



Representative Association of Commissioned Officers  
Cromhlachas Ionadaitheach na nOifigeach Coimisiúnta



Our Ref: 4/15/N/2

27 February 2017

The Health Insurance Authority,  
Canal House,  
Canal Road,  
Dublin 6.

**RACO Submission to HIA – Private Health Insurance  
Lifetime Community Rating (LCR) Consultation Paper**

**Reference ‘A’:** Department of Finance Sanction – Private Health Cover.

**‘B’:** Letter from the Minister for Defence’s Office to RACO, dated 24 February 2016.

**‘C’:** Extract from Australian Government website – Exemptions provided to Australian Military Personnel.

**‘D’:** Extracts from Admin Instr A 12.

**Background**

1. Government introduced LCR regulations in 2015. In the absence of a consultation process prior to its publication, the unique conditions of service for Commissioned Officers of the Defence Forces, as it relates to this regulation, were unable to be factored. The current process of consultation and the continued engagement by the Health Insurance Authority (HIA) is welcomed by RACO.
2. Commissioned officers constitute approximately 13% (1,200) of the DF establishment and are provided with distinct conditions of service. *Commissioned Officers terms and conditions of service provide for the range of occupation and private medical healthcare provisions equivalent in standard to that offered by a private health insurance policy.*
3. In accordance with Defence Force Regulation (DFR) A.8, the Director of the Medical Branch is obliged to maintain an accurate record of the medical history of military personnel during service. Regulatory compliance has been facilitated by ensuring that access to external healthcare services is governed and controlled by the Medical Corps. In return, the clinical record of the interventions and investigations are returned to the Medical Corps for follow on treatment and patient care. Prior to the introduction of LCR provisions, officers were formally discouraged from accessing their own private medical healthcare because of the obvious difficulty in securing and maintaining official medical reports, where such interventions occurred privately.
4. Following a query by the Association, the Health Insurance Authority (HIA) confirmed to RACO that the LCR Regulations (S.I. No 312 of 2014) stipulated that credit is given for previous continuous periods of cover as an insured person in an “inpatient indemnity health insurance contract”. Health insurance contracts are only sold by organisations that are registered and regulated with the HIA. *These provisions are not considered as health*

*insurance contracts merely because the DF is not registered or regulated by the HIA and therefore do not comply with health insurance legislation such as open enrolment or lifetime cover.*

#### **Redundant Policies**

5. Currently, there is no provision in the regulations for LCR loadings to be waived by an insurer irrespective of the circumstances. Our members (those over 34 years of age) are now doubling up on occupational private healthcare medical arrangements purely to *negate the future impact of the very significant "age" levies imposed by these new regulations when they retire from the Defence Forces.* No benefits can accrue to the DF or our members by association with these plans while in service essentially making these plans redundant to their application until and on retirement from the Defence Forces.

S.I. 312 of 2014 fails to recognise and facilitate the operational requirements and obligations of DF regulations on its personnel and consequently the unique situation of our Members.

#### **Duplication of Cover**

6. DF personnel and their dependents may be deployed overseas to Force Headquarters and diplomatic missions. Here the normal range of supports are not available and therefore a Financial Support Package (FSP) is provided. Specific private medical cover is provided through VHI Global policies. The HIA has confirmed to RACO that such VHI Global policies do not cover personnel domestically over certain collective periods and thereby personnel are required to take out a domestic policy in addition to the expensive global policies.

DF Personnel are adequately covered by the provisions of the DF medical scheme as a condition of their service. Those deployed overseas with a FSP are additionally covered by a VHI Global policy. *Those over 34 years of age must now purchase a redundant domestic health policy to avoid future levies on retirement. This amounts to double and in some instances triple cover that is undoubtedly unnecessary and excessive.*

#### **Provisions for Foreign Armed Forces**

7. Other national Government support military service and serving military personnel by recognising the nature of military service and the requirements around occupational health care provision. Where insurance levies are applied by blanket legislation, as a matter of policy, respective Governments derogate those in military service in a cost neutral way. This is simply achieved upon retirement where a "certificate of service" is presented to the Health Insurance Provider *negating the equivalent LCR levy. An example of such Government recognition of military service is the Australian Armed Forces.*

