirement to replicate the DMICP record; a summary of relevant events will suffice. It is essential to assess functional capacity, identify employment restrictions, comment on risk and interpret findings in accordance with the standards set at PAP, table 6.

   a. **Narrative.** Present at board, documents used at board, purpose of board, current / previous employment activities (including adaptations), social History.

   b. **Principal Condition(s).** History, previous, current and planned treatment and/or rehabilitation, current situation, prognosis, advice on estimated further time required for DMS specific care.

   c. **Other Condition(s).** History, previous, current and planned treatment and/or rehabilitation, current situation, prognosis, advice on estimated further time required for DMS specific care.

   d. **Current Situation.** Current medication, current mobility aids, functional capacity evaluation with reference to Table 6, activities of daily living, employer’s perspective, SP’s perspective and mental health evaluation.

\(^{162}\) e.g. Injury caused by x doing y on date z in location a whilst on/off duty or illness diagnosed date x major treatment interventions have included: DMRC/ RRU/ PCRF/ injection.

\(^{163}\) e.g. The most recent specialist opinion was that diagnosis is x, treatment is y and prognosis is z.

\(^{164}\) e.g. Can walk 5 miles maximum pain free.

\(^{165}\) These include: communication; eating and drinking; elimination; washing and dressing; mobilising; social circumstances and sleeping.

\(^{166}\) e.g. Currently able to work a 37.5 hr week; however, requires maximum pain relief to achieve this; has to spend weekend recovering.

\(^{167}\) e.g. They are MND perm because they cannot do a, b or c, would not be able to withstand x, y, z or their medical condition cannot be supported. May presents a risk to the deployed med chain. This condition may change in X years / will not change ever.
e. **Recommendations of The Fitness for Work Assessment.** Grading outcome and justification (as per table 6), recommendations to SP, Medical Officer, employer and for APC on LDoS (including justification) justification.

f. Confirmation that the patient understands the on-going treatment and prognosis and that the SP, has been given the opportunity to ask questions and clarify any points, has consented to the ROHT accessing their medical records, has been offered a copy of the Fitness for Work Assessment, has asked to see the Fitness for Work Assessment before it is released to APC (iaw AMRA 88), has consented to the distribution of the FMed23 used App 17.

22. **Narrative Additional Information Relating to Army Candidates During Training.** A contemporaneous version of FMed 23 is to be used and, if loose-leaved sheets are incorporated, personal details (minimum name and service number) are to be included on each sheet. The completion of a FMed 23 for every medical discharge recommendation is mandatory. The FMed 23 must contain sufficient information to justify the recommendation made, i.e. contain sufficient details of history, examination, investigation results and specialist opinion, allowing the Confirming Officer to be able to determine a recommendation for discharge (without reference to the contents of the Medical Record)\(^{168}\). FWA(P) ratifying consultants are to ensure that the FMed 23 is completed fully and accurately by the board member. The following minimum information is to be included on the FMed:

a. Date and place of pre-service medical examination.

b. Date of and place of IME.

c. Diagnosis and history including date of onset (and week of training of initial presentation). Include details of back-squadding if appropriate.

d. If the medical condition existed pre-service, provide details of the following:

   (1) Was the condition declared/undeclared?

   (2) The source of information, e.g. RG8 Part 1/GP records.

   (3) Was the trainee encouraged to withhold declaration and by whom (if applicable)?

e. Summary of examination, investigation, treatment (including rehabilitation and specialist opinion).

f. The board is satisfied that the treatment has been appropriate.

g. Personal aspirations of trainee.

h. Re-join criteria to be satisfied.\(^{169}\)

i. Recommendations given to SP.

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\(^{168}\) Although there may be supporting evidence within the Medical Record, this does not necessarily stay with the medical discharge documents as they are further processed.

\(^{169}\) See Table 5/6.
j. Confirmation that the SP has been offered and will be sent a copy of the FMed 23.

k. Fitness for Work Assessment initiated by (Medical Officer’s name).

l. Additional information relating to Army candidates during training.

23. **President’s Signature.** This space is for the President’s signature and GMC number.

24. **Board Member(s) Details.** These boxes should contain the rank, initials and surnames of the Board President and Member(s) as well as their GMC and NMC numbers and indicate if the member was present or in absentia.

25. **Member(s) Signature(s).** These spaces are for the Member(s) signature(s).
Intentionally blank
## Fitness for Work Assessment Record

<table>
<thead>
<tr>
<th>Service No</th>
<th>Rank/Rating</th>
<th>Branch/Trade</th>
<th>Date of entry</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See note 1</td>
<td>See note 2</td>
<td>NOT REQUIRED</td>
</tr>
<tr>
<td>Surname</td>
<td>See note 5</td>
<td>Command / Cap Badge</td>
<td>NOT REQUIRED</td>
</tr>
<tr>
<td>Forename(s)</td>
<td>See note 5</td>
<td>Ship/Unit/Station</td>
<td>NOT REQUIRED</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>See note 6</td>
<td>Engagement / Commission</td>
<td>NOT REQUIRED</td>
</tr>
<tr>
<td>Date and Place of Board</td>
<td>See notes 6, 12 and 13</td>
<td>Normal Date of Termination of Full Time Service</td>
<td>NOT REQUIRED</td>
</tr>
<tr>
<td>Authority for Board</td>
<td>See note 10</td>
<td>Ceased Duty On</td>
<td>NOT REQUIRED</td>
</tr>
</tbody>
</table>

**Principal condition(s) affecting the medical employment standard leading to the Fitness for Work Assessment**

**Other condition(s) affecting the medical employment standard at the time of the Fitness for Work Assessment**

<table>
<thead>
<tr>
<th>Date(s) of origin</th>
<th>Place(s) of origin</th>
<th>Date(s) of origin</th>
<th>Place(s) of origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>See notes 6 &amp; 15</td>
<td></td>
<td>See note 16</td>
<td>See note 16</td>
</tr>
</tbody>
</table>

## Findings of the Board

<table>
<thead>
<tr>
<th>P</th>
<th>U</th>
<th>L</th>
<th>H</th>
<th>H</th>
<th>E</th>
<th>E</th>
<th>M</th>
<th>S</th>
</tr>
</thead>
</table>

**Medical Limitations** including any specific restrictions on employability and future plans

<table>
<thead>
<tr>
<th>Date awarded</th>
<th>Date of review</th>
<th>Perm / Temp</th>
<th>MDS</th>
<th>JMES</th>
</tr>
</thead>
</table>

* Codes: 800 – Refer to App 9; 801 – Unfit APWT; 802 – Unfit PFA; 803 – Unfit BCFT

**Medical in Confidence** (when completed)

OFFICIAL SENSITIVE - PERSONAL
The SP has been advised on the distribution of this information and has given consent.

<table>
<thead>
<tr>
<th>Name (with GMC / NMC No.)</th>
<th>Rank</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>See note 24</td>
<td>See note 23 (FWA(T))</td>
</tr>
<tr>
<td>Ratification</td>
<td>See note 24</td>
<td>See note 25 (FWA(P))</td>
</tr>
<tr>
<td>Member</td>
<td>See note 24</td>
<td>See note 25 (FMB)</td>
</tr>
</tbody>
</table>

Approval (used for MOD(A) Board)

<table>
<thead>
<tr>
<th>Discharge approved under QR(Army) para [insert para]</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank</td>
</tr>
<tr>
<td>Signature of MO</td>
<td>Appointment</td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

MEDICAL IN CONFIDENCE (when completed)  
OFFICIAL SENSITIVE - PERSONAL
APPENDIX 2 TO CHAPTER 78

INSTRUCTIONS FOR FITNESS FOR WORK ASSESSMENT (TEMPORARY DOWNGRADING) (FWA(T))

1. **Authority.** FWA(T) is convened under the authority of Army Medical Employment Policy (this AGAI). A Medical Officer (MO) must be suitably trained in order to conduct FWA(T)s. FWA(T)s may downgrade SPs for up to 12 months in total at a time\(^{170}\). FWA(T) regularly conduct assessments as part of the Appendix 21 however, any board conducted in support of, or likely to lead to an Appendix 22 and all MND perm grades must be passed to a FWA(P)\(^{171}\).

2. **Composition.** A Fitness for Work Assessment (Temporary Downgrading) (FWA(T)) is to be composed of:
   
   a. A single Suitably Qualified and Experienced (SQEP) member of a Regional Occupational Health Team (ROHT), Occupational Medicine (OM) Consultant, nominated MO, or;
   
   b. Where DPHC Clinical Specialist Service assessment has already been undertaken a Suitably Qualified Experienced (SQEP) Allied Health Professional (AHP) including Specialist Occupational Health Nurse (OHN), Physiotherapist, Psychologist, Community Mental Health Nurse or Psychiatrist have the authority to undertake a FWA(T) to award a restrictive protective JMES of L5E5 for a maximum of 3 months.

3. The appointed clinician conducting the FWA(T) must have current clinical responsibility for the patient, or have been provided with recommendations and a clinical overview by the MO with current clinical responsibility for the patient.

4. **Administration.** The findings of a FWA(T) are to be recorded in the subject’s usual medical record using an appropriate Read Code for the associated condition and provide clear justification for the JMES awarded, set out an appropriate management plan and make clear arrangements for follow up of the patient. In most cases this will be on DMICP but where this is not possible an FMEd 23 should be used and recorded on DMICP. FMEd 23 form is to be used in cases where a FWA(T) for a Recruit leads to initiation of Appendix 21. In all cases, the Board’s recommendation (JMES only) is to be communicated to the SP’s unit (usually via DMICP link to JPA) and any further restrictions using Appendix 9. Gradings of L6E5 MND(T) should be recorded on an Appendix 10 (PHC) or an Appendix 11 (ROHT).

5. **Consent.** An Appendix 17 is to be completed and signed in all cases and included in the patient’s medical record, usually as a scanned copy on DMICP.

6. **Refusal of consent to release medical information.** Should a medically downgraded SP not consent to the CoC having access to their medical limitation information then the MO is to enter the JMES of A6L6M6E1 onto DMICP. This JMES is not a grade that could occur in any other circumstance and will inform the CoC that the SP has not consented for their medical grade to be released. See para 78.1033 for more information.

7. **Pregnant Personnel.** For pregnant personnel FMed 790 (Pregnancy Certificate) is also to be initiated.

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\(^{170}\) Grading P0 should usually be done in no greater than three monthly periods and extensions over six months must be carried out by ROHTs Para 78.916 details further.

\(^{171}\) The OM Consultant may be a retired Army OM Consultant provided they have previously worked as an accredited OM Consultant within an Army ROHT and maintained clinical currency since retirement. Consultant Advisor Occupational Medicine (CAOM) is responsible for assuring delivery organisations that an individual fulfils these criteria and has sufficient familiarity with the extant version of PAP.
8. The Appendix 20 appeal process remains applicable.
APPENDIX 3 TO CHAPTER 78

INSTRUCTION FOR FITNESS FOR WORK ASSESSMENTS (PERMANENT DOWNGRADING) (FWA(P))

1. **Authority.** Fitness for Work Assessments (Permanent Downgrading) (FWA(P)) are convened under the authority of Army Medical Employment Policy (this AGAI). The presiding medical officer must be suitably trained in order to conduct FWA(P)s. FWA(P)s are required to downgrade SPs for any period exceeding 12 months.

2. **Composition.** The minimum composition of a FWA(P) is a single member of a Regional Occupational Health Team (ROHT), Occupational Medicine (OM) Consultant or a nominated and suitably trained MO acting on their behalf, with referenced OM Consultant case specific direction:
   
a. If the MO with current clinical responsibility for the patient is not the primary member they should be an additional member (this member may be *in absentia*). Their role is to acknowledge and consider acting on any recommendations made by the board.

   b. In support of Appendix 22 applications and for all MND perm grades, a FWA(P) must either be ratified by an Occupational Medicine Consultant (either present or *in absentia* if necessary).  

   c. In absentia members, where required, are preferred to be accessible by VTC or teleconference during the assessment.

3. **Administration.** The findings of a FWA(P) are to be recorded on an FMed 23 and retained on DMICP and must provide clear justification for the JMES awarded, set out an appropriate management plan and make clear arrangements for follow up of the patient. The Board’s recommendation (JMES only) is to be communicated to the SP’s unit (usually via DMICP link to JPA and PAPMIS) and any further restrictions using Appendix 9.

4. **Consent.** An Appendix 17 is to be completed and signed in all cases and included in the patient’s medical record, usually as a scanned copy on DMICP.

5. **Refusal of consent to release medical information.** Should a medically downgraded SP not consent to the CoC having access to their medical limitation information then the MO is to enter the JMES of A6L6M6E1 onto DMICP. This JMES is not a grade that could occur in any other circumstance and will inform the CoC that the SP has not consented for their medical grade to be released. See *para 78.1033* for more information.

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172 The OM Consultant may be a retired Army OM Consultant provided they have previously worked as an accredited OM Consultant within an Army ROHT and maintained clinical currency since retirement. Consultant Advisor Occupational Medicine (CAOM) is responsible for assuring delivery organisations that an individual fulfils these criteria and has sufficient familiarity with the extant version of PAP.
APPENDIX 4 TO CHAPTER 78

INSTRUCTIONS FOR FULL MEDICAL BOARDS

1. Authority. A Full Medical Board (FMB) is convened under the authority of Army Medical Employment Policy (this AGAI). It is a consultant led and Medical Officer (MO) delivered service.

2. Composition
   a. President. The President should be an Occupational Medicine Consultant (OccMed Con) where possible a serving Army MO and Occ Med Con\(^\text{173}\) (for recruits this will be Cons Occ Med ARITC). The President is responsible for: ensuring the JMES awarded is in accordance with this document, recording any outstanding issues identified by the Board on the F Med 23 and selecting appropriate members of the Board. The President is not required to be present but their review and ratification of board outcomes is mandatory. In more complex cases, they may choose to attend in person.

   b. Members. The FMB members comprise two other medical professionals to satisfy Defence requirements stipulated in JSP 950. One member is required to be present if the president is in absentia and will be responsible for the smooth running of the Board. Both members may be absent when the president is attending, though one or both may be required to attend at the request of the President. The purpose of the sitting member is to run the board, while the other is to provide in absentia scrutiny of the F Med 23 narrative.

   c. One member, normally the in-absentia member, should be the MO employed by the MoD with current clinical responsibility for the patient\(^\text{174}\). Their role is to acknowledge and consider acting on any recommendations relating to medical care made by the Board. Where appropriate, the member can be invited to attend the Board in person (e.g. at the patient’s request or as their RMO).

   d. The other sitting member can be any other MoD employed doctor or Occupational Health Nurse at the request of the President, such as a specialist relevant to the patient.

3. Function. FMBs are to assess officers and soldiers for invaliding, discharge or retirement recommendations on medical grounds from the Service in grade L6E5 medically unfit for service (P8)\(^\text{175}\).

4. Application. MOs should refer patients to the Army ROHT responsible for an FMB. Referrals for FMB should contain sufficient information to allow the President to convene an appropriate board and provide a brief overview of the case focusing on any outstanding issues, such as treatment.

5. Pre-Board Administration by Referring MO:
   a. Confirm current Visual Acuity is correctly recorded on DMICP, ensuring accuracy in cases referred for ophthalmic conditions. Screening audiometry should be either confirmed as in date for Army Hearing Conservation requirements (either within last 12 months or since

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\(^{173}\) The OM Cons may be a civilian employed or commissioned MOD OM Cons with current registration with GMC and Faculty Occupational Medicine (FOM) to work in OM. They will have suitable previous and substantial military experience either within DPHC or ROHT and have maintained clinical currency if retired. CAOM is responsible for assuring the delivery organisations that an individual fulfils these criteria and has sufficient familiarity with the extant version of PAP.

\(^{174}\) The President is authorised to request an alternative member if required, but in such circumstances must ensure that any recommendations relating to medical care arising from the Board are acknowledged by the Medical Officer with current clinical responsibility for the patient.

\(^{175}\) Army Promotions and Appointments Warrant 2009 for Officers, The Queen’s Regulations for the Army 1975 (para 9.386 or 9.387) for soldiers, The Reserve Land Forces Regulations 2016, Part 1, Chapter 5, para 198 (temporary) and para 5.199 (permanent).
incident leading to referral in the case of instances whereby hearing may have been affected) 
or arrange for it to be carried out. Where potential hearing loss is detected the MO should 
act on the findings without delaying referral where the primary cause for requesting an FMB 
is not hearing related.

b. A referral is to be made on either an FMed 7 or by consultation entry linked to the 
referral on DMICP (this may include an Appendix 10). The consultation should contain the 
Read Code relating to the principal condition leading to referral.

c. Consider opportunistic screening for mental health issues which are prevalent in the 
population referred for FMB.

d. Request that an Appendix 18 is completed by the unit whilst concurrently referring the 
patient for FMB. This is a unit responsibility to provide but it is not to delay FMB if the 
President deems it is not essential for the Board to make its recommendations.

