

## Ombudsman's Determination

Applicant	Mr T
Scheme	Police Pension Scheme 1987 ( <b>PPS 1987</b> ) Police Pension Scheme 2015 ( <b>PPS 2015</b> )
Respondent	Northamptonshire Police ( <b>the Employer</b> )

## Outcome

1. I do not uphold Mr T's complaint, and no further action is required by the Employer.

## Complaint summary

2. Mr T's complaint against the Employer is that it wrongly refused his application for an ill health retirement pension (**IHRP**) from deferred status.

## Background information, including submissions from the parties

3. Mr T was employed by the Employer as a police constable and joined the PPS 1987 in January 2001. He became a member of the PPS 2015 with effect from 1 April 2015. On 15 November 2019, Mr T became a deferred member of the PPS 2015, following his dismissal.
4. The relevant regulations are the Police Pensions Regulations 1987 (**PPR 1987**) and The Police Pensions Regulations 2015 (**PPR 2015**). Extracts from the PPR 1987 and PPR 2015 are provided in Appendix 1.
5. Mr T built-up benefits in both the PPS 1987, under the PPR 1987, and in the PPS 2015, under the PPR 2015. The PPS 1987 has a normal pension age of 60 and the PPS 2015 is a Career Average Revalued Earnings (**CARE**) Scheme with a normal pension age linked to State Pension Age.
6. Between September 2009 and December 2016, Mr T suffered injuries to his right knee and left elbow while on duty.
7. On 17 January 2019, Mr T applied to be considered for an IHRP.

8. On 8 May 2019, at the request of the Employer, Mr T was seen by the Selected Medical Practitioner (**SMP**), Dr Lister, an Occupational Health (**OH**) physician to assess Mr T for an IHRP. In the opinion of Dr Lister, Mr T was disabled from performing the ordinary duties of a Police Officer but given that further treatment options were available, felt it was premature to state he was permanently disabled.
9. On 10 June 2019, Mr T gave written notice to the Employer that he wished to appeal Dr Lister's findings.
10. On 28 June 2019, Dr Lister gave his opinion that the documents provided in Mr T's appeal of his decision did not alter his overall opinion.
11. On 9 July 2019, Mr T gave notice to the Employer that he wished to appeal the findings of Dr Lister.
12. On 6 September 2019, Mr T was seen by another SMP, Dr Iqbal. He said that based on the evidence provided and his assessment, Mr T was experiencing pain in his left elbow and right knee, as well as anxiety and other psychological symptoms. He was, however, unable to conclude that these were causing him permanent unfitness for performing the ordinary duties of a police officer.
13. Mr T appealed the findings of Dr Iqbal.
14. On 11 October 2019, the Employer wrote to Mr T to advise him that his appeal would be considered following receipt of the relevant forms from him.
15. On 15 November 2019, Mr T left the employ of the Employer.
16. In January 2020, Mr T applied for an IHRP as a deferred member of the PPS 2015.
17. On 12 February 2020, Mr T was diagnosed with Post Traumatic Stress Disorder (**PTSD**) by Dr Momen, a Consultant Psychologist.
18. On 17 March 2020, the Department for Work and Pensions (**DWP**) assessed Mr T as 5% disabled from 11 July 2010 to life because of the loss of faculty in relation to his elbow. He did not qualify for Industrial Injuries Disablement Benefit (**IIDB**) as it said his disability was less than 14%.
19. On the same day, the DWP assessed Mr T as 30% disabled from 14 October 2009 to 1 July 2022, due to the loss of faculty.
20. On 17 April 2020, Dr Iqbal (SMP) provided his opinion on whether Mr T met the criteria for an IHRP as a deferred member of the PPS 2015. He considered Mr T's OH and GP records. He also referred to his previous assessment of 6 September 2019. Mr T also submitted new information as follows:-
  - Copy of a Medication Change Form from Dr Ajiboye dated 19 November 2019.
  - Consent form - patient agreement to investigation and treatment, dated 20 November 2019, signed by Mr Edge, Consultant Orthopaedic Surgeon.

