



Headquarters Surgeon General Secretariat

Headquarters Surgeon General

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Email: SGSecFin-SecGpMailbox@mod.uk

Mr Jonathan Pratt
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Reference: 160108-020

18 May 2012

Dear Mr Pratt,

Thank you for your Freedom of Information (FOI), request of 23 April 2012, in which you asked for the following information:

- **I would like to request information regarding how the decisions are made to which health conditions are a bar to military service, more specifically pertaining to depression, why they are chosen and by whom. As I feel some cases of depression are not a bar to service within the armed forces.**

It is important to recognise that the UK Armed Forces have particular medical and fitness requirements of their personnel. Service personnel may have to undertake physically and mentally challenging work in a variety of arduous and extreme conditions in remote and militarily hostile locations over prolonged periods. These conditions and workloads are unlike those found in the majority of civilian employments, including the requirement to carry weapons.

Medical standards must also consider the level of medical support likely to be available on deployed operations and whether the medical condition is supportable with limited access to medical care in the deployed environment. Deployments may occur at short notice, requiring personnel to maintain their fitness.

Therefore, in order to maximise the likelihood that applicants to join the UK Armed Forces will successfully complete training and will be fully employable and deployable, it is MOD policy that all recruits must be fit to undertake all their potential roles without restriction, including worldwide service on operations. Individuals with conditions which would require medical limitations on any part of their required duties are not recruited. The Equality Act 2010 recognises the specific challenges of military service, and therefore does not apply the disability discrimination provisions to the Armed Forces.

Medical standards for recruiting (as for those already serving) ultimately belong to the Personnel Branches, as they carry the risk of personnel being unfit to work. In practice, developing Tri-Service standards for recruiting is devolved to the Joint Service Publication 950 Medical Employment Standards Working Group (MESWG). The work produced by the MESWG is overseen and endorsed by the Medical Policy Steering Group within Surgeon General's Headquarters. These medical standards are designed to provide a framework for the medical assessment of functional capacity of potential recruits from which can be derived a determination of fitness for service. However, single service recruiting organisations may employ someone outside medical recommendations if they believe it is in the interest of their service.

The MESWG is composed of Service Medical Officers of all 3 services, including Medical Officers representing the single Service recruiting organisations. Members are predominantly consultants

in occupational medicine. Policy is developed in conjunction with appropriate Defence Consultant Advisors (DCA) in the relevant speciality, being the lead consultant for their specialty within the military. Where a DCA is not appointed, civilian Consultant Advisors or other senior clinicians with a specialist interest in the condition are consulted. During policy development or review, the single service representatives on the MESWG will discuss issue with their own service Personnel staffs as required.

Tri-service policy for recruits sets the lowest acceptable standard across all 3 Services. Each Service may require a higher standard for its recruits, either as a base line, or specific to certain roles, e.g. Divers, Aviators, and Submariners. The final approval of single Service medical policy for recruiting is therefore a matter for the individual Service Headquarters.

Guidelines on depression are decided in the same manner as for other conditions, as outlined above, with input from DCA Psychiatry. The current guidelines were published in September 2006. As they are employment guidelines intended to identify those who have an increased risk of suffering from problems which would limit their employability, they should not be confused with clinical guidelines intended to promote optimal treatment. The guidelines are currently undergoing a routine review which may lead to an update in due course.

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 Head of Corporate Information, 2nd Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOxxxx@xxx.xx). 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,

HQ Surgeon General Secretariat