

National Guidance on the referral to the SMP for the assessment of permanent medical unfitness of police officers

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Executive summary

Referral to a selected medical practitioner (SMP) is part of a regulatory process relating to the ill health retirement of police officers. However, it is also a wellbeing issue. This guidance presents an opportunity to improving the experience of police officers who are injured or unwell and have reached a point where they must confront the prospect of leaving the police. Feedback tells us that this can be a lonely experience and one that takes far too long. An efficient and effective process that is transparent, consistent, and communicated well should improve the experience of individual officers as well as benefiting forces. The regulatory framework and relevant case law surrounding the referral requires specific expertise in both in occupational health and in Human Resources to ensure that the process is applied correctly.

Section 6 of the Police Pensions Regulations 2015 is concerned with the payment of retirement pensions on grounds of permanent medical unfitness. The SMP must decide whether the member of the pension scheme is permanently medical unfit to perform the ordinary duties of a member of the police force and whether s/he is unable to engage in regular employment other than as a member of a police force. It is important to recognise that the decision about ill health retirement rests with a police force – also known as the Police Pension Authority (PPA). This guidance is concerned only with referral to the SMP although it sets out the pathway to a decision about whether an officer will be retained or be medically retired.

This guidance refers to police officers only because of the specific regulatory framework that must be adhered to. Police staff have different local government pension schemes.

Better communication and improved support of officers undergoing the process are cross-cutting themes and should start well before entry into considerations of medical retirement. As far as possible, forces should aim to reduce any stigma associated with this process and to minimise the likelihood of it becoming adversarial. Consequently, this process should be part of an overarching support framework that includes the use of recuperative and adjusted duties. Proactive discussions in this regard at the start of the process are recommended. This should include the possibility that an officer might be retained despite being deemed permanently medically unfit. For officers that leave a force via ill health retirement, the Police Covenant is quite clear that there is a responsibility to ensure a supported transition into civilian life.

Introduction

The national health and wellbeing strategy has five delivery areas: join well, train well, work well, live well, and leave well. This life cycle approach aims to promote good health and fitness for working in the police and aligns to the objectives of the Police Covenant that members of the police workforce should not be disadvantaged by their service. Notwithstanding the commitment of police forces to the wellbeing of their people, the occurrence of injury or ill health may ultimately lead to police officers or police staff being unable to perform all the duties required of their roles. If medical advice is that this is unlikely to change the need to consider ill health retirement arises. Most police officers, although not all, will be members of an occupational pension scheme. There are separate pension schemes for police officers and police staff. This national guidance relates to the pension arrangements for police officers. The Police Pension Regulations 2015 are now the active Regulations that apply. (Historically, earlier Regulations were relevant – Police Pensions Regulations 1987 and Police Pension Regulations 2006. **Note:** They may be still relevant for some officers. This guidance does not include application of the McCloud remedy for police pensions.)

There are many anecdotal reports of police officers being disadvantaged because of inconsistencies in how the process is applied across the country, undue delays in reaching an outcome, lack of understanding of the process and feelings of isolation and lack of support. Based on feedback from police officers and police staff, Police Care UK published an *Ill health retirement and Injury On Duty Commitment*¹. It comprised four principles:

1. Educate and acknowledge
2. Communicate
3. Manage the process
4. Support afterwards

This guidance presents an opportunity to operationalise the above commitment with a view to improving the experience of police officers and producing an efficient and effective process that delivers transparent decisions about permanent medical unfitness. The regulatory framework and case law surrounding the process means that specific expertise is required both in occupational health and in Human Resources to ensure that the process is applied correctly. Getting it right first time will be mutually beneficial for the welfare of the Officer and to avoid appeals. Where possible simplifying the process, and the language used will make it more understandable for all, more efficient and will facilitate better support. It is important to destigmatise the process and to make it nonconfrontational.

As with any pension scheme, there are medical criteria that must be satisfied to be eligible for the release of pension benefits. The responsibility for deciding whether the medical criteria have been met rests with an independent medical practitioner called the Selected Medical Practitioner (SMP). Unusually, case law has assigned a judicial role to the SMP. This means that the decision of the SMP is binding, albeit it may be subject to an appeal. The process for reconsideration of a decision or an appeal to a Police Medical Appeals Board (PMAB) is not in scope for this guidance. Considerations relating to the decision about retaining an officer or medical retirement are also out of scope.

