

A photograph of a surgical team in an operating room. The image is slightly blurred, focusing on the hands and arms of the surgeons. They are wearing blue scrubs and yellow gloves. The lighting is bright, typical of a surgical environment. In the foreground, there are surgical instruments, including forceps and a scalpel, resting on a white cloth. A white bowl containing a scalpel is also visible. The background shows the patient on the operating table, partially obscured by the surgeons.

IMEG

The Independent Medical Expert Group

Report and recommendations on medical and scientific aspects of
the Armed Forces Compensation Scheme

17 May 2013

Topic 4 – Facial Disfigurement

1. The adequacy of AFCS awards for injuries leading to facial disfigurement was first raised by staff and patients at Headley Court and the topic was discussed at the IMEG visit to Headley Court in March 2012. Facial disfigurement is a feature of combat related injuries particularly Improvised Explosive Device (IED) explosions; such injuries also arise quite commonly in relation to road traffic accidents. In many cases the injuries sustained are complex, encompassed by several descriptors with an award for facial disfigurement paid in addition.

2. In relation to surgical scarring, Article 5 of the AFCS Order provides that a descriptor is to be construed as encompassing the expected effects of the primary injury and its appropriate clinical management, short of a discrete diagnosable disorder and including pain and suffering; the effects of operative treatment including pain, discomfort and scarring; the effects of therapeutic drug treatment; the use of aids and appliances, and associated psychological effects short of a discrete diagnosable disorder. Where surgical scarring is especially prominent or keloid formation is marked, it is likely that an additional award will be made.

AFCS current approach

3. The current AFCS tariff descriptors and award levels relevant to facial scarring are set out below.

TABLE 1 - BURNS

Item	Level	Description
4	6	Burns, with deep second degree, third degree or full thickness burns to the face or face and neck including one or more of the following: loss of or very severe damage to chin, ear, lip or nose, resulting in or expected to result in residual scarring and poor cosmetic result despite treatment and camouflage.
5	7	Burns, with deep second degree, third degree, or full thickness burns to the face or face and neck resulting in, or expected to result in, residual scarring and poor cosmetic result despite treatment and camouflage.
7	9	Burns, with deep second degree, third degree, or full thickness burns to the face or face and neck resulting in, or expected to result in, residual scarring and satisfactory cosmetic result with camouflage.

TABLE 2 – INJURY, WOUNDS and SCARRING

Item	Level	Description
11	7	Severe facial lacerations including one or more of the following: loss of or very severe damage to chin, ear, lip or nose, which have required, or are expected to require, operative treatment, but with poor cosmetic result despite camouflage.
12	7	High velocity gun shot wound, deep shrapnel fragmentation or other penetrating injury (or all or any combination of these) with clinically significant damage to bone, soft tissue, structures and vascular or neurological structures of the head and neck, torso or limb, with complications, which have required, or are expected to require, operative treatment with residual permanent significant functional limitation or restriction.
15	8	Severe facial lacerations which have required, or are expected to require, operative treatment, but with poor cosmetic result despite camouflage.
22	9	High velocity gun shot wound, deep shrapnel fragmentation or other penetrating injury (or all or any combination of these) with clinically significant damage to soft tissue structures and vascular or neurological structures of the head and neck, torso or limb, which have required, or are expected to require, operative treatment with residual permanent significant functional limitation or restriction.
30	11	Severe facial scarring which produces a poor cosmetic result despite camouflage.
38	12	Severe scarring of face, or face and neck, or neck, scalp, torso or limb, where camouflage produces a good cosmetic result.
41	12	High velocity gun shot wound, deep shrapnel fragmentation or one or more puncture wounds (or all or any combination of these injuries) to the head and neck, torso or limb which have required, or are expected to require, operative treatment with substantial functional recovery.
49	13	Moderate facial scarring where camouflage produces a good cosmetic result.
52	13	Superficial shrapnel fragmentation or one or more puncture wounds (or both such injuries) to head and neck, torso or limb which have required, or are expected to require, operative treatment.
57	14	Moderate scarring of scalp, neck, torso or limbs, where camouflage produces a good cosmetic result.
58	14	Minor facial scarring.

