Civil Service Pensions

Medical reviews and appeals guide

Civil Service Pensions Schemes
Civil Service Injury Benefit Scheme

Contents

Ill health retirement and early payment appeals

1 Background

1.1 The ill health Retirement Appeals process relates solely to the following.

- A decision on whether to issue an ill health retirement or refusal certificate.
- A decision to award ill health retirement benefits at the lower tier level.
- A refusal to issue an ill health retirement certificate for early payment of a preserved award (EPPA) (applies only to deferred classic members of the Principal Civil Service Pension Scheme (PCSPS).

Please note: Successful appeals against refusal of ill health retirement allow the member to receive ill health retirement benefits. These are backdated if the member's service ended before the conclusion of the appeal.

Please refer to separate appeals guidance for 2015 Remedy reassessments.

2 Ill health retirement criteria

The criteria applied when considering a case under the medical appeal process are the same as for ill health retirement.

2.1 alpha Ill health retirement criteria

There are two levels, or tiers, of ill health retirement. Which tier is given depends on the effect of the incapacity on the member's ability to carry out work. The Scheme Medical Adviser (SMA) can recommend a provisional award at the rate most appropriate at the time if they are unable to decide which criteria the individual meets.

The criteria are as follows:

- **Upper tier:** an individual has suffered a permanent breakdown in health and the resulting incapacity prevents them from discharging their own job and of undertaking any kind of employment.
- **Lower tier:** an individual has suffered a permanent breakdown in health and the resulting incapacity prevents them from discharging their own job or another similar role.

Please note: If the member has taken partial retirement then they are not eligible for upper tier benefits.

2.2 Ill health retirement in partnership

A member of the partnership money-purchase scheme may receive ill health retirement benefits from the partnership scheme, if the SMA assesses their breakdown in health is permanent and they are incapable of doing their own or a comparable job.

An explanation of the terms mentioned above is in Appendix A.

2.3 Early Payment of Preserved Pension (EPPA)

A former member of the classic section of the PCSPS can access their benefits early if their health breaks down.

The criteria for early payment of a preserved award are that, after leaving the Civil Service, the person falls ill before their scheme pension age and, had they remained in the Civil Service, the person would have been prevented by ill health from discharging his/her former duties and that the ill health is likely to be permanent.

3 Process

The appeal process has three separate stages, although progression to stage three is not automatic. The appeal may be upheld at any of the three stages.

3.1 Stage one Action by member

3.1.1 Members must appeal in writing by completing part one of form APP1 and returning it to their employer or former employer.

3.1.2 The member must appeal within **three months** of the date the employer notifies them in writing about the content of the SMA's report which included the refusal certificate. The employer must issue a medical appeal form (APP1 P1) with their decision.

3.1.3 Members wishing to appeal against a refusal to grant ill health retirement retrospectively or EPPA must do so within **three months** of the date when the employer tells them that their application was not successful. Where a member is unfit to make an appeal personally, a relative, friend or trade union representative may, with the member's consent, appeal on their behalf during the three-month period.

3.1.4 Members can appeal with or without any new medical evidence to support their case. However, failure to submit such evidence at this stage of the appeal means that it is unlikely that the case can progress beyond stage two. If the member is not supplying new medical evidence with their appeal, they should indicate this on the form.

In general, medical evidence would come from medical consultant(s). The SMA does not need opinions on ill health retirement from such specialists, but clear information on the treatment that has been administered, the response to treatment and whether there are remaining treatment options. A clear opinion on the likely long-term outlook for the medical condition and the probable impact of future treatment is also valuable.

Medical evidence should be comprehensive, current (within the last three months) and provide sufficient medical detail to indicate that the scheme definition is likely to be satisfied. There are certain types of cases where reports from more than one specialist are needed. For example, in conditions where clinical signs may be softer (such as, psychiatric and some musculoskeletal cases) or in medically less than fully explained conditions. The SMA almost always needs a diagnosis to be able to assess the likely future course of an illness.

Please note: If the member cannot meet the three-month deadline because of delays beyond their control, employers may ask the Scheme Administrator (MyCSP) to consider allowing them an extension.

Action by employer

3.1.5 The employer must forward the complete case file to the SMA without delay. Failure to do so can lead to serious complications and cause the member considerable distress.

