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of Defence

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18 September 2017

Dear [REDACTED]

Release of Information

Thank you for your correspondence of 24 August 2017 requesting the following information:

*'Could I have an electronic version of br1991 from Nov 12 and not after this please I need it due to a ongoing complaint'*

Clarified to:

*'I currently have a service complaint and a medical service complaint regarding discharge and no/lack of rehabilitation and generally poor treatment by the RN, [REDACTED] advised me to get the publication for that date, section 8 is the particular section I'm after.'*

*Clarified to Chapter 18 Medical Boards of the 2012 copy of BRd1991'*

Your enquiry has been considered to be a request for information in accordance with the Freedom of Information Act 2000.

I can confirm that the Department holds the information within the scope of your request. I should point out to you that the particular chapter referring to Medical Boards in the 2012 version of BRd 1991 is numbered 8 and the relevant documents are attached to this letter

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, Ground Floor, Zone D, MOD Main Building, Whitehall, SW1A 2HB (e-mail [CIO-FOI-IR@mod.uk](mailto: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.org.uk>.

Yours sincerely

Navy Command Secretariat – FOI Section

**CHAPTER 18**

**MEDICAL BOARDS**

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## CHAPTER 18

### MEDICAL BOARDS

#### 1801. Authority

The Naval Service Medical Board of Survey (NSMBOS) is held under the authority of the MDG(N) and is the ultimate determinant of an individual's highest permitted permanent employment medical category (Medcat).

#### 1802. Role

The remit of the NSMBOS is to consider the medical condition of officers, ranks and ratings of the RN and RM, including Reserves and the Careers Service, to determine their highest medical employability category together with work and deployability restrictions. It includes those ratings on FTRS who have a Full Commitment. It does not include those on FTRS Limited or Home Commitment whose continuing employability as a result of restrictions imposed by a medical condition should be addressed direct to the relevant manning authority.

#### 1803. Composition

The Medical Board comprises:

- a. **Standing President.** A standing President, who is a consultant occupational physician appointed by MDG(N), with authority and responsibility for the day to day conduct and administration of matters related to the NSMBOS role.
- b. **Senior Medical Officers (MOs).** Two further senior MOs appointed by the President.
- c. **Board Secretary.** Head of Medical Administration Division (HMAD) INM as Board Secretary.

#### 1804. Referral of Personnel to NSMBOS

Personnel are to be referred for NSMBOS:

- a. **Medical Category.** Whenever it becomes apparent that the individual will not regain their previous permanent medical category (ie P2, P3P, P7P), regardless of the period of time they have been downgraded.
- b. **Temporary Reduced Medical Category.** When the individual has been downgraded in a temporary reduced medical category for 12 months continuously for the same condition. Periods of in-patient care are to be included or when an individual has been in a temporary reduced medical category for the same condition for a period of 18 months accrued over the last three year period.
- c. **Re-engagement.** When an application has been made to transfer to a longer commission or re-engage and the applicant is found to be below the fitness standards iaw BRd 1750A (see also BR 3).
- d. **Permanent Medical Category Redetermination.** When a MO considers there has been a significant change in the medical condition or employability of an officer, rank or rating, already in a permanently reduced medical category, and the permanent medical category should be redetermined.

e. **Unable to Complete Training.** When an individual is, or has been, unable to complete required branch training or their Task Book because of restrictions imposed by a medical condition.

f. **Royal Navy Fitness Test (RNFT) Failure.** When failure to pass the RNFT identifies an obvious medical condition requiring alteration in permanent medical category.

g. **As Directed.** When directed by President NSMBOS.

#### 1805. Circumstances When Referral is Inappropriate

a. **Referral.** Personnel should not normally be referred to NSMBOS if another form of administrative action and/or discharge is more appropriate to their situation:

- (1) Discharge Services No Longer Required (SNLR).
- (2) Discharge shore.
- (3) Obesity.
- (4) Temperamentally unsuitable.
- (5) Alcoholism.
- (6) Fraudulent entry.
- (7) Seasickness.
- (8) Enuresis.
- (9) Compassionate.
- (10) P2 Physically unfit Commando service.
- (11) Training failure.

b. **Area Naval Medical Officers of Health (NMOH).** NMOH have authority to set medical categories for individuals that, although fit for full operational duties, have minor conditions that are exacerbated by impact activities. These individuals are not required to attend NSMBOS. Medical categories that can be awarded by Area NMOH's are:

- (1) P2Z (excused physical aspects of Command Courses).
- (2) P3P Rockport Walk Only

#### **Notes:**

1. *In cases of doubt advice should be sought from President NSMBOS prior to referral.*

2. *Additionally, personnel are not to be referred for NSMBOS solely for the purpose of obtaining an advantage, financial benefit or recompense if they are otherwise employable albeit in a downgraded medical category.*

**1806. Responsibility for Referral of Personnel to NSMBOS**

a. **Responsibility.** The responsibility for referral to NSMBOS rests solely with the individual's PMO/SMO, regardless of who recommends referral (eg President NSMBOS, consultant orthopaedic surgeon, consultant psychiatrist etc).

b. **No Permanent Serving MO.** Where patients are serving at a unit with no permanent serving MO the decision and responsibility for referral is as follows:

(1) *Ships.* The PMO or SMO of the Base Port Medical Centre.

(2) *Non-RN Establishments with Permanent MO Borne.* The PMO or SMO of the establishment.

(3) *RN or Other Establishments with no Permanent MO Borne.* The PMO or SMO of the accounting unit or nearest RN establishment to the individual's unit if no permanent MO is borne at the accounting unit.

**Note.** *The responsibility for referral includes responsibility for ensuring the submission of all necessary documentation.*

**1807. Entitlement to Acceptance for NSMBOS**

Notwithstanding the requirement to refer personnel when the criteria at [Para 1805](#) have been met, the decision to accept cases for NSMBOS rests solely with the President NSMBOS. President NSMBOS will not accept referrals if these are not complete or in any other way deficient

**1808. Deferment of NSMBOS Provisional Date**

a. **Referral to NSMBOS is Mandatory.** Personnel are to be strictly referred when the criteria at [Para 1805](#) have been met. On NO occasion are PMOs or SMOs of establishments to defer referral or the forwarding of documentation without prior consultation with, and subsequent approval of, the President NSMBOS.

b. **Requests for Deferment.** Requests for deferment of NSMBOS should be forwarded on NSMBOS Form 4 (NSMBOS Deferment Request) to HMAD at INM. Intention to request deferment does not negate the requirement to instigate referral when the criteria at [Para 1804](#) have been met. Pending the outcome of a deferral request cases are to continue to be progressed for submission on time (in the event that deferral is not approved). Deferral should only be requested as a last resort for serious service and/or welfare reasons.

c. **Deferral.** Deferral of NSMBOS rarely benefits the individual. Consequently it should only be requested in exceptional circumstances where there is a valid medical reason to do so.