TABLE 6 – NEUROLOGICAL DISORDERS

Item	Level	Description
24	9	Permanent isolated damage to one cranial nerve.
32	13	Permanent facial numbness including lip.
35	14	Permanent facial numbness which does not include the lip.

TABLE 8 – FRACTURES and DISLOCATIONS

Item	Level	Description
5	10	Multiple face fractures causing permanent significant cosmetic effect and functional limitation or restriction despite treatment.
15	11	Multiple fractures to face, or face and neck where treatment has led, or is expected to lead, to a good cosmetic and functional outcome.
19	12	Fracture of mandible or maxilla, which has required, or is expected to require, operative treatment and which has caused, or is expected to
40	13	Fracture of zygoma which has caused, or is expected to cause, significant functional limitation or restriction beyond 26 weeks.

Argument

4. Consideration of the topic by IMEG included discussion at Headley Court with patients and staff. This was informative and IMEG was privileged to have patients share their experiences and perspectives, including in relation to employment. While functionally able to work they reported difficulties both experienced and anticipated, particularly in getting into work. A core aim of the AFCS is to support an empowering ethos of disability and disfigurement e.g. as does Changing Faces. IMEG also supports the right of people with all degrees of facial disfigurement due to congenital malformation, acquired disease or accidental injury to be accepted within family and community including in paid work. IMEG at the same time recognises the challenges of facial disfigurement and **recommends** some revalorisation of the current tariff to reflect these concerns. The changes are emboldened in the Tables below.

Recommended changes

5. In Table 1, Item 4 Level 6 should be increased to Level 5 with GIP maintained at Band B (75%). In Table 2, Item 11 should increase from Level 7 to Level 6 with GIP rising from Band C (50%) to Band B (75%). Similarly Table 2 items 15 and 30 should attract lump sum awards one level higher; Item 15 moving from Level 8 to Level 7 and Item 30 from Level 11 to Level 10. In both cases, GIP band remains the same. IMEG **recommends** an increase in GIP band for Table 2 Item 11, to bring the deemed impact on civilian employability of this injury into line with the injury described at Table 1 Item 4. Discussion at Headley Court confirmed the enormity of these cosmetically similar injuries and their probable adverse impact on employability, especially getting into employment.

TABLE 1 – BURNS

Item	Level	Description
4	5	Burns, with partial, deep or full thickness burns to the face or face and neck including one or more of the following: loss of or very severe damage to chin, ear, lip or nose, resulting in or expected to result in residual scarring and poor cosmetic result despite treatment and amouflage.
5	7	Burns, with partial, deep or full thickness burns to the face or face and neck resulting in, or expected to result in, residual scarring and poor cosmetic result despite treatment and camouflage.
7	9	Burns, with partial, deep or full thickness burns to the face or face and neck resulting in, or expected to result in, residual scarring and satisfactory cosmetic result with camouflage.

TABLE 2 – INJURY, WOUNDS and SCARRING

Item	Level	Description
11	6	Severe facial lacerations including one or more of the following: loss of or very severe damage to chin, ear, lip or nose, which have required, or are expected to require, operative treatment, but with poor cosmetic result despite camouflage.
12	7	High energy transfer gun shot wound, deeply penetrating missile fragmentation or other penetrating injury (or all or any combination of these) with clinically significant damage to bone, soft tissue, structures and vascular or neurological structures of the head and neck, torso or limb, with complications, which have required, or are expected to require, operative treatment with residual permanent significant functional limitation or restriction.
15	7	Severe facial lacerations which have required, or are expected to require, operative treatment, but with poor cosmetic result despite camouflage.
22	9	High energy transfer gun shot wound, deeply penetrating missile fragmentation or other penetrating injury (or all or any combination of these) with clinically significant damage to soft tissue structures and vascular or neurological structures of the head and neck, torso or limb, which have required or are expected to require, operative treatment with residual permanent significant functional limitation or restriction.
30	10	Severe facial scarring which produces a poor cosmetic result despite camouflage.
38	12	Severe scarring of face, or face and neck, or neck, scalp, torso or limb, where camouflage produces a good cosmetic result.

