CHAPTER 8

TESTING PROCESSES

(Sponsor: NAVY RA-DHd RA)

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Note. *Recruiting policy is being aligned across the Services and will transfer to JSP 545 on or before 1 Apr 27; no further policy amendments or additions will be made to BRd 3(1). Recruiting-related RNTMs and RIs will remain extant until incorporated to JSP545 or cancelled.*

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CHAPTER 8

TESTING PROCESSES

0801. RN Website

Candidates searching the Profession Finder are presented with two options:

a. **"Application Process".** EOI form sent to the Contact Management Centre (CMC) for basic eligibility checking.

b. **"Register Your Interest".** EOI form sent to the CMC outbound communications.

0802. Contact Management Centre Teleperformance (TP)

The RN CMC initial application support system:

a. **Inbound Calling.** Handling of all telephone Career Enquiries for RN, RM, RFA and Maritime Reserves, including providing application URL if candidate is ready to apply.

b. **Outbound Calling.** Contacting all priority roles as promulgated from HQ.

c. **Level 3.** Careers Advice. Potential applicants who request further information are offered a call from embedded Career Staff's.

d. **Webchat.** Provide information, advice and support on Royal Navy Careers Website via the webchat feature.

e. **Email Support.** Provide information, advice and support via email feature on Royal Navy Careers Website.

f. **Social Media.** Monitoring of all posts and comments on Royal Navy recruiting sites (Facebook, Instagram and Twitter) including replying to relevant queries.

g. **RITS Handoffs.** Candidates who register as a British National will be automatically handed to an Area Co-Ordinator via RITS. Career Staff embedded within TPUK will conduct basic eligibility checks on all other candidates who have stated they are not a British National, before assigning a candidate to the relevant Area Co-ordinator or team, via RITS. They are also able to reject the candidate if appropriate.

h. **Portal Support.** Embedded Career Staff email portal support for candidates experiencing technical issues on their recruiting portal.

0803. Recruitment Information Technology System (RITS)

a. A candidate completes an Expression of Interest via the Royal Navy Website link. They will receive an email from TPUK, which provides them a link to 'Apply Now'. Once a candidate selects the 'Apply Now' button, they are taken to the RITS Registration page (Day 0).

(1) Candidate receives an email with a link to the RITS registration page and completes their registration.

(2) Candidate receives an email with their Unique Reference Number (URN) and RITS temporary password.

(3) Candidate logs into RITS using their temporary password and is compelled to change their password using RITS two factor authentication process.

(4) Candidate completes a RITS application form.

(5) This above process can be completed in quick succession.

(6) Where a candidate fails to complete their application form within 12 months, RITS will automatically delete their account.

(7) Where a candidate completes their application form but fails to invest in the recruitment process, Career Staff will review their application and take the appropriate action.

b. If a candidate does not complete an application form within 12 months:

(1) Day 5 - Carpe Diem will send the candidate an email reminding them to apply via the link.

(2) Day 10 - Further reminder from Carpe Diem, with additional information to contact Specialist Recruiting Team who also have access to Carpe Diem (can commence eCRM).

(3) Day 15 - Carpe Diem will send the candidate a further communication reminding the candidate to apply via the link.

(4) Day 35 - Carpe Diem will send the candidate a survey email.

(5) Day 60 - Carpe Diem will send the candidate an email advising of closing of their enquiry. No further communications sent.

c. Upon receipt of a completed application form, RITS will automatically assess the application and where a candidate has registered as a British National, they will automatically be handed to an Area Co-Ordinator. Career Staff embedded within TPUK will conduct basic eligibility checks on all other candidates who have stated they are not a British National, before assigning a candidate to the relevant Area Co-ordinator or team, via RITS.

d. Once transferred to RITS, Career Staff have 7 days to contact the candidate and initiate the CRM procedure, which requires:

(1) Discussing role(s).

(2) Confirming eligibility for RN and selected role.

(3) Discussing application including process, fitness concerns and any questions etc.

(4) Arranging DAA.

(5) Confirming awareness of practice DAA facilities and recommending a completion timeframe.

e. All overseas candidates, apart from the Republic of Ireland (RoI), are to be processed by the Overseas Desk.

f. All RoI candidates are to be processed by the Northern Ireland component of the RF.

g. Re-entrant candidates select the option via the website that they have previously served and in all cases are initially processed by RISTT.

(1) If the candidate has achieved GTS and is returning to their original role, then RISTT will liaise with BM and check JMES, then process accordingly.

(2) For candidates that are UTS, the RISTT will process as per sub-paragraph (1) then hand to the RF for processing in addition to issuing the Approval to Process letter.

(3) For officers: forward those documents to AIB.

0804. Defence Aptitude Assessment (DAA)

The Defence Aptitude Assessment (DAA) is an assessment to predict a candidate's aptitude for a specific profession/ role. Whilst prior educational ability and acquired learning are important, the likelihood of a candidate to succeed in their RN training is best measured, and training risk reduced, by an aptitude assessment. The DAA offers a solution which enables objective testing of aptitude by either remote (unsupervised) or in-person (supervised) methods, to provide more agile accessibility to candidates. The DAA is to be conducted in accordance with ROM chapter 4 - DAA. It measures aptitude of all candidates (ratings and officers) across each of the 6 areas listed in the table below:

1	Verbal Reasoning (VR)
2	Numerical Reasoning (NR)
3	Spatial Reasoning (SR)
4	Work Rate (WR)
5	Electrical Comprehension (EC)
6	Mechanical Comprehension (MC)

a. A pass at the DAA as assessed against the DAA Threshold Matrix for the profession the candidate has applied for, is valid for 3 years.

0805. DAA - Waiver Process

a. DAA waivers will be considered on a case-by-case basis with the following considering factors:

(1) Preference role must be one for which waivers will currently be considered iaw the DAA Threshold Matrix, which reflects current recruiting priorities and requirements as directed by R&A Plans SO3.

(2) Score within 10 Percent of the Index Filter score.

(3) Score must be no more than 1 point below requirement in no more than two stanine scores.

(4) A combination of Index Filter Score and stanine shortfalls will not be accepted.

(5) For Engineering candidates, the minimum stanine scores for Numerical Reasoning, Verbal Reasoning, Mechanical Comprehension and Electrical Comprehension should be met. Waivers will only be considered where the candidate is applying for a Workforce Capability Gap (e.g. is a volunteer submariner) and must be agreed by the relevant Profession Manager.

