

House of Lords Defence and International Relations Select Committee briefing:

Dear Committee Members,

Further to our email exchange with Baroness Fraser, on behalf of Capita, thank you for the invitation submit the below information. We welcome the opportunity and hope we can offer some valuable insight from our position as coordinators and deliverers of Army recruitment, for both regulars and reserves. We are extremely keen to work with you, as well as Ministers and our partners throughout the Army and the MoD, to deliver the best service possible, make improvements, and play our role in fulfilling the UK's national security requirements.

The mission is personal to us, with many of our team members throughout Capita (right up to our CEO of Capita Public Service Division) being veterans ourselves, or family members of service members and veterans. We are proud to have more than 500 veteran team members at Capita and are proud member of the Armed Forces Covenant.

Please do not hesitate to reach out directly in advance if you would like more information on a particular subject, or if we can be of assistance.

Background

Capita has worked in partnership with the British Army on the Recruiting Partnering Project (RPP) since 2012. RPP sees Capita and the Army work together to attract, source and select officers and soldiers for the British Army (Regular & Reserve) and guide them on their journey into basic training.

Capita's footprint is nationwide: from Faslane to Plymouth. Capita is proudly woven into communities across the country with our network of over 60 recruitment centres, working in partnership with the Army to help young people take their first steps into recruitment. Additionally, our collaboration with the Royal Navy through Project Selborne has revolutionised education and training, ensuring that personnel are better prepared for deployment. Capita Fire and Rescue manages the Defence Fire and Rescue Project, a 12-year contract providing Defence with a mission-critical fire and rescue service which enables the military to operate in the UK, overseas and on operations. Through transformation, innovation and expertise, Capita Fire and Rescue enhances the safety of firefighters and customers and protects their critical assets.

The central mission of Capita's partnership with the Ministry of Defence(MoD) is preparing military personnel to get to the front-line faster.

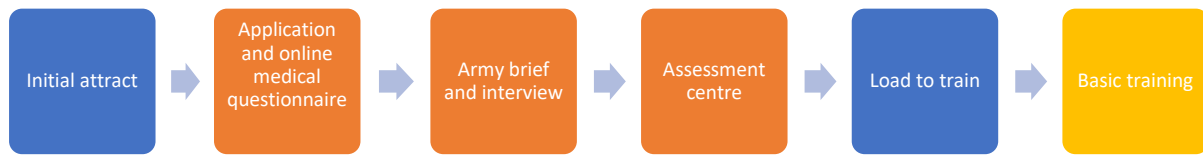
Capita's role in Armed Forces recruitment

Capita's role is to attract, recruit and select soldiers and officers (Regular and Reserve), managing 92 sites including over 60 Army Career Centres and five assessment centres dispersed across the length and breadth of the UK and operationally split into three geographic areas. Additionally, Capita completes all the medical assessments for Army candidates, and under separate contract, completes the medical assessments and administration for the Royal Air Force recruitment process. The Defence Recruiting System (DRS) is a bespoke integrated software system that delivers end-to-end recruitment for the Army and allows for individual applicant tracking throughout the process.

It is made up of 30 products, a database and the application website. More than 12 million lines of code knit these altogether. Capita recruits for 73 regular soldier roles, ranging from infantry soldier to digital specialists to chefs and medics, plus a number of officer roles. This is inclusive of recruiting Regular Officers and Soldiers, Reserves Officers and Reserve Soldiers. However, Reserve Units retain primacy for the recruitment of their candidates.

The number of applications to the British Army Regular Forces in the 12 months to 31 Mar 2024 was 113,100, an increase of 81.3 per cent compared to the 12 months to 31 Mar 2023 (62,390).

From start to finish, the headline elements of the recruitment process for soldiers are set out below:



Blue box – Capita delivered process/function;

Orange box – Capita delivered process/function delivered to Army standards /Defence Medical Policy;

Yellow box – Army delivered activity.

Medical Entry Standards

As requested by Baroness Fraser, Capita is sharing the below information regarding medical standards. Importantly, Capita does not set or define the medical standards by which candidates are assessed, and Capita's role is contractually limited to conducting the assessments against the Defence Medical Policy and standards that are set and governed by the Army.

