Leicestershire Police

Ill Health Retirement – Police Officers

This procedure supports the following policy:
Attendance Management

Procedure Owner:	Head of HR
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Review log

Date	Minor / Major / No change	Section	Author
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Contents

1. Introduction

1.1 This procedure outlines Leicestershire Police approach to the management of ill health retirement for police officers. It is applicable to all police officers who are members of either the Police Pension Scheme 1987 (PPS) or the New Police Pension Scheme 2006 (NPPS).

1.2 This procedure should be read in conjunction with the Sickness Procedure and/or Unsatisfactory Performance Procedure (UPP) and other related documents relating to recuperative and restricted duties.

2. Background

2.1 The New Police Pension Scheme 2006 (NPPS) was introduced for new entrants to the police service from 6th April 2006 and for those members of the Police Pension Scheme (PPS) who wished to transfer to the new scheme. The Police Pension Scheme 1987(PPS) still remains current for police officers who chose not to transfer to the new scheme.

2.2 Both the Police Pension Scheme 1987 (PPS) and the New Police Pension Scheme 2006 (NPPS) include the facility to retire police officers who, for medical reasons, are no longer able to carry out the ordinary duties of a police officer.

2.3 Under both schemes, it is for the Chief Constable or delegated authority to determine whether an officer is to be retired on grounds of ill health. In reaching this decision the Chief Constable or delegated authority will refer specific questions to an independent medical practitioner referred to as the Selected Medical Practitioner (SMP). Currently the delegated authority for Leicestershire Police is the HR Director.

2.4 The assessment of whether an officer is permanently disabled for ordinary duties of a member of the police force is the same regardless of whether the officer is a member of the PPS or NPPS. The decision from the SMP on the questions referred to him/her is expressed in the form of a certificate.

3. Eligibility for ill health retirement

3.1 A police officer may be required to retire on medical grounds if they are considered to be:

> "Permanently disabled from performing the ordinary duties of a police officer, including operational duties, until compulsory retirement age."

3.2 Ordinary duties are a reference to all the ordinary duties of the office of constable, including operational duty. It has been accepted that a constable cannot perform his/her ordinary duties unless they can at least run, walk reasonable distances, stand for reasonable periods, and exercise reasonable physical force in exercising powers of arrest, restraint and retention in custody. See Appendix A for full details.

3.3 Consideration of ill health retirement may be instigated by either management or an individual officer providing the officer is a member of one of the Police Pension Schemes. Officers who are not members of a Police Pension Schemes will be progressed via the Sickness Procedure and/or Unsatisfactory Performance Procedure (UPP).

3.4 An individual's request for referral will only be refused if there is a reason to believe the officer's request is vexatious, frivolous or that the officer seeks without evidence to re-open a case which has already been decided either by the Selected Medical Practitioner or on appeal by a board of medical referees.

3.5 Where referral is refused, the Chief Constable (delegated authority) will give a written statement to the officer explaining the reason why and advising the officer that they have the right to appeal to the Crown Court.

4. Ill Health Retirement Process (H1) and (Regulation 71)

4.1 The ill health retirement process is administered by HR Work Force Planning in liaison with HR Business Solutions and East Midlands Collaborative HR Service (EMCHRS) Occupational Health.

4.2 Prior to referral to the Selected Medical Practitioner (SMP), a report on the health condition and background issues affecting the officer will be submitted to the HR Director seeking approval for referral to the SMP to ask the relevant questions.

4.3 Once the HR Director has approved the referral, the report will be forwarded for the attention of the Force Medical Adviser (FMA). At the same time EMCHRS Occupational Health will collate all the appropriate medical information, which will include any relevant GP and consultant's reports.

4.4 Except in the case of accident or the sudden onset of illness, the FMA would ordinarily have seen the officer several times prior to referral to the SMP, and should be aware of the case history. However, officers may have to attend to undergo a further medical assessment by the FMA.

4.5 The FMA will then produce a report for the SMP. The FMA's advice will consist of two sections: a medical background and opinion.

- The medical background will include all relevant medical details and history of the case. This section should contain any relevant GP and

hospital specialist assessment and where ever possible be supplemented by relevant reports, X-rays or scans.

- The opinion will be the FMA's advice to the SMP on the issue of permanent disablement for the ordinary duties of the member of the Force.

4.6 Written consent will be obtained from the officer, by EMCHRS Occupational Health Unit regarding the disclosure of medical information to the SMP.

4.7 The officer will be provided with a copy of the FMA report in relation to his/her opinion of the issue of permanent disablement for the ordinary duties of the member of the Force.

