ROYAL NAVY

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RECOVERY PATHWAY

Your Guide

May 2025


ROYAL NAVY

CONTENTS

ROYAL NAVY RECOVERY PATHWAY (RNRP)

Current Assigned unit (including PSG/RT):	
Rank:	
Name:	
Service number:	
Divisional Officer (DO)/ Troop Commander (Tp Cdr):	
Regular/Treating Doctor (if different to PMO/SMO):	
Current Joint Medical Employment Standard (JMES):	
Medical limitations:	
RNFPS case worker (if required):	

What is the Royal Navy Recovery Pathway?

The Royal Navy Recovery Pathway (RNRP) is the term used to describe the journey a Service person (SP) takes from the point of injury or illness to the point where they either:

- Return to work (RTW) fully upgraded
- RTW in a permanently limited Joint Medical Employment Standard (JMES)
- Leave the Service

Entry Criteria

- All Regular strength RN, FTRS (full commitment) and mobilised Maritime Reserves[1] who have been assigned a JMES code of **L3, 4, 5 or 6, and/or M-3, 5 or 6.**
- Regular Untrained strength (UTS) awarded temporary **JMES L 3,4,5,6 or M 3,5 or 6 AND temporarily withdrawn from training** because of downgrade.

NOTE: RN should NOT have a JMES code of M4, if this has occurred, please return to the medical centre to have this reviewed.

Service Person (SP) - It is your recovery, and it is therefore your duty to fully engage with all elements of your recovery to make sure that you achieve the best possible outcome for you.

The Divisional Officer (DO)/ Troop Commander (Tp Cdr) has a responsibility to help you with your recovery. This is done through regular contact and by helping you develop your Individual Recovery Plan (IRP).

[1]BRd3 Chapter 33

TEMPORARY MEDICAL DOWNGRADE

The moment a SP is assigned a JMES code of L-3, 4, 5, or 6 and/or M-3, 5 or 6, they enter the Royal Navy Recovery Pathway (RNRP), regardless of reason (physical or mental health) or assignment.

An Automated SCIO email notification will be sent within 24 hours post medical downgrade to the SP and their DO/Tp Cdr.

The email will only share the new JMES category and instructions on next steps (links to BRd 3 chapter 33 and other relevant information).

NO MEDICAL IN CONFIDENCE IS SHARED

What do you need to do?

SP:

- You may receive a temporary revised Medical Category certificate from your Medical Officer (MO) which you should pass to your DO/ Tp Cdr as soon as possible. Usually an e-signal will be sent to your DO/ Tp Cdr.
- Your MO will have discussed your clinical pathway.
- Your DO/ Tp Cdr will now discuss how best this can be achieved by using an Individual Recovery Plan (IRP)

Your focus should be your recovery. Working with your DO/ Tp Cdr to produce an IRP is the best way to achieve this.

Being on the RNRP does not mean you will be required to leave your current position. The majority of individuals remain in their assigned job.

If you are away from your unit at point of injury/illness, you must notify them as soon as possible and arrange to see your MO and DO/ Tp Cdr when back in unit.

DO/ Tp Cdr:

- SP should not be Sick on shore for longer than 14 days without a temporary JMES change.
- The DO/Tp Cdr must establish communication with the SP as soon as possible but no later than within 10 days to ensure the SP has the appropriate support in place.
- Contact should be maintained weekly.
- A home visit should be carried out by day **21 of the period of absence, and at least monthly thereafter. If a home visit is not deemed appropriate OR the SP does not wish it alternative communication (phone call, emails, skype etc) can be used and must be noted in the IRP.**
- Consider contacting Family People Support (FPS) if specialist welfare support is required.
- An IRP is not required for those likely to be upgraded Medically Fully Deployable (MFD) within 90 days, but the IRP can be raised immediately if likely to remain longer than 90 days and is mandated at the 90-day point.
- Once an IRP has been implemented a JPA competence **'Welfare | Individual Recovery Plan | Joint'** must be raised for the SP via your Unit Administrator. With NO END DATE
- **The management of an individual through recovery is a Unit executive function and a key principle of the Divisional/ Regimental system.**
- If SP moves establishments or is assigned whilst undertaking an IRP, the document needs to be formally handed over to their new DO/Tp Cdr. It is a live document that should be regularly reviewed.
- When the IRP is finalised[3] , it is to be sent to **NAVY PEOPLE-PS RRM IRP (MULTIUSER)** using the following naming format: **YYYYMMDD-IRP_ SERVICE NUMBER_RANK_SURNAME_FINAL-OSP**
- Should recovery not progress, the case should be raised at the Unit N1/Carers' Forum in good time.