6. Immediate Post Board Administration by ROHT if the FMB grades medically unfit for service 
(L6 Perm):

a. The President of the FMB is to complete an Appendix 12 and provide the patient with a 
copy and ensure a copy is provided for the unit (ideally sent as a soft copy so that this can be 
retained on PAPMIS).

b. The President will suggest the patient completes an FMed 24 (personal statement of 
the history from the patient's perspective) especially where it is felt this will inform 
APC/Veterans UK (formerly known as VETERANS UK) or if the patient wishes to provide 
additional information.

c. The President is to ensure that, following the Board, an Appendix 17 is completed by 
the patient who should be provided with a copy in addition to an Appendix 15. An 
appropriate Patient Information Leaflet should also be given.

7. If an FMB does not grade medically unfit for service ('P8' L6 MND (P)) then either Appendix 
2 or 3 should be followed.

8. Following Completion of an FMB Grading L6E5 MND(P). The following must be scanned 
onto DMICP and forwarded to Occupational Health Branch, Mailpoint 544, Kentigern House, Army 
Personnel Centre, 65 Brown Street, GLASGOW, G2 8EX.

a. Appendices 12 and 17.

b. Appendix 18\textsuperscript{176/177} provided by the unit (this is not mandatory). If this information is on 
PAPMIS\textsuperscript{178} then no further action is required.

c. An FMed 24 where completed (this is not mandatory)\textsuperscript{179}.

d. The completed FMed 23 is to be endorsed (in the text) with a recommendation for 
discharge under the appropriate paragraph of PAW/QR(Army)/RLFR. Any request for

\textsuperscript{176} In the event the President requires an Appendix 18 for the board's recommendations and it has not been provided, the board should 
proceed and the FMed 23 narrative should record its absence.

\textsuperscript{177} The Appendix 18 is not required for recruits or the Appendix 21 process.

\textsuperscript{178} PAPMIS is the electronic version of the process, see Part 14 for more details.

\textsuperscript{179} Forwarding of board paperwork should not be delayed beyond 10 working days if it has not been completed.
extension to service on the grounds of access to service specific medical care must be clearly justified in the summary paragraph.

9. **Notes on the application of the PAW 09, QR(Army) and RLFR to leaving the Service on Medical Grounds**¹⁸⁰.

   a. **PAW 09.** Officers are to be retired in line with the PAW 09 paragraph 196.

   b. **Soldiers may be discharged from the Regular Army on the basis of the authorities contained in QR(Army).** The appropriate paragraphs are summarised below:

      (1) **QR(Army) Paragraph 9.381 ‘Defect in Enlistment Procedure’.** This is used for conditions which were overlooked, inappropriately assessed, or were not declared at the time of the initial medical examination.

      (2) **QR(Army) Paragraph 9.382 ‘Having made a False Declaration to a Question on the Attestation Paper’.** A failure to disclose previous medical discharge from the Service is the only medical reason to invoke this paragraph and a Fitness for Work Assessment must precede discharge action in these circumstances.

      (3) **QR(Army) Paragraph 9.385 ‘Ceasing to Fulfil Army Medical Requirements, that is, Medically Unfit (for continued duty in their Arm or Service) Under Existing Standards’.** This paragraph applies to a soldier who is graded L5 MND (P) and who has fallen below retention standards for their Arm or Service. The Appendix 22 procedure is to be followed to allow, where appropriate, re-allocation to another Arm or Service. Only if other employment is not possible and if transfer to another Corps is not authorised should a soldier be discharged under this paragraph; see **QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements** for instructions. This QR(Army) paragraph relates to SP with medical limitations that mean further service is not appropriate, but are unlikely to be a significant limitation to civilian employment.

      (4) **QR(Army) Paragraph 9.386 ‘Ceasing to Fulfil Army Medical Requirements, that is, Temporarily Unfit for any form of Army Service’.** This applies to a SP graded medically unfit for service (‘P8’ L6 MND (P)) for a condition that may at a later date improve. SPs discharged under this paragraph are transferred to the Reserve and may be mobilised in future emergencies. If the SP’s medical condition is incompatible with this commitment, discharge must be effected under paragraph 9.387.

      (5) **QR(Army) Paragraph 9.387 ‘Ceasing to fulfil Army Medical Requirements, that is, Permanently Medically Unfit for any form of Army Service (now or in the future)’.** This is the correct type of discharge in the grade medically unfit for service (‘P8’ L6 MND (P)) if the condition is permanent.

   c. **Army Reserve Officers Considered Unfit for Military Service on Medical Grounds / Medically Unfit for Service under Existing Standards.** Officers will be retired under RLFR, Part 1, Chapter 4, Para 180.

   d. **Army reserve soldiers considered unfit for military service / medically unfit for service under existing standards.** Soldiers will be discharged under RLFR, Part 1, Chapter 5, Para 198 (medically unfit under existing army reserve medical standards) and 5.199 (medically unfit for any form of army service) and for officers this is para 4.180.

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¹⁸⁰ Regular Officers are retired under the Promotions and Appointments Warrant 2009.
10. **Refusal of consent to release medical information.** Should a medically downgraded SP not consent to the CoC having access to their medical limitation information then the MO is to enter the JMES of A6L6M6E1 onto DMICP. This JMES is not a grade that could occur in any other circumstance and will inform the CoC that the SP has not consented for their medical grade to be released. See para 78.1033 for more information.

11. **Appeals.** The appeals process is at Appendix 19.

12. **Release Medical.** Personnel graded L6E5 MND(P) at FMB must undergo a combined pre-release and final medical as close as is practical to terminal leave. This is to ensure their medical condition is recorded at the point of discharge and that handover of medical care to the NHS has been completed. The FMed 133 should be issued at this medical.
APPENDIX 5 TO CHAPTER 78

INSTRUCTIONS FOR THE MOD(A) MEDICAL BOARD

1. **Authority.** The MOD(A) Medical Board is convened when policy (JSP 950 or PAP) is challenged based on additional credible medical evidence. It can only be requested while a SP is still in service however may take place following discharge – an application for a MOD(A) board is not however a justification for an extension in service.

2. **Composition.**
   a. **President.** The President is Consultant Adviser in OM (CAOM) or their nominated representative.
   b. **Members.** In addition to the CAOM, the board members will include at least two other Occupational Medicine consultants. One member of the board must be the consultant specialty adviser, or their nominated representative, relevant to the patient’s condition. The other member must be a Consultant Occupational Physician. A minimum of 2 members plus the President of the board must simultaneously conduct the board. The third member is not required to be present as long as this medical officer has seen the patient previously and is satisfied with the conduct of the board. If two Occupational Medicine consultants are in attendance, then it may be possible for the consultant specialty adviser to attend by VTC.

3. **Function.** The MOD(A) Medical Board may be convened to review the decision of any other medical board.

4. **Application.** Regional Clinical Directors or other MOD Departments may apply to the Chief of Staff, Army Medical Directorate to convene a MOD(A) Medical Board. If approved, SHA(A) is to ask CAOM to initiate a MOD(A) Medical Board. If the findings of a board presided over by CAOM are subject to review by the MOD(A) Medical Board then SHA(A) will nominate an alternative President.

5. **Location.** The MOD(A) Medical Board will be convened at a location most appropriate to the President, members and the patient. Agreement of the patient to the location date and time of the Board will be obtained in writing. If the patient is unable to attend at the agreed Board, the Board may postpone and convene at a further mutually acceptable opportunity. If the patient fails to attend at the second opportunity the Board will normally convene and determine the case irrespective of the absence of the patient. If the patient confirms in writing that they do not wish to attend in person, the Board may convene and consider the case in their absence. In these cases, written representation may be provided.

6. **Administration.** The Regional OH Team QEMH Tidworth will provide the clerical support for the MOD(A) Medical Board unless alternative arrangements are made. A FMed 23 is to be completed and returned to the patient’s Medical Centre or other relevant authority.

7. **Confirmation.** The findings of the MOD(A) Medical Board are to be confirmed in writing by the Board President.

8. **AEB.** The medical appeal process (including MOD(A) if relevant) must be completed before any case is considered by the Army Employment Board. If a SP has already had an appeal to the Army Employment Board (AEB) rejected they are not then entitled to appeal to the MOD(A) board. The appeal against the medical grade must be completed prior to an appeal to the AEB.
9. **Appeals.** The decision of the MOD(A) Medical Board is final however a SP may make a Service Complaint under section 334 of the Armed Forces Act 2006 and in accordance with JSP 831.
APPENDIX 6 TO CHAPTER 78

MEDICAL STANDARDS FOR OFFICERS AND SOLDIERS ON ENTRY TO AND DURING SERVICE IN ARMY FLYING APPOINTMENTS

Introduction

1. The Department of Aviation Medicine is responsible to Colonel Army Air Corps for the medical assessments of candidates for Army flying training, the subsequent award of aircrew employment standards and the periodic examination of serving aircrew. The administration of medical examinations and standards differs from other personnel and these differences are highlighted in this Appendix.

2. This instruction describes the medical procedures and appeals process for all Army pilot candidates, including civilian candidates, officer cadets, and military personnel. It also describes the procedures for Army Aviation Crewmen, gives the retention standards for Army aircrew and outlines the procedures for periodic medical examinations. Army Air Corps Fitness for Work Assessment procedures and appeals processes are described, where they differ from the general procedures.

Entry Standards for Pilot Duties In The Army

3. All Army pilot candidates will be medically examined by a Royal Air Force medical board at Recruitment and Selection, Department of Occupational Medicine (R&S DOM), RAF Cranwell. An aircrew employment standard will be allotted in accordance with Air Publication 1269A - Assessment of Medical Fitness in the Royal Air Force, by the Department of Aviation Medicine at Middle Wallop.

PULHHEEMS Profile

4. The minimum PULHHEEMS profile for Army pilot candidates is as follows:

<table>
<thead>
<tr>
<th>P</th>
<th>U</th>
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<th>H</th>
<th>H</th>
<th>E</th>
<th>E</th>
<th>M</th>
<th>S</th>
<th>CP</th>
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<td>2</td>
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</tbody>
</table>

Medical Standards

5. Hearing Standards. All candidates must have intact tympanic membranes, positive Valsalva tests and no upper respiratory tract pathology. In addition to the standard H grading, candidates will have their audiogram assessed in accordance with the age-related standard below, derived from ISO 1999, to ensure that functional hearing at age 40 remains satisfactory. In order to screen out those who have early progressive Noise Induced Hearing Loss (NIHL), the sum of the high frequency loss should not exceed 123 dB(A) (PULHHEEMS level of H2), and the average at 1,2 and 3 kHz must not exceed the age-related limits in the following table. Candidates whose hearing falls outside the standards should be discussed with the Department of Aviation Medicine.

<table>
<thead>
<tr>
<th>Age</th>
<th>Average hearing threshold (1, 2 and 3 kHz)</th>
<th>Sum of hearing thresholds (3, 4 and 6 kHz)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-22</td>
<td>≤ 10</td>
<td>&lt; 123</td>
</tr>
<tr>
<td>23-27</td>
<td>≤ 15</td>
<td>&lt; 123</td>
</tr>
<tr>
<td>28-32</td>
<td>≤ 20</td>
<td>&lt; 123</td>
</tr>
<tr>
<td>33+</td>
<td>≤ 25</td>
<td>&lt; 123</td>
</tr>
</tbody>
</table>
6. **Visual Standards:**

   a. Vision in each eye unaided must not be less than 6/12 and each eye must be correctable to 6/6. The strength of the required correction is not to exceed -0.75 to +1.75 dioptres (spherical), and the astigmatic element must not be greater than ± 0.75 dioptres (cylindrical).

   b. Failure of convergence at more than 10 cm may disqualify and will require consideration and/or referral.

   c. Accommodation using N5 type, and with correction if required, should correspond to the value in centimetres for the appropriate age group as shown below:

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Centimetres</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-20</td>
<td>Up to 11</td>
</tr>
<tr>
<td>21-25</td>
<td>11 – 13</td>
</tr>
<tr>
<td>&gt; 25</td>
<td>Normal age parameters</td>
</tr>
</tbody>
</table>

   d. Corneal Refractive Surgery (CRS) may be acceptable subject to the criteria in AP1269A, Leaflet 5-14. Candidates who have had CRS must be reviewed by the Department of Aviation Medicine and an approved Service Ophthalmologist prior to acceptance into flying training.

   e. Full details of the vision standards are available in AP1269A Leaflet 4-02 Annex A.

7. **Anthropometry and Body Weight.** Strict anthropometry and nude body weight limits apply to all candidates, due to the limitations of aircraft cockpits and the crashworthy design features. Full details of current limitations are available in AP1269A Leaflet 4-05 Annex C.

**Aircrew Employment Category - Pilots**

8. On entry to flying, the JMES of all Army pilots will include one of the following A (aircrew) categories:

   a. **A1.** Fit full flying duties.

   b. **A2.** Fit full flying duties but either uses visual correction, or has a reduction in functional hearing in one or both ears.

   c. **A3.** Fit for duties in the air within the stated employment or Med Lims.

**Potential Officer Candidates**

9. Civilian candidates will be required to complete a pre-selection medical questionnaire, which must be sent to the Army Consultant Adviser in Aviation Medicine (CA Avn Med), HQ AAC, Middle Wallop. A candidate may be rejected based on the results of this questionnaire. The CAM may seek clarification of medical details by writing either to the candidate or to the candidate’s general practitioner or hospital specialist with the candidate’s consent.

10. If the medical questionnaire is found to be acceptable and the candidate has passed Army Aptitude Testing, he/she will attend R&S DOM for an aircrew medical board, and the results will be forwarded to the Department of Aviation Medicine. Although the R&S DOM Medical Board is valid for five years, each candidate will be reassessed whilst at RMA Sandhurst, even if the R&S DOM
Medical Board remains within its period of validity. Should new medical evidence become available, a candidate’s suitability for flying duties may be reconsidered. The final decision on medical suitability for pilot training will be taken by the Army Consultant Adviser in Aviation Medicine (CA Avn Med) and only once all relevant medical tests have been completed. An appropriate aircrew medical category will be awarded at the start of the Army Pilot Course.

11. **Appeals.** Candidates may appeal against decisions made at the pre-employment medical assessment or after the R&S DOM board. In accordance with Appendix 19, Level 1 appeals are to be directed in the first instance to CA Avn Med, who may convene a board with a second Army CAM to review the decision. Level 2 appeals should be directed to Colonel AAC, HQ AAC. HQ AAC is the competent authority on the medical standards for Army flying training and, as such, is the final level of medical appeal for potential officers.

**Officer Cadet Candidates**

12. Officer Cadet candidates for flying training will be managed in accordance with procedures in paragraph 9 and 10 above. In addition, the Army CAM at the Department of Aviation Medicine will review the Primary Health Care Records and Recruiting Group Medical Declaration (RGMD) of all candidates.

13. **Appeals.** Officer Cadet candidates may appeal against decisions made at the pre-employment medical assessment, or after the R&S DOM board, via their CO. In accordance with Appendix 19, the CO may then request the CA Avn Med to review the findings of the board. If a further medical assessment is required CA Avn Med may convene a board with a second Army CAM to review the decision. Subsequent appeals should be directed to Colonel AAC, HQ AAC. HQ AAC is the competent authority on the medical standards for Army flying training and, as such, is the final level of medical appeal for Officer Cadets.

**Military Candidates**

14. Military candidates are to comply with the instructions in AGAI Volume 2, Chapter 43. Candidates will be required to have a pre-selection medical assessment by their MO. Full guidance notes for unit MOs on the minimum medical employment standards for Army pilot candidates are contained in AGAI Volume 2, Chapter 43, Annex K. Candidates may be rejected based on their medical history or the results of this pre-selection medical assessment, without the candidate being called forward for a medical examination at R&S DOM. The CAM may seek clarification of medical details by writing to the candidate’s MO or hospital specialist, with the candidate’s consent, or by arranging a specialist opinion.

15. If medically acceptable, candidates will attend R&S DOM for an aircrew medical board and the results will be forwarded to the Department of Aviation Medicine for review. The medical board from R&S DOM is valid for five years and will need to be repeated if the candidate enters flying at a later date. The final decision on medical suitability for pilot training will be taken by CA Avn Med and an appropriate aircrew medical category will be awarded at the start of the Army Pilot Course.

16. **Appeals.** Appeals against the findings of the Department of Aviation Medicine or the R&S DOM Medical Board are to be directed in the first instance to CA Avn Med, who may convene a board with a second Army CAM to review the decision. Subsequent appeals should be directed to Colonel AAC, HQ AAC. HQ AAC is the competent authority on the medical standards for Army flying training and, as such, is the final level of medical appeal for serving candidates.
Entry Standards for Army Aviation Crewmen

17. Air Crewmen (AC) perform flight safety duties in Army aircraft and now follow a similar selection pathway to military pilot candidates.

18. The initial medical examination of a potential AC is conducted at R&S DOM. The results are forward to the Department of Aviation Medicine at Middle Wallop.

19. Medical Selection Standards. The medical selection standards for crewmen will be the same as those for an Army pilot, as detailed in AGAI Volume 2, Chapter 43, Annex K and Paragraphs 4-7 above. However, there is scope for some variation to pilot medical standards but only following consultation with CA Avn Med (Army). A history of childhood asthma or hay fever will not automatically disqualify candidates.\footnote{Consultation with CA Avn Med (Army) is required.}

20. Aircrew Employment Category. On entry to flying and during service as an AC, the JMES of AC may be A1, A2 or A3, depending whether they meet the full pilot medical standard. Those not meeting the pilot medical standard will be graded A3, fit AC duties only.