¹ 'Ill health retirement and injury on duty commitment' (Police Care UK, Surrey, 2022)
<https://policecare.org.uk/wp-content/uploads/2022/09/Police-Care-UK-Ill-Health-Retirement-Commitment-1.pdf>

Support during and after the process is an important component of the guidance. There is a shared responsibility for all the key players – Human Resources, occupational health, the Police Federation, managers, and supervisors – to ensure that there is effective communication and updates about progress. An aspect of medical retirement that may be overlooked is support at the end of the process. The Police Covenant is concerned with both serving and former members of the police workforce. An exit support package should contain information about pension benefits which can be accessed after leaving the police: early release of deferred pension benefits, review of lower tier benefits etc. Feedback from officers via a bespoke exit interview should be considered as part of the quality assurance process.

Background

This guidance is based on joint guidance for police forces agreed by the Police Negotiating Board in 2010. This was a response to the (then) New Pension Scheme 2006. PNB Circular 10/4 (amended) did not require any amendment of police regulations or specific authorisation by the Home Office. It should be noted that the Police Pensions Regulations referred to in the guidance (1987 and 2006) are not active for most officers. A flow chart (appendix A in the guidance) described the pathway leading to a decision about referral to the SMP and actions to be followed contingent on the decision by the SMP as to the finding of permanent disability. (Note that the 2015 Police Pensions Regulations refer to permanent medical unfitness.) Reference should be made to PNB Circular 10/4 (amended) for a full understanding of the role of the SMP. An underlying theme of the 2010 guidance is that the police service should not lose the skills and experience of officers who are still able to make a valuable contribution and that officers should not retire on medical grounds unless it is necessary. It was also noted that there is a need for consistency and fairness in the process. These principles remain relevant.

A working group, later to be called the Police Medical Retirement Working Group, was convened under the auspices of the NPCC Clinical Governance Group. The objective was to improve the service-wide management of the police ill health retirement process (for police officers) and, through its consistent application, to improve the experience of those undergoing the process. The intention was to produce a good practice framework for forces to use locally.

Membership of the working group included representation from the police CIPD Forum, Human Resources, NPCC pensions, occupational health (including an SMP), Police Federation for England and Wales (PFEW), Blue Light Commercial, and a legal expert in this area. (See Acknowledgements)

National process for referring for assessment of permanent medical unfitness.

Forces will have local policies and procedures for managing police officers who sustain an injury, or become ill, and who are unable to perform some or all their duties. The Limited Duties Guidance from 2015 addresses the use of recuperative duties to aid rehabilitation and on the use of adjusted duties to accommodate officers who have a long-term impairment such that they are unable to perform all front-line duties but can perform satisfactorily in specific role, possibly assisted by workplace adjustments. However, if these accommodations are not possible or do not meet organisational needs, an application for medical retirement may become necessary. See also section 2 and the right of an officer to request a referral for an assessment by an SMP.

1. Entering the process

The assessment process is predicated on compiling suitable and sufficient information that will be presented to the SMP to enable an answer to the primary questions, set out in Regulations. The Police Pension Scheme 2015 is a two tiered scheme; the SMP will be asked to assess the statutory questions as to whether the officer is unable to perform the ordinary duties of a member of the police force and whether they are unable to undertake regular employment, that the inability is occasioned by infirmity of mind or body and is likely to continue until the day on which:

- The member reaches normal pension age under this scheme, or
- The member dies (if the SMP considers the member is likely to die before reaching normal pension age under this scheme).

It is implicit that the officer will have an injury that has not recovered or will have a chronic health condition. As such, it is highly likely that the officer will have been referred to occupational health and that a medical examination may have been carried out by the Force Medical Advisor (FMA). However, this is not always the case. A request for consideration of permanent medical unfitness may be initiated by an officer or by the force, usually by the officer's manager, or by People Services. In some forces a Police Federation representative may submit an application on behalf of an officer. In any case, a referral to occupational health is the starting point. The FMA (in some forces an occupational health nurse advisor fulfils this role) will be asked about the appropriateness of beginning an application based on knowledge of the officer's medical history and of the assessment benchmarks used by SMPs when determining permanent medical unfitness. It should be noted that long term disability does not necessarily equate to permanent unfitness. It may be necessary for the FMA to request further medical information from a GP or treating specialist. If the officer is awaiting treatment, or further treatment is advised before applying to retire, a delay in application may be advised by the FMA (or occupational health nurse advisor).