**1809. NSMBOS in the Last Year of Service**

a. **Medically Boarded.** The benefits resulting from medical discharge/retirement under the aegis of Armed Forces Pension Schemes are in part recognition of the fact that an individual's pension-earning service career can be compulsorily terminated early. Clearly when an individual is able to fulfil a paid engagement or commission to normal terminal date and qualify for an immediate pension, then no substantial financial disadvantage occurs. Unless approved exceptionally, it is policy that individuals should not normally be medically boarded in their last year of service.

b. **Temporary Medical Category.** Where an individual referred under the auspices of Para 1804 [sub para g](#) will be, or is in, his or her last year of service, the President NSMBOS will decide whether the individual should appear before a Medical Board to be assessed for a permanent medical employability category. In general, it is appropriate for the individual to continue serving for the relatively short remainder of their current engagement, or commission, in a temporary medical employability category together with any associated employment restrictions. The temporary medical category still provides the same level of protection in the work environment as that afforded by a similar NSMBOS permanent medical category and is set by the unit MO.

c. **NSMBOS Remit.** The referring MO should make it clear to the individual that acceptance for NSMBOS in the last year of service neither guarantees nor will necessarily result in invaliding. The remit of the NSMBOS is to set the highest safe Medical Category.

d. **Guidelines.** The following guidelines are used to determine whether such individuals are accepted for NSMBOS:

(1) *Medical conditions causing minor disability which come to light for the first time during the last year of service.* When an extant permanent or regularly reviewed temporary downgraded medical employability category can provide adequate protection in the work environment then such cases are not considered suitable for NSMBOS except where continuance in service until the due date of retirement could significantly affect the condition and safety of the patient.

(2) *Medical Conditions Causing Minor Disability Which Are Repeats Of, Or a Development From, Earlier Disabilities.* When an extant permanent or regularly reviewed temporary downgraded category can provide adequate protection in the work environment then such cases are not considered suitable for NSMBOS except where continuance in service until the due date of retirement could significantly affect the condition and safety of the patient.

(3) *Medical Conditions of A Long-standing Nature with No Adverse Effect on Health by Continuance in Service.* Not normally cases for NSMBOS when covered by extant permanent or regularly reviewed temporary medical categories.

(4) *Unfit for Full Service Duties Earlier Than Last Year of Service But Retained, eg in a Permanently Reduced Medical Category.* Only to be referred to NSMBOS if there has been a significant improvement or deterioration in the medical condition or development of a new condition and such changes significantly affect work, mobility limitations or patient safety.

(5) *Medical Condition Causing Major Disability Or Significant Work/Mobility Limitations in the Last Year of Service.* Normally cases for NSMBOS.

(6) *Applications to Withdraw Notice of Engagement Or Voluntary Retirement:*

(a) Where there are likely to be minimal restrictions and the patient option is for retention and the manning authority intention is to accept withdrawal of notice until original Terminal Date (TX). This patient would normally be a case for NSMBOS.

(b) Where there are likely to be major restrictions and the patient option is for invaliding and the manning authority does not intend to accept withdrawal of notice. This patient would not normally be a case for NSMBOS.

e. **Definition of Terms.** The definition of terms used in this section are:

(1) *Last Year of Service.* The last year of a pensionable commission or engagement. It includes officers whose applications for voluntary retirement and ranks or ratings whose notice to terminate their engagement (submitted notice) under extant regulations has been approved and accepted.

(2) *Minor Disability.* A medical condition or injury that will not be exacerbated or aggravated by the individual continuing to work until TX. This may include being in an appropriate downgraded category. The condition/injury is unlikely to preclude regular employment but the employment may have to be of a sedentary nature (eg Conditions such as minor back pain, minor knee pain, minor hearing loss and non-terminal tumours).

(3) *Major Disability.* A medical condition or injury that is almost certain to preclude regular employment in the foreseeable future as a result of physical or mental impairment (eg CVA, terminal cancers, severe heart conditions, chronic pulmonary disease, serious neurological disability, serious psychiatric illness). It should be noted that inability to perform any type of Naval employment currently (ie sick-on-shore) does not automatically fall into this category.

f. **Withdrawal of Notice.** Patients accepted for NSMBOS for withdrawal of notice under the auspices of Para 1809d [sub para \(6\)](#) should be clearly advised that acceptance for NSMBOS will not necessarily result in invaliding and also does not guarantee that notice withdrawal will be accepted.

#### 1810. **NSMBOS Referral Procedures**

Referral for NSMBOS:

a. **MedCat Signal.** The PMO or SMO of an establishment recommending or referring an individual to NSMBOS is to raise the appropriate MedCat signal, info addressee: INM ALVERSTOKE for NSMBOS. Paragraph 5 of the signal is to recommend NSMBOS and give the proposed PULHHEEMS category. It should include any restrictions imposed by the individual's medical condition and comment on any limitations of employment in the Service at the relevant paragraph. If the individual is sick-onshore this must be clearly stated. In order to ensure patients are kept fully informed that the NSMBOS process has been initiated, individuals concerned should be given a copy of the referral Med Cat signal on which the associated DTG will indicate the start point for the time period to the board. MOs and Civilian Medical Practitioners should seek relevant advice and approval from the appropriate PMO or SMO prior to referral.



- b. **Temporary Medical Category.** The individual is to remain in, or be downgraded into, an appropriate temporary medical employability category. Particular attention is to be taken to ensure that the temporary medical category is consistent with proposed permanent Medcat.
- c. The PMO is responsible for ensuring that the individual's CO (in the case of officers) or Divisional Officer (DO) (in the case of other ranks/ratings) has been informed that NSMBOS has been recommended and their attention drawn to this Chapter of BRd 1991 (and BR60A in the case of Reservists).
- d. Following referral to or pending attendance at NSMBOS an individual is to be considered medically unfit for re-engagement (including 2OE), foreign service and LSAP.
- e. **Employment.** Candidates referred for NSMBOS may be called to any Board. Therefore the Executive are to be informed and the Medical Centre is to ensure that the individual is not employed in any capacity that will prevent or impede completion of NSMBOS documentation or attendance at NSMBOS when called to attend.
- f. **Records.** The unit Medical Centre is responsible for keeping NSMBOS informed of any change in circumstances (draft, upgrade etc.). These must be notified by fax (one patient per fax) at the time of occurrence to keep NSMBOS records updated. Where patients are upgraded NSMBOS is to be furnished with a copy of the appropriate MedCat signal.

#### 1811. Post Referral Procedure for NSMBOS

##### a. Acknowledgement of Referral and Allocation of Provisional Board Date:

(1) Upon receipt of the MedCat signal, NSMBOS, INM will allocate a 'Provisional Board Date' and forward a NSMBOS Information Booklet to the individual concerned under cover of a letter to their PMO/SMO. Additional copies of the letter will be enclosed for the individual and their CO or DO as appropriate with an attached CO or DO information sheet. To avoid disadvantaging the individual it is vital that both the Board Allocation Letter and Information Booklet are given to the individual without delay, and certainly within seven days of its receipt by the Medical Centre.

(2) The allocated 'Provisional Board Date' is the Board at which referred cases are expected to be submitted by the unit for consideration. Cases will not normally be considered at an earlier Board than that allocated except on written request in exceptional circumstances. Minimal notice time of 90 days, commencing from the Medcat signal's DTG, is given to enable the attendee sufficient time to make all appropriate arrangements with regard to resettlement. Should the individual wish to forgo his/her right to 90 days notice to enable earlier attendance then this should be indicated by choosing Option (C) on NSMBOS Form 3.

(3) It should be emphasised to the patient by unit staff that the allocated Boarding date is a 'provisional' date only. Whether an individual is called forward for any particular Board is dependant on many factors and no guarantee is given that an individual will be called for Board on a particular date. Consequently they should not make any commitments or arrangements that cannot be changed based on anticipated attendance at any particular Board.

