AFCS Quinquennial Review (QQR) – 2026 Update

NB: Columns 2 and 3 have been summarised. For full descriptions please see Armed_Forces_Compensation_Scheme_Quinquennial_Review_2023.pdf

Rejected	Paused	Open/Ongoing	Completed/Closed

Rec	Summary of Recommendation	Summary of Government Response	Status	Update 2026
1	Explain what is 'compensation' in the context of MOD?	Will be achieved by better explaining the different elements of the Scheme in our internal and external guidance.	Accepted	Guidance has been updated and published, and further improvements to information about the Scheme will continue as part of ongoing business.
2	Explaining what we mean by 'no fault' scheme to mitigate against perceptions of an adversarial relationship between MOD and claimant	The Department accepts this recommendation. This issue is already touched on in JSP765, and we will consider how to make this clearer as part of a planned refresh of the documentation relating to the scheme, to be completed by the end of 2024	Accepted	Guidance has been updated to explain the 'no fault' nature of the Scheme more clearly.
3	Article 41 of the Order should be expired	Article 41 relates to cases where the egregious negligence or misconduct by the service person contributed to the injury or death (for example, where an injury happened while driving without a seatbelt or during negligent discharge of a weapon), and in these circumstances up to 40% of the benefit may be withheld	Rejected	
4	Labels contribute towards negative perception of AFCS.	Three bullet points recommendations, of which only one was accepted: we will work to ensure consistent application of the words 'claimant', 'recipient', 'appellant' and 'respondent'.	Partial Acceptance	Work is underway to ensure consistent, clear terminology is used in correspondence and guidance across the claims process.

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5	The approach to communications should be a proactive one, with a view to changing the perception that it is a complaints process.	We accept Recommendations 5,6,7, and 8 about the availability and accessibility of information The recommendations focussing on communications will be overseen by a Communications and Training Working Group which we will establish in early 2024. Our aim is that these recommendations are implemented during the course of the following 12 months.	Accepted	Work is underway to improve public information and communications about the Scheme, including clearer guidance on the claims process.
6	The MoD should periodically review all documents pertaining to the AFCS to ensure that the information presented in each is up-to-date, accurate and consistent.	As above	Accepted	A regular review process is in place to keep guidance and public information up to date.
7	The" Apply for Armed Forces Compensation Scheme" Guidance webpage should be re-structured to focus on setting expectations,	As above	Accepted	See Rec 5 - Information for applicants is being improved to set clearer expectations about the process and what support is available.
8	Provide guidance on how decisions are made	As above	Accepted	See Rec 5 - A public-facing explanation of how decisions are made is being developed to improve transparency for applicants.
9	Provide a process to support claimants journey which is more straightforward	Agreed to develop a non-exhaustive checklist of evidence that maybe request. Detail of other points considered and rejected however agreed we will continue to provide claimants with information and support throughout the claims process ensuring that they have the necessary resources to make an informed decision based on their specific circumstances.	Partial Acceptance	See Rec 5 - Improvements are being made to simplify and explain the claims process, including clearer guidance on evidence that may be needed.
10	MoD should make explicit the implications of submitting evidence at	The Scheme is designed to provide a full and final award considering the expected	Rejected	

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	different stages including where the claimant chooses to apply early and their condition deteriorates, there are opportunities for review later.	effects of the injury and its treatment through life. In cases where an injury unexpectedly deteriorates, the Scheme already provides avenues for a review. There are no plans to revisit these provisions within the policy.		
11	To ensure the claimant is given all the important information about their claim decision.	We will consider the approach taken when providing decision letters so that they include information about the basis on which the decision as to the tariff descriptor has been taken, and where relevant, why a temporary award has not been made. We will take a proportionate approach, on the basis that in many cases it will be clear why the next tariff up was not awarded (for example where the tariff descriptors are based on loss of limbs). However, in cases involving a degree of judgement (such as cases involving descriptors in Tables 3 and 4) then the decision letter will also explain why the next tariff up has not been awarded	Accepted	An established system is already in place to achieve this.
12	Reconsiderations should be based on the material facts of the original decision.	In principle this recommendation is welcomed and the intent behind it is clear.	Accepted	Following consultation, no change is being taken forward; instead, communication has been improved to explain the reconsideration process more clearly.
13	The MoD should ensure they are sufficiently resourced to enable a representative to attend every hearing, who is prepared to present arguments and empowered to make concessions at hearing	The Department supports this recommendation. Since 2019 the number of hearings has grown significantly, and the Department continues to improve attendance by increasing the number of courts attended virtually. Virtual attendance offers several advantages over traditional in-person attendance	Accepted	This improvement is on hold while delivery options are reviewed.

