Annual Medical Discharges in the UK Regular Armed Forces

Ministry of Defence

1 April 2021 to 31 March 2026

Published 9 July 2026

This official statistic provides information on medical discharges among UK regular service personnel. The bulletin focuses on medical discharges within the most recent financial year including demographic factors and the medical causes leading to the discharge, as well as providing time trends for the last ten years.

When a medical condition or fitness issue affects a member of the UK armed forces, their ability to perform their duties is assessed. If they are unable to perform their duties and alternative employment within the armed forces is not available, personnel may be medically discharged. Medically discharged personnel leave the armed forces prior to the completion of their contract and may be entitled to additional payments as part of their military pension.

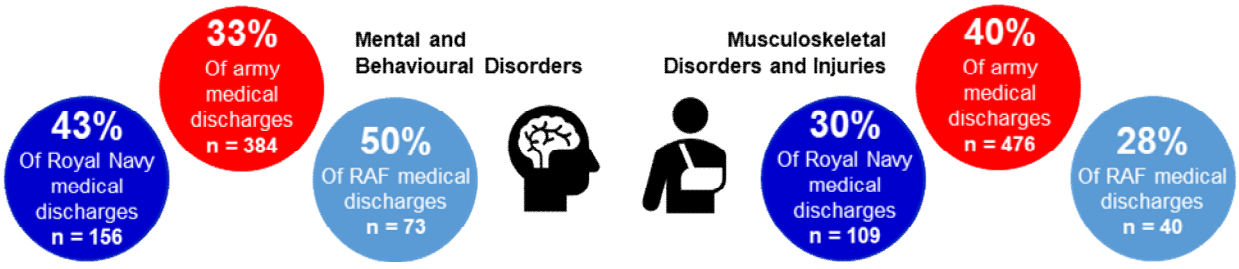
The medical reason for the discharge is recorded and categorised. It is possible for personnel to be medically discharged for multiple reasons.

Key Points and Trends

In 2025/26:

Royal Navy	Army	RAF
362 medical discharges **11 per 1,000 personnel** ▼ (Significantly lower than last year when the rate was 13 per 1,000)	**1,203 medical discharges** **15 per 1,000 personnel** **=** (Not significantly different to last year when the rate was 15 per 1,000)	**147 medical discharges** **5 per 1,000 personnel** ▼ (Significantly lower than last year when the rate was 7 per 1,000)
Groups at significantly higher risk of medical discharge: Aged 30-44 years Females Other ranks Trained	**Groups at significantly higher risk of medical discharge:** Aged 40-44 years Females Other ranks Untrained	**Groups at significantly higher risk of medical discharge:** Aged 40-44 years Other ranks

For all three services, the most common principal causes of medical discharge were ***Mental and Behavioural Disorders*** and ***Musculoskeletal Disorders and Injuries***. This was in line with findings from previous years.



Just under **1 in 2** (45%) of all medical discharges were the result of more than one medical condition.

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Background quality report: https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index
Would you like to be added to our **contact list**, so that we can inform you about updates to these statistics and consult you if we are thinking of making changes? Subscribe to updates by emailing Analysis-Publications@mod.gov.uk

Contents

Past publications and supplementary tables containing all data presented in this publication can be found at*:*
https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index.

The MOD also publishes the following related annual statistics:

- claims and awards made under the Armed Forces Compensation Scheme (AFCS) for compensation paid for injury/illness caused by service in the Armed Forces.
- MOD compensation payments under the War Pension Scheme (WPS).
- Mental health among UK Armed Forces personnel.

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Introduction

Service personnel with medical conditions or fitness issues which affect their ability to perform their duties will generally be referred to a medical board for a medical examination and review of their medical grading. In clear cut cases where the individual's fitness falls below the service employment and retention standards the board will recommend a medical discharge; as laid down in the medical policy and/or the single services retention standards for their career group. In many cases however, the patient will first be downgraded to allow for treatment, recovery, and rehabilitation. For personnel who do not make a total recovery, the board may recommend the patient is retained as permanently downgraded with limited duties, or they may recommend a medical discharge. The recommendation is then forwarded to personnel administration units or an employment board for ratification or decision and action.

This report provides the Ministry of Defence (MOD), the general public, and the media with information on medical discharges in the UK regular armed forces. In addition, this information is used to prioritise resources used for the rehabilitation and reintegration of personnel leaving the armed forces for medical reasons and to help inform discussions on injury prevention in the armed forces. Each of the three services are presented separately as comparisons between the services are considered invalid. This is because practices and protocols for recommending and awarding a medical discharge differ. This is particularly true for untrained personnel.

Please note that this report focuses exclusively on medical discharges that have occurred; personnel who exit the forces for any other reason[1], or medically downgraded personnel who are retained in service are excluded. In addition, as these statistics relate only to the population of personnel who medically discharged, the proportions of medical reasons leading to discharge are not necessarily indicative of the prevalence of such conditions in the entire UK armed forces population. It is possible for personnel to be medically discharged for multiple reasons; this document focuses on principal cause of medical discharge and information on principal and contributory cause can be found in the supplementary tables.

This official statistic includes medical discharges of regular UK armed forces personnel only and excludes all reservist personnel. This is because the medical discharge process and medical record information for reservist personnel is not comparable to that of regular personnel. Most reserve personnel do not receive their primary medical care from MOD, but instead receive their primary medical care from the NHS. Therefore, Defence Statistics Health are unable to verify the quality of information relating to the discharge of reservist personnel and it has not been deemed appropriate to include information on this population until further understanding is gained.

Since 2019/20, the primary source of the cause of medical discharge is the electronic medical record (DMICP), supplemented by paperwork in the form of FMed 23s. Please see the methodology (page 34) and the annual medical discharges in the UK regular armed forces background quality report for further information[2].

Main Points

Between 1 April 2025 to 31 March 2026 (2025/26), of the UK regular armed forces population:

Royal Navy — **362** Royal Navy/Royal Marines personnel were medically discharged, a rate of **11 per 1,000 personnel**. The rate was significantly lower than last year (13 per 1,000 personnel).

Army — **1,203** army personnel were medically discharged, a rate of **15 per 1,000 personnel**. The rate was not significantly different than last year (15 per 1,000 personnel).

RAF — **147** RAF personnel were medically discharged, a rate of **5 per 1,000 personnel**. The rate was significantly lower than last year (7 per 1,000 personnel).

A total of **1,712 medical discharges** occurred in 2025/26, representing approximately 5 UK regular armed forces personnel medically discharged each day.

Compared to 2024/25, the rate of medical discharge among the Royal Navy/Marines and RAF was statistically significantly lower, but there was no statistically significant difference for the army. Any changes in rates do not necessarily reflect prevalence of injury and/or illness, and instead may reflect changes in medical boarding practices, retention policies or changes to employment standards.

Caution should be taken when comparing rates of medical discharges over time. As a result of the COVID-19 pandemic, there was a reduction in some routine and training activities. This, along with temporary amendments to medical employment policy, to reduce the pressure on the military medical chain and the NHS, may have resulted in fewer medical discharges in 2020/21 and had subsequent impact in the years following the pandemic.

Musculoskeletal Disorders and Injuries and **Mental and Behavioural Disorders** were the two most common principal causes of medical discharge for each service. This finding is likely to be due to the physical demands of the UK armed forces; the challenges in retaining personnel with severe or enduring mental ill-health given the nature of their role and access to weapons, as well as the commonality of these conditions among the general population. The United States Army[3] and Canadian military[4] also report these two causes as the most common reasons for medical release.

Historically Musculoskeletal Disorders and Injuries were the most common principal cause of medical discharge across all three services. In more recent years this has varied, with the proportion of medical discharges due to Mental and Behavioural Disorders at times being higher than that of Musculoskeletal Disorders and Injuries in all services. This may be the result of a number of factors including; temporary amendments to medical employment policy due to COVID-19, reduced military activity impacting the number of Musculoskeletal Disorders and Injuries throughout the pandemic, and MOD led anti-stigma campaigns improving awareness and detection of mental ill health. In 2025/26 the largest principal cause of medical discharges in the Royal Navy and the RAF was Mental and Behavioural Disorders, and for the army was Musculoskeletal Disorders and Injuries. Further explanations for this are explored within the Causes of Medical Discharge section for each service.

In 2025/26 the following demographic groups were significantly more likely to medically discharge:

- Aged **40-44 years** in all services.
- Royal Navy/Royal Marines aged **30-34 and 35-39 years**.
- **Females** in the Royal Navy/Royal Marines and army.
- **Other ranks** in all services.
- **Trained** personnel in the Royal Navy/Royal Marines.
- **Untrained** personnel in the army

The demographic groups with higher rates of discharge were broadly consistent with the results from previous reports. These findings also align with the risk groups seen in musculoskeletal injuries and mental health presentations in military healthcare settings[5,6,7].

Royal Navy/Royal Marines

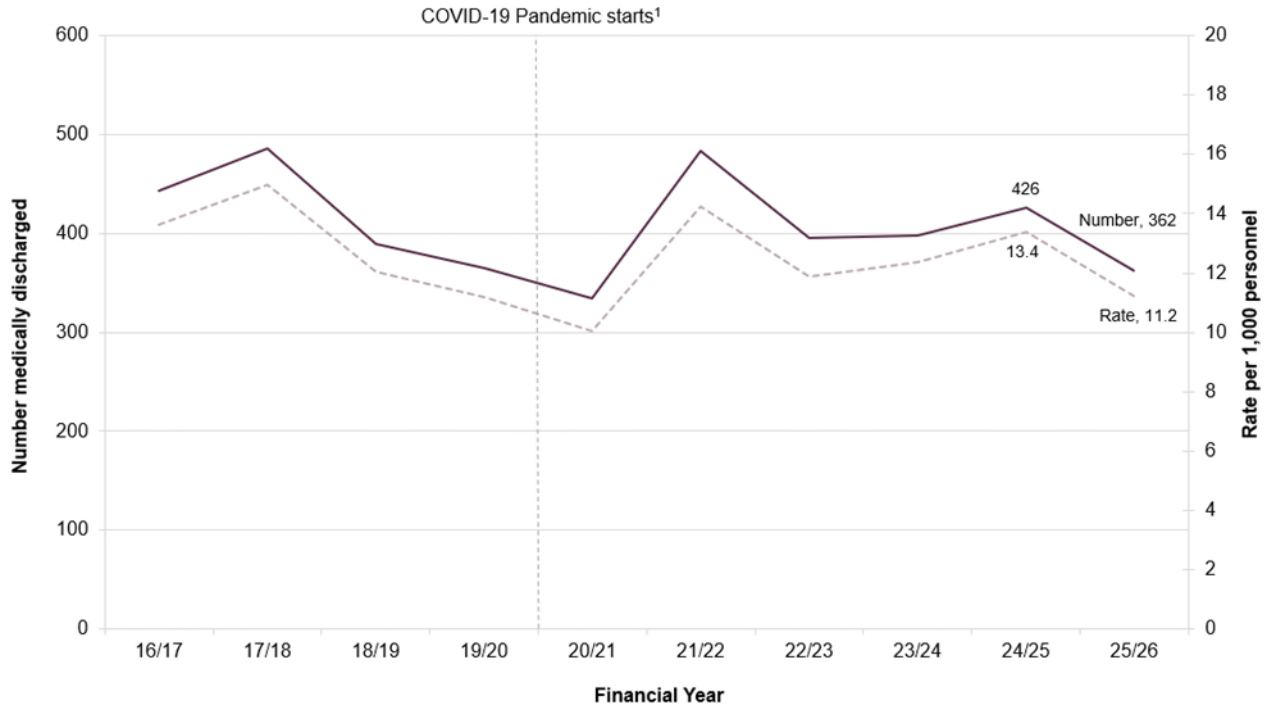
Trends in Medical Discharges

In 2025/26, there were **362** medical discharges from the Royal Navy/Royal Marines; a rate of **11 per 1,000** personnel. This rate was statistically significantly lower than last year.

The rates of medical discharge by demographic groups can be found for the Royal Navy and Royal Marines as individual populations in **Annex A** (pages 39 to 42).

Figure 1 shows the number and rate of Royal Navy/Royal Marines medical discharges over time from 2016/17 to 2025/26.

Figure 1: UK Regular Royal Navy/Royal Marines medical discharges by financial year, numbers and rates per 1,000 personnel
1 April 2016 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] March 2020 - start of COVID-19 pandemic; Defence, in line with the rest of the country followed guidance on restrictions from the UK Government and devolved administrations.

▼ The rate of medical discharges fell between 2017/18 and 2020/21 from 15.0 to 10.1 per 1,000. The reasons for this are unclear, however the fall in 2020/21 may partially be explained by COVID-19 restrictions on routine and clinical activity, and a deferral of discharges to minimise burden on the NHS.

▲ In 2021/22 the rate of medical discharges significantly increased to 14.2 per 1,000. This rise may in part have been due to a review of the management and retention of long-term downgraded personnel.

▼ The rate of medical discharges fell to 11.9 per 1,000 in 2022/23 and subsequently increased to 13.4 per 1,000 in 2024/25. This increase may partially be due to increased capacity of Royal Navy medical board resulting in more timely decisions on future employment based on an individual's functional capacity and fitness to work.

▼ In 2025/2026 the rate of medical discharges fell to 11.2 per 1,000. This may in-part be due to improved care pathway management and a greater emphasis on the retention of personnel.

