



West Midlands Police

Management of Permanent Disablement and/or ill Health Retirement for Police Officers: - Policy HR/01





Policy and Procedure Manual: HR/01

Management of Permanent Disablement and/or ill Health Retirement for Police Officers.

All members of the public and communities we serve, all police officers, special constables and police staff members shall receive equal and fair treatment regardless of, age, disability, gender, race, religion, belief, sexual orientation, marriage/civil partnership and pregnancy/maternity. If you consider this policy could be improved for any of these groups please raise with the author of the policy without delay.

Any enquiries in relation to this policy should be directed to Occupational Health, Police Headquarters.

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1. **GUIDING PRINCIPLES.**

- 1.1 West Midlands Police values all Police Officers, Police Staff and volunteers, and recognises the skills, knowledge and experience of officers and staff, and their contribution to the organisation.
- 1.2 As such, the Force acknowledges that police officers who become medically restricted and are unable to return to full duties are never-the-less able to make a valuable contribution, and therefore should not be retired on medical grounds unless it is necessary, and/or in accordance with appropriate medical advice.
- 1.3 The management and deployment of police officers with a permanent medical restriction must have regard to operational requirements, the resilience of the force overall across the organisation, and the cost effectiveness of deployments given the considerable financial restraints on the police service that are anticipated.
- 1.4 Flow charts setting out the key stages for each procedure are attached – ([see Appendix A and B](#)).

2. **DETERMINATION OF PERMANENT DISABLEMENT (PERMANENT RESTRICTION).**

2.1 The Role of Force Medical Adviser (FMA).

2.1.1 Following a medical assessment, the Force Medical Adviser (FMA) shall consider:

- (a) Whether the person concerned is disabled,
- (b) Whether the disablement is likely to be permanent

2.1.2 The Police Pensions Regulations (1987) provides that where the police authority (subject to agreed delegation to the Force) is considering whether an officer is permanently disabled, it shall refer the issue to the Selected Medical Practitioner (SMP) for a decision. The FMA should recommend a referral in any case where they consider that the officer **may** be permanently disabled, not just where the officer **is** considered to be permanently disabled.

▪ Definition of disablement.

Under Regulation A12 (2) disablement is defined as:

“inability, occasioned by infirmity of mind or body, to perform the ordinary duties of a member of the force...”

2.1.3 The Police Pensions Regulations (1987) - A12 (5), as amended by The Police Pensions (Amendment) (No.2) Regulations 2003, defines “infirmity of mind or body” as a disease, injury or medical condition, including mental disorder, injury or condition”.

▪ Definition of infirmity.

In order to make it clear that disablement, for the purpose of medical retirement, one must have a recognised medical cause or be a disability as a result of injury.

2.2 Ordinary Duties and Permanent Disablement.

2.2.1 Please refer to [Appendix C](#) for full meanings and definitions of ordinary duties and permanent disablement.

3. DEPLOYMENT OF POLICE OFFICERS WITH PERMANENT MEDICAL CONDITION.

3.1 [Deployment following Determination of Permanent Restriction.](#)

3.1.1 Before an officer with a permanent medical condition may be returned to duties, it will be necessary to consider the need for a risk assessment in respect of any posts they will be expected to hold. The key considerations are that the officer's further deployment should not:

- aggravate the officer's existing condition or 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 which would be inappropriate in view of the officer's medical condition or disablement.

A medical assessment (see section 2.1) will be completed against that of the 'Role Risk Category' to help identify the appropriate role to accommodate the officers' condition.

3.1.2 **ROLE RISK CATEGORY.**

The risk category for each role will be assessed using a risk assessment process:

Category	Definition
OPERATIONAL +	In addition to medical fitness, this role calls for the officer to pass regular physical fitness assessment (e.g. Firearms Officer)
OPERATIONAL	This role calls for medical fitness for all the 'ordinary duties' of a police officer [See paragraph 2.2]
OPERATIONAL SUPPORT	The role is likely to be non-confrontational
ORGANISATIONAL SUPPORT	This role is largely office based

3.2 [Deployment following referral under Regulation A20.](#)

3.2.1 The Force objective is to retain an officer wherever practicable. Therefore, where an officer has been assessed by the SMP, or on appeal by the medical referee and referred to as permanently disabled. The Chief Constable may consider retention of the officer in accordance with Regulation A20 of Police Pension Regulations 1987.

Where the decision is to retain the officer under A20, deployment principles as stated above shall apply.

3.3 [Management Review of Current Deployment.](#)

3.3.1 HR Managers should review and assess the resource allocation in accordance with the workforce plan on a regular basis.

