



## III Health and IQMP – member factsheet

### Informal Guidance

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## Purpose

This document provides informal guidance for members when requesting for retirement on the grounds of Ill Health and/or injury.

The guide sets out the different stages of the process and the differentiates between the role of the Independent Qualified Medical Practitioner (IQMP) providing a medical opinion and the role of the FRA (as the employer), who makes the final decision

The guidance will provide an overview of the key stages in the process, and what a member needs to understand about the process.

## What are the criteria for active and deferred members

1. If you are currently an active member, you will be assessed under the (Firefighters' Pension Scheme 2015 (FPS 2015), as all active members were transitioned to this scheme from 1 April 2022
2. If you are a deferred member, you will be assessed against the scheme regulations your benefits full under, e.g. FPS 1992<sup>1</sup>, FPS 2006<sup>2</sup> Standard, FPS 2006 Special<sup>3</sup> and FPS 2015<sup>4</sup>.

### Active members (FPS 2015 only)

3. The FPS Regulations 2014 introduced a Care Average Revalued Earnings (CARE) pension scheme from 1 April 2015 (FPS 2015).
4. FPS 2015 provides provision for members to retire early on the grounds of ill health.
5. For active members, a basic structure of a two-tier ill-health retirement system applies. These tiers are formally referred to as lower and higher.
6. An active member who has not reached normal pension age (60) is entitled to immediate payment of a lower tier ill-health pension if all the following conditions are met:
  - a. the member is deemed incapable of performing any of the duties of the role in which the member was last employed because of incapacity of mind or body and this incapacity will continue until normal pension age;
  - b. the member has three months of qualifying service;
  - c. the member has been dismissed or retired from scheme employment; and
  - d. the scheme manager<sup>5</sup> has determined that the member is entitled to a lower tier ill-health pension

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<sup>1</sup> <https://fpsregs.org/index.php/regulations/fps-1992-regulations>

<sup>2</sup> <https://fpsregs.org/index.php/regulations/fps-2006-regulations>

<sup>3</sup> <https://fpsregs.org/index.php/modified-2006-scheme-resources>

<sup>4</sup> <https://fpsregs.org/index.php/regulations/fps-2015-regulations>

<sup>5</sup> <https://www.legislation.gov.uk/uksi/2014/2848/regulation/4/made>

7. An active member is entitled to immediate payment of a higher tier ill-health pension, in addition to the lower tier ill-health pension, if all the following conditions are met:
- a. the member is deemed incapable of undertaking regular employment<sup>6</sup> because of incapacity of mind or body and this incapacity will continue until normal pension age;
  - b. the member has at least five years of qualifying service;
  - c. the member is entitled to a lower tier ill-health pension; and
  - d. the scheme manager has determined that the member is entitled to a higher tier ill-health pension.

### **Deferred Members – FPS 2015**

8. For deferred members, there is no structured tiered system.
9. A deferred member who has not reached deferred pension age is entitled to immediate payment of their deferred benefits if all the following conditions are met:
- a. the member has given written notice requesting payment of the pension before deferred pension age to the scheme manager;
  - b. the member is deemed incapable of undertaking regular employment because of infirmity of mind or body and this incapacity will continue until deferred pension age; and
  - c. the scheme manager has determined that the member is entitled to the early payment of the retirement pension.
10. In all cases, the scheme manager must instruct an Independent Qualified Medical Practitioner (IQMP) to give a medical opinion on points 6 and 7 set out above. More information about the role of the IQMP is set out from point 29-35.

### **Deferred Members – FPS 1992**

11. The qualifying criteria is that you are deemed incapable of firefighting because of infirmity of mind or body and this incapacity will continue until deferred pension age<sup>7</sup>.
12. You are deemed incapable of undertaking regular employment because of infirmity of mind or body and this incapacity will continue until deferred pension age.

### **Deferred Members – Standard FPS 2006**

13. The qualifying criteria is that you are deemed incapable of undertaking regular employment because of infirmity of mind or body and this incapacity will continue until deferred pension age<sup>8</sup>

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<sup>6</sup> 'employment for at least 30 hours a week on average over a period of not less than 12 consecutive months beginning with the date on which the issue of the person's capacity for employment arises'.

