



Ministry
of Defence

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

Telephone: +44 (0)30679 84423

E-mail: DefStrat-Stat-Health-PQ-FOI@mod.uk

Ref: FOI2018/11002

26 September 2018

Dear [REDACTED],

Thank you for your email of 29 August 2018 requesting the following information:

"In 2016 you provided me with an FoI response [Ref: FOI2016/08149] (copy attached) 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 (FOIA).

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 by the MOD.

Please note 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. In line with JSP 200 (April 2016), the suppression methodology has been applied in order to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Medical Discharges

Table 1 presents the number of UK Regular trained and untrained Armed Forces personnel medically discharged with a principal or contributory condition of obesity for the period 1 January 2007 to 31 March 2018.

Table 1: UK Regular Armed Forces personnel¹ medically discharged with a principal or contributory condition of Obesity by Service and Calendar Year, Number

1 January 2007 to 31 March 2018

	All	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 ²
Naval Service	16	~	0	~	~	~	~	~	~	~	0	~	0
Army	63	~	~	~	6	13	9	8	6	~	~	7	~
RAF	7	0	0	~	~	0	~	~	0	~	0	0	0

Source: Defence Statistics; FMed 23 & JPA.

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

2 - Includes data from 1 January 2018 to 31 March 2018 only.

~ Data presented as "-" has been suppressed in accordance with JSP 200.

The last recorded weights of the last 10 UK Regular Armed Forces personnel medically discharged with a principal or contributory cause of obesity prior to 1 April 2018 were:

- a) 136.0 kg
- b) 91.8 kg
- c) 154.0 kg
- d) 97.3 kg
- e) 93.0 kg
- f) 109.0 kg
- g) 110.1 kg
- h) 97.5 kg
- i) 78.6 kg
- j) 159.0 kg

Source: Defence Statistics; DMICP.

Please note this is the **last recorded weight** for these personnel; the actual weight of these personnel may have increased or decreased prior to medical discharge.

Fitness Tests

The number of UK Regular Royal Navy, Royal Marines, Army and RAF personnel recorded as failing a personal fitness assessment at the end of each six month period at as 1 October 2017 (reporting period 1 April 2017 to 30 September 2017) and as at 1 April 2018 (reporting period 1 October 2017 to 31 March 2018).

Table 2: UK Regular Armed Forces personnel recorded as failing a personal fitness assessment as at 1 October 2017 (for reporting period 1 Apr 2017 - 30 Sep 2017) and as at 1 April 2018 (for reporting period 1 Oct 2017 – 31 Mar 2018), Number¹

Date	Royal Navy	Royal Marines	Army	RAF
1 October 2017	1,155	10	3,660	625
1 April 2018	1,535	10	3,895	735

Source: JPA (Royal Navy & RAF) & FISS (Army).

¹ Figures have been rounded, in line with JSP 200.

These figures show the number of individuals who failed the annual fitness test in each six month period. Please note that individuals are only included once within each period, regardless of the outcome of any subsequent tests taken (pass/fail) within the same period. These figures are single service estimates and are not official statistics produced by Defence Statistics.

In order to provide some context, the total figures shown at 1 April 2018 represent 4% of the total UK Regular force at the same date (146,560).

Body Mass Index (BMI)

Of the **UK Armed Forces personnel full time trade trained and serving against requirement** on 1 July 2018:

- a) **10,534** Royal Navy personnel had a last recorded Body Mass Index (BMI) between 25 and 29.9 (overweight) and **4,115** had a BMI over 30 (obese).
- b) **3,663** Royal Marines personnel had a last recorded Body Mass Index (BMI) between 25 and 29.9 (overweight) and **551** had a BMI over 30 (obese).
- c) **34,476** Army personnel had a last recorded BMI between 25 and 29.9 (overweight) and **8,662** had a BMI over 30 (obese).
- d) **13,663** RAF personnel had a last recorded BMI between 25 and 29.9 (overweight) and **4,274** had a BMI over 30 (obese).

Source: Defence Statistics; FISS, DMICP & JPA.

Please note that:

- the MOD use Body Composition Measurement (BCM) in their health risk assessments which comprises of BMI and waist circumference, 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.
- 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.

Army Recruiting Rejections/Renewals

The tables below show how many potential recruits to the Army have been rejected in 2016/17 to 2017/18 because of their physical condition.

The information held relates to those Regular and Reserve candidates who have withdrawn or have been rejected during application to the Army in 2016/17 and 2017/18. 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.