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14	The work of caseworkers should be restructured to ensure that, where a case is identified as complex, caseworkers are supported and enabled to take a proactive and more communicative approach to engaging with these claimant	We recognise the need to ensure that claimants are kept informed and operational teams have already commenced an initiative to review and improve communication with claimants. Each claimant is contacted once every 12 weeks as a minimum to provide an update on the claim, and usually more often as the case demands.	Accepted	Work continues to strengthen support for complex cases, including clearer criteria and improved communications with applicants.
15	Caseworkers only (not Helpline staff) should answer case-specific questions (not helpline) and caseworkers should have allocated time each week to answer claimant calls	The Helpline are specifically trained to deal with first contact and are skilled in handling a wide range of enquiries. The suggestion of 'clinic hours' for caseworkers to take calls from claimants would also be regressive.	Rejected	
16	To provide caseworkers with an additional tool for communication where appropriate, the MoD should explore options for communicating routinely with claimants/recipients via email and text message.	The Department accepts this recommendation	Accepted	Looking ahead, the MoD is developing a transformative self-service portal, set to launch in early 2027. This platform will provide claimants with real-time updates on their claims, allow them to upload evidence digitally, and to message directly with caseworkers. Accessible from any device, anywhere in the world, the portal reflects the MoD's commitment to modernising services and delivering a seamless, user-friendly experience for AFCS claimants and others.
17	Caseworker caseloads should be capped	The Department already has an established process in place to ensure that caseworker caseloads are manageable and do not become overly burdensome	Accepted	Work is ongoing to address this recommendation effectively. We are committed to continuous improvement and are addressing this alongside other operational priorities to ensure the best possible service

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18	Efforts should be made to explicitly tighten the scope of the medical advisor-delivery role in line with the original intent of the Scheme. Guidelines for both caseworkers and medical advisors should be published.	Under the AFCS, the DBS medical advisors are trained in medico-legal determination within Scheme rules with the aim of supporting consistent, equitable decision-making across the spectrum of injuries and disorders claimed. This is in line with the duties specified in the second bullet of this recommendation.	Partial Acceptance	An established system is already in place to achieve this.
19	Definition of 'Treating Physician'	The Department accepts that the definition of a 'treating physician', especially where the tariff requires diagnosis by a particular type of medical practitioner/health professional, should be made clear in AFCS guidance	Accepted	A review has been completed and advice provided. No changes to legislation are necessary. Updated policy wording was published on 13 November.
20	Synopses of causation should be reviewed and updated regularly.	The Department acknowledges the intent behind this recommendation, and during 2024/25 will agree the process through which we prioritise and review synopses of causation	Accepted	Paused due to interdependencies with other work which is ongoing.
21	All claimant-facing staff, including caseworkers and helpline workers, should receive regular training and sessions regarding	We accept this recommendation as part of our ongoing activity to ensure our staff are equipped to carry out their roles effectively.	Accepted	Training is provided continuously to all claimant-facing staff, including caseworkers and helpline teams. We regularly review and improve our training to ensure the highest quality of service.
22	Officials and volunteers working in related areas to the AFCS (such as VWS welfare managers and VAPC members) and third sector representatives that are active in advocating for and representing claimants in the claims process should be regularly engaged,	The Department supports this recommendation; the Customer Advisory Group (CAG) is already in place and is attended by all the stakeholders	Accepted	A group is already in place to support this recommendation.