3.1.6 Employers must use form APP1 P2 to apply for medical advice on the appeal. .

Documents to include in the referral	
1	Any occupational health records that were not included with the original application
2	The member must complete part one of the APP1 form and include the any new medical evidence. Please see paragraphs 3.1.4 and 3.1.5. Reports must be complete - extracts or part reports are not acceptable. If the individual wishes, they can submit their medical evidence in a sealed envelope for the attention of the SMA.

Please note: Any documents sent by post to the SMA should be enclosed in two sealed envelopes.

3.1.7 Failure to include any of this material will result in the SMA treating the case as a deficient referral. Employers must then complete and submit the case.

Employers MUST NOT send personal, HR or pension files to the SMA.

Action by the SMA

3.1.8 A physician will consider the appeal by reviewing the medical evidence previously considered plus any additional reports the member may have included. They will then recommend whether the original assessment stands or is overturned. Where possible, this will, be the physician who made the original decision. However, that may not always be the case.

3.1.9 If the physician does not support the appeal, and the member has not had a consultation as part of the decision-making process, the physician may offer a consultation, whenever practicable, to gather any additional information.

3.1.10 The SMA will inform the employer of the result of the Stage one review and of any further action they need to take. They will aim to clear all cases within 10 working days of receipt.

3.1.11 If the physician upholds the appeal, they will issue the appropriate replacement certificate. The employer must decide whether to accept the assessment, informing the member accordingly. If the employer rejects the physician's findings, they must give the member a full explanation of their reasons.

Please note: Where the appeal is against the award of lower tier benefits, the pension scheme rules provide that the final decision on the appropriate tier rests with the SMA, not the employer.

3.1.12 Where the physician upholds an appeal against a decision to award lower tier benefits (for example, he or she decides to award upper tier benefits), the employer should inform the member accordingly.

3.2 Stage two

3.2.1 Where the physician does not support an appeal, they will escalate the case to stage two. At this stage, a senior physician with no prior involvement in the case will carry out the review to establish whether a reasonable case for appeal exists. If not, the appeal is rejected at this stage with an explanation of the deficiencies for the employer. The deficiency may cover a range of issues. The most likely are that there are gaps in the supporting documents the employer or the member has provided, or that further medical evidence is needed.

3.2.2 The employer may resubmit rejected cases once they have remedied any deficiencies they are responsible for. They must resubmit it **within three months** of the letter notifying them of the rejection and deficiencies.

3.2.3 Similarly, where there are deficiencies in the supporting material the member has provided, or where the physician needs further medical evidence, the employer must tell the member immediately on receiving the SMA's advice. The member will have **three months** to remedy any deficiencies from the date of the employer's notification.

Please note: It is for the member to source, provide and pay for any further medical evidence identified as being required by the SMA, not the employer.

Please note: If the member cannot meet the three-month deadline because of delays beyond their control, the employer may ask the Scheme Administrator to consider allowing them an extension.

3.2.4 The physician will inform the employer of the result of the initial review and any further action within **10 working days**. Any further evidence submitted for consideration after the initial review will mean a further review as part of this stage. his further review will be completed **within 20 working days**.

3.2.5 If a reasonable case has been made, the physician will determine whether the procedural and medical elements have been properly applied, and may uphold the appeal and provide the appropriate replacement certificate. If it is still unclear whether the individual meets the criteria for ill health retirement, the case will be escalated to an independent Medical Appeal Board to consider.

3.2.6 If the member cannot make a reasonable case to correct any deficiencies within the three months allowed, the appeal fails on procedural grounds.

3.2.7 If the physician upholds the appeal, they will issue the appropriate certificate. The employer must decide whether to accept the assessment, and inform the member. If the employer rejects the findings, they must give the individual a full explanation of their reasons.

3.2.8 If the SMA overturns a decision to award lower tier benefits (for example, they decide to award upper tier benefits), the employer must inform the member.

3.2.9 If the appeal fails at this stage and the member has any concerns about the way the process has operated in their case, they should refer to the Internal Disputes Resolution (IDR) procedures.

Please note: The IDR procedures allow the member to appeal about the procedural aspects of their medical appeal, not the medical decision that resulted from it. Information about the IDR procedures can be found on the Civil Service Pensions website: www.civilservicepensionscheme.org.uk

Appointment of the Independent Medical Appeal Board (IMAB)

3.2.10 An appeal will be escalated to stage three only if the SMA advises that a reasonable case for an appeal has been made, but doubt remains as to whether the scheme criteria are met. Within five working days after the completion of stage two, the SMA will nominate an IMAB chair. The IMAB Chair is selected from a list approved by the Scheme Manager (Cabinet Office). .