- If it is felt that a SP requires more support than can be offered in their current role; assignment to a Personnel Support Group (PSG) or Recovery Troop (RT) may be appropriate. **However, no assignment should be enacted without prior communication with the receiving PSG or RT.**
- For complex cases a Royal Navy Recovery Case Conference can be requested. Details and a copy of a RN Recovery Case Conference Request Form can be found in BR3 Ch 33.
- Those SPs with the most complex or significant recovery needs may be assigned to the Royal Navy Recovery Centre (RNRC) Hasler, HMS DRAKE

If further support is required, please contact the Recovery and Resilience Margins HQ Warrant Officer: **NAVY PEOPLE-PS RRM DIVS WO**

[2]Any medically approved sickness

[3]Only finalised when SP has either been fully upgraded (MFD) and returned to work, permanent change to JMES and return to work or TX from RN. It is a live document and should be continuously updated until these outcomes are reached.

MEDICAL TREATMENT

The Defence Medical Service (DMS) are responsible for providing the clinical pathway that you require, in association with NHS partners. Your rehabilitation will be delivered through a combination of care which will take place at both Defence and NHS centres.

What do I need to do?

SP:

- Your focus must be on your rehabilitation to support your Recovery Pathway.
- You may be required to undertake an Individual Programme (IP) at your local Primary Care Rehabilitation Facility (PCRF). This programme will be created with input from Exercise Rehabilitation Instructors (ERI), Physios, Occupational Health and any other rehabilitation staff that are required to enable your recovery.

DO/Tp Cdr:

- A SP's clinical treatment and Recovery Pathway activities take priority over all other duty activities. The aim is to get that SP fit and returned to duty, or to support their transition to civilian life

If the SP is required to undertake sessions to fulfil their IP (physical, mental or occupational health activities) this must be scheduled in the working day and not during lunch etc.

INDIVIDUAL RECOVERY PLAN (IRP)

SP:

- Ensure that when you discuss your requirements for the IRP you think of all aspects of your life. The IRP form will guide you through this.
- Once the IRP has been initiated you are able to update and alter it as your situation changes at any time.
- COMMUNICATION is key. Remember your DO/Tp Cdr is here to help facilitate your recovery pathway, however they can only do this if they have all key information.
- Your Goals should be realistic and achievable.
- You may have an Individual Programme (IP) set from the local Primary Care Rehabilitation Facility (PCRF). This must be included in your IRP.

DO/ Tp Cdr:

- You must work with the SP to develop their IRP to maximise and focus their recovery.
- Recovery goals should be agreed and recorded on the IRP. Your SP should be encouraged to think about these when the IRP is reviewed.
- Whilst downgraded, SPs may be employed only in accordance with JMES restrictions and limitations.
- Whilst on the Recovery Pathway, rehabilitation and recovery takes precedence over all other activities/duties.
- If recovery is not progressing as expected, you should consider raising the case for discussion at the Unit Carers' Forum and/or requesting a RN Case Conference via the RN Assignment Consideration Case Conference Request Form (BR3 Chapter 33).

A4 IRP form also found in BRd 3 Chapter 33 and RRM HQ Sharepoint.

INDIVIDUAL RECOVERY PLAN FORM

Name	Rank/Rate	Service Number
Unit	**Service**	**CURRENT JMES**
JMES Review Date	**MEDLIMS**	
DO/Tp Cdr	**Date Assigned**	**Joined From**
Date IRP Raised	**Date JPA Competency Added**	**Date IRP Finalised**
Stakeholders (MO/GP, DCMH, PCRF, RN FPS etc)		

Individual Recovery Objectives
What do you want to achieve as part of your Recovery over the short, medium and long term? (Any events/activities in your IRP should lead to achievement of these objectives)
Reflection
What elements of your recovery have been going well and why? eg: I feel that I have been making lots of progress with my Individual Programme (IP) after my recent operation and can see improvements in my fitness. **What elements of your recovery have not been going so well and why?** eg: I am finding my Graduated Return of Work (GRoW) tiring and difficult to achieve. It feels as if I am doing too much too soon.