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23	The MoD should ensure that caseworkers convene regular peer review workshops	The Department accepts this recommendation and has already started the process of having regular case-based discussions for caseworkers	Accepted	Peer review workshops are already in place
24	Redesigning the caseworker workplan	The Department acknowledges the importance of having structure to the working day of caseworkers, and we feel that once caseworkers are empowered with the resources to undertake their roles, they should have reasonable autonomy to plan their work	Rejected	
25	Drafting IMEG reports is a burden on unpaid volunteers. Recruit an independent drafter to assist.	The recommendation is not feasible given the gradual, iterative process of writing reports over time.	Rejected	
26	There should be a requirement in the terms and conditions of the IMEG membership that consultants are practicing and not solely academic.	We accept the importance of having IMEG members who are practising and not solely academic, and indeed, all past and present medical expert members of IMEG with academic appointments are primarily clinicians and widely regarded as leaders in their specialities. Any further mandating of the terms and conditions of IMEG recruitment is not necessary	Accepted	Suitable arrangements already in place.
27	Measures should be taken to recruit on to the IMEG representatively and a system for monitoring and demonstrating these efforts are being made should be put in place.	We accept the need for representative IMEG recruitment, and with the most recent campaign mentioned above, we have adopted a new approach to advertising through different social media channels as well as the more traditional methods used previously	Accepted	Suitable arrangements already in place

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28	Policy medical advisory function and the delivery medical advisory function are well-defined and remain distinct.	The terms of reference for both roles were reviewed during 2022 and 2023, so this recommendation has already been implemented.	Accepted	Suitable arrangements already in place
29	Make improvements to quantitative and qualitative data collection integrity	The move to a new IT system for compensation claims during 2024 and 2025 provides the opportunity and capability for this recommendation to be fully implemented, so that the analysis of data, including trends, can routinely feed directly into policy and operational decision-making.	Accepted	The requirement for management information (MI) reporting is currently being developed as part of the transformation project.
30	A small operations-specific working group should be convened routinely. Members should be invited to discuss concerns raised about, or that become salient during, the appeals process.	The Department meets with some of the organisations mentioned through the Customer Advisory Group	Accepted	We routinely engage with key stakeholders to discuss learning from appeals and identify opportunities to improve the claims process.
31	Under the Armed Forces Covenant, the MoD should procure the support of the health sector in supporting the AFCS community and to produce guidance for treating physicians on how to compile appropriate evidence packs to support claimants in the process.	The remit of the Covenant does not extend to procuring the support of the health sector in this way or producing the guidance as suggested in this recommendation. Department undertakes to consider this matter through the Communications and Training Working Group to see how best we can work with the health sector, and agreed actions will be implemented over the next 12 months	Accepted	We are already supporting GP Specialist Training (GPST) trainees through training delivered via the Society of Occupational Medicine, helping to improve understanding of the evidence needed to support Armed Forces Compensation Scheme claims.
32	Individuals with complex cases, should routinely refer these individuals to VWS to enable VWS to engage with the individual	This recommendation will be considered alongside the implementation of recommendations concerning the VWS in	Accepted	Veterans Welfare Service (VWS) support is already brought in for complex or difficult claims to provide tailored welfare support while the claim is

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	and discuss the support they might require throughout the AFCS claims	the Independent Review of UK Government Welfare Services for Veterans.		assessed, and to help ensure caseworkers can access relevant additional information where needed.
33	All written communications between the MoD and claimants/recipients concerning the AFCS should include contact details for, and information on the service provided by, the VAPC's.	The Department is separately working to clarify the future role and structure of the VAPCs, and these recommendations will be considered once that work is complete.	Accepted	VAPCs are not directly involved in the claims process. Where support is needed, individuals are signposted to the Armed Forces and Veterans Service (AF&VS) or Veterans Welfare Service (VWS), and the future role of VAPCs is under review.
34	Review its relationship with the VAPC's with a view to identifying potential opportunities for the VAPC's to assist claimants with complex	The Department is separately working to clarify the future role and structure of the VAPCs, and these recommendations will be considered once that work is complete.	Accepted	The future role of VAPCs is currently under review by the Ministry of Veterans' Policy. Their role may change significantly, which could mean that these recommendations are no longer applicable.
35	It is recommended that lump sum awards be made solely on the basis of the nature of the injury, illness or disorder and the resulting mechanical limitation, not the impact on the recipient's day-to-day life.	Recommendations 35 to 38 propose that the calculation of the lump and the Guaranteed Income Payment (GIP) should be separate. The MOD therefore believes that no changes should be made to current arrangements for calculating awards for AFCS claims, which align with the principles of the scheme and are as fair as possible.	Rejected	
36	Redraft tariff descriptors to be injury focussed.		Rejected	
37	GIP awards should be based on the sum impact of the injuries on the recipients psychological, family, social and occupational life, irrespective of the nature or number of injuries they have suffered.		Rejected	