- Copies of hospital letters from Mr Singh, Consultant Trauma and Orthopaedic Surgeon, dated 21 January 2020; Mr Patil, Senior Clinical Fellow in Trauma and Orthopaedics, dated 7 November 2019; and, Mr Edge, dated 5 December 2019.
  - Copy of a letter from Dr Momen, Consultant Psychiatrist, dated 12 February 2020.
  - Copies of two letters from the DWP dated 17 March 2020, confirming acceptance of his claim for IIDB relating to injuries dated 1 July 2009 and 28 March 2010.
21. Dr Iqbal concluded there was not enough robust evidence of prognostic value to lead him to conclude that Mr T was permanently medically unfit for performing the ordinary duties of a member of the Police Force. He therefore felt that Mr T did not meet the criteria for early payment of his deferred pension on ill health grounds.
  22. On 7 May 2020, the Employer wrote to Mr T. It confirmed the findings of Dr Iqbal and that he was not entitled to an IHRP.
  23. On 10 May 2020, Mr T appealed the opinion of Dr Iqbal. He said there were no reasonable treatments for his elbow or PTSD.
  24. On 15 May 2020, the Employer emailed Mr T. It said it could arrange an internal review of his case and request an alternative doctor to be provided to undertake the review.
  25. On 16 May 2020, Mr T confirmed to the Employer that he would like an internal review.
  26. On 29 May 2020, Dr Austin, another SMP, provided his opinion on whether Mr T met the criteria for an IHRP as a deferred member of the PPS 2015. Dr Austin's opinion was that the reports produced by Dr Iqbal on 6 September 2019 and 17 April 2020, represented a thorough examination of the facts. He felt Dr Iqbal's opinion was supported by the evidence in the case file. Dr Austin said he could not find any evidence to justify a change in his opinion and concluded that Mr T did not meet the criteria for the early payment of his deferred pension on ill health grounds.
  27. On the same day, Mr T confirmed he wished his case to move to an appeal tribunal.
  28. On 4 February 2021, the Medical Appeal Board (**MAB**) heard Mr T's appeal. The MAB comprised an OH Consultant, an OH Physician, a Consultant Orthopaedic Surgeon and a Consultant Psychiatrist. Also in attendance was a representative from the Police Pension Authority. The MAB considered the available medical evidence and OH reports and asked Mr T questions. The determination of the MAB was that Mr T was neither permanently disabled for the ordinary duties of a police officer, nor permanently medically unfit for the ordinary duties of a police officer. The opinion of the MAB was therefore that Mr T did not meet the criteria for payment of an IHRP from deferred status.

29. On 7 April 2021, the Employer wrote to Mr T with its response under both Schemes' Internal Dispute Resolution Procedure (**IDRP**). It said the MAB had determined that Mr T was neither permanently disabled for the ordinary duties of a police officer, nor permanently medically unfit for the ordinary duties of a police officer. It said the medical decision of the MAB was final. It said Mr T's complaints, in relation to an appeal to the board of medical referees and an appeal against the SMPs reports, were exempt from being considered under the IDRP, so it was unable to consider these under this process.

### **Mr T's position**

30. Mr T submits:-

- His conditions are permanent.
- The fact that the DWP assessed him as 5% disabled from 11 July 2010, for life because of the loss of faculty in relation to his elbow means that the condition of his elbow is permanent.
- The DWP also assessed him as 30% disabled from 14 October 2009 to 1 July 2022, because of loss of faculty.

### **The Employer's position**

31. The Employer submits the SMPs and MAB have found that Mr T was neither permanently disabled for the ordinary duties of a police officer, nor permanently medically unfit for the ordinary duties of a police officer.