Table 3: Candidates Rejected or Withdrawn during application to the Army, Number¹ and Percentage

Recruiting Year 2016/17

	Totals	% Total Rejected/Withdrawn	% Total Applications
BMI	490	0.4	0.4
Fitness	15	0.0	0.0
Fitness (Self Certified)	180	0.1	0.2
Medical	18,600	15.5	16.2
Medical (Self Certified)	1,065	0.9	0.9
Part 2 medical (Selection Only)	~	0.0	0.0

Source: Recruiting Group, Headquarters Army Recruiting & Initial Training Command.

¹ Figures have been rounded, in line with JSP 200.

~ Data presented as "~" has been suppressed in accordance with JSP 200.

Table 4: Candidates Rejected or Withdrawn during application to the Army, Number¹ and Percentage

Recruiting Year 2017/18

	Totals	% Total Rejected/Withdrawn	% Total Applications
BMI	470	0.6	0.5
Fitness	10	0.0	0.0
Fitness (Self Certified)	120	0.2	0.1
Medical	16,490	21.2	16.6
Medical (Self Certified)	690	0.9	0.7
Part 2 medical (Selection Only)	5	0.0	0.0

Source: Recruiting Group, Headquarters Army Recruiting & Initial Training Command.

¹ Figures have been rounded, in line with JSP 200.

These figures are single service estimates and are not official statistics produced by Defence Statistics.

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.

All candidates, regardless of service, are required to meet the medical entry standards as set by the Surgeon General, the Defence Authority for Healthcare and Medical Operational Capability. These standards are regularly reviewed by Occupational Physicians in all three services to ensure UK best practice in occupational medical policy, medical evidence, improved diagnostic procedures and treatments are given due regard on a regular basis. They reflect that, over time, it has become evident that there are a number of factors which may cause significant problems for individuals when they are deployed on military operations, even though they might cope very well under normal peace-time conditions. The MOD has a statutory obligation to protect and promote the health and wellbeing of its employees and therefore ensures that candidates do not enter service where it is apparent that there is a heightened risk for individuals.

The Recruiting Partnering Project (RPP) contract between the Army and Capita began in 2014. Capita are primarily responsible for the administration side of the process, which includes ensuring that all candidates meet the required entry standards and categorising the reasons for rejection/withdrawal, which have changed over the time. This may affect comparison of some of the figures, for example those in BMI category.

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

Using the Body Composition Measure (BCM) to indicate risk of ill-health, of the UK Armed Forces personnel full time trade trained and serving against requirement on 1 July 2018:

- a) **3,829** Royal Navy personnel had a last recorded BCM at increased/high risk (overweight) and **1,984** had a BCM at very high/extreme risk (overweight).
- b) **483** Royal Marines personnel had a last recorded BCM at increased/high risk (overweight) and **105** had a BCM at very high/extreme risk (overweight).
- c) **13,252** Army personnel had a last recorded BCM at increased/high risk (overweight) and **3,865** had a BCM at very high/extreme risk (overweight).
- d) **5,332** RAF personnel had a last recorded BCM at increased/high risk (overweight) and **1,679** had a BCM at very high/extreme risk (overweight).

Source: Defence Statistics; FISS, DMICP & JPA.

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

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.

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

Medical discharge data are compiled by Defence Statistics from three sources:

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

Medical discharges for obesity were compiled using the International Classification of Diseases and Related Health Problems Version 10 (ICD), specifically E66 (Obesity).

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).

Weight

The last recorded weights of the last ten personnel medically discharged prior to 1 April 2018 with a principal or contributory cause of obesity were taken from the individual's electronic patient record held on the Defence Medical Information Capability Programme (DMICP).

Body Mass Index (BMI)

Information on the BMI of UK Regular Armed Forces personnel on strength as at 1 July 2018 was taken from the Fitness Information Software System (FISS), Joint Personnel Administration (JPA) and the Defence Medical Information Capability Programme (DMICP). The BMI data from each of these systems was compiled, and the most recent information (prior to 1 July 2018) was used to determine an individual's BMI category.

Body Composition Measurement (BCM)

BCM was calculated using Body Mass Index (BMI) scores and waist circumference measurements. The compiled BMI data was matched with waist circumference data entered on DMICP, FISS or JPA on the same day to calculate BCM.

Defence Medical Information Capability Programme (DMICP)

DMICP is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout. The data between 2007 and 2010 may be incomplete due to the rollout of the electronic medical record system therefore numbers presented are a minimum. If information is entered as free text in the patient record then it is not available in the data warehouse.

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications and consult you if we are thinking of making changes? You can subscribe to updates by emailing: DefStrat-Stat-Health-PQ-FOI@mod.uk.

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,

Defence Statistics Health Head (B1)