4.8 The SMP will interview/examine the officer, except when exceptional circumstances make it unnecessary or inappropriate. In reviewing the officer's case the SMP will take careful account all of the medical evidence presented to him/her including any GP records, Occupational Health notes and information provided by the FMA.

4.9 Regulation H1 (2) of the PPS 1987 and Regulation 71 of the NPPS 2006 set out the questions which the Chief Constable or delegated authority must refer to the SMP. The statutory questions differ under the two police officer pension schemes and are as follows:-

1987 Police Pension Regulations (H1)

a) Whether the person concerned is disabled;
b) Whether the disablement is likely to be permanent.

And, if the force are considering whether to grant an injury pension, the following questions

c) Whether the disablement is the result of an injury received in the execution of duty, and
d) The degree of the person's disablement.

2006 Police Pension Regulations (Regulation 71)

a) Whether the person is disabled for the performance of the ordinary duties of a member of the police force;
b) Whether any such disablement is likely to be permanent;
c) Whether the person is also disabled for engaging in any regular employment, other than as a regular police officer; and if so
d) Whether any such disablement is likely to be permanent.

4.10 The SMP will complete an assessment of the officer in light of the relevant statutory questions as appropriate (Regulation H1, 1987 or Regulation 71, 2006). In all cases if his/her opinion is that the officer is permanently disabled for the ordinary duties of a member of the force, the SMP will also be asked to assess the extent of the officer's capability for other work.

4.11 The report by the SMP will be in two parts:

- **Part 1 –** dealing with the permanent disablement for the ordinary duties of a member of the force;

And where the SMP considers the officer is permanently disabled for ordinary police duties:

- **Part 2 –** dealing with permanent disablement for regular employment and capability for retention in the force.

4.12 In all cases the SMP will need to undertake a capability assessment. This will involve – in the 1987 scheme – the officers capability for further police service, and - in the 2006 scheme – the officers capability for work in outside employment before going on to assess capability for further police service.

5. Special procedures in cases of urgency or total incapacity

5.1 Where the Chief Constable or delegated authority is advised by the FMA that death is imminent or that the officers is totally incapacitated due to a physical condition he/she can expedite the case by appointing the FMA as the SMP.

5.2 In such cases, the FMA acting as the SMP will complete part 1 of the SMP's report, covering permanent disablement for the ordinary duties of member of the force and in the 2006 scheme also for regular employment, as soon as practicable. Instead of providing detailed advice on capability the FMA will set out the medical circumstances and draw attention to any points of action for the Chief Constable.

5.3 The FMA will also give an indication, where appropriate, of life expectancy in order that the Chief Constable or delegated authority can arrange for medical retirement to be expedited if that is the preferred option of the officer, or his/her representatives.

6. Appeals

6.1 When an officer is dissatisfied by the decision of the SMP as set out in his/her report, there is a provision for a right of appeal. The officer will have a period of 28 days y to the SMP for reconsideration if this can resolve the issue without the need for an appeal. The SMP will issue a fresh report in the case of an internal review, only where it will resolve the matter under dispute.

6.4 Except in cases of urgency, exceptional circumstances or total incapacity, the presumption will be that the Chief Constable or delegated authority will only reach a decision on medical retirement once the outcome of an appeal is known.

6.5 Where a medical appeal board overturns an SMP's decision, that the officer is not permanently disabled for the ordinary duties of a member of the force, in consultation with the FMA the force will arrange for a copy of the board's decision to be provided to another second SMP. The new SMP will provide a report to the Chief Constable on the officer's capability in light of the appeal outcome.

6.6 Such a referral will not be necessary where the board has found the officer to be permanently disabled for regular employment unless the officers wish to continue their employment with the force.

7. Retention of Officers under (A20) and (Regulation 21).

7.1 Where possible, if an officer has been found to be permanently disabled for the ordinary duties of a member of the force, Leicestershire Police may look to retain them at work within a suitable post under regulation A20. When assessing a suitable post, it may be necessary to make reasonable adjustments, in line with Equality legislation.

7.2 The suitability for the role will be determined through a risk assessment and taking into account any medical advice. The key considerations in the risk assessment are that the officer's further deployment should not:

- Aggravate the officer's existing disablement;
- Expose the officer to a higher risk of injury than he or she would have had if not disabled;
- Expose the public or other officers to an increased risk of injury;
- Expose the officer to a risk of being criticised or disciplined for not acting in a way which would normally be expected of an officer, but would be inappropriate in view of the officer's disablement.