(6) For Accelerated Apprentice (AA) roles, DAA waivers will not be considered or authorised.

b. A waiver request should normally only be submitted after the candidate has been unsuccessful at two DAA attempts. However, waivers of 1 stanine point will be considered after only one DAA attempt.

c. A waiver request will only be considered for the current role as set in the candidate's RITS 360 page regardless of the text written into the waiver request.

d. Requests will arrive as a 'TASK' to WO1 Policy and WO2 Ratings Allocations RITS Accounts.

e. **Career Staff Actions.** The DAA 'Waiver Request Button' is located in the Score card Tab in the candidate 360 but will only appear when the candidate has completed a DAA. Click on the Waiver Request button and complete the reasons for waiver adding any relevant comments for the R&A policy team and submit. Once the waiver has been submitted the details are available in the actions tab.

0806. DAA - Trial and Mock Test

A practice version of the DAA is hosted on the RN careers website. This allows candidates to practice the test and familiarise themselves with its layout, functionality and understand its flow. Immediately prior to the DAA, all candidates will need to confirm on their own device/tablet that the device is of an appropriate size and that they have attempted at least one mock test prior to undertaking the assessment. This is aimed at ensuring they are adequately prepared to enable them to perform to their best.

0807. DAA - Basic Administration Instructions

a. The candidate will be invited to complete the test on their own device, which should have a minimum screen size of 10.1 inches, as detailed in the supporting advice and guidance provided within the DAA invite. If this is not possible, the candidate can opt to complete the test at their local careers office on an RN provided i-Pad or another tablet.

b. The candidate will need to confirm the size of their device screen immediately prior to undertaking the DAA. This is to mitigate against the risk of potential under-performance by the candidate through attempting to complete the test on smaller devices e.g., smart phones. It is the candidate who accepts this risk if they complete the test on an inappropriate device, sufficient warnings are provided to inform the candidate of this.

c. On completion of an assessment, a candidate's scores are not to be disclosed to the candidate, or the candidate's representative e.g., family or schoolteacher etc until they have been appropriately reviewed by the Career Adviser.

0808. DAA - Careers Office Assessment

In the event that a candidate does not possess the necessary device to conduct the DAA as paragraph 0807 outlines, ROM chapter 4 provides guidance on preparing the test room for a candidate to sit the assessment within a Careers Office.

0809. DAA - Overseas Candidates

a. Eligible overseas candidates can now conduct the DAA before arrival in the UK. The process for administration of the DAA link to eligible candidates residing overseas is to be applied in accordance with Chapter 4 of the ROM.

b. **Non-Eligibility.**

(1) Candidates residing in Tier 1 or 2 countries are not to be issued DAA The recruiting process for these candidates is to continue IAW the ROM, with the DAA to be issued once the candidate is in the UK.

(2) Indian and Nigerian candidates are not eligible for a residency waiver and the DAA is not to be issued to candidates residing in either of these countries. Indian and Nigerian candidates must have resided in the UK for 5 years and be confirmed as legally entitled to live and work full time in the UK up to the date of entering Service.

c. **In-Person DAA.** There is currently no process to support in-Person DAA testing overseas. If overseas candidates are not able to complete the DAA remotely outside of the UK for any reason they will need to complete the DAA on arrival in the UK, remotely or in-person within an RN AFCO or CPC. Career Staff are to ensure these candidates are supported to sit the DAA once they arrive in the UK.

d. **Branch Transfers.** In the event a candidate fails to achieve the DAA score for their preferred profession or role, Career Staff are to offer a suitable alternative profession or role, depending on eligibility IAW the JEM.

0810. DAA - Candidates Failure Process

If the candidate does not achieve the required pass marks for the profession they have selected within their application, they will be provided with the following options:

a. Candidates can attempt the DAA three times. All 3rd DAA attempts must be conducted in-person at an RN AFCO. Candidates should wait 28 days between tests,[1] but staff are to advise the candidate they may re-sit the DAA earlier than 28 days if the candidate feels confident and requests to do so. Candidate Relationship Management (CRM) is to be given, reminding candidates that the score they achieve in the final attempt will be the score used in the score card to support their application.

b. Post CRM with a Career Staff, the candidate may change their profession to another that they are suited and eligible for based on their DAA result. This CRM is to be influenced by RPG priorities.

c. If a candidate does not achieve the required DAA score for their preferred profession/role, and does not wish to consider an alternative that is aligned to their DAA result, their application will be rejected. Their results will be held for 3 years within RITS, should they re-apply. The candidate can re-apply at any time for another profession for which they are qualified and have the requisite DAA score. Should a candidate wish to attempt the DAA again as part of a new application for a role they were previously ineligible for, they must wait at least 12 months since their last DAA attempt. Exceptions to this will be considered on a case-by-case basis by DHd R&A and are to be referred via WO1 Policy. Their DAA attempts are rest to zero. Rules of para a above will re-apply.

0811. DAA - Test Counter Compromise Measures

a. The nature of the online DAA makes it susceptible to potential compromise, most commonly by people using a calculator (or other electronic/computer based assistance) or by having someone else sit the test on a Candidate's behalf. There are a number of counter compromise measures that aid in the detection of someone attempting to 'game' the assessment or gain an unfair advantage. The DAA test, scoring and outcomes are audited by R&A HQ to monitor and highlight any suspect test results. R&A HQ also continually review the score thresholds to ensure they are appropriate to meet the recruitment requirement.

[1] Occupational Psychologists and test designers recommend 28 days elapse between tests, however a candidate may re-sit the DAA earlier than 28 days if they confident and request to do so.

b. Within the terms and conditions of the remote (non-supervised) test, the RN retains the right to subject those who have completed successful tests to a supervised confirmatory re-test, as part to the audit process. Additionally, the RN retains the right to re-test or reject anyone suspected of attempting to compromise the DAA. Any candidate suspected of compromising the DAA should be invited to conduct a supervised re-test; Careers Staff should look for cases where index scores in a second test are more than 20 points different to that in the first, across three or more employment categories, where the candidate does not provide justification for their initial poor performance.[2] If a Candidate declines to sit a supervised re-test, their application should be rejected.

c. If a candidate completes the supervised test, and their index score is:

(1) More than 20 points less than in the suspicious test across three or more employment categories, this is to be highlighted to R&A SO2 Plans for review.

(2) Less than 20 points difference compared to the suspicious test and are now no longer eligible for their preference role, R&A SO2 Plans is to be consulted before offering a role for which they have passed.

(3) Less than 20 points difference compared to the suspicious test, but still eligible for their preference role, proceed and inform R&A SO2 Plans.

d. Following review by R&A HQ, if it is felt that on the balance of probability the Candidate had compromised the integrity of the test on one of their attempts, they are to be rejected as per the DAA terms and conditions. Such Candidates are usually to be rejected for a minimum period of 12 months.