3.3.2 Recognising the valuable skills, experience and contribution of all police officers, West Midlands Police propose that Local Policing Units should not ordinarily be expected to retain more than 3% of their total authorised police officer establishment with permanently restricted officers, in order to maximise operational resilience and effectively deliver frontline duties.

- 3.3.3 Fundamentally, the expectation is that deployment decisions should not have to be reviewed, but rather be subject to an annual medical review with Occupational Health. Where there is a significant change for the worse in the officer's condition or a significant change in the operational requirements of the force which invalidates the assumptions on which the officer was initially deployed or retained under Regulation A20. A review of deployment must be carried out as a duty of care to the individual and to ensure operational resilience of the force can be maintained.
- 3.3.4 A requirement for a deployment review will be based on whether the police officer is subject to the following set of circumstances:
- the officer is considered to be permanently restricted by FMA assessment in accordance with the definition.
 - the officer is considered to be permanently disabled by SMP assessment under Regulation H1.
 - the officer has been retained under Regulation A20.
 - the medical assessment / review has identified deterioration in their condition.
 - the officer has been absent from duty for 6 months or more during a period of last 12 months.
- 3.3.5 In such circumstances, the HR Manager should report the matter to the FMA who will conduct a full medical assessment and prepare an up to date report, to risk assess against 'Role Risk Category', or either for referral under Regulation H1, or for the police authority to review the decision under Regulation A20 in the light of the latest medical assessment. *That is unless the review arises where an officer is facing a possible hearing under the Police (Performance) Regulations 2008, in which case a report should be from a SMP.*
- 3.3.6 Where the officers' medical condition has significantly deteriorated or affected their ability to attend for duty where reasonable adjustments have already been made. In such circumstances, this may imply that ill health retirement becomes a consideration (dependant on relevant medical advice).

3.4 [Deployment Principles where no posts are Vacant.](#)

- 3.4.1 Where a suitable role has been identified against that of the 'Role Risk Category' yet no posts are vacant, the owning LPU should identify a suitable 'fully fit' officer currently occupying an operational support / organisational support role to return to operational duties.
- 3.4.2 Where the LPU is unable to accommodate this, the HR Manager will make a referral to corporate HR, to identify a suitable role within a corporate department. Where no post is vacant, Heads of Department will be required to identify a suitable 'fully fit' officer occupying an operational support / organisational support role to return to operational duties.

NB. Any development needs must be considered/evaluated before the officer is released to operational duties e.g. Personal Safety Training refresher.

3.5 [Recording Restriction to Duties on ORACLE HR.](#)

- 3.5.1 There are three clear definitions, which will be used to record the type of Restriction on Oracle HR. These are: -
- Fully Fit
 - Restricted
 - Managed return to full duties (MRFD)

The recording of Restriction should be in accordance with the medical advice based on the individual's medical condition that restricts them from performing 'ordinary duties', and **not** whether they are fit to perform the role that they are deployed to.

3.5.2 The following fields must be completed when entering the data for recording Restricted Duties in Oracle HR:

- Date From
- Date To
- Restriction Type
- Details (of the Restriction to 'Ordinary Duties' **NOT** the Medical Condition)
- Review Period
- Review Period Unit
- Status
- Projected End Date

3.5.3 When Occupational Health 'lift' a restriction, then the individuals HR record must be updated to reflect this:-

- Date To - this should be the date the restriction was lifted
- Status - Should be changed from "Current" to "Restriction Lifted"

4. MANAGEMENT OF ILL HEALTH RETIREMENT.

4.1 If retention is not practicable, the officer should be considered for medical retirement. The Police Pensions Regulations provide for the final decision on whether to grant ill-health retirement, rests with the Police Authority.

4.2 The Process.

A flow chart illustrating the process is set out at [Appendix B](#).

- a) **Request:** A written request for consideration for medical retirement can be submitted by one of the following:
 - Restricted Police Officer;
 - Force Medical Adviser;
 - HR Manager;
 - Police Federation (as a representative on behalf of the officer).
- b) **Review:** An initial review of the case file to be conducted by Occupational Health to determine whether further medical assessment is required by FMA before Case Conference
- c) **Case Conference:** Occupational Health to discuss/consider medical advice and case details. Decision whether to recommend referral under Regulation H1. Attendees should include officer, HR Manager and Federation Representative.
- d) **Referral:** Force Medical Adviser prepares report for Selected Medical Practitioner
- e) **Assessment:** SMP makes assessment regarding permanent disablement within the meaning of Regulation H1 and if applicable, the officers capability.
- f) **Report:** A copy of the report of the SMP will be received by the Force with a copy to the officer.
- g) **Appeal:** Officer will have a period of 28 days following receipt of the report as to the assessment of the SMP medical opinion on the H1 report.
- h) **Case Conference:** Head of HR to review the decision of the SMP, with recommendation to Director of Resources.

i) Case to be considered by Director of Resources for decision under Regulation A20.