<sup>7</sup> Age 60

<sup>8</sup> Age 65

## Deferred Members – Special FPS 2006

14. The qualifying criteria is that you are deemed incapable of undertaking regular employment because of infirmity of mind or body and this incapacity will continue until deferred pension age<sup>9</sup>

## Entitlement

15. For active members, the entitlement is dependent on the tier of pension you have been awarded. Some members may qualify in respect of both regular and retained duties.
16. Active members who meet the criteria for a lower tier ill health pension are entitled to immediate payment of any pension accrued up to date of leaving. This figure is not subject to any enhancement, however, is payable without an actuarial reduction.
17. Active members who meet the criteria for a higher tier ill health pension are entitled to the immediate payment of any pension accrued up to your date of leaving plus an enhancement. As detailed above the amount payable would not be subject to an actuarial reduction.
18. For deferred members, your entitlement is based on the current value of your deferred benefits, which again are paid immediately and without an actuarial reduction.

## How to apply

19. Each Fire & Rescue Authority (FRA) should have their own sickness absence policy so you will need to follow the procedures that have been put in place.

## What process needs to be followed by the FRA

20. Prior to any ill health referral, then assuming the member has a disability within the meaning of the Equality Act 2010, the FRA has a duty under [section 20](#) of that Act to consider making [reasonable adjustments](#) to enable the member to stay in work, including adjustments to the member's current role.
21. If reasonable adjustments to the current role are not possible, then the FRA should consider what redeployment opportunities (if any) are available or will soon be available for the member. Any redeployment opportunity must be assessed on the member's skill set and medical constraints.
22. If neither reasonable adjustments nor redeployment is available to you, then the FRA must consider what is the alternative. If that alternative is termination on the grounds of ill health, then the FRA must consider whether you are eligible for ill health retirement.
23. There may be some circumstances where it is appropriate for an FRA to award both an ill health retirement and redeployment.
24. It is recommended that the FRA speaks with you at the earliest opportunity and fully informs you of what the ill health retirement process looks like, how long the process

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<sup>9</sup> Age 60

should take, what the potential outcomes are and why they have discounted any alternatives. You may wish to bring union or other representation to this meeting. As a matter of best practice, any discussion should be clearly documented and formally shared with you and your representative post meeting.

25. Once you are content with the ill health application, your consent must be sought so that the FRA/IQMP can contact medical practitioners and request up to date, relevant medical information on your behalf. As a minimum, the consent must include detail on what information will be requested, why it is needed and who will be able to see it.
26. All relevant medical and relevant supplementary information should be collated in preparation to be shared with the IQMP (for recommendations on what information should be captured).
27. Prior to submission to the IQMP, you and, where appropriate, your representative should be given an opportunity to see what information has been collated and will be sent to the IQMP. Additionally, there is nothing in the regulations which prevents you from requesting to include additional information for example a personal statement and/or non-medical evidence.
28. Once you are happy with the contents and you have provided your consent, then the information can be shared with the IQMP.

## **What process needs to be followed by the IQMP**

29. Independent Qualified Medical Practitioners (IQMPs) play a pivotal role in all ill health retirements. FPS 2015 confirms that in making a determination as to whether you are entitled to an award, the scheme manager must obtain the written opinion of an IQMP on any issue which is wholly or partly of a medical nature.
30. When selecting an appropriate IQMP the FRA must ensure that they are appropriately qualified, as defined by the FPS 2015 regulations and that they have not previously advised, or given an opinion on, or otherwise been involved in the particular case for which the opinion has been requested. Additionally, the FRA must ensure that the IQMP is not acting, and has not at any time acted, as the representative of you, the scheme manager, or any other party in relation to the same case.
31. Once an IQMP has been selected and all relevant medical information from you has been collated, this evidence, will be shared with the IQMP for their consideration.
32. The IQMP will be asked to provide an opinion on the following issues:
  - a. whether you are incapable of performing any duties of the role in which you were last employed because of incapacity of mind or body;
  - b. whether the incapacity in sub-paragraph (a) above is likely to continue until normal pension age or deferred pension age, as the case may be;
  - c. whether you have become capable of performing any duties of the role from which you retired on grounds of ill-health;
  - d. whether you are or have become capable of undertaking regular employment; or
  - e. any other issue wholly or partly of a medical nature.

33. It is recommended that the medical information an FRA sends is as comprehensive as possible. Any missing or unknown information may result in the IQMP not being able to decide.
34. An example of what may be included is as follows:
- a. Capability assessment
  - b. Occupational health records
  - c. GP records
  - d. Consultant/specialist reports (where applicable)
  - e. Accident report(s) (in the circumstance of an injury on duty)
35. The IQMP will then consider their determination which will be provided in writing to the scheme manager. There are four possible outcomes:
- a. The IQMP recommends that your condition meets the lower tier ill health criteria only.
  - b. The IQMP recommends that your condition meets the higher tier ill health criteria.
  - c. The IQMP recommends that your condition does not satisfy the lower tier ill health criteria.
  - d. The IQMP recommends that they have insufficient information/evidence to make a determination at this stage.