#### **Department of Health Position**

8. The stated objective of the LCR levy is to encourage individuals to purchase private health insurance as early as possible. The Department of Health informed DoD that the medical arrangements and benefits provided to commissioned officers do not comply with the key principles of community rating (i.e. open enrolments, lifetime cover and minimum benefit). In making these statements the Department of Health does not appear to acknowledge or factor the level of medical cover provided to commissioned officers as part of the organisations requirements, their employment terms & conditions of service or

the fact that the Minister for Defence has expressly discouraged commissioned officers from external engagement with private level health cover. *The consultation process is now an opportunity to merge the requirements of the Defence Forces for the commissioned ranks with that of the LCR regulations.*

9. A conflict of interest has now been created between Department of Defence policy and Department of Health policy. On one hand Defence Force commissioned officers are obliged to accept and participate in the Defence Force medical scheme, while on the other hand, they must now secure an additional health policy that provides the same level of cover and to which they are discouraged from engaging thereby rendering it redundant in application. The only benefit that such private policies have for commissioned officers is to offset future punitive loadings. *Where no amendments are made in the LCR provisions to factor this anomaly, the current conflicting situation for commissioned officers of the Defence Forces continues.*
10. The explicit consultation paper questions addressed by RACO include;
  - a. **Should the LCR legislation be amended in respect of the Defence Forces and if so in what manner should it be amended?**
    - 1) As part of their terms and conditions of employment, commissioned officers<sup>1</sup> of the DF have a long-standing arrangement where charges by civilian hospitals for treatment are funded through the Defence Vote. The prevailing conditions are set in a Department of Finance memo (S4/40/51) dated the 31 Aug 1973 (See Ref 'A'). This provision recognises the responsibility and function of commissioned officers within the DF. By providing access to private level health care, the DF ensures that rigorous health and fitness standards are maintained and, more critically, ensures maximum domestic and international operational effectiveness by its personnel. *An examination of the provisions demonstrates that commissioned officers are more than adequately covered for private health cover through the primary care provisions within the DF and access to external private health.*
    - 2) In accordance with DFRs, the DF and the Director of the Medical Branch are obliged to ensure the compliance and integrity of commissioned officers' medical records and consequently "officers are discouraged from securing independent access to private medical healthcare". This position was outlined to RACO in a letter from the Minister for Defence's office on the 24 Feb 2016 (See Ref 'B'), and restated at a meeting between DOD official and RACO on the 15 Feb 2017.

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<sup>1</sup> From the ranks of Second-Lieutenant to Lieutenant General.

- 3) The current LCR regulations are at variance with DF requirements and, RACO contend, should be amended along the lines adopted by other international militaries operating similar LCR regulations. The Australian example (See Ref 'C')<sup>2</sup>, where LCR provisions are well developed, recognise the level of cover provided to all military personnel whilst in military service and factors this into their governing LCR regulations. Accordingly, Australian military personnel are exempted from any future LCR levies recognising the level of medical cover for the period they are in military service. *A similar recognition for commissioned officers of the Defence Forces could be introduced by amendment to the current LCR regulations.*
- 4) As a consequence of their military service, commissioned officers are fully aware of the benefits of private health services. Since its formation in 1991, RACO has continually promoted the benefits of private health insurance to its retiring members. To this end RACO has negotiated member schemes with private health insurance providers (currently *Laya*) where the medical provisions provided whilst in service is recognised, and accordingly, all waiting periods regardless of age, pre-existing conditions and former private health insurance cover are waived when taking out a new policy upon retirement. This recognition reinforces the standard and reflects the level of Defence Forces medical provisions afforded to serving commissioned officers.

