

SECTION 2 - MEDICAL BOARDS AND EXAMINATIONS**1419. Applicability of Regulations.***Sponsor: COS Health/DGMS(RAF)*

The regulations in this Section concerning the medical examination and boarding of officers also apply, with the necessary modifications, to officers of PMRAFNs and to airmen and non-commissioned aircrew.

1420. Medical Boards - Composition.*Sponsor: COS Health/DGMS(RAF)*

The composition of a medical board is detailed in AP 1269A (RAF Manual – Assessment of Medical Fitness).

1421. Medical Standards of Fitness for Aircrew Officers of the General Duties Branch.*Sponsor: COS Health/DGMS(RAF)*

- (1)
 - (a) All aircrew officers of the General Duties Branch (except Gp Capts and above who have passed their 45th birthday) must be fit for full flying duties and for all general service duties.
 - (b) All aircrew officers of the General Duties Branch of the rank of Gp Capt and above who have passed their 45th birthday must be fit for limited flying duties and for all general service duties.
- (2) When an aircrew officer of the General Duties Branch is examined by an RAF Medical Board and found to be below the appropriate medical standards described in clause (1), or is unlikely to reach that standard within reasonable time, the Air Force Board or appropriate delegated authority will decide whether it is possible to retain the officer in the Service on duties within his medical classification, or whether he shall be invalided. When it is decided to retain an officer for employment within his medical category, a decision will also be taken by the Air Force Board or appropriate delegated authority, about which the officer will be informed, on the period for which he is likely to be retained. When an officer is still below the prescribed standards at the end of the period of retention, he will be invalided if he cannot be offered further employment or if he does not wish to remain on the active list. Cases of particular difficulty or importance should be referred by the appropriate delegated authority to the Air Force Board.
- (3) Aircrew officers of the General Duties Branch who are withdrawn from flying duties on account of permanent medical unfitness may elect to be invalided. Those who elect to be invalided are to be referred to the DAP for consideration of the award of invaliding benefits. The award of invaliding benefits is discretionary. Those who are retained on the active list will be dealt with as provided in AP 3393, Chap 4, Annex B.
- (4) Aircrew officers of the General Duties Branch are to be medically classified on examination up to the full extent of their fitness irrespective of age. When, however, the Air Force Board or appropriate delegated authority decides to retain an officer who has been withdrawn from flying or other combatant duties, he is only to be medically classified up to the standard required for non-combatant, passenger, and ground duties at home and abroad.

1422. Medical Standards of Fitness for all Officers of the Ground Branches (including General Duties (Ground) Branch).*Sponsor: COS Health/DGMS(RAF)*

- (1) All officers of the ground branches (including the General Duties (Ground) Branch) must be fit for the full ground duties of their branch, including all general service duties.
- (2) Officers other than aircrew officers of the General Duties Branch who are selected for training in, or for employment on, flying duties must pass the same standard of physical fitness as those referred to in para 1421. Failure to maintain standards of fitness for flying duties would not affect their position in their own branches in any way. Their advancement in their own branches will then be judged in relation to the fitness standard described in clause (1).
- (3) Officers who are found to be permanently below the medical standard described in clause (1), or who are unlikely to reach that standard within a reasonable time, are to be dealt with under the procedure described in para 1421, clause (2). Those who are retained on the active list will be subject to the provisions of AP 3393, Chapter 4, Annex B.

1423. Occasions on which Medical Boards are Convened.*Sponsor: COS Health/DGMS(RAF)*

Medical boards are to be convened on the following occasions:

- (1) When the validity of the existing Joint Medical Employment Standard (JMES) is in doubt.
- (2) For assessment of fitness for a branch/trade other than that in which the individual is currently employed.
- (3) When an airman is being considered for a commission or for aircrew duties.
- (4) After 4 weeks continuous non-effectiveness, reckoned from the date of cessation of duty, the MO in charge of the patient is to decide whether a non-effective medical board should be held in accordance with the regulations contained in AP1269A (RAF Manual Assessment of Medical Fitness).
- (5) When otherwise deemed necessary by COS Health/DGMS(RAF).

1424. (Omitted)**1425. RAF Medical Board - Composition and Functions.***Sponsor: COS Health/DGMS(RAF)*

- (1) The RAF Medical Board (RAF MB), RAF CAM is a standing medical board normally consisting of a president and one member drawn from the staff of the RAF MB or appointed by COS Health/DGMS (RAF). For a permanent re-assessment of the medical employment standard of an aircrew member a GD specialist adviser is additionally nominated, in order to advise the president on matters pertinent to the role of the individual being boarded.
- (2) The RAF MB is to examine officers, aircrew and others referred for permanent or temporary assessment of their medical fitness as detailed in AP1269A (RAF Manual – Assessment of Medical Fitness).

1426. Officers and Aircrew Selection Centre Medical Board.*Sponsor: COS Health/DGMS(RAF)*

- (1) The Officers and Aircrew Selection Centre Medical Board (OASC MB) is a standing medical board comprising a president and one member drawn from the staff of OASC or appointed by COS Health/DGMS(RAF).
- (2) The OASC MB is to examine applicants for: commissions in the RAF, PMRAFNS, the R Aux AF; aircrew training; cadetships; University Air Squadron flying; RAF and flying scholarships and others referred in accordance with AP1269A (RAF Manual – Assessment of Medical Fitness).