0812. DAA - Copyright Protection

a. The DAA is protected by Crown Copyright; any individual, or company, found to be attempting to record or publish the test online without the permission of the RN will be deemed to have breached its copyright. If a breach is detected, the RN will pursue the individual(s), or company concerned, using both civil and criminal legal means to protect the copyright and the integrity of the test. There are indicators embedded in the test that will allow the RN to identify video recording or stills taken of the test. If this happens, it will be treated as a breach and the RN will retain the legal means to redress this issue.

b. The DAA has over 75,000 question variants within the test battery. A candidate, therefore, has a 1 in 75,000 chance of having the same test as another candidate. As the test matures, more questions will be added to the battery. This reduces the impact of a test being recorded and published online.

[2] Justification might include using an incompatible device, connectivity issues etc. A very poor first test and normal-looking second test should not automatically require a 3rd supervised test - Career Staff are to exercise discretion based on their knowledge of the Candidate.

0813. Spare

0814. Eyesight Test - Booking

a. Careers Staff are to issue the candidate with an unused access code (depending on entitlement), authorising the candidate to have an optician's test carried out by the contractor. The candidate will be responsible for completing the online booking process, taking note of the eyecare voucher code as this will be required when attending their contractor eye test. For certain locations or roles, this process may be adapted to allow flexibility as to when the test is completed and outcome of results which may be given in hard copy and prior to full medical.

b. Where an eyecare scheme is not fully integrated into a candidate's local region, Careers Staff can issue the Candidate Miscellaneous Personal Payment Form RFI such that the candidate can reclaim reasonable travel costs.

0815. Initial Aviation Eye Examinations (IAEEs) for Aircrew Candidates

Aircrew candidate eyesight tests are to be conducted by Contractor Opticians prior to the Initial Aviation Medical Examination. See reference: ROM Chapter 1.

0816. Service Entry Medical Policy

a. Military Medical Examiners (MMEs) include RN MOs (General Practitioners (GPs) and other assigned MOs) and contracted Civilian GPs. They are authorised to conduct candidate pre-Service medical examinations using JSP 950 Leaflet 6-7-7, BRd 3(1) Chapter 7 and BRd 1750A.

b. All MMEs will be provided with RN-specific induction training on the medical examination process by Service Entry Medical Cell (SEMC). This will include the requirements of the examination and Candidate Preparation Centre (CPC) processes. Copies of training materials will be provided for the MMEs reference.

0817. Pre-Service Medical Examinations

a. Pre-Service Medical Examinations are to be conducted at CPCs. MEs are to assess candidates against RN and Joint entry standards. Candidates who meet entry standards are awarded an unrestricted Permanent JMES of Medically Fully Deployable MFD A4 L1 M1 E1. This remains valid for up to 3 years whilst the candidate awaits the start of Phase 1 training.

b. Candidates who do not meet entry standards are to be discussed with an RN Occupational Medicine (OM) Specialist who will decide whether the candidate is fit for entry (MFD), determine the best JMES for consideration of admission in a reduced JMES, or determine if the candidate is UNFIT. This is primarily assigned to Senior Medical Officer Service Entry (SMOSE) however authority is granted to other RN and Civil Service OM Specialists to conduct this activity.

c. **Royal Navy Pre-Entry Medical Employability Board (PMEB)**. Candidates who were not declared MFD at CPC can be awarded a temporary JMES (TJMES) and, in consultation with SEMC, can be presented to PMEB for an assessment against in-Service medical standards. This procedure for PMEB is as follows:

(1) The ME will complete the medical examination and award a TJMES, as agreed with the OM Specialist, then complete a Form 5A. The Form 5A will include all personal details of the Candidate and their selected profession/role, along with the proposed JMES and Medical Limitations (MedLims).

(2) A copy of the completed Form 5A is to be forwarded to the RNMEB Secretary (NAVYSEC-NSMEBADMIN@mod.gov.uk) by SEMC no later than 1000 hours each Thursday during a CPC week for every case requiring consideration. The forms will be stored in a limited access area so Board Members can pre-read as required.

(3) A formal letter detailing the TJMES and supporting MedLims will be given to the candidate on completion of their medical for their personal reference. This letter will detail the clinical reasons and outline the subsequent PMEB process (incl. the right to appeal). In addition to the formal letter, candidates will be provided with a JMES certificate by the CPC on completion of their medical.

(4) The PMEB will typically convene on the Thu afternoon of a CPC week to decide if the TJMES6 and limitations awarded provide sufficient employability in the relevant profession, from entry into Service, through Phase 1 training requirements and onto the end of their initial RoS.

(5) The PMEB will consider those cases referred to them and determine the following:

(a) ‘Accept’ on Employability Grounds.

(b) ‘Reject’ on Employability Grounds.

(c) ‘Deferred’ awaiting more information from relevant medical or employment area SMEs.

(6) The RN PMEB will forward results to NAVY RA-Policy WO1 for RITS notification and tracking and NAVYRA-CPCMEDICAL@mod.gov.uk for update to medical documentation.

(7) HQ R&A, DHd R&A will oversee necessary administrative action to inform the Candidate, dependant on outcome, via RITS/Formal letter. On receipt of RITS notifications, Careers Advisers will be required to inform individual candidates of the RN PMEB decision and provide appropriate follow-on advice and guidance, including how to appeal if needed.

(8) Those candidates rejected on employability grounds will be given the opportunity to lodge an appeal. Appeals are to be initiated on RITS by the Careers Adviser with appeals being considered by the SEMC Assessment Board under current process.

(9) The PMEB Secretary, with support from the SWP team, will maintain complete records of decisions and follow up at 12 and 24-month points to ascertain longer term outcomes of personnel during and post initial training.

(10) Standing members the PMEB, its roles and responsibilities and standing agenda are included at Annex 8A.

d. **University Royal Naval Units (URNU) Candidates.** From 1 Oct 24, URNU candidates are to be examined by MEs at RN CPCs. Details relating to URNU Candidates can be found at Annex 8B.

e. **Travel**. As described in paragraph 0814, should a candidate have to travel outside of their region to attend a medical examination, their Careers Staff can issue the Candidate Miscellaneous Personal Payment Form RFI.

0818. Medical Appeals

a. Candidates made PMU will receive a letter stating the medical reasons they have been made PMU. In some cases, the letter will also contain additional medical conditions for which the candidate must also provide supporting evidence.

b. The PMU letter will instruct the candidate on actions to take in liaison with their Careers Staff in order to appeal against the decision. Careers Staff are to electronically forward the appeals pack, via RITS, to the candidate. Careers Staff are to make a note of the request to appeal on RITS. The initiation of an appeal is fully detailed in the ROM, chapter 5.

c. Candidates are responsible for gathering all the information required to compose their appeal and for submission directly to the SEMC Appeals email address, NAVYRA-SEMCAPPEALSMAILBOX@MOD.GOV.UK.

d. On receipt, the SEMC Appeals Team will scrutinise the appeal, inform the candidate if it has been accepted for consideration or rejected, and record this on RITS. If rejected, the candidate will be notified of the reason why or if any change or additional information is required.

e. When an appeal is accepted, the SEMC Appeals Team will upload the appeal documentation for review to the electronic medical record. The SEMC Appeals Team will then conduct Assessment Boards consisting of an Occupational Medical Consultant and PONN.

f. Administration of the Board results will include:

(1) Informing the candidate via e-mailed letter.

