

## CHAPTER ONE: DESCRIPTION OF THE PULHHEEMS SYSTEM

### General

1.1. These medical standards are designed to provide a framework for the medical assessment of functional capacity of potential recruits and serving personnel from which can be derived a determination of fitness for service. They are to be applied by Service Medical Officers (MOs), Civilian Medical Practitioners (CMPs) and doctors carrying out assessments on behalf of the Service recruiting organisations. The award of an appropriate single Service medical employment standard should be based on a sound knowledge of the individual's intended or present job and a thorough clinical assessment. MOs and CMPs may draw on the expertise of specialist clinicians to evaluate diagnosis or prognosis and on the expertise of specialists in occupational medicine in the determination of fitness for work. In all cases, care should be taken to ensure that the PULHHEEMS profile awarded truly reflects the individual's functional capacity and the medical employment standard awarded truly reflects medical employability.

### Purpose

1.2. The PULHHEEMS system has been developed to provide a method for standardising and recording the medical functional assessment. It is used as a tool from which medical employability criteria can be derived and communicated to the Executive branches.

### The System

1.3. In the United Kingdom Armed Forces, the classification system that leads to the award of the employment standard is the PULHHEEMS System of Medical Classification. The decision to award a particular employment standard must be based on function and the ability to perform the tasks involved in a given job. The presence of certain medical conditions will influence the PULHHEEMS profile; these are detailed in Chapters 3 and 4. The code letters in this acronym refer to a sub-division of physical and mental function as follows:

P	Physical Capacity
U	Upper Limbs
L	Locomotion
HH	Hearing Acuity (right and left)
EE	Visual Acuity (right and left, uncorrected and corrected)
M	Mental Capacity
S	Stability (Emotional)

1.4. These subdivisions are known as qualities. The combined assessment of the group of qualities forms the PULHHEEMS profile. From this profile, each of the single Services can then award a medical employment standard appropriate to the individual that will ensure that he or she is not employed on duties for which he or she is medically unfit. Since

medical employment standard systems are Service-specific they will not be discussed further here; clarification is provided in Chapter 5.

### The Qualities in More Detail

1.5. The following list clarifies the factors to be considered when assessing each of the qualities:

- a. P – Physical Capacity. This quality is used to indicate an individual's overall physical and mental development, his or her 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', 'M' and 'S' gradings.
- b. U – Upper Limbs. This indicates the functionality of the hands, arms, shoulder girdle and cervical and thoracic spine. A reduced 'U' grading will also affect the 'P' grading.
- c. L – Locomotion. The 'L' grading refers to the functional efficiency of the locomotor system. This quality must therefore take into account 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. HH – Hearing. This quality assesses auditory acuity only. Diseases of the ear such as otitis externa are assessed under the 'P' quality. However, severe loss of hearing will affect the 'P' grading.
- e. EE – Visual Acuity. This quality assesses visual acuity only. Diseases of the eye such as glaucoma are assessed under the 'P' quality. However, severe loss of visual acuity will affect the 'P' grading.
- f. M – Mental Capacity. Mental capacity is not subject to formal medical assessment at recruitment. However, the recruit selection procedure, including interviews, and the individual'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. S – Stability (Emotional). The S quality indicates emotional stability which grades the individual'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.

**Grades of Each Quality**

1.6. Each quality has the potential to be awarded a grade of 1 to 8. However, only the E quality uses all 8 possible gradings. The permitted gradings are tabulated as follows:

P	U	L	H	H	E	E	M	S
			1	1	1	1		
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4			4	4	4	4		
					5	5		
					6	6		
7	7	7			7	7	7	7
8	8	8	8	8	8	8	8	8

Additionally, the grading of P0 is used in the circumstances outlined in *paragraphs 1.7 and 1.15*.

**Functional Interpretation of Each Grade**

1.7. Specific definitions for the grades of the P, U, L, M and S qualities are:

Quality	Definition
0	Medically unfit for duty and under medical care (P quality only)
2	Medically fit for unrestricted service worldwide
3	Medically fit for duty with minor employment limitations
4	Medically fit for duty within the limitations of pregnancy
7	Medically fit for duty with major employment limitations
8	Medically unfit for service

Employability includes functional capacity to deploy on operations.

The following matrix should be used to provide guidance on the functional capacity of each grading under the U, L, M and S qualities:

Degree	Functional Capacity	Service Capacity
2	Average	Full
3	Below Average	Restricted
7	Very limited	Restricted
8	Severely limited	Unfit for any form of service
0	Unfit for duty: under medical care	Unfit for duty: under medical care

1.8. The degrees of quality of HH and EE reflect discrete levels of performance under audiometric testing and testing of visual acuity. The standard in the RIGHT eye or ear is graded first, the LEFT side second.

1.9. The audiometric standards with their corresponding gradings are detailed in Chapter 2, along with details of the audiometric examination and examination of the ears.

1.10. The system of grading visual acuity along with the ophthalmic examination and recording of the results are in Chapter 2.