Royal Navy/Royal Marines Continued

Demographic Risk Groups

In 2025/26, the rate of medical discharge was significantly higher for regular **Royal Navy/Royal Marines** personnel within the following demographic groups (Table 1):

- Aged 30-34, 35-39 and 40-44 years
- Females
- Other ranks
- Trained

Royal Navy personnel only:

- Aged 30-34 and 40-44 years
- Females
- Other ranks
- Trained

Royal Marines personnel only:

- Aged 35-39 and 40-44 years

Table 1: UK Regular Royal Navy/Royal Marines medical discharges by demographics[1], numbers and rates per 1,000 personnel
1 April 2025 to 31 March 2026

	n	rate
Number of UK regular Royal Navy/Royal Marines personnel medically discharged	**362**	**11.2**
Age		
Aged under 20[-]	1	0.6
Aged 20-24[-]	62	8.8
Aged 25-29	71	10.1
Aged 30-34[+]	67	14.0
Aged 35-39[+]	67	15.1
Aged 40-44[+]	58	17.2
Aged 45-49	17	9.2
Aged 50 and over	19	9.5
Gender		
Male	302	10.6
Female*	60	16.2
Rank		
Officer	29	4.0
Other rank*	333	13.4
Training Status		
Trained*	345	12.4
Untrained	17	3.8
Service		
Royal Navy	291	11.3
Royal Marines	71	11.0

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[+/-] Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level. Due to small numbers, a Fisher's exact test was used to determine significance for the aged under 20 group.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level

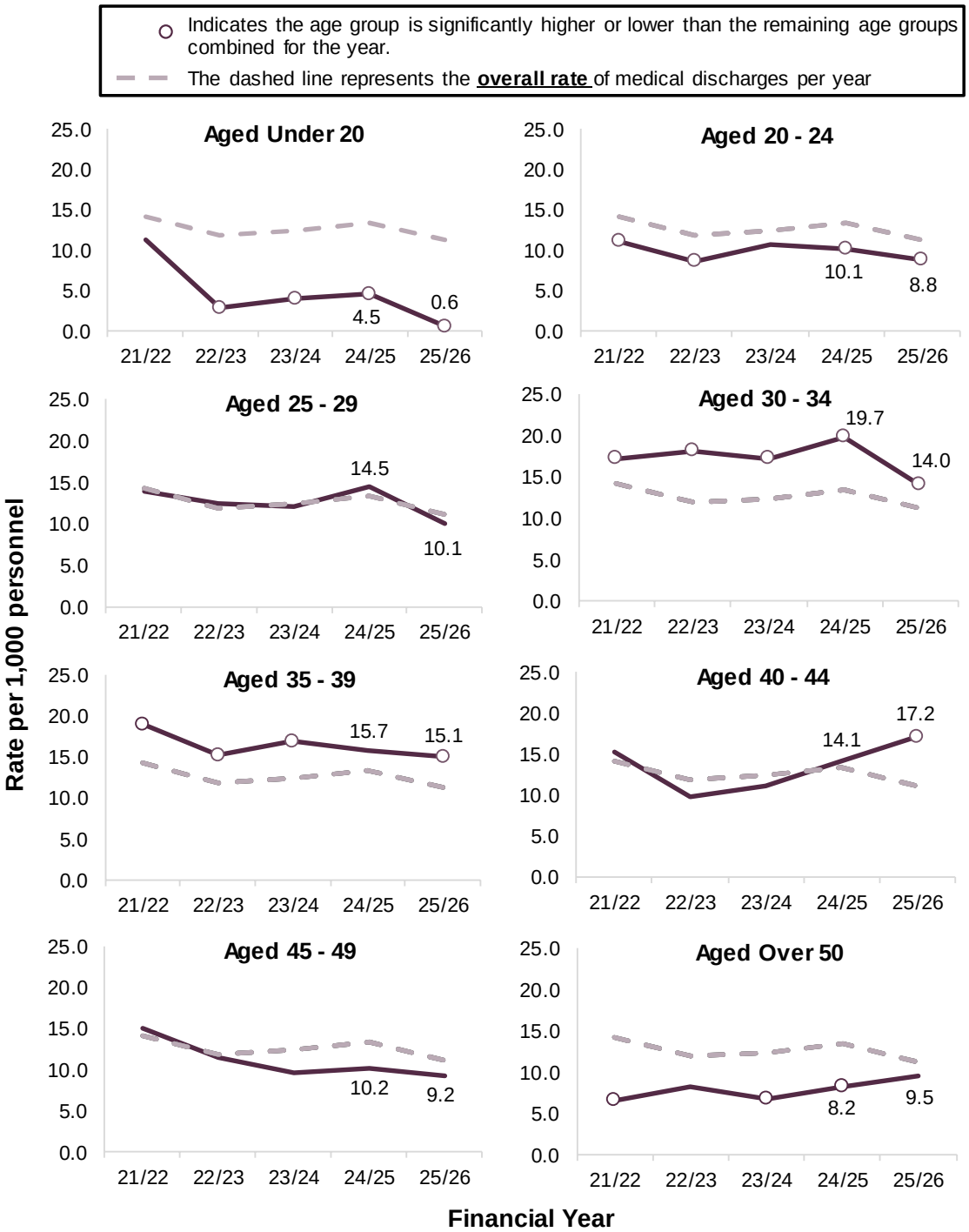
The higher rates of presentation among the demographic groups seen in Table 1 were broadly consistent to those seen in previous years.

Royal Navy/Royal Marines Continued

Figures 2 to **6** present the Royal Navy/Royal Marines medical discharges by demographic group from 2021/22 to 2025/26 with possible explanations for the differences observed.

The rates of medical discharge by demographic groups can be found for the Royal Navy and Royal Marines as individual populations in **Annex A** (pages 39 to 42).

Figure 2: UK Regular Royal Navy/Royal Marines medical discharges by age group[1] and financial year, rates per 1,000 personnel
1 April 2021 to 31 March 2026

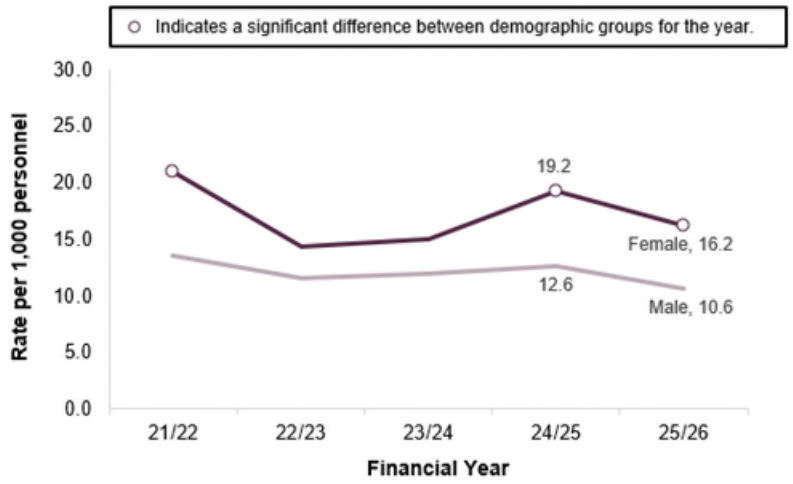


Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

In 2025/26, the rate of medical discharge for personnel **aged 30-34 years, 35-39 years and 40-44 years** was **significantly higher** than other age groups and the rate for those **aged under 20 years and 20-24 years** were **significantly lower** compared to other age groups.

Royal Navy/Royal Marines Continued

Figure 3: UK Regular Royal Navy/Royal Marines medical discharges by gender[1] and financial year, rates per 1,000 personnel
1 April 2021 to 31 March 2026

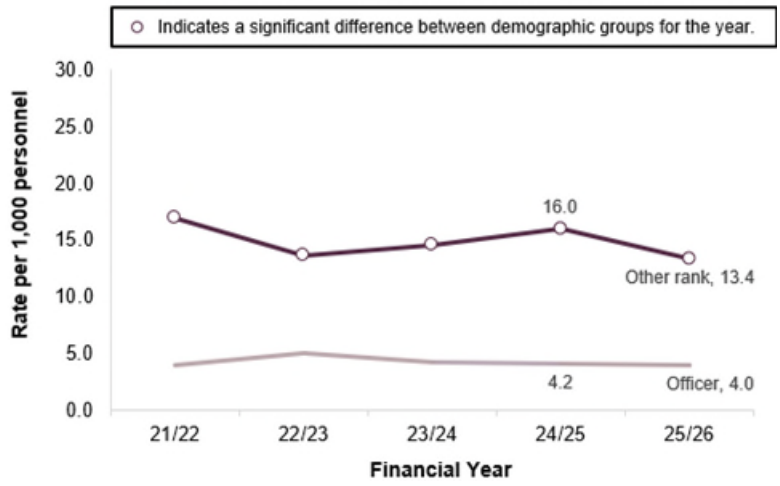


Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

Females had a **significantly higher** rate of medical discharges in 2025/26 and has been higher than males for all years presented.

The higher rate of medical discharges in female personnel may be due to their higher risk of sustaining Musculoskeletal Disorders and Injuries[6], reporting injury[5] and higher presentation of mental health disorders[7] (the leading two causes of medical discharge).

Figure 4: UK Regular Royal Navy/Royal Marines medical discharges by rank[1] and financial year, rates per 1,000 personnel
1 April 2021 to 31 March 2026

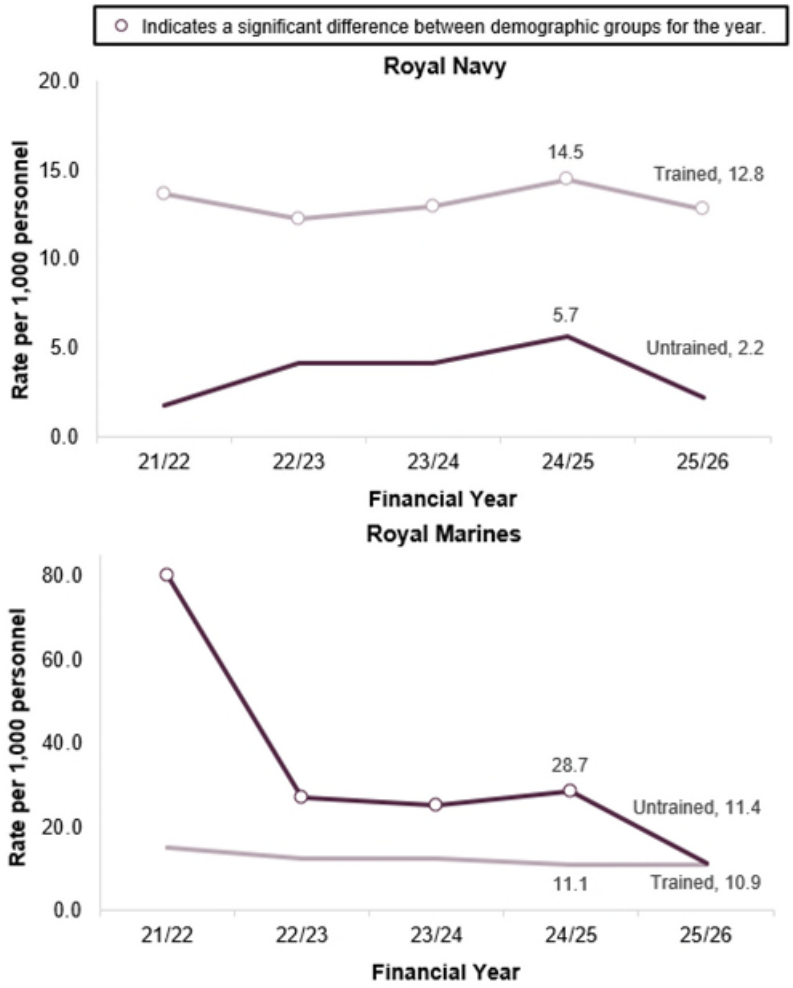


Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

The rate of medical discharge among **other ranks was significantly higher** than officers throughout the period presented. The reason for this is unclear, however it may in part be due to role requirements. Officers may have more opportunities to be placed in an ashore role where it is easier to deliver medical care and assess treatment. There are complexities of retaining personnel with medical needs in roles on-board ship.

Royal Navy/Royal Marines Continued

Figure 5: UK Regular Royal Navy/Royal Marines medical discharges by training status[1] and financial year, rates per 1,000 personnel
1 April 2021 to 31 March 2026



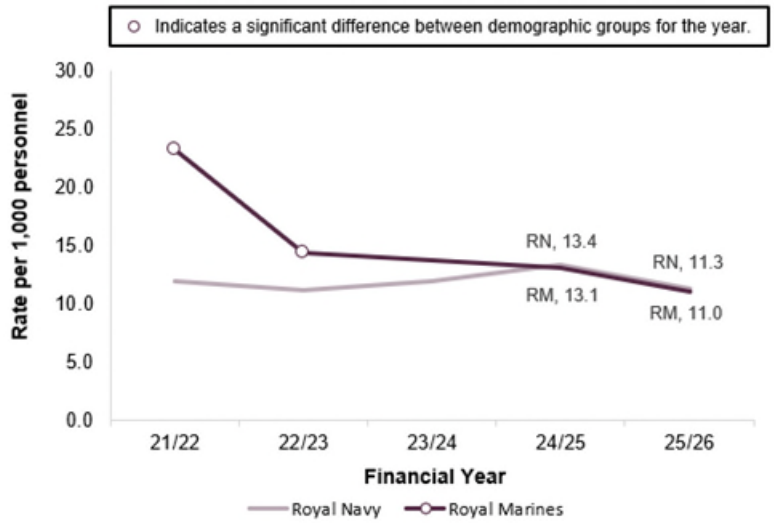
Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

There was a **significantly higher** rate of medical discharges for **trained personnel for Royal Navy/Royal Marines** combined.

When considering the Royal Navy and Royal Marines separately; the rate of medical discharge was **significantly higher** among **trained Royal Navy** personnel. Historically, **Royal Marines untrained** personnel discharges were **significantly higher** than trained personnel. This may be due to the intensive nature of the Royal Marine training programme.

In 2025/26 the rate of untrained medical discharges fell in both the Royal Navy and Royal Marines, with untrained rates becoming similar to trained for Royal Marines for the first time. This may be due to optimisations in the recruitment pathway and an increased focus on physical preparation of Royal Marine recruits for initial training.

Figure 6: UK Regular Royal Navy/Royal Marines medical discharges by service[1] and financial year, rates per 1,000 personnel
1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

Historically, the rate of medical discharges was significantly higher among Royal Marines compared to the Royal Navy. However, since 2024/25, the rates have become similar with **no statistically significant difference** between the two services**.**

Royal Navy/Royal Marines Continued

Causes of Medical Discharge

When UK armed forces personnel are medically discharged, the medical reason for the discharge is recorded and categorised using a coding system known as ICD-10 (see glossary). **Principal cause** is the main medical cause of the discharge. **Contributory causes** include any other conditions identified that would result in a medical discharge. Unless otherwise stated, all further information presented in the cause of medical discharge section will be relating to principal cause of discharge only.

In 2025/26, the two most common principal causes of medical discharges in the Royal Navy/Royal Marines were Mental and Behavioural Disorders and Musculoskeletal Disorders and Injuries. Of the **362** medical discharges:

43% of medical discharges (approx. 2 in 5) were due to **Mental and Behavioural Disorders**.

30% of medical discharges (approx. 1 in 3) were due to **Musculoskeletal Disorders and Injuries**.

Royal Navy personnel only:

- **50%** of medical discharges were due to Mental and Behavioural Disorders.
- **26%** of medical discharges were due to Musculoskeletal Disorders and Injuries.

Royal Marines personnel only:

- **17%** of medical discharges were due to Mental and Behavioural Disorders.
- **48%** of medical discharges were due to Musculoskeletal Disorders and Injuries.

