

CV

Dr. Phil S. Moore, Consultant Neuropsychologist & Clinical Psychologist 2026

Objective

Curriculum vitae for medico-legal psychological assessments.

Specialism

Neuropsychology and psychological injury

Summary

Dr Moore is a Health-Care Profession Council registered Consultant Neuropsychologist & Clinical Psychologist. He has over twenty years experience of working clinically and previously worked for 15 years within the NHS. His core qualifications include a degree in psychology, post graduate qualifications in mental health and psychotherapy, a doctorate in clinical psychology and a post doctorate qualification in clinical neuropsychology. He has over ten years experience of completing medicolegal expert witness work in all types of brain injury and is Director of medicolegal-psychology-neuropsychology Ltd providing expert reports and treatment. He has provided a part-time Consultative role to the Office for the Public Guardian. He has been appointed Consultant Neuropsychologist for a multi-national study of mild cognitive impairment and dementia. He started and lead an NHS acquired brain injury/stroke service in North Devon and has worked in both NHS inpatient and NHS community neuro-rehabilitation services in Exeter, Devon. In addition to his NHS work he has held the position of Clinical Lead for the National Autistic Society from 2010-2013. He has lectured at the University of Plymouth and University of Exeter Doctorate training programmes and is leading research on related medicolegal topics at Plymouth University. He is editor and author of 'Neuropsychological Aspects of Brain Injury Litigation: A Medicolegal Handbook for Lawyers and Clinicians'. He accepts approximately 30 expert witness neuropsychological instructions per year for claimant and defendant (70/30 split claimant/defendant:) (last audited 01/01/2026)

Medico-legal assessments of

- Neuropsychological assessments following brain injury (mild to severe).
- Stroke
- Clinical negligence.
- FND and differential diagnosis.
- Catastrophic injury.
- Personal injury.
- Psychological injury.
- Mental capacity and CoP.
- Fitness to practice decisions following acquired brain injury.
- Entitlement to pension through psychological/neurological ill-health.

- Psychological injury following an accident (impact & prognosis of brain injury/psychological sequelae/trauma).
- Assessments of clinical groups including brain injury, stroke, learning disabilities, autism and mental illness.

Publications

Moore P. S. (2023) Treating distressing islands of memory: severe TBI and EMDR treatment for distressing experiences during post traumatic amnesia. *Advances in Clinical Neuroscience and Rehabilitation*; 22, 1.

Moore, P. S. & Johnson, R. (2022) Claimant stress in brain injury litigation. *Personal Injury Focus: Association of Personal Injury Lawyers*.

Moore, P. S., Brifcani, S., & Worthington, A. (2021) *Neuropsychological Aspects of Brain Injury Litigation: A Medicolegal Handbook for Lawyers and Clinicians*. London: Routledge.

Moore, P. S., Brifcani, S., & Worthington, A. (2021) Formulating neuropsychological opinion in brain injury litigation. In P. S. Moore, S. Brifcani, & A. Worthington (Eds.) *A Medicolegal Handbook for Lawyers and Clinicians* London: Routledge.

Worthington, A. & Moore, P. S. (2021) Neuropsychological testing in brain injury litigation: a critical part of the expert neuropsychological examination. In P. S. Moore, S. Brifcani, & A. Worthington (Eds.) *A Medicolegal Handbook for Lawyers and Clinicians* London: Routledge.

Worthington, A. & Moore, P. S. (2021) Mild traumatic brain injury and persistent neuropsychological symptoms. In P. S. Moore, S. Brifcani, & A. Worthington (Eds.) *A Medicolegal Handbook for Lawyers and Clinicians*. London: Routledge.

Moore, P. S. (2021) EMDR for persistent post-concussion symptoms following mild traumatic brain injury: a case study. *Journal of EMDR Practice and Research*, 3, 157-166.

Moore, P. S. (2017) Mild traumatic brain injury and neuropsychological assessment. *Psychology Experts October Short Articles*.

Moore, P. S. (2014) Post concussion syndrome and the role of the clinical psychologist. *Clinical Psychology*, 257, 35-39.

Moore, P. S. (2012) The neuropsychology of autism. *The National Autistic Service International Conference*, London.

Moore, P. S. (2010) IAPT and the power of CBT. *Clinical Psychology*, 216.

Moore, P. S. (2009) Bipolar disorder and the effects of exercise. BABCP International Conference, University of Exeter.

Moore, P. S. (2009) Social Stories or Social Control? *Autism: The International Journal of Research and Practice*.

Moore, P. S. (2007) The resource centre: an innovative approach to common mental health problems in primary care. *Clinical Psychology*, 170, 11-15.

Moore, P. S. (2005) Why we don't publish. *The Psychologist*, 4, 193.

Newnes, C., Blofield, A. & Moore, P. S. (2005) The writing group. *Clinical Psychology*, 48, 26-28.

Moore, P. S. (2005) An individual account of the review process: servant and master. *Clinical Psychology*, 45, 30-32.

Moore, P. S. (2004) The Use of Social Stories In a Psychology Service for Children with Severe Learning Disabilities: A case study of a sleep problem. *British Journal of Learning Disabilities*, 32, 133-138.

Moore, P. S. (2004) Attitudes of residential support workers to clinical psychology and its' perceived impact upon working together. *Clinical Psychology*, 43, 35-39.

Qualifications

EMDR I, II, III training

Diploma in Clinical Neuropsychology (Bristol University).

Professional Doctorate in Clinical Psychology DClinPsy (Exon)

PgCert Primary Mental Health (Plymouth University)

CBT (Staffordshire University)

Counselling Certificate (TCAT)

BSc Psychology and Criminology (Keele University)

Sample of Regular Instructioning Parties:

Irwin Mitchell

DAC Beechcroft

DWF

Weightmans

Slater & Gordon

Spencers solicitors

Wolferstans

Veitch Penny

Thompsons solicitors

Independent CoP instructions

Private Medical Care Registrations:

AXA

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