(2) Uploading the results to RITS.

g. **Eligibility for Appeal.** It is fundamental that eligibility is considered against Service need and is not dependant on the medical, physical or personal status of the candidate. The appropriate Specialist Recruiting Team is to be consulted on referral to PMEB due to the needs of the Service before processing an appeal for a candidate applying for one of the following roles:

(1) **RMBS.**

NAVY CNR-COHERENCE SRT RMBS CSGT

(2) **RNR Cyber Warfare.**

NAVY PEOPLE-CM RES FF SO2

(3) **Chaplains.**

NAVY RA-Chaplain

0819. Medical Eligibility

a. Careers Staff should direct candidates to the medical ‘conditions’ that may bar them from entry and explain the entry standards using the JSP 950 Lft 6-7-7 as a point of reference and, if necessary, seek advice from SEMC. It is important that the medical requirement is explained and conveyed as sympathetically as possible by qualified Careers Staff. SEMC is the point of contact for additional information regarding the current standards for Service entry.

b. Careers Staff must not offer medical advice or be drawn into conversation relating to specific medical conditions. Candidates who request advice on medical conditions should be advised to reference the entry standards SEMC is the point of contact for additional information regarding the current standards for Service entry.

c. Should the Candidate require more detailed information advice can be sought by the Careers Staff from SEMC. On receipt of advice the Candidate can either decide to make an informed withdrawal from the recruitment process; or continue with the recruitment process.

0820. Medical Requirements - Reserves/Re-Entrants/Service Transfers/Reserve Forces

a. All candidates with former Service and who fulfil the criteria below must be initially scrutinised by the Re-entrant and Inter-service Transfer Team (RISTT) or Maritime Reserve Cell (MR Cell) on JPA and gain BM's approval.

b. Candidates who left the Service due to medical reasons or in a reduced medical category or without a release medical, will be processed as below:

(1) **Firefly-36 candidates** will be processed by the MR Cell. These candidates can apply and be processed within 36 months of leaving Regular service. These candidates will be reviewed by SEMC. Outside of 36 months, they are to undertake the full PML Process.

(2) **Re-entrant candidates** will be processed by the RISTT. Candidates wishing to rejoin the Regular Service and who have left within 36 months, will complete an RNMQ and SCT form on RITS. These candidates will be reviewed by SEMC. Outside of 36 months, they are to undertake the full PML Process.

(3) **Service Transfer and Branch Transfer candidates** will be processed by the RISTT. Candidates wishing to Service transfer or Branch transfer, will complete a Service Transfer Consent and SCT form on RITS. These candidates will be reviewed by SEMC.

(4) **Reserve Forces to Regular RN/RM candidates.** All Reserve Forces (Maritime, Army and RAF Reserves) candidates are to complete the full PML process.

0821. Medical Documentation of Candidates

a. Under no circumstances are Careers Staff to take part in, or assist with, any part of the medical examination of candidates.

b. Recruiting Staff should not have access to or hold any documents designated 'Official Sensitive Personal - Medical in Confidence'. If any records are found or received, they are to be dispatched to SEMC in accordance with ROM chapter 5 - Medical, Eyesight and Dentist.

0822. Medical - Candidates Who Meet Medical Standards

a. All medical outcomes will be recorded on the MIS.

b. **Role of Preference.** Candidates who are medically unfit for their chosen role, but meet the medical entry criteria for an alternative role or Service, may be counselled towards another role or Service without further referral to the SEMC, utilising the RITS eligibility matrix or the JEM.

c. **Medical Examination - Period of Validity.** Whilst in the recruitment process, the medical examination will remain valid for 3 years from the date of the initial F2F Medical, regardless of the initial outcome All candidates who have not entered service at the 36-month point will require a full new **entry** medical with the current medical contractor.

d. Specialist medicals for Aircrew and Divers are valid for twelve months.

e. All candidates must be 'in date' for medical on the day of entry.

0823. Medical - Entry

a. On allocation of an entry date, candidates must complete the Acknowledgement/Medical Certificate (and, for those under the age of 18 years, their parent/guardian must sign the MoD Form 486). Candidates who declare illness or injury since their medical examination are to be referred to the medical contractor using the RITS form for a change of medical circumstance review. The completed MoD Form 486 must be forwarded to the NETE with Part Entry Papers. NETE medical centres will be able to access all medical documentation directly from the medical contractor portal.

b. All candidates entering the RN will be medically scrutinised by a Medical Officer and their medical documents examined to determine whether any medical condition has arisen since the MME's examination.

c. **Waist Circumference to Height Ratio**. All candidates will have their WCtHR rechecked on arrival at Phase One. Recruits who have moved into either Category 1 (WCtHR <0.4) or Category 4 (WCtHR ≥ 0.6) must be discussed with SMOSE and will be subject to a risk assessment before they can commence training. They may be placed "Medically on Hold" or discharged NFA Med based on the outcome of this assessment. It is candidates' personal responsibility to maintain a healthy weight prior to entry. Following discussion with SMOSE, The Principal Medical Officer (PMO) at HMS RALEIGH (RAL) or Britannia Royal Naval College (BRNC) will make a recommendation to the Training Commander (Cdr T) as to whether the candidate is safe to start Ph1 training, be placed "Medically on Hold", or be discharged NFA Med.

0824. Medical - Candidates Medically On Hold (MOH)

Candidates will be informed of the reasons why they cannot pass the medical recruitment process and placed MOH. The candidate will be instructed on what actions are required before a medical review can take place. The CA will not be advised of the MOH reason, only the fact the candidate is MOH and, in general terms, the management of candidates to reach a medical decision on fitness to serve will be conducted by the medical contractor, referring to SEMC as required.

0825. Medical - Candidates Below Medical Standards

a. The Medical Contractor will refer candidates falling below JSP 950 Leaflet 6-7-7 Section 4 standards to SEMC. If following review by SEMC the candidate is still deemed unfit RITS will be annotated accordingly.

b. A letter will be sent to all candidates who are declared medically unfit, highlighting the reasons why.

c. Candidates who wish to appeal, after discussion with their CA, are to submit their appeal to SEMC using the RITS form.