1427. Findings of Boards.*Sponsor: COS Health/DGMS(RAF)*

- (1) Employment standards may be permanent or temporary; they also indicate whether the individual is effective or non-effective. Employment standards are defined in AP 1269A and outlined as follows:
 - (a) **Permanent Joint Medical Employment Standard (JMES).** A permanent employment standard is one which, in the opinion of the medical board, is unlikely to require review within a minimum period of 18 months.
 - (b) **Temporary Joint Medical Employment Standard.** A temporary employment standard is one which, in the opinion of the medical board, will require review within 18 months. An individual may not normally hold a temporary employment standard for longer than 6 months without a review, and under no circumstances may an individual hold a temporary employment standard for an aggregate period exceeding 18 months. A temporary effective employment standard is invariably signified by the period (in months) before the next review.
 - (c) **Temporary JMES (Non-Effective).** The award of a temporary non-effective JMES is appropriate when an individual is likely to be **unfit for all forms of duty** for a prolonged period of time. A temporary non-effective JMES can be awarded for a maximum period of 18 months from the date the individual became unfit for

duty. However, if the individual has first been awarded a temporary *effective* JMES early in the course of the illness, the combined length of both effective and non-effective JMESs is not to exceed 18 months.

(d) **Non-Effective Joint Medical Employment Standard.** A non-effective JMES indicates that the individual is unfit for duty. A permanent non-effective JMES indicates that invaliding is recommended; a temporary non-effective employment standard indicates the likelihood of a return to duty within the maximum period during which retention in the Service is permissible under paras 620 (2) (for airmen) or AP 1269A (RAF Manual – Assessment of Medical Fitness) for officers.

(2) Employment standard codes are as follows:

(a) **Factor ‘Air - A’.**

- (1) A1 - Fit for flying duties without restriction.
- (2) A2- Fit for flying duties but has sub-optimal hearing or eyesight.
- (3) A3- Fit for limited flying duties.
- (4) A4- Fit to be flown in a passenger aircraft.
- (5) A5- Unfit to be taken into the air.
- (6) A6- Air assessment not currently required.

(b) **Factor ‘Land -L’.**

- (1) L1 - Fit for unrestricted duties for branch/ trade as detailed in AP1269A (RAF Manual – Assessment of Medical Fitness).
- (2) L2 - Fit for unrestricted duties of branch/trade, including all general service duties but requires a medical risk marker or does not meet the minimum PULHHEEMS profile for L1 in their branch/trade as detailed in AP1269A (RAF Manual – Assessment of Medical Fitness) or has a limitation to a non-essential duty.
- (3) L3 - Fit for limited duties but with some restriction subject to medical risk assessment.
- (4) L4 - Fit for specific limited duties within branch/trade. (limitation to be stated).
- (5) L5 - unfit for service in the Land environment.
- (6) L6 – Land assessment not currently required. (Not used for RAF personnel)

(c) **Factor ‘Maritime - M’.**

- (1) M1 – Fit for unrestricted duties .
- (2) M2 – Fit for restricted duties with caveats to be stated.
- (3) M3 - Fit for limited duties in harbour or ashore with caveats to be stated.
- (4) M4 – Fit for limited duties ashore only, may not be in own trade or skill, with caveats to be stated.
- (5) M5 – Unfit for service in the maritime environment.
- (6) M6 – Maritime assessment not currently required. (Used for RAF personnel awarded temporary JMES and not employed on maritime duties)

(d) **Factor ‘Environment - E’**

- (1) E1 – Fit for worldwide service in all environments.
- (2) E2 – Restricted employment outside UK.
- (3) E3 – Employment in UK only.
- (4) E4 – Employment subject to single Service manning restriction.
- (5) E5 – Medically unfit for duty and under medical care (holding category).
- (6) E6 – Pregnant – Employer formally advised of pregnancy (e.g using form Mat B1) and written consent given for JMES to be displayed as E6 or a contemporaneous record made in clinical notes confirming permission granted.

(e) ‘T’ following a full employment standard indicates that the individual is temporarily unfit to carry out elements of their service duties but is likely to become fit within the maximum period during which retention in the Service is permissible in AP 1269A, (RAF Manual – Assessment of Medical Fitness) . A temporary non- effective JMES is designated by A4L5M5E5

(f) The authorised limitations to the employment standard codes are detailed in AP1269A (RAF Manual – Assessment of Medical Fitness).

(3) The full medical category, i.e. PULHHEEMS profile, may be entered in certain non medical forms where it is required for administrative reasons. It must never be published nor entered on a form which has general circulation.

(4) Medical boards are to be guided, in the examination of officers and others, by the current medical standards and by the procedures laid down in AP 1269A (RAF Manual – Assessment of Medical Fitness). Whenever a medical board awards a permanent employment standard, whether or not the individual has held a temporary JMES for 18 months, the medical board is to record in the proceedings its opinion on the likelihood of any degree of disability altering to an extent that might warrant subsequent adjustment to the employment standard.

1428. Informal Medical Boards.

Sponsor: COS Health/DGMS(RAF)

The joint medical employment standard of an officer or airman may be temporarily reassessed without a formal medical board and this may be undertaken by a MO on the unit. These temporary reassessments are classed as informal medical boards. The procedures for the conduct, documentation and approval of informal boards are detailed in AP 1269A (RAF Manual – Assessment of Medical Fitness). Temporary reassessments of joint medical employment standards may also be undertaken by formal boards.