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38	GIP awards should be calculated independently from the lump sum tariff table		Rejected	
39	Introduce a second system of GIP factors	The recommendation was considered and concluded that the proposed system would be more complex to administer and to explain to the claimant.	Rejected	
40	Changes to the way multiple awards are calculated to ensure equity and transparency.	Scheme principle is to give the highest awards to the most injured. The recommended system would compensate all injuries at fixed rate.	Rejected	
41	Functional Limitation definition associated with Tables 3 & 4 should be redrafted	The Department will review the policy intent behind the tariffs in Tables 3 and 4 and how these are applied in practice during 2024 and consider whether any changes are needed to the legislation.	Accepted the principle	Comparing disabilities is difficult because physical injuries have clear, consistent effects, while illnesses like mental health conditions can fluctuate and vary between individuals. The AFCS compensates lasting injuries that impact lifetime earning ability. For conditions without clear measures, assessing work ability provides a practical way to understand functional impact. This approach also recognises that some claimants may be unable to work but can still perform other important roles.
42	For caseworkers to determine the degree of functional limitation across multiple domains	Calculation of degrees of limitation is a highly specialised area that requires expertise from consultant medical rehabilitation specialists, physiotherapists, and occupational therapists.	Rejected	
43	Determination that an injury or illness is PERMANENT	Making determinations that an injury or illness is 'permanent' is not straightforward and the alternatives may also raise issues.	Accepted	Following a review by the IMEG, no change is being made to the Scheme's use of the term "permanent", as the

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		Further work is needed to fully consider alternatives to the word 'permanent'; IMEG has looked at this issue as part of their 7th Report.		existing definition remains appropriate from a medical perspective.
44	There should be a presumption in favour of the claimant where there is no evidence to suggest the impact of their injury, illness, or disorder is not permanent.	Moving away from evidence-based decision making has implications for maintaining the robustness of the Scheme as well as being counter to best practice in civilian benefit schemes.	Rejected	
45	Table 3 Expand Mental Health Disorders	Joint response for 45 & 46 The Department's initial assessment on expanding Table 3 – Mental Disorders is that all current descriptors in every category take account of less severe mental health disorders. Operationally, expanding the Table as suggested is likely to increase the number of interim awards which goes against the principles of the Scheme and does not benefit the claimant.	Accepted	This work forms part of the IMEG forward work programme.
46	Table 3 Substantial Recovery		Accepted	This work forms part of the IMEG forward work programme.
47	Measures should be taken to ensure that caseworkers and other decision-makers do not disadvantage claimants with mental disorders.	The Department acknowledges the intent of this recommendation, it is supported by the acceptance at Recommendation 8 to producing a document that will provide caseworkers with guidance in decision making.	Accepted	As part of our wider work to improve guidance on decision-making (see Rec 8), we are strengthening support and awareness for caseworkers to help ensure people with mental disorders are treated fairly and are not disadvantaged during the claims process.
48	Article 52 should be amended to shorten the time for which Interim awards can be	Issues relating to mental health claims are currently being reviewed by IMEG and will	Accepted	Following IMEG's review, we are not changing the current approach to interim