Table 2 presents Royal Navy/Royal Marines medical discharges by principal ICD-10 cause code group (the chapter within which the condition is categorised) for 2025/26 and the total for the latest five year period, 2021/22 to 2025/26. The five year total is provided as a comparator for the cause group percentages in the latest year. For a breakdown of each of the five years, please see the supplementary tables (Table 3).

Royal Navy/Royal Marines Continued

Table 2: UK Regular Royal Navy/Royal Marines medical discharges by principal ICD-10 cause code group[1] and financial year, numbers and percentages[2]

1 April 2021 to 31 March 2026

	5 Year Total 2021/22-2025/26		2025/26	
	n	%	n	%
All medical discharges	**2,066**		**362**	
All cause coded medical discharges	**2,062**	**100**	**361**	**100**
Infectious and parasitic diseases	12	<1	~	<1
Neoplasms	36	2	~	1
Blood disorders	7	<1	~	<1
Endocrine, nutritional and metabolic diseases	35	2	~	<1
- Of which diabetes	27	1	~	<1
- Of which insulin-dependent	14	<1	~	<1
- Of which non-insulin-dependent	9	<1	~	<1
Mental and behavioural disorders	723	35	156	43
- Of which mood disorders	232	11	45	12
- Of which depression	208	10	38	11
- Of which neurotic, stress related and somatoform	422	20	99	27
- Of which post-traumatic stress disorder (PTSD)	192	9	50	14
- Of which adjustment disorder	42	2	~	2
Nervous system disorders	78	4	15	4
- Of which epilepsy	11	<1	~	<1
Eye and adnexa diseases	15	<1	~	<1
- Of which blindness, low vision and visual disturbance	~	<1	0	0
Ear and mastoid process diseases	52	3	12	3
- Of which hearing loss	40	2	10	3
- Of which noise-induced hearing loss	5	<1	~	<1
- Of which tinnitus	5	<1	0	0
Circulatory system disorders	74	4	11	3
Respiratory system disorders	24	1	8	2
- Of which asthma	21	1	7	2
Digestive system disorders	58	3	9	2
Skin and subcutaneous tissue diseases	43	2	10	3
Musculoskeletal disorders and injuries	806	39	109	30
- Of which injuries and disorders of the knee	190	9	28	8
- Of which knee pain	101	5	16	4
- Of which back pain	136	7	21	6
- Of which low back pain	118	6	18	5
- Of which injuries and disorders of the ankle and foot	101	5	13	4
- Of which heat injury	~	<1	0	0
- Of which cold injury	11	<1	~	<1
Genitourinary system diseases	18	<1	~	<1
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	~	<1	0	0
Clinical and laboratory findings[3]	55	3	14	4
External causes of morbidity and mortality	~	<1	0	0
Factors influencing health status	19	<1	~	<1
No details held on principal condition for medical boarding	4		1	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.

[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage greater than 0% but smaller than 1%.

[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified

~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

Royal Navy/Royal Marines Continued

Figure 7 shows the main principal cause coded medical discharges between 2021/22 and 2025/26.

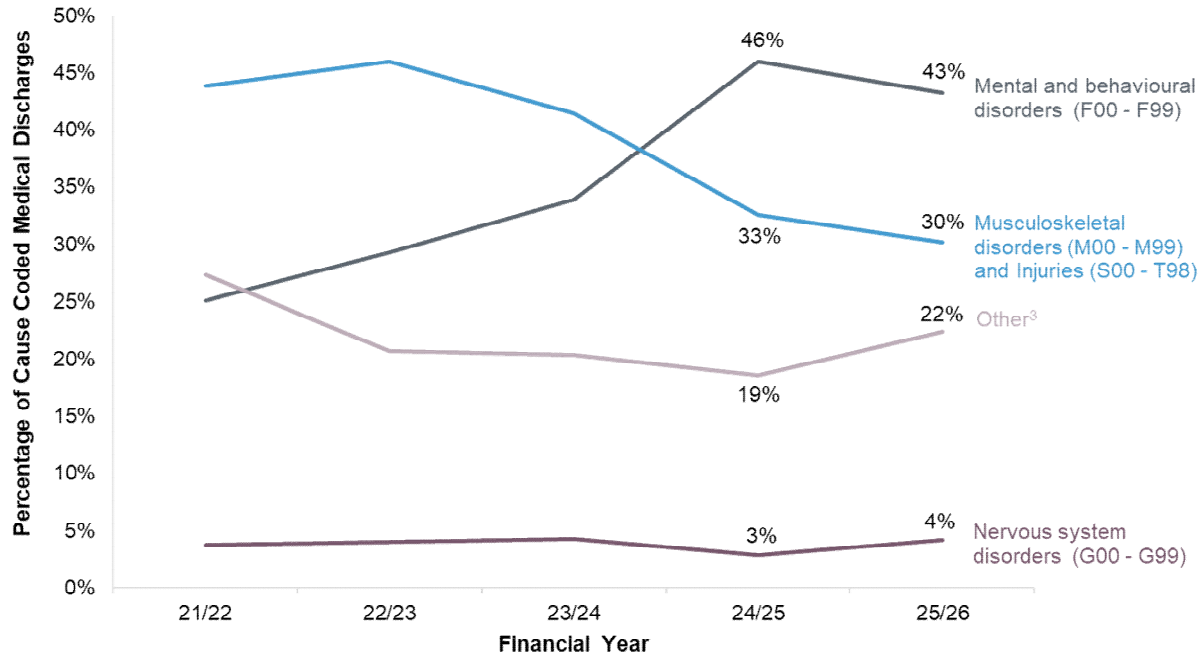
Musculoskeletal Disorders and Injuries was the largest principal cause of Royal Navy/Royal Marines medical discharges over the last five years, accounting for approximately 2 in 5 of all discharges (39%). The proportion of Musculoskeletal Disorders and Injuries discharges over the last five years was higher among Royal Marines personnel (63%) than Royal Navy personnel (32%), which may be due to the physically intensive nature of many of the roles within this service.

Mental and Behavioural Disorders is the second largest principal cause of Royal Navy/Royal Marines medical discharges across the reporting period as a whole. The proportion of medical discharges for these disorders increased between 2021/22 and 2024/25, with Mental and Behavioural Disorders becoming the largest principal cause. In 2025/26 it remained as the largest principal cause despite a slight decline. Royal Marine rates of both clinical presentations[7] and medical discharge due to mental ill-health remain low, this may be attributed to their selection processes, tight unit cohesion and high levels of preparedness.

Nervous System Disorders was the third largest principal cause of Royal Navy/Royal Marines medical discharges accounting for around 4% of all medical discharges since 2021/22.

Please note that each medical discharge can only have one principal condition, and a decrease in one cause code group may appear as an increase in another. Therefore, it is important to consider all cause code groups when looking at trends over time.

Figure 7: UK Regular Royal Navy/Royal Marines medical discharges by principal ICD-10 cause code group and financial year, percentages[1,2]
1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] Percentages are calculated from the total of all cause-coded medical discharges.
[2] Due to rounding, percentages might not add to 100%.
[3] Includes 15 cause code groups; each accounting for a maximum of 4% of all Royal Navy/Royal Marines cause coded medical discharges.

Royal Navy/Royal Marines Continued

Figure 8 shows the proportions of cause coded medical discharges by principal ICD-10 cause code groups in 2025/26.

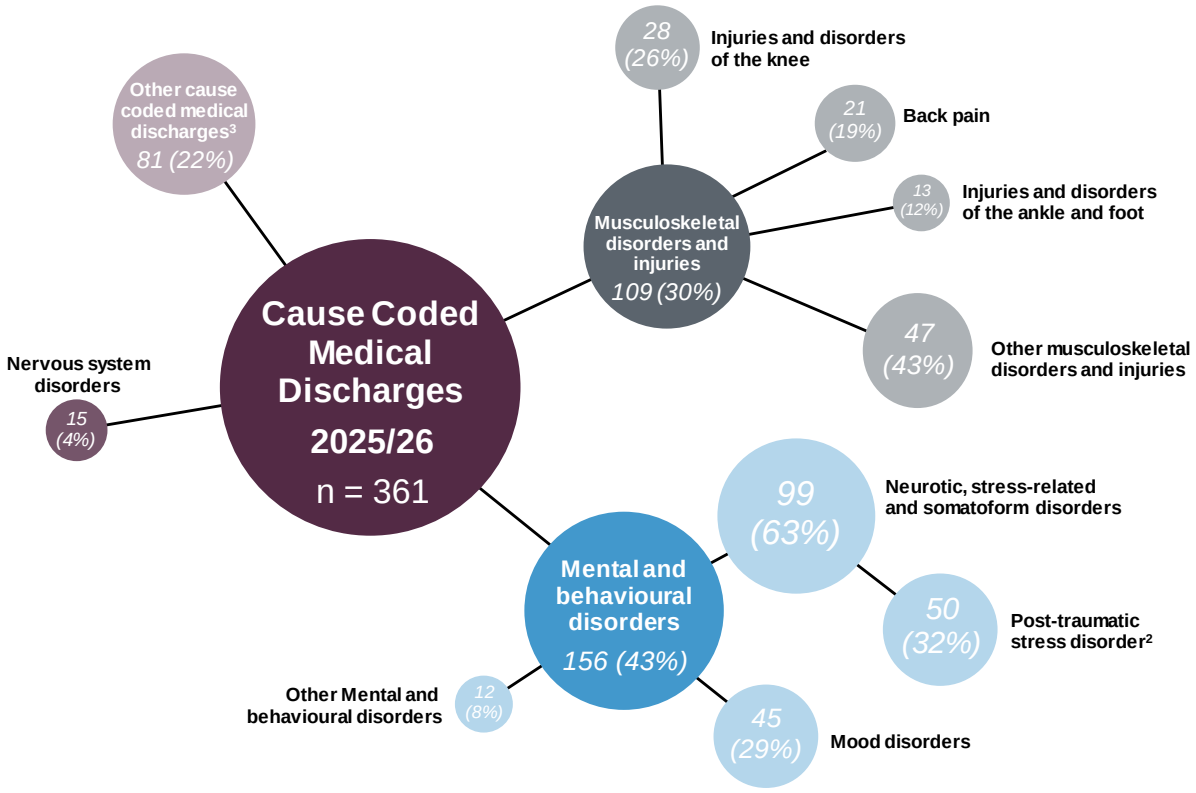
The majority of medical discharges due to Mental and Behavioural Disorders in 2025/26 were for Neurotic, Stress and Somatoform Disorders (including Adjustment, PTSD and Anxiety) (n = 99, 63%), and Mood Disorders (including Depression) (n = 45, 29%). Neurotic Disorders were the most prevalent mental disorders assessed at MOD Specialist Mental Health services in 2025/26[7].

In 2024/25, the proportion of Royal Navy/Royal Marines medical discharges due to Post-Traumatic Stress Disorder (PTSD) increased compared to previous years and has remained at around 30% of all Mental and Behavioural Disorders discharges in 2025/26. Whilst the reasons for this are unclear, rates remain low. In the latest year PTSD accounted for approximately 1 in 3 Mental and Behavioural Disorder medical discharges whereas PTSD only accounted for approximately 1 in 7 initial assessments by MOD specialist mental health clinicians[7] for Royal Navy/Royal Marines personnel. This difference may reflect the severity of PTSD and the impact that a continued role in the military may have on the individual's condition.

Approximately 3 in 5 of the medical discharges as a result of Musculoskeletal Disorders and Injuries in 2025/26 were linked to injuries and disorders of the knee, ankle and foot, as well as back pain (n = 62, 57%). The high numbers of medical discharges for these conditions is likely due to the physical activity required in many areas of the Royal Navy/Royal Marines; training on uneven ground carrying heavy loads, adopting firing positions, climbing ladders and working on a moving platform aboard ship. Back pain is also the leading cause of global disability[8].

The remaining medical discharges due to Musculoskeletal Disorders and Injuries (n = 47, 43%) were distributed across a wide range of disorders and injuries, with no large numbers of discharges in one particular body region or medical condition.

Figure 8: UK Regular Royal Navy/Royal Marines medical discharges by principal ICD-10 cause code group, numbers and percentages[1]
1 April 2025 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] Due to rounding, percentages might not add to 100%.
[2] Total number of Royal Navy/Royal Marines discharges were 362, however 1 personnel had no details on principal condition for medical discharge.
[3] Post-traumatic stress disorder discharges are shown as a percentage of Mental and Behavioural Disorders and not Neurotic, Stress-related and Somatoform Disorders.

[4] Includes 13 cause code groups; each accounting for a maximum of 4% of all Royal Navy/Royal Marines cause coded medical discharges.

Royal Navy/Royal Marines Continued

When considering both the principal and contributory causes of discharge in the Royal Navy/Royal Marines in 2025/26:

- Mental and Behavioural Disorders were present in over half of discharges (n = 188, 52%).
- Musculoskeletal Disorders and Injuries were present in just under half of discharges (n = 151, 42%).
- Whilst the top two principal and contributory causes of discharge were consistent in both the Royal Navy and Royal Marines, the third most common causes differed:
    - In the Royal Navy, Clinical and laboratory findings (not elsewhere classified) were the third most common cause (n = 25, 9%).
    - In the Royal Marines, Nervous system disorders and Circulatory system disorders were joint third most common cause (each n = 7, 10%).

Further information on the principal and contributory causes of medical discharge in the UK regular Royal Navy/Royal Marines can be found in the supplementary tables to this report (**Table 4, 15, and 18**).