	Recurring Events (indicate frequency i.e. daily/weekly/monthly etc)	Distinct Events (indicate when completed and leave in place)
General	**Examples:** Gym Clubs/societies Hobbies	**Examples:** Leave DO/Tp Cdr away INM Brief MEB
Health	MO Review Physio IP	Hospital Appointments DMRC MBOS (Form 1 and 2 completion) Begin GRoW End GRoW

Accommodation/ Relocation	Current accommodation – any access/mobility issues? Any OT requirement?	Local Authority Occupational Health house Assessment DIO start work on housing adaptions Moving house
Drugs	Repeat prescriptions Alcohol consumption	

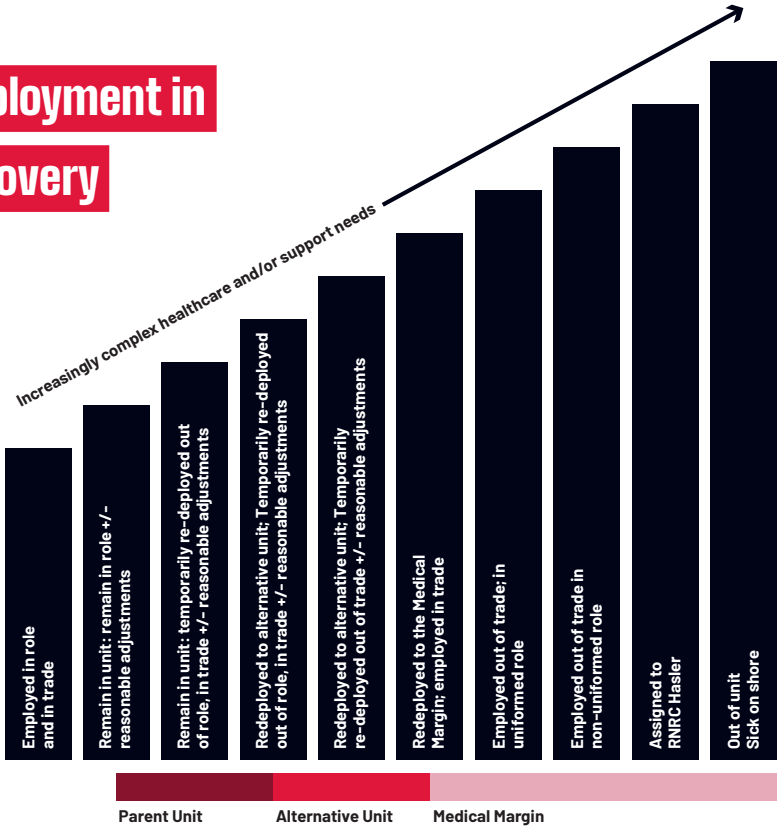
Finance and benefits		Armed Forces Compensation Scheme Pension forecast Debt management Benefits Charity support
Attitude	Reflection on your IRP with your DO/Tp Cdr Aspirations Professional issues Disciplinary issues	

Children, family and relationships Children/dependants, family network, support living arrangements		Child starts school Child has significant exams Partner starts new job Partner away
Training, education and resettlement	Educational courses Professional courses/ training	Visit to PRC MAC RRP Recovery Foundation Recovery Development Recovery Transition NRIO (resettlement advisory brief) CTP registration1 CTW/CTW+ Civilian work attachments

Support	DO/Tp Cdr contact RNFPS visits Chaplaincy contact Support group meetings NRIO/SEC	Initial RN FPS contact Initial chaplaincy contact Referral to Veterans UK Veterans Welfare Service (at least 3 months prior to exit)

GAINFUL EMPLOYMENT

Employment in Recovery



Employment in Recovery: Most SP are best managed within their unit, in trade and role as It maximises wellbeing and minimises career disruption. Some may (by arrangement with their DO) be better suited to an alternative unit (e.g .. with less seagoing liability or in a specific location). A small number require more focused support in a PSG/RT but, again, the preference is to be employed in trade to reduce career disruption; usually they should be in a uniformed role to maintain Service identity but, occasionally, non-uniformed (e.g. local community/voluntary) roles can support a SP recovery. Admission to RNRC Hasler is only needed in the most complex cases.

There is no set criteria to remaining in role or not. The picture opposite is a general guide to employment options/points for consideration whilst on the recovery pathway.

Do/Tp Cdr needs to consider (minimum):

- Current JMES and medical limitations
- Clinical pathway
- Unit operational timeline/output
- SP role and personal considerations

If it is reasonable for the SP to stay in role ensure that:

- Risk assessments are conducted as required
- Reasonable adaptations to tasking and/or environment are made
- Regular reassessment of SP and their situation to ensure continued support to recovery

SP:

- You need to take ownership of your IRP: set and record clear goals and think about how you might achieve them.
- The MO will have discussed your clinical pathway and any rehabilitation activity that is required. This now needs to be included in your IRP (the plan may include courses and activities that will further your recovery or support your transition. However, these things are always secondary to your clinical treatment and rehabilitation).
- A JMES code of M5 means that you can still be employed ashore, with medical limitations as stated. A JMES code of M6 means you cannot currently be employed, but you can and should still engage in recovery activities.
- **Remember, you must discuss your IRP regularly, and at least monthly, with your DO/ Tp Cdr. Make time to do this.**
- Always get medical and executive approval before starting any recovery activities (details of activities found on RRM HQ Sharepoint).