Please note: The list of approved Medical Appeal Board chairs consists of accredited specialists in occupational medicine, none of whom are employed by, or directly involved with, the SMA. Only a doctor who has had no previous involvement in the case will be asked to chair a Medical Appeal Board.

3.2.11 The SMA will provide the independent Chair with:

- electronic copies of all the relevant documents;
- a summary of the case and the key issues to be determined;
- any necessary background relating to the rules of the Civil Service Pension Scheme (CSPS) and/or the Civil Service; and will
- ask the Chair to ask the Chair to arrange an consultation for the member as soon as is practicable.

3.2.12 The SMA will provide the employer with an estimate of when the consultation is likely to take place, together with an information sheet on the procedure to pass on to the member.

3.3 Stage three

3.3.1 The independent Chair will:

- appoint either another occupational physician (or a physician with a relevant specialty where appropriate) to make up the Medical Appeal Board;
- arrange for the Board to have a consultation with the member
- give the member at least two weeks' notice of the consultation where practicable; and
- advise the SMA of the date, time and format of the Medical Appeal Board.

3.3.2 T3.3.2 The SMA will copy this information to the employer. The Board will take the form of a clinical interview/assessment. Members may have a relative or friend or, for example, a Trade Union official with them during the Medical Appeal Board if they wish. Anyone accompanying the member should not expect that they will be able to participate in the consultation. If a member does not wish to have a consultation with a Medical Appeal Board, or misses two appointments, the Board will consider the case on a paper only basis.

3.3.3 Having considered all the evidence, which may include an examination of the member, the Medical Appeal Board will prepare a full clinical report as soon as is practicable. The report will:

- outline the key features of the case;
- state whether they uphold or reject the appeal; and
- give reasons for their recommendations.

Please note: The decision of the Medical Appeal Board completes the medical aspects of the appeals procedure.

Please note: Where the Medical Appeal Board upholds an ill health retirement recommending that the award should be at the lower tier, the Board's assessment will be taken as final, with no further avenue of medical appeal **on this issue**.

3.3.4 The SMA will forward the Medical Appeal Board's findings and any appropriate certificate to the employer.

3.3.5 The employer will then decide whether to accept the Medical Appeal Board's findings and will inform the member accordingly. If the employer rejects the Board's findings, they must give the individual a full explanation of their reasons.

3.3.6 This completes the ill health retirement appeal arrangements. If the member has any concerns about the way the process has operated in their case, they should refer to the Internal Dispute Resolution (IDR) procedures.

Please note: the IDR procedures allow the member to appeal about the procedural aspects of their medical appeal, not the medical decision that resulted from it. Information about the IDR procedure can be found on the Civil Service Pensions website: www.civilservicepensionscheme.org.uk

Upper tier review appeals

4 Background

4.1 The upper tier review appeal process relates solely to a decision that the conditions for upper tier top-up benefits are no longer satisfied. The individual can appeal against this decision. When considering the appeal, there are two possible outcomes open to the SMA.

- Uphold the appeal confirming to the Scheme Administrator (MyCSP) that upper tier criteria are satisfied.
- Reject the appeal and then the case is automatically referred to an independent Medical Appeal Board for a further review.

5 Process

The procedure has two stages.

- Appeal to the SMA; and
- Subsequent appeal to an independent Medical Appeal Board.

Please note: This differs from the three-stage ill health retirement appeals process because before recommending that the conditions for upper tier benefits are no longer satisfied, the SMA will have already offered the member a consultation and a senior physician will have considered the case.

5.1 Stage one

Action by member

5.1.1 Members must appeal in writing and return the appeal to the Scheme Administrator (MyCSP) at the address shown on the guidance. The member must appeal within three months from the date that the Scheme Administrator notifies them in writing of the initial decision. If the member cannot make a reasonable case within the three months allowed, then the appeal will fail on procedural grounds.

Please note: Where a member is unfit to make an appeal personally, a relative, friend or Trade Union representative may, with the member's consent, appeal on their behalf during the three-month period.