**b. Should there be a change in legislation so that an exemption from LCR Loadings applies along the Australian lines for people moving to / returning from Ireland?**

- 1) At any one time the DF may have up to 25-30 personnel deployed on overseas missions lasting between 12 to 36 months' duration. Where the security situation allows, these personnel are typically accompanied by spouses and dependents. Where no DF medical services are available to them, Department of Defence will fund the provision of a VHI Global Health policy for the period of the deployment.
- 2) As confirmed to RACO in an email from the HIA on the 11 Aug 2015, "VHI International plans are not underwritten by VHI, but by *Astrenska Insurance Ltd*, a UK insurer. *Astrenska Insurance Ltd* is not registered with the HIA or regulated by it. Thus, periods of cover insured by *Astrenska* under its VHI International Plan do not count as periods of cover for Lifetime Community Rating purposes".
- 3) DF personnel and their dependents are subsequently placed in the position where they are provided with a VHI Global policy by their

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<sup>2</sup> Available from  
<http://www.privatehealth.gov.au/healthinsurance/incentivessurcharges/lifetimehealthcover.htm>

employer but must retain an Irish domestic policy while resident abroad in order to avoid attracting the LCR levy.

- 4) In combination with an amendment to recognise periods of military service being exempt LCR levies, the legislation should also be amended to recognise the level of cover provided to military personnel and their dependents whilst deployed in such overseas missions.
11. As part of the consultation process RACO is available to meet with the Health Insurance Authority (HIA) and clarify or elaborate on any of the points raised in this paper. Should the HIA have any further queries specific to the commissioned officer cohort and suggested amendments, please feel free to contact us.

Yours sincerely,

A handwritten signature in black ink, reading 'Eamán Naughton' in a cursive script.

**Commandant Eamán Naughton**  
**RACO General Secretary**

AN ROINN AIRGEADAIS,  
(Address: any ... to ...)

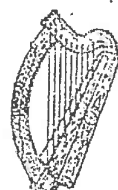
AN AI  
(The Secretary)

inoin uinhu, seo:-  
(quoting:-)

S 4/40/51

3 | Iúinasa 1973

*Original*  
*on 2/76035*  
*"Medical/Surgical*  
*Treatment of Officers*  
*in Public or Private*  
*Hospitals - Rules*  
*of charges*  
*agreements*  
*etc."*



AN ROINN AIRGEADAIS,  
(DEPARTMENT OF FINANCE),

SRAID MHUIRFEAN UACHT.,  
(UPPER MERRION STREET).

BAILE ATHA CLIATH, 2  
(DUBLIN, 2.)



An Rúnaí  
An Roinn Cosanta

I am directed by the Minister for Finance to refer to your minute (3/26790) (R4J), of 8 Meitheamh 1973, regarding charges by civilian hospitals for accommodation and treatment of officers and members of the Seirbhís Altranais an Airm.

I am to convey general sanction, with effect from 1 Eanáir 1971, for the payment of charges by hospitals within the State as follows:

- |  |  |
|--|--|
| (a) Senior officers<br><i>Cfr. members.</i>                  | - The charge for private accommodation not to exceed the prevailing rate for the hospital      |
| (b) Junior officers or members of Seirbhís Altranais an Airm | - The charge for semi-private accommodation not to exceed the prevailing rate for the hospital |

subject to the following terms and conditions:

- (1) that the Officer, or member of Seirbhís Altranais an Airm, is entitled to the treatment in question under R.O.E.
- (2) that Údarás Liachta an Airm certify that:
  - (a) the treatment in question is necessary,
  - (b) it is outside the scope of Cór Liachta an Airm in the particular circumstances,
  - (c) the charges are fair and reasonable,
  - (d) every effort has been made to ensure that the

practicable with a view to reducing Exchequer expenditure.

- (4) that unless it is in very exceptional circumstances a Junior Officer or member of Seirbhís Altranais an Airm will not be provided with private accommodation at the expense of the Defence Vote.
- (5) that the hospital, etc charges are abated by any payments under the Health Acts.
- (6) that the Defence Vote will receive the benefit of any deductions from pay, etc, prescribed by R.O.E. in respect of periods of hospitalisation, etc.
- (7) that any case containing unusual or novel features will be submitted to this Department separately if it has Exchequer implications.
- (8) that this Department is informed, at interval not exceeding two years, of cases of hospitalisation where the total cost, including any contributions paid under the Health Acts, exceeds £500 for a Senior Officer or £450 for a Junior Officer or member of Seirbhís Altranais an Airm.

