

## CHAPTER 2

# AUSTRALIAN DEFENCE FORCE MILITARY EMPLOYMENT CLASSIFICATION SYSTEM

### INTRODUCTION

2.1 The Australian Defence Force (ADF) Military Employment Classification (MEC) system provides a consistent approach to designating the deployability and employability status of Defence members, based on medical fitness and career management considerations. The deployability and employability of Defence members is a critical component of military capability and workforce management.

### POLICY STATEMENT

2.2 Defence will apply the MEC system throughout a Defence member's military service to ensure safe and appropriate management. When a Defence member has limitations to their deployability or employability as a result of their medical condition(s), Defence will provide appropriate support during the member's service and transition.

2.3 In applying the MEC system, the Services will monitor and assure that each employment group maintains the required number of deployable personnel in accordance with the Capability Preparedness Directive.

### SCOPE

2.4 This chapter provides the personnel policy for the application of the ADF MEC system. This chapter is applicable to Defence members and those within Defence who manage, supervise or provide health support to Defence members. Queries relating to this chapter should be raised to the policy sponsor through the chain of command.

2.5 This Chapter is to be read in conjunction with [Military Personnel Policy Manual \(MILPERSMAN\) Part 3, Chapter 5—Military Employment Classification Review Board](#). This Chapter has primacy over, but is supported by [Defence Health Manual \(DHM\) Vol 2 Part 6 Chapter 2—Military Employment Classification System](#) and single-Service documents.

### DEFINITIONS

2.6 [Military Personnel Policy Manual \(MILPERSMAN\), Part 1, Chapter 3—Military Personnel Policy Manual Glossary](#) in conjunction with the [Australian Defence Glossary \(ADG\)](#) contains terms and definitions used throughout this chapter, including definitions of deployable and employable. Terminology for Joint Health Command (JHC) staff are defined in the [DHM](#) Glossary.

2.7 **Roles and Responsibilities.** Detailed roles and responsibilities of primary stakeholders are in Annex A.

## PRIVACY

2.8 Documentation related to a member's health information or MEC is to be managed IAW [MILPERSMAN Part 1 Chapter 4](#)—*Military Personnel Policy Manual Privacy Notice* and [DHM](#) Vol 1 Part 3 Chapter 1—Privacy of health information.

2.9 **Disclosure.** Health information is to be provided by health practitioners to commanders and managers for the purpose of meeting the commander's or manager's duty of care, and work, health and safety obligations, including limitations on the ability of the member to perform their duties. This information is only to be used to assist the member's commander or manager to employ the member without risking further injury, exacerbation of their medical condition, or the safety of others.

2.10 Information disclosed may include the member's assigned MEC and employment restrictions, and may also include the location of the member, expected duration of absence from the workplace, recommendations regarding welfare or rehabilitation considerations, and any significant changes to the member's deployability or employability.

2.11 Information disclosed is not to include the member's health condition unless there are public health and/or public safety issues, and/or 'at risk behaviours', see [DHM](#) Vol 1 Part 10 Chapter 1—Risk of suicide, self-harm or harm to others. If clinical information is released to commanders/managers for these purposes, the Defence member is to be informed of the disclosure. Disclosure of health information by health personnel is outlined in [DHM](#) Vol 2 Part 3 Chapter 1—Collection, Use and Disclosure of Health Information by Defence Health Personnel.

## THE MEC SYSTEM

2.12 A member's medical fitness impacts their deployability and employability, which in turn affects individual readiness and personnel and career management decisions. The MEC system is an aspect of the risk management approach applied when making employment decisions. This includes appreciation of risks including the potential for deterioration of a member's condition and the associated consequences, clinical risk, operational risk and risk to others.

2.13 The MEC system provides a link between a member's career and their medical fitness through a series of classifications and employment restrictions. The MEC system is applied through ongoing reviews of the member's classification and administrative management by commanders, managers and Career Management Agencies (CMAs).

2.14 A MEC is an alphanumeric classification representing factors relating to a member's deployability and employability. The classifications are expressed as a capital letter representing the working environment and numbers indicating the level of employment restrictions and health support required by the member. Joint (J) classifications are the default for Defence members, Land (L) classifications are only used for some Army members and Maritime (M) classifications are used for some Navy members and other Defence members with a requirement for deployment or employment in the maritime environment. The classifications are:

- a. J1X classifications. Fully deployable and employable
- b. J2X, M2X, L2X classifications. Deployable and employable with employment restrictions
- c. J3X classifications. Temporarily not deployable with employment restrictions
- d. J4X classifications. Employment at Service discretion
- e. J5X classifications. Not deployable and not employable, unfit for further service.

2.15 A member is considered to be individually medically ready if they are allocated a J1X or J2X/M2X/L2X classification. More information on individual readiness is in [MILPERSMAN Part 3 Chapter 1](#)—*Australian Defence Force Policy on Individual Readiness*.

2.16 Detailed descriptions of each MEC, with management guidance, are in Annexes C–G.

2.17 **Employment restrictions.** In addition to a member's MEC, the member may also be allocated employment restrictions. Employment restrictions provide recommendations on a member's limitations and health support requirements to the CMA, the commander/manager and the member to assist with personnel management decisions pertinent to the member. Employment restrictions are recommended under the medical system and are defined in [DHM](#) Vol 2 Part 6 Chapter 2 Annex 2G—'Restriction codes and their descriptors'. Employment restrictions are recorded on the forms detailed in paragraph 2.24-2.26.

2.18 **Specialist Employment Classification.** Members in specialist employment streams are allocated a Specialist Employment Classification (SPEC) to indicate their fitness for the specialist role. SPEC is detailed further in [DHM](#) Vol 2 Part 6 Chapter 2 Annex E—'Application of Specialist Employment Classifications'.

2.19 **Dental Fitness Classification.** Members are allocated a Dental Fitness Classification (DFC) to indicate the member's oral health status and risk of becoming a dental casualty on deployment. Further information on DFCs and dental fitness is in [DHM](#) Vol 2 Part 11 Chapter 1—'Dental Fitness'.

**2.20 Dental Locality Restriction (DENTLR).** A DENTLR ([Form AD075](#)) is requested by Joint Health Command (JHC) and approved by the CMA when a member requires complex dental treatment in one geographical location. Prior to posting a Defence member with an approved DENTLR, the CMA is to consult the losing locality's senior dental officer to determine the impact of a posting on ongoing treatment. [DHM](#) Vol 2 Part 11 Chapter 3—'Administering complex dental treatment' provides the health policy and procedures for DENTLR.

## ALLOCATION OF A MEC

**2.21** All members receive a recommended MEC as part of the recruitment process which is then confirmed on entry to the ADF. The standards and procedures for initial MEC assessment are found in [DHM](#) Vol 2 Part 5—'Health standards and assessments – entry and transfer'.