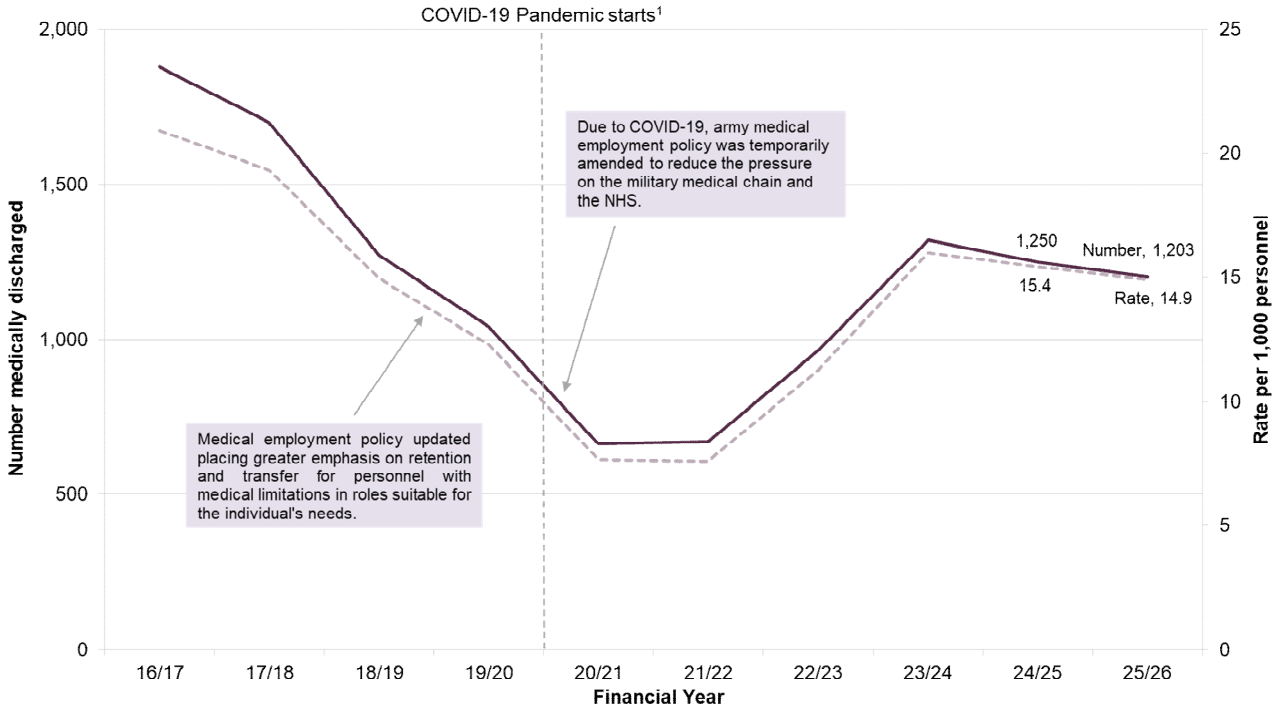
Army

Trends in Medical Discharges

In 2025/26, there were **1,203** medical discharges from the army; a rate of **15 per 1,000** personnel. This rate was not significantly different than last year.

Figure 9 shows the number and rate of army medical discharges over time from 2016/17 to 2025/26.

Figure 9: UK Regular Army medical discharges by financial year, numbers and rates per 1,000 personnel
1 April 2016 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] March 2020 - start of COVID-19 pandemic; Defence, in line with the rest of the country followed guidance on restrictions from the UK Government and devolved administrations.

▼ The rate of medical discharges fell between 2016/17 and 2021/22 from 20.9 per 1,000 to 7.6 per 1,000. This may be due to an increased availability of roles suitable for personnel with medical restrictions. In 2019/20, the army updated their medical employment policy placing greater emphasis on retention and transfer for personnel with medical limitations into roles suitable for their individual needs, thus retaining personnel who may previously have been medically discharged.

▶ Between 2020/21 and 2021/22, as a result of COVID-19, army medical employment policy was temporarily amended to reduce the pressure on the military medical chain and the NHS. Changes included medical extensions and deferrals of a person's last day of service. Additionally, a reduction in some routine and training activities may have resulted in fewer injuries and subsequently impacted the number of discharges in these years.

▲ Between 2021/22 and 2023/24 the rate of medical discharges increased for the first time since 2016/17. This may be a result of a number of factors including a return to pre-COVID routine and training activities, increased capacity of medical boards to review personnel recommended for discharge, and a change in the definition for how those who choose not to accept an alternative employment offer are categorised.

▶ In 2025/26, at 14.9 per 1,000 personnel, there was no statistically significant change in the rate of medical discharges compared to last year; however, the rate remains significantly higher than in 2019/20, prior to the COVID pandemic.

Army Continued

Demographic Risk Groups

In 2025/26, the rate of medical discharge was significantly higher for regular army personnel within the following demographic groups (**Table 3**):

- Aged 40-44 years
- Females
- Other ranks
- Untrained

Table 3: UK Regular Army medical discharges by demographics[1], numbers and rates per 1,000 personnel
1 April 2025 to 31 March 2026

	n	rate	Rate of UK regular army personnel medically discharged
Number of UK regular army personnel medically discharged	**1,203**	**14.9**	
Age			
Aged under 20	68	12.4	
Aged 20-24	248	15.5	
Aged 25-29	222	13.5	
Aged 30-34	192	14.3	
Aged 35-39	183	14.3	
Aged 40-44[+]	162	18.9	
Aged 45-49	79	16.7	
Aged 50 and over	49	14.9	
Gender			
Male	1,020	14.0	
Female*	183	23.5	
Rank			
Officer	69	5.4	
Other rank*	1,134	16.7	
Training Status			
Trade trained[2]	1,031	14.1	
Untrained*	172	22.3	

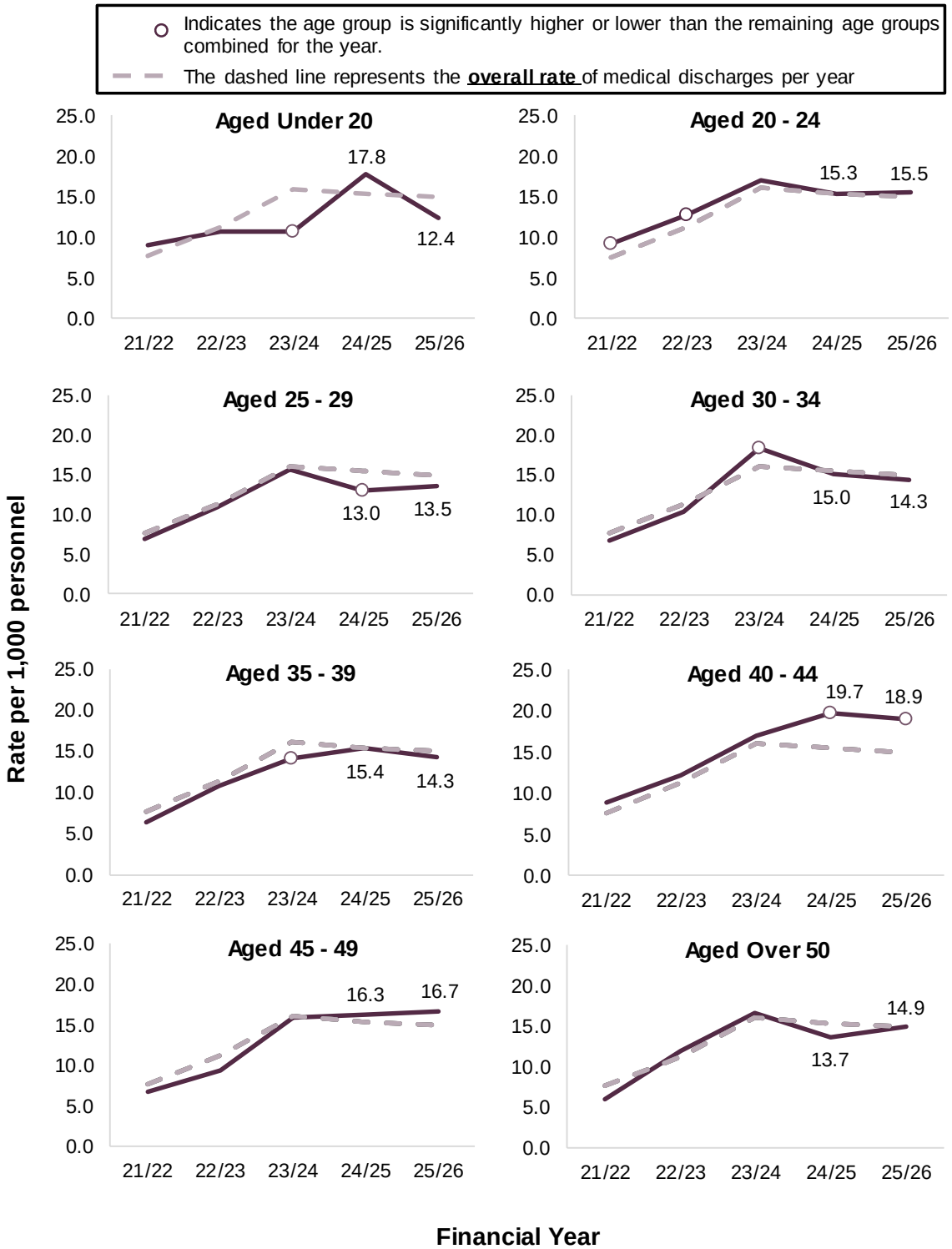
Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] Army personnel are considered trade trained when they have completed both phase 1 and 2 training.
[+/-] Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level.

The higher rates of presentation among the demographic groups seen in Table 3 were broadly consistent to those seen in previous years.

Army Continued

Figures 10 to 13 present the army medical discharges by demographic group from 2021/22 to 2025/26 with possible explanations for the differences observed.

Figure 10: UK Regular Army medical discharges by age group[1] and financial year, rates per 1,000 personnel
1 April 2021 to 31 March 2026



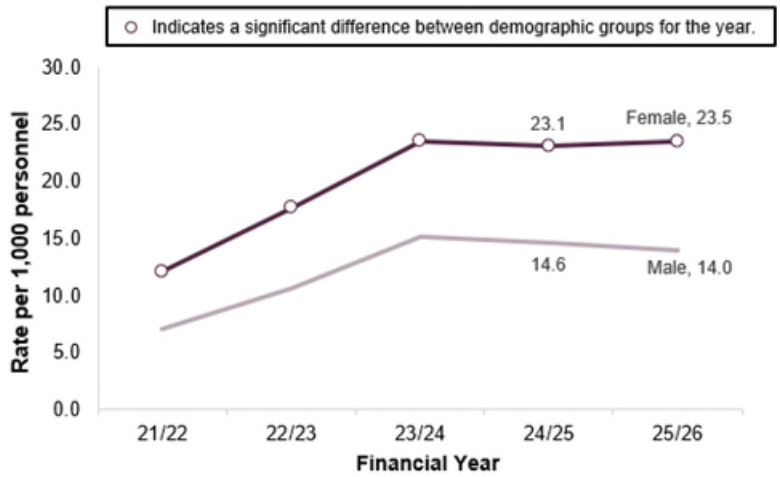
Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

In 2025/26, army personnel **aged 40-44 years** had a **significantly higher** rate of medical discharge than the remaining age groups.

Army Continued

Figure 11: UK Regular Army medical discharges by gender[1] and financial year, rates per 1,000 personnel

1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA

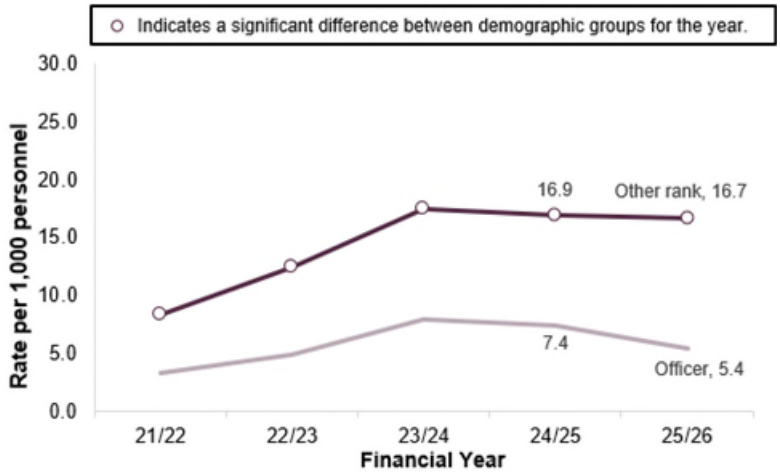
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

Army **females** had **significantly higher rates** of medical discharge than males throughout the period presented.

The higher rate of medical discharges in female personnel may be due to their higher risk of sustaining Musculoskeletal Disorders and Injuries[6], reporting injury[5] and higher presentation of mental health disorders[7] (the two leading causes of medical discharge).

Figure 12: UK Regular Army medical discharges by rank[1] and financial year, rates per 1,000 personnel

1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA

[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

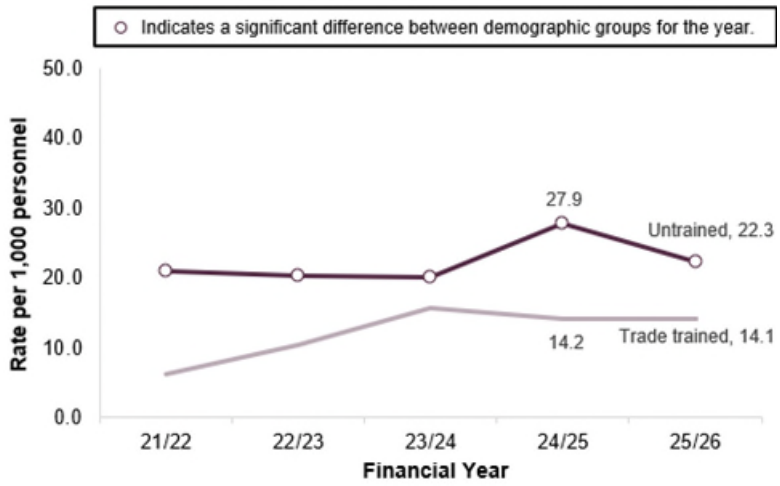
The rates of medical discharge among **other ranks** were **significantly higher** than for officers throughout the period presented.

Officers are more likely to be employed in office-based roles than other ranks and are more likely to be employed in or can be reassigned to duties that are compatible with their individual medical limitations.

Army Continued

Figure 13: UK Regular Army medical discharges by training status[1,2] and financial year, rates per 1,000 personnel

1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA

[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

[2] Army personnel are considered trade trained when they have completed both phase 1 and 2 training.

The rate of medical discharge among **untrained personnel** remained **significantly higher** than trade trained personnel throughout the period presented. The rates of medical discharges were also higher among untrained Royal Marines which may be due to the similarly intensive nature of the army and Royal Marines training programmes.

In 2024/25 the rate of army untrained medical discharges increased to 27.9 per 1,000 personnel, reasons for this were unclear, but it has since returned to a similar rate seen in previous years.

Causes of Medical Discharges

When UK armed forces personnel are medically discharged, the medical reason for the discharge is recorded and categorised using a coding system known as ICD-10 (see glossary). **Principal cause** is the main medical cause of the discharge. **Contributory causes** include any other conditions identified that would result in a medical discharge. Unless otherwise stated, all information presented in the cause of medical discharge section will be relating to principal cause of discharge only.

In 2025/26, the two most common principal causes of medical discharges in the army were Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders. Of the **1,203** medical discharges:

40% of medical discharges (approx. 2 in 5) were due to **Musculoskeletal Disorders and Injuries**.