21. Administrative Requirements. The initial medical examination should be recorded on DMICP by the examining CAM or Military Aviation Medicine Examiner (MAME). When conducted by a doctor that is not an MAME, secondary approval must be sought from CA Avn Med (Army), or the Army Aviation Centre Consultant in Aviation Medicine, who will ultimately determine fitness for AC duties. It must be stressed that rear crew candidates will not be declared fit to attend a training course until the above procedures have been completed.

Second and Subsequent Flying Tours

22. All Army aircrew in an active flying appointment should maintain their aircrew medical category by means of the annual aircrew medical examination. Aircrew in ground appointments who are likely to return to flying duties should also maintain a current aircrew medical category; if the period between medicals exceeds 2 years, the renewal must be conducted by a Consultant in Aviation Medicine.

Medical Certification for Army Aircrew

23. Illness in Aircrew. Any significant abnormality detected in aircrew by a doctor without MAME training, should be discussed with a CAM to determine the impact on flying duties.

24. Army Aircrew Medical Certification. Under MMA Regulation (RA 2135) all aircrew must be certified medically fit to conduct flying duties. The aircrew medical examination is to be conducted annually by a Military Aviation Medical Examiner (MAME). A MAME is an MO authorized by either a Consultant Advisor in Aviation Medicine (CA Av Med (RN and Army)) or Command Flight MO (RAF) (CFMO(RAF)) respectively. The aircrew medical category is to be entered in the medical records and the flying logbook and is to be signed by the MAME. The annual medical examination is valid until the last day of the month in which it next falls due.

25. Annual Army Aircrew Medical Examinations. A comprehensive medical examination is to be performed. The general details of the requirement can be found in Air Publication 1269A - Assessment of Medical Fitness in the Royal Air Force. The specific detail for Army aircrew is available from any CAM.
26. **Administrative Requirements.** The annual aircrew medical examination is to be recorded on DMICP in accordance with DPHC guidance and best practice. Logbook entries should be restricted to the JMES and any associated waiver; waivers should be entered in red.

27. **Occupational Restriction of Aircrew.** It is essential that aircrew with a restriction to flying duties are recognised by the Army Avn Med system and the CoC. To that end, two parallel systems of notification are in operation. These are the:

a. **HQ AAC Waivers.** The HQ AAC waiver system is designed to identify and grant **limited flying status** to pilots that are not fit for **full flying duties**. Pilots graded A3 must be granted a waiver, by CA Avn Med (Army), that states their flying limitation. MAMEs must discuss any cases that require an A3 grade with CA Avn Med (Army) before completion of a medical board.

b. **Limitation Codes (Med Lims).** Limitation codes are four figure codes that are added to the JMES and are used to communicate functional limitations to the CoC. Aviation codes are contained within the 2000 series and should be added to DMICP templates; waiver statements should be added to aircrew logbooks in red.

### Retention Standards for Army Aircrew

28. **Army Aircrew Retention Standards.** Retention standards for Army aircrew, in relation to their A, L, M and E characteristics are given at Tables 4 and 5. As for other personnel, the JMES will follow the P grade, but it is possible for the A grade to change independently. SPs downgraded to P7/MND will be managed in the same way as other MND personnel. The table below outlines the differing minimum requirements in the other U to S categories for award of the relevant P grade to aircrew.

<table>
<thead>
<tr>
<th>JMES</th>
<th>P</th>
<th>U</th>
<th>L</th>
<th>H</th>
<th>H</th>
<th>E</th>
<th>E</th>
<th>M</th>
<th>S</th>
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<td>2</td>
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<tr>
<td>MLD</td>
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<td>3</td>
<td>7</td>
<td>7</td>
<td>2</td>
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</table>

29. **Hearing.** Aircrew that develop a hearing category of H3 or below need careful monitoring and may require a functional check to ensure both flight safety and protection of their remaining hearing. Hearing assessments should be managed in accordance with JSP 950 Leaflet 6-4-2.

30. **Vision.** Pilots are unfit to fly if their corrected vision is worse than 6/6. However, SPs with uncorrected vision below 6/24 may be permitted to be MFD following assessment of their vision and their correction requirements; this may require specialist referral. Similarly, SPs with uncorrected vision at or below 6/60 may be graded MFD or MLD but they must be free of significant eye disease and a specialist assessment will be required. All such patients will require careful annual assessment.

31. **Mental Capacity and Emotional Stability.** M and S grades below 2 are incompatible with flying duties. Pilots may become fit to fly again when they return to M2, S2 but only after appropriate specialist assessment.

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182 ‘A’ grades can be changed independently of the L, M or E grades within the remainder of the JMES. But, when there is a change in fitness for ground duties, the air and ground limitations must be reviewed in together.

183 It is possible for pilots to be A3 but MFD or A1 but MND, depending on their condition.
Army Aviation Medical Boards

32. One Member may be performed on aircrew by any MO, but the aircrew must consult with a MAME prior to a return to flying duties. A change of aircrew employment category may only be carried out by a MAME. Complex aircrew cases should be referred to CA Avn Med who may convene an Army Aviation Medical Board (AAMB).

33. An AAMB will consist of CA Avn Med as president, an Army CAM, a representative from the AAC Flight Safety and Standards Inspectorate, and a G1 representative.

34. Appeals. Appeals against FWA(T) or FWA(P) decisions relating to an aircrew employment category are in the first instance to be addressed to the Board that made the original decision. The Medical Board should review its decision and offer the SP an opportunity to discuss the boarding process and outcome. If the appeal is not resolved at this stage, the SP is to apply to the CA Avn Med via their CO, normally within three months of the original decision. The SP is to complete the form at Appendix 20 when submitting the appeal to the CO. CA Avn Med may convene an AAMB. Appeals against Fitness for Work Assessment decisions unrelated to the aircrew employment category should be conducted in accordance with guidance at Appendix 19.
APPENDIX 7 TO CHAPTER 78

INSTRUCTIONS TO BE GIVEN BY TO A SP ON NOTIFICATION OF THE REQUIREMENT TO ATTEND A FITNESS FOR WORK ASSESSMENT

1. **Introduction.** You have either been advised to make an appointment or have had an appointment made for you to attend a Fitness for Work Assessment (FWA) with a Medical Professional.

2. **Purpose of FWA.** The purpose of the FWA is to assess the effect your medical condition has (positively or negatively), or may have, on your ability to undertake your trade role within your Career Employment Group (trade), or the effect that your trade role and wider military employment may have (positively or negatively) on your medical condition and overall health.

3. **Aim.** The aim is to provide the greatest level of employability and deployability capability for both yourself and the Army while serving to also protect both you and the Army from unnecessary risk of further harm, physical and mental, as a direct or indirect result of continued employment within your trade.

4. **Outcome.** The outcome may require varying levels of adaptation to your current trade role, or restriction in your employment to reduce exposure to any hazards that may exacerbate or worsen your condition. This may have an effect on how you undertake your trade and how you may be employed and deployed on military exercise or Operations.

5. **Consent.** By attending a FWA you are inherently consenting to the process being undertaken but not at that point in the release of the JMES employment standard. You can withhold consent for both the FWA being undertaken and release of the JMES to the CoC as of right (Appx 9 box and Appx 17A/B). Without consent the medical chain cannot convey any legitimate and appropriate risk management advice to the CoC in relation to your appropriate and safe employment. This may lead to new employment considerations in relation to continued Service, see para 78.1032.

6. **Non-Attendance.** You do not need to participate directly in the assessment if you do not wish to and it may be considered that your review medical FWA can be coordinated by telephone or email. However, this is your opportunity to discuss the practical implications of your health and employment. You are strongly encouraged to engage in the process and attend all assessments. It is important to understand that without the assessment your CoC cannot be assured of your safety in your employment and that any risk is appropriately managed to protect you. If you do not attend the safest and most restrictive employment grade is likely to be recommended based on a reading of your medical record. This permanent protective grade may however prevent the CoC from employing you in a meaningful, regular and gainful way. In this situation Appendix 22 may be initiated.

7. **Concerns.** If you have any questions regarding your FWA they can be addressed to your CoC or local Med Centre.
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APPENDIX 8 TO CHAPTER 78

APPLICATION FORM FOR PERMISSION TO RETAIN A SP WHOSE JMES HAS FALLEN BELOW THE MINIMUM FOR THE ARM/CORPS

To: (APC Career Manager for onward transmission to SO2 Empl Pol, Pers Pol (A))

Commanding Officer’s Statement

<table>
<thead>
<tr>
<th>No:</th>
<th>Rank</th>
<th>Surname:</th>
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<tbody>
<tr>
<td>Unit:</td>
<td>Regt/Corps:</td>
<td>Forename:</td>
</tr>
<tr>
<td>CEG:</td>
<td>EED:</td>
<td>PiD:</td>
</tr>
<tr>
<td>Regular / Reserve*</td>
<td>EOT/FAD:</td>
<td>DoB:</td>
</tr>
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*Delete as appropriate

1. The above-named SP is employed as .......................................................... in this unit. Their JMES has been lowered from .................................................. but I consider that he/she is in every way fit to carry out the duties of ................................................. in this unit and recommend that he/she may be retained for ..................months / to EOT date (max 24 mths or FAD, whichever is closer), subject to a formal annual review of the Appendix 9.

2. I have ensured that a current Appendix 9 is attached.

3. Paragraph 5 below certifies that from a medical perspective, the retention of the above-named SP in the employment suggested will not exacerbate their medical condition or place at risk the health and safety of others.

4. The following circumstances and factors support my request for retention of this SP:

   Note: A current Appendix 9 must be attached.

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<thead>
<tr>
<th>Name:</th>
<th>Rank</th>
<th>Signature:</th>
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<tr>
<td>Date:</td>
<td>Appt:</td>
<td>Unit:</td>
</tr>
</tbody>
</table>
5. I certify that the above-named SP, whose JMES is.................................., is medically fit to perform the duties of................................ in ............................................................ (Unit) and that if he/she is retained in this employment, this will not exacerbate their medical condition or place at risk the health and safety of others.

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<thead>
<tr>
<th>Name:</th>
<th>Rank</th>
<th>Signature:</th>
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<tr>
<td>Date:</td>
<td>Appt:</td>
<td>Unit:</td>
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**APC Career Manager Recommendations**

6*. □ I do support this application for the following reasons:
□ I do not support this application for the following reasons:

<table>
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<tr>
<th>Name:</th>
<th>Rank</th>
<th>Signature:</th>
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<tbody>
<tr>
<td>Date:</td>
<td>Appt:</td>
<td>Unit:</td>
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**APC OH Comments**

7. I have the following comments:

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<tr>
<th>Name:</th>
<th>Rank</th>
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</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Appt:</td>
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**DM (A) Approval**

8*. □ The application for retention is approved:
□ The application for retention is rejected for the following reasons (see attached):

<table>
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<tr>
<th>Name:</th>
<th>Rank</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Appt:</td>
<td>Unit:</td>
</tr>
</tbody>
</table>
# APPENDIX 9

## FORM FOR NOTIFYING MEDICAL/ FUNCTIONAL RESTRICTIONS TO UNIT

**Guidance for MO.** The form should provide sufficient information for the Unit to manage the individual’s career for the period until the review date. The individual should be given a copy and asked to read the paragraph below and sign at section 8. A second signed copy should be sent to the unit. It is the unit’s responsibility to hold the signed copy. There is no requirement to retain a signed copy on DMICP. If the individual refused to consent to the distribution of the App 9, you are still required to complete the DMICP JMES template and inform the CO of safety critical duties (weapon handling, driving etc). This is a public safety duty that surpasses that of confidentiality.

**Guidance for Unit.** The unit are responsible for ensuring promulgation to OC, line manager, RCMO and the appropriate APC Career Manager as required. This form allows the Unit to conduct a risk assessment on the individual’s role. The form remains valid until the review date only. It is signed by the individual to ensure they are aware of the restrictions advised. If overdue review the unit should assume the individual is restricted all activities previously indicated and arrange a review. **THIS APP MUST BE UPLOADED ONTO PAPMIS.**

**Guidance for Individual.** You must read this form and _comply with its direction_ - it explains to your Unit any medical/ functional restrictions you have been given. The form will be used at Unit Health Committee meetings, will be held by your unit and a copy will be passed to your APC Career Manager. The APC Occupational Health Branch may access your medical record to provide further functional advice if requested. You have been given the opportunity to ask questions regarding the form and the Medical / Assessment Board proceedings, on-going treatment and likely outcome. You will need to sign section 8 to say you have been given a copy consent to its use and will abide by its direction.

### Functional Capacity on Operations

<table>
<thead>
<tr>
<th>Functional Capacity on Operations</th>
<th>Deployment Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take cover/prone position - Yes</td>
<td>Incapacitation (Low Risk)</td>
</tr>
<tr>
<td>Run a short distance (100m) - Yes</td>
<td>Worsening condition (Low Risk)</td>
</tr>
<tr>
<td>Carry own bergan to transport - Yes</td>
<td>Rehabilitation requirement (Low Risk)</td>
</tr>
<tr>
<td>Wear Operational Body Armour - Yes</td>
<td>Secondary care requirement (Low Risk)</td>
</tr>
<tr>
<td>Stand 2 hours in PPE with weapon - Yes</td>
<td>Emergency aeromed (Low Risk)</td>
</tr>
<tr>
<td>-</td>
<td>Interference with treatment (Low Risk)</td>
</tr>
</tbody>
</table>

**Overall risk assessment for deployment:**

- Overall risk assessment for deployment (Low Risk)

**Comments:** Deployability/Employability on Operations – User comments

### Deployability Category

#### [SP]'s Deployability Category is:

1. **DEPLOYABILITY/EMPLOYABILITY ON OPERATIONS**

<table>
<thead>
<tr>
<th>MND (L5-L6)</th>
<th>Not deployable on operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLD (L2-L4)</td>
<td>Limited</td>
</tr>
<tr>
<td>MFD (L1)</td>
<td>Full</td>
</tr>
</tbody>
</table>

- PJHQ CAT 1: personnel whose duties remain within the confines of designated main operating bases
- PJHQ CAT 2: personnel whose duties may require periodic deployment outside defensive locations
- PJHQ CAT 2+: personnel whose duties may require routine deployment outside defensive locations
- PJHQ CAT 3: personnel whose duties encompass the full spectrum of operations in theatre. CAT2+ by exception

### Overall risk assessment for deployment:

- Overall risk assessment for deployment (Low Risk)

**Comments:** Deployability/Employability on Operations – User comments

#### 2. DEPLOYABILITY/ EMPLOYABILITY ON EXERCISES/TRAINING SUPPORT DEPLOYMENTS

<table>
<thead>
<tr>
<th>Weight-personal kit &amp; equipment</th>
<th>Full trade exercise activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight - personal kit &amp; equipment - No specified limit</td>
<td>Full trade exercise activities - No specified restriction</td>
</tr>
</tbody>
</table>

- Infantry activities (Including digging): 3100: Infantry activities - No specified restriction
- Living in field conditions: 3200: Living in field conditions - No specified restriction
- Move tactically and adopting fire positions: 3102: Move tactically and adopting fire positions - No specified restriction

<table>
<thead>
<tr>
<th>Travel on foot across rough terrain</th>
<th>Move tactically and adopting fire positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3101: Travel on foot across rough terrain - No specified restriction</td>
<td>Move tactically and adopting fire positions - No specified restriction</td>
</tr>
</tbody>
</table>

**Comments:** - exercise cat 5
3. **SPECIFIC LIMITATIONS** - complete if appropriate

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade restrictions</td>
<td>- trade cat 5</td>
</tr>
<tr>
<td>Noise Restrictions</td>
<td>Noise Restrictions - No specified restriction - as per HCP -</td>
</tr>
<tr>
<td>Climatic Restrictions</td>
<td>5100: Climatic - No specified restriction -</td>
</tr>
<tr>
<td>Other restrictions</td>
<td>Other Restrictions - No specified restriction -</td>
</tr>
<tr>
<td>Requires ongoing primary health care</td>
<td>Does not require ongoing primary health care</td>
</tr>
<tr>
<td>Comments</td>
<td>- limitations cat 5</td>
</tr>
</tbody>
</table>

4. **FUNCTIONAL CAPACITY**

<table>
<thead>
<tr>
<th>Level</th>
<th>PT Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3</td>
<td>PT</td>
<td>Unit mainstream or operational specific PT Programme (conditioning PT).</td>
</tr>
<tr>
<td>Level 2</td>
<td>PT</td>
<td>Personnel with reduced physical ability, not quite ready to conduct mainstream PT (reconditioning PT).</td>
</tr>
<tr>
<td>Level 1</td>
<td>PT</td>
<td>Personnel who are medically exempt, un-acclimatised, on weight management programme, or who have not reached a satisfactory SCR, RFT(S)/AFT level. Requires rehabilitation and/or reconditioning before advancement.</td>
</tr>
</tbody>
</table>

**Recommended Physical Training Level**

- **Rehabilitation:**
  - Individual has been given a PT prescription
  - Rehabilitation programme - risk of prolonged recovery if rehab interrupted - No

**Recommended PT Level:** Level 3 PT

**Functional Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking 6007: Walking</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Standing 6004: Standing</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Sitting 6003: Sitting</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Lifting 6200: Lifting</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Working Hours 1210: Working Hours</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Workplace 1213: Workplace</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Marching / drill 6006: Marching/drift</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Guard duties 9200: Guard duties</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Boots 9301: Boots</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Clothing 9300: Clothing</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Combat Body Armour</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Helmet</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Comments:</td>
<td>- functional activ cat 5</td>
</tr>
</tbody>
</table>

5. **SAFETY CRITICAL TASKS**

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving 1403: Driving</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Passenger 1212: Passenger</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Weapons 9004: Weapons</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Ranges 9003: Ranges</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Working at Heights 1203: Working at Heights</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Workplace Assessment</td>
<td>- No specified restriction</td>
</tr>
<tr>
<td>Comments:</td>
<td>- safety cat 5</td>
</tr>
</tbody>
</table>

6. **MEDICAL REVIEW**

<table>
<thead>
<tr>
<th>Review</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical review required before commencing MST/ Deployment 5500: Medical review before MST/Deployment</td>
<td>- No</td>
</tr>
<tr>
<td>Approval by an ROHT required before commencing MST/ Deployment ROHT approval required before commencing MST/Deployment</td>
<td>- No</td>
</tr>
<tr>
<td>Comments:</td>
<td>- med rev 5</td>
</tr>
</tbody>
</table>

7. **COMPLETED BY**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Rank and Appointment:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

8. **INDIVIDUAL’S ACKNOWLEDGEMENT OF RECEIPT** (Sign before giving to line manager)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Rank</th>
<th>Signature:</th>
</tr>
</thead>
</table>
APPENDIX 10 TO CHAPTER 78

INSTRUCTIONS ON AN MO FINDING A SP – TEMPORARILY UNFIT FOR MILITARY DUTIES

Guidance for SP. You must read this form – it informs your Unit of appropriate restrictions that you have been given. A copy will be passed to your APC Career Manager. The APC Occupational Health Branch may access your record to provide further functional advice if requested. You need to sign to say you have been given a copy and consent to its use.