### **Adjudicator's Opinion**

32. Mr T's complaint was considered by one of our Adjudicators who concluded that no further action was required by the Employer. The Adjudicator's findings are set out below in paragraphs 33 to 52.
33. The relevant scheme rules or regulations determined the circumstances in which members were eligible for ill health benefits, the conditions which they must satisfy, and the way in which decisions about ill health benefits must be taken.
34. In Mr T's case, the relevant regulations were the PPR 1987 and the PPR 2015.
35. The MAB's approach in considering whether Mr T qualified for a deferred pension under the PPR 2015 and then under the PPR 1987 was, in the opinion of the Adjudicator, the most pragmatic way of approaching the issue as it ensured Mr T's entitlement under both sets of regulations was considered, whether he opted for membership of the PPS 1987 or PPS 2015.

36. The eligibility criteria for ill health retirement from deferred status under the PPR 1987 and PPR 2015 were similar but not identical. Broadly under the:-
- PPR 1987, to qualify for the lower tier of a policeman's ill health award under Regulation B3 it was necessary to show that Mr T was permanently disabled, meaning inability occasioned by infirmity of mind or body, to perform the ordinary duties of a member of the force. Permanent for this purpose was not defined but there was case law, referred to by the MAB, which indicated that it meant up to when the member reached normal pension age.
  - PPR 2015, to qualify for early payment of a full retirement pension on the grounds of permanent medical unfitness (Part 6, Chapter 3) it was necessary to show that the member was medically unfit to perform the ordinary duties of a member of the police force and that the inability was occasioned by infirmity of mind or body and was likely to continue until the day on which the member reached normal pension age under the scheme or the member died, if the medical practitioner considered the member was likely to die before reaching normal pension age under the PPS 2015.
37. The ordinary duties of a police officer for the purposes of both the PPS 1987 and PPS 2015 were not defined. However, the MAB appropriately referred to case law on this issue.
38. In relation to the definitions of permanence, normal pension age under the PPS 1987 and PPS 2015 were potentially different, as the length of time over which permanence was to be assessed to normal pension age differed. However, given that the MAB considered whether Mr T qualified for the ill health award from deferred status under both sets of regulations this did not matter. In any event, the MAB seemed to have assessed whether the condition was permanent under both Schemes by reference to age 60, which was more favourable to Mr T than assessing permanence to a later date.
39. The MAB appeared to have referred incorrectly to Regulation B5, instead of Regulation B3, of the PPR 1987. However, this did not affect the validity of its decision as it applied the correct test for determining entitlement to a benefit under Regulation B3, as set out in Regulation A12.
40. The procedure to be adopted under the PPR 1987 (Rule H1-3 and Schedule H) and under the PPR 2015 (Schedule 1, Medical Decisions: Appeals and Reconsideration) were very similar. The Adjudicator did not consider the fact that the MAB concluded the PPR 2015 applied, albeit the MAB then determined Mr T's case under both sets of regulations, provided grounds for setting aside the decision and directing it should be taken again.
41. The MAB's decision was thorough. In its report the MAB:
- set out the factual background;

- referred to the medical evidence and other supporting documents;
  - conducted medical assessments during the course of the hearing including a psychiatric test;
  - set out the relevant tests it needed to apply referring to the correct parts of the PPR 1987 and PPR 2015; and then,
  - applied the test under the PPR 1987 for determining entitlement to IHRP from deferred status; and
  - applied the test under the PPR 2015 for determining entitlement to IHRP from deferred status.
42. The Adjudicator's opinion was that the MAB, which comprised a number of doctors, did appear to have carefully considered the relevant evidence and supporting documentation, and examined and assessed Mr T's medical condition, as the regulations permitted, including making a psychiatric assessment.
43. The MAB explained its decision, including why it did not accept that Mr T's symptoms supported a diagnosis of PTSD.
44. The MAB's report recorded:
- “The Board's conclusion is that [Mr T] likely has, in addition to various obsessional personality traits, anxiety symptoms that have led to the development of phobic avoidance. There has been rumination of past events and focusing on trauma symptoms relating to this specific incident. The Board does not believe that he has symptoms consistent with a diagnosis of PTSD, nor does the chronological history of symptoms support a diagnosis of PTSD.”
45. The MAB noted that:
- “None of the documents that the Board have seen from any of the psychiatrists and psychologists who have referred to PTSD, have given a detailed formulation of how and why a PTSD diagnosis was made. The Board considers that its own formulation and diagnosis is more evidence-based, given its own assessment that phobic anxiety with associated trauma symptoms is a more accurate diagnosis in the appellant's situation”.
46. The MAB did “not consider that the appellant's psychological presentation is permanently disabling, nor does it meet the criteria for permanent medical unfitness”.
47. In the Adjudicator's opinion, there seemed to have been a reasoned diagnostic process, following the MAB's own assessment of Mr T's condition and consideration of the other medical evidence, for reaching its conclusion that Mr T did not have PTSD. The fact that the MAB had reached a different conclusion on the issue of whether Mr T had PTSD did not, in the Adjudicator's view, affect the validity of its decision.

