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[REDACTED]

09 February 2016

E-mail address: [REDACTED]

*Dear* [REDACTED]

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

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

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

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

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*Yours sincerely,*



Army Secretariat

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

	All	2012/13	2013/14	2014/15
<b>All</b>	<b>1,106</b>	<b>383</b>	<b>398</b>	<b>325</b>
Under 18 on entry	<b>301</b>	105	114	82
18 and over on entry	<b>805</b>	278	284	243

Source: Joint Personnel Administration (JPA) and FMED 23

1. Musculoskeletal disorders and injuries include ICD 10 chapters M00-M99 and S00-T980.

2. Untrained personnel are those on Phase 1 and Phase 2 training.

**Notes:**

1. Please note that the ICD 10 codes for musculoskeletal injuries and disorders (M00-M99 and S00-T980), do not include all conditions which can be considered an injury. For example, noise-induced hearing loss is assigned the ICD 10 code H833. Defence Statistics have included musculoskeletal disorders (M00-M99) with injuries (S00-T980) as historic reviews of ICD 10 coding has shown that some medical discharges (as a result of injury) have been ascribed to musculoskeletal disorders, rather than to the injury itself.
2. Principal condition is the first principal ICD 10 code on the medical discharge documents (FMED 23). Contributory cause contains all other principal conditions and any contributory conditions on the medical discharge paper (FMED 23).
3. Army Regular personnel include Gurkha Regiments and Military Provost Guard Service (MPGS) but do not include Full Time Reserve Service personnel or mobilised reservists.
4. Note that untrained personnel are sometimes discharged under administrative categories, albeit on medical grounds. These discharges usually concern individuals who have failed their initial training for medical reasons, or who at their initial medical failed to disclose reasons which may later affect their application and training. As these cases are not defined as medical discharges they are not included in the numbers in **Table 1**.
5. Defence Statistics release annual updates on medical discharges in the UK Armed Forces as an Official Statistic publication. The next statistical release is due on 14 July 2016. The latest report can be found at:  
<https://www.gov.uk/government/organisations/ministry-of-defence/about/statistics>.
6. Medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc) coming to the conclusion that an individual is suffering from a medical condition that pre-empts their continued service in the Armed Forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the Armed Forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.
7. The information on cases was sourced from electronic personnel records and manually entered paper documents from medical boards. The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting is a secondary function.
8. Although Medical Boards recommend medical discharges they do not attribute the principal disability leading to the board to Service. A Medical Board could take place many months or even years after an event or injury and it is not clinically possible in some cases to link an earlier injury to a later problem which may lead to a discharge. Decisions on attributability to Service are made by Vets-UK (formally the Service Personnel and Veterans' Agency).