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Ref: FOI2020/00248  
[REDACTED]

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Dear [REDACTED],

Thank you for your email of 6 January 2020 requesting the following information:

“Please can you provide me with the following information:

1. The most up-to-date rates of medical downgrade (MLD, MND and permanent) for each of the three Services (including the Royal Marines)
2. How this corresponds to medical downgrade rates over the last ten years
3. The most common conditions causing medical downgrade”

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 on UK Regular Armed Forces personnel.

As at 1 December 2019:

- 7% of UK Naval Service personnel<sup>1,2</sup> were medically downgraded (Medically Limited Deployable, MLD, or Medically Not Deployable, MND) on a permanent basis
- 11% of UK Army personnel<sup>2</sup> were medically downgraded to (MLD or MND) on a permanent basis
- 6% of UK RAF personnel<sup>2</sup> were medically downgraded to (MLD or MND) on a permanent basis.

**Tables 1 to 3** display the numbers and percentages of personnel medically downgraded, by Medical Deployability Standard (MDS) and permanent downgrading status for each service, as at 1 December for each of the last 10 years.

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<sup>1</sup> Naval Service includes Royal Navy and Royal Marines.

<sup>2</sup> Full time trained (Naval Service and RAF)/trade trained (Army) and serving against requirement personnel.

**Table 1: UK Armed Forces Naval Service Personnel<sup>1</sup> Medically Downgraded, by MDS, Permanent status and year, numbers and percentages<sup>2</sup>**

1 December 2010 to 1 December 2019

As at 1 December	All	Medically Limited Deployable				Medically Not Deployable			
		All		Permanent only		All		Permanent only	
		n	%	n	%	n	%	n	%
2010	<b>35,425</b>	1,957	6%	1,257	4%	2,953	8%	535	2%
2011	<b>34,460</b>	1,826	5%	1,233	4%	2,804	8%	469	1%
2012	<b>31,936</b>	1,826	6%	1,174	4%	2,803	9%	375	1%
2013	<b>30,667</b>	1,758	6%	1,147	4%	2,751	9%	329	1%
2014	<b>30,205</b>	1,842	6%	1,152	4%	2,858	9%	380	1%
2015	<b>29,736</b>	1,915	6%	1,154	4%	2,871	10%	338	1%
2016	<b>29,453</b>	1,975	7%	1,314	4%	2,798	9%	428	1%
2017	<b>29,297</b>	2,063	7%	1,500	5%	2,755	9%	497	2%
2018	<b>29,118</b>	2,112	7%	1,538	5%	2,817	10%	502	2%
2019	<b>28,923</b>	2,158	7%	1,539	5%	2,934	10%	523	2%

Source: DMICP and JPA.

<sup>1</sup> Full Time Trained and Serving Against Requirement Royal Navy and Royal Marines personnel.

<sup>2</sup> Percentages show the proportion of the overall strength which is downgraded.

**Table 2: UK Armed Forces Army Personnel<sup>1</sup> Medically Downgraded, by MDS, permanent status and year, numbers and percentages<sup>2</sup>**

1 December 2010 to 1 December 2019

As at 1 December	All	Medically Limited Deployable				Medically Not Deployable			
		All		Permanent only		All		Permanent only	
		n	%	n	%	n	%	n	%
2010	<b>102,030</b>	15,243	15%	9,248	9%	6,801	7%	1,999	2%
2011	<b>99,945</b>	15,123	15%	9,496	10%	7,257	7%	1,960	2%
2012	<b>96,510</b>	13,081	14%	8,787	9%	8,061	8%	1,969	2%
2013	<b>91,335</b>	11,756	13%	7,953	9%	8,025	9%	2,003	2%
2014	<b>84,186</b>	10,228	12%	6,679	8%	8,356	10%	1,822	2%
2015	<b>80,289</b>	10,062	13%	6,469	8%	8,292	10%	1,865	2%
2016	<b>79,027</b>	9,998	13%	6,729	9%	8,062	10%	2,120	3%
2017	<b>77,459</b>	9,964	13%	6,869	9%	7,219	9%	1,769	2%
2018	<b>76,027</b>	9,808	13%	6,816	9%	6,632	9%	1,609	2%
2019	<b>73,543</b>	9,630	13%	6,601	9%	6,752	9%	1,554	2%

Source: DMICP and JPA.