2. Process continuation

If the FMA (or occupational health nurse advisor) supports a referral to the SMP and the Police Pension Authority (PPA) decides to proceed with the application, the officer and the occupational health department will be informed. It should be noted that a refusal to refer to the SMP is appealable in the Crown Court – the basis for refusal is if the request is thought to be vexatious or frivolous. If it is the view of the FMA that, on the balance of probabilities, the officer might be considered to be permanently medical unfit, this will usually mean that the request is not frivolous or vexatious. However, other complicating factors may have to be considered, such as a situation where an officer is facing dismissal or there has been a previous unsuccessful referral to the SMP and no new evidence has come to light.

A meeting between the officer and the HR case manager should be arranged to for the purposes of explaining the assessment process, set out what to expect in terms of timescales, ensure they are signposted to support from the Federation and internal wellbeing teams if not done so already. It is helpful to produce a simple guide setting roles and responsibilities that can be given to the officer.

The officer will be asked to complete consent forms to enable occupational health to write to their general practitioner (GP) to seek copies of their medical records, and for disclosure of those GP records and occupational health records to the SMP.

The completed consent forms are to be sent to occupational health with formal notification that the referral to SMP is to be progressed. Occupational health will then start obtaining medical records to compile the case file and book time in the FMA's diary for a background report to be prepared. Note that consent is an on-going process and an officer may withdraw consent at any point of the process. However, if consent to share medical information is withdrawn the assessment process will cease.

A file should be created that contains all the evidence that an SMP will wish to see. This will include employment and functional information and medical information. Employment and functional information will be compiled by the force and will include information from the officer's working life and their life outside of work, which is relevant to the officer's functional ability. This may include information about the officer's current role, particularly if they are attending work. It may also include details about the officer's current pastimes, hobbies, sporting activities etc. Medical information should be compiled by the occupational health service. Because of medical confidentiality, the file will be kept in occupational health, who will be responsible for submitting it to the SMP. This must be sent securely.

A request for GP records should be undertaken at the earliest opportunity as this is often a rate-limiting step. This will be accompanied by written informed consent from the officer. Clarify with the SMP whether a complete copy of the records is required. Some SMPs wish to see a full record, usually from the age of 18 years of age. Other SMPs may request records limited to known health conditions. The letter to the GP should make clear that any redactions to the data should be specific and relevant and use of software, such as iGPR, should be avoided. Blanket redactions may hinder the role of the SMP.

Contact should be made with the GP surgery to ascertain the processes to be applied in order to comply with the request for a copy of the records. For example, it might be necessary to set up a procurement system to facilitate payment. This will shape expectations about timescales for a response. Subsequent follow up will be based on this and will avoid creating unnecessary ill will. An enquiry 7 days after expected response date seems appropriate. If the copy records have not been received within 4 weeks after this it would be reasonable to set weekly actions to

contact the GP surgery for an update on progress and any updated timescales. It is sometimes helpful to ask the officer to contact the GP practice to explain the importance of responding in a timely manner. Keeping the officer informed about this stage will ensure that s/he understands that any delays are not due to force maladministration.

In some cases, forces may have the capability to create an electronic file and grant the SMP limited temporary access to the occupational health software. If this will assist the SMP, this is an option worth considering.

Efficient management of the process may be assisted by creating a tracker spreadsheet. This can be used to track progress against key milestones and to record progress or any barriers which may be slowing the process down. This may be important, for example, when chasing GP records or requests for reports from clinical specialists and for providing information to case management meetings. Access to the tracker spreadsheet should be restricted as appropriate.

Regular management, officer, and welfare contact (Federation Representative) updates should be planned to ensure that everyone feels suitably informed and supported.

3. File content

It should be agreed with the SMP what routine documents they would require when referring a case to them and how they wish to receive the bundle. This could be electronically or hard copy.

The routine document set for the referral to the SMP includes the following:

- Letter appointing the SMP setting out the statutory questions to be answered
- Blank certificate for completion which will form the SMPs decision report
- Completed consent forms
- Any submissions and evidence relevant to function from management, HR, and the officer.
- Absence record
- Injury reports
- FMA background report to the SMP
- Occupational Health Records
- GP records
- Any medical reports from GPs or specialists obtained by the FMA

This list is not exhaustive. It is the responsibility of the FMA to identify any important omissions and in obtaining additional information, as necessary.

Sometimes the SMP will request additional information once they have received the file submission. If the SMP requires any other information to be able to conduct their assessment and reach a decision they will set out in writing what is required.