<table>
<thead>
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<th>No:</th>
<th>Rank:</th>
<th>Name:</th>
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<thead>
<tr>
<th>Unit:</th>
<th>Regt/Corps:</th>
<th>Date of Board:</th>
<th>Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

The above named was assessed by an MO, awarded a JMES L6E5 MND Temp and is temporarily unfit for military duties.

1. **Estimated Return to Military Duty:**
   - Return to military duties likely within 3 [ ] 6 [ ] months
   - Unlikely, a referral to ROHT has been completed for assessment within 6 months
   - May require a GRoW to assess possibility within next 6 months after assessment by ROHT
   - Comments:

2. **Advice on Suitability for ATAB**[^184]:
   - Resettlement activity can be commenced
   - Not Applicable - likely to return to duty within 3 months
   - Comments:

3. **Instructions from the MO to the Unit:**
   - Unit to assess SP against MATT 1 Level 2: WHT – LF4 (inc all firing positions)
   - Unit to assess SP against Table 6 objective tests MND
   - SP able to complete recovery duties
   - MO review will be required at unit medical centre [ ] at nearest DMS medical centre [ ] at NHS GP
   - Unit to complete an App 18.
   - Comments:

4. **Instructions from the MO to the SP:**
   - Remain in Hospital
   - Contact your unit, commence Recovery activity on Sick Leave (at Residence at Work address unless UHC decide otherwise).[^185]
   - Contact your unit, clinically exempt Recovery activity on Sick Leave.[^163]
   - Return to your unit for further instructions.[^186]

[^184]: Army Transition Assessment Board. The aim of ATAB is to ensure that service personnel likely to be medically discharged are given the level of support they need to access resettlement requirements.

[^185]: WIS SP commencing Sick Leave, cease normal military duty and automatically assume Recovery duty (which includes all Recovery Activity) and will lead to either a Return to Duty (RTD) or Transition to civilian life. Recovery activity may include both Return to Work (RTW) or transition activities, the type and level of which will be in accordance with the WIS SP’s clinical ability and Individual Recovery Plan (IRP).

[^186]: For specific cases where SP is graded medically unfit for service/duty and under medical care at Med Board and special clinical dispensation is granted to remain in work. Note SP authorised as TU or Appendix 22 must be medically upgraded, as they are no longer eligible for Recovery activity and cannot be recorded on WISMIS.
5. Functional Capacity Assessment and adaptations required:

**Upper Limbs and Dexterity** Include comment on strength, dexterity and consider ability to work with IT and to write:

- No Impairment [ ] Impairment [ ] Comment on all impairments: 
  …………………………………………………………………………………

**Lower Limbs and Locomotion** Include comment on ability to walk, stand, kneel, climb stairs, bend, Lift/Carry, sit for prolonged periods

- No Impairment [ ] Impairment [ ] Comment on all impairments: 
  …………………………………………………………………………………

**Safety, Awareness and Senses** Include comment on suitability for safety critical tasks such as Driving, Climbing ladders, Working at heights. Comment on relevant mental function including communication, understanding & memory. Comment on vision or hearing problems

- No Impairment [ ] Impairment [ ] Comment on all impairments: 
  …………………………………………………………………………………

**Environmental Considerations** Include comment on suitability for Exposure to: dust and fumes, Skin Irritants, Outdoor work in all weathers. Comment on work place issues including working hours and access within and transport to the workplace and suitability for work in the military environment

- No Impairment [ ] Impairment [ ] Comment on all impairments: 
  …………………………………………………………………………………

6. Recommendation for ARCAB

   **Recommendation for ARCAB** [ ]

   - Not required [ ] On strength PRU [ ] Unit applied to ARCAB [ ] Recommend Unit apply to ARCAB [ ] Comment to support application: ……………………………………………………………………………………………..

7. Considerations for Recovery and Transition Activities:

   **BattleBack and Adventurous training** [ ] Is the SP able to undertake an entry level course to allow assessment by instructor for further suitability?

   - Yes [ ] Comment: 
     ……………………………………………………………………………………………..

   **Recovery Event Courses** (class room based) Is the SP able to undertake class room based and other learning activities

   - Yes [ ] Comment: 
     ……………………………………………………………………………………………..

   **Civilian Work placements** Is the SP able to be considered for placements to inform future civilian employment?

   - Yes [ ] Comment: 
     ……………………………………………………………………………………………..

8. SP has signed App 17b consent form [ ]

   MO: User Name
   (Original to be completed on PAPMIS)

   Location:
   (Original to be completed on PAPMIS)

---

187 Army Recovery Capability Assessment Board.
188 BattleBack consists of supervised activities aimed at the recovering service person. This does not replace the requirement for activities that require specific medicals such as parachuting/ SCUBA diving.
<table>
<thead>
<tr>
<th>Rank and Appointment:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Original to be completed on PAPMIS)</td>
<td>(Original to be completed on PAPMIS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of MO:</th>
<th>Signature of SP (to acknowledge receipt):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Original to be completed on PAPMIS)</td>
<td>(Original to be completed on PAPMIS)</td>
</tr>
</tbody>
</table>
APPENDIX 11 TO CHAPTER 78

INSTRUCTIONS AFTER AN OCCUPATIONAL HEALTH ASSESSMENT FINDS A SP - TEMPORARILY UNFIT FOR MILITARY DUTIES

Guidance for SP. You must read this form – it informs your Unit of appropriate restrictions that you have been given. A copy will be passed to your APC Career Manager. The APC Occupational Health Branch may access your record to provide further functional advice if requested. You need to sign to say you have been given a copy and consent to its use.

<table>
<thead>
<tr>
<th>No:</th>
<th>Rank:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit:</td>
<td>Regt/Corps:</td>
<td>Review Date:</td>
</tr>
</tbody>
</table>

The above named was assessed by an ROHT, awarded a JMES L6E5 MND Temp and is temporarily unfit for military duties.

2. **Estimated Return to Military Duty:**
   - [ ] Return to military duties likely within 3 [ ] 6 [ ] 12 [ ] months
   - [ ] Unlikely, a Full Medical Board will be convened within 6 months
   - [ ] May require a GRow to assess possibility within next 6 months
   - [ ] Will require Pers Pol (A) authorisation for extension to A4L5M4E5 MND Temp beyond 12 months
   - Comments:………………………………………………………………………………………………………………..

2. **Advice on Suitability for ATAB / UHC 189:**
   - [ ] Not Applicable- likely to return to duty
   - [ ] Resettlement activity can be commenced
   - [ ] Resettlement activity may need to be deferred until after future discharge
   - [ ] Resettlement activity may need to be transferred to spouse, civil partner, entitled partner or nominated proxy
   - Comments:………………………………………………………………………………………………………………..

3. **Recommendations of the ROHT:**
   - [ ] Unit to assess SP against MATT 1 Level 2: (WHT) [ ] Live Fire Shoot 3 (25m G+0)
   - [ ] Unit to assess SP against Table 6 objective tests MND
   - [ ] MO review will be required at unit medical centre [ ] at nearest DMS medical centre [ ] at NHS GP
   - Comments:………………………………………………………………………………………………………………..

4. **Instructions from the MO to the SP:**
   - [ ] Remain in Hospital
   - [ ] Contact your unit, commence Recovery activity on Sick Leave (at Residence at Work address unless UHC decide otherwise).190
   - [ ] Contact your unit, clinically exempt Recovery activity on Sick Leave. 168
   - [ ] Return to your unit for further instructions.191

189 Army Transition Assessment Board. The aim of ATAB is to ensure that service personnel likely to be medically discharged are given the level of support they need to access resettlement requirements.

190 WIS SP commencing Sick Leave, cease normal military duty and automatically assume Recovery duty (which includes all Recovery Activity) and will lead to either a Return to Duty (RTD) or Transition to civilian life. Recovery activity may include both Return to Work (RTW) or transition activities, the type and level of which will be in accordance with the WIS SP's clinical ability and Individual Recovery Plan (IRP).

191 For specific cases where a SP is graded medically unfit for service/duty and under medical care at Med Board and special clinical dispensation is granted to remain in work. Note SP authorised as TU or Appendix 22 must be medically upgraded, as they are no longer eligible for Recovery activity and cannot be recorded on WISMIS.
You will be contacted at correspondence address you have provided overleaf:

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No:</td>
<td>Rank:</td>
</tr>
</tbody>
</table>

5. **Functional Capacity Assessment and Adaptations Required:**

   **Upper Limbs and Dexterity** Include comment on strength, dexterity and consider ability to work with IT and to write:
   - No Impairment [ ]
   - Impairment [ ]
   - Comment on all impairments……………………………………………………..

   **Lower Limbs and Locomotion** Include comment on ability to walk, stand, kneel, climb stairs, bend, Lift/Carry, sit for prolonged periods:
   - No Impairment [ ]
   - Impairment [ ]
   - Comment on all impairments……………………………………………………..

   **Safety, Awareness and Senses** Include comment on suitability for safety critical tasks such as Driving, Climbing ladders, Working at heights. Comment on relevant mental function including communication, understanding & memory. Comment on vision or hearing problems:
   - No Impairment [ ]
   - Impairment [ ]
   - Comment on all impairments……………………………………………………..

   **Environmental Considerations** Include comment on suitability for Exposure to: dust and fumes, Skin Irritants, Outdoor work in all weathers. Comment on workplace issues including working hours and access within and transport to the workplace and suitability for work in the military environment:
   - No Impairment [ ]
   - Impairment [ ]
   - Comment on all impairments……………………………………………………..

6. **Recommendation for AR CAB**

   (complete this section for all SPs):
   - Not required [ ]
   - On strength PRU [ ]
   - Unit applied to AR CAB [ ]
   - Recommend Unit apply to AR CAB [ ]
   - Comment to support application ……………………………………………………………………

7. **Considerations for Recovery and Transition Activities:**

   **BattleBack and Adventurous training** (outdoor based)- Is the SP able to undertake an entry level course to allow assessment by instructor for further suitability?
   - Yes [ ]
   - Comment ……………………………………………………………………………………………

   **Recovery Event Courses** (classroom based) Is the SP able to undertake classroom based and other learning activities?
   - Yes [ ]
   - Comment ……………………………………………………………………………………………

   **Civilian Work placements** Is the SP able to be considered for placements to inform future civilian employment?
   - Yes [ ]
   - Comment ……………………………………………………………………………………………

8. **SP has signed App 17b consent form [ ]**

   **ROHT Staff member:**
   - (Original to be completed on PAPMIS)
   - Location:
   - (Original to be completed on PAPMIS)

   **Rank and Appointment:**
   - (Original to be completed on PAPMIS)
   - Date:
   - (Original to be completed on PAPMIS)

   **Signature of ROHT Staff member:**
   - (Original to be completed on PAPMIS)
   - Signature of SP (to acknowledge receipt):
   - (Original to be completed on PAPMIS)

---

192 Army Recovery Capability Assessment Board.
193 BattleBack consists of supervised activities aimed at the recovering service person. This does not replace the requirement for activities that require specific medicals such as parachuting/SCUBA diving.
APPENDIX 12 TO CHAPTER 78

INSTRUCTIONS ON A FULL MEDICAL BOARD FINDING A SP-PROVISIONALLY CONSIDERED UNFIT FOR FURTHER MILITARY SERVICE

<table>
<thead>
<tr>
<th>No:</th>
<th>Rank:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit:</td>
<td>Regt/CORPS:</td>
<td>Date of Board:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review Date:</td>
</tr>
</tbody>
</table>

The above named was assessed at a Full Medical Board, awarded the JMES L6E5 MND Perm and been provisionally considered unfit for further service. The board’s recommendation is subject to confirmation by APC OH, on behalf of Pers Pol (A). The Army Personnel Centre (APC) will notify of the final decision or an interim notification within one month of receipt of FMB documentation.

1. **Recommendations of the Medical Board for retirement/discharge:**
   - Retirement under the Army Promotions and Appointments Warrant 2009 196
   - Retirement under The Reserve Land Forces Regulations Part 1 Chapter 4 Para 180
   - Discharge under QR(Army) Para 9.386 / 9.387
   - Discharge under The Reserve Land Forces Regulations Part 1 Chapter 5 Para 199

2. **Recommendations of the Medical Board for Last Day of Service (LDoS):**
   - None beyond that normally awarded
   - LDoS awarded should be set no sooner than 4 6 8 10 12 months from date of FMB to permit access to specific DPHC facilitated medical care
   - Comments: ……………………………………………………………………………………………………………………………

3. **Recommendations of the Medical Board for resettlement activity:**
   - Resettlement activity can be commenced
   - Resettlement activity may need to be deferred until after future discharge
   - Resettlement activity may be transferred to spouse, civil partner, entitled partner or nominated proxy
   - Comments: ……………………………………………………………………………………………………………………………

4. **Instructions from the Medical Board on healthcare transition (JSP 950 Leaflet 1-3-4):**
   - No on-going health care needs- MO to arrange final medical
   - On-going health care needs- MO to arrange final medical and liaise with NHS GP
   - Complex health care needs- requires non-clinical (CoC led) MDT meeting to plan healthcare transition
   - Complex health care needs- requires clinical (primary care led) MDT meeting to plan healthcare transition

5. **Instructions from the Medical Board to the SP:**
   - Remain in Hospital
   - Contact your unit, commence / continue Recovery activity
   - Contact your unit, clinically exempt Recovery activity
   - Return to your unit and continue recovery activity.
   - Return to your unit for further instructions.

and await APC and resettlement instructions which will be sent to this correspondence address overleaf:

---

194 With a post discharge activity submission in accordance with JSP 534
195 WIS SP commencing Sick Leave, cease normal military duty and automatically assume Recovery duty (which includes all Recovery Activity) and will lead to either a Return to Duty (RTD) or Transition to civilian life. Recovery activity may include both Return to Work (RTW) or transition activities, the type and level of which will be in accordance with the WIS SP’s clinical ability and Individual Recovery Plan (IRP).
196 For specific cases where SP is graded medically unfit for service/duty and under medical care at Med Board and special clinical dispensation is granted to remain in work.
OFFICIAL SENSITIVE - PERSONAL (when completed)

Address:

Civilian Email*:
*Mandatory to enable IERO contact.

