

Defence Instructions and Notices (Not to be communicated to anyone outside HM Service without authority)	
Title:	Occupational Health and Rehabilitation for Reservists
Audience:	All Personnel in Reserve Units, Commanding Officers, Reserve Unit Administrative Officers and Reserve Unit Medical Officers
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Sponsor:	Reserve Occupational Health Team, HQ Defence Primary Health Care (DPHC)
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GENERAL

1. Defence Primary Health Care (DPHC) is responsible for the delivery of Occupational Health (OH) and Rehabilitation to all Reservists (irrespective of Terms and Conditions of Service¹). Specific details regarding entitlement can be found in Annex A. This DIN identifies the services available to Reservists.

BACKGROUND

2. DPHC provides the following services to the Reserve Forces (RF):
 - a. OH assessments; these establish medical grades to inform the employability and deployability of personnel.
 - b. Hearing assessments.
 - c. Rehabilitation: including physiotherapy referrals for entitled personnel.
 - d. Mental healthcare for entitled personnel.

¹ This includes Sponsored Reserves, URNU, OTC, and UAS cadets but does not extend to cadets or adult instructors of the cadet forces.

- e. Dental care for entitled personnel.
- f. Vaccinations for duty purposes.

OCCUPATIONAL HEALTH

3. OH assessments serve to inform the CoC of service personnel's (SP) health and deployability and protect those who are injured by identifying what they can and cannot do. Reservists are required to inform their CoC of any condition that affects their ability to carry out their duties (though there is no requirement to disclose the details of any condition or injury) and attend a military medical assessment. OH appointments can also be used for pre-mobilisation medicals, to ensure that Reservists are fit for courses, to conduct diving medicals, to perform blood tests or any other OH assessment as required.

4. Where SP have been awarded a Joint Medical Employability Standard (JMES) below Medically Fully deployable (MFD), there is a requirement to have that grading reviewed annually for permanent grades and at least every six months for temporary grades.

5. Reservists attending with new or changed conditions must attend with relevant documentation from their GP / specialist in order to allow the assessing doctor to make an informed decision. Medical facilities may request that the Reservist attend with a summary of their primary health notes, but cannot insist on them. Where the assessing doctor does not feel that they have sufficient detail to award an accurate grade, they may write to the Reservist's civilian GP to request further information. Reservists must be aware that attending a medical without sufficient documentary evidence will result in the award of a temporary JMES that may prevent them from training. There are the following exceptions where summarised primary care (GP) records are required:

- a. Special Forces Selection Medicals.
- b. Diving medicals. In accordance with [BRD 1750A: Handbook of Naval Medical Standards](#), all diving medicals, including sport diving, must be conducted by service doctors or DPHC civilian medical practitioners (CMPs).
- c. Boxing medicals.
- d. HGV/LGV medicals. In most cases, these should be conducted by the civilian GP as otherwise the Reservist would have to make two appointments; one to get a copy of the notes, then another to visit a DPHC doctor to conduct the medical. DPHC will be the provider if Reservists have any difficulty arranging through their GP.
- e. Commissioning medicals for serving Reserve personnel (including UOTC cadets).

6. When Reservists have to obtain copies of their GP records, it is preferable that they obtain them electronically as this service is free for the Reservist to use - [How to access your records - NHS Choices](#); this is not available at every GP practice. Where it is not possible to get electronic records, some GP practices will be content to bill the MoD directly using the [HR Form 382A: Claim for Fees In Respect of Medical Reports](#), or they may have to pay upfront and then reclaim the fee on JPA (this must be submitted under 'miscellaneous' claims and then listed in the 'medical, dental, opticians and prescription

fees' category), there is some discrepancy in the fees raised, but the NHS guidelines can be found here - [Fees for accessing medical records - NHS Choices](#).

7. Occupational health services for Reserves are to be available either during the working week and out of hours as detailed here - [Reserve OH Clinic FOE](#). Reservists should book directly with a DPHC facility for in hours appointments and through the DPHC regional Reserve OH teams for weekend / evening appointments.

MEDICAL RECORD CREATION

8. In order to access OH assessments, Reservists are required to have a fully summarised Defence Medical Information Capability Programme (DMICP) record. The single Services use different approaches to medical record creation. Recruit documentation for the Maritime Reserve is forwarded to the medical cell at HMS King Alfred for medical record creation. The procedure for the Army Reserve is set out in [ABN 15-17](#). RAF Reserve recruits records are processed by the medical centre on the RAF station with which their Unit is affiliated.

9. Paper records; F Med 4s (medical) and F Med 271s (dental) are not to be created. Existing records will be archived in due course.

HEARING CONSERVATION

10. All Reservists are required to have their hearing tested at least 2 yearly under the auspices of [JSP950 Leaflet 6-4-4²](#) and for the Army [AGAI 77](#).

FORCE PREPARATION

11. The Regional Reserve Occupational Health Teams (RROHTs) will advise regarding access to DPHC services and are key to supporting Force Preparation for overseas operational and training activities. Units should engage with RROHTs early in the planning cycle as set out in [2016DIN01-082](#) Force Preparation for Deploying and High Readiness Reserve Personnel and [2018DIN01-063](#) Medical Preparation for Reservists Deploying Overseas. Units are to note that any new vaccination will require accurate vaccination history prior to any action taking place.