Time must be allocated for the FMA to go through the occupational health file in detail. This will also include reading through the copy of the GP records. Experience suggests that, in most cases, it takes at least two hours to perform this task and to produce the background report. More time will be required for large files. However, it has been suggested that with clear relevant

medical reports an hour may be sufficient. The FMA background report summarises the occupational health record. Typically, the summary will include:

- Relevant medical diagnoses and main medical issues with reference to the associated functional impairments
- Important clinical reports
- The material occupational health timeline detailing occupational health assessments, advice given, workplace adjustments and/or redeployment, periods of absence from work, attempts to return to work and any other factual information necessary to assist the SMP. In particular, the FMA should point out any conflicting evidence derived from the medical evidence and evidence from management, which the SMP will need to resolve as part of their determination.

Note that an opinion from the FMA about permanent medical unfitness **is not** required. That is the responsibility of the SMP. The FMA background report is a distillation of existing information in the occupational health file including any reports and letters from GPs and/or specialists. It will also summarise any relevant non-medical information received from management. As such, it should not require additional consent to release it to the SMP. However, as the FMA may interpret the reports, it would be regarded as good practice to send a copy of the summary to the officer before the file is submitted. The background report will be sent to the officer by the occupational health team to seek their agreement of accuracy and disclosure to the SMP. The officer can ask for amendments to be made and the FMA will consider whether to agree to make them. Errors of fact will be corrected. Different use of language will also be considered. However, professional opinions that are evidence-based cannot be changed. Where an officer disagrees with an opinion, the FMA may consider appending their comments and reasoning to the report.

This report will contain medical detail and so will only be shared with the Officer, it would be for the officer to decide to share it with others who may be supporting them such as Federation Representation or welfare contacts.

Once the officer has agreed to the FMA's background report being released to the SMP, the occupational health team can finish compiling the bundle of documents for referral and progress the case to the SMP.

4. SMP assessment

The SMP is appointed by a force to carry out an examination of the referred police officer. This term is not defined in the Regulations. The SMP "owns" the assessment process and should determine whether this examination should be in person or whether it might be appropriate to undertake an assessment via the internet. The assessment is a key part of the SMP role and an examination deemed to be insufficient could be challenged at a PMAB. In making this determination, the SMP may wish to consult the officer concerned. It is usual for in-person assessments performed by the SMP to be carried out at a location provided by the SMP.

An assessment carried out solely by telephone is unlikely to be acceptable. The examination includes verbal and non-verbal aspects of assessment. The SMP must be able to verify the identity of the officer being assessed.

Reasonable adjustments should be discussed and agreed in advance to support the officer to engage with the assessment, as well as anyone they are wishing to take with them for support.

5. The SMP report

It is not usual for the SMP to inform the officer of the opinion that will be communicated to the force, at the time of the clinical assessment, although this does happen sometimes. In accordance with the Police Pension Regulations 2015, the SMP is required to deliver their decision in the form of a report which provides answers to the statutory questions set out in Regulation 81(1) (a), (b), (c) and (d). There should be an agreed timescale for the report to be produced taking into account the work required to compile the report. The completed certificate delivers the SMP's decision and is considered the report. The SMP will also provide a detailed explanatory annex which sets out the rationale behind the decision, referring to clinical and non-clinical evidence which was made available to them during the assessment process.

Both the completed certificate and detailed explanatory annex will be sent by the SMP directly to the Officer and the case manager within the Police Force.

NOTE: depending on the medical sensitivities of the case it may be that the SMP recommends the report is hand delivered to the Officer by an appropriate welfare contact/federation representative to enable support to be provided. In these circumstances the SMP would not send a copy direct to the Officer and will request the police force to plan for delivery of the SMP decision.

The 4 criteria from Regulation 81 (1) are contained in the certificate for the SMP to complete, the possible outcomes are as follows:

Question (a)

Question (a) asks the SMP to confirm whether the Officer has a medical unfitness which prevents them from undertaking one or more of the ordinary duties of a Police Officer.

If the SMP answers this as no, the rest of the questions are not addressed because this suggests the Officer is capable of operational duty.

If the SMP answers this as yes, this means the SMP determines the Officer does have a medical unfitness which prevents them from undertaking one or more of the ordinary duties of a Police Officer. Question (b) then becomes relevant.

Question (b)

Question (b) asks the SMP to confirm whether the medical unfitness is likely to be permanent.

[Permanent under the Police Pension Scheme 2015 means the medical unfitness will continue up to normal retirement age, which is age 60]

If the SMP answers this as no, this indicates that, whilst the Officer is not currently capable of performing all the ordinary duties of a constable, medical retirement cannot be an option at this time.