1429. Formal Medical Boards Undertaken at Medical Centres.

Sponsor: COS Health/DGMS(RAF)

Under certain circumstances, detailed in AP 1269A, COS Health/DGMS (RAF) may authorise that certain formal medical boards may be undertaken by MOs at medical centres.

1430. Disposal of Officers Following a Medical Board.

Sponsor: COS Health/DGMS(RAF)

- (1) Following a medical board an officer is to be disposed of as follows:
 - (a) To duty - and ordered to report to the CO of the unit if he is found fit for duty.
 - (b) To sick leave - when the recommendations and procedures are to be strictly in accordance with the instructions contained in AP 3392, Vol 2 (RAF Manual of Personnel Administration – Pay and Personal Documentation) and AP 1269 (RAF Manual of Medical Management and Administration).
 - (c) To hospital - when admission is to be effected in accordance with the instructions laid down in AP 1269 (RAF Manual of Medical Management and Administration).
- (2) If an officer is sent on leave pending instructions from or approval of the MOD, he is to be directed to apply to the MOD in writing in the event of his not receiving instructions within 10 days. Where, however, an officer, prior to being sent home to await MOD instructions has received a letter from the MOD regarding the date of commencement of terminal leave on cessation of hospital treatment or while undergoing treatment, the instructions contained in that letter will remain operative.
- (3) An officer receiving in-patient treatment in a Defence Secondary Care Agency (DSCA) hospital or Medical Rehabilitation Centre (MRC) who is unfit to travel on commencement of terminal leave or on the last day of service may continue to receive treatment even though he may thereby be retained in hospital or medical rehabilitation unit beyond his last day of service. If, after he is fit to travel, he requires further medical treatment (including, in amputation cases, experience in the use of an artificial limb) he may be retained for such treatment for a further period at the discretion of the CO of the support unit of the DSCA hospital or MRC.
- (4) The retention of personnel under clause (3) will not affect the date of cessation of pay (**para 2656 refers**).

1431. Procedures for Subsequent Boards.*Sponsor: COS Health/DGMS(RAF)*

- (1) An officer on whom a medical board has been convened under para 1423 is to be reboarded subsequently, in accordance with the regulations detailed in AP1269A (RAF Manual – Assessment of Medical Fitness).
- (2) The re-boarding of an officer, who has, on two occasions been medically boarded on account of the same disability, is invariably to be conducted by the RAF Medical Board.

1432-1433. *(Omitted)***1434. Medical Examinations, Screenings and Inspections.***Sponsor: COS Health/DGMS(RAF)*

- (1) Officers, cadets and airmen are to undergo full medical examinations and medical screenings on the occasions laid down in AP 1269A (RAF Manual – Assessment of Medical Fitness).
- (2) Medical Examinations, Screenings and Inspections for officers, cadets and airmen of all Ground Branches and Trades are to be carried out on the occasions specified in AP 1269A (RAF Manual – Assessment of Medical Fitness) and on other occasions as directed by COS Health/DGMS(RAF).
- (3) The name of any officer, cadet, airman (aircrew) or ground trade airman who fails to attend for his medical examination or screening at the times specified is to be reported to his CO.
- (4) To avoid unnecessary examinations, a periodical medical examination may be waived under the conditions given in AP 1269A (RAF Manual – Assessment of Medical Fitness).

1435. *(Omitted)***1436.** *(Omitted)***1437. Officers and Airmen - Unfit for Full Duties.***Sponsor: COS Health/DGMS(RAF)*

Whenever a medical officer has a reason to believe, as a result of an examination, that an individual's joint medical employment standard is incorrect they are to make arrangements for the individual to appear before an appropriate (informal or formal) medical board.

1438-1439. *(Omitted)***1440. Medical Boards on RAF Personnel in Defence Secondary Care Agency Establishments.***Sponsor: COS Health/DGMS(RAF)****Officers.***

- (1) When an air force officer (in a DSCA establishment) is brought before a medical board, the proceedings are to be submitted to the appropriate competent medical authority for approval and disposal.
- (2) Where invaliding from the Service is contemplated, only those officers unable to travel should be boarded in hospital, by arrangement with COS Health/DGMS(RAF). In all such cases the opinion of the appropriate RAF consultant or specialist registrar must be obtained.

Airmen.

- (3) When, for the purpose of invaliding, it is proposed to hold a medical board on an airman who is a patient in a DSCA establishment, the following procedure is to be adopted:
 - (a) The OC Support Unit is to notify Manning Medical Casework HQ Air Command who is to make the necessary arrangements for the board to be undertaken.
 - (b) The RAF Medical Board is to approve such boards.

1441. *(Omitted)*

1442. Confidentiality of Board Proceedings.*Sponsor: COS Health/DGMS(RAF)*

All medical documentation related to the Medical Board process is considered to be part of the medical record and subject to the normal strictures of medical confidentiality. No information is to be disclosed to third parties without the consent of the patient, other than the non-medical report to the executive released as the Patient Advice Note.

1443-1449. *(Omitted)***SECTION 3 - DUTIES OF MEDICAL AUTHORITIES****CHIEF OF STAFF HEALTH/DIRECTOR GENERAL MEDICAL SERVICES (RAF) (COS HEALTH/DGMS(RAF))****1450. Adviser to AMP.***Sponsor: COS Health/DGMS(RAF)*

COS Health/DGMS(RAF) is the responsible adviser to AMP on all medical questions and on all matters affecting the health of the RAF. He has the right of direct access to CAS in his capacity as medical adviser.