Please note: Members can appeal with or without any new medical evidence to support their case. However, failure to submit new evidence means that it is most likely that the appeal will be unsuccessful.

Please note: If the member cannot meet the three-month deadline because of delays beyond their control, the Scheme Administrator (MyCSP) may consider allowing them an extension.

Action by the Scheme Medical Adviser (SMA)

5.1.2 The SMA will consider the appeal in the light of current information and any new medical evidence the individual provides. The physician who considers the appeal will be a different physician from the one who made the original decision.

5.1.3 If there are deficiencies in supporting medical evidence, the physician will tell the individual. The individual will have **three months** to remedy the deficiencies from the date of the notification.

Please note: It is for the member to source, provide and pay for any further medical.

5.1.4 The SMA may require a further consultation.

Please note: The pension scheme rules provide that the final decision on tiers rests with the scheme medical adviser, not the Scheme Administrator or the Cabinet Office.

5.1.5 The SMA will inform the Scheme Administrator of the result of the initial review and any further action within **10 working days** of its receipt. Any further evidence submitted for consideration after the initial review will mean a further review as part of this stage. **This further review will be completed within 20 working days**. If the SMA is unable to support the appeal, they will refer the case to an independent Medical Appeal Board to consider.

5.2 Stage two

Appointment of the independent Medical Appeal Board (IMAB)

5.2.1 **Within five working days** of the appeal being escalated following completion of stage two, the SMA will nominate an IMAB Chair (normally an accredited specialist in occupational medicine).

Please note: The list of approved medical appeal board Chairs consists of accredited specialists in occupational medicine, none of whom are employed by or directly involved with the SMA. Only a doctor who has had no previous involvement in the case will be asked to chair a medical appeal board.

5.2.2 The SMA will provide the independent Chair with:

- **electronic** copies of all the relevant documents ;
- a summary of the case identifying the key issues to be determined; and
- any necessary background relating to the rules of the CSPS and/or the Civil Service.

They will ask the Chair to arrange an appointment for the member as soon as is practicable.

5.2.3 The SMA will provide the Scheme Administrator with an estimate of when the appointment is likely to take place, together with an information sheet on the procedure to pass on to the member.

5.2.4 The independent Chair will:

- appoint a second accredited specialist to make up the Medical Appeal Board;
- arrange for the Board to have a consultation with the member;
- give the member at least two weeks' notice of the appointment where practicable; and
- advise the SMA of the date, time and format of the Medical Appeal Board.

5.2.5 The SMA will copy this information to the Scheme Administrator. Members may have a relative, friend, or, Trade Union official with them during the consultation. Anyone accompanying the accompanying the member should not expect that they will be able to participate in the consultation. If a member does not wish to attend a Medical Appeal Board, or misses two appointments, the board will consider the case on a paper only basis.

5.2.6 Having considered all the evidence, which may include an examination of the member, the Medical Appeal Board will prepare a full clinical report as soon as is practicable. The report will:

- outline the key features of the case;
- state whether they uphold or reject the appeal; and
- give the reasons for their recommendations.

Please note: The decision of the Independent Medical Appeal Board completes the medical aspects of the appeals procedure.

5.2.7 The SMA will forward the Medical Appeal Board's findings and any appropriate certificate to the Scheme Administrator who will notify the individual of the outcome.

5.2.8 This completes the upper tier appeal arrangements. If the member has any concerns about the way the process has operated in their case, they should refer to the Internal Disputes Resolution (IDR) procedures.

Please note: The IDR procedures allow the member to appeal about the procedural aspects of their medical appeal, not about the medical decision that resulted from it. Information about the IDR procedure can be found on the Civil Service Pensions website: www.civilservice.gov.uk/pensions

Injury benefit formal appeals

6 Background

6.1 The formal injury benefit appeal process relates solely to:

- the medically assessed level of apportionment for injuries sustained on or after 1 April 2003.
- the medically assessed level of earnings impairment for injuries sustained on or after 1 April 2003.

Please note: Unless previously supplied, the employer should give the appellant details of the scheme's qualifying criteria. It will also be helpful to provide a copy of this guide. The member should be encouraged to give a copy of whatever is provided to their medical carer as background.

7 Criteria

7.1 The criteria applied when considering a case under the formal injury benefit appeals process are the same as for the formal medical appeal process.