**b. Resettlement Advice and Briefing in Support of Medical Boarding Procedures:**

(1) All personnel who have been referred to NSMBOS must contact the Naval Resettlement Information Officer (Medical) (NRIO(M)) at INM within seven days of receipt of the allocated Boarding date letter to arrange attendance at a Medical Resettlement Brief regardless of the expected Board outcome.

(2) To ensure boarding candidates are treated fairly, those referred for NSMBOS should be advised, and must be permitted, to attend a Medical Resettlement Brief conducted by the NRIO(M) if they wish. This should be undertaken prior to the completion of any other personal Board paperwork (eg F Med 24/NSMBOS Form 3). In this respect it is important for medical centres to ensure that those potential boarding candidates, who are either sick-on-shore or unfit to travel, are positively advised to contact NRIO(M) as early in the process as possible to arrange a personal interview or home visit. Failure to inform boarding candidates of the need to contact NRIO(M) or to attend a suitable brief may result in an individual being inadequately prepared for the boarding process.

(3) In addition all personnel referred for NSMBOS should seek an early interview with their unit/establishment Education Resettlement Officer. This will ensure boarding candidates gain an early overview of the resettlement process in case the NSMEB authorise invaliding against expectation. RM ranks should also attend a brief by the RM Ratings Career Manager.

(4) It should be noted that failure to contact NRIO(M) or non-attendance at resettlement brief are not grounds for deferral of NSMBOS attendance.

**1812. Pre-Board Procedure**

**a. Submission of Documentation (General):**

(1) The referring establishment medical centre is to raise the NSMBOS documentation required and forward it in sufficient time to ensure it arrives in the NSMBOS office by 1600 on the document 'cut off' date specified in the provisional boarding date letter. It should be submitted on completion rather than being held until the cut off date. Documentation which arrives late will not be processed for consideration at that Board. Completed documentation is to be addressed to:

Naval Service Medical Board of Survey Office  
Institute of Naval Medicine  
Alverstoke  
GOSPORT  
PO12 2DL

(2) All documentation is to be sent with a RAF Form 591 which details every individual form sent. It is to be double wrapped and marked with the descriptor 'RESTRICTED - STAFF' or 'RESTRICTED - MEDICAL'. Documentation is only to be submitted complete and within the same package (ie all documentation required must be present). SMBOS does not accept documentation in stages. Paperwork with items of the required documentation missing will be rejected and returned to the unit.

(3) All documentation is to be submitted typed on the original using the latest version of the NSMBOS forms supplied on the NSMBOS disk. NSMBOS forms are not, under any circumstances, to be locally altered or amended from their original form.

(4) All signatures are to be originals and accompanied by the name of the signatory or witness, written in block capitals throughout.

**b. Documentation Required for NSMBOS:**

(1) *F Med 23A - NSMBOS Document Declaration for Medical Reports.* The patient must be informed of his or her right of full access to the medical report which includes all completed forms itemised in Para 1812 [sub para b](#).

(a) **Part 1.** The patient must signify whether or not they wish to have access and then sign (dated and witnessed) accordingly.

(b) **Part 2.** This part is only to be signed by the patient once the final NSMBOS submission has been signed by the appropriate MO and seen by the patient. It should not have the same date as Part 1.

(2) *F Med 1 - Medical Examination Report Entry/Release.* To be completed immediately prior to forwarding documents to NSMBOS. Re-scrutiny will be required if NSMBOS is delayed by more than 90 days after the final medical examination. All PULHHEEMS boxes are to be completed recording the appropriate temporary medical category at the time of the examination. The record of audiometry, conducted within 90 days of NSMBOS, is to be securely attached to the F Med 1 and the Hearing Category (HH) calculated and inserted into the summary box.

(3) *F Med 4 - Personal Medical Folder.* The F Med 4 is to be in good order with all enclosures duly recorded, records inserted and date ordered and appropriately tagged. A 'Full' PHCIS print is to be enclosed. All periods in a reduced medical category are to be noted at Table 2 on the front cover. All civilian letters are to be transcribed on to the relevant F Med Series Forms.

(4) *F Med 15 - In/OutPatient Continuation.* The F Med 15 provides a summary of the individual's medical history (in continuation to the F Med 23). It is to be submitted in the following format: (All dates are to include full details of day, month and year)

(a) *Pre-service history.* Short summary of significant pre-entry illnesses or injuries

(b) *Service medical history.* Brief history of all previous major illnesses or injuries (especially if any residual effects), listed chronologically and with dates, condition, residual effects clearly stated. Discretion is to be used to ignore insignificant issues.

(c) *Boarding condition.* A succinct resume of the condition(s) for which the individual is being boarded:

Date of onset and presentation.

Unit where patient serving at time of onset.

Date of initial downgrade and total time downgraded.

If injury; place, date, cause, duty status and whether MOD Form 298 or 2000 was raised.

If illness; place, date and activity at time of onset.

Medical management to date: investigations, referral and treatment, including rehabilitation, with full dates.

Ongoing/future plan; proposals for future management or treatment, including rehabilitation.

Consultant's opinion on prognosis and recommendations on permanent Med Cat with full dates.

Occupational Limitation(s): how does the illness/injury affect the individual's ability to perform his or her role? (Including any adaptations required to be made for medical conditions).

Any other relevant factors.

(d) *Current Physical Findings*. Should include brief details of the Release NSMBOS medical examination including:

Date of examination.

Height.

Weight.

Pulse.

Blood Pressure.

Urinalysis result.

Result of audiogram expressed in PULHEEMS profile value i.e. H1H1.

**Visual Acuity:** Corrected and uncorrected.

**Summary.** A short summary of the case concluding with the following statement.

"In accordance with the recommendation of the ... (Consultant in ... or Principal Medical Officer) ...(Rank & Name) is forwarded to the Naval Service Medical Board of Survey to determine his/her future employment medical category or invaliding status."

(5) *F Med 24 - Personal Statement.* To be completed by the boarding candidate, preferably after attending a briefing conducted by the (NRIO(M)). The statement should include significant events in his or her service, or medical history, that have provoked or affected the condition(s) which an individual considers relevant for consideration by NSMBOS in addition to covering associated symptoms and limitations. It is checked against the official records and for those subject to medical discharge is made available to the Naval Service Medical Employability Board (NSMEB) for information and the Service Personnel and Veterans Agency (SPVA) for the purpose of assessing any Armed Forces Pension Schemes, War Pension Scheme and Armed Forces Compensation Scheme entitlement. An individual has the right to add to a F Med 24 at anytime prior to the NSMBOS sitting or to substitute the form with a revised F Med 24 prior to the deadline date indicated on the NSMBOS Provisional Board Date letter from INM. As the board will not have access to the individual's Service Records all boxes are to be completed in full. The phrase "as per Service Records" is not to be used in any of the fields.

(6) *NSMBOS Forms 1, 2, 3 4, and 5.* All these documents are RESTRICTED - STAFF (when completed). The diagnosis is not to appear on any of these forms:

(a) *NSMBOS Form 1 - Employment Restrictions.* This form is to be completed by the referring MO to indicate to the Board the restrictions in the individual's employment that are considered to be appropriate. All sections up are to be completed. The Medcat Recommendation is a mandatory field.