1451. Adviser to AOCs in C.*Sponsor: COS Health/DGMS(RAF)*

Within the Lead Command Concept, COS Health/DGMS(RAF) is medical adviser to AOCs in C on all medical questions and matters affecting the health of the commands. He has the right of direct access to each AOCinC.

1452. Exercise of Responsibilities.*Sponsor: COS Health/DGMS(RAF)*

COS Health/DGMS(RAF) exercises his responsibilities through Director Medical Policy(RAF), Director Health Services(RAF), Director Nursing Services and Deputy Director Corporate Services(RAF). COS Health/DGMS(RAF) is responsible for the implementation and supervision of all areas of Clinical Governance in accordance with the Surgeon General's policy.

DIRECTOR MEDICAL POLICY**1453. D MED POL(RAF) Responsibility to COS Health/DGMS(RAF).** *Sponsor: COS Health/DGMS(RAF)*

The Director of Medical Policy (D Med Pol(RAF)) is responsible for the development and promulgation of medical policy, including that relating to medical operations, medical personnel and clinical nursing.

1454. *(Omitted)***ASSISTANT CHIEF OF STAFF MEDICAL (RAF)****1455. ACOS Med (RAF) Responsibility to COS Health/DGMS(RAF).** *Sponsor: COS Health/DGMS(RAF)*

The Assistant Chief of Staff Medical (RAF) (ACOS MED (RAF)) is responsible for oversight and direction of RAF health services to ensure that policy standards set by COS Health/DGMS(RAF) are met. This includes general practice, occupational medicine, aviation medicine, public health medicine and environmental health, throughout the RAF in peacetime and crisis. They are to exercise professional oversight and functional command of the RAF Centre for Aviation Medicine (RAF CAM), professional oversight of HQ Air Command medical staffs' and professional oversight and functional control of HQ Tactical Medical Wing (HQ TMW).

1456. DACOS Med Prog.*Sponsor: COS Health/DGMS(RAF)*

DACOS Med Prog is responsible to COS Health/DGMS (RAF) through ACOS Medical for the strategic direction for Med Prog staff, while delivering the RAFMS vision coherent with Air Cmd and SDR intent. Shape the direction and delivery of the medical operational capability for both regulars and reserves. In conjunction with Med Ops, progress ongoing operational lessons identified that require further staffing. Engagement within the varied environments of MoD, sS and tri-Service HQs of staffs in order to provide the strategic programme interface for optimal medical output. Deliver RAFMS future projects and develop RAF continuous improvement initiatives. Deliver RAF Public Health services and support to the Health Executive Committee in its delivery of the wider RAF health agenda.

1457. DACOS Med Ops*Sponsor: COS Health/DGMS(RAF)*

DACOS Med Ops is responsible to COS Health/DGMS(RAF) through ACOS Health. They are to monitor and maintain the delivery of deployable medical capability to AIR elements on operations and exercises. Deliver Aeromedical evacuation to Operations from near the point of wounding to Role 4 care in the UK. Coordinate and provide Aeromedical evacuation and medical repatriation to entitled personnel from non-operational areas. Represent COS(H) within the CAG process. Deliver operational medical capability through PJHQ J4 Med to joint ops. Progress an ongoing operational lessons identified process that contributes to the policy and doctrine development through sS and Defence wide processes.

1458. Inspections.*Sponsor: COS Health/DGMS(RAF)*

They are to ensure that thorough inspections are made of all health services for which they have responsibility for oversight of standards. They are to pay particular attention to aircrew health and conditions of duty.

1459. Responsibility for Occupational Health.*Sponsor: COS Health/DGMS(RAF)*

ACOS Med (RAF) is to ensure that medical boards and medical examinations and screenings are conducted in accordance with the regulations.

1460. Responsibility for Public Health and Environmental Health.*Sponsor: COS Health/DGMS(RAF)*

The ACOS Med (RAF) is to:

- (1) Exercise general supervision over the hygiene conditions of RAF units and is to make such recommendations as circumstances may demand to prevent ill health.
- (2) Ensure that cases of infectious disease are notified and outbreaks are appropriately managed and investigated. They are to report to the relevant AOCinC the occurrence of significant infectious disease, whether among the air forces or, where relevant, the civilian population.
- (3) Satisfy themselves that appropriate measures are being taken to protect and promote the health of personnel on RAF Units.

DIRECTOR OF NURSING SERVICES**1461.***Sponsor: COS Health/DGMS(RAF)*

The Director of Nursing Services (DNS(RAF)) acts as the nursing advisor to COS Health/DGMS(RAF) and is responsible for nursing policy issues for the Princess Mary's RAF Nursing Service (PMRAFNS) branch.

DEPUTY ASSISTANT CHIEF OF STAFF BRIEFING AND CO-ORDINATION (MEDICAL)**1462.***Sponsor: COS Health/DGMS(RAF)*

The Deputy Assistant Chief of Staff and Co-ord (Medical) (DACOS B and C (Med)) is responsible for providing support and corporate services to COS Health/DGMS(RAF) to ensure all outputs are timely and effectively delivered.

1463-1465. (Omitted)**COMMAND FLIGHT MEDICAL OFFICER (CFMO)****1466. Adviser to ACOS Med (RAF).***Sponsor: COS Health/DGMS(RAF)*

The CFMO (RAF) is the adviser to ACOS Med (RAF) on aviation medicine and all matters affecting the health and safety of aircrew.