**2.22 Periodic and as-required review.** MEC and employment restrictions of members are to be assessed as part of their routine and ongoing health care by their health practitioner at each appointment. In addition, commanders/managers and CMAs are able to refer a member to a health practitioner at any time for consideration or assessment when there are doubts concerning the appropriateness of the member's current MEC. Members may also initiate a review through their health practitioner. Reviews are outlined from paragraph 2.29.

**2.23 Recording MEC and employment restrictions.** An initial MEC is recorded on Defence One. When a MEC changes, it is recorded on Defence One and the member may be issued a [Form PM101](#) or [Form PM532](#) outlining their MEC and employment restrictions.

**2.24 PM101.** [Form PM101](#)—*Medical or Dental Fitness Advice* is used to notify a member's commander/manager of recommended temporary employment restrictions and/or medical absence and is valid for up to 28 days. Upon issue of [Form PM101](#) the member is to provide the form to their commander/manager for consideration and appropriate adjustment of the member's employment. If the PM101 is approved by the commander/manager, medical absence is to be actioned in Defence One by the member in accordance with the [ADF Pay and Conditions Manual \(PACMAN\)](#) Chapter 5 Part 3—Medical absence from duty. If the [Form PM101](#) and employment restrictions are not approved, consultation with the Health Centre Manager should occur as outlined in paragraph 2.38.

**2.25** If a member requires, or will require, ongoing absence for more than a 28 day period their MEC is to be reviewed and an Individual Welfare Board (IWB) considered. Further information is in [DHM](#) Vol 2 Part 2 Chapter 3—'Medical Absence' and [DHM](#) Vol 3 Part 2 Chapter 12—'Restricted Duty'.

**2.26 PM532.** [Form PM532](#)—*Military Employment Classification (MEC) Advice* is used to notify command of a member's change in MEC status, including long-term employment restrictions. If a member has [Form PM532](#) they do not need [Form PM101](#), however [Form PM101](#) may be used to support short-term changes to

employment restrictions. Further information is in [DHM](#) Vol 2 Part 6 Chapter 2—'Military Employment Classification System', [DHM](#) Vol 2 Part 2 Chapter 3—'Medical Absence' and [DHM](#) Vol 3 Part 2 Chapter 12—'Restricted Duty'.

### CHANGE OF MEC AND EMPLOYMENT RESTRICTIONS

2.27 Throughout a member's career, circumstances will arise that affect their deployability or employability and necessitate a change to their MEC and/or employment restrictions. Similarly, a member's MEC and/or employment restrictions may influence their ability to undertake specific duties and may affect a member's job role or employed environment including:

- a. operational deployment/exercise
- b. posting to a new geographic locality that differs appreciably from current posted location in terms of climatic conditions and/or access to health support
- c. participation in an air/sea transit activity with a different Service or working environment (for example an infantry soldier participating in a sea transit activity)
- d. involvement in a planned Defence-endorsed training activity or course.

2.28 Further, a member's MEC may influence their ability to transfer:

- a. Service Category (SERCAT)
- b. Employment category
- c. Service

### MEC REVIEW

2.29 A MEC review is the formal process when a change to a member's MEC is required. Medical and administrative inputs are used to assess the member's deployability and employability.

2.30 **Unit MEC Review (UMECR).** A UMECR is conducted by a health practitioner when a medical condition is affecting a member's deployability and/or employability will likely resolve within 12 months and the member continues to be managed at the local level. The outcome of a UMECR will be assignment of appropriate MEC and employment restrictions or escalation to higher review. The MEC and employment restrictions assigned by the health practitioner at the UMECR may be required to be reviewed by a local or regional confirming authority. Confirmation is in accordance with [DHM](#) Vol 2 Part 6 Chapter 2—'Military Employment Classification System'.

2.31 **Central MEC Review (CMECR).** A CMECR is initiated by a health practitioner or the CMA when the condition affecting a member's deployability and employability has not resolved, or is unlikely to resolve, within 12 months. The outcome of a CMECR is assignment of J40—Holding Temporary and referral for a

MEC Review Board (MECRB). All CMECRs will be reviewed by a regional confirming authority. When it is established that member requires a CMECR, their MEC can only be determined by a MECRB, or a designated authority.

2.32 Members in specialist employment streams may require additional MEC reviews in accordance with [DHM](#) Vol 2 Part 6 Chapter 2—Military Employment Classification System.

2.33 **MECRB.** A MECRB is a personnel management assessment used when a member's long term deployability and employability is in doubt, with input from medical, command and the member. The MECRB function resides within the CMAs. As part of the review a MECRB Chair will assess the deployability and employability of the member. The outcome of a MECRB is a MECRB Determination in which a MECRB Chair can:

- a. allocate a MEC and/or SPEC as required
- b. allocate employment restrictions
- c. as a delegate of the CDF, issue a separation notice in accordance with [Defence Regulation 2016](#) section 24 and [MILPERSMAN Part 10, Chapter 2—Involuntary Separation from the Australian Defence Force](#).

2.34 Further information about the CMECR and MECRB is in [MILPERSMAN Part 3, Chapter 5—Military Employment Classification Review Board](#).

## REPRESENTATION

2.35 If a member or their commander/manager wishes to contest a decision made as part of the MEC allocation process, they may submit a representation against a decision in accordance with Annex B and single-Service policy.

## REDRESS OF GRIEVANCE (ROG)

2.36 A member who wishes to appeal a MEC review outcome should, in the first instance, submit a representation against the decision. Should a member not be satisfied with the outcome of their representation, they may submit an Application for ROG to their Commanding Officer or Authorised Complaint Recipient in accordance with the [Complaints and Alternative Resolutions Manual \(CARM\)](#) Chapter 6—*Redress of Grievance*. When a member's Application for ROG concerns clinical issues the same health review process applies as for a representation.

## MEC MANAGEMENT

2.37 Commanders and managers are to actively manage the employment of the members under their responsibility in terms of their MEC and associated employment restrictions. This may involve adjustment of duties or the conduct of IWBs as required, in accordance with MILPERSMAN Part 3, Chapter 6—Welfare Boards and single-Service policy. While the Defence health system will provide clinical oversight of a member when they are absent from the workplace due to medical concerns, the



member remains the responsibility of their posted unit for ongoing welfare and administration.

2.38 The implications of the member's employment restrictions should be considered and discussed between the member and their commander/manager. If the commander/manager believes the employment restrictions require re-assessment then they are to contact the relevant Health Centre Manager within the Joint Health Unit. The commander/manager and Health Centre Manager may discuss alternative duties and risk; providing more information to clarify the member's work environment or duties that may affect the allocation of employment restrictions. This ensures the employment restrictions are accurate and uphold Defence's duty of care to the member.

