

Addendum to the Guidance to Healthcare Professionals Regarding the Assessment of the Degree of Relevant Disablement

Version Control

Date Modified	Date Published	Version	Changes	Sign Off
March – May 2025	May 2025	1	Amendment 4.7.4 New section 4.5.7	VPB President and Board Capita
June-Sept 2025	September 2025	2	Error amendment 4.5.4.1 New section 4.5.8	VPB President and Board Capita

This addendum is intended to sit alongside, and complement, the October 2024 updated version of the Guidance to Healthcare Professionals regarding the assessment of the degree of relevant disablement ('the HCP guide').

Any changes to the HCP guide will reflect agreed modifications introduced to ensure consistency in approach and transparency of process. The addendum will be the mechanism for documenting introduced changes to the HCP guide, either an amendment to an existing section, or as an entirely new section, or appendix, to be inserted.

Any change will be clearly numbered to correspond with its appropriate place within the HCP guide and the date of change coming into effect will be documented.

Each change will be referenced in the 'Contents' section of the addendum. The addendum is intended to allow for changes, agreed between the Board and Capita, to be brought into effect without the delay that would be incurred if each change required an updated version of the HCP Guide.

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Interim assessment

Rationale for change: Service improvement initiative between VPB and Capita, highlighting need for wording within the TPDPS1 document (Appendix D) to be defined in relation to interim assessment.

Effective date: 12 May 2025

4.7.4 Interim Assessment (*newly incorporated wording is shown as underlined and original wording now removed is shown with a strikethrough for transparency*)

The TPDPS aims to determine the degree of permanent disablement for an applicant without delay. However, where the condition of the applicant does not allow the degree of permanent disablement to be assessed, the HCP must complete an interim assessment. The 2020 Regulations mandate the need for the injury to have reached a steady or stable state, not the level of disablement. Whilst there may be overlap between the two, if the determination of the assessing clinician is that the injury is permanent, but there is possibility of meaningful change to the degree of permanent disablement is not currently predictable, an interim assessment may be made. Meaningful change is defined as change in condition that is likely to have a sustained and meaningful impact on the assessed level of disablement of the applicant. Such change would be expected, on balance, to impact upon the rounded % of assessed degree of permanent disablement when the applicant is reassessed towards the end of the interim period.

~~To do so –~~ The HCP must specify the degree of disablement, state the advised interim period and the justification for such decisions to the VPB.

This situation may arise where treatment has not yet begun or is in very early stages, in cases of multiple injuries, where some injuries are settled but others not or in cases with mental health disorders where an adequate course of appropriate treatment has not been received.

The 2020 Regulations state:

An “**interim assessment**” is *an assessment of the degree of permanent disablement of the applicant during the interim period.*

The “**interim period**” is *an assessment of the period of time for which it is reasonable, having regard to the possibility of changes in the applicant’s condition, to assess the degree of disablement of the applicant.*

The interim period is to be a maximum of 2 years before which time the Board must make arrangements for the applicant to be reassessed by an HCP. If at this point the degree of permanent disablement still cannot be assessed the HCP must specify the extended interim period, the interim assessment, and the justification for extension to the Board. The interim period may be extended more than once to a maximum of 4 years.

If, at the end of a 4 year interim period, an HCP considers that the condition of the person still does not allow the degree of permanent disablement to be assessed, the HCP must assess the degree of permanent disablement so far as it is possible and make a report to the Board of the assessed degree of permanent disablement and the reason for the extension and that assessment.

Disablement With Other Causes

Rationale for change: Service improvement initiative between VPB and Capita during 2024. Review of current Disablement with Other Causes criteria highlighted the need for a defined approach to be taken where there are multiple TRIs and another cause to the applicant's disablement in between TRIs, thus fulfilling the definition of both other(pre) injury/condition and other(post) injury/condition as set out in section 4.5.3 and 4.5.4 of the Guidance to HCPs.

Effective date: 3 March 2025

Addition of new sub-section to the Guidance to HCPs in section 4.5:

4.5.7 Multiple TRIs

There may be times when Disablement with Other Cause applies between TRIs whereby the 'other cause' could be considered both other(pre) injury/condition and other(post) injury/condition. In cases such as these, the 'other cause' should be considered from the point of the last TRI, therefore as an other(pre) injury/condition as per section 4.5.3 and an offset would be applied.

An interaction is taken into account with an other(pre) injury/condition, as defined in 4.5.3, with the offset only accounting for the extent to which the disablement would have resulted from that condition even if the TRI had not occurred.

The residual NET assessment will therefore include any addition for the resultant greater disablement and this will be determined on a case-by-case basis, allowing flexibility depending on the circumstances of each presenting scenario.

If an other(post) injury/condition is identified after the last TRI it will be considered as per section 4.5.4 and an interaction applied.

Any cases such as these will be explained fully within section 9, and sections 6 and 8 of the TPDPS1 will be completed accordingly.

Rationale for Change: Service improvement initiative between VPB and Capita during 2025. Review of current Disablement with Other Causes criteria highlighted the need for a defined approach to be taken where there are TRIs spanning a period of time and another cause to the applicant's disablement occurs during the TRI, thus not fulfilling the definition of either other(pre) injury/condition or other(post) injury/condition as set out in section 4.5.3 and 4.5.4 of the Guidance to HCPs.

Effective date: 12 September 2025

4.5.8 TRIs over a period of time

There may be rare occasions when Disablement with Other Cause applies concurrently with a TRI spanning a period of time, or between a relevant injury and a later consequential injury. In cases such as these, the 'other cause' should be considered from the end point of the TRI/consequential injury, and will therefore be considered as an Other(pre) as per section 4.5.3 and an offset would be applied.

An interaction is taken into account with an other(pre), as defined in 4.5.3, with the offset only accounting for the extent to which the disablement would have resulted from that condition even if the TRI had not occurred.

The residual NET assessment will therefore include any addition for the resultant greater disablement and this will be determined on a case-by-case basis, allowing flexibility depending on the circumstances of each presenting scenario.

If an Other(post) is identified after the last TRI it will be considered as per section 4.5.4 and an interaction applied.

Any cases such as this will be explained fully within section 9, and sections 6 and 8 of the TPDPS1 will be completed accordingly.

Rationale for change: An error was detected in this section on the updated HCP guide October 2024 so this change is to correct the error in the worked example, to avoid confusion.

Effective date: 12 September 2025

4.5.4.1 Calculation of Disablement for an Other (Post) Injury

Case example				Disablement
For example, an applicant sustained an injury to their right knee due to the TRI. They reached a steady and stable state of disablement until 10 years after the TRI (and 10 years ago) when they injured their left ankle in a road traffic accident. This further increased the level of disablement. The disablement resulting from the TRI in this case is considered as partially relevant as there is another, non-relevant, cause of the disablement (road traffic accident). There was a permanent, further increase in disablement as a result of this, but not related to the TRI, so an interaction must be considered when establishing a final disablement percentage.				Reduced lower limb function
Global assessment of disablement	Net Assessment (Relevant)	Other effective causes	Interaction	Final percentage disablement
40%	20%	108%	2%	22%
(G=R+N+I)	‘R’ > 11% - a further addition is required for the interaction of the other(post) condition	‘N’ minimal-mild disablement due to ankle injury, also impairing lower limb function	‘I’	Net assessment plus interaction with other(post) injury