OCCUPATIONAL HEALTH

Royal Navy Occupational Health Service (RNOHS)

PROTECT

SP from potential workplace hazards

Defence from legal and reputational risks to the organisation

SUPPORT

SP in their recovery pathway to functional fitness

Defence to safely and effectively employ and deploy its people

ENABLE

SP to optimise their health, wellbeing and fitness for work

Defence to maximise operational capability to achieve its objectives

What is Occupational Health (OH)?

- OH are medical specialists with additional training in: **How work affects your health and health effects your work**
- The goal of OH is to get you back to work ('fit to fight') as soon as possible to promote physical and mental health and career progression (and, of course, operational capability)
- OH also aims to prevent (and detect) potential ill-effects that work has on your health ('safe to serve')

How can I access Occupational Health?

- Currently, you need to be referred by your MO. You can ask them to be referred to OH if you believe you would benefit from OH input
- In future, your DO/Tp Cdr may be able to refer you to OH

What can RNOHS do for me?

Support you, your DO and Career Manager (CM)[4] to get you back into gainful employment ('good work') as soon as possible after an injury or illness

- Help reduce the amount of time you are downgraded, to promote your health, wellbeing and career
- Advise on your fitness for work (via the JMES), with bespoke advice to you and your DO/CM
- Use specialist functional assessments to gauge your fitness for work and risk when deployed
- Reduce the risk of further injury or recurrence
- Investigate possible work-related sources of illness or injury to prevent harm to you or your colleagues

What should I expect from my RNOHS appointment?

- You should be contacted by our OH Clinicians (nurses and occupational therapists) within 10 days of your referral
- You should be seen by an Occupational Health Doctor within 4 weeks of your referral (depending upon waiting lists)
- You should be seen face-to-face but can opt for a telephone or video-call consultation if needed
- After your appointment your clinician/doctor will write a report to your MO and/or arrange further reviews
- If needed (and with your consent) we can discuss your occupational situation with your DO/CM or convene a case conference to find solutions

What about my JMES?

- Your MO can give you a temporary JMES but they cannot be continued indefinitely. They can also award you one of a small number of permanent JMES grades in specific circumstances
- OH Clinicians can also award you a permanent JMES in very specific circumstances
- OH Doctors can award you a permanent JMES grade in most circumstances, to ensure you can return to work (and deployability) safely
- If the JMES grade is likely to be so restrictive that it has a significant impact on your career, then you will need to attend Royal Navy Medical Board Of Survey (RNMBOS) for a permanent grading
- Whenever you are awarded a permanent JMES (whether by MO, OH or RNMBOS) the RN Medical Employability Board (RNMEB) will decide whether you can be retained in your role. This Board is made up of workforce management, RN Legal and the President of RNMBOS. They do not see any medical information and, if they do not approve it, they will simply ask you to be sent to RNMBOS instead

Graduated Return to Work (GROW)

- Long term sickness absence is bad for our health, wellbeing and employment
- **95% of those off for 4-6 weeks return to work, only around 50% of those off for 1 year do**
- Returning to (or staying in) work is one of the most important things you can do to support your recovery
- Work you undertake during recovery should be 'gainful' (providing a sense of purpose/achievement) and should be in your primary role or trade, where possible

- Our Occupational Health Clinicians are specialists in getting you back to (or supporting you to stay in) gainful employment:
- They will help you create a return-to-work plan (with gradually increasing hours, tasks or workload where needed) and review your progress regularly
- They will liaise with your DO and/or CM to help support that plan (and revise it as necessary)
- They have access to Occupational Health Doctors and your MOs to ensure your JMES is able to keep you safe at work, without being too restrictive
- They can also use specialist assessments to help you demonstrate that you are fit for work prior to permanent grading (with an OH Doctor or RNMBOS)

Summary

- Occupational Health can support you to return to work sooner and safely, which can improve your health, wellbeing and career.
- Occupational Health is (currently) accessed through your MO, please talk to them if you think you need OH support.