2.39 When commanders/managers are considering whether to employ a member beyond the scope of their employment restrictions, they are to seek advice from the designated single-Service Medical Officer (DSSMO) and ensure that a risk assessment has been conducted and recorded in writing. The risk assessment is to include reference to the DSSMO's advice in relation to any risks to the member's health and safety, or the safety of others, which may arise should the member be required to perform tasks beyond the scope of their employment restrictions.

2.40 **IWBs.** IWBs are to be considered for all members who are absent from the workplace for greater than 28 days, allocated a J4X or J5X classification and for those with complex circumstances that impact upon their welfare, deployability or employability. This includes but is not limited to those at risk of suicide, self-harm or harm-to-others IAW [DHM](#) Vol 1 Part 10 Chapter 1—Management of a Defence member at risk of suicide. Detailed guidance on the conduct of IWBs can be found in [MILPERSMAN Part 3, Chapter 6—Welfare Boards](#) and single-Service policy.

2.41 Where the member has been presented to an IWB prior to the outcome of the MEC review, the outcome of the MEC review should be noted at the next IWB and a copy sent to the MECRB coordinating cell in the CMA.

2.42 **Member Support Coordination (MSC).** MSC is a command support function, designed to assist commanders with oversight of individual cases with complex circumstances. Through the chain of command, MSC provides support to members, and their families. If required, MSC arrangements are to be initiated in accordance with [MILPERSMAN Part 3, Chapter 7—Member Support Coordination](#) and single-Service policy.

2.43 **Transfers.** A member's MEC status should be taken into consideration in transfers of employment category, Service, between SERCATs or for those re-enlisting after separation. Members should be aware that their individual MEC can be reassessed according to their employment category and/or Service. Members requesting to transfer employment categories or Services are expected to be a J1X or J2X classification. Policy on transferring SERCATs for each MEC is in the annexes to this chapter.

2.44 **SERVOP C.** During their SERVOP C commitment, members are expected to fulfil the standards for readiness and deployability applicable to the rank and employment category for which they are engaged, unless agreed by the CMA.

2.45 If, during a period of SERVOP C, a member is wounded, injured or becomes ill and is reclassified to a J3X or J40 classification, the treating Defence health facility will provide advice pertaining to the member's medical condition to the CMA. This advice will inform the CMA's decision as to whether the member should continue on SERVOP C while receiving medical treatment and/or undergoing a MECRB. Further information on SERVOP C is in [MILPERSMAN Part 2, Chapter 7—Service Option C – Continuous Full-time Service](#) and in [DHM](#) Vol 1 Part 4 Chapter 1—'Eligibility for Defence health care'.

2.46 **Trainees.** The MEC system applies to trainees as to any member, including procedures for a MECRB and for separation on medical grounds, as outlined in [MILPERSMAN Part 3, Chapter 5—Military Employment Classification Review Board](#). If a trainee is injured or becomes ill during training, the health practitioner should conduct a MEC review and assign an appropriate MEC. The commander/manager will then manage the member's training and employment appropriate to their MEC and employment restrictions. Where the outcome of the MEC review does not require a referral for a MECRB, the member cannot be separated on medical grounds.

2.47 If health advice indicates that the trainee will be unable to complete their course/training within a reasonable timeframe but the condition is not likely to result in referral for a MECRB, then the commander should consider other employment options, including Service transfer, or may issue a separation notice in accordance with [Defence Regulation 2016](#) paragraph 24(1)(c) and [MILPERSMAN Part 10, Chapter 2—Involuntary Separation from the Australian Defence Force..](#)

2.48 **Members posted overseas and members accompanying a member posted overseas.** The member's Australian chain of command must notify the member's foreign supervisor of the member's employment restrictions. If the member's foreign supervisor is not able to comply with the member's employment restrictions, the member is to seek advice from their Australian chain of command. The Joint Health Command Overseas Health Cell can provide advice on health aspects. The ability of the member to remain in location is to be assessed on a case-by-case basis and confirmed by the appropriate confirming authority in accordance with [DHM](#) Vol 2 Part 6 Chapter 2—Military Employment Classification System. For members with remote work arrangements the member's usual chain of command may be located in Australia. In this case, the supporting Defence attaché or their nominated personnel representative is also to be notified.

2.49 **Waivers.** Although the MEC system is designed to provide sufficient flexibility for employment of members, command has the discretion to seek a waiver for a mission critical member in accordance with single-Service or Joint Operations Command (JOC) policy.



## RELATED MANUAL CHAPTERS

[MILPERSMAN Part 1, Chapter 3](#)—*Military Personnel Policy Manual Glossary*

[MILPERSMAN Part 1, Chapter 4](#)—*Military Personnel Policy Manual Privacy Notice*

[MILPERSMAN Part 2, Chapter 7](#)—*Service Option C – Continuous Full-time Service*

[MILPERSMAN Part 3, Chapter 1](#)—*Australian Defence Force Policy on Individual Readiness*

[MILPERSMAN Part 3, Chapter 5](#)—*Military Employment Classification Review Board*

[MILPERSMAN Part 3, Chapter 6](#)—*Welfare Boards*

[MILPERSMAN Part 3, Chapter 7](#)—*Member Support Coordination*

[MILPERSMAN Part 10, Chapter 2](#)—*Involuntary Separation from the Australian Defence Force.*

## RELATED LEGISLATION, POLICY AND PUBLICATIONS

[Defence Regulation 2016](#)

[Defence Health Manual](#)

[Australian Defence Force Transition Manual](#)

[ADF Member and Family Transition Guide](#)

[Complaints and Alternative Resolutions Manual \(CARM\)](#)

[Good Administrative Decision-Making Manual](#)

### Annexes:

2A Roles and Responsibilities

2B Representations

2C MEC J1x

2D MEC J2x/M2x/L2x

2E MEC J3x

2F MEC J4x

2G MEC J5x

## ROLES AND RESPONSIBILITIES

### SERVICE CHIEFS AND GROUP HEADS

1. Service Chiefs and Group Heads are to ensure that internal procedures and practices for the management of the Military Employment Classification (MEC) system are in accordance with this MILPERSMAN chapter.