I am also to refer to the case of Cft. Larkin and to convey sanction for the payment of the maintenance charges at a rate of £31.50 per week (the actual charge) in this case.

*PMS:tl*

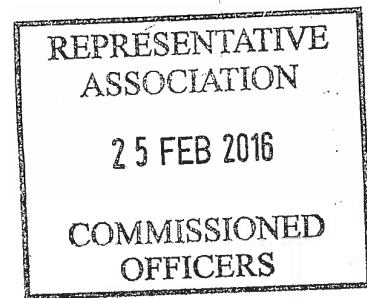
REF "B"



**Oifig an Aire Cosanta**  
Office of the Minister for Defence

**An Roinn Cosanta**  
Department of Defence

24 February 2016



Comdt. Earnán Naughton,  
General Secretary,  
RACO,  
Unit 12,  
4075 Kingswood Road,  
City West Business Campus,  
Dublin 24.

Dear Comdt. Naughton,

I have been asked by the Minister for Defence, Mr. Simon Coveney, to write to you again regarding your recent correspondence in relation to the Government's introduction of Lifetime Community Rating (LCR) Regulations.

As you are aware, Lifetime Community Rating (LCR) Regulations, S.I. No. 312 of 2014, became applicable with effect from 1 May 2015. Under LCR, community rating is modified to reflect the age at which a person takes out private health insurance. Late entry loadings are applied to the premiums of those who join the health insurance market at age 35 or over. The LCR Regulations stipulate that no loading is applied to an insured person if, on 1<sup>st</sup> May 2015, the person had a continuous period of cover in an in-patient indemnity health insurance scheme prior to that date. The primary purpose of introducing LCR is to encourage people to purchase health insurance at a younger age.

The Minister has asked me to inform you that the issues you have raised in your correspondence have been raised with the Department of Health both at official and Ministerial level. I enclose for your information copies of correspondence received from that Department as follow up to meetings with it. That Department's position is as outlined in these letters. However, it has undertaken to forward the issues you raised in your correspondence to the Health Insurance Authority for consideration as part of the planned review of the LCR Regulations in 2017.

The Minister appreciates that this is a difficult issue for your association. It is also a difficult issue to resolve. However, the Minister has advised that he will continue to discuss the matter with the Minister for Health with a view to considering whether there may be a solution that can be found to address your concerns.



As you highlight in your correspondence dated 11<sup>th</sup> March 2015, in accordance with Defence Forces Regulations, the Defence Forces and the Director of Medical Branch are obliged to ensure the compliance and integrity of medical records and consequently members are currently discouraged from securing independent access to private medical healthcare. We are currently finalising consideration of how this might best be addressed and plan to brief the Association soon in that regard.

Finally, the Minister is aware that you have submitted a claim for a refund of insurance loadings associated with the LCR Regulations. This claim will be dealt with through the Conciliation & Arbitration process.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Vincent Lowe', with a long horizontal flourish extending to the right.

**VINCENT LOWE**  
**PRIVATE SECRETARY**  
**MINISTER FOR DEFENCE**

## Lifetime Health Cover

Lifetime Health Cover (LHC) is a Government initiative designed to encourage people to take out hospital insurance earlier in life and to maintain their cover.

In some cases you may be exempt or fit into a special circumstances category.

### Who pays LHC?

If you do not have hospital cover with an Australian registered health fund on your Lifetime Health Cover base day and then decide to take out hospital cover later in life, you will pay a 2% loading on top of your premium for every year you are aged over 30.

In most cases, your Lifetime Health Cover base day is the later of 1 July 2000 or the 1st of July following your 31st birthday.

For example, if you take out hospital cover at age 40 you will pay 20% more than someone who first took out hospital cover at age 30. The maximum loading is 70%.