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	in place from 24 to 12 months, ensuring they are reviewed after 12 months and, in very rare cases after an extension of another 12 months, ensuring all Interim Awards are reviewed annually at worst.	form a topic chapter in their 7th Report, expected in 2024. We will review their findings before making a final decision on this recommendation.		award timeframes, as there remains a sound medical and scientific basis for the concept of interim awards and the existing duration and review arrangements.
49	Interim Awards should be subject to appeal	An interim award is made in cases where an injury is caused by service but has not reached steady state. Interim awards are therefore made with the best interests of the claimant at heart, and opening these award decisions to appeal will entail much administration and resource that would not necessarily benefit the claimant.	Rejected	
50	All interim award letters should include details such as award review date and allow for earlier review if significant more detail is provided.	The Department agrees that interim award decision letters should inform recipients of the date by which the award must be reviewed, and of their right to request an early review where they receive any significant new evidence.	Accepted	This improvement is on hold while delivery options are reviewed, including how best to provide clear information in interim award letters about review dates and the ability to request an earlier review where significant new evidence becomes available.
51	Table 3 Mental Health Disorders and consultant (or not)	The issue of the need for consultant level diagnosis for mental health disorders is currently being explored by IMEG as part of their consideration of mental health awards in the 7th IMEG Report.	Accepted	IMEG reviewed the requirement for a consultant diagnosis for mental health conditions and agreed this could be broadened. The relevant legislative change to Table 3 came into force on 6 April 2026.
52	Guidelines should be published, periodically reviewed, and provide the basis for any future decisions on allocating descriptors to tariff levels.	Tariff descriptors and awards levels in each table are now regularly reviewed by IMEG to ensure that they remain appropriate. At the same time, consideration of vertical and	Accepted	Tariff descriptors and award levels are already subject to regular review by IMEG to ensure they remain appropriate and consistent across the Scheme, and

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		horizontal equity both in general across the spectrum of injury categories, and specifically for mental health compared with physical disorders, also takes place.		this ongoing process provides the basis for any future changes.
53	A specific reconsideration of how the severity of Table 3 Mental Disorders descriptors is measured and determined should be carried out with a view to ensuring they are each allocated equitable Tariff Levels.	Tariff descriptors and awards levels in each table are now regularly reviewed by IMEG to ensure that they remain appropriate	Accepted	IMEG is undertaking a detailed review of how severity is assessed across Table 3 Mental Disorders descriptors, and this work will inform any future updates to descriptors, tariff alignment and, where needed, legislative change.
54	All general time limits to claim should be removed.	Removing time limits would be a backward step towards the type of rules found in legacy schemes, like the War Pension Scheme. This is likely to add delays to the process as evidence to support claims may not be readily available	Rejected	
55	Article 10(3)(c)(ii) should be expired to enable dependents of those not in receipt of a tariff level 1 to 9 award to submit an application for assessment under the AFCS.	The Reviewer questions why, where the death occurred after the 7-year time limit, only dependents of veterans with tariff level 1 to 9 awards can apply for death benefit. During the 2024/25 legislative cycle, the Department will review the current tariff levels at which death benefits are payable to decide whether they should be expanded.	Accepted	Following review, no change is being made to Article 10(3)(c)(ii). This provision helps ensure that, where a death occurs more than seven years after service, dependants of those who were seriously injured can still access compensation in appropriate cases.
56	Articles 11(4) and (5) of the Order should be expired and the criteria for eligible injuries, illnesses and disorders limited to attributability and whether the injury meets a Tariff Level irrelevant of whether the injury was caused by a slip, trip or fall.	As with other compensation schemes, the AFCS has a threshold for claims consideration. Slips, trips and falls can happen anywhere and are not generally unique to service. Attributability is more than just something that happened while on duty, the injury must occur because of	Rejected	

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		something that is unique to service and not civilian life		
57	Articles 12(1)(f)(i) and (ii) should be expired to ensure that pre-existing conditions and personality disorders are not considered prejudicing factors in claims where, on the balance of probabilities, it is likely that the claimant would not have suffered the injury, illness or disorder, or the worsening of their condition, had it not been for service.	Our assessment is that removing this provision would involve transferring risk currently held by individuals to MOD when accepting them for service. This could potentially necessitate a subsequent tightening in recruitment policy to address these risks, thereby disproportionately reducing the MOD's ability to recruit effectively.	Rejected	
58	To ensure those with lesser financial means are not disadvantaged by AFCS evidence requirements.	If the claimant is still in service, evidence is obtained from electronic service medical records and therefore the claimant incurs no cost. If they have left service, they should be able to obtain evidence from their GP/primary care practice by way of a Subject Access Request at no cost. If further evidence or information is needed, the Department is responsible for requesting this from the relevant medical professional and paying for it.	Accepted	Claimants should not have to pay for evidence needed to support their claim. Where additional evidence is required, we request it from the relevant medical professional and cover any associated costs; we will improve communications so applicants understand these arrangements.
59	A pre-approval process for accessing private healthcare (beyond the request of a consultant grade report as per requirements) should be implemented, for those able to prove that timeframes for accessing NHS care are unreasonable	Much progress has already been made and work continues, under the Armed Forces Covenant, to ensure that armed forces personnel and their families face no disadvantage in their access to healthcare as compared to other citizens. Op Courage as an example. The Department believes that these existing arrangements meet the intent of this recommendation and will consider how to raise awareness of the	Accepted	Existing Armed Forces Covenant healthcare arrangements already support eligible personnel, veterans and families to access timely care (for example through Op COURAGE). We will continue to raise awareness of the support available as part of wider communications activity.

