



Ministry  
of Defence

Defence Statistics (Health)  
Ministry of Defence  
Oak 0 West (#6028)  
Abbey Wood North  
Bristol BS34 8JH  
United Kingdom

Telephone: +44 (0)30679 84423

Facsimile: +44 (0)1179 319634

E-mail: [DefStrat-Stat-Health-PQ-FOI@mod.uk](mailto:DefStrat-Stat-Health-PQ-FOI@mod.uk)

Reference : FOI2016/05210

Email:

14 June 2016

Dear [REDACTED],

Thank you for your email dated 17 May 2016 requesting the following information:

*"The number and rate of regular untrained Army Officers medically discharged in years.*

2010/11

2011/12

2012/13

2013/14

2014/15

*The number and rate of regular untrained and female Army Officers medically discharged in years.*

2010/11

2011/12

2012/13

2013/14

2014/15

*The number and rate of regular untrained Army Officers medically discharged with injuries and disorders of the knee in years.*

2010/11

2011/12

2012/13

2013/14

2014/15

*The number and rate of regular untrained Army Officers medically discharged with Knee pain in years.*

2010/11

2011/12

2012/13

2013/14

2014/15

*The number and rate of regular untrained female Army Officers medically discharged with injuries and disorders of the knee in years.*

2010/11

2011/12

2012/13

2013/14

2014/15

The number and rate of regular untrained female Army Officers medically discharged with knee pain in years.

2010/11

2011/12

2012/13

2013/14

2014/15"

A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held. Some of the information falls entirely within the scope of the absolute exemption provided for at section 40 (Personal Data) of the FOIA and has been withheld.

Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 1998. This is also in line with JSP 200 (Part 1, 7.6 Disclosure Control) rounding policy, in which numbers fewer than five are suppressed in order to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

**Table 1** shows a gender breakdown of the number and rates of UK Regular Untrained Army Officers that were medically discharged by financial year between 1 April 2010 and 31 March 2015.

**Table 1: UK Regular Untrained<sup>1</sup> Army Officers medically discharged by gender<sup>1</sup> and financial year, Numbers<sup>2</sup> and Crude Rates per 1,000 strength**

1 April 2010 – 31 March 2015

Gender	Financial Year									
	2010/11		2011/12		2012/13		2013/14		2014/15	
	n	r	n	r	n	r	n	r	n	r
All	19	23.9	7	6.9	16	15.0	9	9.5	~	1.1
Female	7	56.8	~	6.6	7	42.8	~	29.6	0	0.0
Male	12	17.9	~	7.0	9	10.0	~	6.2	~	1.3

Source: DMICP, FMED 23 and JPA

<sup>1</sup> As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

<sup>2</sup> Data presented as "~" has been suppressed in accordance with JSP 200.

Due to the small numbers involved, breakdowns for Injuries and Disorders of the Knee and Knee Pain have only been provided as a total for the five year period, 1 April 2010 to 31 March 2015.

During the five year period, 1 April 2010 to 31 March 2015, **nine** UK Regular Untrained Army Officers were medically discharged with a principal ICD 10 cause code of Injuries and Disorders of the Knee, at a rate of **1.9** per 1,000 strength per year. Of these, **less than five** were medically discharged with a principal ICD 10 cause code of Knee Pain (M2556), at a rate of **0.6** per 1,000 strength per year.

During the five year period, 1 April 2010 to 31 March 2015, **10** UK Regular Untrained Army Officers were medically discharged with a principal and/or contributory ICD 10 cause code of Injuries and Disorders of the Knee, at a rate of **2.1** per 1,000 strength per year. Of these, **less than five** were medically discharged with a principal and/or contributory ICD 10 cause code of Knee Pain (M2556), at a rate of **0.6** per 1,000 strength per year.

During the five year period, 1 April 2010 to 31 March 2015, **less than five** UK Regular Untrained female Army Officers were medically discharged with a principal ICD 10 cause code of Injuries and Disorders of the Knee at a rate of **4.3** per 1,000 strength per year. Of these, **less than five** were medically discharged with a principal ICD 10 cause code of Knee Pain (M2556) at a rate of **2.9** per 1,000 strength per year.

During the five year period, 1 April 2010 to 31 March 2015, **less than five** UK Regular Untrained female Army Officers were medically discharged with a principal and/or contributory ICD 10 cause code of Injuries and Disorders of the Knee at a rate of **4.3** per 1,000 strength per year. Of these, **less than five** were medically discharged with a principal and/or contributory ICD 10 cause code of Knee Pain (M2556), at a rate of **2.9** per 1,000 strength per year.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

Army Regular personnel include Ghurkha Regiments and Military Provost Guard Service (MPGS).

### *Medical Discharges*

Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The latest report can be found at:

<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>

Data are compiled by Defence Statistics from three sources:

- Medically discharged personnel are identified in monthly downloads taken from the Joint Personnel Administration System (JPA). JPA is used to hold the administration data for all Regular Forces. The number of Service personnel in each year is also taken from the monthly downloads from JPA.
- The principal and contributory causes of medical discharge are taken from F Med 23's. F Med 23's are official medical documents used to record all medical board proceedings. Defence Statistics are supplied FMed 23's by the single Service medical boards and code them into the medical discharge database. If consent for Defence Statistics to hold the information is not given the individual appears in the database with no clinical information recorded.
- Where paper versions of the FMed 23 form have not been made available to Defence Statistics, the electronic version as recorded on the Defence Medical Information Capability Programme (DMICP) has been utilised.

The primary purpose of FMed 23 forms is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.

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

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

Principal condition is the first principal ICD 10 code on the medical discharge documents (FMED 23) or the principal condition for discharge as identified on the electronic patient record where the information is taken from DMICP. Contributory cause contains all other principal conditions and any contributory conditions on the medical discharge paper (FMED 23) or electronic patient record.



Injuries and disorders of the knee have been compiled using ICD 10 codes M17, M22, M23, M2406, M2416, M2436, M2446, M2536, M2556, M2566, M2586, M2596, M7046, M7126, M7636, M7656, M925, S800, S820, S83, S89.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 2nd Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.gov.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)