5. APPEALS.

5.1 [Appeal to the Crown court.](#)

5.1.1 A refusal to refer a case to the SMP can be appealed to the Crown Court under Regulation H5, within 21 days of the original decision, which is the subject of the appeal. Where referral is refused, the police authority must give a written statement to the officer explaining their reason(s) together with an outline of the officer's avenue of appeal against the decision.

5.2 [Appeal by the officer under regulation H2.](#)

5.2.1 The officer will have a period of 28 days from personally receiving a copy of the SMP's H1 report, during which time they may give notice to the Force of an appeal against the SMP's medical opinion on the H1 questions, as stated in the conclusion of the report.

N.B. The officer has no right of appeal under H2 against the contents of the SMP's report, provided they agree with the SMP's conclusions on the H1 questions.

5.2.2 This 28 day time limit may be extended at the discretion of the Force. The circumstances in which such a course may be appropriate include the officer having been unable to act soon enough because of their medical condition. Normally, however, it is reasonable to expect the officer, or their representative, to lodge an appeal within the period given that they are not obliged at this stage to make a formal statement of the grounds for appeal.

N.B. (Except in the case of solicitors acting on behalf of an officer, the representative should be able to produce proof that they are acting with the officer's authorisation.)

5.2.3 Where an officer has lodged an appeal, the Force should acknowledge receipt of this to the officer and declare the requirement for a written statement to be provided of the grounds for the appeal within 28 days following the date of the appeal being lodged. The statement of the grounds of appeal need not be an explanation of the case the officer will be making in the appeal. The statement is simply to confirm which of the questions/answers to the report submitted by the SMP (under regulation H1 (2) (a) and (b)), the officer is dissatisfied with and the immediate reasons why.

5.2.4 Again, the 28-day limit may be extended at the discretion of the Force. Factors which may be taken into account in exercising such discretion are whether there are good reasons why a statement could not be made earlier and the authority's assessment of whether a reasonable extension of time will enable a statement to be produced.

5.2.5 If grounds of appeal are not provided within the period or extra period permitted, the Force need not refer the appeal to the Secretary of State for the appointment of a referee.

6. LEGAL.

6.1 The current guidance relating to permanent disablement /medical retirement for police officers is contained within Home Office Circular [021/2003](#) implemented on 1st April 2003

6.2 The Force has a clear statutory duty to make reasonable adjustments to the duties (including working environment) of officers who are restricted or disabled within the meaning of the Equalities Act 2010, that enable them to perform the policing duties to which they are or may be assigned.

6.3 Where applicable, consideration is made to: Police Pension Regulations 1987 (Part A and H); Police Regulations 2003; Police (injury benefit) Regulation 1987; and Health and Safety at Work Act 1974.