(b) *NSMBOS Form 2 - Executive Report.* This form is used to assess how the individual is coping with his or her condition in the workplace and is not to be used in the context of Ratings Other Ranks Reporting System (RORRS) or Officers Joint Appraisal Record (OJAR). The completed text should state whether the individual could be temporarily retained in the Service (eg to the end of his or her current engagement). It must include details of steps taken and progress to date if the individual has requested specialisation change or branch transfer. The minimum signatory level is:

Officers	-	Commanding Officer/Executive Officer
Other Ranks	-	Warrant Officer 1

(c) *NSMBOS Form 3 - Personal Statement of Option.* The individual is to be made aware of the notes on the back of the form and is to complete the front of the form to inform the Board of his or her personal preferences for the NSMBOS result and reasons for the preference. The form is to be witnessed by the rating's DO or line manager or, in the case of officers, by his or her CO. An individual has the right to alter the option selected and associated reasons for the choice made on NSMBOS Form 3 at any time prior to the NSMBOS sitting.

(d) *NSMBOS Form 4 - Request to Defer Provisional Date of NSMBOS.* This form must only be completed by the referring Medical Officer and is used only when sound clinical reasons deem it appropriate to delay an individual's Provisional date of NSMBOS. It is not to be used to delay referral to NSMBOS.

(e) *NSMBOS Form 5 - Certificate of Personnel Details.* This form is completed by the UPO to certify an individual's administrative details and clarify other points that may be required to be taken into consideration at NSMBOS.

(7) *DP1 – Disability Assessment Form*. This form is forwarded by NSMBOS to NRIO(M) for subsequent forwarding to the Designated Disability Employment Adviser in the Job Centres that cover the geographical area in which a medical dischargee wishes to take up civilian employment. Forms DP1 H, E and U are used to assess the degree of disability in cases of general handicap, epilepsy and psychiatric illness respectively. Emphasis should be placed on limitations in the work place so that appropriate employment can be recommended.

(8) *F Med 133 - Notification to a Civilian Doctor of Service Medical History on Discharge, Invaliding or Grant of Leave*. This forms contains a brief summary of the Service medical history and vaccination status. It is to be signed by the unit MO who carries the professional responsibility for the accuracy of this form.

(9) *F Med 271 - Dental Record Folder*. Is to be forwarded with the F Med 4. It is only required for those cases who are recommended P8 or whom opt to be invalided.

(10) A full certified copy of the PHCIS printout.

(11) For those ranks/ratings referred to NSMBOS who wish to withdraw notice of Premature Voluntary Release (PVR), and officers wishing to withdraw resignation, a copy of the request to withdraw notice/resignation and a supporting letter or copy signal from the manning authority indicating an intention of withdrawal acceptance must be enclosed.

c. All NSMBOS documentation is required to be less than 90 days old at the time of NSMBOS attendance. If valid circumstances dictate that this is unachievable, the NSMBOS documentation should be subjected to re-scrutiny by the referring authority (Primary Care) prior to despatch to NSMBOS, it must be signed and dated to indicate that the information is extant at the re-scrutiny date.

d. If the NSMBOS documentation is dated as more than 120 days since being raised due to NSMBOS validation deferral request from Primary Care (NSMBOS Form 4), then the referring authority will need to restart the documentation process in accordance with the timeframe guidelines above.

e. Maintenance of the above timeframes will ensure that the Board is presented with current medical and executive information in order to improve the decision making capability of the Board.

### **1813. Call Forward**

a. On receipt of documentation, the NSMBOS staff will scrutinise all documentation prior to submission to the President NSMBOS. Once accepted as complete, the NSMBOS staff will decide at which NSMBOS the individual's case is to be considered.

b. The NSMBOS is held at the INM usually during the first week of the month except in January, April and September. Occasionally the date may vary due to bank holidays etc. A Board may exceptionally be extended either side of the usual days or convene in the months when a board is not normally held dependent on the number of cases presented or waiting.

c. NSMBOS candidates are to be advised that NSMBOS allocates patients to days and times based on many factors. Pending 'call forward', patients should be clearly warned that they may be called to any board, on any day at any time and should not assume their inclusion on any specific Board until advised by signal. Patients should similarly be aware that NSMBOS does not run an appointment system.

d. The dates, location, attendance requirements and details of personnel whose medical category is to be considered by the next NSMBOS will be promulgated by signal five days prior to the Board.

**1814. Attendance Requirements**

a. Attendance at NSMBOS is compulsory if detailed to attend on the 'call forward' signal.

b. At the discretion of the President the following personnel may, subject to his/her agreement, be considered in absentia (papers only):

(1) Individuals recommended grading P3 Permanent with minimal restrictions to employment.

(2) Individuals recommended grading P8 who express a wish to be invalided.

(3) Individuals recommended for upgrading P2 who are in agreement to upgrading.

c. All other patients have a right to attend NSMBOS if they specifically wish to do so and they are normally required to attend. Attendance is the 'gold standard' as it allows optimum consideration of the patient. It is therefore the normal procedure to be followed and 'In Absentia' is to be very much the exception rather than the rule.

d. Regardless of their personal attendance preference the President has the authority to call an individual to attend and often exercises this right for the benefit of both the Patient and the Service.

e. NSMBOS is a formal military Board. Consequently all RN ranks are to attend in uniform No. 1C and RM ranks in Half Lovats. Prior permission is to be sought from the NSMBOS Manager for any uniform variation.

**1815. NSMBOS Options**

a. At NSMBOS the options that the Board may recommend are as follows:

(1) Upgrade P2 full duty (Fully employable anywhere in the world).

(2) Recommend retention in a permanently reduced medical employability category (P7P, P3P) to the Naval Service Medical Employability Board (NSMEB) either for a set period of time with a fixed date for review or until the individual's TX date. Employment restriction caveats may be added to the P3P, P7P Medcats.

(3) Recommend invaliding, P8, to the NSMEB.

(4) Defer a decision by the Board pending further enquiry or investigation.

b. A list of medical categories definitions and caveats awarded at NSMBOS is given at [Annex 18A](#).

#### 1816. Post-Board Procedure

a. Candidates who attend NSMBOS in person and are recommended for invaliding will be seen by the NRIO(M) on completion of their interview with the NSMBOS. Those individuals considered in absentia will be contacted by NRIO(M) as appropriate.

b. Notification of the Board's decision will be made as follows:

(1) *Attendees*. The President will advise the patient of the NSMBOS recommendation. All personnel are returned to unit immediately following attendance and a letter outlining the Board's recommendations/decision will be given to the individual to return to their establishment CO/PMO/SMO/MO.

(2) *In Absentia*. The Board's recommendation/decision will be notified to the establishment by signal. It is the responsibility of the individual's establishment to inform those Boarded in Absentia of the Board's recommendation/decision immediately on receipt of the signal.

(3) The Board's results will be forwarded by priority signal as soon as possible following the last day of the Board.

