



**Ministry
of Defence**

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[Redacted]
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Dear [Redacted]

Thank you for your email of 17 August in which you requested the following information:

'Last year you provided me with an FOI response FOI2016/08149 in which you provided me with five sets of tables relating to obesity and fitness within the armed services.

Could you provide me with similar but updated tables?'

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. To answer each of your questions in turn:

1a. The number of UK Regular Armed Forces personnel medically discharged with a principal or contributory condition of obesity between 1 January 2007 and 31 March 2017, split by Service and calendar year, is shown in the following table:

Service	All	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017 ²
Royal Navy	13	~ ¹	0	~	~	~	~	~	~	~	0	0
Army	55	~	~	~	6	13	9	8	6	~	~ ^p	~ ^p
RAF	7	0	0	~	~	0	~	~	0	~	0	0 ^p

Notes:

1 - UK Regular Armed Forces personnel include both trained and untrained personnel.

2 - Includes data from 1 January 2017 to 31 March 2017 only.

~ Data presented as "~" is between 1 and 4.

^p Data is provisional and subject to change.

1b. The last recorded weights of the last ten personnel medically discharged prior to 1 April 2017 with a principal or contributory cause of obesity were:

A	B	C	D	E	F	G	H	I	J
102 kg	142 kg	121 kg	92.1 kg	142.7 kg	177.1 kg	150.3 kg	119.7 kg	146 kg	110.9 kg

The actual weight of these personnel may have increased or decreased prior to medical discharge.

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>

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.

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.

Medical discharges in the UK Armed Forces involve a series of processes, at times complex, which differ in each Service to meet their specific employment requirements. Due to these differences between the three Services, comparisons between the single Service statistics are judged to be invalid. Therefore, the figures in this answer are presented separately for each Service.

1c. The number of UK Regular Royal Navy, Army and RAF personnel recorded as failing a personal fitness assessment at the end of the six month reporting period on each 1 April and 1 October from 1 April 2016 to 1 April 2017; the number of UK Regular Royal Marine personnel currently recorded as failing a fitness assessment.

Date	Royal Navy	Army	RAF
1 October 2015	Not held	5110	315
1 April 2016	790	5540	405
1 October 2016	1120	4055	545
1 April 17	1090	3880	675

The number of Royal Marines failing their basic fitness test as at 14 September 2016 was 15.

The number of Royal Marines failing their basic fitness test as at 23 Aug 2017 was 20.

Note: this data has been rounded to the nearest 5 to limit disclosure and ensure confidentiality.

The personal fitness of all military personnel is monitored closely, and those failing their personal fitness tests undergo a range of targeted remedial activity. For example, Army personnel are retested after a suitable period of rest and if they are unsuccessful again are assessed by a Medical Officer to confirm that there are no medical grounds for failure. The Army's fitness, testing and supervision requirements are quantified as part of its Military Annual Training Tests.

1d. The number of **UK Armed Forces personnel full time trade trained and serving against requirement** as at 1 July 2017 whose last recorded Body Mass Index (BMI) indicated that they were (i) overweight or (ii) obese.

Last recorded Body Mass Index	Royal Navy	Royal Marines	Army	RAF
Between 25 and 29.9 (overweight)	10,537	3,777	34,800	13,965
Over 30 (obese)	3,944	549	8,459	4,216

Please note that the MOD uses body composition in its health risk assessments which comprises BMI and waist circumference (WC), as well as satisfactory aerobic fitness, rather than BMI in isolation. BMI is a simple index of height-weight and does not differentiate between weight that is associated with muscle mass and weight associated with body fat. Therefore, the relationship between BMI and body fat varies according to body build and composition. Some members of the Armed Forces may have a high BMI score due to muscle mass rather than body fat levels.

BMI is not used alone but as part of a comprehensive assessment to determine suitability for employment. The overall fitness and functional capacity of the individual is also considered. Single-Service height and weight standards will apply for entry into specialist employment groups, such as aircrew, parachutists, Royal Marines and submariners.

Please note also that there may be a bias in the data provided, as personnel who appear underweight or overweight may have their BMI recorded more regularly than those personnel who appear to be of an ideal weight.

2. Figures showing how many potential recruits to the Army have been rejected from 2013/14 to 2016/17 because of their physical condition. Any statistical breakdown on this data that might indicate the reason they were rejected (eg medical, too weak, fitness etc).

The information held relates to those Regular and Reserve candidates who have withdrawn or have been rejected during application to the Army between 2013/14 and 2016/17 inclusive. There are various categories against which candidates are assessed on application. The categories shown in this case are those relating to medical and/or physical factors only, where specified. The total number of applicants against each relevant category is shown

Recruiting Year 2013/14	Totals	% Total Rejected /Withdrawn	% Total Applications
BMI	20	0.03%	0.03%
Fitness	25	0.03%	0.03%
Fitness (Self Certified)	65	0.08%	0.09%
Medical	12415	15.76%	17.36%

Medical (Self Certified)	345	0.44%	0.48%
Medical Criteria	525	0.66%	0.73%
Part 2 Medical (selection Only)	~	0.00%	0.00%

Recruiting Year 2014/15	Totals	% Total Rejected /Withdrawn	% Total Applications
BMI	15	0.02%	0.01%
Fitness	15	0.02%	0.02%
Fitness (Self Certified)	100	0.12%	0.10%
Medical	13020	15.07%	13.47%
Medical (Self Certified)	775	0.90%	0.80%
Medical Criteria	30	0.04%	0.03%
Part 2 Medical (selection Only)	5	0.01%	0.01%

Recruiting Year 2015/16	Totals	% Total Rejected /Withdrawn	% Total Applications
BMI	175	0.20%	0.19%
Fitness	15	0.02%	0.01%
Fitness (Self Certified)	145	0.17%	0.16%
Medical	13010	15.31%	14.58%
Medical (Self Certified)	880	1.04%	0.99%
Medical Criteria	0	0.00%	0.00%
Part 2 Medical (selection Only)	~	0.00%	0.00%

Recruiting Year 2016/17	Totals	% Total Rejected /Withdrawn	% Total Applications
BMI	210	0.49%	0.16%
Fitness	40	0.10%	0.03%
Fitness (Self Certified)	75	0.17%	0.06%
Medical	8190	18.99%	6.29%
Medical (Self Certified)	400	0.93%	0.31%
Medical Criteria	445	1.03%	0.34%

Note: the data in the 'totals' column has been rounded to the nearest 5 to limit disclosure and ensure confidentiality.

The Tri-Service medical standards which govern entry into the Regular Army and Army Reserve are set only after extensive consultation between military hospital and occupational health specialists. These standards take into account the particularly demanding circumstances under which all Service personnel are expected to work. We have a duty of

care to protect the individual from being harmed by their employment and from becoming a burden on their colleagues in circumstances that might endanger them.

There is no direct correlation between the total number of applications used to calculate the percentages in the final column and the rejections/withdrawals shown for the same period. Candidates may have applied during a previous period.

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

Yours sincerely,

Army Secretariat