33% of medical discharges (approx. 1 in 3) were due to **Mental and Behavioural Disorders**.

Table 4 presents army medical discharges by principal ICD-10 cause code group (the chapter within which the condition is categorised) for 2025/26 and the total for the latest five year period, 2021/22 to 2025/26. The five year total is provided as a comparator for the cause group percentages in the latest year. For a breakdown of each of the five years, please see the supplementary tables (Table 7).

Army Continued

Table 4: UK Regular Army medical discharges by principal ICD-10 cause code group[1] and financial year, numbers and percentages[2]

1 April 2021 to 31 March 2026

	5 Year Total 2021/22-2025/26		2025/26	
	n	%	n	%
All medical discharges	**5,407**		**1,203**	
All cause coded medical discharges	**5,327**	**100**	**1,178**	**100**
Infectious and parasitic diseases	27	<1	~	<1
Neoplasms	70	1	17	1
Blood disorders	15	<1	~	<1
Endocrine, nutritional and metabolic diseases	58	1	17	1
- Of which diabetes	42	<1	12	1
- Of which insulin-dependent	21	<1	6	<1
- Of which non-insulin-dependent	8	<1	~	<1
Mental and behavioural disorders	2,037	38	384	33
- Of which mood disorders	760	14	130	11
- Of which depression	608	11	109	9
- Of which neurotic, stress related and somatoform	1127	21	231	20
- Of which post-traumatic stress disorder (PTSD)	669	13	134	11
- Of which adjustment disorder	188	4	37	3
Nervous system disorders	124	2	29	2
- Of which epilepsy	36	<1	10	<1
Eye and adnexa diseases	27	<1	10	<1
- Of which blindness, low vision and visual disturbance	5	<1	~	<1
Ear and mastoid process diseases	248	5	71	6
- Of which hearing loss	199	4	64	5
- Of which noise-induced hearing loss	41	<1	8	<1
- Of which tinnitus	32	<1	~	<1
Circulatory system disorders	135	3	33	3
Respiratory system disorders	32	<1	7	<1
- Of which asthma	20	<1	~	<1
Digestive system disorders	138	3	48	4
Skin and subcutaneous tissue diseases	52	<1	15	1
Musculoskeletal disorders and injuries	2,076	39	476	40
- Of which injuries and disorders of the knee	483	9	115	10
- Of which knee pain	302	6	87	7
- Of which back pain	305	6	74	6
- Of which low back pain	259	5	63	5
- Of which injuries and disorders of the ankle and foot	299	6	73	6
- Of which heat injury	11	<1	0	0
- Of which cold injury	46	<1	~	<1
Genitourinary system diseases	28	<1	13	1
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	~	<1	~	<1
Clinical and laboratory findings[3]	198	4	42	4
External causes of morbidity and mortality	~	<1	0	0
Factors influencing health status	50	<1	11	<1
No details held on principal condition for medical boarding	80		25	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.

[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage greater than 0% but smaller than 1%.

[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified.

~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a column that was fewer than five, the next smallest number has also been suppressed so numbers cannot simply be derived from totals.

Army Continued

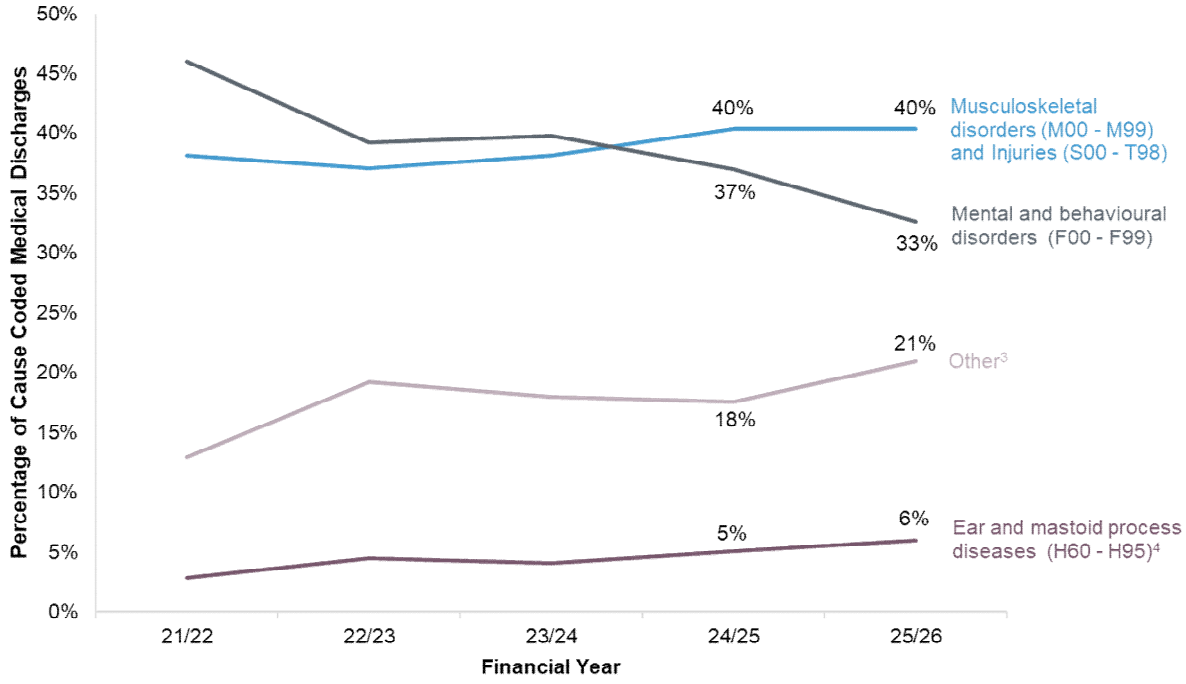
Figure 14 shows the main principal cause coded medical discharges between 2021/22 and 2025/26.

In the last five years, Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders were the leading principal causes, accounting for 4 in 5 (77%) of army medical discharges. This finding is in line with the United States[3] and Canadian Militaries[4] who also reported these causes as the two most common reasons for medical release.

In 2020/21, Mental and Behavioural Disorders became the largest principal cause of army medical discharges due to a fall in discharges in Musculoskeletal Disorders and Injuries. This could have been the result of the temporary amendments to the army medical employment policy and restricted clinical activity in rehabilitation services due to COVID-19, which may have led to more discharge deferrals for personnel with Musculoskeletal Disorders and Injuries than Mental and Behavioural Disorders. Since 2023/24, the proportion of Mental and Behavioural Disorders has decreased. The number of medical discharges due to Musculoskeletal Disorders and Injuries have since returned to pre-COVID levels, and in 2025/26 Musculoskeletal Disorders and Injuries was the largest principal cause of army medical discharges.

Please note that each medical discharge can only have one principal condition and a percentage decrease reduction in one cause code group may appear as an increase in another. Therefore, it is important to consider all cause code groups when looking at trends over time.

Figure 14: UK Regular Army medical discharges by principal ICD-10 cause code group and financial year, percentages[1,2]
1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] Percentages are calculated from the total of all cause-coded medical discharges.
[2] Due to rounding, percentages might not add to 100%
[3] Includes 15 cause code groups; each accounting for a maximum of 4%

Figure 15 presents the proportions of cause coded medical discharges by principal ICD-10 cause code groups in 2025/26.

In 2025/26, just over half of the medical discharges as a result of Musculoskeletal Disorders and Injuries were linked to injuries and disorders of the knee, ankle and foot, as well as back pain (n = 262, 55%). Injuries to the knee, ankle and foot may be the result of the physical activity required of many army personnel, such as training on hard ground carrying heavy loads, marching and assuming fire positions. Back pain is also the leading cause of global disability[8].

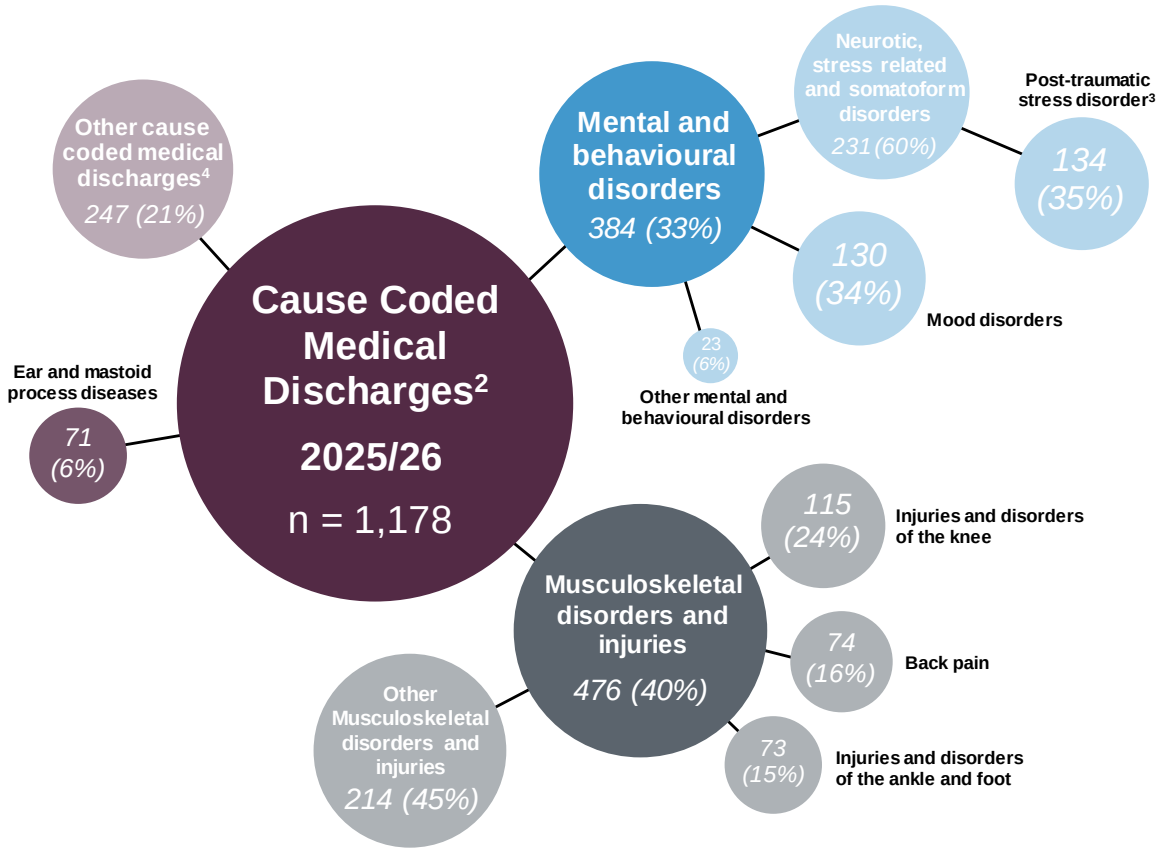
Army Continued

The remaining half of medical discharges due to Musculoskeletal Disorders and Injuries (n = 214, 45%) were distributed across a wide range of disorders and injuries, with no large numbers in one particular body region or medical condition.

The majority of medical discharges due to Mental and Behavioural Disorders in 2025/26 were for Neurotic, Stress Related and Somatoform Disorders (including Adjustment, PTSD and Anxiety) (n = 231, 60%), and Mood Disorders (including Depression) (n = 130, 34%). Neurotic Disorders were the most prevalent mental disorders assessed at MOD specialist health services in 2024/25[7].

Post-Traumatic Stress Disorder (PTSD) accounted for approximately 1 in 3 Mental and Behavioural Disorder medical discharges, whereas PTSD only accounted for approximately 1 in 7 initial assessments seen at MOD specialist mental health services[7] for the army. This difference may reflect the severity of PTSD and the impact that a continued role in the military may have on the individual's condition.

Figure 15: UK Regular Army medical discharges by principal ICD-10 cause code group, numbers and percentages[1]
1 April 2025 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] Due to rounding, percentages might not add to 100%.
[2] Total number of army discharges were 1,203, however 25 personnel had no details on principal condition for medical discharge.
[3] Post-traumatic stress disorder discharges are shown as a percentage of Mental and Behavioural Disorders and not Neurotic, Stress-related and Somatoform Disorders.
[4] Includes 14 cause code groups; each accounting for a maximum of 4% of all regular army cause coded medical discharges.

When considering both the principal and contributory cause of discharge in 2025/26:

- Musculoskeletal Disorders and Injuries were present in over half of discharges (n = 674, 57%).
- Mental and Behavioural Disorders were present in nearly half of all discharges (n = 474, 40%).
- Ear and Mastoid Process Diseases were the third most prevalent cause (n = 135, 11%).

Further information on the principal and contributory causes of medical discharge in the UK regular army can be found in the supplementary tables to this report (**Table 8**).

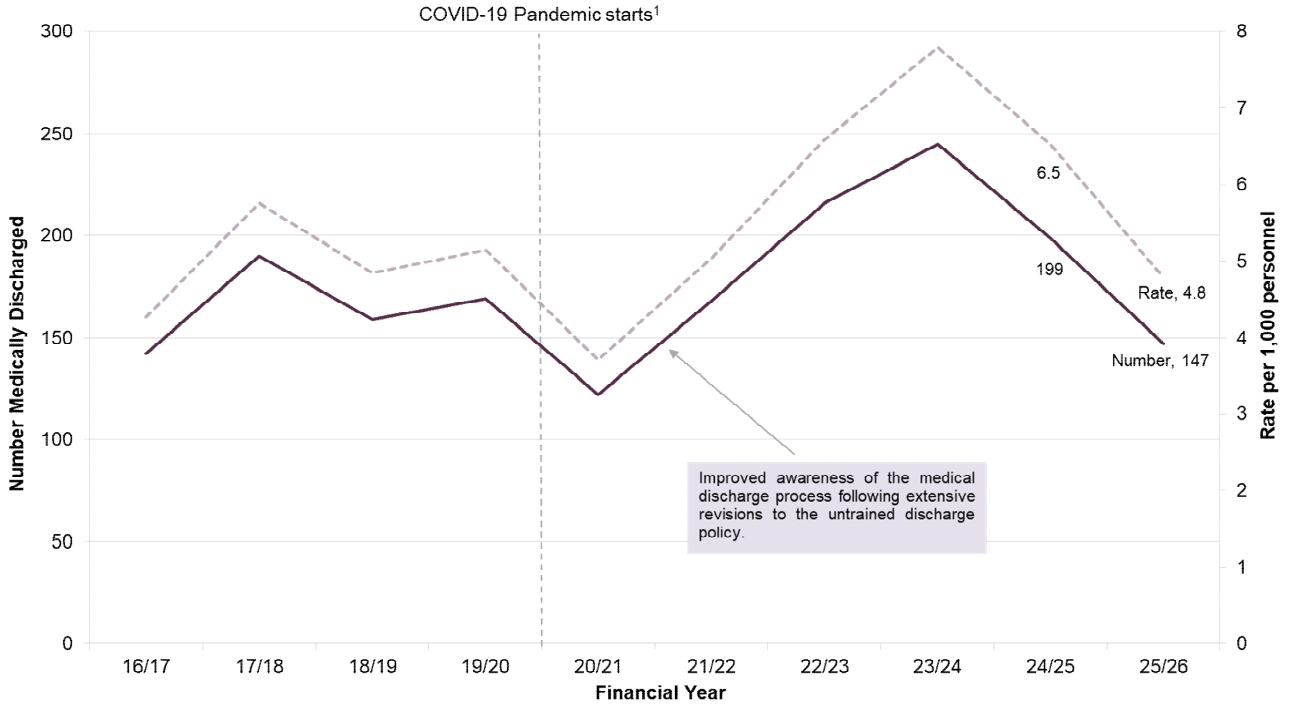
RAF

Trends in Medical Discharges

In 2025/26, there were **147** medical discharges from the RAF; a rate of **5 per 1,000** personnel. This rate was statistically significantly lower than last year.