Once you have paid a LHC loading on your private hospital insurance for 10 continuous years, the loading is removed. Your loading will then remain at 0% as long as you retain your hospital cover; or, if you cancel your cover after the loading is removed, as long as you do not exceed your permitted days without hospital cover (see below).

You can use the Lifetime Health Cover calculators to find out if you need to pay the LHC loading.

If you are on a couple or family policy, your loading is calculated as an average between the individual loading of the two adults. For example, if one person has 20% loading and the other person has 0% loading, the loading applied to the couples' policy is 10%.

*General treatment (extras) cover, Overseas Visitors Health Cover, Overseas Student Health Cover, and international forms of insurance are not considered to be hospital cover for Lifetime Health Cover purposes.*

### Permitted days without hospital cover

If you have taken up hospital cover on or after your Lifetime Health Cover base day, then you can access the following 'permitted days without hospital cover' during which you don't have an active hospital policy, but your loading does not increase. For most people, your base day is the later of 1 July 2000 or the 1 July after your 31st birthday.

- **Gaps in cover** - to cover small gaps, such as switching from one fund to another, you are able to be without hospital cover for periods totalling 1094 days (i.e. three years less one day) during your lifetime, without affecting your loading. This is known as 'Days of Absence'.

If you use up your Days of Absence - that is, you have a total gap period of 1095 days - you will pay a loading on rejoining private hospital cover. The loading is an additional 2% on top of any previous loading, and will increase by 2% for every year after the 1094 days without cover.

- **Suspension of membership** - if you apply to your health fund to suspend your hospital cover for a short period (for example, to travel overseas for a holiday), and the fund agrees, this period of suspension isn't

counted towards your 1094 days of absence. Suspension terms and conditions vary from fund to fund, so check with your fund as to whether you can suspend your policy.

- **Going overseas** - if you cancel your hospital insurance after your Lifetime Health Cover base day in order to go overseas for at least one continuous year, the days you spend outside of Australia aren't counted towards the 1094 Days of Absence. You are able to return to Australia for periods of up to 90 consecutive days, per visit, and are still considered to be overseas. Any periods of 90 days or more which you spend in Australia will be deducted from the 1094 Days of Absence.

### Removal of LHC loading after 10 years

Your LHC loading can be removed after you have completed 10 years of continuous cover.

Please note that although you can break up your 10 years of continuous cover with any of the above permitted periods without hospital cover, the breaks in cover do not count towards the 10 years. For example, if you pay your loading for 9 years and then cancel your cover while living overseas for several years, you will still have to pay 1 more year of loading on rejoining for the loading to be removed.

You should also note that if you use up your full 1094 Days of Absence, the continuity of your 10 year period of cover is broken. If you rejoin hospital cover after 1094 Days of Absence has been exceeded, you will have to pay an increased loading and you will have to start your 10 years of continuous cover from the date of rejoining.

### New migrants to Australia

If you are a new migrant to Australia, then you have until the later of 1 July following your 31st birthday *or* the first anniversary of your full Medicare registration to take out private hospital cover without incurring a Lifetime Health Cover loading.

If the latter applies to you, your Lifetime Health Cover base day is the 12 month anniversary of your registration for full Medicare benefits (i.e. when you are eligible for a blue or green Medicare card).

However if you are subsequently overseas on your Lifetime Health Cover base *and* if you registered with Medicare on or after 1 July 2009, then you will not have to pay a Lifetime Health Cover loading if you purchase hospital cover within 12 months of your return to Australia. The anniversary of your return to Australia becomes your new Lifetime Health Cover base day.

If you miss your Lifetime Health Cover base day, you will have to pay 2% more for each year you are aged over 30 when you take out private health insurance.

### Who is exempt from LHC?

If you were born on or before 1 July 1934, you are exempt from LHC. You can join a health insurer at any time in the future and pay the same premium as someone who takes out cover at age 30.