Item	Level	Description
41	12	High energy transfer gun shot wound, deeply penetrating missile fragmentation or other penetrating injury (or all or any combination of these) to the head and neck, torso or limb which have required, or are expected to require, operative treatment with substantial functional recovery.
49	13	Moderate facial scarring where camouflage produces a good cosmetic result.
52	13	Superficial missile fragmentation or one or more puncture wounds (or both such injuries) to head and neck, torso or limb which have required, or are expected to require, operative treatment.
57	14	Moderate scarring of scalp, neck, torso or limbs, where camouflage produces a good cosmetic result.
58	9	Minor facial scarring.

TABLE 3 – NEUROLOGICAL DISORDERS

Item	Level	Description
5	10	Multiple face fractures causing permanent significant cosmetic effect and functional limitation or restriction despite treatment.
15	11	Multiple fractures to face, or face and neck where treatment has led, or is expected to lead, to a good cosmetic and functional outcome.
19	12	Fracture of mandible or maxilla, which has required, or is expected to require, operative treatment and which has caused, or is expected to cause, significant functional limitation or restriction beyond 26 weeks.

TABLE 4 – FRACTURES and DISLOCATIONS

Item	Level	Description
5	10	Multiple face fractures causing permanent significant cosmetic effect and functional limitation or restriction despite treatment.
15	11	Multiple fractures to face, or face and neck where treatment has led, or is expected to lead, to a good cosmetic and functional outcome.
19	12	Fracture of mandible or maxilla, which has required, or is expected to require, operative treatment and which has caused, or is expected to cause, significant functional limitation or restriction beyond 26 weeks.
40	13	Fracture of zygoma which has caused, or is expected to cause, significant functional limitation or restriction beyond 26 weeks.

6. For accuracy and to reflect current UK practice, some revision of the wording of descriptors in the Burns (Table 1) and Injury, wounds and scarring (Table 2) tables is also recommended. Table 1 descriptors should be recast using the terms “superficial” “partial thickness” and “deep/full thickness”. Similarly Table 2 descriptors currently using the form “High velocity gun shot wound, deep shrapnel fragmentation or other penetrating injury etc.” which should read “High energy transfer gunshot wound, deeply penetrating missile fragmentation or other penetrating injury (or

all or any combination of these) etc.” in the appropriate descriptors.

7. All AFCS awards include an element for psychological symptoms short of a discrete diagnosable disorder. Where facial disfigurement due to AFCS service leads to associated development of a diagnosable mental health problem, an additional award may be made.

8. A modern approach to facial scarring and self-image must however go beyond appropriate compensation. If stigma and perceived or actual discrimination are to be reduced and eventually eliminated, education is key. This includes education of health professionals both in service and in the civilian community. People with visible difference or scarring of any kind and site are usually not ill but they may need help with camouflage or psychosocial support. IMEG is aware of and supports current work across the UK to raise awareness of military life and challenges amongst civilian health professionals, especially in primary care. Given the contribution of the UK armed forces and Prof Sir Archibald McIndoe to the development of reconstruction surgery and camouflage techniques in the second world war, it seems appropriate that the topic of living with facial disfigurement is covered at some of the many local and national events currently being undertaken at the NHS Armed Forces Networks in England and equivalents in the devolved administrations.

Conclusion and Recommendations

9. IMEG are grateful for the opportunity to discuss and consider this important topic and would recommend some revalorisation of awards for more serious injuries as set out above and some revision of burn (Table 1) and injury (Table 2) descriptors. We also support education action to tackle stigma and discrimination and to improve the skills and understanding of health professionals in interacting and supporting people with visible difference.