7.3 When considering whether to retain the officer under A20, consideration will be given as to whether there is a sufficient range of further posts likely to be available to the officer until compulsory retirement age, to make it consistent with a police career, albeit on a limited scale.

7.4 Consideration will also be given as to whether there is a reasonable expectation that the officer will be capable of maintaining a satisfactory level of attendance in the new proposed role and any future career roles.

7.5 When assessing the operational needs of the force the Chief Constable or delegated authority will take into account the current number of officers on restricted duties, the expected pattern of potential medical retirements in the future, the level of retention possible each year and operational effectiveness of the force.

7.6 If assessed as permanently disabled by the SMP for the ordinary duties of a member of the force, the officer will have the opportunity to make representations about his/her case to say whether they wish to remain in the force.

7.7 In consideration of all the above factors a report will be compiled for the HR Director (delegated authority) that recommends either retention under Regulation A20 or Regulation 21 or ill health retirement of the officer. The HR Director will make the decision on behalf of the Chief Constable.

7.8 If the officer is not satisfied by the decision of the HR Director, whether the decision is retention or ill health retirement, then within 28 days of receiving the decision they have the right of appeal. The officer should then provide a statement of appeal within a further 28 days. The appeal will be heard by the Chief Constable. The Chief Constables decision is final with no further right of appeal.

8. Eligibility for Ill Health Awards (Injury Awards)

8.1 Injury pensions are governed by the Police (Injury Benefit) Regulations 2006 (PIBR). It will normally be appropriate to consider the question for ill health retirement before an injury award, however the Chief Constable may consider an injury award at the same time as ill health retirement when it is clear from the outset that the disablement is due to a clear injury sustained in the execution of duty.

8.2 Ill health awards apply to officers who have ceased to be a member of a police force and are permanently disabled as a result of an injury received through no fault of their own in the execution of duty.

In such cases the officer will need to provide evidence of:

- The injury / injuries received, which caused the permanent disablement;
- Medical evidence, which supports that the injury is the cause of permanent disablement.

8.3 Injury awards are based on the degree to which an injury has reduced the future earnings potential against current earnings. Whether the officer chooses to work is not material in the consideration. To enable the SMP to decide the degree of disablement the force will provide the SMP with details of the individual's salary, qualifications and the salary ranges for posts or types of work which the officer may be able to undertake allowing for their disablement.

9. Retirement

9.1 Once the decision is made by the Chief Constable or delegated authority to retire the officer under ill health, the officer will be given 28 days notice regarding their retirement date. The period of notice will be on full pay regardless of whether the officer is on half pay or no pay at that time.

9.2 The normal leaver's process for officers will be instigated by the relevant HR department in consultation with the individual and their line manger and this will include the presentation of a certificate of service, meeting with the relevant Departmental Head/Chief Officer and the completion of the exit questionnaire.

9.3 Police officers who are medically retired from the police service because they are permanently disabled from performing the ordinary duties of a constable, following medical retirement, may go on to find suitable alternative employment in a different occupation.

Further advice and guidance is available on the following links:

Employee Assistance Provider CiC
National Association of Retired Police Officers (NARPO)
Employment Agencies
Police Federation
Superintendents Associations

Mouchel Pensions Unit, PO Box 485, Middlesborough, TS1 2XP, telephone number 01642 727333, penmail@mouchel.uk.com

Appendix A – Definitions

Disablement is defined as:

"Inability, occasioned by infirmity of mind or body, to perform the ordinary duties of a member of the police force".

Ordinary duties

The following are the ordinary duties of a member of the police force for the purpose of assessing permanent disablement:

- Patrol/supervising public order;
- Arrest and restraint;
- Managing processes and resources using IT;
- Dealing with procedures, such as prosecution procedures;
- Managing case papers, such as giving evidence in court;
- Dealing with crime, such as scene of crime work, interviewing, searching and investigating offences;
- Incident management, such as traffic and traffic accident management.

Taking each of these duties in turn, inability, due to infirmity, as defined by the Regulations, in respect to any of the following key capabilities renders and officer disabled for the ordinary duties:

- The ability to run, walk reasonable distances, and stand for reasonable periods;
- The ability to exercise reasonable physical force in restraint and retention in custody;
- The ability to sit for reasonable periods, to write, read, use the telephone and to use (or learn to use) IT;
- The ability to understand, retain and explain facts and procedures;
- The ability to evaluate information and to record details;
- The ability to make decisions and report situations to others.

An officer, who because of infirmity is able to perform the relevant activity only to a limited degree or with great difficulty, is to be regarded as disabled.