48. It was noted in the MAB's report that:

"In his submission to the Board, the appellant enclosed a copy of letters from the Department for Work and Pensions (DWP) regarding the appellant's claim for Industrial Injuries Disablement Benefit (IIDB) which indicate that he receives this benefit on account of anxiety, nightmares and flashbacks and loss of enjoyment of going out and social interaction. He has been assessed as 30% disabled for these reasons from 14 October 2009 to 1 July 2022. With regards to pain and sensory symptoms affecting the left upper limb, he was assessed as 5% disabled from 11 July 2010 to life on account of those symptoms but this did not attract IIDB as the disablement figure was less than 14%. The document also indicated that a knee injury, PTSD, migraines and high blood pressure were not due to an industrial accident that occurred on 28 March 2010. Whilst the 5% assessment with regards to the left upper limb symptoms was not of itself attractive of IIDB, it was added to the 30% to give a total of 35%."

49. Dr Iqbal (SMP) had considered this evidence submitted to the MAB:

"He concluded that the evidence did not persuade him that the appellant was permanently medically unfit for the performance of ordinary duties of a member of the Police Force. His reasoning included that the IIDB claims used a different assessment and different criteria; the fact that the appellant was in receipt of this benefit did not alter his decision on the matter of permanent medical unfitness. Dr Iqbal did not believe that there was any new evidence related to the left elbow and upper limb symptoms. Although the appellant had been booked for explorative surgery, no outcome was evident at the time of the SMP's assessment so there was no evidence to indicate permanent unfitness."

50. In the Adjudicator's opinion, the fact Mr T was assessed as being entitled to an IIDB did not automatically mean he would qualify for an IHRP using a different test. The MAB had to apply the correct test under the applicable regulations. The fact that these benefits had been awarded and the DWP considered that certain of the conditions were permanent was a relevant factor to consider, but did not detract from the fact that the MAB had to apply the correct test. Indeed, the DWP used different criteria to establish eligibility for an IIDB award.
51. The Employer was correct that an appeal under regulation H2 of the PPR 1987 to the Board of Medical Referees was exempt from the normal IDRP process.
52. The Adjudicator's opinion was that there was no reason for the matter to be remitted back to the Employer to be reconsidered.
53. Mr T did not agree with the Adjudicator's Opinion and the complaint was passed to me to consider.

54. Mr T provided a further comment in response to the Opinion. He said he felt that the diagnosed PTSD had not been correctly looked at.
55. I have considered Mr T's point; however, it does not change the outcome. I agree with the Adjudicator's Opinion.