Based on the circumstances of the case it may be appropriate to seek further management advice from occupational health or the health & safety team around risk assessments and adjusted duties assessments. In the non-statutory part of the SMP certificate, and in the detailed medical annex written by the SMP, guidance should be provided on what symptoms and functional impairments impact their operational fitness. There should be examples of policing work which could be undertaken with appropriate workplace adjustments. This detail along with management advice from occupational health should be used to inform considerations of appropriate roles which could accommodate the required adjustments or restrictions.

If the SMP answers this as yes, this means that the criteria have been met for the lower tier medical pension benefits should a medical retirement decision be progressed.

Question (c)

Question (c) asks the SMP to confirm whether the officer has a medical unfitness which prevents them from undertaking regular employment.

[Regular employment under the Police Pension Scheme 2015 means employment other than as a Police Officer for at least 30 hours per week (based on annual average).]

If the SMP answers this as no, the criteria have been met for the lower tier medical pension benefits should a medical retirement decision be progressed.

If the SMP answers this as yes, this indicates that, at the time of assessment, the officer is medically unfit for undertaking regular employment.

Question (d)

Question (d) asks the SMP to confirm whether the medical unfitness identified in question (c) is likely to be permanent.

If the SMP answers this as no, this means that the criteria have been met only for lower the tier medical pension benefits should a medical retirement decision be progressed.

In these cases, it is likely adjusted roles will already have been considered. However, if there are still options which have not been explored and it is appropriate for the circumstances of the case, retention should still be a consideration.

If the SMP answers this as yes, this means all four questions have been answered as yes. The SMP determines the Officer is permanently medically unfit for undertaking the ordinary duties of an officer and is permanently medically unfit for undertaking regular employment.

This is the only outcome where the criteria for upper tier medical pension benefits have been met.

The officer may have capability to work in a non-operational capacity but on a part time basis and this could be an avenue to be explored with the agreement of the officer. However, it is most likely for these types of cases that compulsory medical retirement under regulation 82 with entitlement to upper tier pension benefits will be the outcome.

NOTE: Officers who have met the test for permanent medical unfitness for ordinary duties of an officer (lower tier), but have been retained, would not be able to access their deferred pension benefits if they then decide to resign. This is a significant difference to the 1987 scheme, because the under the 2015 scheme the test for both permanent medical unfitness for ordinary duties **AND** permanent medical unfitness for regular employment needs to be met for deferred benefits to be released. However, the legacy scheme can still be accessed by some members.

6. Next steps

On receipt of the SMPs decision check it for errors such as typos, incomplete sections of the certificate, the detailed explanations in the annex match the decision in the certificate, correct application of the regulations and case law (you may need to seek a legal viewpoint to assist you with this).

A copy of the final report should be provided to the officer with a cover letter which explains what the answers to the statutory questions mean for them. The letter should invite the officer to make any comments or observations and it should set out the rights of appeal with the relevant timescales. The letter should advise the officer of the next steps so that s/he knows that a recommendation report will be prepared concerning a decision on retention or medical retirement. The officer will have sight of the report and be able to comment or provide their own submission for consideration by the decision maker.

If any safeguarding measures have been previously discussed or identified in the case, bare this in mind when arranging communication of this outcome.

7. Appeals

[Schedule 1 of the Police Pension Regulations 2015 explains appeals and reconsiderations]

If the Officer disagrees with the SMP decision in any of the outcomes, they have 28 days to advise whether they wish to request a reconsideration or whether they wish to raise an appeal to the Police Medical Appeal Board (PMAB).

Ensure routes of appeal are outlined in all letters communicating the outcomes in the officer's case. There should also be encouragement for the Officer to seek their own support and legal advice to assist them with appeal processes.

Reconsideration with new medical information

If new information comes to light which has not been assessed by the SMP, a reconsideration process can be considered. With mutual agreement between the Officer and the Police Pension Authority (PPA) the case can be referred to the SMP for this purpose. The SMP's determination on the reconsideration is final, subject to an appeal to the Police Medical Appeal Board, again subject to the 28 day timescale.

Appeal to a Police Medical Appeal Board (PMAB)

Issues that cannot be resolved via a reconsideration can be addressed through the appeal process. An appeal can be lodged to the PMAB. A PMAB is a board of doctors who will independently re-assess the statutory medical questions relating to medical unfitness and provide a final decision.

The Officer will need to advise of their intention to appeal within 28 days of receiving the letter formally providing the SMPs decision and detailed explanatory annex.