7.2 A person is eligible for a permanent injury benefit when they suffer ***a qualifying injury that impairs their earning capacity***. Impairment of earnings capacity is assessed when the person is leaving employment (including moving to a lower grade or undertaking part-time working because of the injury). See the Civil Service Injury Benefit Scheme (CSIBS) rules for more information. Impairment of earnings capacity is a medical assessment of the extent to which the member's earnings capacity for the remainder of their expected working life has been impaired by the qualifying injury. Only the Scheme Medical Adviser (SMA) can carry out this assessment. It is part of the overall evidence that the Scheme Administrator (MyCSP) or the employer must look at when making a decision about awarding injury benefits.

Impairment of earning capacity is assessed in five bands:

Not appreciably affected	10% or less (no award is made)
Slight impairment	11% - 25%
Impairment	26% - 50%
Material impairment	51% - 75%
Total impairment	over 75%

7.3 The assessment of impairment of earning capacity relates only to the effects of the qualifying injuries an individual has sustained.

8 Apportionment

8.1 In addition to an impairment of earning assessment, for qualifying injuries sustained on or after 1 April 2003, the Scheme Administrator or the employer must ask the SMA to advise on whether the illness/condition is 'wholly' (more than 90%) or 'mainly' (more than 50% but less than 90%) attributable to the nature of the duty.

8.2 If the SMA considers that the illness is less than 50% attributable to duty, it cannot be considered as 'mainly' attributable to duty and the injury benefit claim will fail.

8.3 Where a person meets the mainly attributable test then the SMA will go on to apportion the extent to which their duties caused their injury.

Apportionment is assessed in three bands:

Low	50 – 70% attributable to duty
Medium	71 – 90% attributable to duty
High	above 90% attributable to duty

9 Process

The formal injury benefit appeal procedure has only one stage; however, two separate appeals can be made within the appropriate period (12 months of the initial award decision).

Any appeal should be made **within 12 months of the initial award decision**. The second appeal may be notified up to, and including, the day the 12-month period ends. Under these circumstances, the appeal process may go beyond 12 months in its entire duration.

Action by the Member

9.1.1 The member must appeal in writing. The letter of appeal should set out the basis for the appeal (for example, against the level of apportionment/or impairment of earnings capacity).

9.1.2 The member **must present new medical evidence** with the appeal. Failure to include new medical evidence will later result in the SMA returning the case to the Scheme Administrator (as the delegated authority).

Please note: It is for the appellant to source, provide and pay for any further medical evidence not the employer.

Action by Employer/ the Scheme Administrator (MyCSP)

9.1.3 Appeals against injury benefit decisions should be made using the form CSIBS2.

9.1.4 The following flagged documents must accompany each application.

Documents required	
1	**The new medical evidence.** • This must be from a registered medical practitioner. Copies of reports previously considered do not represent new evidence and are not acceptable. • Medical reports must be complete reports – extracts or part reports are not acceptable. • If the individual wishes, they can submit the medical evidence in a sealed envelope for the attention of the Scheme Medical Adviser (SMA). Any new evidence should be listed in the relevant section of the CSIBS2.
2	**All relevant information relating to the previous consideration of the case** whether held by the employer or by their occupational health adviser. This must also include the complete sickness absence record and a job description.

Please note: Any documents sent by post to the SMA should be enclosed in two sealed envelopes.

9.1.5 Failure to include any of this material will result in the case being returned to the sender. The employer must not send any other files (for example personal, HR or Pension files) to the SMA.

9.1.6 If an individual approaches the Scheme Administrator or the employer about procedural irregularities, they should deal with them in an administrative ad hoc way as they happen – they are not part of the appeal procedure. An example of this is, where it seems that the person making the final decision, or the SMA, has not seen all of the available relevant information.

Action by the SMA

9.1.7 Whether considering a first or second appeal, the SMA has three different options open to them.

- To support the appeal returning the case to the Scheme Administrator or the employer for a final decision.
- To reject the appeal (it goes no further) returning the case to the Scheme Administrator or the employer for a final decision.
- Referring a borderline case to a physician independent of the medical adviser for a further paper-based assessment. Only the Chief or Deputy Chief Medical Advisers to the contract can make such a referral. The independent physician may support or reject the case at this final stage, returning it to the Scheme Administrator or the employer for a final decision.

