

Occupational Health assessment of new police officer applicants

**Annex C:
Appointment panel procedure**



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Overview

The purpose of the Force Appointment Panel is to provide a decision about the appointment of a police officer applicant. This procedure applies to applicants for whom a decision about being appointed requires a consideration of the possible provision of workplace adjustments. The panel ensures that all appointment decisions in these circumstances are force-based for which a senior officer is accountable.

Benefits

- Provides for clear and transparent decision making. The applicant's representations are taken into account and the decision made is communicated to the applicant with a full rationale. Applicants will have a right of appeal to a Chief Officer. This will ensure that the applicant, their families and/or community are left with a positive experience of the recruitment process and will help build trust and confidence in the decision-making procedure.
- Ensures any risk of unlawful discrimination is minimised and fulfils the force's duty to consider reasonable adjustments. The final decision is primarily organisational, informed by a clinical process. Workplace adjustments will be considered using appropriate expertise to consider what is possible and reasonable before coming to a final decision.
- Gives a greater opportunity for the applicant to succeed in post and encourages diversity of appointment. HR involvement ensures that support for any workplace adjustment or consideration is communicated to the applicant's trainers / line managers and is not lost as the person moves around the organisation.
- Provides the Chief Constable with assurance that appointment decisions are being made transparently and fairly and comply with legal duties. The procedure provides a clear audit trail to assist with appeals.
- Reduces litigation risk and the costs on managing the Regulation 13 Discharge of a Probationer process.

Organisational issues

- Creation and maintenance of an appropriately constituted panel
- Timely meetings of the panel, with suitable administration
- Management of deferrals and appeals against non-appointment
- Ensuring compliance with GDPR requirements and consent issues



The Force Appointment Panel

Force Appointment Panel context and terms of reference

The Force Appointment Panel should consider the occupational health (OH) report and the impact on the role of a front line police officer and the training required in the role.

The risk areas for consideration are:

- Assessment against the functional requirements of the scenario-based personal safety training curriculum
- Assessment of the risk of sudden incapacitation / fitness for “blue light driving”
- Assessment of the likelihood of providing regular and efficient service

The appointment decision must consider the duty of care to the applicant. This involves assessing the risk of an injury or sickness related to the medical history / information provided by the applicant to the occupational health unit (OHU). The panel should consider reasonable adjustments to help mitigate the risk. The overarching responsibility of the panel is to manage organisational risk weighing the varied, and sometimes conflicting, issues relating to individual appointments. The panel should obtain suitable and sufficient evidence to enable it to come to a decision. Usually this will be based on clinical and organisational expertise. The panel should accept supporting information from applicants (see Benefits), where appropriate.

Terms of reference

1. Use of the Force Appointment Panel procedure for the appointment of police officers referred by the OHU is considered to represent best practice
2. The panel composition must have appropriate expertise (occupational health, HR and Equality and Diversity) and representation from recruitment, training, and operations
3. The panel must be chaired by a senior Force officer
4. The panel should meet at frequencies to be determined by the force and should be often enough to avoid undue delays in the recruitment process
5. The purpose of the panel is the careful consideration of clinical and operational risks leading to a decision about the suitability of a police officer applicant for appointment to the Force
6. To consider a vetting (or Professional Standards Department (PSD) in the case of a transfer into the Force or a re-joining officer) referral where there are concerns about an applicant’s integrity
7. Decisions made by the panel may be subject to appeal. This will be heard by a Chief Officer and will follow a separate process, to be determined by individual Forces.



Composition

The panel should have suitable representation.