(4) NSMBOS outcome will be recorded on F Med 23 - Medical Board Record. This records the NSMBOS diagnosis of Principal and Secondary Boarding Conditions and medical grading and caveats.

c. Personnel recommended for invaliding by the NSMBOS are NOT to remain employed pending final authorisation for medical discharge/retirement by the NSMEB. The NSMBOS signal will indicate a trigger date from which recommended invaliding candidates are to start any Invaliding Leave, Graduated Resettlement Time (GRT) activities and Terminal Leave. This date will normally be the Tuesday in the week following NSMBOS. During any intervening period between actual NSMBOS and commencement of invaliding leave, personnel recommended P8 may undertake release routines, essential handover etc but should be sent on 'gratis' leave at the earliest opportunity. In awarding Invaliding Leave any outstanding leave, such as annual leave or re-engaging leave, will normally be forfeit from the trigger date.

d. Personnel recommended for retention in a permanently reduced medical category are to continue to be employed in their ship or establishment pending the final decision of the NSMEB in the category recommended by the Board. Should it be decided by the NSMEB that an individual is to be medically discharged/retired - even though the NSMBOS recommended retention - then the NSMEB signal will indicate a specific trigger date for an individual's Invaliding Leave, GRT and Terminal Leave to commence. Following award of Invaliding Leave, any other outstanding leave will normally be forfeit.

e. All cases with exception of those upgraded P2, P2X, P2Z, or deferred, will be forwarded by NSMBOS to the next NSMEB for final decision in terms of their retention in the Service or subsequent invaliding.



f. **Disposal of Documents.** Following NSMBOS, disposal of documents by the NSMBOS office is as follows:

- (1) *P2 Full Duty Cases (including P2X and P2Z).* F Med 4, plus flimsy copies of Fs Med 23 and 15, F Med 271 and divisional documents will be returned to the individual's establishment. F Med 23 will be sent to DASA (Med Stats) and CHRL.
- (2) *Personnel Recommended for Invaliding P8 or Retention in a Reduced Medical Category:* One copy of each of the following is sent to the NSMEB members:
  - (a) NSMBOS Form 1.
  - (b) NSMBOS Form 2.
  - (c) NSMBOS Form 3.
  - (d) F Med 24.
- (3) NSMBOS Form 5 to Director Personnel Support (Navy) (DPS(N)) (ratings only).
- (4) Remaining documentation is retained by NSMBOS pending the NSMEB.

#### 1817. Invaliding Deferments

a. Following the NSMBOS as an exceptional measure, and with prior approval of President NSMBOS, it is possible to postpone invaliding of personnel who are found by NSMBOS to be Permanently Unfit for Naval service (P8 PUNS)/Permanently Unfit for Royal Marine service (P8 PURMS):

- (1) Where the patient's recovery would be seriously prejudiced if he or she were invalided on the date in accordance with routine practice.

and/or;

- (2) Where notification of invaliding may hasten the death of a patient who is not expected to recover.

b. In such instances President NSMBOS will take the appropriate action to notify MOD(N) and Director Naval Career Management (DNCM) and seek approval from NSMEB.

#### 1818. Naval Service Medical Employability Board (NSMEB)

a. **Policy.** It is Admiralty Board policy that when serving members of the RN and RM are referred to the Naval Service Medical Board of Survey (NSMBOS) and are recommended for retention or discharge in a permanent Medical Category that the NSMBOS' recommendations should be subject to review by the NSMEB. The NSMEB effectively represents the Ministry of Defence, as the 'employer,' and is the authority on whether or not an individual who is permanently medically downgraded should be retained or discharged from the Naval Service. The key objective of the NSMEB is to ensure that the skills which personnel have acquired through long and expensive training should not be wasted provided that continued employment can be found within their medical capacity which will not exacerbate their medical condition or adversely affect the conditions of service of others.

b. **Considerations.** In considering cases, the NSMEB will take careful account of the expected manpower situation during the period in which personnel might be retained and the likely availability of positions where individuals with employment restrictions may be retained without unacceptable detriment to the Service and to the appointments or drafts of other personnel in the branch concerned. In a Service that has to be capable of meeting emergency operational commitments at short notice, there are limits to the number of shore positions that can be occupied by personnel who are not fit to be deployed without detriment to others and to operational effectiveness.

c. **NSMEB - Scheduling and Composition.** The NSMEB usually meets on a Wednesday, some three weeks after the equivalent NSMBOS, and is composed of personnel appointed to the following posts within the Naval Service:

FLEET-DCS INQUEST SUP B2 (Chairman)

FLEET-DCS INQUEST SUP NSMEB SO3 (Secretary to NSMEB)

FLEET-DNPS PPLAN PPLNO SO1 (Represents Employer's view for Ratings)

FLEET-DNPS PPLANR SO1 (Represents Employer's view for Officers)

FLEET-DNPERS MANOPS SO1 (Represents the view of the Front Line)

FLEET-DNLS SC POL EMPLOYMENT SO1 (Legal Advice)

FLEET-DNPERS NPT(L&M) OCMNAHPO SO2 (Represents the Medical aspects of Career Management)

FLEET-DNPERS NPT(RM) REQM SO2 (Represents Employer's view for Royal Marine Other Ranks)

INM-MES HEAD-PRES President NSMBOS (Provides medical advice from NSMBOS)

INM-MES MAO Secretary NSMBOS

The NSMEB can be contacted at the following address:

Naval Inquest Support Section  
Mailpoint 1-4  
Leach Building  
Whale Island  
HMS EXCELLENT  
Portsmouth  
Hampshire  
PO2 8BY

d. **Factors Considered by NSMEB.** Before determining whether personnel should be retained, invalidated or, exceptionally, recommended for discharge by other means, the NSMEB will consider the following factors:

(1) The Medical Category, together with any employment restrictions/caveats, recommended by the NSMBOS.

- (2) The length of time left to serve.
- (3) Length of time medically downgraded in the last three years, including any periods spent Sick on Shore.
- (4) Whether medical limitations preclude an individual's continued employment in their own branch/specialisation (inclusive of sea/operational liability).
- (5) Whether a full career (see [sub para g](#) below) can be offered (including promotion/advancement prospects, sea service and operational liability, where appropriate).
- (6) The effect of retention on other members of the branch or Sub-specialisation (number of permanent downgraded personnel already retained in branch/sea/shore ratio, promotion/advancement, drafting restrictions, branch and career structure).
- (7) Whether a branch or sub-specialisation change or a return to General Service is possible within the Medical Category recommended by NSMBOS and would benefit the Naval Service and the individual.

In exercising its responsibilities, members of the NSMEB will have access to supporting documentation prepared for the NSMBOS, principally NSMBOS Forms 1, 2, 3 and 5.

e. **Options Available to the NSMEB.** These are as follows:

- (1) *Retain to End of Current Engagement or Commission.* Where there is a realistic prospect that a full career can be offered within the Medical Category recommended by NSMBOS, without detriment to the medical condition of an individual, or detriment of other members of the branch or specialisation, the NSMEB will in most cases propose to retain an individual until the end of their commission/engagement. A 'full career' means a career to complete a pensionable commission or engagement; it does not imply a right to promotion or to an Extended Career (EC). Personnel in their final year of service will almost always be retained if suitable employment consistent with their rank and skills can be found which does not exacerbate their medical condition. The NSMEB will also take a view on an Officer's eligibility for a Commission Transfer and a Rating/ORs eligibility for an EC when they are in their last 4 years of Service.
- (2) *Retain Subject to Branch Transfer.* Make an offer to retain as at [sub para \(1\)](#) above but subject to a branch/Spec transfer. A branch transfer should normally be subject to 'offer' because it may put the individual at a career disadvantage. Naval ratings cannot be compulsorily transferred from the branch in which they entered. RM other ranks who are below the required medical standard for their current Specialisation can be re-mustered, on a non-voluntary basis, into a Specialisation more suited to their medical standard, provided that they are suitable for the Specialisation concerned.
- (3) *Retain Subject to Review Within a Specified Time.* This is used particularly when an individual's prognosis is uncertain and may also be used if the future of a branch and/or the manning climate is uncertain.