1467. Liaison.*Sponsor: COS Health/DGMS(RAF)*

The CFMO(RAF) is to maintain close liaison with:

(1) The air, administrative, and engineering staffs, so that they may anticipate physiological and psychological problems arising from changes in aircraft operations, design and equipment. They are responsible for explaining to the staff the implications of advances in aviation medicine. To perform their duties effectively, they are to acquaint themselves with the operational functions of the various types of aircraft and especially of the aircraft used in the commands.

(2) The command flight safety officers, so as to afford them advice, in particular in the investigation of flying accidents.

(3) The RAF Centre of Aviation Medicine, the Defence Science and Technology Laboratories and industry, so that he is fully informed about the latest aviation medicine developments and research.

1468. Supervision and Instruction of Aircrew.

Sponsor: COS Health/DGMS(RAF)

The CFMO(RAF) is:

(1) To supervise the physical and mental health of aircrew, including attention to their accommodation, recreation, food and rest.

(2) To bring to notice any deficiency in the provision, serviceability and proper use of safety and survival equipment.

(3) To advise the training staff on the instruction which should be given to aircrew in the physiological and other aviation medical aspects of flight, particularly as they may affect flight safety. He is to arrange for MOs to give the instruction when required.

(4) To keep themselves in flying practice, pay frequent visits to units and gain operational flight experience.

(5) To make such recommendations as they consider will improve the health and efficiency of aircrew.

1469. Instruction of Medical Officers.

Sponsor: COS Health/DGMS(RAF)

The CFMO(RAF) is to ensure that MOs possess the requisite knowledge of aviation medicine to enable them to discharge their duties to aircrew and is to arrange for MOs to be instructed in aviation medicine as necessary.

1470. Investigations.

Sponsor: COS Health/DGMS(RAF)

The CFMO (RAF) is to carry out such investigations or tests within his province as may be required and is to bring to notice any matters which he considers demand wider investigation.

1471-1473. (Omitted)

THE MEDICAL OFFICER OF A STATION

1474. Adviser to CO.

Sponsor: COS Health/DGMS(RAF)

The MO of a station is to be in medical charge of the unit or units located at the station and is the responsible adviser to the CO of the station on the physical and mental health of officers and airmen, the prevention of sickness, the maintenance of health and the comfort and well-being of all personnel. He is to bring to the notice of the CO any officer or airman engaged on flying duties whose physical or mental efficiency is deteriorating through fatigue or other causes.

1475. Availability for other Duties.

Sponsor: COS Health/DGMS(RAF)

In addition to their normal duties at their station they are to be available for any other duty which they may be required by COS Health/DGMS(RAF) to perform.

1476. Attendance on Dependants and Other Civilians.

Sponsor: COS Health/DGMS(RAF)

They are to attend all dependants and other civilians who have registered for treatment at the station or who

are otherwise entitled.

1477. Daily Clinics.

Sponsor: COS Health/DGMS(RAF)

(1) They are to make daily arrangements to see sick personnel from their own unit and those from other units unable to travel to their own unit. They are to show on F Med 566 the disposal of each patient in accordance with AP 1269 (RAF Manual of Medical Management and Administration). Details of the consultation and disposal of the patient are to be recorded on the Health Record of each patient seen.

1478. Medical Examinations and Inspections.

Sponsor: COS Health/DGMS(RAF)

They are to carry out medical examinations, screening and inspections of officers and airmen as laid down in AP 1269A (RAF Manual – Assessment of Medical Fitness).

1479. Death.

Sponsor: COS Health/DGMS(RAF)

They are to report at once to the COS Health/DGMS(RAF) and the CO of the unit concerned, all deaths which may occur, or whenever the condition of an officer or airman, whether arising from serious illness or accident, gives cause for concern.

1480. Air Experience.

Sponsor: COS Health/DGMS(RAF)

They are to take every opportunity of gaining air experience and of studying the medical aspects of flying, however, if single handed, they are not to be in the air or absent from the station when flying is in progress without the sanction of the CO of the station. They are not to be regarded as absent from the station when visiting patients, including the families of married personnel. They are however to inform the duty air traffic control officer of the station of their whereabouts.

1481. Responsibility for Ambulances.

Sponsor: COS Health/DGMS(RAF)

(1) They are responsible for all movements (except those in connection with servicing and as provided in JSP 318 (Military Flying Regulations)) of motor ambulances. Except in emergency, their authority will be required for the use of motor ambulances; such authority is only to be given for the conveyance of patients or for other medical purposes. The MT request form requires no authorizing signature other than that of the MO.

1482. Sanitary and Hygiene Conditions.

Sponsor: COS Health/DGMS(RAF)

(1) They are to advise the CO of the station on all occupational health, hygiene and environmental health matters.

(2) They are to ensure that they are conversant with the occupational activities and processes conducted on the station and any satellite units for which they are responsible. They are to conduct periodic visits to all areas of the station excluding married quarters. Periodicity of the visits may vary, but every section is to be visited at least once every 18 months. They are to ensure that they are familiar with the hazards associated with the activities and processes conducted, to enable them to assess the potential to cause ill health. This assessment may be used to define the frequency of visits to individual sections. At units with an Occupational Health Nurse and/or an Environmental Health Technician (EH Tech), these personnel should accompany the SMO to provide specialist advice as required. When circumstances dictate, the SMO may delegate responsibility for some of the visits to either a JMO or qualified Occupational Health Nurse. All visits are to be documented, together with a record of any advice given to Stn Cdr. These documents are to be made available for inspection by visiting medical staff officers. Additional specialist advice and guidance may be sought from the Regional Occupational Medicine Consultant or CMO(OH)(RAF), HQ Air Command.