7. REVIEW and DIVERSITY.

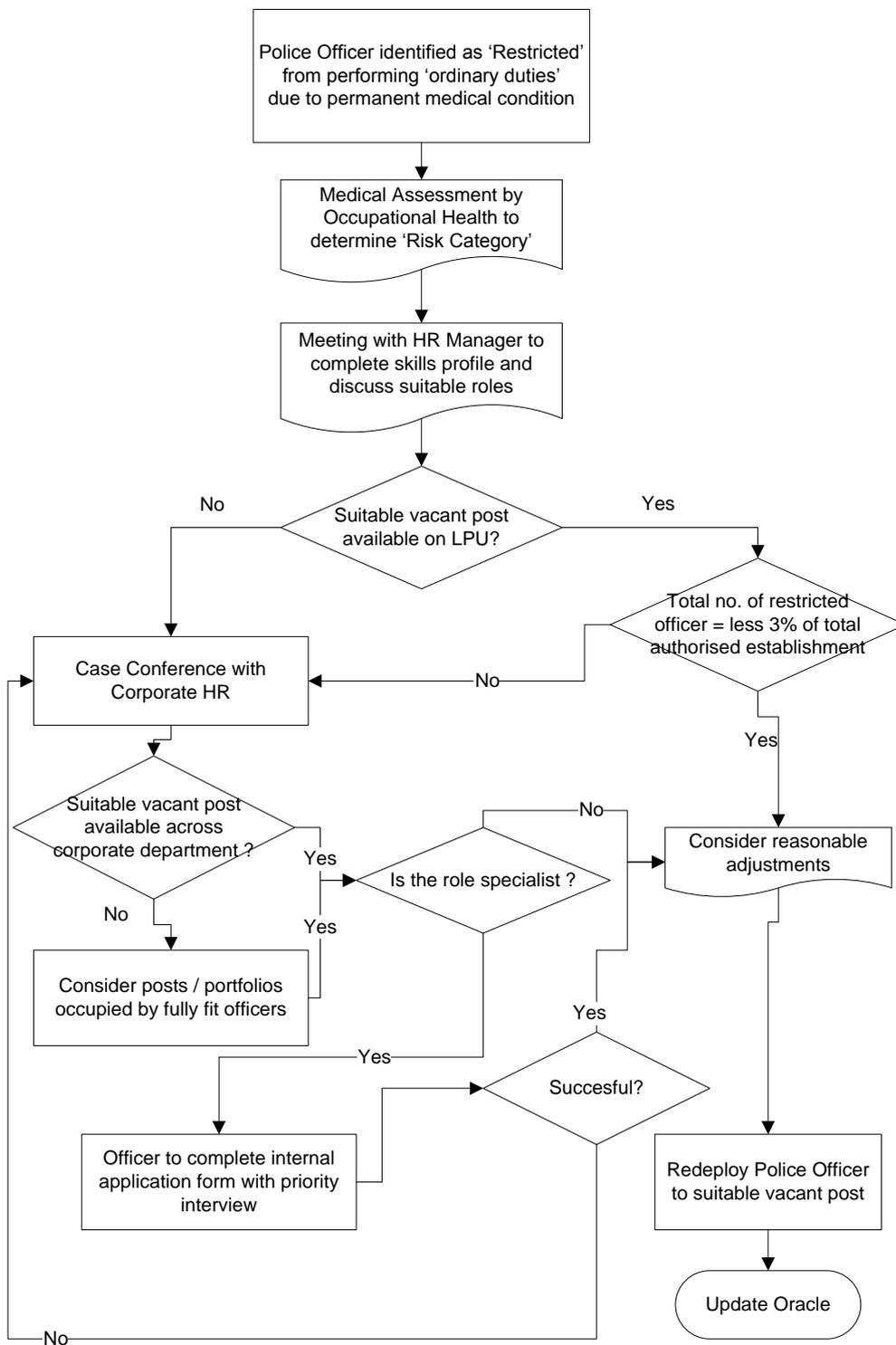
- 7.1 Corporate HR will maintain a record of data supplied by Occupational Health Unit relating to the medical assessments of all police officers who are medically restricted. This will be available to support that a fair and proportionate review has taken place with all officers, against all LPUs/departments against that of the characteristics of diversity.
- 7.2 This Policy will be subject to an annual review by Corporate HR following the date of publication, but where required will be amended at the earliest opportunity (with full version control) to reflect any Force, Home Office or legislative / guidance changes.