REHABILITATION

12. Rehabilitation will be offered to Reservists injured on duty; this is to be evidenced by a sS accident form ([Reserve OH Accident Forms](#)). There are two potential avenues for treatment; Reservists (and any Regular staff attached to Reserve Units) may receive care through the Reserve rehabilitation contract³, or at their local Primary Care Rehabilitation Facility (PCRF). When the contract route is employed, this is to be administered by the RROHT. If via the PCRF, then a DPHC doctor is required to make the referral. Detailed instructions are contained in [2017DIN01-047](#).

² [SHAPL 001/16 Health Surveillance for Noise at Work](#) establishes that the Army is now also required to conduct at least 2 yearly hearing assessments rather than annually as was previously the case.

³ For security reasons, this is not available in Northern Ireland.

MENTAL HEALTH

13. Entitlement to care for Reservists is limited to operationally attributable conditions only; Reservists who have deployed on operations since January 2003 are entitled and they can be referred by either a DPHC doctor or their civilian GP. DCMH Colchester is the point of contact and also conducts the initial assessment with referral to the most appropriate DCMH thereafter. Details can be found in [GN9-16](#) Change to Reserve and Veterans' Mental Health Services.

DENTAL CARE

14. Reservists who are held at R5 or less, or who have been placed on the mobilisation pathway, are entitled to a dental inspection and then any requisite dental care to ensure their dental fitness for deployment; details can be found in [2016DIN01-069](#). Units are to submit nominal rolls of Reservists who will become entitled to the [Reserve OH Team](#) at HQ DPHC. Failure to do so will result in DPHC (Dental) refusing to see Reservists.

PRIMARY HEALTHCARE

15. Primary healthcare (PHC) is provided to Reservists by the NHS not Defence Medical Services (DMS). There are exceptions for mobilised Reserves and those on FTRS (Full Commitment). Reserve Regulations do, however, require that, when on duty, Reservists are to be seen for urgent or emergency care. There are additional inclusions with Reservists on long courses ([DPHC GN 09-15](#)) and for Army Joint Regional Liaison Officers (JRLOs) who are held at very high readiness (less than 24 hrs NTM), who may, when required need to be seen at medical facilities as temporary residents.

SUMMARY

16. DPHC delivers a package of OH and rehabilitation services to all Reservists. A network of Regional Practice Managers is available, contact details and details of Reserve clinics can be found on the [Reserves Occupational Health](#) site. If Units need any assistance regarding anything detailed in this document, they should contact DPHC's Reserve OH Team (SGDPHC-ReserveOHMailbox@mod.uk) at the earliest convenience.

Annexes

A. Healthcare entitlement for Reservists

HEALTHCARE ENTITLEMENT FOR RESERVISTS

	Primary Health Care	Occupational Health	Rehabilitation	Dental Care	Mental Health Care
Part Time Reservists ⁴	No ⁵	Yes	Yes ⁶	No ⁷	Yes; If attributed to operational service
Additional Duties Commitment (ADC)	No ⁵	Yes	Yes ⁶	No	Yes; If attributed to operational service
ADC on Trade Courses ⁸	Yes	Yes	Yes	Yes	Yes; If attributed to operational service
Sponsored ⁹ Reserve (not mobilised)	No	Yes	Yes ⁶	No	Yes; If attributed to operational service
Sponsored Reserve (Aircrew)	Yes	Yes	Yes	Yes	Yes; If attributed to operational service
Full Time Reservist (Full Commitment)	Yes	Yes	Yes	Yes	Yes
Full Time Reservist (Limited Commitment)	No	Yes	Yes ⁶	No	Yes; If attributed to operational service
Full Time Reservist (Home Commitment)	No	Yes	Yes ⁶	No	Yes; If attributed to operational service

⁴ This is for all Group A, B and C Reservists, so includes URNU, OTC and UAS cadets but does not include Sea Cadet, ACF/CCF or Air Cadet officers/ cadets.

⁵ There is no entitlement to routine medical or dental primary health care, except when mobilised. DPHC are however to provided urgent care for Reserves on duty if required and the DPHC facility is the most proximal. They are to be transferred to the NHS at the earliest, safe convenience

⁶ Reserves are entitled to Rehabilitation for any injuries sustained on duty, provided that a MOD Form 510 (or equivalent sS accident form) is completed.

⁷ If the Reservist is being held at high readiness (R5 or less) they are entitled to dental care - [2016DIN01-069 - Dental Care For Entitled Reserves](#)

⁸ [DPHC Guidance Note 09-15](#)

⁹ This matrix is based on JSPs [567](#), [753](#) and [770](#) together with single Service policy ([BR3\(2\)](#) and [BRd1750A](#), [Army Reserve Regulations](#), [AP1269a](#) and AP3392 Part 2 [Chapter 28](#)).

	Primary Health Care	Occupational Health	Rehabilitation	Dental Care	Mental Health Care
Full Time Reservist (Home and Limited Commitment) Aircrew	Yes	Yes	Yes	Yes	Yes
Full Time Reservist (Home and Limited Commitment) Based in Germany	Yes	Yes	Yes	Yes	Yes
Non-Regular Permanent Staff ¹⁰	Yes	Yes	Yes	Yes	Yes

Royal Fleet Auxiliary (RFA) personnel are entitled to full med/dent in the following circumstances:

- (1) When they are serving on board an RFA or RN ship either at home or abroad.
- (2) When they require occupational medical care, including the provision of Maritime and Coastguard Agency medicals by an Approved Doctor.

¹⁰ There are approximately 200 personnel who remain on the NRPS contracts; they are not being renewed.