Membership could include:

- Superintendent/Senior Manager
- Recruitment & Attraction Manager
- Force Recruitment / Workforce Development Lead
- Senior OH Advisor (Nurse) / FMA (doctor)
- Reasonable Adjustments Co-ordinator
- Operational Learning Trainer
- HR Consultant

Panel procedure

1. Force recruitment receive notification from the OHU that an appointment must consider workplace adjustments
2. Discussion of the evidence pertaining to the applicant is listed for consideration of the OH report and recommendations at the next available meeting of the panel
3. Applicant informed of OHU advice to the Force and that the case is being referred to the panel
4. OHU obtains candidate authorisation for an OH report to be released to panel for review prior to discussion (Appendix 1)
5. Panel members review the OH report and recommendations to assess the risk, impact, and benefits for the individual and the Force in the recruitment decision
6. Decision making to consider the NPCC / College of Policing guidance Occupational Health assessment of new police officer applicants – a clinical framework
7. The panel will ascertain whether reasonable adjustments can be made to support the applicant, in line with operational requirements

8. The panel will discuss and consider any negative impacts arising from training / future deployment and any limitations the condition may place on the individual
9. The appointment decision to be made by the chair in consultation with members of the panel
10. The outcome will be communicated to the applicant by the recruitment team with an accompanying rationale

If a decision is made to appoint an applicant requiring workplace adjustments, an HR consultant, or appropriate equivalent, will support the officer ensuring that tutors and line managers are aware of the support required as part of their training.

Record and notification of the decision (Appendix 2)

The decision is recorded as a template that is then kept on the person's recruitment record. This will be available to Chief Officers in the event of an appeal. In the event of a rejection, the recruitment team will contact the applicant directly and suggest alternative roles that maybe more appropriate, if appropriate.

Right to appeal

Applicants may appeal a decision to defer or not to appoint. This will be undertaken by a Chief Officer.

Applicants have the opportunity to submit a statement to the panel prior to the decision and to make available any medical evidence or supporting information that might not have been considered at the initial occupational health assessment. (It is recommended that this is submitted to the OHU, in the first instance,



to inform any subsequent report to the Chief Officer. The panel will ask the case to be re-reviewed by the Force Medical Adviser or Occupational Health Adviser. If the original decision is unchanged, and the applicant wishes to appeal, the case is referred to a nominated Chief Officer for review.)

A failure to disclose medical information

Where an applicant does not disclose their full medical history, the guidance contained in 'clinical guidance for the management of non-disclosure of clinical information at pre-placement assessment' should be followed. (See Good Practice Hub on the Oscar Kilo website)

There are two main issues:

Does the information affect the OH decision about the applicant being able to carry out their role of a front line officer role safely and effectively against the criteria of the three risk areas?

Does the omission appear to be an integrity matter? Reference to vetting and/or Professional Standards should be considered in such circumstances.

Communication with the candidate

The candidate should be informed that their application has been referred to the panel. They should be told the name of the chair of the panel and be given a contact for the exchange of information. They should be informed of the outcome of the occupational health assessment or any external report that has been requested and be provided with the opportunity to make a written submission that will be considered by the panel.

Case studies

Exemplar case studies have been provided to demonstrate how the Force Appointment Panel might operate. Please see appendix 3.

Appendix 1: Consent form

Surname:	Forename(s):
Role Applied For: Police Officer (new recruit), Special Constable, Direct entry, Re-join officer.	
Force (where relevant):	

Declaration:

Please read carefully, tick the appropriate box, and then sign the form to provide consent or decline consent.

I, the above-named candidate, understand that my application is being referred to the Force Appointment Panel for a final decision. The purpose of this has been explained to me by the Force Medical Adviser (FMA) / Occupational Health Adviser (OHA). I have been given a copy of the Appointments Panel Leaflet*.

I understand that the FMA or the OHA will require my consent to provide an occupational health report and supporting medical evidence to the Force Appointment Panel.

I give my consent for an occupational health report to be supplied in confidence to the Force Appointment Panel. I understand that the report will only include limited, relevant information about my medical conditions and how it may impact on my role and what adjustments may be required.

I do not consent for a report to be sent to the Force Appointments Panel and understand that the panel will have to decide about my appointment using only the information available and their assessment of my suitability, without medical advice.

Applicants signature:	
Print name:	
Date:	

(*Forces to produce their own leaflet.)



Appendix 2: OHU report for the Force Appointments Panel

Candidate name:	Date of birth:
Role Applied For: Police Officer (new recruit), Special Constable, Direct entry, Re-join officer. (Delete as applicable)	

The information contained within this report is gathered, confidentially stored, and retained in accordance with the lawful processing of information in accordance with the GDPR (General Data Protection Regulation) 2018. Consent has only been given to release this report to the members of the Appointment Panel for their review and subsequent decision-making related discussion. This report should NOT be shared with any other manager outside of the decision-making process without the explicit consent of the applicant named within this report.