### COMMANDERS AND MANAGERS

2. Commanders/managers are responsible for the welfare of Defence members under their supervision and are therefore responsible for ensuring that members are employed safely within the limitations of their MEC and employment restrictions, and are provided sufficient guidance and support when needed. In order to execute these responsibilities commanders and managers are to:
  - a. ensure that members are not employed, and/or do not participate in Defence endorsed activities in a manner beyond the scope and limitation of their employment restrictions
  - b. sight the member's Form PM101—Medical or Dental Fitness Advice or the member's Form PM532—MEC Advice for all members who have been MEC reviewed and have been allocated a MEC other than a J1X classification
  - c. support a member under rehabilitation in progressing their recovery
  - d. undertake normal performance management of the member, initiating appropriate administrative actions, including Welfare Boards if required. Commanders/managers should consider the impact of a member's injury/illness on their performance and conduct when considering performance management, discipline or administrative action. A commander/manager can request a recommendation from a MO if doubt exists as to the member's fitness to undergo administrative action due to their medical condition/s. Should the MO recommend that the member is not currently fit to undergo administrative action, the final decision as to whether/when to initiate such action is at the discretion of the commander/manager
  - e. ensure when a member is participating in any JOC activities that they will have access to health support appropriate to their MEC and employment restrictions, detailed in the activity's Health Support Order (HSO)
  - f. initiate a MEC review when a member's deployability or employability are in doubt
  - g. counsel the member on all aspects of the MEC review process and the possible impacts on the member's career, in consultation with the MECRB coordinating cell

- h. provide appropriate assistance to the member in the contestation of decisions or determinations
- i. raise all waiver requests
- j. facilitate attendance at a transition seminar and support ongoing rehabilitation and welfare requirements for the member who is allocated a J5X classification
- k. inform the member of support services available including Service legal officers, Member Support Coordinators and the Department of Veteran's Affairs (DVA)
- l. consider ADF Transition Manual and single-Service guidance with regards to multi-mode separation before proposing separation of a member in accordance with Defence Regulation 2016 paragraph 24 (1)(c).

### CAREER MANAGEMENT AGENCIES (CMA)

- 3. The CMAs are responsible for:
  - a. the management of MECRBs.
  - b. ensuring members are posted to positions/locations that are compatible with the member's MEC and employment restrictions.
  - c. initiating requests for MEC reviews when the member's deployability or employability is in doubt.

### DEFENCE MEMBERS

- 4. Defence members are responsible for their health and wellbeing and therefore members experiencing medical issues which may impact upon their deployability or employability are to:
  - a. present to an ADF health facility for medical support
  - b. provide to their chain of command, and have readily available, a copy of their most recent Form PM101/Form PM532
  - c. ensure their Defence One records are an accurate record of their most recent Form PM532 and correctly indicate their MEC
  - d. advise their commander/manager when proposed/directed tasks may be contrary to their employment restrictions as outlined in the Form PM101/Form PM532
  - e. initiate a MEC review as required
  - f. consider requesting an Individual Welfare Board

- g. submitting DVA claims relating to any medical condition, as soon as practicable, and informing their commander or manager upon receipt of the DVA determinations
- h. where applicable, attend at rehabilitation appointments, have ongoing liaison with Rehabilitation Consultant/Rehabilitation Case Manager and comply with their Rehabilitation Program and Rehabilitation Activity Schedule.

## OTHER ROLES AND RESPONSIBILITIES

- 5. For other roles and responsibilities relating to health in Defence, including those for Commander Joint Health, Surgeon General Australian Defence Force, Service chiefs, Group heads, commanders and managers and Defence members refer to [DHM](#) Vol 1 Part 1 Chapter 1—'Health authority and responsibilities', and [DHM](#) Vol 2 Part 6 Chapter 2—'Military Employment Classification System'.

## REPRESENTATIONS

1. If a member or their commander/manager wishes to contest a decision made as part of the MEC allocation process, they may submit a representation against a decision. This Annex relates to representation against a UMECR decision or a MECRB decision with an outcome of a J1X to J4X classification. Representation against a MECRB outcome of a J5X classification is as part of a Statement of Reasons and is in accordance with [MILPERSMAN Part 3, Chapter 5](#)—Military Employment Classification Review Board [MILPERSMAN Part 10, Chapter 2](#)—*Involuntary Separation from the Australian Defence Force*.

2. All documentation relevant to the original decision is to be made available to the member in order for them to make their representation. Members may seek legal advice and/or assistance from their chain of command in preparing their representation.

3. **Drafting considerations.** When writing a representation the member should consider the following:

- a. using plain, unemotional language, in a clear and logical/chronological manner
- b. specifying the grounds for representation and make reference to the relevant Defence or single-Service policy
- c. ensuring the representation is supported by reliable evidence. Where possible, documentary evidence should be attached.

4. In general, for a representation to be successful there should be at least one of the following:

- a. new medical evidence that the health condition is no longer evident and the risk of recurrence is low
- b. evidence that the original assessment was based on an incorrect diagnosis
- c. evidence that the standards have been inappropriately applied
- d. evidence that the member is medically fit for deployment or employment.

5. **Health review.** When a member's representation involves clinical issues the member may request to be reviewed by a health practitioner. This includes issues of application of policy, interpretation of the situation or when new information is available.

6. If the original medical evidence presented is in dispute, new clinical evidence from an appropriate specialist should be included with the representation. This may include a medical report from a private practitioner, obtained at the member's expense. The medical report should address the following:

- a. confirmation of the diagnosis
- b. the medium and long-term prognosis for the condition
- c. a description of any functional abilities or limitations
- d. whether the condition requires any ongoing medication, specialist review or potential health care requirements
- e. wherever possible, a risk assessment, which should include an annualised risk, (expressed as a percentage per annum) of incapacitation/recurrence.

7. If the representation is successful, the member may request reimbursement of the medical expenses incurred in obtaining a specialist report by submitting a minute to the CO JHU (Joint Health Unit). The member should discuss the likelihood of reimbursement with their treating health practitioner prior to arranging for any additional reports.

8. **Submission.** A member may submit a representation within 28 days of notification of the decision. The member can apply to the decision-maker for an extension, which may be granted where reasonable circumstances exist. The following specifies policy for different representations:

- a. Representations against a UMECR decision should be submitted to the Health Centre Manager. Representation against a UMECR decision may only be submitted against a confirmed MEC or a MEC that does not require confirmation. MECs that require confirmation are detailed in DHM Vol 2 Part 6 Chapter 2—'Military Employment Classification System'. The member should check with their health practitioner if their MEC requires confirmation prior to submitting a representation.
- b. Representations against a MECRB determination should be submitted to the Chair of the MECRB. Representations against a MECRB determination with an outcome of a J1X to J4X classification may be submitted after receipt of a MECRB determination.

9. **CO representation.** A member's CO may represent against the decision of a UMECR under the same policy as a member. Health information is not to be provided to a CO unless the member has authorised such disclosure in accordance with [DHM](#) Vol 1 Part 3 Chapter 1—'Privacy of health information'.