(4) *Making an Offer to Retain for a Specified Period.* Retain for a specified period short of pension point, followed by invaliding or review. In some cases, the NSMEB may 'make an offer' of continued service to an individual, usually for a limited period, which if declined, would lead to invaliding. This is used particularly when an individual is not due for sea service but their retention would in due course affect the sea:shore ratio of others, and/or when a branch is temporarily in shortage, and/or when an individual has a particular skill, and/or to retain for a set period to complete an important task. This form of retention will only be offered where it does not aggravate an individual's medical condition.

(5) *Invalid but Defer Discharge Date for a Short Period.* Used exceptionally, where there may be a need to retain an individual for a set period in a non-complement billet to assist resettlement or complete a specific task/project or role etc.

(6) *Invalid.* Used where the NSMBOS has previously recommended that an individual should be medically discharged, or where the NSMEB is satisfied, on employability grounds, that an individual can no longer be fully and gainfully employed within the Medical Category recommended for them by the NSMBOS. Where invaliding is agreed by the NSMEB, and has not been previously recommended by the NSMBOS, individuals will be expected to conduct their release routines immediately thereafter, and leave entitlements, such as Invaliding Leave, Graduated Resettlement Time, Terminal Leave and any accumulated Annual Leave entitlements, will reckon from the Tuesday following the date on which the NSMEB decides that invaliding is appropriate. Individuals who have been previously recommended for medical invaliding by the NSMBOS because they are deemed, at that time, to be permanently unfit for continued service in the Royal Navy or Royal Marines are to undergo their release routine and proceed on Invaliding Leave immediately following the NSMBOS in the expectation of the NSMEB upholding the recommendation of the NSMBOS to discharge them.

f. **Future Review Criteria.** The decision to retain an individual is subject to there being no deterioration in their medical condition and no loss to operational effectiveness; and, in the case of retention with restrictive caveats (eg Ships With Permanent Medical Officers), to the Service's continued ability to employ the individual within any such employment limitations. Changes in Force/Branch structures and state of Trained Strength (surplus) may alter the sea:shore dynamics. Consequently, some personnel may prove, in practice, to be an assigning risk/liability by virtue of their medical condition. In such cases, the NSMEB reserves the right to refer cases back to the NSMBOS for review (on occasions a review by the NSMEB may be all that is required), when the Board would again consider its options as detailed in [sub para e](#) above.

g. **Notification of the Results of NSMEB.** The outcome of NSMEB meetings will be promulgated by signal to ships, units and establishments, usually within 24 hours of the Board taking place. Following this, and within 7-10 working days, the NSMEB will confirm its decisions in writing in accordance with the following arrangements:

(1) *Personnel Recommended for Retention.* Where the NSMEB is proposing the retention of an officer or rating/other rank, the Board will write to individuals personally to notify them of this decision and their agreed Medical Category. Letters will be copied to Commanding Officers/Divisional Officers (as appropriate) for information.

(2) *Personnel Invalided by the NSMEB and Previously Recommended for Invaliding by the NSMBOS.* In cases where the NSMEB is proposing invaliding and individuals have previously been recommended for medical discharge by the NSMBOS, the NSMEB's letters will be addressed to individuals personally and copied to their Commanding Officer/Divisional Officer.

(3) *Personnel Invalided by the NSMEB and Previously Recommended for Retention by the NSMBOS.* Where the NSMEB proposes that an individual should be invalided on employability grounds, whether an officer, rating or other rank, and the NSMBOS has previously recommended their retention, the Board's letters will be addressed to an individual's Commanding Officer or Divisional Officer who will be asked to ensure that they are appropriately forwarded, as quickly as possible, and provide any support and advice that may be required. In particularly sensitive invaliding cases, or cases where an individual may be retained who is expecting to be discharged, the Chairman of the NSMEB may advise the CO or DO of the outcome of the Board by telephone before the signal is released. This will provide ships/units/ establishments with the opportunity to ensure that appropriate divisional and welfare arrangements are put in place to support such individuals where this may be considered to be appropriate.

h. **Right of Appeal and/or Right to State a Service Complaint.** Individuals have the right to appeal against the decision of the NSMEB to invalid or retain them in Service. Appeals should initially be addressed to the Chairman of the NSMEB (FLEET-DCS INQUEST SUP B2) who will arrange to have the case reviewed by the Board and must be made within 28 days of the date of the letter from the NSMEB. Appeals may be submitted directly by an individual, or through their Divisional Officer/Commanding Officer. If an individual is not satisfied with the outcome of the NSMEB review, they may, within 28 days of the date of the NSMEB review letter, ask for their case to be reviewed at 1\* level by the Director of Naval Personnel (DN Pers) who will determine the NSMEB appeal having consulted with the Director of Naval Personnel Strategy and the Assistant Chief of Staff (Medical). Every effort will be made to address appeals before an individual is discharged from the Service but this may not always be possible. Should an individual decide to submit an NSMEB appeal through the route outlined in the preceding paragraph, this will be entirely without prejudice to their statutory right to state a Service Complaint under Section 334 of the Armed Forces Act 2006 and the procedure outlined in Queen's Regulations for the Royal Navy, Chapter 42 and JSP 831 (Redress of Individual Grievances: Service Complaints), the definitive tri-service guidance regarding Service Complaints. However, individuals should be aware that, in accordance with JSP 381 their Service Complaint will not be considered until the NSMEB appeal procedure has been exhausted at DN Pers level. Where an individual elects to submit an appeal to DN Pers and is not satisfied with that answer, the only avenue subsequently open to them is to state a Service Complaint. A Service Complaint must be made no later than three months after the final decision is made on the NSMEB appeal by DN Pers.

#### 1819. NSMBOS - Post-NSMEB Procedure

a. **Distribution of Documents.** Following the NSMEB's determination of an individual's Medical Category, and the promulgation of the Board's decisions, documents held by NSMBOS will be distributed as follows:

(1) *Following NSMEB Decision to Retain the Individual.*

(a) NSMBOS office will insert F Med 23 and 15 and NSMEB letter into the F Med 4 and then return the F Med 4 and 271 to the individual's establishment.

(b) **Copy F Med 23 to DASA (Med Stats).**

DASA (Information services) Med Stats  
Ministry of Defence  
Spur 7  
B Block  
BATH  
BA1 5AB

(c) **Copy F Med 23, 15 and 133 to CHRL.**

The Central Health Records Library  
Room 24, Sentinel House (BLDG B1)  
Ministry of Defence  
Shoeburyness  
Southend on Sea  
ESSEX  
SS3 9SR

(2) *Following NSMEB Decision to Invalidate the Individual.*

(a) F Med 23, 15 and NSMEB letter inserted into F Med 4.

(b) Copy of F Med 23 sent to DASA (Med Stats).

(c) Copy F Med 23, 15 and 133 sent to CHRL.