### Special circumstances

- **Overseas on the 1st of July following your 31st birthday** - if you are an Australian citizen or permanent resident who is overseas on the 1st of July following your 31st birthday, and your 31st birthday falls after 1 July 2000, you will not pay a Lifetime Health Cover loading if you purchase hospital cover by the first anniversary of the day you return to Australia. You are able to return to Australia for periods of up to 90 consecutive days, per visit, and are still considered to be overseas. If you do not

purchase hospital insurance during this one year grace period and purchase insurance later, then loading will be applied based on your age at the date of joining.

- **Over 31 and overseas on 1 July 2000** - if you were an Australian citizen or permanent resident who was aged over 31 and overseas on 1 July 2000, then you are considered to have held hospital cover on your base day which means you have access to the 'permitted days without hospital cover' as summarised above. If you are overseas for at least 12 months, then no loading accumulates in that time, and you can be in Australia for visits of up to 90 days and still be considered to be overseas. When you are in Australia (i.e. any visits of 90 days or more) you have up to 1094 'Days of Absence' to purchase private hospital cover without paying a loading. The 1094 'Days of Absence' is a lifetime limit and cannot be renewed; if in future you have any breaks in your cover while living in Australia, the time spent without cover will also be deducted from this period. If you use up your Days of Absence - that is, you have a total gap period of 1095 days - you will pay a 2% loading on rejoining private hospital cover. The loading will increase by 2% for every year after that without cover.
- **Norfolk Island** - Prior to 1 July 2016, time spent on Norfolk Island was classified as time spent overseas and this can have different effects depending on the actual dates you were resident on Norfolk Island. From 1 July 2016, this will no longer apply and time spent on Norfolk Island will be equivalent to time spent in Australia. Norfolk Island residents who are aged over 31 at 1 July 2016 have until 1 July 2017 to purchase insurance without incurring a Lifetime Health Cover loading; if purchasing from or after 1 July 2017, a loading will apply. Residents of Norfolk Island can purchase the same policies as residents of NSW.
- **Australian Defence Forces (ADF)** - if you are a member of the Australian Defence Forces (ADF) your medical services are provided by the ADF, so you are considered to have hospital cover. If you discharge from the ADF after the 1st of July following your 31st birthday, you have 1094 Days of Absence to join a health fund and still pay the base rate premium. If you discharge from the ADF before the 1st of July following your 31st birthday, then the normal rules apply.
- **Department of Veterans' Affairs (DVA)** - if you hold a Department of Veterans' Affairs (DVA) Gold Card you are considered to have hospital cover. If you have held a Gold Card at any time since 1 July 1999, and the card was subsequently withdrawn by the DVA, you may claim the period you held the card as a period with private health insurance.
- **Norfolk Island residents** - From 1 July 2016, residents of Norfolk Island will be eligible for Medicare benefits and will therefore also be able to purchase Australian private health insurance policies. Norfolk Island residents who are aged over 31 will have a 12 month grace period to purchase insurance without incurring a Lifetime Health Cover loading. If you purchase from or after 1 July 2017, a loading will apply. (For younger residents, they will have until their normal LHC base day of the 1 July following their 31st birthday to purchase insurance without incurring a loading.)

### Establishing your LHC loading

If you are transferring between private health funds or joining as a new member, in some circumstances you may need to supply supporting documents to your new health fund to have the correct loading applied. Depending on your circumstances, you may need to obtain one or more of the following:

**Clearance Certificate** - If you are transferring between private health funds or rejoining private health insurance after a period of absence, you should obtain a Clearance Certificate from your previous health fund and provide this to your new health fund on or after joining. This will establish your previous LHC loading, if any; and if transferring between funds, will also provide information about waiting periods you have already completed. You can find contact details for any health fund on this website.

**Medicare registration date letter** - If you are a new migrant to Australia aged over 31, then you normally have 1 year from the date of your Medicare registration for a blue or green Medicare card to purchase hospital cover without a loading. If you have joined or intend to join private hospital cover within 1 year of Medicare registration, you will need to confirm the applicable date by requesting a letter from Medicare - contact Medicare (Department of Human Services) or visit your local Medicare branch. Supply the letter to your health fund on or after joining to have your loading reassessed.