0826. PJFT

a. All Regular, overseas, DSUS and Reserve RN applicants, with the exception of RM and Diver candidates, are required to pass the PJFT. RM and Diver candidates are required to pass PJFT+ or PJFA outlined below. Candidates considered fit to continue with their application at PHCR Scrutiny will be considered fit to attend PJFT.

b. The following exceptions when re-entering the Service apply:

(1) If it can be ascertained that a re-entrant will still be in date for RNFT/RMFT on re-entry/transfer, then the PJFT requirement can be waived, with an explanatory journal entry on RITS, otherwise the procedure is as below.

(2) **Trained RN (GTS).** The PJFT is to be completed as soon as practicable post medical as per the instruction above.

(3) **Untrained RN (UTS/PTS).** The normal PJFT process applies to all re-entrants who are required to undertake any part of initial training (i.e. Phase 1 or 2) on re-entry.

(4) **Trained RM (GTS).** The normal PJFT+ process applies to all GTS re-entrants.

(5) **Untrained RM (UTS/PTS).** The normal PJFT+ process applies to all untrained or part-trained re-entrants.

0827. PJFT - Conduct

a. The PJFT and PJFT+ are now predominantly conducted internally, at CPC. Those who are continuing to conduct their PJFT by an external contractor (currently Nuffield Health (NH)) include some RM candidates, CPC failures/re-tests, DSUS, Reserve and re-joining candidates in accordance with the instruction found at ROM chapter 6 - PJFT.

b. All candidates who attend an external contractor for their PJFT are to have their Blood Pressure (BP) checked prior to the fitness assessment. This is an external contractor procedure and does not form as part of RN medical policy. If candidates fail the BP test, the following process is to be adhered to:

(1) At the first BP check failure, the candidate will be requested by NH to return no sooner than 24 hours for a PJFT at the candidate's convenience.

(2) In the event the candidate fails a second BP test they will be declined the opportunity to attempt the PJFT and advised to visit their GP for a health check to gain a letter of confirmation that they are safe to attempt a PJFT at NH.

(3) On production of a GP letter confirming there are no underlying health conditions a third and final pre-PJFT BP check will be conducted by NH staff.

(4) If the candidate fails the BP check, NH will refuse the candidate's attempt iaw NH mandated H&S regulations, despite the GP confirmation and the candidate is to be rejected.

(5) Candidates who fail the third pre-PJFT BP check are to be counselled by their Career Staff to seek alternative methods of testing. In conjunction with the Sickle Cell Trait (SCT) policy in chapter 7, the PJFA/PJFT+ is a strength test designed to not cause undue cardiac exertion and is therefore suitable for all RM and Diver candidates to conduct. Candidates who have tested positive for SCT may inform the PJFT assessor if they wish, but no action is to be taken to impact the conduct of the PJFT+. Policy for the standard PJFT and SCT can be found in Chapter 7.

0828. PJFT/PJFT+ and PJFA - Pass Criteria

a. **RN and RNR Candidates.** The table below defines the level of fitness Candidates are to demonstrate when completing the 2.4km run/Multi-Stage Fitness Test (MSFT) while attending RN CPC or a Nuffield Health gym. At RNCPC the times that are applied are PJFT +25%, at Nuffield Health the times applied are PJFT +10%. Further guidance is provided regarding actions that should be taken to ensure appropriate CRM, dependent on performance.

Gender	Age	RNFT Pass	PJFT Pass (+10%)	PJFT Pass (+25%)	Fail	MSFT Pass	MSFT Pass (+2 Lvl)	Fail
Male	16-24	11.09	12.16	13.56	>13.56	9.10	7.09	<7.09
	25-29	11.33	12.42	14.26	>14.26	9.04	7.03	<7.03
	30-34	11.58	13.09	14.57	>14.57	8.09	6.08	<6.08
	35-39	12.23	13.37	15.28	>15.28	8.03	6.02	<6.02
	40-44	12.51	14.08	16.03	>16.03	7.08	5.08	<5.08
	45-49	13.18	14.38	16.37	>16.37	7.02	5.02	<5.02
Female	16-24	13.10	14.29	16.27	>16.27	7.04	5.05	<5.05
	25-29	13.37	14.58	17.01	>17.01	6.09	4.08	<4.08
	30-34	14.05	15.29	17.38	>17.38	6.05	4.04	<4.04
	35-39	14.33	1600	18.11	>18.11	5.09	3.08	<3.08
	40-44	15.04	16.34	18.50	>18.50	5.06	3.05	<3.05
	45-49	15.35	17.08	19.28	>19.28	5.02	3.01	<3.01

b. **RM Candidates and RN Divers.** The table below defines the standard required to pass the Royal Marines Fitness Assessment (RMFA). For RM candidates, these standards are also applied during PJFA training sessions delivered around the country by the DoCC Commando In-Reach Team (CIT), from which candidates should receive a recommend to attend RM CPC. The same standard is then applied in the RMFA which is the first physical element of RM CPC. RM Candidates that continue to show little or no progress during PJFA training sessions will be considered for career counselling to alternate roles. For RN Divers, these standards are applied at RN CPC.

PJFA Result	Pass	Re-attempt
Event	RM PJFA minimum level / reps	
MSFT	10.5	<10.5
Press Ups	30	<30
Sit Ups	40	<40
Pull Ups	4	<4

c. **PJFT+.** The PJFT+ remains in place as a Pre-Joining Fitness Test process for RM Overseas candidates and is usually delivered virtually. The table below provides the requirements:

RM (Overseas candidates): PJFT+ Standards	
All	a. Circuit completed three times for RM OR candidates and 4 times for RM officer candidates: (1) Burpees x 20 (2) Sit-ups x 30 (3) Press ups x 20 (4) Plank x 1 minute b. On completion, and after a 2-minute recovery, all candidates will be required to conduct 5 pull ups. c. If exercise form is below standard, PT staff can adopt the '3 strike' rule which can result in a 'fail'.
RMBS: PJFT Standards	
All	As advised by RMBS SRT prior to Audition attendance.

d. Candidates applying to join the RN are to be encouraged to use the Navy/Commando Ready apps as early as possible in the recruiting process. Careers Staff are to ensure that the candidate has links to the appropriate guidance on the RN Careers Website at the earliest stage of the recruitment process.

e. All Candidates are to be informed that they must maintain or improve their fitness throughout the whole recruiting process. All RN and RM candidates will have to attend a Candidate Preparation Course (CPC), or Officer Selection Course (OSC) (RMO only).

(1) At CPC (RM) and OSC, RM and RMO candidates will be required to pass the PJFA under RM supervision, as well as complete other physical tasks.

(2) At CPC(RN)/MedFit all RN candidates, including officers and Divers, will be required to conduct a PJFT/PJFA to ensure they are fit to commence Naval training. The PJFT +25% times described in para a above are to be applied for non-Diver candidates. Any candidate who fails to meet the required standard will be counselled accordingly by CPC staff and/or their Careers Staff.