Figure 16 shows the number and rates of RAF medical discharges over time from 2016/17 to 2025/26.

Figure 16: UK Regular RAF medical discharges by financial year, numbers and rates per 1,000 personnel
1 April 2016 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] March 2020 - start of COVID-19 pandemic; Defence, in line with the rest of the country followed guidance on restrictions from the UK Government and devolved administrations.

▲ The rate of medical discharge rose from 2016/17 and 2017/18. This may have been due to an increase in the capacity of RAF medical boards where the medical boards were clearing a backlog of medical boards from the previous year.

▼ The rate of medical discharge fell from 5.2 in 2019/20 to 3.7 per 1,000 in 2020/21. The reason for this is unclear, however may in part be due to COVID-19 restrictions which led to a reduction in some routine and training activities that may have resulted in fewer injuries. A deferral of discharges to minimise burden on the NHS may also be a potential reason for the fall.

▲ The rate of medical discharge rose to 7.8 per 1,000 in 2023/24, in line with the upward trend in RAF overall outflow[1] since 2020/21. During this time, the RAF revised their discharge policy for untrained personnel, improving awareness of the discharge process at Phase 2 training establishments, which may, in part, have contributed to the rise in medical discharges (See Figure 20). Personnel being medically discharged who had previously had their date of discharge deferred during the COVID-19 pandemic may also partially account for this rise.

▼ Since 2023/24 the rate of RAF medical discharge has declined, falling to 4.8 per 1,000 personnel in 2025/26. This rate was significantly lower compared to the previous year. The decrease in the medical discharge rate aligned with a fall in overall outflow[1] of RAF regulars from March 2024 onwards.

RAF Continued

Demographic Risk Groups

In 2025/26, the rate of medical discharge was significantly higher for regular RAF personnel within the following demographic groups (**Table 5**):

- Aged 40-44 years
- Other ranks

Table 5: UK Regular RAF medical discharges by demographics[1], numbers[2] and rates per 1,000 personnel
1 April 2025 to 31 March 2026

	n	rate	Rate of UK regular RAF personnel medically discharged
Number of UK regular RAF personnel medically discharged	**147**	**4.8**	
Age			
Aged under 20	6	4.4	
Aged 20-24	18	3.4	
Aged 25-29	21	3.6	
Aged 30-34	24	5.0	
Aged 35-39	22	4.7	
Aged 40-44[+]	35	8.6	
Aged 45-49	7	2.9	
Aged 50 and over	14	6.2	
Gender			
Male	117	4.6	
Female	30	6.0	
Rank			
Officer	16	2.1	
Other rank*	131	5.7	
Training Status			
Trained	132	4.8	
Untrained	15	4.6	

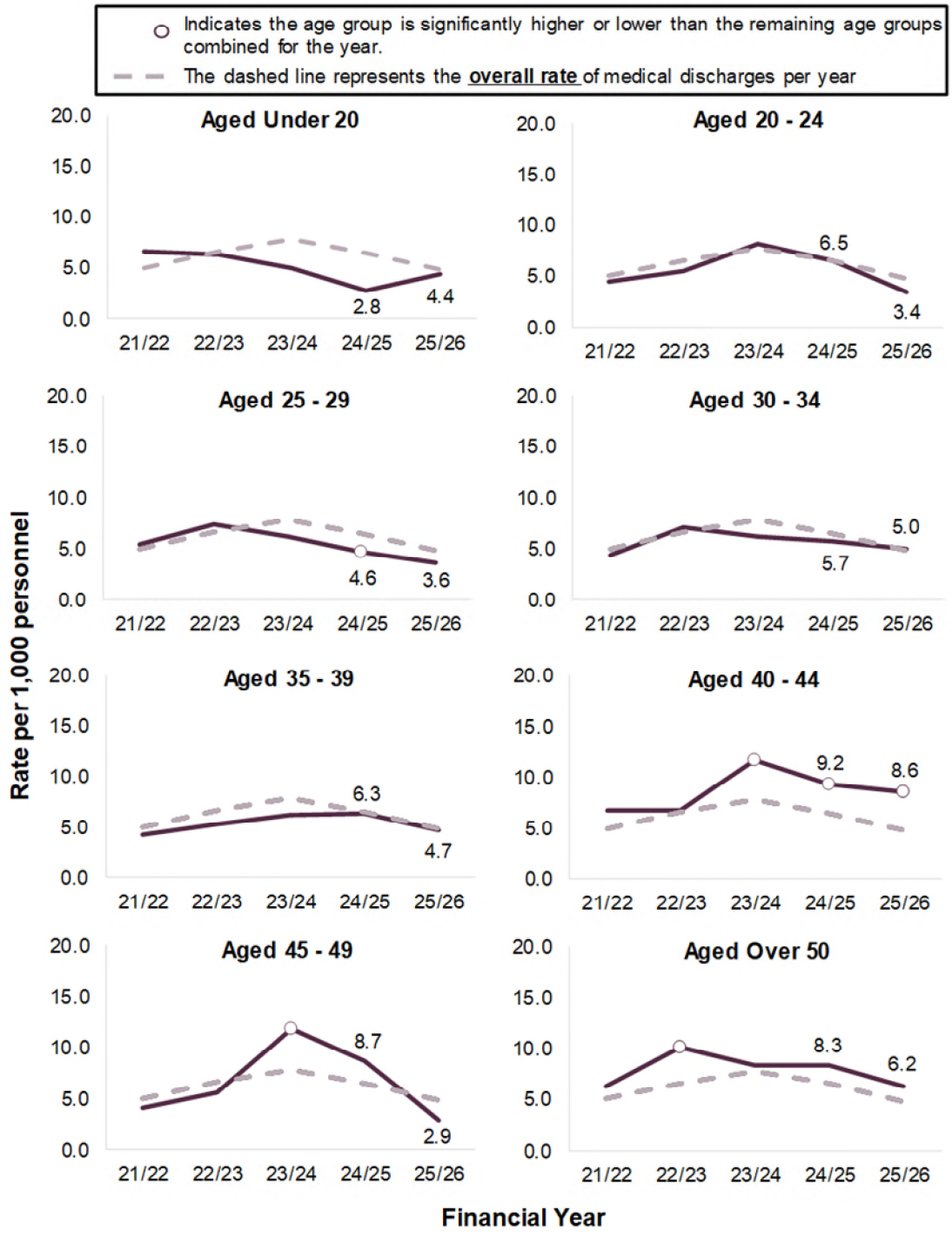
Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] In line with JSP 200, numbers fewer than five were not suppressed in demographics tables as Defence Statistics assessed that these figures did not disclose sensitive personal information.
[+/-] Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level.

The higher rates of presentation among the demographic groups seen in Table 5 were broadly consistent to those seen in previous years.

RAF Continued

Figures 17 to **20** present RAF medical discharges for each demographic group between 2021/22 and 2025/26 with possible explanations for the differences observed.

Figure 17: UK Regular RAF medical discharges by age group[1] and financial year, rates per 1,000 personnel
1 April 2021 to 31 March 2026

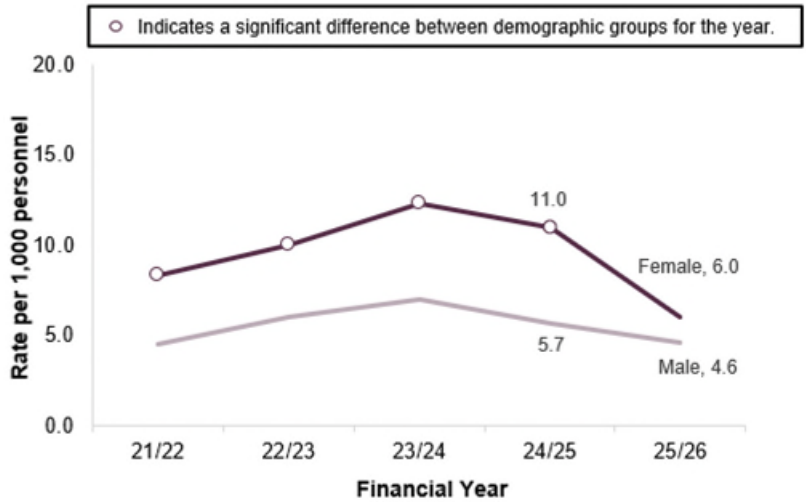


Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

In 2025/26, the rate of medical discharge for personnel **aged 40-44 years** was **significantly higher** than the remaining age groups. It should be noted that the numbers in some age groups were low and a small change in numbers can have a large effect on the rates.

Figure 18: UK Regular RAF medical discharges by gender[1] and financial year, rates per 1,000 personnel

1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA

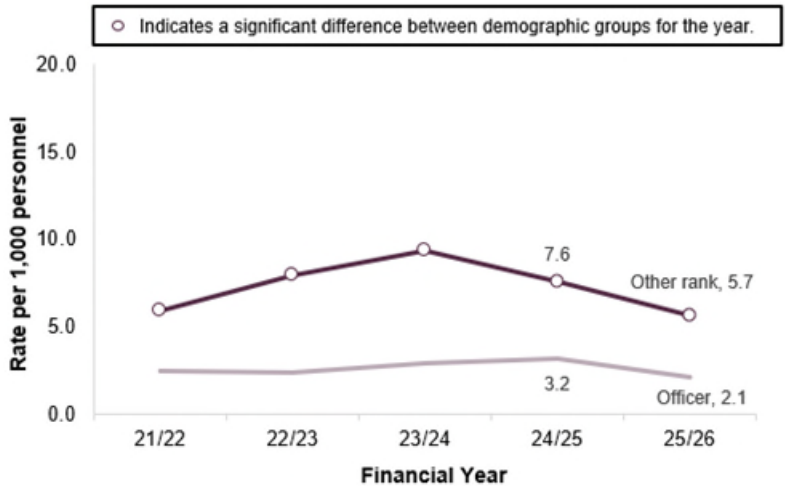
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

Females had **significantly higher** rates of medical discharge than males for all years prior to 2025/26. The female rate fell to 6 per 1,000 personnel in the latest year.

The higher rate of medical discharges in female personnel may be due to their higher risk of sustaining Musculoskeletal Disorders and Injuries[6], reporting injury[5] and higher presentation of mental health disorders[7] (the leading two causes of medical discharge).

Figure 19: UK Regular RAF medical discharges by rank[1] and financial year, rates per 1,000 personnel

1 April 2021 to 31 March 2026



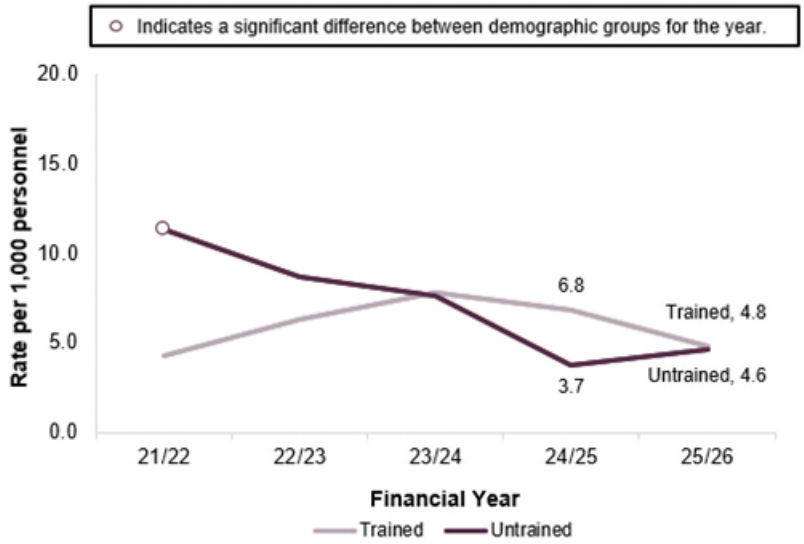
Source: DMICP, FMed 23 and JPA

[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

Other ranks had **significantly higher** rates of medical discharge than officers for all years presented.

Officers are more likely to be employed in or can be reassigned to alternative duties that can be continued with certain injuries and illnesses.

Figure 20: UK Regular RAF medical discharges by training status[1] and financial year, rates per 1,000 personnel
1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.

In 2021/22, **untrained RAF personnel** had **significantly higher rates** of medical discharge than trained personnel. This is likely due to the RAF revising their discharge policy for untrained personnel, improving awareness of the discharge process at Phase 2 training establishments, which may have led to this increase in untrained medical discharges.

The fluctuation over time shown in the rate among the untrained population may be a result of the small numbers involved which can have a large effect on the rate; in total over the five year period presented 118 untrained RAF personnel were medically discharged, compared to 857 trained personnel.

RAF Continued

Causes of Medical Discharges

When UK armed forces personnel are medically discharged, the medical reason for the discharge is recorded and categorised using a coding system known as ICD-10 (see glossary). **Principal cause** is the main medical cause of the discharge. **Contributory causes** include any other conditions identified that would result in a medical discharge. Unless otherwise stated, all information presented in the cause of medical discharge section will be relating to principal cause of discharge only.

In 2025/26, the two most common principal causes of medical discharges in the RAF were Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders. Of the **147** medical discharges:

50% of medical discharges (approx. 1 in 2) were due to **Mental and Behavioural Disorders**.

28% of medical discharges (approx. 1 in 4) were due to **Musculoskeletal Disorders and Injuries**.