10. **Outcome.** The written outcome of a representation is not to contain health information. The member's CO is to be informed of the outcome and they are to debrief the member within 30 days of submission of the representation. If the representation is not supported, the decision-maker is to provide the member with a



written statement of reasons relating to the decision, which may contain health information, and the opportunity to be debriefed on this statement of reasons.

11. A copy of the representation, the outcome and any statement of reasons is to be provided to the member and filed in the Defence member's health record as part of the UMECR or CMECR documentation. If the MEC has been amended, [Form PM532](#) is to be raised. A copy of the outcome is to be filed in the member's Unit Personnel Record.

### RELATED POLICY

12. Health policy in relation to representations is outlined in [DHM](#) Vol 2 Part 6 Chapter 2. Representations in relation to SPEC decisions is in [DHM](#) Vol 2 Part 6 Chapter 2 Annex E—'Application of Specialist Employment Classifications'.

**MEC J1X****FULLY DEPLOYABLE AND EMPLOYABLE**

1. J1X classifications are assigned to members who are fully deployable and employable. Relevant definitions, including definitions of deployable and employable, can be found in [MILPERSMAN Part 1, Chapter 3](#)—*Military Personnel Policy Manual Glossary*.

**MEC J11—FULLY DEPLOYABLE AND EMPLOYABLE**

2. A member with a J11 classification is fully deployable and employable, with no employment restrictions or health support requirements.

**MEC J12—FULLY DEPLOYABLE AND EMPLOYABLE—HEALTH SUPPORT REQUIREMENTS**

3. A member with a J12 classification is fully deployable and employable, with required health materiel support that does not result in employment restrictions.

## MEC J2X/M2X/L2X

### DEPLOYABLE AND EMPLOYABLE WITH EMPLOYMENT RESTRICTIONS

1. A J2X/M2X/L2X classification is assigned to members who are deployable and employable but have some employment restrictions and/or health support requirements in order to safely perform their duties in different working environments. Relevant definitions, including definitions of deployable and employable, can be found in [MILPERSMAN Part 1, Chapter 3](#)—*Military Personnel Policy Manual Glossary*.

2. Members who are assigned a J2X/M2X/L2X classification are eligible for a range of posting and employment opportunities applicable to their employment category, subject to their individual employment restrictions. All members assigned a J2X/M2X/L2X classification are reviewed at the appropriate level (UMECR or CMECR) as required, or at least every 2 years.

3. Members who are assigned a J2X/M2X/L2X classification may require medical clearance to deploy on single-Service or JOC exercises or operations.

### MEC J21—DEPLOYABLE AND EMPLOYABLE WITH EMPLOYMENT RESTRICTIONS

4. A member with a J21 classification is deployable and employable within their employment restrictions.

### MEC J22— DEPLOYABLE AND EMPLOYABLE WITH EMPLOYMENT RESTRICTIONS AND/OR HEALTH MATERIEL SUPPORT

5. A member with a J22 classification is deployable and employable within their employment restrictions and/or with the required health materiel support.

### MEC J23— DEPLOYABLE AND EMPLOYABLE WITH EMPLOYMENT RESTRICTIONS AND/OR HEALTH MATERIEL SUPPORT AND/OR ACCESS TO MEDICAL OFFICER SUPPORT

6. A member with a J23 classification is deployable and employable within their employment restrictions and/or with the required health materiel support and/or with required access to Medical Officer support.

7. This MEC is not to be used for Navy personnel or other members who are posted to the maritime environment; they are to be allocated M24 or M25. This does not include sea transit/embarked personnel, who are to be managed in accordance with their employment and environment.

### MEC M24—MARITIME ENVIRONMENT—DEFINED LIMITATIONS AND/OR HEALTH MATERIEL SUPPORT AND/OR ACCESS TO A MINIMUM OF ADVANCED MEDICAL ASSISTANT OR NURSING OFFICER SUPPORT

8. A member with a M24 classification is deployable and employable in the maritime environment within their employment restrictions and/or with the required health materiel support. The member may require access to a minimum of Advanced Medical Assistant or Nursing Officer support.

### MEC M25—MARITIME ENVIRONMENT—DEFINED LIMITATIONS AND/OR HEALTH MATERIEL SUPPORT AND/OR ACCESS TO A MINIMUM OF CLINICAL MANAGER SUPPORT

9. A member with a M25 classification is deployable and employable in the maritime environment within their employment restrictions and/or with the required health materiel support. The member may require access to a minimum of Clinical Manager support and may require intermittent medical logistics support at intervals no less than three months.

### MEC M26—MARITIME ENVIRONMENT—DEFINED LIMITATIONS AND/OR HEALTH MATERIEL SUPPORT AND/OR MEDICAL OFFICER ACCESS, AS ENDORSED BY FLEET MEDICAL OFFICER (FMO)

10. A member with a M26 classification is employable in the maritime environment with specific requirements or limitations associated with maritime service. The member is deployable in accordance with limitations endorsed by the FMO or their delegate, but the member may not be suitable for extended or remote deployments. The member may require defined periods of specialist or allied health review and may require defined access to specific Medical Officer support. The member may require medical logistics support.

11. This MEC is assigned to Navy members only, with endorsement by the FMO or their delegate, for a period up to two years. Application of a M26 classification beyond two years is to be through a MECRB.

### MEC L27—LAND ENVIRONMENT—RESTRICTED DEPLOYMENT

12. A member with a L27 classification is deployable and employable in the land environment. The member has employment restrictions and/or required health materiel support. The member may require access to Medical Officer support. The member is fit for restricted operational deployment and field exercises in limited offensive combat duties as required and full defensive combat duties.

13. This MEC is only to be used for Army personnel and is assigned through a MECRB determination. A member with a L27 classification who is temporarily reclassified while L27 can be reallocated to L27 by the UMECR when appropriate, if this is consistent with the member's status at the time of the MECRB Determination. If it is not, the member must be referred back for a MECRB to review the

determination. The MECRB determination will specify the review period, which will be considered on a case-by-case basis. For subsequent reviews the member is not required to be reclassified as J40 and may remain as L27 while awaiting a MECRB. Failure to return for the reviews; however, will result in a change to J40.

## MEC L28—LAND ENVIRONMENT—RESTRICTED DEPLOYMENT

14. A member with a L28 classification is deployable and employable in the land environment. The member has employment restrictions and/or required health materiel support and/or health personnel support. The member is fit for duty in regional, overseas or health supported operating base localities with access defined specialist health support. The member is fit for restricted operational deployment and field exercises in limited defensive combat duties as required. The member is not fit for restricted operational deployment and field exercises in offensive combat duties.

