



Ministry
of Defence

Defence Business Services
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Email: DBSRES-Secretariat@mod.uk

Ref: FOI2023/03193

04 April 2023

Dear [REDACTED]

Thank you for your email of 8 March 2023 requesting the following information:

1. *"Please can you provide the medical advisor, [REDACTED] aka [REDACTED] GMC number so that I can make a complaint to the relevant professional standards body due to either his perverse interpretations of medical fact or their inability to intemperate medical evidence in the manner that it is intended?"*
2. *"Please can you tell me if [REDACTED] is given all tasks or requests for advice relating to claims regarding mental health injuries?"*
3. *"In relation to the Independence Medical Expert Group, are Medical Advisors required to follow IMEG's findings and outcomes?"*
4. *"Does Veterans UK follow the Pension's Ombudsman definition of what significant impairment is and what they define employment as? I refer to the upheld Ombudsman Determination PO-7169."*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA).

1. *"Please can you provide the medical advisor, [REDACTED], aka [REDACTED] GMC number so that I can make a complaint to the relevant professional standards body due to either his perverse interpretations of medical fact or their inability to intemperate medical evidence in the manner that it is intended?"*

A search for the information has now been completed within the Ministry of Defence, and I can confirm that all the information in scope of your request is held. However, I must advise you that Section 40(2) has been applied to the information to protect personal information as governed by the Data Protection Act 2018. Section 40 is an absolute exemption and there are no requirements to consider the public interest in making a decision to withhold the information.

I am therefore unable to release the GMC number of any Medical Adviser employed by Defence Business Services, as they have either not consented to, or are unable to consent to, the release of their personal information, and it remains unreasonable to do so without their consent.

Under Section 16 of the Act (Advice and Assistance) you might find it helpful to know that Medical Advisers are not involved in patient care as part of their role and therefore are not required to disclose their GMC number. This means that MOD is unable to offer any suitable refinement which might produce recorded information in scope of your request. As you have stated that you wish to make a complaint about a member of DBS staff your letter has been passed to the Senior Medical advisor and you will receive a separate response.

2. *"Please can you tell me if [REDACTED] is given all tasks or requests for advice relating to claims regarding mental health injuries?"*

Section 1 of the Freedom of Information Act gives an applicant the right to access recorded information held by public authorities at the time the request is made and does not require public authorities to answer questions, provide explanations or give opinions, unless this is recorded information held. I can confirm that the Ministry of Defence holds some recorded information that would provide an answer to the question you have asked in your request. The information is provided at Annex A and Annex B. You may find it useful to know that the Information Commissioners Office publishes guidance on how to make requests for information under the Freedom of Information Act at the attached link which you may find helpful in any follow up requests for information

<https://ico.org.uk/for-the-public/official-information>

3. *"In relation to the Independence Medical Expert Group, are Medical Advisors required to follow IMEG's findings and outcomes?"*

Section 1 of the Freedom of Information Act gives an applicant the right to access recorded information held by public authorities at the time the request is made and does not require public authorities to answer questions, provide explanations or give opinions, unless this is recorded information held. I can confirm that the Ministry of Defence holds no recorded information that would provide an answer to the question you have asked in your request.

Under Section 16 of the Freedom of Information Act you may be interested to know that the Armed Forces Compensation Scheme statement of policy is contained in JSP 765 and is available at the following link.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1094119/JSP765-2022-23.pdf

The Independent Medical Expert Group (IMEG) is a Non-Departmental Public Body. The group is made up of established consultants in specialties relevant to the armed forces, including musculoskeletal disorders, traumatic physical injury, hearing loss and mental health disorders. Other group members include senior military personnel officers, representative of service and veterans' charities and someone who has claimed an AFCS award. IMEG provides ministers with independent evidence-based advice on medical and scientific aspects of AFCS, reflecting contemporary understanding. This advice and any associated recommendations are published in a report to the minister covering several topics and produced approximately bi-annually.

IMEG does not advise on individual cases. Individual AFCS claims are determined by the Ministry of Defence. The decision maker is a lay person (Civil Servant) with access to medical advice from medical advisers (MA). Decisions in the scheme reflect the individual case, service and medical facts, contemporary understanding of the causes, treatment, and course of claimed disorders, considered against scheme policy and legislation. Awards are made where, based on these facts

and on balance of probabilities, the claimed condition is due to service.

4. *"Does Veterans UK follow the Pension's Ombudsman definition of what significant impairment is and what they define employment as? I refer to the upheld Ombudsman Determination PO-7169."*

Section 1 of the Freedom of Information Act gives an applicant the right to access recorded information held by public authorities at the time the request is made and does not require public authorities to answer questions, provide explanations or give opinions, unless this is recorded information held. I can confirm that the Ministry of Defence holds no recorded information that would provide an answer to the question you have asked in your request.

