

Medical discharge options

By PTE John Welfare

ADF MEMBERS are medically discharged every year. The nature of the injuries or illnesses that result in discharge and the members' responses to the action taken vary from one person to the next, but the process by which they are determined medically unfit is basically the same for all.

Members of the ADF have been medically categorised under the Medical Employment Classification (MEC) system across all three services since 2001.

The MEC system incorporates four levels of medical classification, with several sub levels for more specific cases.

The officer in charge of Medical Services Joint Health Support Agency (JHSA), Lieutenant-Colonel Geoff Lucas, says the system ultimately aims at providing unit command staff with the information they need to manage their people.

"The reason we have a medical employment classification system is to ensure that personnel are fit to do the job," LTCOL Lucas said.



The system ensures that ADF personnel are fit to do the job.

"Not just their job in Australia, their employment, but actually their full operational capability.

"The MEC system identifies if somebody's fit or unfit and ... provides that information to managers so they can manage those individu-

als, in particular whether they're deployable or not."

Everything about the MEC system points towards whether a member can deploy and if they can't, how long it will take before they can.

Basically, it's about whether the injured member can still contribute to Defence.

Written like that it can sound a bit harsh, but LTCOL Lucas says the system is designed to allow every effort to prevent injustices.

"It's an open and fair system because the person has the opportunity to provide their medical health statement. In other words, what they would like to have happen," he said of the review process that could medically discharge a member.

"The unit has the opportunity to provide [information] on how this person has performed and how this condition or illness has related to their ability to perform their job or their ability to deploy.

"The director of entitlements is there to make sure that the board is informed of the members' entitlements if they do stay in or if they go."

The MEC categories

MEC1

Medically fit, without restriction for deployment.

MEC2

Medically fit for deployment, but with some limitations on the duties able to be performed, geographic restrictions and requirements for access to various levels of health support.

MEC3

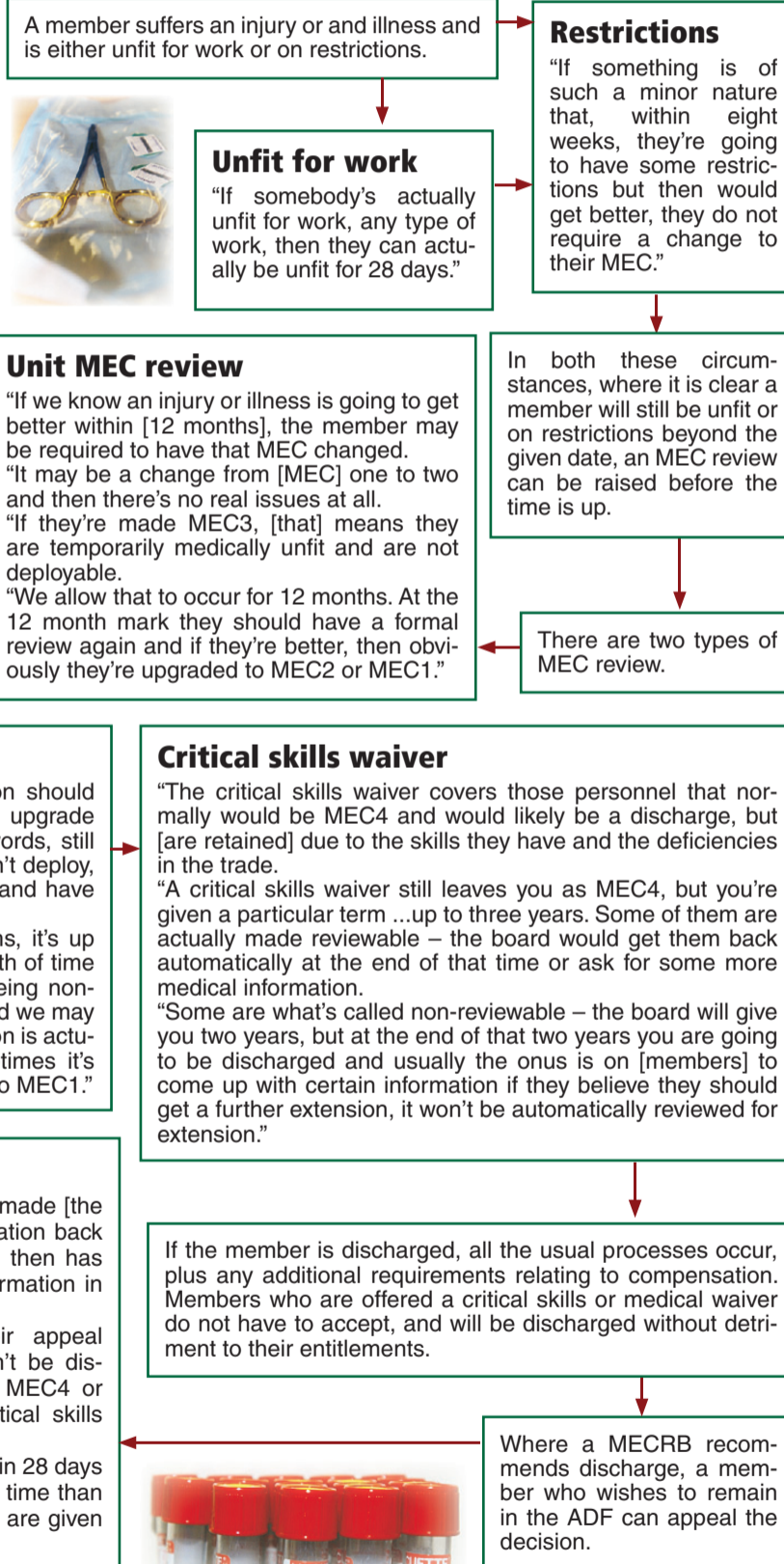
Medically unfit for deployment in the medium term (up to 12 months).