15. This MEC is only to be used for Army personnel and is assigned through a MECRB determination. A member with a L28 classification who is temporarily reclassified while L28 can be reallocated to L28 by the UMECR when appropriate, if this is consistent with the member's status at the time of the MECRB Determination. If it is not, the member must be referred back for a MECRB to review the determination. The MECRB determination will specify the review period, which will be considered on a case-by-case basis. For subsequent reviews the member is not required to be reclassified as J40 and may remain as L28 while awaiting a MECRB. Failure to return for the reviews; however, will result in a change to J40.

## MEC J29—LIMITED DEPLOYMENT WITH EMPLOYMENT RESTRICTIONS AND/OR HEALTH MATERIEL SUPPORT AND/OR ACCESS TO ROLE 2E HEALTH SUPPORT

16. A member with a J29 classification is deployable and employable across a limited range of military duties in accordance with the relevant Health Support Order. The member has employment restrictions and/or required health materiel support and/or required access to defined specialist health support.

17. This MEC is assigned by a MECRB determination only. Extension or reallocation from this MEC is to be by a MECRB determination, a MECRB determination may allow extension or reallocation by a UMECR. J29 is allocated to shore-based personnel with identified health support requirements that restrict full employment in their current employment category, but who are deemed fit for duty in regional, overseas or health supported operating base localities with access to specialist health support. J29 is applied as a limited deployable classification to locations outside a specified area of operations not covered by land or maritime environment classifications.

## MEC J3X

### TEMPORARILY NOT DEPLOYABLE WITH EMPLOYMENT RESTRICTIONS

1. A J3X classification is assigned to members who are temporarily unfit to deploy without additional clearances. There is a reasonable expectation that a member will return to a J1X or J2X/M2X/L2X classification following a period of rehabilitation and/or recovery from a medical condition. Members who are assigned a J3X classification will receive active medical management and rehabilitation, as required. Members allocated a J3X classification are designated 'not ready' for medical Individual Readiness. Relevant definitions, including definitions of deployable and employable, can be found in [MILPERSMAN Part 1, Chapter 3](#)—*Military Personnel Policy Manual Glossary*.
2. Members allocated a J3X classification may be deemed fit for specified activities in accordance with individual rehabilitation programs, relevant health and personnel policies and as endorsed by the Designated Single-Service Medical Officer (DSSMO).
3. **Career management.** CMAs may take posting action for members allocated a J3X classification; however, prior to any posting request based on the requirement for care, the CMA should liaise with the appropriate Health Centre Manager. Liaison between the CMA and Health Centre Manager is to assess the suitability of undertaking posting action and to ensure that appropriate active medical management and rehabilitation can be provided in the new posting location.
4. When considering relocation of a member allocated a J3X classification, CMAs should consider the following:
  - a. advice from the member's treating health practitioner (usually through an IWB) regarding the ability to provide the member with access to active medical management and rehabilitation
    - (1) requests from the member's commander/manager for operational preparedness reasons.
5. **SERCAT Transfer.** Members requesting to transfer from SERCAT 6 or 7 to SERCAT 2-5 may be transferred with a J3X classification if they are likely to return to a J1X or J2X/M2X/L2X classification within the defined period of the J3X classification. If the member is unlikely to return to a J1X or J2X/M2X/L2X classification within the defined period, they should be referred for a MECRB.
6. **SERVOP C.** CMAs may offer a member who is a J3X classification a period of SERVOP C when all the following criteria are met:
  - a. a capability need cannot be addressed by any other means
  - b. the SERVOP C arrangement is not likely to exacerbate any of the member's medical condition(s),



- c. the member's restrictions can be accommodated in a safe working environment for the expected duration of the SERVOP C in accordance with Annex A paragraph 2 of this chapter.

## MEC J31—REHABILITATION AND MEC J31 EXTENSION

7. A member with a J31 or J31 Extension classification is employable:
  - a. within a formal rehabilitation program, with employment restrictions and/or health materiel support
  - b. for defined field or seagoing activities in accordance with designated single-Service Medical Officer endorsed employment restrictions.
8. A member with a J31 or J31 Extension classification is not deployable. Active medical management and rehabilitation programs are to have priority over all other employment. During the period of rehabilitation a progressive return to full duties should be anticipated.
9. A member may have a J31 classification for a defined period up to 12 months. A J31 Extension may be granted for an additional rehabilitation period of 12 months.
10. **Career management.** Career managers are to consider active medical management and rehabilitation programs as a priority in all career management decisions. The career manager is to seek medical opinion from the appropriate Health Centre Manager when there is doubt about the medical fitness of a member to proceed on posting to, or remain in, a specific role or posting locality. Where unusual circumstances exist and a member is being considered for a non-operational posting outside of Australia or an overseas training serial, the career manager must seek medical advice from JHC Overseas Health Cell (JHC OHC) for a risk assessment.
11. **Extension.** A member is classified J31 at the local level for an initial period of up to 12 months, providing there is a reasonable expectation that they will return to deployable status. If, approaching 12 months at J31, the member is not ready for a deployable classification but it is likely that they will be deployable within a further 12 months, an extension request may be submitted to the MEC Advisory and Review Service (MECARS) in JHC for consideration, with the endorsement of the member's commander/manager. If the commander/manager does not agree, or the request is not approved by MECARS, a CMECR is to be initiated. If a J31 extension has been granted and the extension period has lapsed, a further extension cannot be requested.
12. **Reclassification.** During the J31 period, or J31 extension period, the member can be reclassified to a J1x or J2x/M2x/L2x classification by the local confirming authority at a UMECR and does not need to be referred for a MECRB, unless stated in the J31 extension PM532. If it becomes clinically indicated that the member will not meet the criteria to be reclassified to a J1x or J2x/M2x/L2x classification within the J31 or J31 extension period, a CMECR is to be initiated. If a

member is absent from work for longer than 28 days (using a PM101) then they are to be reclassified to J34 or referred for a MECRB by initiating a CMECR within 14 days.

### MEC J32—EXTENDED REHABILITATION

13. A member with a J32 classification is employable:
  - a. within a formal rehabilitation program, with employment restrictions and/or health materiel support
  - b. for defined field or seagoing activities in accordance with designated single-Service Medical Officer endorsed employment restrictions.
14. A member with a J32 classification is not deployable. This MEC can only be assigned by a MECRB determination in accordance with single-Service guidance. An extended rehabilitation period streamlines administrative processes and provides a greater level of assurance for injured personnel, allowing them to focus on rehabilitation and recovery. An extended rehabilitation period also ensures sufficient time to enable diagnosis of an injury or illness to determine the member's future employability. It is expected that frequent IWBs would be held in these circumstances.
15. **Career management.** Career managers are to consider active medical management and rehabilitation programs as a priority in all career management decisions for the member. The career manager is to seek medical opinion from the appropriate Health Centre Manager when there is doubt about the medical fitness of a member to proceed on posting to, or remain in, a specific role or posting locality. Where unusual circumstances exist and a member is being considered for a non-operational posting outside of Australia or an overseas training serial, the career manager must seek medical advice from JHC OHC for a risk assessment.

