

Our reference: FOI2017/05650



Ministry
of Defence

Dear [REDACTED]

Thank you for your correspondence received on 30 May 2017 requesting the following information:

- 1. When are the "Synopsis of Causation - PTSD" due to be reviewed?*
- 2. Why was the reference to the requirement to review it in 2014 removed?*
- 3. What process is used to determine at what interval the "Synopsis of Causation - PTSD" is reviewed? (in light of the extensive increased research into the Mental Disorder)*

Your enquiry has been considered to be a request for information in accordance with the Freedom of Information Act 2000 (FOIA).

To supply the answers to your questions first requires an explanation of how synopsis of causation risks are assessed. I will then go on to explain how they are reviewed in the Department, particularly in the context of PTSD.

A key question in no-fault compensation is causation, with awards being made where the claimed disablement or death is due to service. Decisions in the military no-fault compensation schemes are evidence-based dependent on case facts, the relevant legislation and contemporary medical understanding of the causes of disorders. The

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decisions are either medically certified or advised. The medical curriculum is predominantly concerned with the clinical management of injury and disease and there is no single textbook on disease causation. For that reason, and as an aid to decision making, the medical appendices were introduced in the 1990s. They aimed to provide an impartial evidence-based referenced summary of contemporary understanding of causation and progress of a range of conditions. They were, however, written by a Departmental official. To enhance robustness it was decided around the time of introduction of the Armed Forces Compensation Scheme that the synopses of causation would be introduced, written by an external medically qualified author and validated by a senior clinician working in that speciality.

The synopses are not, as in some other countries, incorporated into legislation and so legally binding. They are only one source of evidence in cases. Part of the role of the Chief of Defence People Medical Adviser is to routinely review the leading medical and scientific journals for advances and new findings etc. on topics relevant to military compensation. While over time, as with PTSD, there may be significant expansion in published peerreviewed papers these rarely impact on ideas of causation although they may throw light on mechanisms or pathogenesis. There are, therefore, several triggers to the review and revision of synopses. These include the length of time since the last edition was published, or, more rarely, following some key seminal paper or following the accumulation of several new papers or suggestions on aetiology or other key aspects of the injury or disorder.

There are some barriers to review and revision. These include resources and other business priorities within Defence and difficulty in recruiting suitable external authors and validators particularly a time of very high clinical demand.

In the case of PTSD the current synopsis has been kept under scrutiny since 2008. The text remains broadly correct. The need to reflect the new editions of the disorder classifications, World Health Organisation (WHO) International Classification of Diseases (ICD 11) and the American Psychiatric Association (APA) Diagnostic and Statistical Manual V (DSM V) is acknowledged but although originally to be published in 2014, ICD 11 is now not expected until 2018. We know there are significant differences between the two classifications and the criteria will need to be documented and evaluated and reflected in a new synopsis. Another factor was the publication in 2013 of the Second IMEG report. This included a section on mental disorders including PTSD. IMEG was tasked by an MOD Minister to review mental health compensation. IMEG is a non-departmental public body independent of MOD with members appointed according to Cabinet Office public official appointment rules. Medical members are senior academics and clinicians in specialities relevant to military personnel. All have a recognised research background and are unremunerated. IMEG includes a mental health specialist. In 2012 that was Prof David Alexander from Aberdeen, an internationally renowned expert on PTSD, working with the Piper Alpha disaster, governments, armed forces, humanitarian organisations including the UN in the wake of disaster and conflict. Following a literature review and discussion with experts (both military and civilian) the subsequent report made a number of findings and recommendations, all of which were accepted by ministers and implemented.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 2nd

Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.org.uk>.

Yours sincerely,

Defence People Secretariat