Under Section 16 of the Freedom of Information Act I should inform you that the Pensions Ombudsman (PO) and determination referenced, relate to a complaint/appeal about a decision made under the Armed Forces Pension Scheme (AFPS) 2005. This is an occupational pension scheme, distinct from the Armed Forces Compensation Scheme (AFCS), and with different policy and rules.

You may also wish to be made aware that there are discrete definitions in relation to significant impairment and degree of functional limitation or restriction set out in the legislation governing the AFCS, the Armed Force and Reserve Forces (Compensation Scheme) Order 2011. These can be found at Article 5 at the following link: <https://www.legislation.gov.uk/ukxi/2011/517/article/5>, and in the footnotes to tables 3 and 4 of Schedule 3 at the following link: <https://www.legislation.gov.uk/ukxi/2011/517/schedule/3>

Medical advisers make their assessment of functional limitation or restriction in line with the case specific facts and the AFCS legislation.

If you have any queries regarding the content of this letter, please contact this office in the first instance.

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

Yours sincerely



DBS Secretariat Team

MEDICAL ADVISOR ROLE

Medical Advisor Information

The Medical Advisors (MAs) are a group of 23 doctors, some trained in the Service Pensions Order (SPO), some in the Armed Forces Compensation Scheme (AFCS) and half are multi-skilled and trained in both compensation schemes. They have a wealth and breadth of knowledge, and some have been in this role for upwards of 30 years.

They come from a variety of different medical backgrounds, from general practice to psychiatry, to disability assessment and the military. All are registered doctors with the GMC and have a licence to practice medicine.

They sit under the operations umbrella and work very closely with the caseworkers, OPPT, management colleagues and the MOD People medical adviser.

What do they do?

They provide medical advice for both AFCS and SPO. Sometimes the claims can span both schemes. They do not have any clinical contact with the customers and the work is file based.

The MAs deal with initial claims, reconsiderations and appeals.

Their involvement on both schemes differs. On AFCS (which is a lay scheme) they are required to provide advice generally on the more complex medical conditions, at the caseworker's discretion. Whereas on SPO the legislation dictates that MAs are required to complete all the medical certificates.

Legally there is a different burden of proof for each scheme, and that is balance of probabilities on AFCS and reasonable doubt on SPO.

After reviewing and carefully considering the medical evidence that has been gathered, including but not limited to, service medical records, hospital case notes, GP reports and radiology reports, the MAs provide written medical advice regarding the claimed condition/s. The advice is fair, accurate, clear but concise and transparent in a way that is understandable to both admin colleagues and the customer. The advice is evidence based and they address the specific contentions raised by the customer or their representative.

Claims are received about a wide range of injuries and medical conditions. Common claims would include conditions like post-traumatic stress disorder, fractures, and ligament injuries. However, more obscure claims can include anything from thyroid disease to hypersensitivity pneumonitis.

Their broad-based medical knowledge is essential in deciding the causation of an injury or illness and whether this relates to service. The aetiology can be complex and multifactorial in many cases. Often conditions that appear relatively straight forward such as a ligament injury or depression can have many causative factors, some service related, some not. It is the role of the MA to carefully interpret the evidence, apply the appropriate and up to date medicine and decipher the pieces of the sometimes very complex puzzle, whilst making sure that they adhere to the legislation. This is where the long medical training, Veterans UK training and years of clinical experience proves invaluable. An intricate knowledge of anatomy, physiology, aetiology, and management, along with the ability to apply intellectual rigour to the medical and scientific aspects is crucial to making the right decision.

Following on from this they are also essential in deciding the level of award that may be payable based on an assessment of functional limitation for SPO and by using the tariff tables for AFCS. Frequently, disability assessment can be complicated and the interplay between different medical conditions requires careful consideration by a medical professional. Similarly, the decision regarding choice of appropriate tariff/s from the AFCS tariff tables can be complex and require the application of in-depth medical knowledge.