(d) Copy of F Med 133 is sent to:

NHS Central Register  
Smedley Hydro  
SOUTHPORT  
PR8 2HH

**Note.** *When a patient has not given consent for the release of information, only the front cover of the F Med 133 is to be forwarded.*

(e) F Med 15, 23, 24 and NSMBOS Forms 1, 2, 3 are sent to Service Personnel and Veterans Agency (Glasgow).

Service Personnel and Veterans Agency (Glasgow)  
SPVA (G)  
Mail Point 480  
Kentigern House  
65 Brown Street  
GLASGOW  
G2 8EX

(f) F Med 15, 23, 24 and NSMBOS Forms 1, 2, 3 and 5 and a certified true copy of the F Med 4 is sent to the SPVA by NSMBOS. This is done on behalf of the claimant for determination of eligibility for benefit from the War Pensions Scheme.

Medical Discharge Team  
Room 6223  
Service Personnel and Veterans Agency (Norcross)  
Norcross Lane  
Blackpool, LANCs, FY5 3WP

Service Personnel and Veterans Agency (SPVA)  
Medical Discharge Team  
Room 6223  
Tomlinson House  
Norcross  
Blackpool  
Lancs  
FY5 3WP

## ANNEX 18A

## MEDICAL CATEGORIES DEFINITIONS AND CAVEATS AWARDED BY NSMBOS

All notes listed below this table should be read to ensure that an individual's medical category is fully understood

CATEGORY	DEFINITION
<b>P2</b>	Fully employable anywhere in the world (See <a href="#">Note 9</a> ).
<b>P2Z</b>	Fully employable anywhere in the world. Exempt physical aspects of LRCC or SRCC. Fit for RNFT. Not applicable to Royal Marine personnel. May be applicable to RM Band Service personnel.
<b>P2X</b>	See BRd 1750A (Handbook of Naval Medical Standards) Para 0403 (Exposure to Environmental Hazards) prior to arranging draft/appointment.
<b>P4</b>	Pregnant (See <a href="#">Note 10</a> ).
<b>P3P &amp; caveat</b>	Fit for restricted service anywhere in the world, within any of the employment caveats or restrictions stated. NB Fit for LRCC/SRCC unless stated.
<b>P7P &amp; caveat</b>	Fit for restricted service anywhere in the UK only (including Northern Ireland) within any of the employment caveats or restrictions stated. It allows employment in ships alongside unless stated. NB Automatically Unfit for LRCC/SRCC.
<b>P8</b>	Permanently medically unfit for RN or RM service.

CAVEAT	DEFINITION
<b>NSS</b>	No Service in ships or submarines at sea in any capacity. Does not restrict service or employability in ships or submarines whilst alongside or in designated sea service billets that are shore based.
<b>NSA</b>	Not to serve or be employed in ships or submarines alongside.
<b>SWPMO</b>	Restricted to sea service in ships or submarines with a Permanent Medical Officer bourne. For surface ships this is restricted to CVS, LPD, LPH, HTS class. It does not allow for service in HMS ENDURANCE and ships such as FF/DD's with an MO embarked for specific deployments. For the submarine service it is restricted to VANGUARD class subject to formal assessment by the Senior Medical Officer (Submarines) at INM.
<b>FF/ DD</b>	Restricted to sea service in Frigates and above only.
<b>UKWO</b>	May serve in ships or submarines at sea in UK waters only.
<b>RMUPMO</b>	May deploy with RM units that have a Permanent Medical Officer attached. Should not be allowed to detach away from the unit Medical Officer cover. When deployed to sea a Medical Officer should be embarked at all times.
<b>NO FIELD CONDITIONS</b>	Employable within the confines only of a base camp that has permanent fixtures/buildings for work and accommodation. Not to live under canvas and not to undertake duties or employment outside base camp perimeter (Not awarded after 01 July 07) (See <a href="#">Note 12</a> ).
<b>LIMITED OPERATIONAL LAND DEPLOYMENTS (LOLD)</b>	Employable within the confines of a rear echelon only. May deploy to areas where there is a minimal risk of being exposed to war fighting. Should not be required to routinely relocate at short notice as a result of enemy activity.



CAVEAT(Con't)	DEFINITION(Con't)
<b>NO OPERATIONAL LAND DEPLOYMENTS (NOLD)</b>	Must not deploy to any operational arena.
<b>MAJOR OVERSEAS BASES ONLY (MOBO)</b>	Restricted to service abroad in major established shore bases and locations that have easy local access to primary and secondary health care facilities equivalent to that of the United Kingdom
<b>AREA RESTRICTOR</b>	Not to be drafted/appointed outside of the designated area. This restriction is assigned to ensure continuity of medical care.
<b>TO BE MADE AVAILABLE FOR REGULAR REVIEWS</b>	Individual must be made available to attend for essential regular medical reviews with their hospital consultant/medical officer within the designated period (eg six monthly) as part of their ongoing treatment. If there is any flexibility in the timing of review, the caveat will read, ' <b>Minimal adjustment to review timing may be made to accommodate deployment requirements</b> '.
<b>NO LOAD CARRYING</b>	Not to carry Combat Equipment Fighting order (CEFO), Patrol Order or Marching Order. May carry a day sack and SA80. Should not be assigned any other troop weapon. NB RM personnel are deemed Unfit for JCC/SCC if awarded this caveat
<b>MOD JCC or SCC</b>	Fit for modified Junior Command Course or Senior Command Course only. RM ranks only (See <a href="#">Note 13</a> ).
<b>XRNFT</b>	Medically exempt from all requirements RNFT. Not applicable to Royal Marine personnel but may be applicable to RM Band Service.
<b>RWO</b>	Fit for Rockport Walk element of RNFT only. Exempt from Maximal or Multi-Stage Fitness Test (Bleep Test). Not applicable to Royal Marine personnel but may be applicable to RM Band Service.
<b>NO BFT, CFT, ACFT</b>	Medically exempt from requirements of Battle Fitness Test and/or Combat Fitness Test and/or Advanced Combat Fitness Test.
<b>PURMGS</b>	Permanently unfit for Royal Marines General Service. Applicable to RN personnel only.
<b>NO HEAVY LIFTING</b>	Should not be exposed to regular and prolonged periods of lifting. Individual personal ability to lift will vary. However, care should be taken to ensure that appropriate risk assessment has been undertaken and that extant Health and Safety regulations and precautions have been followed. Additionally, the patient's assessment of his/her own limitations should be considered. In areas of doubt advice should always be sought from unit medical officers/staff.