### **Ombudsman's decision**

56. My role in this matter is not to review the medical evidence and come to a decision as to whether Mr T qualifies for an IHRP from deferred status. My role is to consider the decision-making process undertaken by the Employer. That is, whether appropriate evidence was obtained and considered on which to base a decision; whether the relevant regulations were applied correctly; and, whether the decision was supported by the available evidence.
57. Mr T says he feels the diagnosed PTSD has not been correctly looked at. However, the MAB, which included a Consultant Psychiatrist, in its report of 4 February 2021, concluded that Mr T did not have symptoms consistent with a diagnosis of PTSD. It said that none of the documents it had seen, from any of the psychiatrists and psychologists who referred to PTSD, had given a detailed formulation of how and why a PTSD diagnosis was made. It said it considered that its own formulation and diagnosis was more evidence-based, given that its own assessment that phobic anxiety with associated trauma symptoms was a more accurate diagnosis in Mr T's situation. The MAB did not consider that Mr T's psychological presentation was permanently disabling, nor did it meet the criteria for permanent medical unfitness.
58. I find the fact that the MAB reached a different conclusion on the issue of whether Mr T has PTSD, does not mean that its decision was not properly made. I find that the MAB considered the appropriate evidence and applied the relevant regulations in determining that Mr T's psychological presentation did not meet the criteria for an IHRP from deferred status.
59. I do not uphold Mr T's complaint.

### **Dominic Harris**

Pensions Ombudsman  
29 July 2025



## **Appendix**

### **Police Pensions Regulations 1987**

#### **“A12 Disablement**

1. A reference in these Regulations to a person being permanently disabled is to be taken as a reference to that person being disabled at the time when the question arises for decision and to that disablement being at that time likely to be permanent.
  2. Subject to paragraph (2A), disablement means inability, occasioned by infirmity of mind or body, to perform the ordinary duties of a member of the force except that, in relation to a child, it means inability, occasioned as aforesaid, to earn a living.
- (2A) In the application of paragraph (2) to a specified NCA officer, the reference to “the ordinary duties of a member of the force” shall be construed as a reference to the ordinary duties of a member of the home police force in which the person last served before becoming a specified NCA officer.
3. Where it is necessary to determine the degree of a person's disablement it shall be determined by reference to the degree to which his earning capacity has been affected as a result of an injury received without his own default in the execution of his duty as a member of a police force:
  4. Provided that a person shall be deemed to be totally disabled if, as a result of such an injury, he is receiving treatment as an in-patient at a hospital.
  5. Where a person has retired before becoming disabled and the date on which he becomes disabled cannot be ascertained, it shall be taken to be the date on which the claim that he is disabled is first made known to the police pension authority.
  6. In this regulation, “infirmity ” means a disease, injury or medical condition, and includes a mental disorder, injury or condition.
  7. In this regulation, “infirmity ” means a disease, injury or medical condition, and includes a mental disorder, injury or condition.”

### **The Police Pensions Regulations 2015**

#### **Part 6 Retirement Pensions Payable on Grounds of Permanent Medical Unfitness**

##### **“74 Medical unfitness**

1. In these Regulations—  
  
“infirmity” means a disease, injury, or medical condition, and includes a mental disorder, injury or condition;

“injury” includes any injury or disease, whether of body or of mind; and

“medical unfitness” , in relation to a member of a police force or a former member of a police force, means inability occasioned by infirmity of mind or body—

(a) to perform the ordinary duties of a member of the police force; or

(b) to engage in any regular employment.

2. For the purpose of this Part, “ ordinary duties of a member of the police force” in relation to a former member of a home police force means the ordinary duties of a member of the home police force.”

#### **“75 Permanent medical unfitness**

- (1) In these Regulations, a reference to a member of a police force or a former member of a police force ( “the member” ) being permanently medically unfit is taken to be a reference to—

(a) the member being medically unfit at the time the selected medical practitioner decides the question; and

(b) that medical unfitness being at that time likely to be permanent.

- (2) For the purpose of deciding whether or not the member's medical unfitness is likely to be permanent, the member is taken to receive normal appropriate medical treatment.

- (3) In this regulation, “appropriate medical treatment” does not include medical treatment that the police pension authority acting in exercise of its functions as scheme manager decides is reasonable for the member to refuse.

- (5) The member may appeal under regulation 207 (appeals to Crown Court) or 208 (appeals to Secretary of State) against a decision of the police pension authority as to whether a refusal to accept medical treatment is reasonable.”

#### **“76 Decision of selected medical practitioner**

- (1) This regulation applies for the purpose of this Part.