Table 6 presents RAF medical discharges by principal ICD-10 cause code group (the chapter within which the condition is categorised) for 2025/26 and the total for the latest five year period, 2021/22 – 2025/26. The five year total is provided as a comparator for the cause group percentages in the latest year. For a breakdown of each of the five years, please see the supplementary tables (Table 11).

RAF Continued

Table 6: UK Regular RAF medical discharges by principal ICD-10 cause code group[1] and financial year, numbers and percentages[2]

1 April 2021 to 31 March 2026

	5 Year Total 2021/22-2025/26		2025/26	
	n	%	n	%
All medical discharges	**975**		**147**	
All cause coded medical discharges	**970**	**100**	**145**	**100**
Infectious and parasitic diseases	11	1	~	<1
Neoplasms	20	2	~	1
Blood disorders	~	<1	~	<1
Endocrine, nutritional and metabolic diseases	5	<1	~	<1
- Of which diabetes	~	<1	0	0
- Of which insulin-dependent	~	<1	0	0
- Of which non-insulin-dependent	0	0	0	0
Mental and behavioural disorders	498	51	73	50
- Of which mood disorders	190	20	22	15
- Of which depression	159	16	15	10
- Of which neurotic, stress related and somatoform	258	27	44	30
- Of which post-traumatic stress disorder (PTSD)	86	9	17	12
- Of which adjustment disorder	56	6	12	8
Nervous system disorders	49	5	8	6
- Of which epilepsy	8	<1	~	<1
Eye and adnexa diseases	9	<1	~	1
- Of which blindness, low vision and visual disturbance	~	<1	0	0
Ear and mastoid process diseases	8	<1	~	2
- Of which hearing loss	5	<1	~	1
- Of which noise-induced hearing loss	0	0	0	0
- Of which tinnitus	~	<1	~	<1
Circulatory system disorders	21	2	~	3
Respiratory system disorders	~	<1	~	<1
- Of which asthma	~	<1	~	<1
Digestive system disorders	17	2	~	<1
Skin and subcutaneous tissue diseases	10	1	~	<1
Musculoskeletal disorders and injuries	250	26	40	28
- Of which injuries and disorders of the knee	48	5	10	7
- Of which knee pain	34	4	8	6
- Of which back pain	44	5	~	3
- Of which low back pain	41	4	~	3
- Of which injuries and disorders of the ankle and foot	29	3	~	3
- Of which heat injury	0	0	0	0
- Of which cold injury	~	<1	0	0
Genitourinary system diseases	6	<1	~	<1
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	~	<1	0	0
Clinical and laboratory findings[3]	53	5	6	4
External causes of morbidity and mortality	0	0	0	0
Factors influencing health status	6	<1	0	0
No details held on principal condition for medical boarding	5		2	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.

[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage greater than 0% but smaller than 1%.

[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified

~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

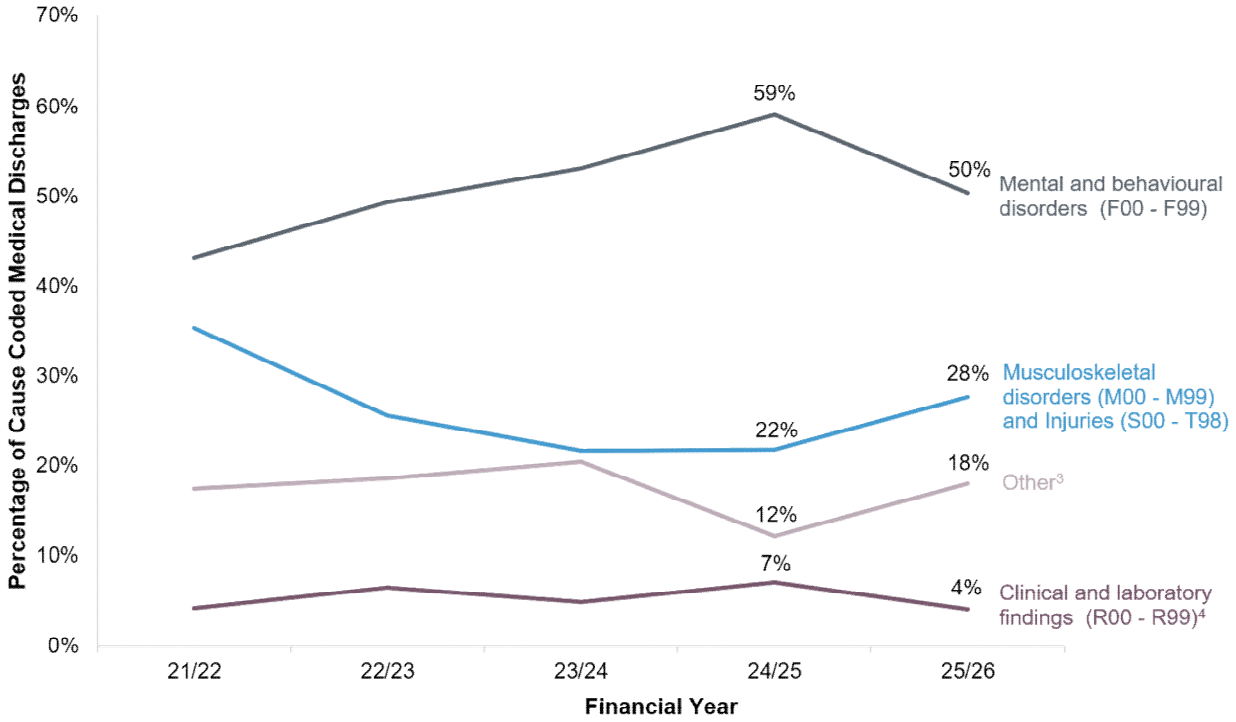
RAF Continued

Figure 21 shows the main principal cause coded medical discharges between 2021/22 and 2025/26.

Over the last five years, both Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders have accounted for three quarters (77%) of all discharges. Mental and Behavioural Disorders has been the largest principal cause of RAF medical discharges with the second largest cause being Musculoskeletal Disorders and Injuries for the entire reporting period.

Please note that each medical discharge can only have one principal condition and a decrease in one cause code group may appear as an increase in another. Therefore, it is important to consider all cause code groups when looking at trends over time.

Figure 21: UK Regular RAF medical discharges by principal ICD-10 cause code group and financial year, percentages[1,2]
1 April 2021 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] Percentages are calculated from the total of all cause-coded medical discharges.
[2] Due to rounding, percentages might not add to 100%.
[3] Includes 14 cause code groups; each accounting for a maximum of 5% of all RAF cause coded medical discharges.
[4] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified.

Figure 22 shows the proportions of cause coded medical discharges by principal ICD-10 cause code groups in 2025/26.

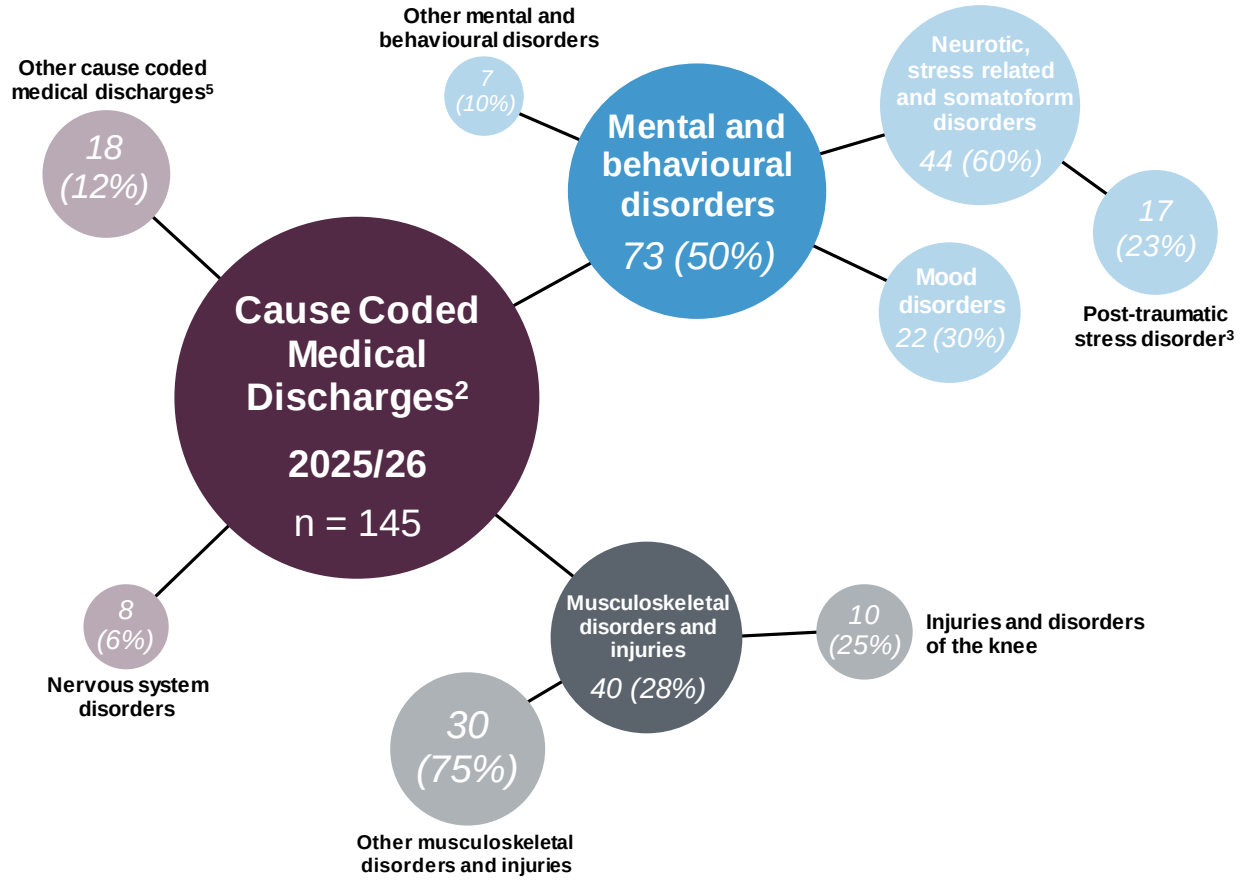
The majority of medical discharges due to Mental and Behavioural Disorders in 2025/26 were for Neurotic, Stress and Somatoform Disorders (including Adjustment, PTSD and Anxiety) (n = 44, 60%), and Mood Disorders (including Depression) (n = 22, 30%). Neurotic Disorders were the most prevalent mental disorders assessed at MOD specialist health services in 2025/26[7].

In 2025/26, Post-Traumatic Stress Disorder (PTSD) accounted for approximately 1 in 4 Mental and Behavioural Disorder medical discharges whereas PTSD only accounted for 1 in 8 initial assessments at MOD specialist mental health services[7] for RAF personnel. This difference may reflect the severity of PTSD and the impact that a continued role in the military may have on the individual's condition.

RAF Continued

A quarter of medical discharges as a result of Musculoskeletal Disorders and Injuries were linked to injuries and disorders of the knee (n = 10, 25%). The remaining discharges due to Musculoskeletal Disorders and Injuries (n = 30, 75%) were distributed across a range of disorders and injuries, including back pain, and injuries and disorders of the ankle and foot. The number of personnel medically discharged for these conditions may be the result of the physical activity required of many RAF personnel, such as training on hard ground carrying heavy loads. Back pain is also the leading cause of global disability[8].

Figure 22: UK Regular RAF medical discharges by principal ICD-10 cause code group, numbers and percentages[1]
1 April 2025 to 31 March 2026



Source: DMICP, FMed 23 and JPA
[1] Due to rounding, percentages might not add to 100%.
[2] Total number of RAF discharges were 147, however 2 personnel had no details on principal condition for medical discharge.
[3] Post-traumatic stress disorder discharges are shown as a percentage of Mental and behavioural disorders and not Neurotic, stress related and somatoform disorders.
[4] Includes 12 cause code groups; each accounting for a maximum of 4% of all RAF cause coded medical discharges

When considering both the principal and contributory causes of discharge in 2025/26:

- Mental and Behavioural Disorders were present in two thirds of discharges (n = 88, 61%)
- Musculoskeletal Disorders and Injuries were present in nearly half of discharges (n = 64, 44%).
- Nervous system disorders and Clinical and laboratory findings (not elsewhere classified) were joint third most prevalent causes (each n = 12, 8%).

Further information on the principal and contributory causes of medical discharge in the UK regular RAF can be found in the supplementary tables to this report (**Table 12**).

Glossary

Defence Medical Information Capability Programme (DMICP) is the MOD electronic primary health care patient record.

FMed 23 is the form completed to record the outcome of a medical board held for members of the UK armed forces leading to medical discharge.

International Statistical Classification of Diseases and Health-Related Disorders 10th edition (ICD-10) is the standard diagnostic tool for epidemiology, health management and clinical purposes.

Joint Personnel Administration (JPA) is the system used by the UK armed forces to deal with matters of pay, leave and other personnel administrative tasks. JPA replaced a number of single-service IT systems and was implemented in April 2006 for the RAF, November 2006 for the Royal Navy and April 2007 for the army.

MoD Specialist Mental Health Services are specialised psychiatric services based on community mental health teams closely located with primary care service at sites in the UK and abroad.

Officer An officer is a member of the armed forces holding the Monarch's Commission to lead and command elements of the forces. Officers form the middle and senior management of the armed forces. This includes ranks from Sub-Lt/2nd Lt/Pilot Officer up to Admiral of the Fleet/Field Marshal/Marshal of the Royal Air Force, but excludes Non-Commissioned officers.

Other Rank Other ranks are members of the Royal Navy, army and Royal Air Force who are not officers but other ranks include Non-Commissioned officers.

Principal/Contributory Condition/Cause of Discharge
Principal condition/cause
The principal condition is the first principal ICD-10 code on medical discharge documents.
Contributory condition/cause
Contributory cause contains all other principal conditions and any contributory conditions on the medical discharge documents.

Trade Trained personnel are army personnel who have completed both Phase 1 and 2 training. From 1 October 2017, UK regular forces and Gurkha personnel in the army who have completed both their Phase 1 (basic service training) and Phase 2 training (trade training), are considered trade trained personnel.

Trained personnel are Royal Navy and RAF personnel who have completed both Phase 1 and Phase 2 training.

UK Regulars are full time service personnel, including Nursing Services, Gurkhas and Military Provost Guarding Service (MPGS) but excluding FTRS personnel, naval activated reservists, mobilised reservists, and Non Regular Permanent Service (NRPS). Unless otherwise stated, includes trained and untrained personnel. This definition may differ from other MOD reports.