MEDICAL ADVISOR OBJECTIVES

Veterans UK Medical Advisor –

All Medical Advisors

What	How
1. I will fulfil my responsibilities as set out in The Deal by understanding and applying DBS One Best Way principles.	Gain an understanding of the organisation, where Veterans UK fits in and how my role supports operational delivery, quality decision making and client service
2. I will keep up to date medically undertake and actively participate in mandatory MOD, War Pension and/or AFCS training, to develop my competence as a Veterans UK Medical Advisor.	By undertaking private study, attending meetings and courses as part of Continuous Professional Development.
3. I will provide reasoned robust defensible War Pensions and AFCS decisions.	By providing evidence-based certificates and advice, reflecting the case facts, contemporary medical understanding of causation and progress/prognosis of disorders and the relevant standard of proof.
4. On a rota basis undertake monthly quality monitoring of Medical Advisor decisions and/or advice. To be completed by last working day of each month.	By reviewing randomly selected sample cases from WPS and/or AFCS against agreed monitoring criteria as set by CDP med adviser . Providing feedback to MA Colleagues via the audit form and as required, discussion.

What	How
Improving delivery for our customers: I will fulfil my responsibilities to support internal and external UK Defence customers by delivering outstanding service every time.	I will: A. Try to respond in a timely nature B. Do my best to deliver for the customer C. Support the customer with the information I provide D. Give a good quality of Customer Service E. Be friendly and professional to customers F. Treat customers fairly

Medical Advisor Trainers

What	How
1. Working closely with CDP med adviser and OPPT, develop SPO and/or AFCS training material ahead of the recruitment of new Medical Advisors	Prepare training plan and topic slides, handouts etc. for new Medical Advisors.
2. Working closely with CDP med adviser and OPPT train newly appointed Medical Advisors in the WPS or AFCS jurisdictions.	Train new Medical Advisors on the schemes and associated practical medical procedures.
What	How
1. Act as the nominated Walk-in Medical Advisor providing advice to WPS and/or AFCS Evidence Gatherers / Decision Makers	Provide evidence based advice on cases from the schemes. This is to reflect case facts, contemporary medical understanding of causation and the relevant law.

Expert Medical Advisor

What	How
1. Provide initial advice to colleagues on specific cases or issues	Where appropriate discussing issues/cases with trainers, OPPT and CDP med adviser.
2. Provide audit feedback to team members	Raise issues as required with OPPT and CDP med adviser
3. Support a coherent collaborative inclusive DBS lay and medical working ethos	Provide support and encouragement/coaching to lay and medical colleagues.

Quality assurance/governance:

All are fully trained doctors who have a licence to practice medicine and are registered with the General Medical Council (GMC). To arrive at this point, they have been through university (obtaining both classroom based and clinical experience), gained university degrees in medicine, been through rigorous and varied junior doctor training, subsequently undergoing specialist medical training in their respective fields to reach where we they are today.

All have undergone a thorough interview and selection process to be appointed as a medical advisor at Veterans UK. The MAs have then undertaken extensive in-house training on the compensation scheme/s, followed by regular supervision, mentorship, and quality monitoring thereafter.

In the role as medical advisor, they are required to be generalists and constantly strive to keep up to date with a wide variety of medical topics. Medicine is a speciality where things are ever changing and being able to continue learning and apply this learning is a skill that is vital to the role.

Every year they undergo both an MOD appraisal and a GMC appraisal. The GMC appraisal process requires them to collect, reflect on and discuss supporting information with an independent appraiser who considers whether they have met the requirements to continue practising as a doctor. The GMC appraisal provides them with an opportunity to reflect on practice and performance and helps plan professional development and identify any learning needs. The MAs are required to provide evidence that they are keeping up to date in areas of practice, that they are regularly reflecting, obtaining feedback, and performing quality monitoring exercises/audit. This is then signed off by the appraiser and the MOD responsible officer.

Every 5 years they undergo revalidation, which assures patients and the public that doctors remain up to date and fit to practice, in line with the standards of practice required in the UK. Revalidation supports them to develop practice, drives improvements in clinical governance and gives patients confidence that they are up to date. It is founded on the principle that the doctor has met the professional expectations as a doctor practising in the UK.

As medical advisors they attend a monthly MA meeting, often including the MOD People medical advisor who provides guidance and teaching on medical and scientific aspects of the AFCS, SPO and related matters. They frequently hold case-based discussions and benchmarking exercises to ensure the consistency of decisions and share knowledge and experience with colleagues. All frequently attend external training courses and events to keep medical knowledge up to date.

There is a quality monitoring (QM) process which occurs monthly. A random selection of cases from both schemes will be identified by the QM team and distributed to an MA on a rota basis. These will then be audited against agreed criteria. Should there be any areas of discussion, these are highlighted to the MA involved and appropriately fed-back, allowing for personal reflection and to identify any personal learning needs. Once the QM is complete, these cases are then submitted to the QM team and validated by the MOD People medical advisor who seeks to identify trends and learning needs, feeding back into the teaching and training sessions.