### MEC J33—PREGNANCY AND POSTPARTUM

16. A member with a MEC J33 is employable within their employment restrictions and/or with health materiel support. The member is deployable for defined operational or exercise activities within the limits of their employment restrictions, once endorsed by the DSSMO, and cleared by J07 HQJOC (for joint exercises and operational deployments). A member with a MEC J33 is not fit for seagoing service.
17. On confirmation of pregnancy, the member is to be allocated appropriate employment restrictions in accordance with [DHM 2-9-1](#)—'Supporting Defence members in pregnancy and the postpartum period'. When the member has indicated intent to continue with the pregnancy and the pregnancy is reasonably assured of continuing, a UMECR is to be conducted and MEC J33 may be allocated, this will generally occur after 12 weeks gestation. Except in those circumstances detailed in DHM 2-9-1, the allocation of MEC J33 becomes mandatory at 20 weeks gestation. Until the allocation of MEC J33 becomes mandatory, the member may be

classified as MEC J31 (if the member is not ready to disclose the condition to a commander/manager).

18. If a pregnant member has a MEACRB-allocated MEC, they are to be referred for a MEACRB for reconsideration of the member's circumstances and allocation of the appropriate employment restrictions and/or MEC.

19. **Pregnancy identified while deployed or at sea.** Upon confirmation of pregnancy while deployed or at sea, the member's command will be notified that the member is unfit for sea or deployment. The change of a member's health status in an environment of potential hazardous exposure may present risks and will require individual assessment. In most circumstances, the member will be returned to Australia (or host nation for third country deployments); however, the individual assessment and geographical location of the assessment will be in accordance with the relevant health support order and/or single Service policy.

20. **Pregnancy identified for a member posted overseas or a member accompanying a member posted overseas.** Upon confirmation of pregnancy for a member posted overseas, inclusive of members accompanying a member posted overseas, the pregnant member is to contact the Joint Health Command Overseas Health Cell (JHC OHC) by email, telephone or signal, as appropriate. The JHC OHC will then facilitate the recommendation of employment restrictions and appropriate MEC allocation. The member is to provide copies of health documentation from their treating team to JHC OHC for inclusion in the member's Defence health record.

21. **Return to pre-pregnancy duties.** A member may be allocated MEC J33 for a maximum period of 24 months postpartum to support recovery from pregnancy, including after return to work. This does not preclude the member from being assessed for a deployable MEC prior to 24 months postpartum. The member is to have a clinical review no later than one month after returning to work to ensure that the MEC and employment restrictions are appropriate, and that the member is receiving appropriate health support. Should a member fall pregnant while MEC J33, the member may be MEC J33 until 24 months postpartum from the most recent pregnancy.

22. **Career management.** The employment and career management of a member allocated a MEC J33 is to be in accordance with their individual employment restrictions. Where commanders, managers or CMAs require clarification they are to consult with the member and the Health Centre Manager.

23. As long as adequate access to medical and specialist services can be assured, members allocated a MEC J33 are fit for posting within Australia. While members remain eligible for posting, to ensure maintenance of consistent specialist care, CMAs should carefully consider the need to relocate pregnant members to new location after 28 weeks gestation, and/or before four months postpartum. When making career management decisions, the following should be considered:

- a. specialist services may decline new patients over 20–24 weeks gestation, as advised by the Health Centre Manager
- b. the presence of workplace hazards (as indicated by the member's employment restrictions) in both the losing or potential gaining location
- c. the presence of adequate support networks in the losing or gaining location
- d. the member's preferences.

24. **Physical fitness testing.** Members are exempt from physical fitness testing while MEC J33. Once the member is reclassified to a MEC other than MEC J33, they are to undertake a reconditioning program and physical fitness testing in accordance with single-Service policies.

25. **Breastfeeding.** Management of breastfeeding in the workplace is in accordance with single-Service policies. Breastfeeding may affect individual readiness and the member is to discuss their individual circumstances with their commander or manager.

26. **Updating personal data.** Members are to ensure their personal data is correct. Dependant details are to be updated within three months postpartum by completing [Form AD150](#)—'Amendment of personal data details – ADF', as required.

27. Related health policy is in [DHM](#) 2-9-1—'Supporting Defence members in pregnancy and the postpartum period'.

#### MEC J34—TEMPORARILY NOT EMPLOYABLE

28. A member with a J34 classification is temporarily not fit for work for a defined period between 28 days and no more than four months. All J34 members are to be referred for an IWB within their single Services. If a member was J42 prior to being allocated J34, the IWB is to contact the MECRB coordinating cell in the CMA for management guidance. No career management action should be taken pending the return of the member to the workplace; or the availability of additional information related to long-term prognosis.

29. This classification is designed to enable a member to recover from a short term illness or injury away from the workplace within a specified limited period of time. If at any stage during the period of J34, it is considered the period away from work is going to be more than four months, or if a member does not meet the criteria to be reclassified to a J1X or a J2X/M2X/L2X classification when their period at J34 has reached four months, referral for a MECRB is mandatory. A MO cannot give back-to-back J34. MOs are to liaise with commanders/managers to ensure awareness of J34 allocation for impacted members.

## MEC J4X

### EMPLOYMENT AT SERVICE DISCRETION

1. A J4X classification is assigned to members whose employability is under review, and can only be allocated through a MEACRB determination (other than MEC J40). A J4X classification is primarily based upon capability and workforce management considerations. Members allocated a J4X classification are designated 'not ready' for medical Individual Readiness. Relevant definitions, including definitions of deployable and employable, can be found in [MILPERSMAN Part 1, Chapter 3](#)—*Military Personnel Policy Manual Glossary*.

2. MEC J4X is a category that provides options for the medium-term employment or transfer of members who are no longer fully deployable but are employable in their employment category.

### MEC J40—HOLDING TEMPORARY

3. A member with a J40 classification is employable within their employment restrictions and/or with required health materiel/personnel support. The member is not fit for operational deployment, field activities or seagoing service.

4. The allocation of MEC J40 by a confirming authority indicates that a CMECR has been initiated and the member's MEC is to be reviewed via the single-Service MEACRB process. No career management action should be taken prior to a MEC being allocated through a MEACRB determination. Where a member is allocated J40 and a career management decision is time-critical, CMA staff should seek advice from the MEACRB coordinating cell.