Untrained personnel in this report are personnel who are in Phase 1 and Phase 2 training.

Methodology

This section provides a brief summary of the methodology and data sources; more detailed information is available in the background quality report for this bulletin:
https://www.gov.uk/government/statistics/uk-service-personnel-medical-discharges-background-quality-report

Data are compiled by Defence Statistics from three sources:

- Medically discharged personnel were identified from the Joint Personnel Administration System (JPA). JPA is used to hold the administration data for all regular forces.
- Principal and contributory causes of medical discharge are taken from the electronic patient record (DMICP) and FMed 23s (digitally scanned paper medical documents used to record all medical board proceedings).
- Since 2019/20, the electronic patient record was the primary source of cause information, supplemented where necessary by the FMed 23 forms. This is in line with the Defence Medical Services drive to move to paper free records.
- Prior to 2019/20, FMed 23 forms were the primary source of cause information using the electronic medical record (DMICP) where FMed 23s were unavailable.

This bulletin includes regular service personnel (trained and untrained). Army regular personnel include Gurkha Regiments and Military Provost Guard Service (MPGS). Reserve personnel were not included.

This bulletin reports on personnel that have already left the UK regular armed forces on a medical discharge only; downgraded personnel that are expected to be medically discharged after the reporting period, and personnel discharged under administrative categories on medical grounds were excluded.

Trends in the statistics presented do not directly reflect actual occupational health morbidity within the armed forces. Medical discharges are presented by year of discharge, and not year of onset of condition that led to medical discharge. Therefore, trends may only correspond to changes in boarding practice, retention policies or changes to employment standards.

The length of time between detecting and diagnosing a medical condition and the date at which an individual is eventually released under a medical discharge varies for each individual. The timing of a discharge medical board must strike an appropriate balance between the needs of the individual service and those of the patient. The date of the medical discharge board should allow the timely provision of occupational health advice following the initial referral, and time elapsed waiting for further treatment may affect this board process.

The International Classification of Diseases and Related Health Problems version 10 (ICD-10) was used to classify medical discharges and causes are presented by ICD-10 chapter. As a result of interest, some ICD-10 groups were provided in more detail allowing the presentation of specific conditions. Please see the supplementary tables to this report (Tables 3, 4, 7, 8, 11, 12, 14, 15, 17 & 18) for a full list of ICD-10 codes for each chapter and specific condition.

Medical boards do not make decisions on possible causes for medical conditions leading to discharge. Therefore, the report does not offer analysis of external causes of injuries or illnesses.

Medical boards also do not make decisions on attributability to service. These decisions are made by administrators of the MOD pension and compensation schemes at Veterans-UK. Defence Statistics produce annual reports on the Armed Forces Compensation Scheme[9] and annual reports on War Pension Scheme[10].

Rates enable comparisons between groups and over time, taking account of the number of personnel in a group (personnel at risk) at a particular point in time. The number of events (i.e. medical discharges) is then divided by the number of personnel at risk per annum and multiplied by 1,000 to calculate the rate per 1,000 personnel at risk.

Methodology Continued

The z test for independent proportions was used to evaluate if two rates are different to a statistically significant degree, and where appropriate, a Fisher's exact test was used. A Fisher's exact test is the more accurate statistical test when one of the numerators in the rates is fewer than five. A 95% confidence level was used for this report; this means that if the test determines two populations to have significantly different medical discharge rates, this will be true in greater than 95% of cases.

Further Information

Symbols

~ Data has been suppressed due to Statistical Disclosure Control (greater than zero, fewer than 5).

Disclosure Control

In line with JSP 200 (March 2020), the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Numbers greater than zero but fewer than five have been suppressed and presented as '~'. Where there was only one cell in a row or column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals. For further information on statistical disclosure control see Background Quality Report.

If Defence Statistics Health are asked to release further information on medical discharges the information provided may require further disclosure control to ensure individuals cannot be identified.

Revisions

There are no revisions in this edition of the Annual Medical Discharges Official Statistic. For further information on how data revisions are handled within previous editions of this bulletin please see the background quality report[2].

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Annex A

Due to interest in the differences between Royal Navy and Royal Marines personnel, Table 1 and Table 2 from the main report have been presented with a Royal Navy and Royal Marines split and are provided this annex; **Annex A**.

Further tables on the demographic risk groups and principal and contributory causes of medical discharge in the Royal Navy and Royal Marines can be found in the supplementary tables to this report (Table 13-18).

Royal Navy

Demographic Risk Groups

In 2025/26, **291** Royal Navy personnel were medically discharged, a rate of **11** per 1,000. This was statistically significantly lower than last year (13 per 1,000).

During 2025/26 the rate of medical discharge was significantly higher for regular Royal Navy personnel within the following specific demographic groups (**Table A2.1**):

- Aged 30-34 and 40-44 years
- Females
- Other ranks
- Trained

Table A2.1: UK Regular Royal Navy medical discharges by demographics[1], numbers[2] and rates per 1,000 personnel
1 April 2025 to 31 March 2026

	n	rate	Rate of UK regular Royal Navy personnel medically discharged
Number of UK regular Royal Navy personnel medically discharged	**291**	**11.3**	
Age			
Aged under 20^{-}	1	0.7	
Aged 20-24	52	9.3	
Aged 25-29	58	10.8	
Aged 30-34^{+}	58	15.5	
Aged 35-39	47	13.3	
Aged 40-44^{+}	45	16.3	
Aged 45-49	13	8.3	
Aged 50 and over	17	9.8	
Gender			
Male	233	10.5	
Female*	58	16.2	
Rank			
Officer	24	3.7	
Other Rank*	267	13.8	
Training Status			
Trained*	283	12.8	
Untrained	8	2.2	

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] In line with JSP 200, numbers fewer than five were not suppressed in demographics tables as Defence Statistics assessed that these figures did not disclose sensitive personal information.
$^{+/-}$ Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level. Due to small numbers, a Fisher's exact test was used to determine significance for the aged under 20 group.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level.

Causes of Medical Discharge

Table A2.2: UK Regular Royal Navy medical discharges by principal ICD-10 cause code group[1] and financial year, numbers and percentages[2]

1 April 2021 to 31 March 2026

	5 Year Total 2021/22-2025/26		2025/26	
	n	%	n	%
All medical discharges	**1,572**		**291**	
All cause coded medical discharges	**1,569**	**100**	**290**	**100**
Infectious and parasitic diseases	~	<1	~	<1
Neoplasms	27	2	~	1
Blood disorders	~	<1	~	<1
Endocrine, nutritional and metabolic diseases	27	2	~	1
- Of which diabetes	~	2	~	1
- Of which insulin-dependent	~	<1	~	<1
- Of which non-insulin-dependent	9	<1	~	<1
Mental and behavioural disorders	660	42	144	50
- Of which mood disorders	214	14	40	14
- Of which depression	192	12	~	12
- Of which neurotic, stress related and somatoform	386	25	~	32
- Of which post-traumatic stress disorder (PTSD)	171	11	~	16
- Of which adjustment disorder	~	3	~	2
Nervous system disorders	56	4	10	3
- Of which epilepsy	~	<1	~	<1
Eye and adnexa diseases	~	<1	~	<1
- Of which blindness, low vision and visual disturbance	~	<1	0	0
Ear and mastoid process diseases	30	2	7	2
- Of which hearing loss	22	1	~	2
- Of which noise-induced hearing loss	~	<1	~	<1
- Of which tinnitus	~	<1	0	0
Circulatory system disorders	55	4	6	2
Respiratory system disorders	17	1	~	2
- Of which asthma	14	<1	~	2
Digestive system disorders	51	3	~	3
Skin and subcutaneous tissue diseases	~	3	~	3
Musculoskeletal disorders and injuries	495	32	75	26
- Of which injuries and disorders of the knee	121	8	21	7
- Of which knee pain	70	4	~	4
- Of which back pain	83	5	~	4
- Of which low back pain	73	5	12	4
- Of which injuries and disorders of the ankle and foot	62	4	~	3
- Of which heat injury	0	0	0	0
- Of which cold injury	~	<1	~	<1
Genitourinary system diseases	~	1	~	1
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations	~	<1	0	0
Clinical and laboratory findings[3]	41	3	~	4
External causes of morbidity and mortality	~	<1	0	0
Factors influencing health status	~	1	~	<1
No details held on principal condition for medical boarding	3		1	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.

[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage of cause coded medical discharges of greater than 0% but smaller than 1%.

[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified.

~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

Royal Marines

Demographic Risk Groups

In 2025/26, **71** Royal Marines personnel were medically discharged, a rate of **11** per 1,000. This was not significantly different compared to last year (13 per 1,000).

During 2025/26 the rate of medical discharge was significantly higher for regular Royal Marines personnel within the following specific demographic groups (**Table A3.1**):

- Aged 30-34 and 35-39 years
- Other ranks
- Untrained

Table A3.1: UK Regular Royal Marines medical discharges by demographics[1], numbers[2] and rates per 1,000 personnel
1 April 2025 to 31 March 2026

	n	rate	Rate of UK regular Royal Marines personnel medically discharged
Number of UK regular Royal Marines personnel medically discharged	**71**	**11.0**	
Age			
Aged under 20[-]	0	0.0	
Aged 20-24	10	6.9	
Aged 25-29	13	7.9	
Aged 30-34	9	8.7	
Aged 35-39[+]	20	22.4	
Aged 40-44[+]	13	21.7	
Aged 45-49	4	13.6	
Aged 50 and over	2	7.8	
Gender			
Male	69	10.9	
Female	2	16.5	
Rank			
Officer	5	5.6	
Other Rank	66	11.8	
Training Status			
Trained	62	10.9	
Untrained	9	11.4	

Source: DMICP, FMed 23 and JPA
[1] As recorded on the Joint Personnel Administration System (JPA) at the time of discharge.
[2] In line with JSP 200, numbers fewer than five were not suppressed in demographics tables as Defence Statistics assessed that these figures did not disclose sensitive personal information.
[+/-] Age groups found to be at a statistically significantly higher (+) or lower (-) risk than the remaining age groups combined using a z-test for a single proportion at a 95% confidence level. Due to small numbers, a Fisher's exact test was used to determine significance for the aged under 20, aged 45-49 and aged 50 and over groups.
* Groups found to be at a statistically significantly higher risk using a z-test for proportions at a 95% confidence level. Due to small numbers, a Fisher's exact test was used to determine significance for the gender and rank groups.

Causes of Medical Discharge

Table A3.2: UK Regular Royal Marines medical discharges by principal ICD-10 cause code[1] group and financial year, numbers and percentages[2]

1 April 2021 to 31 March 2026

	5 Year Total 2021/22-2025/26		2025/26	
	n	%	n	%
All medical discharges	**494**		**71**	
All cause coded medical discharges	**493**	**100**	**71**	**100**
Infectious and parasitic diseases	~	<1	~	1
Neoplasms	9	2	~	1
Blood disorders	~	<1	~	1
Endocrine, nutritional and metabolic diseases	8	2	0	0
- Of which diabetes	~	<1	0	0
- Of which insulin-dependent	~	<1	0	0
- Of which non-insulin-dependent	0	0	0	0
Mental and behavioural disorders	63	13	12	17
- Of which mood disorders	18	4	~	7
- Of which depression	16	3	~	6
- Of which neurotic, stress related and somatoform	36	7	~	8
- Of which post-traumatic stress disorder (PTSD)	21	4	~	4
- Of which adjustment disorder	~	<1	0	0
Nervous system disorders	22	4	5	7
- Of which epilepsy	~	<1	~	1
Eye and adnexa diseases	~	<1	0	0
- Of which blindness, low vision and visual disturbance	0	0	0	0
Ear and mastoid process diseases	22	4	5	7
- Of which hearing loss	18	4	~	6
- Of which noise-induced hearing loss	~	<1	~	1
- Of which tinnitus	~	<1	0	0
Circulatory system disorders	19	4	5	7
Respiratory system disorders	7	1	~	3
- Of which asthma	7	1	~	3
Digestive system disorders	7	1	~	1
Skin and subcutaneous tissue diseases	~	<1	~	1
Musculoskeletal disorders and injuries	311	63	34	48
- Of which injuries and disorders of the knee	69	14	7	10
- Of which knee pain	31	6	~	6
- Of which back pain	53	11	9	13
- Of which low back pain	45	9	6	8
- Of which injuries and disorders of the ankle and foot	39	8	~	4
- Of which heat injury	~	<1	0	0
- Of which cold injury	~	1	0	0
Genitourinary system diseases	~	<1	0	0
Pregnancy, childbirth and puerperium	0	0	0	0
Congenital malformations[3]	0	0	0	0
Clinical and laboratory findings	14	3	~	4
External causes of morbidity and mortality	0	0	0	0
Factors influencing health status	~	<1	0	0
No details held on principal condition for medical boarding	1		0	
Withheld consent	0		0	

Source: DMICP, FMed 23 and JPA

[1] Each cause of discharge category has been compiled using ICD-10 codes, please see the supplementary tables for specific codes.

[2] Percentages are calculated from the total of all cause-coded medical discharges. Data presented as "<1%" represent a percentage of cause coded medical discharges of greater than 0% but smaller than 1%.

[3] Clinical and laboratory findings include symptoms and abnormal clinical findings - such as irregular heartbeat and abdominal pain - which are ill-defined and may not have a diagnosis that can be elsewhere classified

~ In line with JSP 200 on statistical disclosure, figures fewer than five have been suppressed. Where there was only one cell in a column that was fewer than five, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals.

References

1. https://www.gov.uk/government/collections/quarterly-service-personnel-statistics-index
2. https://www.gov.uk/government/statistics/uk-service-personnel-medical-discharges-background-quality-report
3. Molloy JM *et al*. (2020) Musculoskeletal Injuries and United States Army Readiness Part I: Overview of Injuries and their Strategic Impact. *Military Medicine*. Available at: https://academic.oup.com/milmed/article/doi/10.1093/milmed/usaa027/5805225#200780864
4. Serré L (2019) A comparative analysis of medically released men and women from the Canadian Armed Forces. *Journal of Military, Veteran and Family Health*. **5**, 115-124.
5. https://www.gov.uk/government/collections/defence-health-and-safety-statistics-index
6. https://www.gov.uk/government/publications/women-in-ground-close-combat-roles-review-2017
7. https://www.gov.uk/government/collections/defence-mental-health-statistics-index
8. Ferrari AJ *et al*. (2024) Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *The Lancet*. **403**, 2133-2161.
9. https://www.gov.uk/government/collections/armed-forces-compensation-scheme-statistics-index
10. https://www.gov.uk/government/collections/war-pension-recipients-index