## **The importance of you being involved in the process, and where possible sharing medical information with the FRA from the outset**

36. It is important that you are involved in the process of ensuring that the medical information referred to the IQMP is accurate and complete, to do this you can give your consent in full, part or not at all so that the FRA have all the information available to them to be able to start the ill health retirement process.
37. If you do not consent to your medical information being shared, some conditions may not be included in your assessment which could affect the outcome.

## **What happens once the IQMP have provided their recommendation?**

38. The regulations<sup>10</sup> confirm that an IQMPs opinion is binding on the scheme manager. However, case law confirms that FRAs should not act blindly on receiving an IQMP determination. Each decision should be robustly scrutinised for accuracy, and assurance is needed to ensure that there are no gaps in the IQMP findings, and that relevant evidence has not been overlooked.

39. The scheme manager must consider the IQMPs opinion and confirm to you the outcome within 14 days)<sup>11</sup>. To do this, the FRA will need access to the accompanying report, as well as the completed certificate.
40. It is possible that, during this review, the scheme manager may find contradictory information or require additional clarity on something before committing to a final decision. In this case, the scheme manager should write to the IQMP, set out the questions they have and wait for an answer before making a decision. It is recommended that you, and your representatives, are kept updated on any delays within the decision-making process.
41. Once the scheme manager is content with their decision an outcome letter should be provided to you.
42. The outcome letter should confirm the decision, rationale, next steps, routes of appeal and, where appropriate, the scheme manager's review procedure.

## **The importance of the you sharing the IQMP report so your FRA has the ability to challenge before making the final decision.**

43. You are required to provided consent for the IQMP report to be shared with your FRA. You can provide consent in full, part or not at all, however it should be noted that if you do not consent to sharing the IQMP report they may not have the full information to be able to consider the decision and have the ability to challenge any aspect of it before being able to make their final decision, so it is encouraged that you provide your consent to allow all relevant information to be shared.
44. If you choose not to consent to the IRMP report being shared, the FRA will have no choice but to base any assessment on the information available, which could result in an incorrect outcome.

## **Your right to appeal against the decision of the FRA and/or IQMP**

45. You have three official routes of appeal (***review of medical opinion not applicable for injury on duty cases***)
46. The regulations<sup>12</sup> confirm that where new evidence, on an issue wholly or partly of a medical nature, is presented to the scheme manager by you, then the scheme manager should give the IQMP opportunity to review their original opinion in the light of the new evidence.
47. Any new evidence should be presented to the scheme manager within 28 days of you receiving a copy of the FRAs final determination.

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<sup>11</sup> <https://www.legislation.gov.uk/uksi/2014/2848/regulation/152/made>

<sup>12</sup> <https://www.legislation.gov.uk/uksi/2014/2848/regulation/153/made>

48. An IQMP's response is binding on the scheme manager, however, as set out in point 38 the scheme manager should not act blindly, and a level of scrutiny is required.
49. As soon as reasonably practicable after receiving a response from the IQMP the scheme manager must reconsider their determination.
50. Within 14 days of that reconsideration, the scheme manager must give written notice of the revised determination.

### **Appeal to Board of Medical Referees**

51. The regulations<sup>13</sup> confirm that if you wish to appeal against a scheme manager's determination on an issue of a medical nature you may do so to a board of medical referees.
52. You must give written notice of appeal against a determination on an issue of a medical nature stating:
  - a. your name and address; and
  - b. the grounds of the appeal,
53. This notice must be given to the scheme manager within 28 days of the date on which you receive confirmation of the scheme manager's final determination.
54. However, the regulations<sup>14</sup>, allow for the scheme manager to extend the period for giving notice for such length, not exceeding six months from the date of final determination as is deemed appropriate.
55. On receiving a notice of appeal, the scheme manager must supply the Secretary of State with three copies of:
  - a. the notice of appeal;
  - b. the notice of the relevant determination;
  - c. the opinion, response or evidence (as the case may be) supplied to the appellant (you); and
  - d. every other document in its possession or under its control which appears to it to be relevant to the issue that is the subject of the appeal.
56. The medical referee board will liaise with you to agree a convenient date and time for a formal appeal hearing to take place. The scheme manager, and any of their representatives deemed appropriate for the case, will have the option to attend the hearing and give an account of the facts.