Telephone number:

Comments:

No:  Rank:  Name:

6. **Functional Capacity Assessment and Adaptations Required:**

   **Upper Limbs and Dexterity** Include comment on strength, dexterity and consider ability to work with IT and to write:
   
   No Impairment ☐ Impairment ☐ Comment on all impairments
   
   **Lower Limbs and Locomotion** Include comment on ability to walk, stand, kneel, climb stairs, bend, Lift/Carry, sit for prolonged periods:
   
   No Impairment ☐ Impairment ☐ Comment on all impairments
   
   **Safety, Awareness and Senses** Include comment on suitability for safety critical tasks such as Driving, Climbing ladders, Working at heights. Comment on relevant mental function including communication, understanding & memory. Comment on vision or hearing problems
   
   No Impairment ☐ Impairment ☐ Comment on all impairments
   
   **Environmental Considerations** Include comment on suitability for Exposure to: dust and fumes, Skin Irritants, Outdoor work in all weathers. Comment on work place issues including working hours and access within and transport to the workplace and suitability for work in the military environment
   
   No Impairment ☐ Impairment ☐ Comment on all impairments

7. **Recommendation for AR CAB transfer (complete this section for all SPs)**

   Not required ☐ On strength PRU ☐ Unit applied to AR CAB ☐ Recommend Unit apply to AR CAB ☐ Comment to support application

8. **Considerations for Recovery and Transition Activities:**

   **BattleBack and Adventurous Training**\(^\text{197}\) (outdoor based)- Is the SP able to undertake an entry level course to allow assessment by instructor for further suitability?
   
   Yes ☐ Comment
   
   **Core Recovery Event Courses** (class room based) Is the SP able to undertake class room based and other learning activities?
   
   Yes ☐ Comment
   
   **Civilian Work Placements** Is the SP able to be considered for placements to inform future civilian employment?
   
   Yes ☐ Comment

9. **SP has:**

   Signed App 17 Consent form at FMB ☐
   
   Given prior Notice to Terminate (NTT) ☐

---

\(^{197}\) BattleBack consists of supervised activities aimed at the recovering service person. This does not replace the requirement for activities that require specific medicals such as parachuting/ SCUBA diving.

OFFICIAL SENSITIVE PERSONAL (when completed)
To be completed by APC copied to P File, unit and IERO for resettlement action:

10. **Authority for:**

   - ☐ Retirement under the “Army Promotions and Appointments Warrant 2009”
   - ☐ Discharge under QR(Army) para 9.386 / 9.387

11. **Authority for LDoS.**

   - ☐ Medical board LDoS recommendation accepted
   - ☐ Medical board LDoS recommendation not accepted

   Comment .........................................................................................................................................................

In the case of Reservist/FTRS/NRPS only

12. **APC Recommendation to Unit for consideration of:**

   - ☐ Retirement under The Reserve Land Forces Regulations Part 1 Chapter 4 Para 180
   - ☐ Discharge under The Reserve Land Forces Regulations Part 1 Chapter 5 Para 199

<table>
<thead>
<tr>
<th>Authorising Officer in APC:</th>
<th>(Original to be completed on PAPMIS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>(Original to be completed on PAPMIS)</td>
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<tr>
<td>Date:</td>
<td>(Original to be completed on PAPMIS)</td>
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</tbody>
</table>
APPENDIX 13 TO CHAPTER 78

MEDICAL STANDARDS FOR UNMANNED AIRCRAFT SYSTEM OPERATORS

1. **General.** Unmanned aircraft have been used by the military for several decades but, in recent years, their development has been very rapid and is still accelerating. There has recently been considerable civilian interest, initially from government organisations but now from civilian commercial endeavours. This has necessitated the development of regulations to which the military must adhere if civilian airspace, both national and international is to be utilised. These regulations will affect the medical clearance and monitoring of the operators, as well as the operation of the vehicles.

2. **Regulation.** UK military Unmanned Aircraft (UA) are regulated by Military Aviation Authority Regulatory Publications. Under these regulations, UA operator medical standards will be set on a tri-Service basis. MAA Regulations set the additional Medical Employment Standards related to UAS operation and have the authority over AGAI 78.

3. **Terminology.** UA refers to the aerial platform itself. Although an older term, Unmanned Aerial Vehicle (UAV) is still occasionally used to refer to the vehicle. Unmanned Air System (UAS) refers to the unmanned aircraft and all equipment, network and personnel necessary to control the unmanned aircraft.

4. **Definition.** UA are powered aerial vehicles that do not carry a human operator. They may operate autonomously or be operated remotely, from the ground or from an aircraft. They may be expendable or recoverable and may carry a non-lethal or a lethal payload. Although the term ‘unmanned’ suggests the absence of human interaction, the human operator is a critical element in the success of any UAS operation.

5. **Characteristics.** UA vary in size, weight, range, endurance and payload. As these factors increase so does the potential for harm to other air users and personnel on the ground. Some UA are entirely autonomous, others follow pre-set commands from their operators and some are actively flown by the operator. Additionally, larger UA will operate outside military restricted or operational areas and will use civilian, regulated airspace. It is essential that medical standards reflect this increasing risk and seek to minimise the potential for human operator failure through incapacitation or reduced performance.

6. **UAS Classification.** The classification of UAS are governed by NATO and MAA taxonomy (RA 1600 Annex A) depending on the size and other characteristics of the system. For medical operator certification purposes, UAS are divided into three Classes:

   a. **Class 1** are otherwise termed ‘Nano’, ‘Mini’, ‘Micro’ and ‘Small’ UAS. They are small, short range, low endurance UAS.

   b. **Class 2** are otherwise termed ‘Tactical’ UAS (TUAS). They are medium sized UAS of long endurance operating from fixed airfield facilities. Although flying may be automated they will need to interact with Air Traffic Control and the operators must manoeuvre platforms in an airfield environment. Technically, these platforms may be armed.

   c. **Class 3** are otherwise termed Medium / High Altitude Long Endurance (MALE / HALE) UAS. They are medium or large UAS operating in both restricted areas and controlled airspace shared with civil manned traffic which will be operating according to Visual and Instrument Flight Rules. These platforms may be armed.

   ———

   198 Remotely Piloted Air Systems are governed by Regulatory Article 1600.
7. **UAS Operator Classification.** UAS aircrew include pilots (handling and payload operators) and non-handling operators (mission commander, signallers and launch recovery). Only pilots require aircrew medical certification.

8. **Operator Demands.** UAS operators must, like other soldiers, be fit to operate for extended periods in austere environments. They must be safe to operate in an aviation environment, communicate with ATC and use Display Screen Equipment for prolonged periods. Additionally, they must not pose a risk to flight operations through an increased risk of incapacitation or reduced function.

### Medical Standards

9. UAS pilot medical standards are related to the Class of the UAS and have been developed to comply with international standards such as NATO STANAG 7192, CAA/EASA and FAA standards. They seek to minimise the risk of UAS as the potential hazards related to UAS and demands of UAS operations increase.

10. Army UAS pilot standards will be applied in accordance with Tri-Service UAS policy. Medical supervision will be the responsibility of the UAS Force Commander, the Aircraft Operating Authority, and the AMS. Currently, medical standards will be overseen by the CA Avn Med (Army) at HQ AAC as the representative of ACGS, the Release to Service Authority for all Army aerial platforms.

11. **PULHHEEMS Profile.** The UAS pilot medical standards will be applied at entry to UAS training. However, in the case of Category 1 UAS, if this is at Service entry, any (higher) Army entry standard for the applicants’ trade must be met. The minimum PULHHEEMS profiles for UAS pilots, by UAS category are:

<table>
<thead>
<tr>
<th>UAS Class</th>
<th>P</th>
<th>U</th>
<th>L</th>
<th>H</th>
<th>H</th>
<th>E</th>
<th>E</th>
<th>M</th>
<th>S</th>
<th>CP</th>
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<td>8</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

12. **Additional Requirements:**

   a. **Class 2.** In addition to the stated requirements in the table, Class 2 UAS pilots must comply with the Class 2 UAS pilot medical requirements in *Air Publication 1269A - Assessment of Medical Fitness in the Royal Air Force*[^199]. These include:

   (1) **Near Point.** The corrected near point must be no worse than N5 at 30-50cm.

   (2) **Intermediate Vision.** The corrected intermediate vision must be no worse than N14 at 100cm.

   (3) **Hearing.** Hearing must comply with the AAC Aircrew retention standard at Appendix 6.

[^199]: Leaflet 4-02.
b. **Class 3.** In addition to the stated requirements in the table, Class 3 pilots must comply with the RPAS operator medical requirements in *Air Publication 1269A - Assessment of Medical Fitness in the Royal Air Force*199. These include:

1. **Visual Refraction.** Spherical correction limits are –7.00D to +8.00D. Cylindrical correction limits are +/– 5.00D.

2. **Visual acuity, muscle balance, convergence and accommodation** are aligned with manned aircrew standards.

3. **Hearing.** Hearing must comply with the AAC Aircrew retention standard at Appendix 6.

4. **ECG.** Class 3 UAS pilots require an ECG at selection and at the intervals stated in *Air Publication 1269A - Assessment of Medical Fitness in the Royal Air Force* Leaflet 3-01 to coincide with their annual medical examinations in those years.

13. **Aircrew Employment Category.** The JMES of Class 1 and 2 UAS pilots will remain A4, other than those that are already trained aircrew to whom the relevant aircrew standards at Appendix 6, Table 4 or Table 5 will apply. Class 3 UAS pilots will be graded A3, ‘Fit RPAS and EFT flying duties only’ (MedLim 2003). UAS pilots trained and employed to operate UAS from aircraft must achieve the relevant aircrew medical category for that platform/role.

**UAS Operator Retention Standards**

14. UAS pilot retention standards will be those of their trade listed at Tables 5 and 6. However, to remain fit to operate Category 2 & 3 UAS, pilots must continue to comply with the PULHHEEMS requirements at paragraph 11 above. The aircrew hearing standards and functional testing principles in the Army Hearing Conservation Programme at AGAI Volume 2, Chapter 66 will also apply to UAS pilots that fall below H2. If the requirements for vision, hearing, mental capacity and emotional stability are met, UAS pilots may continue to operate UAS at JMES categories of MLD and MND provided that the employment limitations of their other medical conditions are fulfilled.

**UAS Pilot Medical Examinations**

15. Under *Military Aviation Authority Regulatory Publications*, UAS pilots must hold a valid medical certificate appropriate to the type of UAS operation that they conduct. The medical clearance is to be entered in the pilot’s logbook as well as recorded in the medical record.

16. **Class 1 UAS Pilot Medical Certification.** The medical clearance of Class 1a and 1b UAS pilots is by maintenance of normal RA retention standards, class 1c UAS pilots require an initial and then 5 yearly level 3 PME by a medical officer to DVLA class 1 standards, class 1d pilots require an initial and then 5 yearly level 4 PME by a medical officer to DVLA class 2 standards. Pilots and medical officers are reminded that even Class 1 pilots must not operate UAS if they develop an illness making them unfit to do so. Class 1 pilots should have their fitness reviewed on a 5-yearly basis, which may be by paper review of the medical record and standard PULHHEEMS run-ups.

17. **Class 2 and 3 UAS Pilot Medical Certification.** Class 2 and 3 UAS pilots must be certified medically fit to conduct their UAS duties. The UAS pilot medical examination is to be conducted annually by a MAME. The annual medical examination is valid until the last day of the month in which it next becomes due.

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200 Aircrew Medical Requirements are contained within RA 2135.
18. **Administrative Requirements.** At each medical examination, the PULHHEEMS/JMES is to be recorded in the UAS pilot’s logbook and DMICP.
APPENDIX 14 TO CHAPTER 78

CONSENT FORM – DISCLOSURE OF MEDICAL INFORMATION FROM A GENERAL PRACTITIONER OR HOSPITAL SPECIALIST

1. This consent form must be signed before a request for medical information can be sent to a doctor who has previously provided clinical care to you.

2. You are signing to say you have been shown the information sheet (App 15) summarising your principal rights under the Access to Medical Reports Act, 1988 and are content for the General Practitioner or Hospital Specialist to provide the report.

3. You will be offered the chance to see the report before it is sent to the requesting doctor. If you do want to see it, you must read Information Sheet (App 15) to understand your responsibilities.

4. Consent - please read and delete as appropriate:

   a. I AGREE*/DO NOT AGREE* that [Insert Medical Officer’s name] may write to [Insert GP/Hospital specialists name of Surgery/Hospital name] about my medical care and that a report can be provided giving medical information about me.

   b. I DO*/DO NOT* wish to have access to this report before it is provided. Understanding my responsibilities laid out in Information Sheet (App 15).

   *(Delete as appropriate)

Name of GP/ Specialist: ____________________________________________________________

Address:  ______________________________________________________________________

______________________________________________________________________________

Telephone:  ________________________________________________________________

________________________________________ Date: DATE

Signature: _______________________________ Date: DATE

Full name: NAME

Date of birth: DOB Telephone: NUMBER

Address: ADDRESS
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APPENDIX 15 TO CHAPTER 78

INFORMATION SHEET ON YOUR PRINCIPAL RIGHTS UNDER ACCESS TO MEDICAL REPORTS ACT 1988

You should be aware of your rights under the Access to Medical Reports Act 1988, which is concerned with reports provided for employment, insurance or other purposes by a medical practitioner who is, or has been, responsible for your clinical care. Summarised, your rights are:

1. You may withhold your consent to an application for the report from a medical practitioner.

2. You may consent to the application but indicate your wish to see the report before it is supplied. It is your responsibility to make the necessary arrangements with a medical practitioner to see the report; it will not be sent to you automatically.

3. The medical practitioner will be told that you wish to have access to the report and will allow 21 days for you to see and approve it, before it is supplied to the candidate. If the medical practitioner has not heard from you, in writing, within 21 days of the application of the report being made, he/she will assume that you do not wish to see the report and that you consent to it being supplied. Please note: where a copy of the report is supplied to you, the practitioner may charge a fee to cover the cost of supplying it.

4. When you see the report, if there is anything in it that you consider to be incorrect or misleading, you can request (but this request must be in writing) that the medical practitioner amends the report, but he/she is not obliged to do so. If the medical practitioner refused to amend it, you may:
   a. Withdraw consent for the report to be issued.
   b. Ask for a statement setting out your own views to be attached to the report.
   c. Agree to the report being issued unchanged.

NOTE: The medical practitioner is not obliged to show you any parts of the report that he/she believes may cause serious harm to your physical or mental health or that of others, or which would reveal information about a third party or the identity of a third party who has supplied information about your health, unless the third party also consents. In those circumstances, the medical practitioner will so inform you and your access to the report will be appropriately limited.

5. You may consent to the application for the report but indicate that you do not wish to see the report before it is supplied. Should you change your mind after the application is made and notify the medical practitioner, in writing, he/she should allow 21 days to elapse after such notification so that you may arrange to have access to the report (if it has not already been supplied before you changed your mind).

5. Whether or not you decide to seek access to the report before it is supplied, you have a right to seek access to it from the practitioner or any time up to six months after it was supplied.
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APPENDIX 16 TO CHAPTER 78

TEMPLATE FOR GUIDANCE WHEN WRITING TO REQUEST INFORMATION FROM A GP OR SPECIALIST

Dear Doctor [Insert Name of GP / Specialist]

PATIENT NAME, ADDRESS AND DATE OF BIRTH

1. The above named patient of yours is a [insert rank and brief job description, e.g. infantry soldier] in the British Army and has been under your care for the treatment of [insert condition].

2. I am responsible for their occupational healthcare and in order that I may advise on their fitness for work, I would be grateful if you could provide me with a medical report outlining their diagnosis, treatment and prognosis for this condition whilst they have been under your care. This should be based on your records, without requiring further examination.

3. [Further information as relevant to the case may be added]

4. [Insert soldier's name] has been informed of their rights under the Access to Medical Reports Act 1988 and has stated that they do/do not wish to see your report before it is sent to me. A copy of their signed consent is enclosed.

5. We will be willing to pay a reasonable fee for this report on submission of an account.

6. If you require any further information, please contact me.

Yours sincerely

[Insert own signature block]
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APPENDIX 17A TO CHAPTER 78

CONSENT TO DISCLOSURE OF MEDICAL RECORDS FOLLOWING A FITNESS FOR WORK ASSESSMENT GUIDANCE

1. The Army is obliged to provide a safe system of work for its Service Personnel under the Health and Safety at Work Act 1974 (HASAWA 74). The Army needs to understand your functional restrictions (non-medical information) through the Medical Employment Policy Appendices in order to safely employ you and ensure the safety of others employed with you. Furthermore, it may be beneficial to you and Defence for you to release elements of your health record to other departments.

2. The information that may be requested is confidential and cannot be disclosed without your specific consent. If your records are required for any purpose other than those detailed in the table below, further consent will be required. You may withdraw your consent at any time and if you do so it is your responsibility to inform both the Chain of Command and Medical Officer. The consent that you provide here is not continuous and will need to be re-issued if your JMES changes. It only applies to this Fitness for Work Assessment and the actions that follow as shown in the table below. If your records are required after you leave the Service for reassessment of your entitlements, further consent from you will be required before your records may be released to the requesting agency.