**Notes:**

1. *Medical Employment Caveats will be stated in full.*
2. *All personnel attending NSMBOS will be assessed for their fitness to deploy to sea and for deployments ashore inclusive of the joint and combined environments.*
3. *An individual is employable in any capacity within the allocated medical category unless a restriction of such employment is specifically caveated.*
4. *The medical category and caveat allocated is permanent until Terminal Date (Tx) unless otherwise stated.*

5. *'Sea Service' for caveat purposes is defined as 'service in ships or submarines at sea' in any capacity. This restriction does not include service or employability in ships or submarines alongside or service in designated sea service billets that are actually shore based - all of which are not restricted unless specifically caveated.*
6. *'Sea Service' does not require a Medical Officer to be borne unless specifically caveated.*
7. *If an individual has been designated fit for 'Sea Service' this would have been done with the understanding that the individual would be required to successfully qualify in BSSC/ISSC.*
8. *Any variation of a caveat used will be specifically stated.*
9. *Refer to BRd 1750A for the fitness standards for service in submarines, aircrew and diving.*
10. *Category P4 is not awarded by NSMBOS but is included for completeness. Personnel awarded P4 are managed in accordance with the extant regulations on Pregnancy.*
11. *P7P does not restrict an individual to service in a particular area of the UK or Northern Ireland unless specifically stated.*
12. *Personnel awarded the caveat 'No Field Conditions' prior to 01 July 07 may deploy to a UK based exercise area if deemed appropriate by their unit PMO. The caveat 'No Field Conditions' will not be awarded after 01 July 07.*
13. *Refer to RNTM 55/06 for further guidance on the fitness criteria for attendance on a MOD JCC/SCC.*
14. *Additional free text caveats may be added and will be specifically stated eg "No Weapon Handling", "Not to work at heights" etc.*

## ANNEX 18B

## NSMBOS SUBMISSION CHECK LIST

ITEM	CHECK POINTS	CHECKED
General	1. <b>ALL</b> boxes on every form to be completed : either with details or NA/NIL. 2. <b>ALL</b> forms should have exactly the same details in recurring requirements, name, unit etc. 3. There should be <b>NO</b> empty boxes on any form. 4. <b>ALL DOCUMENTS SHOULD BE SUBMITTED AT THE SAME TIME</b> 5. <b>NO DOCUMENTATION</b> must be longer than 90 days old at time of board (See <a href="#">Para 1812</a> ). 6. <b>THE LAYOUT OR WORDING OF NSMBOS FORMS ARE NOT TO BE ALTERED LOCALLY.</b> 7. All forms, with the exception of FMed 1 are be typed and not handwritten 8. All forms to be the latest revised issue 10/07. 9. <b>UNDER NO CIRCUMSTANCES ARE FORMS TO BE CORRECTED USING TYPEX OR LABELS PLACED OVER MISTAKES.</b>	
F Med 1	1. ALL sections SHOULD be completed. 2. Medical Examiners Summary: <b>MUST</b> state disabilities discovered or claimed. 3. Section 5 : <b>MO MUST</b> print name and date. Medcat boxes <b>MUST</b> reflect findings <b>AT TIME OF EXAM</b> - not those proposed. All boxes on PULHHEEMS profile (Section 5) to be completed. 4. The timeframe from examination date to NSMBOS board date SHOULD be 90 days. 5. Both corrected and uncorrected VA must be supplied as appropriate.	
Audiogram	1. <b>MUST</b> be supplied and firmly attached to F Med 1. 2. <b>MUST</b> be summarised / recorded at serial 93 on F Med 1.	
F Med 15	FORMAT OF FMED 15 MUST BE LAID OUT AS BELOW 1. <i>Concise summary:</i> Pre - Service History. Service Medical History. Summary of Current Medical Problems. Concise summary of Boarding Condition. Summary of any Proposed Further Treatment. Current Physical Findings. Whether MOD Form 298 or MOD Form 2000 was raised. Last paragraph : referral statement. 2. <i>Medical Examination Physical Finding:</i> As detailed in <a href="#">Para 1812</a> . 3. If the patient has attended NSMBOS previously, the referring MO SHOULD encapsulate the full history in the current referral. 4. <i>Countersigned by PMO if available.</i>	

ITEM	CHECK POINTS	CHECKED
NSMBOS Form 1	1. <b>ALL</b> details at the top completed correctly. 2. <b>ALL</b> boxes / questions <b>MUST</b> be completed or marked NA - it is ALL relevant. 3. Ensure downgrading periods completed fully in Para 3, include MEDCAT. 4. <b>Para 41</b> - Date of last review means last date of hospital/specialist review - not Medical Centre MO. 5. <b>Para 42</b> - The report from this last appointment <b>SHOULD</b> be included; Failure to incorporate relevant clinical consultations will result in delays and nugatory administrative actions later. 6. <b>Para 45</b> - It is mandatory to have MEDCAT RECOMMEND completed. This includes referrals for NSMBOS review cases. 7. Dated and signed by MO.	
NSMBOS Form 2	1. <b>ALL</b> details at the top completed. 2. <b>ALL</b> boxes / questions <b>MUST</b> be completed or marked N/A - it is ALL relevant. 3. Ensure that Para 17 is completed and reason for decision given. 4. Dated and signed by DO.	
NSMBOS Form 3	1. <b>ALL</b> details at the top completed. 2. Rule out those options that are not being chosen <b>DO NOT ALTER THE FORM IN ANY WAY</b> . 3. Dated and signed by patient and witness. Both dates <b>MUST</b> be the same.	
NSMBOS Form 5	1. <b>ALL</b> details at the top completed. 2. <b>ALL</b> boxes / questions <b>MUST</b> be completed or marked NA - it is ALL relevant. 3. Ensure National Insurance No is stated in appropriate box. 4. Ensure that name of DO and contact details are completed.	
NSMBOS Form 6	1. <b>ALL</b> details at the top completed. 2. <b>ALL</b> boxes / questions <b>MUST</b> be completed or marked NA – it is ALL relevant. 3. Dated and signed by patient and witness: Both dates <b>MUST</b> be the same. Ensure that ‘ <b>I Consent/ Do Not Consent</b> ’ option section is deleted as required.	
F Med 23A	1. Part 1 dated and signed by patient and witness. Both dates <b>MUST</b> be the same and <b>pre-date</b> any other dates on NSMBOS documentation/forms. This section must be completed prior to NSMBOS documentation commencing. 2. Part 2 dated and signed by patient and witness. Both dates <b>MUST</b> be the same and <b>MUST NOT pre date</b> any other dates on NSMBOS documentation. This section must be completed prior to submission of documentation to NSMBOS. 3. Continuation sheet <b>MUST</b> be attached to Form if patient does not agree with any of the contents of his / her medical records (See note 5 FMed 23A). Must have full signature blocks at the foot of each page of the continuation sheet. 4. <b>DATES AT PART 1 AND PART 2 CANNOT BE THE SAME.</b>	
EMIS print	1. <b>FULL</b> EMIS print provided. 2. <b>MUST</b> be stamped, certified and signed as a true copy.	
F Med 271	1. To be submitted if recommend is P8 or patients option is to be invalidated : not required otherwise.	

ITEM	CHECK POINTS	CHECKED
F Med 133	1. Completed and signed by <b>UNIT MO</b> . 2. <b>Ensure</b> that completed in full detail	
F Med 4	1. In good state of repair - <b>REPLACE</b> if not. 2. <b>ALL</b> enclosures in chronological order: reorganise if not. 3. <b>ALL</b> enclosures recorded correctly. 4. Periods of downgrading correctly recorded at table 20. 5. <b>NO</b> loose papers inside; correctly india tagged. 6. <b>ALL</b> civilian letters transcribed onto correct forms. 7. Last outpatient review to be included prior to board date.	
F Med 24	1. Patient <b>SHOULD</b> have either attended NRIO(M) brief or discussed with NRIO(M) before completing form. <b>To attend NSMBOS without attending NRIO(M) brief is to be considered as highly undesirable.</b> 2. Dated and signed by patient and witness. Both dates <b>MUST</b> be the same. 3. Section 9 must be completed in full with all details given of ships/units served. 4. <b>Must not state "as per service documents"</b> .	
Form DP 1, H or G	1. Correctly completed and signed by <b>UNIT MO</b> as appropriate to condition.	