(3) Where an EHT is established the SMO is to ensure that routine occupational hygiene/ environmental health inspections are conducted along with specialist monitoring and assessments as required. On those units with an EHT, specialist guidance and advice may be sought from SO2 EH (RAF), HQ Air Command.

1483. Catering.

Sponsor: COS Health/DGMS(RAF)

(1) They are to ensure that all food premises on the station conduct their operations in a safe and hygienic manner. This function should be delegated to an EHT where established.

(2) They are to ensure that all food handlers are suitably screened for employment and that food handlers with specific infectious diseases are withdrawn from employment in food premises until such time as they no longer pose a risk of infection and/or contamination.

1484. Water Supplies.

Sponsor: COS Health/DGMS(RAF)

They are to:

(1) Satisfy themselves that the drinking water supply is potable and that measures taken to prevent its contamination at all stages of delivery and storage are satisfactory.

(2) Ensure that routine examination of station water supplies and sewage effluent are undertaken and is to arrange for further analysis whenever indicated.

1485. Notifiable Diseases.

Sponsor: COS Health/DGMS(RAF)

They are responsible for ensuring that proper precautions and actions are taken when a case of notifiable disease occurs on the unit. When dealing with these cases they are to comply with para 1411.

1486. Primary Health Care Responsibilities.

Sponsor: COS Health/DGMS(RAF)

(1) Their practice of medicine is to adhere to the policy and standards directives as issued by Surgeon General and COS Health/DGMS(RAF).

(2) Clinical practice is to comply at all times with any extant guidelines issued by the Chief Medical Officer and Department of Health; such guidelines may be adapted by the Surgeon General to satisfy military requirements.

1487. Presentations.

Sponsor: COS Health/DGMS(RAF)

(1) On appropriate occasions they are to deliver presentations to officers and airmen on aviation medicine, general and personal health and first aid.

(2) They are to be prepared to deliver appropriate teaching to medical airmen as part of their continuation training.

1488. Command.

Sponsor: COS Health/DGMS(RAF)

They are to exercise command only as laid down in para 111.

1489. Stores and Stores Accounts.

Sponsor: COS Health/DGMS(RAF)

They are to maintain the medical stores and the accounts thereof as laid down in AP 1269 (RAF Manual of Medical Management and Administration). Where more than one MO is borne as part of the medical establishment for station duties, this responsibility rests with the senior officer.

1490. Health Record.

Sponsor: COS Health/DGMS(RAF)

They are to maintain the Health Records of officers and airmen in accordance with paras 1492 and 2126 and AP 1269 (RAF Manual of Medical Management and Administration). They are to make such entries and insertions in them as are required by the regulations.

1491. Recommendations to the CO.

Sponsor: COS Health/DGMS(RAF)

They are to make their recommendations to the CO orally or in writing at their own discretion. When they are made in writing, they are to send a copy of the recommendations to ACOS Health (RAF).

1492. Medical Records.

Sponsor: COS Health/DGMS(RAF)

(1) They are to exercise every care to ensure that medical centre records are accurately prepared and correctly filed in accordance with COS Health/DGMS(RAF) policy.

(2) Where hand writing is used, it is to be clear and legible and the name of the MO or medical staff member making the entry is to be clearly identifiable.

- (3) Whenever a station is closed, station medical centre staff are to liaise with the ACOS Health (RAF) to determine the appropriate disposal route for medical centre records.

1493. (Omitted)

1494. Unusual Occurrences.

Sponsor: COS Health/DGMS(RAF)

They are to report promptly to the ACOS Health (RAF) any occurrence of particular medical interest.

1495. General Medical Administration.

Sponsor: COS Health/DGMS(RAF)

They are to ensure that the medical administrative procedures he conducts within their practice are in accordance with AP 1269 (RAF Manual of Medical Management and Administration) and AP 1269A (RAF Manual – Assessment of Medical Fitness).

1496. Defence Medical Information Capability Programme (DMICP) and Primary Health Care Information System.

Sponsor: COS Health/DGMS(RAF)

MOs are to ensure that the DMICP/PHCIS is used in accordance with AP1269 (RAF Manual of Medical Management and Administration) and procedures and protocols issued by HQ SG, COS Health/DGMS(RAF) and AFPAA.

1497. Medical Arrangements at RAF Stations at Home with only one Medical Officer.

Sponsor: COS Health/DGMS(RAF)

The MO, unless sick or on leave, is to be on duty during normal working hours. They are eligible for leave under the same conditions as other officers. During their off duty periods they are to ensure that medical cover is provided by practitioners who are vocationally trained, or exempt from other training by the appropriate regulatory body. General Practitioners in training may provide cover provided that they work under the supervision of a principal in General Practice.

1498. Emergencies, Major Incidents , Disasters and Operations.

Sponsor: COS Health/DGMS(RAF)

They are to ensure that medical centre staff are fully trained, understand their role and are equipped to react appropriately in the following circumstances:

- (1) If called upon to respond to local emergencies, major incidents or national disasters.
- (2) If called upon to provide a source of military aid to the civil authorities.
- (3) At war or operations.