9.2 A first appeal

9.2.1 A senior physician will consider the first appeal in the light of the new medical evidence the member has provided. This will be a different senior physician to the one who made the original decision.

9.2.2 The SMA normally considers the appeal on the basis of the supporting information only. However, if the physician considers it necessary, they will ask the individual to have a consultation with them.

9.2.3 At this stage, the senior physician may uphold the original decision or increase the level of the injury award.

9.3 A second appeal

9.3.1 For the second appeal, the SMA appoints a physician different to the original physician who gave advice and the senior physician who considered the first appeal. In most cases, the physician considering the second appeal will also be a senior physician. In cases where there are no physicians without previous involvement in a case, the SMA may need to arrange for an outside contractor to carry out the review.

9.3.2 At this stage, the physician may do as at the first appeal, but in addition, can also lower the level of apportionment and/or earning impairment if the new medical evidence supports it.

9.3.3 This completes the formal injury benefit appeal arrangement. If a member has any concerns about the way the process has operated in their case, they should refer to the Independent Disputes Resolution (IDR) procedure. Information about the IDR procedure can be found on the Civil Service Pensions website: www.civilservicepensionscheme.org.uk

Injury benefit reviews

10 Background

10.1 There is no formal appeal procedure against the Scheme Administrator's (MyCSP) or the employer's decision not to deem an injury as a qualifying one (for injuries sustained at any time). Nor is there a formal process for appealing about the level of earnings impairment (for injuries sustained on or before 31 March 2003).

10.2 A member can, however, ask for a review (informal appeal) against the Scheme Administrator's or the employer's decision in the following circumstances:

- not deeming an injury as a qualifying injury (for injuries sustained at any time); and
- about the level of earnings impairment (for injuries sustained on or before 31 March 2003).

Please note: Unless previously supplied, the employer should give the appellant details of the scheme's qualifying criteria. It will also be helpful to provide a copy of this guide. The member should be encouraged to give a copy of whatever is provided to their medical carers as background.

11 Criteria

11.1 The criteria applied when considering a case in which a review has been requested (informal appeal) are the same as for injury benefit.

11.2 The criteria used in determining whether a person has suffered a qualifying injury depends on when they suffered their injury. For most purposes, a qualifying injury is one which occurs in the course of official duty, or an activity reasonably incidental to it and if:

- the injury was sustained before 1 April 1997, and is directly attributable to the nature of the duty;
- the injury was sustained between 1 April 1997 and 31 March 2003, and is **solely** attributable to the nature of the duty; or
- the injury was sustained on or after 1 April 2003, and is **wholly or mainly** attributable to the nature of the duty.

11.3 The final decision on whether or not an injury is qualifying rests with the Scheme Administrator. The role of the Scheme Medical Adviser is to provide advice on the medical aspects of a case.

Please note: Where the original award was made in respect of an injury sustained on or after 1 April 2003 the member cannot request a review on the grounds that the condition relating to the qualifying injury has deteriorated.

12 Process

The review request (informal appeal) should be made **at the earliest possible opportunity following the initial award decision**.

The review may uphold the original decision or support the grounds of the review request.

12.1 Actions

Action by member

12.1.1 Members must request a review in writing. The request should set out the basis for reconsideration (for example, where the Scheme Administrator (MyCSP) or the employer decided that an injury was not a qualifying injury

– for injuries sustained at any time, and/or about the level of earnings impairment – for injuries sustained on or before 31 March 2003).

The member must request a review through the Scheme Administrator or the employer and **must include new evidence**. The evidence may relate to employment matters or alternatively medical aspects of the case. The SMA must have new medical evidence where the Scheme Administrator or the employer decision not to treat an injury as qualifying has been predominantly based on medical advice provided by the Scheme Medical Adviser (SMA).

Please note: It is for the appellant to source, provide and pay for any further medical evidence, not the employer.

Action by employer/ the Scheme Administrator

12.1.2 Where the new evidence relates to employment matters, the Scheme Administrator or the employer may be able to undertake the review without asking for further medical advice.

12.1.3 When the review request focuses on new medical evidence and/or employment matters and further medical advice is required, the employer should make an application to the SMA using form CSIBS2.

