



Ministry of Defence

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Thank you for your email of 28 November 2017 requesting the following information:

- “The number of UK Armed Forces pilots currently serving as at 01 October 2017 who have a coded entry for type 1 or insulin dependent diabetes in their medical record or are insulin dependent.
- The number of UK Armed Forces Royal Tank Regiment who were currently serving and medically downgraded as at 01 October 2017.
- The number of UK Armed Forces Royal Tank Regiment personnel currently serving as at 01 October 2017 who have a coded entry for type 1 or insulin dependent diabetes in their medical record.
- The number of Naval Service pilots and aircrew who were currently serving and medically downgraded as at October 01 2017.
- The number of RAF pilots and aircrew who were currently serving and medically downgraded as at 01 October 2017.

Finally, I would like to request information regarding any exceptional applicant who was accepted to the MoD, despite having diabetes. If this is too broad then please disregard this request and provide the information requested above as stated in FOI 2017/10864 and 2017/10865.”

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 the information in scope of your request is held.

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 in line with JSP 200 (March 2016), in which numbers fewer than five are suppressed in order to reduce the possible inadvertent disclosure of individual identities.

As at 1 October 2017, there were **less than 5** currently serving UK Armed Forces pilots with a coded entry for type 1 or insulin dependent diabetes in their medical record.

As at 1 October 2017, there were **414** currently serving UK Armed Forces personnel in the Royal Tank Regiment. Of which **62 (15%)** were medically downgraded.

As at 1 October 2017, there were **no** currently serving members of the Royal Tank Regiment with a coded entry for type 1 or insulin dependent diabetes in their medical record.

As at 1 October 2017, there were **942** currently serving Naval Service pilots and aircrew. Of which **70 (7%)** were medically downgraded.

As at 1 October 2017, there were **3,566** currently serving RAF pilots and aircrew. Of which **367 (10%)** were medically downgraded.

Regarding exceptional applicants, it is possible to join the MOD for exempt conditions via a medical waiver where the applicant possesses exceptional skills (e.g. cyber security) and the job being applied for will not be affected by their medical condition. Data on successful medical waivers is not centrally held and therefore it is not possible to determine within the cost limits of this request whether there have been any successful applicants with Type 1 diabetes or insulin dependence. The medical waiver process is managed by the single Services and subject matter experts within each of the Services have advised that pilot applicants with diabetes would not be accepted under any circumstances. Please note the MOD does not hold this information on its administration systems for civilian personnel therefore the question has been interpreted for UK Armed Forces only.

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

If type 1 diabetes is developed whilst in Service the policy states:

“Diabetes Mellitus

1. Clear differentiation should be made between those personnel suffering from insulin dependent or non-insulin dependent diabetes mellitus, and the respective risk levels with military service. For this reason all cases should be graded P7 MND when first diagnosed while their disorder is assessed.

Following assessment, they are graded as follows:

a. **Type 2 Diabetes Mellitus (Type 2 DM).** Those suffering from Type 2 DM (ie asymptomatic glycosuria), controlled by diet or medications without a significant risk of hypoglycaemia²¹⁴, with no other signs or risk factors present (e.g. a personal/family history of heart disease, stroke, other endocrine dysfunction, smoker, obesity, hyperlipidaemia, eye or renal disease etc), and whose functional capacity is otherwise unaffected, may exceptionally be graded P2 MFD L2²¹⁵ by a formal medical board or Regional Occupational Health Consultant. **Normally those in this category with anything other than asymptomatic glycosuria should be graded P3 MLD or P7 MLD/ MND.** This includes individuals on sulphonylurea and other medications which carry a risk of hypoglycaemia including those requiring insulin therapy.

b. **Type 1 Diabetes Mellitus (Type 1 DM).** Those with well controlled Type 1 DM, **with no other signs or risk factors present** (see paragraph 1.a above), and whose functional capacity is otherwise unaffected, may be graded P3 MLD²¹⁶; all others should be graded no higher than P7.

c. **Special work problems and restrictions.** There remain a number of restrictions that need to be considered for patients with DM:

- (1) Fitness for aircrew, diving, seafaring duties, adventurous training etc.
- (2) Vocational Group 2 drivers are subject to individual assessment by DVLA.
- (3) Shift work and lone working can be problematic; however, if sensible working practices are adopted, it is not absolutely contra-indicated.
- (4) All require appropriate access to both nutritional and medical supportive facilities.
- (5) Personnel who undertake safety-critical tasks or who are lone workers should have a risk assessment of their risk of hypoglycaemia and incapacitation before returning to those duties.”