## Assessments of Functional Capacity

1.11. On entry to the Armed Forces individuals are awarded a PULHHEEMS profile which is deemed permanent. The letter P signifying 'Permanent' may be inserted after the degree of P quality or after the single Service Medical Employment Standard. Subsequent re-gradings are referred to as medical boarding, whether carried out at unit level or by a formally constituted Medical Board. Individuals who remain on duty with medical conditions that do not require immediate in-patient treatment are classified according to their functional capacities, but no lower than a grading of 7. Where a condition is expected to resolve, the letter R (signifying remediable) may be inserted after the degree of P quality or other quality, for example P3R L3 or P3R L3R. Non-remediable conditions do not require the R suffix. These gradings may be held in a temporary capacity indicated by a T suffix after the degree of P quality or after the single Service Medical Employment Standard. The maximum period for which an individual may hold such a temporary grading is subject to single-Service regulations but should not normally exceed 18 months. Where a condition persists beyond 18 months, or it can be predicted that this will be the case at an earlier stage, a definitive standard (permanent) is to be awarded, without the letter R for remedial conditions. Reference is to be made in the medical board report on the likely duration of time before recovery might be expected if there remains a possibility of continuing improvement.

1.12. Personnel who are due to exit the Service, but who hold a temporary medical employment standard, may leave and a medical board may be held dependent upon single Service employment regulations. An individual would not normally be given an extension of service solely to allow assignation of a definitive (permanent) medical employment standard. Where an individual has a condition that would result in invaliding, but whose discharge date precedes medical board assessment, the case is to be discussed with the single Service President of the medical board to determine the most suitable course of action.

1.13. The medical employment standard of an individual admitted to a hospital is not to be changed purely for this purpose unless the in-patient period exceeds or is expected to exceed one month. If this is the case, the award of a P0 grading is appropriate. Medical boarding prior to admission and after discharge is to make a functional assessment with respect to the PULHHEEMS profile and award an appropriate single Service category in the normal way.

1.14. Individuals who are discharged from hospital and are fit for limited duty only, but whose full recovery is expected within a total period of 18 months of downgrading, are to be awarded R and T annotations as appropriate (*see para 1.11*). If their condition is expected to remain extant beyond 18 months or is not remediable, a permanent category is to be awarded by a Medical Board. In all remediable cases, an expectation of the recovery period is to be recorded in the medical board record. Those discharged from hospital directly to a short period of sick leave need not be re-assessed until the end of the period of sick leave, but before return to work.

1.15. Individuals who are discharged from hospital but are expected to remain unfit for duty for a prolonged period (greater than one month) are to be awarded a P0 grading. If it becomes apparent that a return to work is unlikely for medical reasons, P8 medical boarding is to be considered. Alternatively, an appropriate working medical category is to be awarded on return to duty. An individual should not normally be discharged from the Service with a P0 grading. Medical discharge will attract a grading of P8; administrative

discharge associated with medical conditions may occur in those graded P7 or higher.

1.16. Pregnant serving women who are fit for duty are to be graded P4 with appropriate single Service medical employability limitations. Where other clinical conditions occur during or after pregnancy which merit re-grading in their own right, medical boarding is to take account of these and reflect them in the normal way.

**Assessment of the Individual**

1.17. Medical assessment is carried out under the PULHHEEMS system at entry and discharge, and at intervals during service (see leaflet 2).

1.18. All PULHHEEMS qualities and gradings should be governed by their functional assessment definitions found in Chapter 2. The P quality takes account of deployability and is affected by the ability to carry out the duties required within the individual's employment group.

**Recording of Assessments**

1.19. The PULHHEEMS assessment is to be recorded on medical forms where boxes are provided for this purpose. When a change is made through medical boarding, the new profile is to be recorded on the medical record. Medical board reports are to include the review date of the medical standard awarded if necessary.

1.20. Illustrative examples of medical board PULHHEEMS assessment for a number of conditions are given below:

a.

Year of Birth	P	U	L	H	H	E	F	M	S
1979	3R	2	2	1	2	-	1	2	2
Ht.....180.....cm	P	<b>RELEVANT CLINICAL DETAILS</b> Left inguinal hernia awaiting operation							
CP.....2.....	U								
Wt.....89.....kg	L								
	S								

This individual has a left inguinal hernia, which is considered remediable. The grading P3R will be retained until he is ready to be awarded a permanent grade. This may be P2, assuming full recovery.

D.

Year of Birth	P	U	L	H	H	E	E	M	S
1969	3	2	2	3	4	4	5	2	2
Ht. .... 179. .... cm	P U L S	<b>RELEVANT CLINICAL DETAILS</b>							
CP: ..... 2 .....		Severe noise-induced hearing loss L>R.							
Wt. .... 77. .... kg									

This individual has marked noise induced hearing loss in both ears. Note that in this case the HH gradings affect his physical capacity and thus his permanent P grading: a grade of P3 has been awarded.

C.

Year of Birth	P	U	L	H	H	E	E	M	S
1966	7	2	2	2	2	1	1	2	7
Ht. .... 185. .... cm	P U L S	<b>RELEVANT CLINICAL DETAILS</b>							
CP: ..... 3 .....		Chronic depressive illness.							
Wt. .... 82. .... Kg									

This individual has a chronic depressive illness and has been awarded a grading of 7 under the 'S' quality. Note that the illness will also affect the individual's physical capacity and deployability, so the 'P' grading has also been reduced to 7.