

A SUMMARY OF THE 7TH INDEPENDENT MEDICAL EXPERT GROUP REPORT

The reports of the Independent Medical Expert Group (IMEG) consider various medical and scientific topics related to the Armed Forces Compensation Scheme (AFCS), which provides compensation to military personnel for injuries or illnesses linked to their service. IMEG, an independent non-departmental body (NDPB) advising the Minister for Veterans and People, conducts in-depth evidence-based investigations on topics proposed by claimants, their supporters, and other stakeholders.

This short summary acts as an overview, and gateway, to the Seventh Report, published on gov.uk.

The [IMEG Seventh Report.pdf](#) covers a range of topics including aspects of employability, military mental health, musculoskeletal injuries, noise-induced hearing loss, interim awards, and the potential health impacts of Sea King helicopter exhaust emissions, as these topics relate to AFCS.

Main Topics:

1. **Employability:** The report emphasises the importance of physical and mental fitness for the employability of military personnel. It emphasises the need for effective rehabilitation and successful transition into civilian life for those medically discharged, especially those with long-term disabilities. Inclusivity and diversity, particularly with the increasing number of women in the military, are also priorities.
2. **Mental Health:** The report addresses concerns that mental health claims are treated unfairly compared to physical health claims under AFCS. It notes improvements in the acceptance of mental health claims and the increase in awards providing Guaranteed Income Payments (GIP) for these conditions. It also recommends that, as clinical assessment and management are generally provided by multidisciplinary teams, with regular case review conferences overseen by a named consultant psychiatrist or psychologist, the consultant-only diagnosis requirement should no longer apply.
3. **Musculoskeletal Disorders and Osteoarthritis:** These injuries, particularly affecting the lower limbs, are the most frequent claims under AFCS, and a common reason for medical discharge, notably for women. The report reviews the link between service-related injuries and the development of osteoarthritis, with an emphasis on injury prevention, appropriate treatment, and rehabilitation pathways.

4. **Noise-Induced Hearing Loss (NIHL):** NIHL remains a prevalent issue in the military. The report updates its 2013 review, noting that while there is no new evidence to revise the compensation threshold for hearing loss, there is growing interest in how to treat and prevent hearing issues. The report also discusses emerging research on cochlear damage and its potential role in hearing loss.
5. **Interim Awards:** Interim awards, which provide temporary compensation while the prognosis of the condition claimed for is being fully assessed, are highlighted as an area of concern, particularly for mental health claims where treatment outcomes are uncertain. The report recommends better tracking of interim awards and clearer information for claimants about the process.
6. **Sea King Helicopter Exhaust Emissions and Rare Cancers:** IMEG reviewed evidence regarding the potential link between exhaust emissions from Sea King helicopters and rare cancers, specifically multiple myeloma and leiomyosarcoma. The group found insufficient evidence to establish a clear causal relationship.

The report concluded it was not possible to include updates since the 2022 IMEG Sixth Report, on claims and awards made for Covid-19 related claims, level 4 mental health disorders, and spanning cases. It proposed that Covid-19 should be considered as part of IMEG's Forward Work Programme.

The report makes several recommendations to improve AFCS, including better support for claimants with complex cases, enhanced data tracking, and a continued focus on the health and well-being of military personnel, both during service and after discharge.

Recommendations	
	UK Military Mental Health and AFCS no-fault compensation
1.	IMEG recommends that, for the moment, treatment for military related PTSD should continue according to current NICE or other international guidelines. Effective overall management should be based primarily on attention to preventive action, stressor awareness and education, good leadership, teamwork, resilience building, zero tolerance of harassment and discrimination, as well as best practice operational deployment frequency and duration.
2.	The requirement for a consultant psychiatrist/clinical psychologist diagnosis for mental health claims should be reconsidered.
3.	As early as possible, it is recommended that data on AFCS interim awards of all categories, extended at the initial two-year award review to four years, should be routinely collected.
4.	IMEG recommends that accessible, brief claimant information on interim awards, data collection, and its rationale, should form part of any Information note for mental health claimants.

5.	Given the high proportion of mental health claims in overall interim awards, and the confirmation of significant treatment resistance in PTSD, IMEG should maintain close scrutiny of the emerging published medical literature. It should continue to liaise with clinical experts on advances in PTSD treatment, and any potential impact this may have on decision-making practice on interim awards.
6.	Guidance on the principles of interim awards, and their use in medical advice and decision-making, should be developed and provided for operational administrative decision-makers and medical advisers.
	Noise Induced hearing loss
7.	In relation to Noise Induced Hearing Loss, IMEG will maintain scrutiny of published medical and scientific literature and research, including developments in oto-protection, and remain mindful of the typically much older population affected by civilian occupational noise injury, and hearing aids suitable for young people and their availability.
8.	IMEG recommends that responsibility for longer-term care should not lie with AFCS but be maintained by the NHS, in line with the broader principles set out by Sir William Beveridge in 1942. IMEG firmly recommends this model, as best fitted to deliver safe, coherent evidence-based best practice hearing care for veterans, ensuring optimal long-term care.
	Interim Awards in AFCS
9.	It is recommended that a close watch is maintained on the interim award data collection processes.
	Sea king helicopter exhaust emissions, multiple myeloma and soft tissue sarcomas
10.	IMEG recommends that there should be no further formal review at this time. However, it feels it is appropriate to keep a watching brief on the emerging published literature, with particular regard to study quality and statistical methods. Similarly, at this date, any routine surveillance of personnel/veterans who might have been occupationally exposed is not merited, based on current medical and scientific criteria for screening.

Additional Observations/Conclusions

Topic 1 Employability

In conducting its work, IMEG prioritises equality and diversity, aiming to prevent discrimination, recognising the key Defence priority of enhancing workforce inclusivity, with a target of 30% female inclusion by 2030. The report discusses the principles of the Equality Act 2010 and the rehabilitation of ill or injured personnel to

restore function and retention in service, described in the 2010 Equality act The report emphasises the importance of maximising military and civilian employability, with a focus on provision of occupational health advice. It recognises the voluntary nature of military service and the need for tailored approaches to training and rehabilitation for service personnel.

Topic 4 – Noise Induced Hearing Loss

The report highlighted that deterioration of hearing at high frequencies indicates damage as a result of exposure to loud noise, necessitating enhanced protection and increased surveillance. The Group recognised, for individuals classified as H3 or H4¹, temporary downgrading and specialist opinions are generally sought, with H4 in one or both ears typically leading to medical discharge. Each person is assessed individually, considering factors such as service occupation, employability, skills limitations, and military job options. The report suggested that aligning AFCS compensation criteria with UK military medical employability standards could improve simplicity and transparency. Despite an extensive published research literature review for the Seventh report, no new insights were found on the matter.

¹ Standards for [H1 – H4 set out in the Report](#).