12.1.4 The following documents must be submitted with each application.

Documents required	
1	The new medical evidence. This must be from a registered medical practitioner. Copies of reports previously considered do not represent new evidence and are not acceptable. Medical reports must be complete. Extracts or part reports are not acceptable. If the individual wishes, they can submit the medical evidence in a sealed envelope for the attention of the Scheme Medical Adviser (SMA).
2	All relevant information relating to the previous consideration of the case, whether from the employer or their occupational health adviser (including the complete sickness absence record and a job description).
3	All other paperwork previously submitted as part of the original application (including SMA correspondence).

Please note: Any documents sent by post to the SMA should be enclosed in two sealed envelopes

12.1.5 Failure to include any of this material will result in the SMA returning the case. You must not send any other files (for example personal, HR or pension files) to them.

12.1.6 If an individual approaches the Scheme Administrator or the employer about procedural irregularities, they should deal with them in an administrative ad hoc way as they happen – they are not part of the appeal procedure. An example of this is, where it seems that the person making the final decision, or the SMA, has not seen all of the available relevant information.

Action by the SMA

12.1.7 The SMA has three different options open to them when considering a review application.

- To support the request and return the case to the Scheme Administrator for a final decision.
- To reject the request (it goes no further), and return it the case to the Scheme Administrator for a final decision.
- Referring a borderline case to the physician independent of the SMA for a further paper-based assessment. Only the Chief or Deputy Chief Medical Advisers can make such a referral. The independent physician may support or reject the case, returning it to the Scheme Administrator for a final decision.

12.1.8 This completes the injury benefit review arrangements. If a member has any concerns about the way the process has operated in their case, they should refer to the Independent Disputes Resolution (IDR) procedure. Information about the IDR procedure can be found on the Civil Service Pensions website: www.civilservicepensionscheme.org.uk

Annex A

Meaning of particular terms by scheme

Classic terms

Prevented – means having a significant incapacity. It does not mean 'unwilling', 'disinclined to' or 'inconvenient to' undertake the duty.

Ill health – means a recognised medical condition that gives rise to the incapacity. Diagnosis must be supported by appropriate clinical findings.

Discharging his/her duties – means providing regular and efficient service in the normal duties of their responsibility level. It does not mean 'all work' in the Civil Service context.

Likely – means 'on a balance of probabilities'. The permanence of the ill health does not have to be 'beyond reasonable doubt' but rather more likely than not. The Scheme Medical Adviser (SMA) takes into account the effect of standard treatment when considering the incapacitating effects of a condition. In doing this they take into account the chances of a successful outcome.

Permanent – means until scheme pension age. Not only does the ill health have to be permanent but also it has to result in permanent incapacity. Many permanent medical conditions (for example asthma, diabetes, epilepsy) do not usually prevent individuals from working normally.

alpha terms

Permanent – means until scheme pension age. Not only does the breakdown in health have to be permanent but it also has to result in permanent incapacity. Many permanent medical conditions (for example, asthma, diabetes, or epilepsy) do not normally prevent individuals from working normally.

Breakdown in health – means ill health caused by a recognised medical condition that gives rise to the incapacity.

Incapacity – means unable to work due to the breakdown in health.

Prevents – means having a significant incapacity. It does not mean 'unwilling', 'disinclined to' or 'inconvenient' to undertake the duty. The employer will have obtained occupational health advice to identify any employment adjustments to overcome obstacles to working. The individual will usually have co-operated with this. The employer will only consider ill health retirements if they conclude that such adjustments are, on balance, unreasonable or unfeasible to implement. Collusion between employer and employee to manipulate the pension scheme and is considered fraud.

Discharging their duties – means providing regular and efficient service in the normal duties of their responsibility level. It does not mean 'all work' in the Civil Service context.

Note: Providing acceptable levels of performance or attendance. What is 'acceptable' is governed by the requirement to make reasonable adjustments for those with health problems and, particularly if they are likely to fall within the scope of the Equality Act and equivalent legislation in Northern Ireland.

Incapable of undertaking other gainful employment – the individual's functional ability to carry out any reasonable paid employment should have been impaired by more than 90%. That is, they may be capable of undertaking some types of job, but this is severely restricted by their loss of function caused by the illness.

Incapable of doing own job or a comparable job – means unable to turn up regularly to do a job at the same or equivalent grade level. They will however be capable of doing a range of other types of work.

Pension age – means the earliest age at which a member can take their pension without it being reduced because of early payment.

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