[4]conversations with your DO and/or Career Manager requires your consent

PERSONNEL ON RECOVERY DUTY (PRD)

The term Personnel on Recovery Duty (PRD) refers to those SP who are on the RNRP who are unable to undertake their "normal" duties. In the RN this only applies to personnel who are assigned to a **MA7A PID within a Workforce Resilience and Training Margin organisation (WRTM):**

- Personnel Support Group (PSG): Portsmouth, Faslane, Devonport, RNAS Yeovilton and Culdrose
- Recovery Troop: 40 Cdo Termoli, 42 Cdo Kangaw, 45 Cdo Harden, CLR Hellberg, Hamworthy Barracks and CTCRM
- RNRC Hasler for the most complex of cases

ROYAL NAVY MEDICAL BOARD OF SURVEY (RNMBOS)

A Medical Officer will decide if a SP should be presented to the Royal Navy Medical Board of Survey (RNMBOS). The boards are usually held in the Institute of Naval Medicine (INM, Alverstoke) but may be held in other RN/RM sites across the UK.

The Medical Staff will raise the necessary paperwork. A date will be set, and the SP will have the opportunity to attend:

- In person (preferable, especially if there is any doubt about retention).
- By telephone (if telephone Boarding is available)
- In absentia (paper only Board)

The final decision on attendance rests with the President of the Board.

The outcome of the MBOS can vary:

- Upgrade to Medically Fully Deployable (MFD)
- Retain in service in a reduced JMES
- Medical Discharge from Service
- Defer the board as more information is required (further test, treatment etc)

All JMES decisions below MFD will be reviewed at the Royal Navy Medical Employability Board (RNMEB) for them to decide to retain or discharge on employability grounds.

REMEMBER: 2 out of 3 SP who attend RNMBOS are retained. Those SP who are discharged are usually aware pre board that this will be the outcome.

What do you need to do?

SP:

- Keep your focus on your rehabilitation and recovery.
- Your MO/Medical Centre will be able to talk you through the RNMBOS process and your role in it (you will be asked to write a personal statement on RNMBOS Form 2).

- Think about your retention preference as this is part of the RNMBOS Form 2. If you hope to be retained in Service, engage with your Career/Branch Manager early to ensure their support.
- If you hope to be retained in Service but are considering a branch transfer to support your successful return to work, then you must engage with your current and proposed Career/Branch Manager to discuss requirements and seek support for the process.
- If you wish to be medically discharged, then you should start to consider life and work after service.
- As soon as you are told that you will be presented to the RNMBOS, you are allowed to start resettlement activities. Arrange, via your DO/Tp Cdr, to visit your Naval Resettlement Information Office (NRIO) for an initial interview and ask to be registered with the Career Transition Partnership (CTP).

DO/Tp Cdr:

- If a member of your Division/Troop is attending RNMBOS (BR 1991 Ch 8), make sure that they have been briefed by the Medical Centre and that they fully understand the process.
- If a SP has been told that they are likely to be medically discharged, you need to raise a
- Transition Assessment Form (TAF) (JSP 534 Section 6).
- Signpost your SP to the NRIO. If the SP has barriers to employment and needs additional resettlement support, a Specialist Employment Consultant (SEC) may be appropriate; talk this through with NRIO. Many charities offer resettlement support, however, before agreeing a SP can engage in any activity/course, consult the NRIO.
- If the SP is retained in Service, the resettlement 'clock' is reset.

Wherever possible, the Royal Navy's intention will be for SP to return to duty.

DISCHARGE ON MEDICAL GROUNDS

While some SPs will be able to return to duty, this is not always possible or necessarily the best option for them. SPs who are going to be medically discharged will need to change aspects of their recovery plan to focus on what they need for their transition to civilian life and future career.

What do you need to do?

SP:

- If you are leaving the Service you will go through a Resettlement package which can include employment courses, work placements, training, and education.
- The earlier you begin your Resettlement the better.
- If you are being medically discharged with an injury or illness that means you have significant barriers to employment, you may be entitled to access a Specialist Employment Consultant (SEC) through CTP (Assist).
- Many charities offer Resettlement support programmes and mentoring schemes. A quick internet search can pay dividends.
- Before applying to attend any Resettlement course always check with your DO/Tp Cdr or NRIO.

DO/ Tp Cdr:

- SPs discharged from the Service on medical grounds may be ill-prepared for life 'outside' and will need additional support as they make the transition to civilian life.
- Some charities offer a mentoring scheme which can help with transition.

REFERENCES/ USEFUL DOCUMENTS

BR3 Ch 33 – Recovery Pathway

BR3 Annex 24B – Carers' Forum

BR 1991 Ch 8 – Royal Navy Medical Board of Survey (RNMBOS)

JSP 534 Section 6 – Resettlement Provision on Medical Discharge

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