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		available support as part of the wider communications work arising from the QQR.		
60	Review provision should be replaced by a single Article providing for an application to review at any time after the initial decision is issued or diagnosis of worsening or secondary condition(s) based on evidence that the injury has significantly deteriorated, or a secondary injury is predominantly attributable to the initial injury for which an award was made	The review provisions and associated time frames were set following careful consideration, and were subsequently re-examined by the Boyce Review, which also took on board independent expert advice. That Review made some adjustments but concluded that overall, the provisions remained fit for purpose. In the absence of evidence to suggest otherwise, we believe that this continues to be the case	Rejected	
61	The right to review should be limited to once every five years for each claim irrespective of the outcome rather than, in effect, three through-life	As above	Rejected	
62	Article 51(1)(c) should be amended to place an obligation on the Secretary of State to inform the claimant of their right to review in addition to their right to reconsideration and appeal. All communications should make the differentiation between each of these processes clear.	We accept that claimants should be informed of their ability to have their award decision reviewed, and that this should be made clear in all relevant communications	Accepted	We are improving how we explain the different routes available after a decision—reconsideration, appeal and review—so that claimants clearly understand their options and the differences between each process.
63	Article 59(2) Fraud	The current AFCS provisions are not adequate for cases in which fraud is detected, after an award is in payment. Article 59(2) refers to a 'mistake' and it can be problematic to extend that to cases of fraud.	Accepted	We are developing a power in legislation to address cases where fraud is identified after an award is in payment, so that overpayments can be recovered and the integrity of the Scheme is protected.

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64	Article 60 should be amended • The burden on the claimant is to provide evidence when requested by the MoD and be available to assist the MoD in efforts to collect evidence to substantiate the claimants claim. • The burden of collecting all knowable evidence to substantiate a claim is on the Secretary of State, although it remains the obligation of the claimant to assist the MoD when requested.	While the responsibility to show that an injury is caused by service rests with the claimant, the process for doing so is designed to be as easy to navigate as possible. The process is not intended to be adversarial, but inquisitorial, with DBS undertaking most of the evidence gathering on the individual's behalf.	Accepted	Current practice already reflects the intent of this recommendation: DBS gathers most of the evidence needed to substantiate a claim, with claimants asked to provide information and support evidence-gathering where appropriate. As a result, no legislative change is required.
65	A file should not be closed without reasonable efforts being made by the MoD to contact the claimant.	Activity is currently taking place to review and improve the process for file closure, and this is due to be completed by June 2024. As part of this, we will include steps for writing to claimants prior to file closure, with an appropriate timeline for contesting such a decision.	Accepted	We are reviewing and strengthening the process for closing files to ensure reasonable efforts are made to contact claimants before a claim is closed, including clear written notification and an appropriate opportunity to respond.
66	Implement an uprating process for lump sums every five years	The Department accepts that it would be timely to consider this during 2024/25, while also considering a standard process and time period for this to happen in future years, as advocated for in this recommendation.	Accepted	A new AFCS tariff came into force in April 2026, and we have secured Ministerial support to introduce a regular lump sum review process.
67	A guide to decision-making in spanning cases should be produced and published, to guide caseworkers and inform claimants.	We have already committed to producing a decision explainer document in response to Recommendation 8 and will include information about spanning cases within that.	Accepted	We are creating a clear explanation about how "spanning" decisions are made. This is part of a wider guide on decision-making (under Recommendation 8) to help caseworkers apply the process consistently and to make it easier for claimants to understand.