Each of the 73 different role choices for serving soldiers has different entry requirements that the Army has determined, and candidates are assessed against the requirements of their job choices. In addition to any Mandatory Academic Qualifications (MAQ) for each job (attainment) the candidates are assessed in 4 domains:

- Medical;
- Physical;
- Cognitive (Army Cognitive Test, Technical Selection Test, and literacy and numeracy if no proof of GCSE in English and/or Maths);
- Behavioural.

Medical deferral routinely accounts for c.40- 50% of non-passes at Assessment Centres. The Medical, Physical, and Cognitive assessments are empirical, and there is no subjective input from the assessors to these outcomes. There is an appeals process, which is directly overseen by Army medical officers, and reviews marginal cases which require military judgement.

The only non-empirical domain is the behavioural portion, which is assessed against a set of Behaviourally Anchored Rating Scales (BARS). In simple terms, this looks to determine whether a candidate has the character and confidence to work in a team. The candidates that pass the first three but are weak on the behavioural area are offered the Soldier Development Course (SDC) route. There is also some leeway for those who just miss on the cognitive or physical aspects to join the SDC in accordance with standards set by the Army, and use this to improve those areas to meet these criteria.

However, there is no leeway in the medical category; a candidate must meet the set standard for the job they wish to do. The majority of those that fail to meet the empirical standard for their job choice will meet the set standards for other roles - but, in many cases, candidates have fixed aspirations for a specific role. Improvements are being made in this area, for example recent work by all three Armed Services to update their medical standards using the latest medical evidence. This is being trained out to all clinicians who support Army recruitment in September 2024. To give another example, in 2019/20 the Army reduced the 'asthma symptom free' period from four years to one year. Nonetheless, in our experience, there remain significant challenges in this area. For example, in 2022/23, the Army increased the eye standard requirements. This has led to up to c.400 candidates per annum failing this new medical standard.

Medical Screening Process

In addition to challenges associated with medical standards, the process itself can be complex and time-consuming for candidates. Once candidates complete the self-declaration online medical questionnaire, all UK based candidates must provide consent, to enable a request by Capita to a GP to share their Primary Healthcare Record (PHCR). Where candidates meet the standard, they undertake a face-to-face medical assessment with a doctor. Doctors can refer to the PHCR during their assessment if necessary to make a final medical determination, before a candidate can be loaded to training. Once training commences, each candidate is required to complete an Initial Medical Assessment as their Primary Healthcare needs become the responsibility of Defence Primary Healthcare (DPHC).

Some of the key challenges of PHCR scrutiny include:

- These can be voluminous documents, often exceeding 100 pages, but can stretch up to 3,000 pages, making them time-consuming and complex documents to assess;
- The historical requirement from GPs for a 'wet signature' before they release a PHCR to Capita for screening, which necessitates printing and posting and adds time to the process;
- A typical return time for a PHCR requested in paper format is 30 days, which causes candidate delay through the recruitment process;
- Gaps in medical history within the PHCRs typically trigger a request to the candidate's GP for further medical evidence, to ensure there are no critical gaps in the candidates medical history; and
- Candidates may have clinical pathways for existing ailments, which are not concluded at the time of requesting the PHCR.

Capita have therefore been working hard over the last four years to speed up the process and enhance the candidate experience, whilst retaining rigour and quality in medical assessment.

Improving the medical process

Since 2021, Capita has digitised medical records removing all paper flows, it has streamlined the medical process by aligning all UK based candidate streams to the PHCR screening process, and it has utilised Artificial Intelligence Natural Language Processing techniques to improve scrutiny times by providing a scrutiny support document which is a decision support tool for Capita's clinical teams allowing them to pinpoint potential medical conditions of interest in the PHCR at the touch of a button, improving scrutiny unit times by 30%.

Capita is currently working on a digital request facility for PHCR's utilising a 3rd party provider to extract the PHCR's from candidates GP systems. The initial trial which has been running since April 2024 has improved PHCR return times from a median of 30 days using paper requests to a median of 12 days using digital requests.

In addition, subject to guidance from the MoD, Capita will shortly be introducing digital signatures instead of the traditional wet signatures, which is more in keeping with candidate expectations and will improve the speed of issuing the consent forms to GP surgeries, since this does not rely on candidates printing consent forms, signing and returning them to recruiters in preparation of being sent to candidates' GPs.