**Certificate on ill health retirement of active members**

**Part A: Introductory information**

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| **Employer:** |
| Member’s details |
| Name: |  |
| National insurance number: |  |
| **Details of employment / office** |
| Job title / name of office: |  |
| Nature of job / office (fully describe the requirements (including working hours / weeks) of the job / office). Also, where available, provide a copy of the job description. |  |
| **Initial checks** |
| **Employer**If all the below statements are correct (please indicate by ticking next to each statement), give the certificate and all relevant information to your choice of IRMP. The ill health guidance places a duty on employers to obtain all relevant medical information from the member and commission further reports as necessary. |
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| **Statement** | Tick |
| The employment / office will cease before the member’s normal pension age. |  |
| I am satisfied that the member meets the Scheme’s vesting period (or will do so before leaving employment / office). **Vesting period is generally two years membership**. |  |
| I have obtained the administering authority’s approval to the employer’s choice of IRMP. If you have not obtained approval, you will need to contact the administering authority, who will explain the process for obtaining approval. If the employer is the administering authority, you do not need to obtain this approval. |  |

**Part B: IRMP’s opinion**

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| **Independent registered medical practitioner (IRMP)**Answer questions 1 and, where applicable, 2 and 3 (see Part I for more information).You must have regard to the ill health guidance. The guidance says that you must review all available evidence, including any reports that are due to be provided to the member by their consultant / specialist. |
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| **Question** | **Answer** |
| 1. Is the member, in your opinion, permanently incapable of discharging efficiently the duties of the employment / office as a result of ill-health or infirmity of mind or body?
 | Yes / No |
| 1. If ‘yes’ to question 1, is the member, in your opinion, unlikely to be capable of undertaking gainful employment before normal pension age?**Yes = Tier one benefits****No = Tier two benefits**
 | Yes / No |
| 1. If ‘yes’ to questions 1 and 2, is the member suffering from ill health which makes the member unlikely to be able (otherwise than to an insignificant extent) to undertake gainful work (in any capacity) before reaching their State Pension age?
 | Yes / No |
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| **Part C: Medical evidence considered by the IRMP** |
| **Independent registered medical practitioner (IRMP)**List all medical evidence you considered when answering the questions in Part B. |

## Part D: Checklist for IRMP

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| **Independent registered medical practitioner (I R M P)**Confirm that all the below statements are correct by ticking next to each one. |
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| **Statements** | **Tick** |
| I am satisfied that all available evidence has been obtained (including whether further reports needed to be commissioned and whether the member was given the opportunity to provide more). |  |
| I have applied the right test i.e. ‘on the balance of probabilities’. |  |
| I have fully considered and written about the probable effect of untried treatments (see section 7.4 of the ill health guidance). |  |
| I have provided the employer a detailed narrative report so the employer can understand my reasoning. |  |
| Part E: IRMP Certifications |
| **Independent registered medical practitioner (IRMP)**Complete Part E and give the certificate and any supporting documents to the employer (ensuring you comply with data protection laws). |

I certify that:

* I have not previously advised, or given an opinion on, or otherwise been involved in this case
* I have not previously assessed the member for a different condition
* I am registered with the General Medical Council
* I hold a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA state (with ‘competent authority’ having the meaning given by section 55(1) of the Medical Act 1983), or I am an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or of an equivalent institution of an E E A state
* I am a fully registered person within the meaning of the Medical Act 1983 and hold a licence to practise under that Act
* I have had regard to the ill health guidance when dealing with the case

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| Signed and dated |  |  |
| Print name |  |

## Part F: Employer decisions

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| **Employer**Answer question 1 and, where applicable, questions 2 and 3 (see Part I for more information).You must have regard to the ill health guidance. The guidance says that you should consider all relevant facts and review and weigh the available evidence as well as the IRMP’s opinion.When answering question 3 below (if applicable), you can make the decision based on previous occupational health advice or by seeking new occupational health advice (for more information, see section 8 of the ill health guidance). |
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| **Question**  | **Answer** |
| 1. Is the member permanently incapable of discharging efficiently the duties of the employment / office as a result of ill-health or infirmity of mind or body?
 | Yes / No |
| 1. If ‘yes’ to question 1, is the member unlikely to be capable of undertaking gainful employment before normal pension age?
 | Yes / No |
| 1. If ‘yes’ to questions 1 and 2, was the member working reduced contractual hours as a consequence of ill-health or infirmity of mind or body?
 | Yes / No |
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| Part G: Medical evidence considered by the employer |
| **Employer**List all medical evidence you considered when answering the questions in Part F. |
| Part H: Checklist for employer |
| **Employer**Confirm that all statements are correct by ticking next to each one.You will then need to notify the member as soon as is reasonably practicable of your decision in writing with your reasons (including information on the member’s right to appeal). You will also need to inform the administering authority of your decision (do not send any medical evidence to the administering authority). |
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| **Statements** | **Tick** |
| I had regard to the ill health guidance when dealing with the case. |  |
| The IRMP provided a detailed narrative report. |  |

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| The IRMP fully completed Parts B, C, D and E. |  |
| I ensured that all available evidence was obtained, (including commissioning further reports) and the member was given the opportunity to provide more. |  |
| The I R M P has applied the right test i.e. ‘on the balance of probabilities’. |  |
| I reviewed all the medical evidence and based my decision on this, not just the I R M P’s opinion. |  |
| Where I had doubts about the medical evidence, I sought a further report / clarification. |  |
| The I R M P fully considered and wrote about the probable effect of untried treatments. |  |
| I will clearly explain my decision to the member and include information about the next steps in the process (such as the right of appeal). |  |
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| Signed and dated |  |  |
| Print name |  |
| Email / phone number |  |
| Date |  |