1499-1502. (Omitted)

SECTION 4 - MEDICAL ATTENDANCE

1503. Medical Attendance.

Sponsor: COS Health/DGMS(RAF)

(1) Definition. Throughout this Section, the term "medical attendance" denotes the professional advice and treatment during sickness or injury afforded by a MO or by a civilian medical practitioner engaged for attendance on air force personnel. Those entitled to "medical attendance" or allowed it as a privilege may be treated under certain conditions:

- (a) In quarters or at their own residences, or
- (b) As out-patients at Service medical establishments.
This term includes immunisation, and the supply of medicine and surgical materials prescribed and ordered from the public stocks by the MO or civilian medical practitioner in charge of the case. It does not include in-patient hospital treatment.

(2) Dependants of RAF personnel in official quarters or residing within a reasonable distance of the station boundary may be eligible to receive medical attendance at public expense from certain RAF medical centres. The CO, in consultation with the ACOS Health (RAF) , is to decide whether or not medical

facilities can be made available and is to notify the dependants accordingly. The CO may, at his discretion and after giving seven days notice, remove the name of any dependants from the station MO's list of patients, and is to notify the dependant of any such action. The "reasonable distance" for each particular station is to be defined by the CO in accordance with local circumstances but must not in any case exceed five miles from the station boundary.

1504. Medical Attendance at Home.

Sponsor: COS Health/DGMS(RAF)

- (1) All Service personnel at home and abroad are entitled at public expense to medical attendance, in-patient treatment in medical centres and military secondary care units, and to the supply of surgical appliances and spectacles subject to any current restrictions which may be promulgated in Defence Instructions and Notices (DINs). Marshals of the Royal Air Force and Chiefs of the Air Staff remain on the Active List and are thus entitled to medical attendance.
- (2) Dependants of serving personnel are defined for the purpose of this para as spouse, and children or step-children or adopted children under the age of 18 years who are normally resident in the household. Children, step-children or adopted children who are permanently physically or mentally incapacitated are included irrespective of age. Any course of medical or hospital treatment for a child which was started but not completed before the age of 18 years was reached may be completed at public expense.
- (3)
 - (a) Dependants registered with the RAF may be treated in quarters or at their place of residence, and are eligible to receive treatment (medical attendance, in-patient treatment, maternity services, ophthalmic treatment, excluding the supply of spectacles, and all necessary surgical appliances), where available to a standard equivalent to that provided under the NHS, under arrangements made by the RAF authorities, subject to current regulations.
 - (b) Dependants who have elected, and have been accepted for, medical attendance from RAF sources and for whom a specialist opinion is required by the RAF MO attending the case will be referred to the out-patient department of a NHS hospital. If, for medical reasons, the patient is unfit to travel, and a domiciliary visit is required, the services of a visiting consultant under the NHS can be obtained on application to the nearest area health authority. Such application is to be made by the MO who is attending the case. The specialist will be remunerated by the NHS, and no payment is to be made to him either by the patient or by the MOD.
 - (c) Dependants not registered with the RAF for medical attendance may receive treatment in an emergency (accident or sudden illness) until the case can be taken over by the civilian emergency services or the patient's own civilian doctor.
- (4)
 - (a) Civilians employed at MOD units and establishments, their spouse and children or step-children or adopted children under the age of 18 years who are normally resident in the household, who reside within the precincts of a RAF station may apply to be registered for medical attendance with the RAF MO or full time civilian medical practitioner posted for duty at the station. If such medical attendance is desired, application is to be made to the CO who is to decide whether or not facilities can be made available and is to notify the individual accordingly; if accepted for treatment he is liable to the other conditions of clause (2) above. Where a part-time civilian medical practitioner is employed for attendance on Service personnel at a particular station, such individuals may apply to register with him but only as patients under NHS arrangements. A civilian employed at a MOD unit or establishment, or a member of his family, who is not registered to receive medical treatment from RAF sources, may, in an emergency (accident or sudden illness), be attended by an RAF MO or civilian medical practitioner employed for attendance on RAF personnel, until the case can be taken over by the patient's own civilian doctor or local emergency services.
 - (b) In no other circumstances is medical attendance to be provided for such civilians by an RAF MO or civilian medical practitioner employed for attendance on Service personnel.
- (5) Personnel of the Commonwealth permanent forces attached to the RAF for duty in the UK and their dependants may be given medical attendance at public expense under the same conditions as for RAF personnel and their dependants. Where hospital treatment is afforded the cost of maintenance in hospital will, where appropriate, be recovered from the government concerned by the MOD. Arrangements for hospital treatment of dependants cannot normally be undertaken by the RAF.