0829. PJFT - Booking

The following detail is provided for those who remain on the contractor provided PJFT (e.g. candidates who have previously attempted CPC and did not pass the PJFT element, or were medically unable to attempt the fitness elements).

a. Candidates are to be sent the appropriate instruction via RITS to book their PJFT as soon as they have passed medical triage/are fit to re-attempt. Candidates are to be advised of the contact details for their local Nuffield or third-party fitness centre.

b. The PJFT standard applied for a test at Nuffield using a running machine is PJFT +10%, not PJFT +25%; see 0828 a.

c. On receipt of the results email, Careers Staff are to enter the results into RITS.

d. Duration of pass: PJFT passes remain valid for a period of 12 months from the date of successful completion. Candidates still in the recruiting process 12 months after passing their initial PJFT are to re-take the test as 'first attempt candidates'. Candidates must be within the 12-month period prior to attending preselection courses and when joining NETE.

e. Careers Staff and the candidate are responsible for ensuring the results are correctly recorded and any subsequent actions are taken in appropriate time.

f. If a candidate cancels a test within 24 hours or fails to attend, Careers Staff will be informed by the Fitness Centre and the RN will be charged for that appointment. Cancellation and re-booking by a candidate outside of 24 hours' notice will not be notified to Careers Staff.

g. Careers Staff are to contact the candidate as soon as possible and establish the reason for non-attendance. If deemed appropriate, Careers Staff may authorise the candidate to book another date. If a candidate fails to attend a second appointment Careers Staff are to update RITS. The candidate is to be sent a RITS letter, which informs them that their application is being withdrawn.

0830. PJFT - Testing Procedures

a. Career Staff are to brief RN and RNR candidates on the PJFT (PJFA for Divers) during initial CRM, covering the following points:

(1) The implication of failing:

(a) They will not be allocated a specialist board or audition, if required for their role, but will be given more time to get fit and re-take the PJFT.

(b) The candidate will not be considered for an Offer of Service or Notice of Eligibility for Final Selection Process but will be given more time to get fit and re-take the PJFT as detailed above.

(2) Candidates should also be advised that to cope better with the physical demands of Phase 1 Training, they should aim to achieve the RNFT fitness level before joining. Furthermore, failing the week-1 RNFA or week-5 RNFT of NETE may result in discharge.

b. Careers Staff are to brief RM candidates on the PJFA/PJFT+ during initial CRM, covering the following points:

(1) The implication of failing, i.e. RM candidates will not be given an Offer of Service or Notice of Eligibility for Final Selection Process and should be given more time to get fit and retake the PJFA/PJFT+.

(2) RM candidates should also be advised that the ROP is much more physically demanding than the PJFA/PJFT+, and that they are not to assume that passing the PJFA/PJFT+ is an indicator of success at CTCRM.

c. **Travel Costs.** Travelling expenses to attend CPC other than rail travel arranged by Careers Staff and travel to MedFit/PJFT/PJFA/PJFT+ are to be covered by R&A iaw extant policy when required. This is to be determined by individual Careers Staff on a case-by-case basis.

d. **Remote Candidates.** RN Diver/RM candidates from remote areas of UK (e.g., Channel Islands, Orkneys, Shetland) can conduct PJFT+ when required; these tests will be arranged by exception on a case-by-case basis and when CTC capacity allows.

e. **Contract/Booking Difficulties.** Any problems with fitness centres are to be reported to R&A Policy SO2 as soon as they become evident. Careers Staff are not to enter into dialogue with fitness centres directly, other than for purely administrative issues.

0831. PJFT - Overseas Candidates

a. The Overseas Recruitment Team (ORT) is to advise all overseas candidates, before travelling to UK, about the requirement to undertake the PJFT when in the UK for the selection process. All candidates are to provide STRAVA evidence of their 2.4km run time before being invited to travel to UK (candidates who require an SCT test when they arrive in the UK are exempt from providing STRAVA evidence).

b. All overseas RM candidates are to conduct a virtual PJFT+ while in their home country and must pass this as one of the conditions to be invited to travel. The PJFT+ is conducted by CTC PT Staff.

0832. PJFT - Failure Procedures

a. **Failure Routine After First Attempt.**

(1) Call and discuss reasons for failure and brief on further attempts (2 maximum).

(2) Candidate is to be given maximum 30 calendar days to prepare and resit the test.

(3) Create a retrospective PJFT event and book the candidate on it. Enter the results in the results form to provide details of failure. Candidate to remain ‘Active’. Set appropriate task to prompt re-issue 2nd PJFT attempt message if required, or to contact candidate if PJFT not attempted in relevant time frame.

b. **Failure Routine After Second Attempt.**

(1) Discuss with candidate the implications of this failure; ensure they understand that failure of the third attempt may result in their application being rejected

(2) Create a retrospective PJFT event and book candidate on to it. Enter results to provide details of failure.

(3) Inform candidate they must conduct their 3rd and final PJFT between 30 and 90 days of the 2nd PJFT failure.

(4) Issue PJFT 3rd attempt attachment via RITS. Update the body of the text of communication to reflect that this is the 3rd attempt.

(5) Candidate to remain 'Active'. Set appropriate task to review application if PJFT not attempted in relevant time.

c. **Failure Routine After Third Attempt.**

(1) Send the 'PJFT Final Fail' attachment as part of the PJFT paperwork to the candidate. Update the body of the communication to reflect the failure of the final attempt.

(2) RITS is to be updated to the appropriate end state (rejected, with 'Fitness' as reason), the 'period of ineligibility' to 3 months, and additional comments to reflect circumstances of candidate's final failure to be entered in the 'comments' box. The terms of the rejection, as with any rejection, are to be clearly and sensitively explained by Careers Staff to encourage the candidate to address their issues and re-apply when appropriate.

0833. PJFT+ - Failure Procedures

a. If a candidate fails a PJFT+, they must understand why they have failed and how they can address this shortfall and can book another PJFT+ in not less than 28 days.

(1) **RM OR (Overseas).** Candidates may attempt the PJFT+ up to 3 times. After 3 failures, the candidate should receive CRM to advise them that their application will be rejected, with advice on how to improve fitness and re-application timelines according to role applied for.

(2) **RM Officer (Overseas).** Candidates may attempt the PJFT+ a maximum of 2 times. After two failures the application is to be rejected. An otherwise good candidate can be advised to re-apply in not less than 6 months having improved their fitness levels.

(3) Failure to attend, or not being properly prepared to complete the test will count as a failure and therefore, be regarded as an attempt.

(4) All PJFT+ attempts are to be recorded on RITS by Careers Staff to ensure an accurate record of all attempts leading to successful completion or candidate rejection.