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<sup>13</sup> <https://www.legislation.gov.uk/uksi/2014/2848/regulation/154/made>

<sup>14</sup> <https://www.legislation.gov.uk/uksi/2014/2848/regulation/155/made>

57. The medical referee board must supply the Secretary of State with:
- a. A written report of its decision on the relevant medical issues; and
  - b. If the board is of the opinion that the appeal was frivolous, vexatious or manifestly ill-founded, a statement to that effect (which may form part of the report).
58. The Secretary of State will then supply both the appellant and scheme manager with a copy of the report.
59. The determination of this process is binding on the scheme manager.

### **Appeals on other issues**

60. The regulations<sup>15</sup> confirm that, where you disagree with a scheme manager's determination and the disagreement does not involve an issue of a medical nature, you can lodge an appeal using the FRA's Internal Dispute Resolution Process (IDRP). Your FRA should have their own IDRP policy, which you should follow.
61. Written notice of such appeal must be given to the scheme manager within 28 days of receipt of the determination.

## **Reviews**

62. The regulations<sup>16</sup> confirm that where you have been in receipt of an ill-health award (either lower or higher tier) for less than 10 years, and are under deferred pension age<sup>17</sup>, the scheme manager must consider, at such intervals as it considers appropriate, whether you have become capable:
- a. of performing any duty appropriate to the role from which you retired on grounds of ill-health; and
  - b. of undertaking regular employment
63. Additionally, in the case of a deferred ill health retirement, the scheme manager must consider, at such intervals as they consider appropriate but before you reach deferred pension age, whether you have become capable of undertaking regular employment.
64. In making a determination as to whether you are entitled to keep your award the scheme manager must obtain the written opinion of an IQMP on any issue which is wholly or partly of a medical nature.
65. When selecting an appropriate IQMP for a review of an ill health benefit, unlike mentioned at point 30 the scheme manager may request a further opinion from the same IQMP<sup>18</sup>.

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<sup>15</sup> <https://www.legislation.gov.uk/ukxi/2014/2848/regulation/163/made>

<sup>16</sup> <https://www.legislation.gov.uk/ukxi/2014/2848/regulation/68/made>

<sup>17</sup> For FPS 2015, age 60 for FPS 1992, State Pensions Age for FPS 2006

<sup>18</sup> <https://www.legislation.gov.uk/ukxi/2014/2848/regulation/152/made>

66. The recommendations set out in point 34 remain. However, as this is a review, the reviewing IQMP does not necessarily need to have access to your full medical history. It is therefore recommended that only the following is reviewed:
- a. GP records – From date of original determination to date of review
  - b. Consultant/specialist reports (where applicable) – From date of original determination to date of review
  - c. Copy of the original IQMP determination – Certificate and IQMP report
  - d. Board of medical referees' determination (where applicable) – Copy of outcome letter
67. The IQMP will then consider their determination which will be provided in writing to the scheme manager.

## **Consequences of a review**

### **Lower tier awards**

68. The regulations confirm that, if following the review process, a scheme manager determines that you are in receipt of a lower tier ill-health pension has become capable of performing the duties appropriate to the role from which you retired on grounds of ill-health; and the employer makes an offer of employment in that role, your entitlement to a lower tier ill-health pension must cease whether you accept or decline the offer of reemployment. The regulations are silent on what happens if the employer does not have a role to offer you. It is therefore assumed that if no employment is available the lower tier ill health pension would continue in payment.
69. The employer must confirm to you in writing a specific date by which, you have not accepted the offer of reemployment, it will be taken that you have declined the offer.
70. The lower tier ill-health pension ceases to be payable on the earlier of the following dates:
- a. The date on which you re-enter scheme employment; or
  - b. Such date after the offer of reemployment is declined by you.
71. Where a lower tier ill health award is withdrawn, a deferred member's account must be established and will become payable under the terms of this arrangement.

### **Higher tier awards**

72. The regulations confirm that, if following the review process, a scheme manager determines that you are in receipt of a higher tier ill-health pension has become capable of undertaking regular employment, your entitlement to that pension must cease with immediate effect.
73. A lower tier ill-health pension must continue to be paid unless the scheme manager determines that you have become capable of performing the duties appropriate to the role from which you retired on grounds of ill-health; and the employer makes an offer of employment in that role. In this case, your entitlement to a lower tier ill-health pension must cease whether you accept or decline the offer of reemployment, and the process set out in points 68-71 is to be followed.

### **Deferred benefit awards**

74. The regulations confirm that, if following the review process, a scheme manager determines that a deferred member, whose deferred pension is being paid early, has become capable of undertaking regular employment, your entitlement to early payment of pension must cease with immediate effect.
75. Your deferred account must be reinstated immediately.