

An [MOD written parliamentary answer](#) to James Cartlidge MP (Cons, Shadow Secretary of State for Defence) reveals that in just under 20 months, nearly **sixty thousand** applications to join the armed forces were rejected on medical grounds.

The answer also revealed striking disparities amongst the figures for the respective services -

Rejections per service

- **Army:** 45,680 rejected on medical grounds
- **RAF:** 12,310
- **Navy:** 1,020

Although not specifically stated, these figures are for regular forces. Applying them to the approximate current size of each regular force reveals a huge variation in the proportion per service of applicants rejected on medical grounds -

Rejections compared with approx service size

- **Army ? 62%** rejections as %age of current force
- **RAF ? 41%** rejections as %age of current force
- **RN/RM ?3%** rejections as %age of current force

Another way to view these figures is that the Army rejected on medical grounds around 6 applicants for every 10 serving soldiers; the RAF rejected around 4 applicants per 10 serving aviators, and the RN/RM rejected less than one applicant per 10 serving sailors or marines.

Comparing the medical rejection figures with annual targets, however, shows the Army and the RAF rejecting about the same percentage on medical grounds, with the RN/RM rejecting far fewer -

Medical rejections compared with target recruitment intake

- **Army** - around 2.7 rejections per target recruit
- **RAF** - around 2.6 rejections per target recruit
- **RN/RM** - around 0.2 rejections per target recruit

Differences in the Navy rejection figures could be partly explained by differences in their recruiting pipeline structure, and differences in recording.

The number of medical rejections, especially for the Army, remains a concern.

It is not difficult to understand various justifications for imposing strict medical standards for the armed forces. It is also clear that some applicants rejected on medical grounds would have failed on other grounds anyway, or not continued their applications.

Reducable medical-related processing delays have, however, lost us many potential recruits, for the reserve forces as well as the regulars.

Based on Army recruiting data 2020-2024, around half of all UK Army medical rejections arise from psychiatric history, with musculoskeletal problems accounting for roughly 11–15%.

All other causes—such as asthma, eyesight problems or neurological conditions—each represent only small single-digit percentages of disqualifications.

(As a sidenote, the statistics for medical discharge of serving personnel reverse that pattern, with musculoskeletal first and mental health second.)

The importance of baseline mental health in the military profession is obvious. But increased awareness of mental health in society has meant that compared to the past, many more potential recruits now have mental health incidents in their medical record, perhaps from adolescence.

Modest but welcome adjustments were therefore made in 2024 with an update to Joint Service Publication (JSP) 950 Leaflet 6-7-7, which outlines the medical entry standard for the Armed Forces; up-to-date copies can be found online.

For example, a history of depression does not automatically disqualify candidates if they have recovered and meet stability criteria. The rules for Autism spectrum conditions and ADHD have also been adjusted but not removed.