²¹⁴ Biguanides, Thiazolidinediones and Alpha Glucosidase inhibitors.

²¹⁵ Specific occupational groups require further assessment in accordance with single-Service Regulations, BR1750A and AP1269A.

²¹⁶ This is subject to individual circumstances and single Service requirements.

Service personnel with medical conditions or fitness issues which affect their ability to perform their duties are assessed in Primary Care or referred to a Medical Board for a medical examination and review of their medical grading. A medical downgrading occurs when personnel are assigned a Medical Deployability Standard (MDS) of Medically Limited Deployable (MLD) or Medically Not Deployable (MND). The patient may be downgraded to allow for treatment and rehabilitation:

- Medically Limited Deployable (MLD): Personnel medically fit for duty with minor employment limitations. MLD personnel may have a medical condition or functional limitation that prevents the meeting of all Medically Fully Deployable (MFD) requirements.
- Medically Not Deployable (MND): Personnel medically fit for duty with major employment limitations. MND personnel are not fit to deploy on Operations but may be deployable on UK based exercises and should be able to work effectively for at least 32.5 hours per week.

The P2 grade (Medically fit for unrestricted service worldwide) is the absence of a medical condition or physical limitation that would prevent the soldier undertaking all aspects of his/her military duties. This grade would attract a MDS of MFD.

The P3 grade (Medically fit for duty with minor employment limitations) is to be used for an individual who has a medical condition that prevents him/her undertaking the full range of military duties. Such individuals are able to perform useful duties in barracks, but may not be able to carry out all aspects of their employment. They may require medication or medical follow-up. The individual's condition is unlikely to significantly deteriorate if there is an interruption to the supply of medication or the delay in planned medical review. The individual's condition is unlikely to impose a significant demand on the medical services if deployed on operations. A medical risk assessment by the unit and if appropriate additional advice from a Medical Officer (MO) or a Regional Occupational Medicine (OM) Consultant is required for routine activities and deployment. This grade will attract a MDS of MLD.

The P7 grade (Medically fit for duty with major employment limitations) is to be used for an individual who is capable of performing useful military duties within the limits of his/her disabilities, expected to give regular and efficient service and not likely to deteriorate if suitably employed and allowed time for regular meals and rest. Individuals may be restricted in their ability to work at night or undertake shift work. They may require regular, continued medical care or supervision and may require regular long-term medication. They may require access to secondary level (hospital) medical facilities. They are not normally fit to deploy on military operations. This grade will normally attract a MDS of MND, or exceptionally MLD.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK Armed Forces personnel and is used to gather information on a person's service, gender and trade.

UK Armed forces personnel includes trained and untrained Regulars and Reserves.

RAF pilots include higher ranks and Subject Matter Experts (SMEs) both of which may not actually fly planes.

Naval Service aircrew include personnel who work in the aircraft but whose role is more ground based.

The Defence Medical Information Capability Programme (DMICP) was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers.

The electronic patient record contains information that is Read coded. Read codes are a set of clinical codes designed for Primary Care to record the everyday care of a Patient. They are part of a hierarchical structure and form the recognised standard for General Practice. Searches for Read codes can be made to identify personnel with a particular medical condition.

Any data entered as free text only in patients' medical record will not be included in the figures presented as this information is not available in the data warehouse.

DMICP is a live data source and is subject to change. Date of extract 5 December 2017.

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, 1st 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, <https://ico.org.uk/>.

I hope this is helpful.

Yours sincerely

Defence Statistics Health