CHIEF CONSTABLE

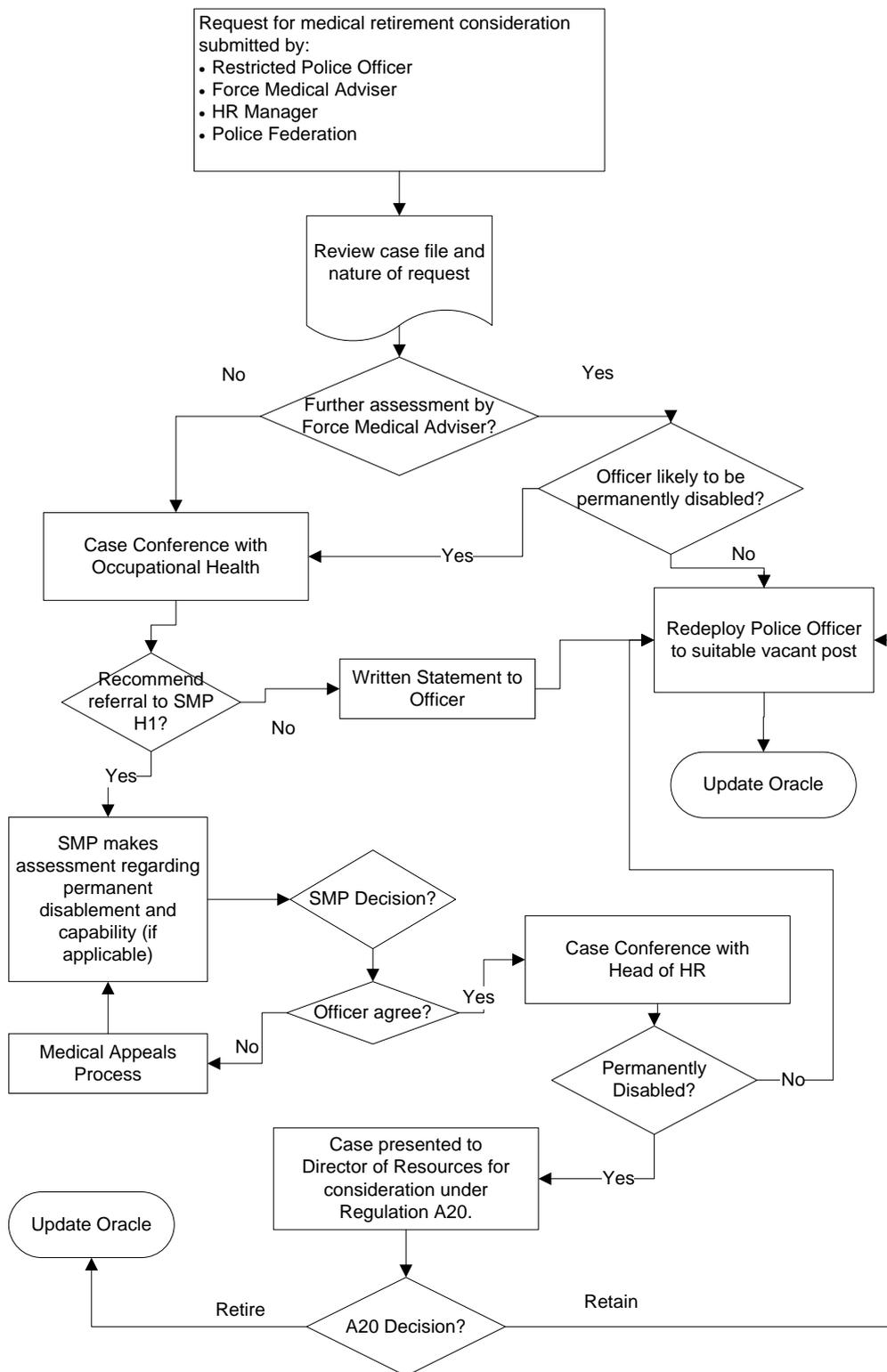


DEPLOYMENT OF POLICE OFFICERS WITH PERMANENT DISABLEMENT





MANAGEMENT OF ILL HEALTH RETIREMENT





Definition of ORDINARY DUTIES and PERMANENT DISABLEMENT.

1. Ordinary Duties.

1.1 Disablement means inability, occasioned by infirmity of mind or body as the case may be, to perform **all** the ordinary duties of a member of the Force. "Infirmity" means a disease, injury or medical condition, and includes a mental disorder, injury or condition.

1.2 The following are the ordinary duties of a member of the force for the purpose of assessing permanent disablement under regulation H1 and form the core tasks of the duties:

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

1.3 *Taking each of the above duties in turn, inability due to infirmity, as defined by the Police Pensions regulations, in respect of **any** of the following key capabilities renders an officer disabled for the ordinary duties:*

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

N.B.

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

2. Permanent Disablement.

2.1 Permanent" is not defined in the regulations since the word arguably speaks for itself, meaning for the rest of one's life. If, in a case where the officer is still in the early stages of his/her career, such a long-term view is difficult; the test should be that the officer is likely to remain disabled for the ordinary duties of a member of the force until at least the normal compulsory retirement age for their rank. *(as defined in Section A18 of the Police Pension Regulation 1987 – age/rank compulsory retirement).*

2.2 For purposes of permanent, it shall be assumed that the person receives normal appropriate medical treatment for his/her disablement. (N.B. If the person is refusing such treatment, it will be for the Force to decide whether or not such a refusal is reasonable).



Version	Date	Reason for Change	Amended/Agreed by.
1.0	17/12/2010	New policy.	New Force policy approved by CC Sims
1.1	23/04/2012	Policy amended as follows with included: > policy reference, > signature of CC Sims. N.B. policy is currently subject to a full review by John Woolley – Occ Health Manager who should be contacted should further clarification be required as to the information held.	Martin Keating – Force Policy Coordinator
1.2	01/04/2014	Stage 2 transfer requires appeals to be heard by the Force	