On receipt of the intention to appeal to a PMAB, a Medical Appeal Form A should be provided. The Officer has 28 days to complete the form and return it to the relevant team who deals with appeals for your force.

Consideration of case law surrounding appeals is beyond the scope of this guidance. However, the PPA must be aware of it and take relevant legal advice.

Judicial review

An appeal in relation to the application of the law, aspects of the administrative process or the SMPs own assessment process, may be made to the High Court. Appellants should apply to the High Court for leave to apply for judicial review, within three months of the SMP decision.

This type of appeal can be raised by the officer, or by the PPA.

8. Recommendation report

A decision by the SMP which confirms permanent medical unfitness does not automatically mean medical retirement will be progressed. Efforts will be made to identify appropriate roles which accommodate adjustments or restrictions in line with the provisions of the Equality Act 2010. **This should be made clear to the officer at the outset of the process to manage expectations.** It is important to remember the SMP decision relates to eligibility for the health benefits of the pension scheme and does not imply a recommendation for either medical retirement or retention. That responsibility remains with the Chief Constable.

A recommendation report will be prepared by the person who has been involved with managing the case up to the point of referral into the permanent medical unfitness assessment process. This is usually someone from within HR. Once drafted it will be provided to the officer for comment or for them to add any submission for consideration alongside the recommendations.

The report will likely contain:

- The medical conditions(s)
- A summary of SMP Assessment and findings against the statutory medical questions
- Assessment of posts (including reasonable adjustments already tried, adjusted duties roles already carried out and whether a suitable post can be provided)

- Comments or submissions provided by the Officer on the recommendation report
- Whether the officer is intending on appealing the SMP decision
- Any current or pending misconduct proceedings
- Recommendation (which will either be compulsory medical retirement under regulation 82 (2a) or be required to continue to serve under regulation 82 (2b))

The report will be submitted to the next available meeting for discussion and decision to be made by the Chief Constable, or other senior role where authority has been delegated by the Chief Constable.

9. Chief Constable's decision

The Chief Constable, or other delegated person (e.g., Deputy Chief Constable or Head of People) will consider the case presented in the recommendation report and decide whether to retain the officer or agree to medical retirement. Each force will have their own decision-making process.

If the Chief Constable's decision is to require the officer to continue to serve, the officer will be informed of the outcome and advised what to expect from next steps. A management referral should be submitted to occupational health to seek advice on reasonable adjustments and suitable roles and management of the case will be based on an adjusted duties procedural process.

If the Chief Constable's decision is to agree retirement on the grounds of permanent medical unfitness, the officer will be informed of the outcome and advised what to expect from next steps. As the SMP's decision is legally binding the tier of pension benefits payable is not at the discretion of the Chief Constable. The tier of benefits payable is reflected in the SMP's answers to the statutory permanent medical unfitness questions.

The officer's last day should be agreed and notified to them and relevant internal departments, to ensure the offboarding process is progressed. When notifying the pension administration team provide a copy of the completed SMP certificate only to confirm the tier of pension the officer is entitled to. The SMP's detailed explanation should be retained in the officer's occupational health file.

10. Exiting the police force

As has been highlighted earlier, the Police Covenant covers members of the police workforce that are currently serving and who have served. Officers who exit the force due to permanent medical unfitness will need support to navigate the next phase of their lives.

All officers should have an exit interview. This will provide an opportunity to identify issues for which an officer may need support. Reasonable support measures might include ensuring that the officer's GP is, with consent, made fully aware of their health problems and is aware that they are leaving the police. Signposting to relevant community support and charities should be considered. Making sure that officers are part of social networks is a key consideration.

Information should be included in offboarding information packs around:

- Signposting to retirement information on Oscar Kilo
- Signposting to Police Charities, NARPO and the Federation.
- If an Officer has been medically retired with a lower tier pension they can ask to be reviewed to see if they have become eligible for upper tier pension benefits. As long as there is medical evidence available to support an assessment and it has been **less than 5 years** since they were medically retired.
- Early release of deferred pension benefits from the 2015 scheme on grounds of medical unfitness. It is important to note the eligibility criteria for this is to be permanently medically unfit for both ordinary duties of an Officer **AND** regular employment. So, this would be relevant for those who have resigned before reaching pensionable age or resigned after being retained following a medical unfitness assessment.
- Understanding the Regulations about injury on duty, what an injury award is and how to apply to be assessed for eligibility should this be relevant.

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