(5) Re-attempts must be annotated as appropriate:

(a) RM OR 2nd Attempt.

(b) RM OR 3rd and FINAL Attempt.

(c) RM Officer 2nd and FINAL Attempt.

b. Whether RM OR or RM officer, if candidates are unsuccessful after maximum attempts, Careers Staff are to reject candidates and advise them to improve their fitness iaw the guidance at the RN Careers Website. Candidates are not to re-apply to join the RN until a minimum of 3 months from the date of rejection. The terms of the rejection, as with any rejection, are to be clearly and sensitively explained by Careers Staff to encourage the candidate to address their issues and re-apply when appropriate.

0834. Miscellaneous Fees - Payments by Candidates and Reimbursements

a. In the event of the candidate expressing a genuine difficulty with miscellaneous fees, then a claim re-imbursement can be made via a HR Form 1108 available on RITS via the “Candidate Miscellaneous Personal Payment Form” RFI. The measure of genuine hardship of the candidate should be at the discretion of Careers Staff. Hardship must be fully proven to the full satisfaction of Careers Staff and always be considered the exception.

(1) Receipts for miscellaneous fees are to be submitted with the HR Form 1108 claim form, which is to be emailed to DBS via the Contact Us link on the HR Form 1108.

(2) In the event of electronic submission failing, the HR Form 1108 and receipts are to be submitted to DBS, Scanning hub, PO Box 38, Cheadle Hulme, SK8 7NU.

(3) Payment will be by BACS transfer to the candidate’s nominated bank account[3].

[3] Passport fee reimbursement queries can be made to ‘Navy FD-Fin Ops P&T Spt’.

b. Travel will normally be booked by Careers Staff, however, in exceptional cases candidates may be refunded distance or hardship expenditure at public expense for various categories of travel as follows, using HR Form 088_v11.0-OSP.doc.[4]

(1) Travel to Careers Office attendance.

(2) Travel to Defence Aptitude Assessment (DAA) location (e.g., public library or AFCO)

(3) Travel to Pre-Joining Fitness Test (PJFT)/Pre-Joining Fitness Assessment (PJFA)/Pre-Joining Fitness Test+ (PJFT+).

(4) Travel to Medical Examination.

(5) Travel to Eyesight Test.

(6) Travel to Candidate Preparation Course (RN and RM).

(7) Travel to MedFit (at CPC locations).

(8) Travel to RM Officer Selection Course (RM OSC).

c. Assistance should not be offered, but given only when the individual explicitly requests help, when it is evident to Careers Staff that the candidate will be required to travel a considerable distance within the UK, or the candidate would incur genuine financial hardship in meeting the cost, then, assistance with attending these events is to be offered. A similar process is to be adopted for the reimbursement to candidates of passport expenses (see 0834.g.). Candidates must be encouraged to use public transport at all times and the actual fare incurred may be claimed on submission of receipts. Candidates wishing to use a private vehicle are to state the mileage for the journey on the form; claims will be paid at appropriate mileage rate. The use of taxis must be in exceptional circumstances only; a reason for use must be stated on the form.

d. When exceptional instances merit authorisation of a distance/hardship payment the UIN of N6032A is to be used.

e. Under no circumstances should money be withdrawn from contingency accounts and given to candidates.

f. Further information relating to this process is located in the ROM.

[4] https://gbr01.safelinks.protection.outlook.com/ap/w-59584e83/?url=https%3A%2F%2Fmodgovuk.sharepoint.com%2Fsites%2FIntranetCivilianHRPeoplePortal%2FHRForms%2FHR%2520Form%2520088_v11.0-OSP.doc&data=05%7C02%7CEmily.Vickery401%40mod.gov.uk%7C61e6de5928054acd49ea08dc474b145a%7Cbe7760ed5953484bae95d0a16dfa09e5%7C0%7C0%7C638463634982864899%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=CpspFrz4Ec1Ed1SZyqQV6EKYY0DKflas%2FX0YKHt9SCo%3D&reserved=0

g. **Passports.** Only RN Officer candidates are required to possess an in-date passport at time of Service entry. For all other Service entrants possession of a passport is desirable but not essential. Payment for purchase of a passport is not to be offered to candidates who are not in possession of an in-date passport and do not require one for service entry.

(1) For those who do require an in-date passport for service entry and express financial hardship, the funding of a passport purchase is to be considered by Careers Staff. Hardship must be fully proven to the full satisfaction of the Career Staff and always be considered the exception.

(2) The candidate must request a receipt when they send their application to the passport office/post office. This receipt will need to be attached to the HR Form 1108 claim form when a claim is made.

(3) Only RNO Officers require a passport from the commencement of their training as they are required to travel overseas in the early stages of their training. RM Officers do not travel overseas until 12 months into their training.

(4) Personnel who require a passport for travelling on official journeys overseas may have their passport applied for and funded within and at Service expense as required iaw JSP 752 Ch9 Section 13.

ANNEX 8A

PRE-ENTRY MEDICAL EMPLOYABILITY BOARD STANDING MEMBERS, ROLES & RESPONSIBILITIES AND STANDING AGENDA

1. PMEB Standing Members. Standing members of the MEB will be:

Chair	Navy People PSP Hd / Navy People-WFPT Hd	Core
Workforce Planning	Navy People WFPT STRAT SO1/SO2	Core
Occupational Medicine	Navy INM RN AvMed Head	Core
Navy R&A	Navy RA DHd RA	Core
Navy Training	Navy People TMG RAL CDR INT	Core
Secretary	Navy People PSP MEB SEC	

Supplementary:

Legal	Navy Legal Emp Law SO1	A/R
Profession Advisors	W / L / E / RM SO1	A/R
CPC HQ Medical Lead[1]	Senior CPC RN Medical Officer	A/R
SEMC[2]	Navy RA SEMC SMOSE	A/R
Navy Training	BRNC/CTC representatives	A/R
Navy R&A Policy	Navy R&A Policy representative	A/R

2. PMEB Roles and Responsibilities. Roles and responsibilities of RN PJMEB are as below:

a. **Chair:** The Board is to be chaired at OF5 and will have final decision-making responsibility.

b. **Workforce Planning:** To represent each profession as required.

c. **Occupational Medicine:** To provide specialist advice on JMES and medical employability. To be prepared to discuss candidates presented from all CPC locations, having been on-call through the week to advise CPC Medical Officers.

d. **Navy R&A:** To present Navy R&A position including recruiting shortfalls. Navy R&A Policy to compose and upload executive decision letter to RITS.

e. **Navy TMG:** To represent new entry training establishment(s) and inform of outcomes. Ph1 PMO and Cdr T to be invited where review involves a potentially NFA candidate.

f. **Secretary:** Will collate Form 5As, make a record and provide outcome to Navy R&A. In the Secretary's absence Navy PSP will provide an alternate.