### MEC J41—ALTERNATIVE EMPLOYMENT

5. A member with a J41 classification is employable within their employment restrictions and/or with required health materiel/personnel support. The member is not fit for operational deployment, field activities or seagoing service in current employment category.

6. If a member has been deemed medically unfit for deployment in their current employment category, they may be suitable for a deployable MEC in an alternative employment category. Any transfer to another employment category can only be approved by the CMA and may be offered only after MEACRB consideration. Upon successful transfer to the new employment category, the member is to be referred for a MEACRB to reclassify to a J1X or a J2X/M2X/L2X classification.

7. If a member does not accept the offer of employment category transfer, a MEACRB is to be conducted to re-allocate a MEC appropriate for their current employment category. If the member is unable to successfully transfer to an alternative employment category, or is not fit for a J1X or a J2X/M2X/L2X classification once transferred to the new employment category, a CMECR is to be initiated.

## MEC J42—EMPLOYMENT AT SERVICE DISCRETION

8. A member with a J42 classification is employable within their employment restrictions and/or with required health materiel/personnel support. The member is not fit for operational deployment, field activities or seagoing service.
9. A member with a J42 classification is offered limited tenure employment based on Service need and workforce vacancy at the time of MECRB consideration, for a defined period up to five years at any one time. A member who is classified J42 should have the capacity to work full-time hours, or the hours required by the role for which they are retained. The member can be posted and promoted while J42, dependant on Service requirements and at CMA discretion. Members requesting to transfer from SERCAT 6 or 7 to SERCAT 2-5 with a MEC J42 should be referred for a MECRB. The member is not suitable for transfer to another Service or employment group. If the member does not accept the offer of limited tenure employment at a J42 classification, then they will be allocated a J5x classification.
10. Once allocated, this MEC may only be amended by a MECRB determination. A member with MEC J42 requires annual MO review as a minimum.

## MEC J44—EXTENDED NOT EMPLOYABLE

11. A member with a J44 classification is not employable for a defined period between four and 12 months. This classification is designed to enable a member to recover from a serious illness or injury away from the workplace. A J44 classification can only be assigned through a MECRB determination and requires periodic MO review as appropriate to monitor the member's recovery. Frequent IWBs should be considered.
12. The member must be referred for a MECRB once the defined J44 period has lapsed, or earlier if clinical indications warrant it. A MECRB may be undertaken as desktop activity, without member input, if it is in the interest of the member's wellbeing. General career management considerations should be placed on hold pending either a return of the member to the workplace or the availability of additional information related to long-term prognosis.

## MEC J49—LONG-TERM EMPLOYMENT AT SERVICE DISCRETION

13. A member with a J49 classification is not deployable but may be determined through a MECRB to be employable long term. The member has employment restrictions and/or required health materiel support and/or health personnel support.
14. This MEC is assigned by a MECRB determination only. A member is offered employment in a J49 classification based on:
  - a. Service need
  - b. judgement by the CMA that the member can be employed in their employment group across multiple posting cycles and has opportunities



available for career progression in accordance with single Service career continuums

- c. indication from the health practitioner, supported by MECARS, that the member is clinically assessed as stable and unlikely to deteriorate in the employed environment.
15. A member who is allocated a J49 classification should have the capacity to work full-time hours, or the hours required by the employment group for which they are employable. A member can be posted and promoted with a J49 classification, dependant on Service requirements and at CMA discretion. Members requesting to transfer SERCAT or to another Service or employment group with a J49 classification are to be referred for a MECRB.
16. A member with J49 classification requires Medical Officer review at a frequency directed in the MECRB Determination, but will not be referred for MECRB unless there are changes to their condition. If the member's condition changes i.e. their condition improves, deteriorates or is otherwise no longer clinically stable, they are to report to their treating health facility for treatment and assessment.
17. Once employed with a J49 classification, if the member wishes to voluntarily resign or transfer to the Reserves they are to do so in accordance with MILPERSMAN, Part 10, Chapter 1—Permanent Defence Members Notification of Intention to Resign or Transfer to the Reserves. A member with a J49 classification applying to voluntarily resign or transfer to the Reserves is to be referred for a MECRB to determine their separation MEC and eligibility for medical separation.
18. Once employed with a J49 classification, if it is determined that the member's retention is not in the interest of the ADF in accordance with [MILPERSMAN Part 10, Chapter 2—Involuntary Separation from the Australian Defence Force](#), then the member is to be referred for a MECRB to determine their separation MEC and eligibility for multi-mode separation. For further information on multi-mode separation, refer to single-Service policy and the ADF Transition Manual.
19. If a MECRB Determination includes an offer of employment at a J49 classification and the member does not accept the offer, they will be allocated a J5x classification.

**MEC J5X****NOT DEPLOYABLE AND NOT EMPLOYABLE, UNFIT FOR FURTHER SERVICE**

1. A J5X classification is assigned when, based on a member's medical condition, a MECRB determination indicates that the member is not deployable and not employable, and the member is unfit for further service. This will usually result in the member being provided a Separation Notice and the member is either awaiting a final decision on medical separation or a final decision has been made to medically separate the member. Members allocated a J5X classification are designated 'not ready' for medical Individual Readiness. Relevant definitions, including definitions of deployable and employable, can be found in [MILPERSMAN Part 1, Chapter 3](#)—*Military Personnel Policy Manual Glossary*.

2. Subject to any response from the member upon receiving their Separation Notice, in accordance with [Defence Regulation 2016](#) paragraph 24 (1)(a), the Chief of the Defence Force's delegate will make a determination on whether to carry out the Defence member's separation on the basis that the Defence member is medically unfit.

**MEC J51—NOT EMPLOYABLE ON MEDICAL GROUNDS—EMPLOYABLE WITHIN EMPLOYMENT RESTRICTIONS IN THE PERIOD LEADING UP TO SEPARATION**

3. A member with a J51 classification is medically unfit for further service. The member is employable in the period leading up to medical separation within applicable employment restrictions. The member is not employable on medical grounds in the long-term and not fit for deployment, field exercises or seagoing service.

**MEC J52—NOT EMPLOYABLE ON MEDICAL GROUNDS—UNABLE TO BE EMPLOYED IN THE PERIOD LEADING UP TO SEPARATION**

4. A member with a J52 classification is medically unfit for further service. The member is not employable in the period leading up to medical separation. The member is able to participate in transition related activities.

**MEC J53—EXTENDED TRANSITION**

5. A member with a J53 classification is medically unfit for further service. The member is employable in a limited range of duties, however requires an extended transition. The member has employment restrictions leading up to medical separation. A member with a J53 classification requires annual MO review at a minimum.

6. The member has limited tenure retention for a defined period up to three years, to support transition and other duties at Service discretion. This period to be used primarily for undertaking transition related activities, training and/or education including rehabilitation.