1505. Medical Attendance Abroad.*Sponsor: COS Health/DGMS(RAF)*

- (1) Serving personnel are entitled to the benefits detailed in para 1504, clause (1).
- (2) Dependants are defined for the purposes of clauses (3) and (4) as spouse and children, step-children or adopted children under the age of 18 years normally resident in the house-hold. The other provisions of para 1504 clause (2) will also apply.
- (3) Dependants of personnel posted abroad, and whose presence at a station is approved, may be treated in quarters or at their place of residence and are eligible to receive treatment (medical attendance, in-patient treatment, maternity services, ophthalmic treatment, including the supply of spectacles (subject to any current restrictions promulgated in DCIs) and all necessary surgical appliances), to a standard as far as practicable equivalent to that provided in the UK under the NHS, from RAF or other Service sources subject to current regulations. Where no RAF or other Crown medical service is available, Cs in C, COs or Senior Officers are empowered to make local arrangements on the most reasonable terms available to provide the services. These arrangements are to be promulgated in local orders. In the absence of a Service authority advice should be obtained from the senior British representative or colonial government representative, as appropriate. It would be a condition of the provision of free treatment that it is obtained under official arrangements.
- (4) UK-based civilians employed by the MOD who are posted abroad, and their dependants, where their presence at the station is approved, are entitled to the benefits detailed in clauses (2) and (3) above.
- (5) Domestic servants and children's nurses or governesses are also entitled to the benefits detailed in clause (3), provided that they are of British nationality and that they were recruited in the UK and were granted passage at public expense.
- (6) Where doubt exists concerning entitlement to medical treatment under clauses (3), (4) and (5), the case is to be referred to MOD (Med (F&S)), through ACOS Med (RAF) HQ Air Command, for clarification.
- (7) (a) Dependants of locally enlisted members of the RAF, and locally engaged civilians and their dependants, have no entitlement to medical attendance or hospital treatment. As a privilege, however, they may be given medical attendance in quarters or at their residences provided that they are residing:
- (i) On the RAF station, or
 - (ii) Within a reasonable distance of the station as defined in para 1503 clause (2), and no additional cost to public funds is involved. Out-patient treatment will be allowed to those living outside this radius provided that they attend at a Service medical establishment at which treatment can be afforded. Travelling expenses or use of Service transport will not be admissible in connection with such treatment (see also para 1511).
- (b) For the purposes of this clause, a child over 15 years of age for a locally enlisted airman, or if over 14 years of age for a locally engaged civilian will not be regarded as part of a "family" and no expense to the public will be allowed in respect of such a child.

1506. Admissions to Hospital of Service Personnel.*Sponsor: COS Health/DGMS(RAF)*

- (1) All serving personnel, including personnel on terminal leave (other than those who are being invalided or discharged under para 607, clause (16)(b), or who have already received their full entitlement to retention on full pay under the provisions of para 620), are entitled to treatment at public expense in **JMC** establishments .
- (2) Whenever possible, they will be admitted to a DSCA establishment irrespective of whether they consulted a Service medical officer or a civilian medical practitioner. They may also be admitted to:
- (a) A NHS hospital, under arrangements made locally by the RAF medical authorities.
 - (b) Other civil hospitals, under arrangements approved by COS Health/DGMS(RAF).
 - (c) Any civil hospital, in an emergency.

(3) Personnel admitted to civil hospitals under clause (2) who:

(a) Are treated at their own request in special accommodation.

(b) Desire treatment as private patients in such hospitals, will be personally responsible for meeting the cost of, and paying to the hospital authorities, any special charges for the accommodation provided as in (a), or the whole cost of the accommodation and services provided as in (b), including the costs of the services of any practitioner or specialist called in for treatment direct under private arrangements.

1506A. *(Omitted)*

1507. Admission to Hospital of Service Dependants at Home.

Sponsor: COS Health/DGMS(RAF)

(1) Dependants of serving personnel who are registered with the RAF for medical treatment requiring in-patient hospital treatment will be admitted to the nearest NHS hospital or DSCA hospital if they reside in the catchment area of the latter. Admission to an NHS hospital is to be arranged through the appropriate authorities. No liability can be accepted by the MOD for any expenses arising out of admission to a civil hospital.

(2) Dependants not registered with the RAF may receive in-patient treatment in DSCA hospitals under local NHS arrangements.

1508. *(Omitted)*

1509. Admission to Hospital of Service Dependants Abroad.

Sponsor: COS Health/DGMS(RAF)

(1) Dependants (see para 1505, clause (2)) of UK based Service personnel posted abroad, and whose presence at the station is approved, are entitled to in-patient treatment in Service hospitals at public expense. Where this would be impossible or obviously uneconomical, arrangements are to be made by the RAF authorities either from Crown facilities (eg Colonial Medical Service) or, where these are not available, by arrangement with local practitioners and hospitals. It is a condition of the provision of free treatment, etc, that it is obtained under the arrangements promulgated by RAF authorities.

(2) Dependants of locally enlisted members of the RAF have no entitlement to hospital treatment. As a privilege, however, they may be admitted to Service hospitals. No liability can be accepted by MOD for any expenses arising out of admission to a civil hospital except where the patient is suffering from an infectious disease and admission to hospital is considered necessary for the safety of the air force. For the purpose of this clause (except in regard to admission to hospital in cases of the infectious disease) a child of 15 years of age or over will not be regarded as part of the "family" and no expense to the public will be allowed in respect of such a child.

1510. Admission to Hospital of United Kingdom-based Civilians Abroad. *Sponsor: COS Health/DGMS(RAF)*

UK-based civilians employed by the Service who are posted abroad, and their dependants as defined in para 1505, clause (2), subject to their presence at the station being approved are entitled to the benefits detailed in para 1509. Domestic servants and children's nurses or governesses, outlined in para 1505 clause (5), are also entitled to these benefits.

1511. Admission to Hospital of Locally-engaged Civilians Abroad.

Sponsor: COS Health/DGMS(RAF)

(1) A civilian employee, or one of his dependants, who is suffering from an infectious disease, may be admitted to a DSCA establishment, or if such accommodation is not available, to a civil