3. Should you refuse to release information regarding your functional restrictions (non-medical information) to the Chain of Command the army may no longer be able to employ you in your current role and you may be subject to an administrative discharge with loss of entitlement, liability to pay back any Return of Service (RoS) and the nature of the discharge recorded on your AFB108 Certificate of Service/Discharge. You will also be precluded from re-joining the army.
APPENDIX 17B TO CHAPTER 78

CONSENT TO DISCLOSURE OF MEDICAL RECORDS FOLLOWING A MEDICAL ASSESSMENT BOARD

In accordance with GMC Guidance, the Access to Medical Records Act 1988, Regulation (EU) 2016/679 (General Data Protection Regulation) and the Data Protection Act 2018.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Records to be disclosed</th>
<th>Purpose of disclosure</th>
<th>Consent Given</th>
<th>Consent Withheld</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit (including Unit Health Committee)</td>
<td>JMES, All Appendices and FMed 8721.</td>
<td>To enable assessment of your employability using non-medical information relating to what you can and cannot safely do at work.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>SP Education &amp; Resettlement Officer (IERO)</td>
<td>JMES, All Appendices and FMed 8721.</td>
<td>To enable provision of adequate resettlement advice.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>APC Occupational Health Branch and Regional Occupational Health Team (ROHT)</td>
<td>All Personal Medical Records</td>
<td>To provide employment advice to APC Career Managers, the Army Employment Board and the Directorate of Manning (Army) and to enable assessment and implementation of an appropriate treatment pathway and onward referral to other ROHTs.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Defence Business Service (DBS): Veterans UK-Pensions</td>
<td>All Personal Medical Records</td>
<td>To enable assessment of your eligibility for War pension/ AFPS (75, 05, 15 &amp; RFPS) Invaliding &amp; Service Attributable benefits, Armed Forces Compensation Scheme benefits to be determined.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Discretionary Awards Review (DAR) and Discretionary Awards Appeals Review (DAAR)</td>
<td>All Personal Medical Records</td>
<td>To enable assessment of your eligibility for AFPS (75, 05, 15 &amp; RFPS) Invaliding &amp; Service Attributable benefits if further scrutiny is required in the case of an appeal against a DBS decision.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Defence Statistics (Health)</td>
<td>FMed 23</td>
<td>For statistical recording and analysis of anonymised information.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Army Recruiting and Training Division (ARITC) Medical Officers &amp; Support Staff</td>
<td>All Personal Medical Records</td>
<td>Required to ratify medical board proceedings and enable discharge process (where required) for the SP. Also conduct medical reviews and provide employment advice to ARITC, the CoC, the Army Employment Board and the Directorate of Manning (Army).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Capita and Recruiting Group CMOs &amp; Support Staff</td>
<td>All Personal Medical Records</td>
<td>To support the service person’s care pathway and enable a full and proper assessment of their employability and deployability. This may lead to permanent change of medical grade and/or medical discharge. To identify areas for improvement in the recruiting medical process.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

I ___________________ consent to the agencies listed and ticked above accessing the specified documents for the stated purposes.

- I am content to receive a copy of the completed FMed 23 ☐
- I wish to see and have opportunity to comment on the draft FMed 23 ☐

Signature of SP: ___________________________ Date (of Medical Assessment Board): ___________________________

Signature of Witness: ___________________________ Name, Rank and Appointment of Witness: ___________________________

ONCE COMPLETED THIS DOCUMENT MUST BE UPLOADED TO BOTH PAPMIS AND DMICP

---

All personal medical records includes; JMES, Appendices, electronic health records and F Med documents.
APPENDIX 18 TO CHAPTER 78

OCCUPATIONAL REPORT ON A SP FOR EMPLOYMENT PURPOSES
(INCLUDING FITNESS FOR WORK ASSESSMENTING)

Must be completed for all trained SP permanently downgraded. This appendix is not mandatory for SP undertaking Basic Training or Initial Trade Training. This appendix is optional for SP temporarily downgraded or MFD. This form should not contain any Medical in Confidence information.

<table>
<thead>
<tr>
<th>Personal Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No:</td>
</tr>
<tr>
<td>Unit:</td>
</tr>
<tr>
<td>Branch / Trade:</td>
</tr>
<tr>
<td>Total Full Time Service</td>
</tr>
<tr>
<td>Type of Enlistment / Commission:</td>
</tr>
</tbody>
</table>

Address (to which completed Appendix 18 will be sent).

Name and Role of SP requesting report:

Address:

Notes for Commanding Officer / Officer Commanding

The Data Protection Act 1998 allows the subject SP to view, should they so wish, what you have written about them (unless you consider that this information may cause them serious physical or mental harm). You should make a copy of this completed form and file it in the SP’s personal file. If the subject SP subsequently asks to see the form this copy should be made available to them. Under DPA 98 the subject SP may make objections to factual inaccuracies that must be corrected by forwarding an amended copy of this form to the original recipient. However, the SP may only request withdrawal of this form if it is agreed that further processing of the information held therein is likely to cause unwarranted substantial damage or substantial distress to the subject SP or another.

Occupational Report (to be completed by the Commanding Officer / Officer Commanding)

The above named officer / soldier has served under my command since …………………………. (Insert date).

1. **CEG and description of officer/soldier’s current duties/role** (attach job descriptions where available):

Planned changes to employment in next 12 months:

2. Are they able to fulfil this current role? ☐ Yes ☐ No
OFFICIAL SENSITIVE – PERSONAL (when completed)

a. If No, please state why not:

b. If No, please state if they are fulfilling any other role or other tasks and duties:

c. Or give details of activities and education carried out while TNE.

3. What allowances are made or have been made for this officer / soldier

   Reduced hours, no lifting, support with mobility etc.…

4. Performance in current or last post:

5. SP FOE over next 12 months (include all planned deployments, exercises and courses / CLM):

6. If not fit for current trade, are there any other jobs / roles that the officer / soldier may be employed in? Comment on advisability of retention within current unit:

   a. In present posting:

   b. In present employment:

   c. With re-training:

7. Based on observations, is the SP able to carry out the functions of their current employment? Comment on MATTs inc use of Weapons (being clear if this is not required of the role), Exercises, deployments and any specific limitations.

8. Likely career progression based on standard career pathway irrespective of performance since the onset of their illness / injury / disability:
9. When already known by the author, a general description of circumstances leading to request for the report (e.g. awareness within the unit of the change in ability of the subject, discussions of career management, at the request of a Medical Officer or Occupational Health nurse):


10. Conduct in Unit (including any disciplinary action contemplated):


11. Comments on motivation, morale, increased sickness absence and effect of the subject’s medical condition on unit functioning:


12. Other relevant information including relevant social / welfare circumstances:


13. In your opinion, should the SP be retained in Service? □ Yes □ No

Occupational report completed by:

<table>
<thead>
<tr>
<th>Surname &amp; Initials:</th>
<th>Rank:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regt / Corps:</td>
<td>Unit:</td>
</tr>
<tr>
<td>Appointment (CO / OC):</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Subject

14. Personal Statement: (Include agree/disagreement with above, if you can complete your job and areas of difficulty)


I (Name) __________________________ (Rank) _________ (No) ________________ acknowledge the completion of this form by my Commanding Officer (CO) or Officer Commanding (OC). I also acknowledge that my CO or OC is able to obtain the opinion of other SPs (when considered necessary) to aid in the completion of this form. If Temporarily Non-Effective, I acknowledge the PRU staff are able to contact my previous CO/OC for necessary details. I have had the purpose of this form explained to me and that I understand that under the terms of the Data Protection Act 1998, I will be able to see a copy of the completed form if I so wish.

Date: ……/……/20…… Signature: ……………………..

OFFICIAL SENSITIVE – PERSONAL (when completed)
OFFICIAL SENSITIVE – PERSONAL (when completed)

Intentionally blank

OFFICIAL SENSITIVE – PERSONAL (when completed)
APPENDIX 19 TO CHAPTER 78
APPEALS PROCESS RELATING TO FITNESS FOR WORK ASSESSMENT DECISIONS

Reference:
A. JSP 831 Redress of Individual Grievances; Service Complaints, dated 22 Jan 16.

General

1. Appeals relating to Fitness for Work Assessmenting decisions must be submitted using the format at Appendix 20. The SP should state why they wish to make the appeal and provide supporting evidence where possible. Not being content with the Board outcome alone is not sufficient grounds for appeal. The grounds for appeal should be based on either additional functional or medical evidence that has not been considered by the Board or a challenge to the application of Medical Employment Policy where the policy itself is challenged based on additional credible medical evidence a MOD(A) board should be considered.

Management of Appeals

2. Appeals may reflect a misunderstanding of the process and decision making of Fitness for Work Assessments. This can be minimised by adherence to high standards of medical practice at the time of boarding. Full Medical Boards (FMB) and doctors raising Medical Boards (Temporary Downgrading) (FWA(T)) should share their opinion with the SP and ensure that the SP understands their recommendation, following discussion with them. Advice on the medical factors affecting their employment must be explained in full to all SPs. Board members should be alert to any signs of disquiet and should tailor their explanation accordingly. FMBs recommending medical discharge must advise the SP on their fitness for further work, tailored to the plans of the SP on leaving the Army. A copy of Appendix 9 is to be given to all SPs attending a Fitness for Work Assessment, along with a copy of the FMed 23.

Soldier Candidates and Potential Officers

3. Boarding procedures for recruits, potential recruits, potential officers and officer cadets are the responsibility of the Army Recruiting and Initial Training Command (ARITC). Candidates may appeal against decisions made at the pre-employment medical assessment or during training. HQ ARITC is the competent authority on pre-employment medical standards and as such is the final level of medical appeal for potential recruits and potential officers. HQ ARITC are the authority for Army Reserve pre-entry medical reviews with advice from SHA(A).

a. Appeals Arising at the Pre-Employment Medical Assessment. The administration of appeals following deferral or rejection at the pre-employment medical assessment is detailed in an ARITC Occ Med Standard. These appeals are defined as follows:

(1) Level 1 Appeal. The candidate is attempting to provide additional evidence countering the initial decision to reject/defer.

(a) Level 1 A (Alpha) Appeal. The candidate appeals to the Assessment Centre Senior Medical Officer (SMO).

(b) Level 1 B (Bravo) Appeal. The candidate appeals the Senior Medical Officer’s decision to the Medical Admin Team, National Recruiting Centre, Chief Medical Officer (CMO).
(2) **Level 2 Appeal.** All avenues of investigation (at Level 1) have confirmed that the standard of A4L1M4E2 MFD has not been met but the candidate continues to contest the guidelines applied to assess against the entry standard. The CMO is to write direct to ARITC Occ Med (OM). This is the final level of appeal for potential candidates and any new medical or functional evidence that subsequently comes to light is to be referred back to ARITC Occ Med.

**Recruits and Officer Cadets**

4. **Applies Arising During Training.** A recruit or Officer Cadet under training (basic and Initial Trade Training) may appeal against the decision of a Fitness for Work Assessment to their CO. The CO should then progress the appeal through the following levels as follows:

   a. **Level 1 - Review.** The SMO, (must not have conducted the initial Board / Assessment) is to review the case and explain in detail to the recruit or Officer Cadet the reasons for the Board's decision. Increased understanding may satisfy the recruit or Ocdt.

   (1) **Level 1 - Appeal.** The candidate appeals the medical board decision to the training establishment SMO via the CO by completing the Appendix 20.

   b. **Level 2 - Appeal.** If the recruit or Ocdt is still unsatisfied and/or if the SMO identifies inconsistencies during the review, the CO may then request that ARITC Occ Med reviews the findings of the board. If a further medical assessment is required, the OM Cons may convene a FMB to re-assess the SP. Those undertaking training out-with ARITC (mainly some elements of Army Reserve) should appeal using the process described for trained personnel.

**Trained Personnel**

5. Appeals are in the first instance to be addressed to the Board that made the original decision. The Fitness for Work Assessment should review its decision and offer the SP an opportunity to discuss the boarding process and outcome.

6. If the appeal is not resolved at this stage, the SP is to apply to the Comd Med (Army Reserve)/Regional Clinical Director (RCD) (Regular) via their CO. This appeal is normally to be submitted within three months of date of the Fitness for Work Assessment. Later appeals will be considered, but the reasons for delay should be clearly stated. The SP is to complete the form at Appendix 20 when submitting their appeal to their CO.

7. The RCD or Comd Med will act as the non-clinical facilitator of the appeal. FWA(T)s that have not involved a Consultant Occupational Physician, should be referred to the Regional Occupational Health Team for review by the Regional OM Consultant. The opinion of the Consultant Adviser in Occupational Medicine (CAOM) may be sought in more difficult cases to decide the most appropriate route for the appeal case review. In the case of an appeal against a FMB (or other board presided over by an OM Consultant), the case may be referred to SHA(A) for consideration of a MOD(A) Board.

8. A SP may submit a complaint against the appeals process in accordance with Reference A.

---

202 Including UOTC
APPENDIX 20 TO CHAPTER 78

SUBMISSION OF A FORMAL APPEAL AGAINST A FITNESS FOR WORK ASSESSMENT

TO THE COMMANDING OFFICER
OF: ________________________________ (Unit)

1. I ________________________________ (Number, Rank and Full Name)
of ____________________________________ (Regt/Corps), serving with
______________________________ (Unit)
or discharged on ________________________ (Date) hereby wish to appeal against the decision
made by the Fitness for Work Assessment that took place on ________________________ (Date)
at ____________________________________________ (Medical Centre or other board location).

have been provisionally considered unfit for further service.

2. My reason(s) for this appeal is/are:

   a. 

   b. 

3. I would like the following outcomes:

   a. 

   b. 

   Date: [ ] Signed: [ ]

Note - This form should not contain confidential clinical information unless the SP wishes this
information to be seen by their Commanding Officer. If the SP does wish to submit medical information
confidentially it should be submitted by an appropriately marked, sealed means.
APPENDIX 21 TO CHAPTER 78

APPLICATION FOR REALLOCATION OR DISCHARGE OF A RECRUIT MEDICALLY UNFIT FOR EMPLOYMENT WITHIN CURRENT CEG OR ARM/CORPS

Details of Recruit:

<table>
<thead>
<tr>
<th>No:</th>
<th>Rank:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Unit:</td>
</tr>
<tr>
<td>Regt/Corps:</td>
<td>Forename:</td>
</tr>
<tr>
<td>CEG:</td>
<td>Date of Enlistment:</td>
</tr>
<tr>
<td>Marital Status:</td>
<td></td>
</tr>
</tbody>
</table>

Section A - To be completed by the Unit CO

Notes:

1. I can confirm that:
   - [ ] a. The trainee is below Medical Employment Standards on Entry for their present Corps or Regt but is within Medical Employment Standards on Entry for another Corps or Regt.
   - [ ] b. The trainee is below Medical Employment Standards on Entry for any Corps or Regt.

2. The trainee has been fully briefed on the implications of the Appendix 21.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Section B - To be completed by the Recruit

3* I can confirm that:
   - [ ] a. I am willing to be reallocated to another Arm or Service, my preferences are listed below (this section should only be completed where the recruit is medically fit for transfer):
     (1)
     (2)
     (3)

---

203 Including Officers who have finished RMAS but have not finished Initial Trade Training.
OFFICIAL SENSITIVE – PERSONAL (when completed)

☐ b. I am not willing to be considered for transfer to another Arm or Service for the following reasons:

*Tick as applicable

4. I have been fully briefed on the implication of the Appendix 21 and understand its possible outcomes.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Section C - To be completed by the UMO

Notes:
(3) Where possible the UMO should be involved in conducting the Fitness for Work Assessment. The UMO is responsible for ensuring that sufficient information is provided to ARITC Occ Med to allow an employability or discharge decision to be made. Only the UMO or their delegated representative should sign Section D.

(4) An appropriately qualified Medical Officer should make comments below where medical condition has changed since the Fitness for Work Assessment has been conducted.

5. A Fitness for Work Assessment was conducted on ………………… to consider the employability of the soldier listed and the SP is graded (JMES) as: …………………………………………..

*Tick as applicable

6. The F Med 23 is attached to this form and contains sufficient information to allow employability / discharge decisions to be reached. I have the following additional comments:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature of Medical Officer(^{204}):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Section D - Attachments

7. The following documents should be attached to this form before forwarding to HQ ARITC Occ Med. Any documents classified as ‘Medical in Confidence’ should be placed in a sealed envelope which should only be opened by HQ ARITC Occ Med. Appendix 17 must be completed to allow ARITC SO1 Occ Med access to medical records.

\(^{204}\) See Note (6)
OFFICIAL SENSITIVE – PERSONAL (when completed)

☐ FMed 23 (UMO)
☐ Appendix 9 (UMO)
☐ Appendix 17 (UMO)
☐ FMED 133
☐ Additional documents as listed:

Section E - To be completed by ARITC Occ Med

To the CO

8. Does the SP meet the selection criteria?  ☐ Yes  ☐ No
9. Is there the opportunity to maintain employment under a waiver (AF B203)?  ☐ Yes  ☐ No
10. Can the SP be transferred to another cap badge?  ☐ Yes  ☐ No
11. Discharge is recommended under the terms of ......................
12. I have following additional comments\(^\text{206}\) (inc justification for Qu 8-10):

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
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</thead>
<tbody>
<tr>
<td>Appointment:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Section F - To be completed by the SPSO (where medically fit for transfer)

Notes:
(5) This section is not completed where the individual is unfit for transfer to a different Arm or Service.
(6) If the SPSO considers the SP suitable for transfer, the Appendix 21 should be returned to the unit CO for transfer action to be initiated.

-\(^{205}\) For Officers in probationary commission, App 21 is to be sent to the Army Commissions Board for ratification at Section F.
-\(^{206}\) ARITC SO1 Occ Med may wish to make comment regarding the appropriateness of re-joining.
13*. I can confirm that:

☐ a. This soldier is within Medical Employment Standards on Entry for reallocation to another Corps but is not suitable for the following reasons:

☐ b. This soldier is within Medical Employment Standards on Entry for reallocation to another Corps but is not willing to be reallocated.