Force Appointment Panel report

Occupational Health report following pre-placement medical assessment/consultation.

Does all medical information received correspond with information supplied on medical health questionnaire (MHQ) by candidates? If no, provide context.	Yes	No
Health concern and / or disability		
Supporting medical opinion available and source - MHQ, GP report, treating specialist report		
Prognosis (curative or progressive)		
Current medical treatment / side effects / timelines to resolution of the condition (if appropriate)		
Is the Equality Act 2010 likely to apply?	Yes	No
Potential impact of the role: including risks to the individual and risks to the organisation, and recommended workplace adjustments		
OH opinion on suitability for appointment		

OH clinician's name:	
Job title:	

Report to be sent to the Recruitment and Attraction Manager with onward distribution, to the members of the Panel, prior to the meeting of the Force Appointments Panel.

Force Appointment Panel decision

To be completed by the Recruitment and Attraction Manager following the panel and returned to Occupational Health.

The applicant is: (Delete as appropriate)
<ul style="list-style-type: none">• Fit for role as a front line officer.• Fit for role as a front line officer subject to defined adjustments.• Likely to be unfit for role as a front line police officer.• Decision pending receipt of further information – Deferred.
Notes:
Rationale:
If deferred proposed recall date by FAP:
Outcome completed by:
Date:



Appendix 3: Case studies

Position: Police officer

Applicant 1 had a diagnosis of anxiety and depression with a history of self-harming behaviour, which was diagnosed about 10 years ago. He saw a consultant psychiatrist regularly until about 4 years ago. He reported being stable from a mental health point of view for the last 5 years.

Applicant 1 also suffered from POTS- Postural tachycardia syndrome. He described increases in heart rate very quickly after getting up from sitting or lying down. Triggers included excessive heat, prolonged standing, and postural changes. However, lifestyle changes can lead to improvements, which had been the case with this applicant. At the time of application, he had not had a fainting episode in over a year,

Outcome: The panel considered the OH report and the potential for workplace adjustments, such as avoidance of prolonged standing and abrupt changes in posture. However, this was considered to be impractical for a front line police officer. Options were to defer the application pending further improvements in the POTS symptoms or signposting to other policing roles such as call taking. The mental health history was not a contraindication to an appointment.

Position: Detention officer

Applicant 2 had symptoms and clinical evidence of degenerative changes of both knees

(Osteoarthritis). He had already had surgery to improve symptoms: a right tibial osteotomy following which his right knee had improved considerably. He was waiting to have a similar procedure on the left knee.

Applicant 2 was already working in a similar role without need for workplace adjustments. He was cycling without restrictions and was attending the gym 3-4 times a week.

Outcome: The panel considered the OH report that recommended a deferment for up to 6 months as the proposed surgery was imminent. Contingent on the outcome of the second surgery, plans were begun to allow him to start work with reasonable adjustments as he built up his functional capabilities. The expectation was that he would achieve full functional capabilities to allow him to function as a Detention Officer within 16 weeks of surgery.

Position: Control room staff

Applicant 3 had a history of chronic back pain linked to nerve damage in his lower spine. He was taking prescribed medical marijuana at night or after work when on shifts to control the pain. This was working well. On this medication, there was no limitation to prolonged sitting not ability to access work.

He also had a neurodiverse condition. Careful OH assessment revealed that there would be no impact on the functional requirements of the role in the control room and there were no problems in communication, using the computer software or being able to work in a control room environment. He had been diagnosed with a chronic mood disorder which has been stable over the long-term without concerns. It did not appear to be related to the neurodiverse condition.

Outcome: The panel concluded that the applicant was functionally capable of performing the duties of a control room operator without the need for workplace adjustments. However, because of the reliance on medically prescribed marijuana the opinion of the vetting department was sought before making an appointment. In light of the history of the neurodiverse condition, a proactive referral was made to the reasonable adjustment team to assess whether any support would be required.