3. Standing members make a quorum for decisions. If Chairing OF5s are not available cases are to be deferred to the following week.

[1] The Senior CPC Medical Officer may attend as requested by MEB.
[2] SMOSE for any SEMC referrals.

4. Supplementary members are to be available (or nominate a suitably empowered and qualified representative) to answer any medical, legal or profession specific questions.

5. PMEB Standing Agenda. The standing agenda will be as follows:

Serial	Item	Owner
1.	Introduction	Chair
2.	CPC Candidates	Sec / Occupational Medicine
3.	Candidates Carried Over	Sec / Occupational Medicine
4.	SEMC Referrals	Sec / SEMC
5.	Actions	Sec / Chair
6.	AOB	Chair

ANNEX 8B

URNU CANDIDATES

1. Background

University Royal Naval Units (URNUs) recruit university students from around the UK to undertake voluntary RN activity during their time at university. URNU personnel fall under the command of CO BRNC and, for administrative purposes, are managed on the Royal Naval Reserve List 7[1] iaw BRd 3(1) Chapter 151 and BRd 3(2) Chapter 1 Section 2. Members of this List are not Volunteer Reservists, have no call-out liability and form no part of the Maritime Reserves. In order to ensure the safety of URNU personnel and the Regular and Reserves Personnel working alongside them, all URNU candidates undergo entry medical examination.

2. Direction

a. URNU candidates are to be medically examined at a RN CPC via MEdFit + bookings with the same preliminaries and available full PHCR. They are subject to the same medical standards as applicants to the Regular and Reserve Service as laid out in JSP 950 Lft 6-7-7 and BRd 1750A. They are to be awarded a JMES iaw this Annex.

b. Where an URNU candidate does not meet the Entry Standards, their case will be considered by an OM Specialist and a reduced JMES may be awarded. This must be ratified by the MEB before the candidate can undertake any URNU activities.

c. Where an URNU candidate is a retired Regular or Reserve SP[2], careful consideration should be given to their JMES on discharge, and their medical fitness and records since discharge. There may be situations where seamless transfer is appropriate however this should only be considered on a case-by-case basis. The default action should be to complete a fresh medical examination as per other candidates.

d. When a URNU candidate is deemed FIT, they are awarded MFD Perm for 3 years. Should they subsequently join Regular or Reserve Service during the validity of this medical, they will not require another full medical examination, which aligns with RN candidates who are not in the URNU. However, as URNU candidates do not select a Branch, consideration must be given to whether their physical standards match their selected Branch on joining the RN.

e. Previous URNU categories such as ‘Fit for URNU +/- Shore only’ are not to be awarded.

[1] List 7A (Training Officers), List 7B (URNU Officer Cadets), List 7C (Defence STEM Undergraduate Scheme (DSUS))
[2] E.g. joining as Training Officers

3. Guidance for Medical Examiners

a. **Physical Standards[3].** The following physical standards must be met for an award of MFD. This is because the medical examination is valid for 3 years and URNU personnel may subsequently join Regular or Reserve Service within the validity period without a further pre-entry medical examination. At this stage URNU personnel may not have determined which RN Branch they are joining. Physical standards for the RN vary by branch and specialisation, and these will be matched to the Branch during application. Therefore, at this stage URNU require the minimum RN-Branch specific physical standards. Those that do not meet these criteria may be awarded a lower JMES if appropriate, after discussion with an OM Specialist.

(1) Minimum height: 145cm

(2) Minimum WHtR 0.4

(3) Maximum WHtR 0.59

(4) Visual Acuity: VA 3

(5) Colour Perception: CP4

(6) Hearing: H2

b. **URNU Activities.** URNU personnel conduct activities including sea time in Ships (P2000 through to QEC), flying as a passenger in fixed and rotary aircraft, parachuting and other Type 4 Adventurous Training, representative sport, and RN / RM-specific training such as RAS Rig, Damage Repair Instructional Unit (DRIU) and assault courses.

c. This broad range of activity overlaps with Service Personnel however URNU personnel do not hold responsibility for safety-critical duties and are not deployed operationally. When at sea they are considered sea-riding observers of RN activity. URNU personnel may not be required to go to sea beyond visiting Ships alongside but will require a level of robustness commensurate with the role being applied for. For example, Training Officers should be capable of leading hill-walks and sea-riding embarkations.

[3] BRd 3(1) Ch 7 - Eligibility and Entry Standards and RN Recruit & Attract Job Eligibility Matrix (https://modgovuk.sharepoint.com/sites/IntranetNavy/SitePages/jem.aspx)

4. JMES Guidance for Medical Examiners

a. **Training Officers (TOs).** TOs are required to lead, teach and motivate Cadets and are required to match JMES for Regular or Reserve Entry. Therefore, TOs who may be awarded a JMES of lower than MLD A4 L4 M2 E4 are to be discussed with an OM Specialist with a view to presentation to PMEB.

b. **Officer Cadets.** Students may be permitted to join as Officer Cadets provided they meet the minimum standard which is to be able to visit a Ship alongside. Therefore, URNU candidates who may be awarded a JMES of no lower than MND A4 L4 M3 E4 are to be discussed with an OM Specialist with a view to presentation to MEB as per Table 8B-1 below.

Table 8B-1: Outcomes from Medical Examination for URNU Officer Cadets.

Outcome	Description	JMES Awarded	Disposal
FIT	Meets Medical Entry Standard. Fit to undertake entry training and Service without restriction. This could include candidates MFD with E2 marker for Trial of Training	MFD Perm 3 years (maybe with E2 marker)	FIT, TOT
UNFIT	Not fit to undertake entry training and Service without *significant*[4] additional medical risk. Requires MASMO or OM discussion before being declared UNFIT	None. Includes those who normally would be awarded a MES below MND A4 L4 M3 E4	UNFIT
Normally UNFIT	Does not meet current entry standards but could be awarded a reduced JMES. Requires OM discussion and MEB the same week. The outcomes could include UNFIT, FIT with appropriate limitations or Trial of Training (TOT), or MOH pending further Ix	MND A4 L4 M3 E4 and above, Temporary, for 12 months. Must include MedLim 1302 and any other MedLims relevant to URNU role and potential future RN role	FIT, TOT, MEB, MOH, or UNFIT
Medical On Hold (MOH)	Requires further information or testing; refer back to GP. No JMES awarded. Might require OM discussion on a case-by-case basis	None	MOH

5. Appeals and Documentation

URNU candidates are entitled to appeal Service Entry and MEB decisions as per Regular and Reserve Entry.

[4] "significant" is a policy addition to enable in-Service medical standards to be used.