☐ c. This soldier is within Medical Employment Standards on Entry for reallocation to another Corps and is willing to be reallocated.

14. The SP is considered suitable for employment as:

Name: 
Signature: 
Appointment: 
Date: 

Notes:
(7) Recommendation for discharge under QR(Army) para 9.414 Services No Longer Required is to be submitted to Pers Pol (A) on AFB 130A.
(8) Recommendation for discharge under QR(Army) para 9.381 Defective in Enlistment is to be sent to APC MS Occurrences Terminations with a completed AFB 130.
(9) Recommendation for discharge under QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements is to be submitted by the CO on this form to APC OH for them to authorise a discharge date.
(10) Recommendation for retirement under PAW 09 paragraph 196 Medical Unfitness. (OFs in ITT only).

15. Discharge is hereby authorised under the terms of ……………………

Name: 
Signature: 
Appointment: 
Date: 

PART 2 - To be completed by Unit CO
APPENDIX 22 TO CHAPTER 78
APPLICATION FOR MND EMPLOYMENT OR DISCHARGE OF A TRAINED SOLDIER

The Appendix 22 is initiated at unit level where a SP is deemed unfit for normal employment within current CEG or Arm or Service. This appendix is for trained soldiers and soldiers at Initial Trade Training of SSgt rank and officers of Lt rank and below only207.

Section A - To be completed by Unit CO

Notes:
(1) After completing Section A, B & C this form is to be sent to Unit Medical Officer for Formal Assessment.

<table>
<thead>
<tr>
<th>No:</th>
<th>Rank:</th>
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<tbody>
<tr>
<td>Surname:</td>
<td>Unit:</td>
</tr>
<tr>
<td>Regt/Corps:</td>
<td>Forename:</td>
</tr>
<tr>
<td>CEG:</td>
<td>Date of Commission / Enlistment:</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>TOS:</td>
</tr>
</tbody>
</table>

1. The SP listed above is currently employed within my unit as …………………………………………

2*. I have attached Appendix 18 to providing details of the limits of their employment (this is mandatory).

☐ Yes  ☐ No

3. I am aware that should such MND employment be unavailable or assessed unsuitable this may result in the SP’s discharge/retirement from the Army and:

Either*: It is my assessment is that the SP is no longer employable within the current CEG, unit or Arm and I recommend that consideration be given to assessment for MND employment vacancies, which may require assignment to a Unit affiliated to a different cap badge or Arm (I am aware that should such MND employment be unavailable or assessed unsuitable this may result in the SP’s discharge from the Army).

Or: I have submitted an Appendix 8 requesting the retention of this SP within their unit but this application for retention has been rejected.

4*. I certify that the SP has been fully briefed on this process and its possible financial, welfare and career implications.

☐ Yes  ☐ No

<table>
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<tr>
<th>Name:</th>
<th>Signature:</th>
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<tbody>
<tr>
<td>Rank:</td>
<td>Date:</td>
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</tbody>
</table>

207 An Warrant Officers and officers above the rank Lt can be considered for Appendix 22 if it is considered to be in the interest of the Service (see Para 78.1022).
Section B - To be completed by the Adjt / RCMO (in consultation with APC Career Manager)

5*. I can confirm that all internal transfer opportunities have been explored and that the SP listed above is no longer employable within their current CEG unit or Arm.

☐ Yes  ☐ No

6. The SP has potential for employment in the following MND vacancies:

   a. .......................................................... PID .................
   b. .......................................................... PID .................
   c. .......................................................... PID .................  *Tick as applicable

7. The SP is not recommended for MND employment for the following reasons:

8. The following documents should be uploaded to the SP’s PAPMIS record or attached to this form before forwarding to SO1 OH on PAPMIS or in extremis posted to MP 544, APC, Kentigern House, 65 Brown Street, GLASGOW, G2 8EX. Appendix 17 must be completed to allow APC SO1 OH access to medical records.

☐ Appendix 18 (Complete on PAPMIS)
☐ Individual’s Personal Statement (Uploaded to PAPMIS library):
☐ Appendix 9 (Uploaded to PAPMIS library)
☐ Appendix 17 (Complete on PAPMIS)
☐ Additional documents as listed (Uploaded to PAPMIS library):
☐ For MLD(P) L2 – L4 SP. Exceptional authority to sought via Hd Pers Pol, Workforce Pol Branch.

Name:  
Signature:  
Appointment:  
Date:
Tel no:  

Section C - To be completed by Individual (completed by Adjt / RCMO in individual’s presence)

9. I am fully aware of the implications of the Appendix 22 and I have been briefed on the career, financial and welfare implications of any decisions I might make.

---

208 Informed through MND Employment vacancy list published on MS Web.
10. I understand that should the Army find a worthwhile role through a suitable MND vacancy in another Unit, Cap badge or Arm I will be unlikely to be considered for discharge/retirement on medical grounds if I reject this offer. Conversely the Army may directly assign me into a Job not published on the MND (P) vacancy list should a suitable match be made.

☐ Yes  ☐ No

11. Having seen the MND vacancy list I wish to make an application for a suitable MND vacancy in another Unit, Cap badge or Arm. and have discussed these options with my Career Manager:

☐ Yes  ☐ No

If yes, I wish to be considered for the following roles:

   a. ................................................................. PID ..........
   b. ................................................................. PID ..........
   c. ................................................................. PID ..........

12. I am not willing to be considered for MND vacancy in another Unit, Cap badge or Arm for the following reasons or/and I wish to highlight any relevant Domestic or Welfare considerations:

   ___________________________________________________________

   ___________________________________________________________

   ___________________________________________________________

Name: ___________________________  Signature: ___________________________
Appointment: ___________________  Date: ____________________________

*Tick as applicable

Notes:
(2) In order to be considered for a discharge/retirement on medical grounds, a SP must be a volunteer for transfer.
(3) Transfer to RN / RAF is only considered under extant inter-Service transfer policies and processes and is separate to AGAI 78 – Army Medical Employment Policy (PAP).

Section D - To be completed by the Unit Medical Officer

13. A Fitness for Work Assessment has been conducted to consider the employability of the SP listed and the SP is permanently graded as: .................................................and ratified by......................................................(OM Cons).

14. The Fitness for Work Assessment has read Appendix 18 completed by the Chain of Command and can make the following comments on the SP’s employability (no medical in confidence information should be included on this form) [Insert SP’s name] has been informed of their rights under the Access to Medical Reports Act 1988 and has stated that they do/do not wish to see the Appendix 18 before it is considered by the Fitness for Work Assessment. A copy of their signed consent is enclosed:

   ___________________________________________________________

   ___________________________________________________________

   ___________________________________________________________

OFFICIAL SENSITIVE – PERSONAL (when completed)
OFFICIAL SENSITIVE – PERSONAL (when completed)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature of Medical Officer:</th>
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<table>
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<tr>
<th>Date:</th>
<th>Date of Fitness for Work Assessment:</th>
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Notes:
(4) Medical assessment should be conducted by a minimum of a Fitness for Work Assessment (Permanent Downgrading) presided over by an OM Consultant. Any assessment not meeting these Fitness for Work Assessment criteria will not be considered by APC SO1 OH and will be returned to unit for further action.

Section E - To be completed by APC Career Manager

15*. I can confirm that no suitable employment is available for the soldier named in Section A in their present cap badge.

☐ Yes ☐ No

16. The SP is assessed as suitable for transfer to or employment in the following roles:
   a. .................................................................
   b. .................................................................
   c. .................................................................

17. I would like to make the following comments:


18. After consultation with other Units, Cap badges or Arms the following MND Employment options (with attached illustrative career plan) have been identified and agreed by either an E1 or E2 Appointment Board:
   a. .................................................................  PID  ..............

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<th>Name:</th>
<th>Signature:</th>
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<tr>
<th>Appointment:</th>
<th>Date:</th>
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</table>

Notes:
(5) If MND employment options are identified at this stage an APC OH assessment must be undertaken, and medical limitations highlighted to the future employer to inform a risk assessment, once complete the CM is to convene an E1 appointment board or to submit to MS7 for E2 appointment board. The SP is to be notified by the Chain of Command. SPs unwilling to seek MND employment will not normally be considered for invaliding from service but can be retired or discharged under QR(Army) Para 9.414 Services No Longer Required if they are unwilling to accept the employment offer.

(6) Appeal against the employment or discharge decision is to APC SO1 OH using the Appendix 25 application.

Section F - To be completed by APC SO1 OH

19. I can confirm that no suitable MND Employment opportunities are available for the SP named in Section A in their in another Unit, Cap badge or Arm.

20. Discharge is recommended under the terms of PAW 09 / or QR(Army) para 9.381 Defective in Enlistment / 9.385 Ceasing to Fulfil Army Medical Requirements / 9.414 Services No Longer Required / RLFR for the following reasons:

OFFICIAL SENSITIVE – PERSONAL (when completed)

AEL 112 78/A22-4 AC 60974/2
OFFICIAL SENSITIVE – PERSONAL (when completed)

<table>
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<tr>
<th>Name:</th>
<th>Signature:</th>
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<tbody>
<tr>
<td>Appointment:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

PART 2 - To be completed by Unit CO

Notes:
(7) Part 2 is only to be used when a SP is not a volunteer for MND Employment.
(8) Recommendation for discharge under QR(Army) para 9.414 Services No Longer Required is submitted to SO2 Discharges Pers Pol (A) on AFB 130A, together with this form.

21. Discharge is hereby authorised under the terms of PAW 09 or QR(Army) paragraph .................

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
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<tbody>
<tr>
<td>Appointment:</td>
<td>Date:</td>
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</table>
APPENDIX 23 TO CHAPTER 78

AIDE MEMOIRE L6E5 MND(P) WHO WISH TO BE RETAINED

MEDICAL ACTION

- Individual undergoes medical treatment
- Medical condition will not significantly improve within 12 months to enable the SP to return to duty. Individual is referred to the Full Medical Board (FMB). Unit and individual informed of date on receipt of App 11
- Where necessary an OH assessment of the Activities of Daily Living is carried out and submitted to the FMB on an F Med 7
- FMB sits and considers individual’s case. Ensure unit input on App 18. FMB grades SP medically unfit for service (P8) and recommends a QR (Army) to be used in the case of a med discharge. FMB notifies by App 12 to: Unit, Med Discharge Wing APC and individual

OFFICER/SOLDIER ACTION

- Where appropriate, SP submits an Armed Forces Compensation Scheme (AFCS) claim
- SP receives App 11, ‘Transition to Civilian Life’ booklet and notification of the date of the FMB
- SP receives App 18 and signs it
- SP attends FMB. May have friend or family, or a unit representative, to accompany and support if desired. FMB grades individual medically unfit for service (P8)

CHAIN OF COMMAND ACTION

- AGAI 99 process throughout
- Unit IERO and Resettlement Offr receives notification about individual’s potential resettlement and date of FMB
- Unit ensures SP is offered support at FMB. Normally family or friend but if not available, may be unit representative if agreed by the SP
- Unit submits App 18 (Occupational Report on an Individual) signed by the SP for the FMB to consider potential employment

POST MED BOARD

- SP wishes to leave and receives a Medical Retirement/Discharge
- SP wishes to remain in the Service
- SP would not wish to accept the employment
- SP would be content to accept the employment

Initiate AEB Process (App 25)

AEB considers case

P8 Grade ratified. Individual graded medically unfit for service JMES A5L5M5E4

Employment Approved.

MS Branch led assessment

MS Branch unable to identify employment and recommend invaliding

MS Branch identifies employment and creates a draft career plan

MS Branch initiate Medical/Welfare Assessment

MS Branch submits full case report to AEB

Appendix 25 initiated, either by individual where retention is sought or by CO where discharge / retirement is sought by CoC
Notes:

1. Armed Forces Compensation Scheme (AFCS) information and claim forms can be obtained from the Veterans UK website at www.veterans-uk.info, Unit RAO and UWO and the Veterans Welfare Staffs can advise and assist with applications. The AFCS replaces the War Pensions Scheme and the Armed Forces Pension Scheme for injuries, illnesses or deaths caused by service in the Armed Forces after 6 April 2005. Applications can be submitted at any stage up to five years after the injury / event.

2. This will normally be applied as soon as a SP is downgraded. AGAI Vol 3 Ch 99 (Command and Care of Wounded, Injured and Sick).

3. Role of unit representative is to support the SP, not to influence the board.

4. Subjects are to include financial/pensions (RAO), resettlement (IERO) and welfare (UWO) as a minimum. Where appropriate, the AFCS payment should also be confirmed (see para 78.1015).

5. MS Branch should consult with Regimental / Corps Colonels and the Manning Bricks prior to the formulation of employment plans. Should also include further Occ Health assessments where necessary.

6. Assessments to be carried out by Army Welfare Service (AWS) Casualty Key Workers or Army Welfare Workers as appropriate. A report is to be produced for the Employment Board that covers all medical and welfare issues linked to continued employment. Issues such as costs for Service Families Accommodation (SFA) / Single Living Accommodation (SLA) and workplace modifications for activities of daily living; estimated future medical / welfare costs, additional necessary leave for attending appointments/convalescence and to include likely additional Travel and Subsistence bill etc.

7. Army Employment Board (AEB) will consider Fitness for Work Assessment recommendation, CO’s comments, a personal statement by the SP, the potential career plan, medical / welfare report and retirement / discharge / retention options (see Part 11).

8. SPs approved for continued employment will remain in their current JMES (including medically unfit for service (‘P8’ L6 MND (P)) and subject to conditions specified by the AEB. Additionally, SPs unable to maintain employment may apply through their CO to the APC (SO1 Occupational Health) for medical discharge. The APC will decide on the most appropriate course of action to facilitate this.
**APPENDIX 24 TO CHAPTER 78**

**AIDE MEMOIRE FOR SP GRADED L5E5 MND(P) WHO WISH TO BE RETAINED**

**MEDICAL ACTION**
- SP undergoes medical treatment
  - Medical condition will not significantly improve within 12 months to enable the individual to return to a higher medical category². Individual is referred to the MB(T)².
  - MB(P) sits and considers individual’s case. Ensure unit input on App 18 to PAP. MB(P) grades individual P3/7 Permanent and returned to military service.

**OFFICER/SOLDIER ACTION**
- Where appropriate, SP submits an Armed Forces Compensation Scheme (AFCS) claim¹.
  - Individual receives App 18 and signs it
  - SP attends MB(P).
    - May have friend or family, or a unit representative, to accompany and support if desired.
    - MB(P) grades individual P3 or P7 Permanent

**CHAIN OF COMMAND ACTION**
- Unit submits App 18 (Occupational Report on an Individual) signed by the SP for the MB(P) to consider potential employment
  - Unit ensure individual is offered support at MB(P). Normally family or friend but if not available, may be unit representative if agreed by individual

**MEDICAL ACTION**
- App 9 generated

**OFFICER/SOLDIER ACTION**
- Appendix 8 submitted to Pers Pol (A) via APC
  - Supported
  - SP accepts the employment
  - SP returns to regular service¹²

**CHAIN OF COMMAND ACTION**
- Unit wishes to retain?¹³
  - Yes
    - Appendix 22 Initiated by Unit²
  - No
    - Retired or discharged¹⁴ under QR(Army) Para 9.414 (services no longer required)
    - Initiating resettlement plan¹¹
    - Initiate AEB Process (App 25)¹³

**MEDICAL ACTION**
- Medical Assessment confirms improved JMES grading
  - Yes
    - Medical Assessment confirms improved JMES grading
  - No

**OFFICER/SOLDIER ACTION**
- SP does not accept outcome of the Appendix 22
  - SP does not accept outcome of the Appendix 22

**CHAIN OF COMMAND ACTION**
- Retired or discharged¹⁴ under QR(Army) Para 9.385 (Medical grounds)
  - Case passed to Discharge cell

**MEDICAL ACTION**
- SP undergoes medical treatment
  - Medical condition will not significantly improve within 12 months to enable the individual to return to a higher medical category². Individual is referred to the MB(T)².

**OFFICER/SOLDIER ACTION**
- Where appropriate, SP submits an Armed Forces Compensation Scheme (AFCS) claim¹.
  - Individual receives App 18 and signs it
  - SP attends MB(P).
    - May have friend or family, or a unit representative, to accompany and support if desired.
    - MB(P) grades individual P3 or P7 Permanent

**CHAIN OF COMMAND ACTION**
- Unit submits App 18 (Occupational Report on an Individual) signed by the SP for the MB(P) to consider potential employment
  - Unit ensure individual is offered support at MB(P). Normally family or friend but if not available, may be unit representative if agreed by individual
Timings:

The following timelines are to be adhered to for submission and management of the Appendix 8 and Appendix 22.