<sup>1</sup> Full Time Trade Trained and Serving Against Requirement Army personnel.

<sup>2</sup> Percentages show the proportion of the overall strength which is downgraded.

**Table 3: UK Armed Forces RAF Personnel<sup>1</sup> Medically Downgraded, by MDS, permanent status and year, numbers and percentages<sup>2</sup>**

1 December 2010 to 1 December 2019

As at 1 December	All	Medically Limited Deployable				Medically Not Deployable			
		All		Permanent only		All		Permanent only	
		n	%	n	%	n	%	n	%
2011	<b>39,039</b>	1,644	4%	814	2%	3,999	10%	429	1%
2012	<b>36,435</b>	1,495	4%	806	2%	3,745	10%	421	1%
2013	<b>33,837</b>	1,488	4%	840	2%	3,581	11%	402	1%
2014	<b>32,249</b>	1,409	4%	811	3%	3,456	11%	388	1%
2015	<b>31,229</b>	1,543	5%	854	3%	3,553	11%	408	1%
2016	<b>30,867</b>	1,756	6%	946	3%	3,368	11%	459	1%
2017	<b>30,535</b>	1,903	6%	1,114	4%	3,322	11%	514	2%
2018	<b>29,975</b>	2,064	7%	1,190	4%	3,469	12%	530	2%
2019	<b>29,813</b>	2,290	8%	1,293	4%	3,662	12%	558	2%

Source: DMICP and JPA.

<sup>1</sup> Full Time Trained and Serving Against Requirement RAF personnel.

<sup>2</sup> Percentages show the proportion of the overall strength which is downgraded.

As at 1 May 2019<sup>3</sup> (latest compiled data), for those medically downgraded, the top 3 principal<sup>4</sup> causes of medical downgrading in the UK Regular Armed Forces were:

- Musculoskeletal Disorders and Injuries (56%)
- Mental and Behavioural Disorders (13%)
- Ear and Mastoid Process Diseases (5%)

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

Full Time Trained and Serving Against Requirement (FTTS) (Naval Service / RAF) and Full-time Trade Trained and Serving Against Requirement (FTTTS) includes:

- UK Regular Armed Forces and Gurkha (Army only) personnel who have completed Phase 1 and Phase 2 training.
- Those elements of the Full-time Reserve Service (FTRS) who are counted against the workforce requirement, for all three Services.

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.

When a Medical Board awards a Joint Medical Employability Standard (JMES) including an MDS of MLD or MND, a decision is made as to whether the JMES is a temporary or permanent. The

<sup>3</sup> Based on UK Regular Armed Forces personnel who were medically downgraded as at 1 May 2019 and had a principal cause of downgrading that could be matched to the International Classification of Diseases and Related Health Problems version 10 (ICD-10).

<sup>4</sup> Personnel who are medically downgraded or medically discharged can be affected by multiple injuries/illnesses. The Principal cause is the main medical cause leading to the downgrading or discharge.

maximum period of validity of a temporary JMES is 12 months. A permanent marker does not imply that the JMES can never change - it is intended to assist personnel staff involved with employment decisions by distinguishing the longer-term health problems from the relative short term ones.

Cause of medical downgrading was identified by groups of codes, as defined in the International Classification of Diseases and Related Health Problems Tenth Revision (ICD-10). The three most common principal causes of medical discharge were coded under the following ICD-10 code groups:

- Musculoskeletal disorders (M00 – M99) and Injuries (S00 – T98)
- Mental and behavioural disorders (F00 – F99)
- Ear and mastoid process diseases (H60 – H95)
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Percentages presented on cause of downgrading is the percentage of downgradings with a known cause each condition makes up. E.g. 56% of all medical downgradings with a known cause as at 1 May were due to MSK.

MDS was compiled using the Defence Statistics “derived” field which utilises a combination of the Joint Personnel Administration (JPA) and Defence Medical Information Capability Programme (DMICP) MDS.

Cause of medical downgrading was compiled using information from the patients’ electronic medical record (DMICP).

Defence Medical Information Capability Programme (DMICP) has a centralised data warehouse of coded information. It is the source of electronic, integrated medical 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.

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

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

Yours sincerely,  
Defence Statistics Health