If you registered with Medicare on or after 1 July 2009 and you were overseas on the anniversary of your Medicare registration, then you should also obtain an International Movement Record - see below.

**International Movement Record** - You may need this document if:

- you were overseas on the 1 July following your 31st birthday, *and* you intend to purchase or have purchased private hospital cover within 1 year of your return; or
- you were aged over 31 and overseas on 1 July 2000, *and* you intend to purchase or have purchased private hospital cover at any time after your return; or
- you are a new Australian migrant who was aged over 31, you registered with Medicare on or after 1 July 2009, and you were overseas on the anniversary of your Medicare registration date, *and* you intend to purchase or have purchased private hospital cover within a year of your return (in this case, you should also obtain a Medicare Registration date letter); or
- you cancelled your hospital cover after the age of 31 and after 1 July 2000, *and* then went overseas for a period of at least 12 months, *and* you now intend to purchase or have purchased private hospital cover at any time after your return (in this case, you should also obtain a Clearance Certificate).

If you fall into one of these categories, then to confirm your entry and exit dates from Australia you can request an International Movement Record from the Department of Immigration and Border Protection. The application form (Form 1359) can be downloaded online. When you have received the record from Immigration, supply it to your health fund on or after joining to have your LHC loading reassessed.

## Tools

Lifetime Health Cover

Calculators

[/footer/tools/lhcc.htm](#)

## Brochures

What you need to

know about Lifetime Health Cover

[/assets/lhcbrochures/lhcenglish.pdf](#)

Factsheet: Clearance Certificates

<http://www.ombudsman.gov.au/publications/brochures-and-fact-sheets/phio/clearance-certificates>

## External Links

Department of Health - LHC Frequently Asked

Questions

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-privatehealth-lhc-providers-faq.htm>

Extracts from  
**ADMINISTRATIVE INSTRUCTIONS A12 (New Series)**  
**MEDICAL TREATMENT DEFENCE FORCES**

407. **Necessity for the Maintenance of MEDICAL RECORDS.** The maintenance of medical records in the DF is necessary in order;
- a. To provide the Medical Corps with a complete and up to date medical history in respect of all military personnel, thereby assisting the Corps in its duty of providing at all times the most appropriate diagnosis and treatment. See DFR A.8 para 67 (a);
  - b. To provide a basis for a just assessment of any claim which may be made by an officer or soldier in respect of a disability or injury contracted during service. See DFR A.8 para 67(b);
  - c. To assist commanders make informed decisions regarding fitness for duty, selection for courses and overseas, suitability for promotion, etc. It is a function of the Medical Corps to provide such information as required.
1107. **Relationship between Commanding Officers and Medical Officers.**
- a. Under the terms of Section 85 of the Defence Acts 1954 to 2007, an officer or man of the PDF shall be liable at all times to render military service. Commanders have responsibilities for the accomplishment of the mission and well-being of their subordinates.
  - b. There is thus an onus on MOs to keep commanders informed of the significance of the patient's condition particularly with regard to the member's ability to render effective military service. While the MO should not discuss matters which are of a confidential medical nature, he/she shall inform the Unit Commander as to which personnel are unfit to perform certain military duties, or of other concerns in relation to;
    - (1). Safety to carry arms.
    - (2). Safety to colleagues and himself/herself.
    - (3). Safety to public.
    - (4). Health implications of tasking personnel with certain duties.
    - (5). Chronic conditions.
    - (6). Psychological or psychiatric conditions.
    - (7). Domestic difficulties
    - (8). Matters provided for in DFR A.8 Part VI.
1108. **Documents to be maintained in respect of Defence Force Personnel.**
- An LA 30 (Admin), AF722 (Clinical Medical Record), AF 14 (Medical Examination Sheet) shall be maintained in respect of each officer, non-commissioned officer and private of the Permanent Defence Force for his/her entire period of service. The AF 722 (CMR) in association with a CMF (where one exists) will be archived centrally on retirement/discharge'.