Appendix 8:

<table>
<thead>
<tr>
<th>Medical Board</th>
<th>Implications Brief</th>
<th>CO / UHC</th>
<th>RMO</th>
<th>APC Desk</th>
<th>SO1 OH</th>
<th>APC Desk</th>
<th>Pers Pol (A)</th>
<th>Retain, conduct Medical Risk Assessment and review annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks</td>
<td>1 week</td>
<td>3 weeks</td>
<td>3 weeks</td>
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</tbody>
</table>

Appendix 22:

<table>
<thead>
<tr>
<th>Medical Board</th>
<th>Implications Brief</th>
<th>CO / RCMO</th>
<th>RMO</th>
<th>APC Desk</th>
<th>SO1 OH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks</td>
<td>1 week</td>
<td>Within 8 weeks</td>
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</table>

Unit
- Move to new employment
- Review annually and conduct Medical Risk Assessment annually

OR
- Discharge Activity
  - Terminal leave (4 weeks)
  - Residual annual leave
  - Invaliding leave (4 weeks)
  - Resettlement (up to 7 weeks)

Notes:

1. Armed Forces Compensation Scheme (AFCS) information and claim forms can be obtained from the Veterans UK website at www.veterans-uk.info, Unit RAO and UWO and the Veterans Welfare Staffs can advise and assist with applications. The AFCS replaces the War Pensions Scheme and the Armed Forces Pension Scheme for injuries, illnesses or deaths caused by service in the Armed Forces on or after 6 April 2005. Applications can be submitted at any stage up to five years after the injury/event.

2. Timelines laid down in AGAI Vol 3 Ch 99 (Commend and Care of the Wounded, Injured and Sick).

3. Medical Boards (Permanent Downgrading) (FWA(P)) details in Appendix 2.

4. Role of unit representative is to support the SP, not to influence the board.
5. All Boards which are likely to result in Appendix 22 action require a Fitness for Work Assessments (Permanent Downgrading) (FWA(P))\textsuperscript{209}.

6. With Regimental / Corps Colonels, Manning Bricks and APC Career Manager advice.

7. WO2, WO1 and Capt and above should write to their Career Manager requesting retention and either transfer of Corps or employment.

8. Where required MS Branches should consult with Regimental / Corps Colonels.

9. Should include additional Occ Health reports as necessary.

10. Medical reassessment at this stage is by exception only. Where the CoC have identified a significant improvement in the SPs condition a medical re-assessment can be conducted if both the CoC and SP are in agreement.

11. Once an Appendix 22 has been submitted to APC, the unit should initiate a resettlement plan, including booking Career Transition Workshops, in order to enable resettlement to be conducted concurrently with the Appendix 22 process. This will enable the SP to be prepared for discharge / retirement on medical grounds.

12. Unit to complete Appendix 8 as appropriate.

13. Where retention is sought by the SP, Appendix 25 is initiated by the SP. Where discharge or retirement is sought by the CoC, Appendix 25 is to be initiated by the CO.

14. This may include a decision to delay discharge to a specified date.

15. This may include a decision to delay discharge to a specified date.

\textsuperscript{209} The OM Cons may be a retired Army OM Consultant provided they have previously worked as an accredited OM Cons within an Army ROHT and maintained clinical currency since retirement. CAOM is responsible for assuring delivery organisations that an individual fulfils these criteria and has sufficient familiarity with the extant version of PAP.
APPENDIX 25 TO CHAPTER 78

APPLICATION FOR ACTION BY THE ARMY EMPLOYMENT BOARD (AEB)

1. The AEB action is requested in the case of:

<table>
<thead>
<tr>
<th>No:</th>
<th>Rank:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
<td>Surname:</td>
</tr>
</tbody>
</table>

2. The SP named above has signed Appendix 17 consenting to disclosure of medical and administrative records and this is attached.

- [ ] Yes  - [ ] No

3. In the case of an application for retention only, the SP is to give the reasons why they wish to be retained:

(This should include the key reasons why the AEB is requested to review the case including a clear articulation of why retention is sought. These could include whether the grade assigned by the FMB is challenged, welfare and medical considerations)

| Name: | Signature: | Date: |

4. In the case of applications for retention or discharge, the Commanding Officer is to give reasons why this is deemed appropriate and why the AEB is requested to review the case:

(Comments could also include whether the grade assigned by the FMB is challenged, the wishes of the SP, the wishes of the unit, welfare considerations and presentation issues)

| Name: | Signature: | Date: |
*Tick as applicable

5*. The following information is to be submitted with all applications by the unit:

<table>
<thead>
<tr>
<th>Documents</th>
<th>JMES</th>
<th>Action</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>F Med 23 &amp; 24</td>
<td>L6E5</td>
<td>FMB automatic to APC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L5E5</td>
<td>SO1 OH request from MC</td>
<td></td>
</tr>
<tr>
<td>Appendix 8</td>
<td>L6E5</td>
<td>Unit</td>
<td>Retention cases only, submit to SO1 OH cc to Pers Pol (A)</td>
</tr>
<tr>
<td>Appendix 22 (if appropriate)</td>
<td>L5E5</td>
<td>Unit</td>
<td>SO1 OH POC to advise on completion of documentation</td>
</tr>
<tr>
<td>Appendix 12</td>
<td>L6E5</td>
<td>FMB Automatic</td>
<td></td>
</tr>
<tr>
<td>Appendix 17</td>
<td>L6E5</td>
<td>FMB Automatic</td>
<td>AEB Consent form in addition through SO1 OH</td>
</tr>
<tr>
<td></td>
<td>L5E5</td>
<td>SO1 OH request from MC</td>
<td></td>
</tr>
<tr>
<td>Appendix 18</td>
<td>L6E5</td>
<td>FMB automatic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L5E5</td>
<td>SO1 OH request from unit</td>
<td></td>
</tr>
<tr>
<td>Appendix 20 (Appeal cases only)</td>
<td>L6E5</td>
<td>SP</td>
<td>Appeal through unit CO to AEB.</td>
</tr>
<tr>
<td>Personal statement from SP</td>
<td>L6E5</td>
<td>FMB automatic</td>
<td>As required.</td>
</tr>
<tr>
<td></td>
<td>L5E5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview record with SP and signed statement to the effect that they have been fully briefed on options and implications surrounding medical discharge</td>
<td>All</td>
<td>Unit</td>
<td>Send to SO1 OH</td>
</tr>
<tr>
<td>APC Career Plan</td>
<td>All</td>
<td>MS Branch</td>
<td>SO1 OH to request</td>
</tr>
<tr>
<td>Welfare Report</td>
<td>All</td>
<td>AWS/Casualty Key Worker</td>
<td>As required SO1 OH to request</td>
</tr>
<tr>
<td>CO’s Report (in addition to Appendix 18)</td>
<td>All</td>
<td>Unit CO</td>
<td>Where required to support Appendix 18</td>
</tr>
</tbody>
</table>

OFFICIAL SENSITIVE – PERSONAL (when completed)
6. **For SO1 OH Action.** The following additional documents were considered by the FMB and are attached to this application:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

7. **Decisions of AEB and Reasons:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
DEPLOYMENT MEDICAL RISK ASSESSMENT FORM

This assessment must be completed for soldiers with a medical grading below MFD who are at readiness (R1-3) or warned for deployment. The aim of the form is to:

- Articulate relevant medical limitations
- Identify the risk these present to the soldier, the mission or the Commander
- Confirm any mitigations which will be put in place to enable deployment

It is to be initiated by the subunit commander in conjunction with the Appendix 9 with input as required from the soldier, UMO and ROHT. The decision on fitness for deployment is owned by the CO and must be agreed by the deployed commander.

<table>
<thead>
<tr>
<th>No:</th>
<th>Rank</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit:</td>
<td>Regt / Corps:</td>
<td>JMES: A __ L ____ M __ E __</td>
</tr>
<tr>
<td>Branch / Trade:</td>
<td>Role:</td>
<td></td>
</tr>
</tbody>
</table>

Reason for App 26
- Deployment and MST for ____________________________ □
- Overseas Training Exercise or short term training team ______________ □
- Held at R1-3 (complete section 2-4 on activation) for ______ □

SECTION 1 - ROLE SPECIFIC ASSESSMENT

1. Role. Details of activity required in deployed role:

   Operational/deployed Role:
   - Blue sections are a guide – keep information relevant and use or delete as useful
   - Physical and mental demands of role: work environment, accommodation, working hours
   - Training Locations and associated health threats:
   - Weapon systems carried:
   - Personal protective equipment requirements: Body armour/EOD suit
   - Vehicles and transport:
   - Other considerations:
   - Previous Demonstration of fitness for role:
     - Recent exercise and training performance consistent with deployment role:
     - Previous CASEVAC requirements or use of medical services:
     - Previous successful deployment in role:

---

210 MND personnel are non-deployable but may be held at readiness for some UK Ops and may rarely deploy on OTX
211 Job Spec to be attached where available.
2. **Relevant medical restrictions.** Refer to Appendix 9 and seek MO/ROHT advice as necessary.

<table>
<thead>
<tr>
<th>Medical Restrictions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated need for proximity to medical facilities (specify capability required CMT/ MO/ deployed hospital):</td>
</tr>
<tr>
<td>Requirement for monitoring or attendance at appointments or follow up:</td>
</tr>
<tr>
<td>Requirement to store medications: refrigerated/ambient:</td>
</tr>
<tr>
<td>Requirement to carry specific equipment or use an electrical supply:</td>
</tr>
<tr>
<td>Ability to carry weight and conduct military tasks patrol, tab and run:</td>
</tr>
<tr>
<td>Requirement for hearing protection:</td>
</tr>
<tr>
<td>Specific environmental restrictions:</td>
</tr>
<tr>
<td>Likelihood of generating workload for available medical support:</td>
</tr>
<tr>
<td>Other factors:</td>
</tr>
</tbody>
</table>

3. **Mitigations.** This section identifies measures which will be put in place to support deployment. These must articulate how risk to the SP or to the mission may be avoided.

<table>
<thead>
<tr>
<th>Mitigation of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will we avoid exacerbation of the condition and identify a deterioration in health if it occurs?</td>
</tr>
<tr>
<td>How will we ensure follow up treatment or outstanding rehabilitation is not missed?</td>
</tr>
<tr>
<td>Is there likely to be exposure to exacerbating conditions NOISE, HEAT, COLD in this role and how can this be managed?</td>
</tr>
<tr>
<td>Can sudden incapacitation be avoided- if not how will the condition be managed?</td>
</tr>
<tr>
<td>Can I ensure appropriate Medical support, transport, equipment and facilities are available to support the condition?</td>
</tr>
<tr>
<td>Are additional force preparation measures required in advance of deployment?</td>
</tr>
</tbody>
</table>

4. **Provisional acceptance of employment in role.** This endorsement is required only for those held at readiness without a specific task. All other MRAs should be continued in Section 2.

<table>
<thead>
<tr>
<th>Record CO provisional acceptance of employment for non-MFD force elements at readiness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC date (quarterly review) __________________________</td>
</tr>
<tr>
<td>Comments/caveats:</td>
</tr>
<tr>
<td>Risk of deployment (High/ Low)</td>
</tr>
</tbody>
</table>

**End of initial MRA for F@R until activation**
OFFICIAL SENSITIVE – PERSONAL (when completed)

SECTION 2 - DESTINATION SPECIFIC ASSESSMENT

5. Additional risks to health from deployed environment. Identify any new issues related to the deployed environment which could affect the health of this soldier.

| I have referred to the mounting instruction/ Op Order for ____________________________ |
| Environmental conditions: Austerity, endemic health threats- disease |
| Medical support availability: capacity, capability, timelines |
| Exposure to hostile activity: DCC, resilience, unexpected noise exposure |
| Other factors: |

6. Additional Mitigations. Any additional protective measures required to enable deployment in this environment:

Restrictions or measures in place to ensure sustainable deployment:

SECTION 3 – MEDICAL REVIEW IF REQUIRED

7. Review Appx 9 section 6. Is a medical review required?

Yes ☐ (UMO to review App 26 and refer to ROHT as required)
No ☐ (Go to 8)

| UMO Comments (including ROHT as necessary): |
| Date of App 26 review |
| Decisions recorded in DMICP |

SECTION 4 – COMMAND ENDORSEMENT

8. Command endorsement.

| Commanding Officers decision on risk of deploying SP in specified role. |
| Deployment in proposed role - Accepted ☐ |
| Deployment in proposed role - Refused ☐ |
| Comments: |

9. The MRA has been completed with the input required from CO, MO, soldier and deploying command team.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Rank:</th>
<th>Post:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Dated:</td>
<td>Contact No:</td>
</tr>
</tbody>
</table>

Copy to:
Deploying Comd and MO
Adjt for PAPMIS
SP for carriage on Op
MO for scan to DMICP

<table>
<thead>
<tr>
<th>No:</th>
<th>Rank:</th>
<th>Name:</th>
</tr>
</thead>
</table>

OFFICIAL SENSITIVE – PERSONAL (when completed)
APPENDIX 27 TO CHAPTER 78

EXAMPLE OF A UNIT IMPLICATIONS BRIEF

Must be completed for all SP permanently downgraded. This appendix is optional for SP temporarily downgraded.

1. **Introduction.** Immediately on receipt of an Appendix 9 from the RMO confirming a permanent medical grading of MND or MLD (where the CoC are completing Appendix 22), this brief must be given to the SP by their OC or an appropriate alternative, which may include WIS staff\(^{212}\). It is to be completed before a decision has been made on retention or Appendix 22 and should be reviewed annually where the SP is retained.

2. **Personal Details.**

<table>
<thead>
<tr>
<th>Number</th>
<th>Rank</th>
<th>Name</th>
<th>Sub-unit</th>
<th>JMES(^{213})</th>
<th>Remarks</th>
</tr>
</thead>
</table>

3. **OC Interview:**
   a. Outline the implications of the SP’s JMES Grading and the process.
   b. Does the SP wish to be retained? YES / NO
   c. Is the SP a volunteer to transfer for alternative employment? YES / NO

   **OC Comments**

   Signed:

4. **Adjt/RCMO Interview.** The Adjt/RCMO should give initial career advice on the implications of being classed MND (Perm) or MLD (Perm), including the implications on the SP’s career, including prospects of promotion. They should outline:

   **Adjt/RCMO Comments including:**
   - The potential outcomes of the Appendix 22, if undertaken.
   - Retirement/discharge through Appendix 22 or as a result of being graded L6E5 Perm (P8) both constitute retirement/discharge on medical grounds (not administrative).
   - The financial implications of rejecting an employment offer.
   - An explanation of the AEB and appeals processes.
   - The SP should also be given resettlement entitlement advice and support, including outline planning and booking of initial resettlement interviews/workshops (if applicable).
   - If the SP decides to Notice to Terminate (NTT) then they may lose their right to Appendix 22 invaliding action if they are graded medically fit for duty with major employment limitations L5E5 MND Perm (P7).

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\(^{212}\) If an individual is designated WIS, it is the PRO or Unit WIS officer, under the direction of the UWO and in consultation with the RMO, who delivers the Implications Brief. It is also the PRO or Unit WIS officer who, at the UHC, makes the recommendation to the CO on retention or Appendix 22 action.

\(^{213}\) Either MND Perm or MLD Perm.
5. **RAO Interview.** The RAO should give broad financial advice, based on potential career options implications, including pay, pensions, and compensations and ‘signpost’ the SP towards independent financial advisers for more detailed advice. If appropriate, the RAO should assist in completing and submitting an Armed Forces Compensation Scheme application and submitting a request for information on pension entitlements from Veterans UK.

6. **Welfare Interview (if applicable).** The UWO should outline additional welfare support if applicable.

7. **Medical Advice (if applicable).** The RMO should provide additional medical advice and support if required by the SP.

8. **Completion Procedure.** Once complete, the OC and soldier must sign below, and the Adjt/RCMO must sign to acknowledge receipt of the completed form for their inclusion on the soldier’s P-File.

   OC Signature………………………… Date…………………………

   SP Signature………………………… Date…………………………

   Adjt/RCMO Signature………………………… Date…………………………
APPENDIX 28 TO CHAPTER 78

CHAIN OF COMMAND AIDE MEMOIRE TO THE MEP PROCESS

Land MES Descriptors:
- L1 – fit for unrestricted duty
- L2 – fit for high readiness roles with minor limitations
- L3 – fit for limited duties but with some restriction
- L4 – fit for certain deployed roles into established MOBs
- L5 – unfit deployment; fit for limited UK ops
- L6 – unfit for service

SP unfit for full duties / sick absent >28 days

Max 12 months (18 with ROHT authority)

SP attends FWAB(T) and receives a JMES

Appendix 9 (Medical Restrictions) issued by RMO

If SP deploys, unit completes Appendix 26 (Medical Risk Assessment)

SP attends FWAB(P) or FMB and receives a permanent JMES

Unit completes Appendix 18 (Occupational Report)

Decision recorded on PAPMIS

Unit completes Appendix 27 (Implications Brief)

UHC meets to manage cases and consider employment decisions

Below retention standard (Pte-Capt)

Manage in accordance with App 9

L2-4 MLD(P)

L5 MND(P)

L6 MND(P)

See Appendix 23 process

Employable in unit?

Y

N

Unit completes Appendix 8 (Application for Retention)

Unit completes Appendix 22 Application

See Appendix 24 process

Exceptionally

Mandatory

See Appendix 23 process