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**GUIDANCE ON MEDICAL APPEALS
UNDER THE POLICE PENSIONS REGULATIONS 1987 AND THE POLICE
(INJURY BENEFIT) REGULATIONS 2006**

INTRODUCTION

The decisions taken by medical practitioners for the purpose of determining pension entitlements in cases of disablement are of key importance to police officers and their managers alike. Authoritative and accurate assessments by medical practitioners are essential if the police service is to make the right decision as to retirement, or the level of pension awarded, and if officers are to have full confidence that their case has been carefully and fairly considered.

In order to ensure as far as possible that the medical practitioner's decisions are soundly based, the Police Pensions Regulations and the Injury Benefit Regulations provide the police officer with a right of appeal. Since 10 November 2003 such appeals have been heard by the Police Medical Appeal Board (previously they were heard by a single medical referee). This change was made in accordance with the Agreement which the Police Negotiating Board reached in May 2002, which included the following resolution:

“A fair and transparent system of medical retirement needs to be underpinned by a robust appeals system. The Police Pensions Regulations will therefore be amended so that medical referees appointed by the Home Office are replaced by boards drawn from panels of medical practitioners...”

This guidance has been compiled by the Home Office in order to assist board members in this important task.

Due to the tax requirements of the Finance Act 2004 (which came into force on 6 April 2006), the provisions for injury awards within the Police Pensions Regulations 1987 had to be removed and put in a separate set of regulations of their own. As this meant that there would now be another set of regulations to do with injury received in the execution of duty, the opportunity was taken to consolidate these regulations with the Police (Injury Benefit) Regulations of 1987, which dealt with officers who had either died or been totally and permanently disabled as a result of an injury received in the execution of duty. The new regulations are the Police (Injury Benefit) Regulations 2006 (SI 2006/932).

In some cases it is correct to refer to both the regulation in the Police Pension Regulations 1987 (pension regulations) and the Police (Injury Benefit) Regulations 2006 (injury benefit regulations). As a rule of thumb, the references to the pension regulations consist of a capital letter followed by a number, whereas the references to the injury benefit regulations are just a number. Where both sets of regulations are referred to, the pension regulations are referred to first.

It should also be noted that as of 6 April 2006 a new police pension scheme has been in existence (the relevant regulations are the Police Pensions Regulations 2006, SI 2006 No.3415). The main difference between the 1987 and 2006 schemes is the two-tier ill-health retirement provision. We will be issuing separate guidance on this specific issue in due course. Apart from this, the guidance given here will still stand as relevant.

Before using this guidance a word needs to be said about its status. The Home Office has no authority to place a binding interpretation on a point of law. It follows therefore that this guidance has no specific legal authority in itself, although it will often set out procedures which have been widely followed in the police service for a number of years. Where

applicable it also refers to issues considered by the courts including the Court of Appeal. It is important that board members are properly aware of this case law. In addition the guidance refers where appropriate to what the Joint Official Side - Staff Side Guidance agreed by the Police Negotiating Board has to say about specific issues of interpretation or procedure. A copy of the PNB Guidance, as issued in its complete form in December 2003 under the terms of the May 2002 Agreement, is at Appendix 2 to this guidance.

We hope that this guidance will prove useful not only to board members but also to force medical advisers and the medical practitioners selected by police authorities in providing a firm medical basis for pensions and management decisions. We also hope that the quality and consistency of board decisions will help to support and strengthen the role that medical advisers have to play in the police service for the benefit of the service and officers alike.

Where the guidance refers only to the selected medical practitioner (SMP) it will often be applicable also to the board and should not be taken as implying any additional weight, in the context of the appeal, to the SMP's decision.

Police Pensions and Retirement Policy Section
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