MEC4

Medically unfit for deployment in the long term (more than 12 months).

How the process works

LTCOL Geoff Lucas provides a step-by-step guide



Central MEC review

"This is where we get involved, the JHSA, because all these come to us. "We ask for a member's health statement ... all the things that would impact on their actual management in the long run. "The commanding officer or the senior supervisor of that person is asked to comment on how this person is working and are there any indications of problems in regard to their employment within the unit in Australia and also what other issues would there be on deployment, from the unit's point of view. "The other thing that then happens is the doctors usually provide us with the relevant specialist reports or investigations to support the medical findings. "Once it's all there we do what's called a MECRB (review board) summary and we present a recommendation to the board."

There are a number of possible outcomes for a MECRB, only one of which is discharge.

Medical waiver

"A medical waiver usually means that the board is happy that you can actually deploy and accepts the risk to the individual, the risk to the defence force, believing it is a risk that can be managed appropriately. [The member] still requires medications, still requires some restrictions, however, Defence can manage that person appropriately without further detriment to them or to the unit in a deployed environment. But there's less of these than the critical skills waivers."

MEC upgrade

"The board can decide the person should have another six months and upgrade them to MEC3 again – in other words, still temporarily medically unfit, still can't deploy, but it means the board will come and have another look in six months time. "So they can say six or 12 months, it's up to the chairman to decide the length of time that they will accept somebody being non-deployable. They may even say, and we may have recommended, that this person is actually MEC2, or maybe even sometimes it's fully resolved and they're back up to MEC1."

Critical skills waiver

"The critical skills waiver covers those personnel that normally would be MEC4 and would likely be a discharge, but [are retained] due to the skills they have and the deficiencies in the trade. "A critical skills waiver still leaves you as MEC4, but you're given a particular term ...up to three years. Some of them are actually made reviewable – the board would get them back automatically at the end of that time or ask for some more medical information. "Some are what's called non-reviewable – the board will give you two years, but at the end of that two years you are going to be discharged and usually the onus is on [members] to come up with certain information if they believe they should get a further extension, it won't be automatically reviewed for extension."

LTCOL Lucas says there is room within the system for members to have an effect on the outcome. "With the member's health statement you get a fairly good idea of whether the person wants to stay in or not," he said. "A lot of people are happy to go out with a medical discharge because it has entitlements. "Some other people don't want to go and that's sometimes where the person would appeal. The avenue is there if they wish to."

Appeals

"Once a determination has been made [the review board] will get that information back to the individual and that person then has 28 days upon receipt of that information in which to lodge an appeal. "Members can provide in their appeal grounds as to why they shouldn't be discharged, why they shouldn't be MEC4 or why they should be given a critical skills waiver. "They have to lodge an intent within 28 days and normally if they require more time than that, they can ask for and usually are given that time."

If the member is discharged, all the usual processes occur, plus any additional requirements relating to compensation. Members who are offered a critical skills or medical waiver do not have to accept, and will be discharged without detriment to their entitlements.

Where a MECRB recommends discharge, a member who wishes to remain in the ADF can appeal the decision.

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The alcohol and other drugs (AOD) cabinet contains a range of information, resources for ADF health and allied health professionals, policy material and links to publications and other sites of interest.

ADFD&AP: The Defence Health Services response to AOD issues.