

Rebecca Pritchard

From: David Bulpitt
Sent: 18 August 2014 08:53
To: 'Phil Johnson'
Cc: Julie Davies
Subject: RE: IOD letter PJ.docx

We are in one mind!

Hope you had a good break Phil. Go anywhere good?

Anyhow, if you could let us have an amended document that we can share, that will be excellent. We have a number of rather more straightforward new applications waiting to go so Julie will be in touch once she is back at her desk (tomorrow I think).

Best wishes

David

Dr David Bulpitt
Force Medical Adviser

-----Original Message-----

From: Phil Johnson [REDACTED]
Sent: 15 August 2014 18:25
To: David Bulpitt
Cc: Julie Davies
Subject: Re: IOD letter PJ.docx

David,

A reality check is always useful! I have written this without taking account of the fact that these are individuals who have already indicated that they are unhappy for the full record to be released!

I have come across situations in the past where full records are not available for one or other genuine reason.

Where access to information is refused, I believe that the regulations require me to be robust and to indicate that I can only regard such refusal as an intent to manipulate the process. The regulations require me to take account of the full situation and where the individual refuses to allow full disclosure I can only offer advice based upon that knowledge.

In this circumstance I could only indicate that the individual is not complying with my reasonable requests and that I will then be unable to provide a report or advice.

My apologies for the confusion.

Kind regards,

Phil

Sent from my iPad

> On 11 Aug 2014, at 09:49, "David Bulpitt" <David.Bulpitt@avonandsomerset.police.uk> wrote:

>
> Hi Phil
>
> Can I just check that second paragraph with you? If you are happy
> with the GP providing the details then you will not get the
> contemporaneous record which so often in the past has indicated that a
> problem preceded the incident claimed as an IOD. We already have a
> letter from a GP telling us that the retiree is not happy for us to
> see the medical record. One has to ask why that would be. It could
> be because there is something that the person feels embarrassed to be
> in there but unfortunately and all too often it is because something
> needs to be concealed. In addition you are relying on the GP to know
> what is relevant which as you know in e.g. apportionment or indeed
> attribution of cause is not something they are used to dealing with.
> The problem is that you won't know unless you get the information
> without that filter in place.

>
> Secondly and less commonly you may not be told about other significant
> injuries on duty. I have only had one case of that (which I think I
> told you about) but it was one heck of a lapse of memory.

>
> You are the boss however. Just wanted to check that you meant that as
> it was written!

>
> Kind regards

>
> David

>
> Dr David Bulpitt
> Force Medical Adviser

>
> -----Original Message-----

> From: Phil Johnson [REDACTED]
> Sent: 09 August 2014 06:53
> To: David Bulpitt
> Cc: Julie Davies
> Subject: IOD letter PJ.docx

>
> Dear David,

>
> Please find attached my thoughts upon the issue of evidence for the
> IOD reviews. I have given it some thought, but appreciate that I may
> not have considered every eventuality; if there is anything that
> stands out to you, please do let me know.

>
> I will send you a signed hard copy when I am back from leave. I have
> sent it to both yourself and Julie as I still seem to be having some
> confusion over your email addresses!

>
> Kind regards,

>
> Phil

>
> *****

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