- (2) The selected medical practitioner must decide that the member is permanently medically unfit for performing the ordinary duties of a member of the police force if the selected medical practitioner is of the opinion that—

(a) the member is unable to perform the ordinary duties of a member of the police force;

(b) that inability is occasioned by infirmity of mind or body and is likely to continue until the day on which—

(i) the member reaches normal pension age under this scheme; or

- (ii) the member dies (if the selected medical practitioner considers the member is likely to die before reaching normal pension age under this scheme).
- (3) The selected medical practitioner must decide that the member is permanently medically unfit for engaging in any regular employment if the selected medical practitioner is of the opinion that—
  - (a) the member is unable to perform the ordinary duties of a member of the police force;
  - (b) that inability is occasioned by infirmity of mind or body and is likely to continue until the day on which—
    - (i) the member reaches normal pension age under this scheme; or
    - (ii) the member dies (if the selected medical practitioner considers the member is likely to die before reaching normal pension age under this scheme);
  - (c) the member is unable to engage in regular employment otherwise than as a member of a police force; and
  - (d) that inability is occasioned by infirmity of mind or body and is likely to continue until the day on which—
    - (i) the member reaches normal pension age under this scheme; or
    - (ii) the member dies (if the selected medical practitioner considers the member is likely to die before reaching normal pension age under this scheme)."

### **Chapter 3 – Early payment of full retirement pension on grounds of permanent medical unfitness**

#### **“86 Referral of medical questions for purpose of early payment of a full retirement pension on grounds of permanent medical unfitness**

- (1) Before considering whether a deferred member of this scheme is entitled to early payment of a full retirement pension on grounds of permanent medical unfitness, the police pension authority must refer the following questions to a selected medical practitioner for decision—
  - (a) whether the member is medically unfit for performing the ordinary duties of a member of the police force;
  - (b) whether that medical unfitness is likely to be permanent;
  - (c) whether the member is medically unfit for engaging in any regular employment; and

- (d) whether that medical unfitness is likely to be permanent.
- (2) The selected medical practitioner must—
  - (a) examine or interview the member as the selected medical practitioner thinks appropriate;
  - (b) decide the questions referred to the selected medical practitioner under paragraph (1); and
  - (c) give the police pension authority and the member a report containing a decision on those questions.
- (3) That report is final, subject to—
  - (a) an appeal under Schedule 1 against the decision of the selected medical practitioner; or
  - (b) the referral under Schedule 1 of the decision of the selected medical practitioner for reconsideration.
- (4) For the purpose of paragraph (1), “early payment” means payment before the member reaches the member's state pension age.”

**“91 Entitlement to full retirement pension (deferred members)”**

- (1) A deferred member of this scheme is entitled to payment for life of a retirement earned pension if paragraph (2), (3) or (4) applies.
- (2) ...
- (3) This paragraph applies if—
  - (a) the member has not reached the member's state pension age;
  - (b) the member has left eligible service;
  - (c) the selected medical practitioner gives a report under regulation 86 (early payment on grounds of permanent medical unfitness) that the member is permanently medically unfit for engaging in any regular employment; and
  - (d) the member is eligible under this scheme for payment of ill-health benefits.”

**Schedule 1 – Medical Decisions: Appeals and Reconsideration**

**“1 Interpretation**

In this Schedule—

“appeal board” means a board appointed under paragraph 6 of this Schedule;

“final decision” has the meaning given in paragraph 3;

“medical decision” means a decision contained in—

- (a) a report by the selected medical practitioner under regulation 81 (referral of medical questions to a selected medical practitioner for purpose of regulation 82);
- (b) a report by the selected medical practitioner under regulation 83 (compulsory retirement of member who was required to continue to serve);
- (c) a report by the selected medical practitioner under regulation 86 (referral of medical questions for purpose of early payment of a full retirement pension on grounds of permanent medical unfitness);
- (d) a report by the selected medical practitioner under regulation 107 (referral of medical questions for purpose of reduction of benefits);
- (e) a report by the selected medical practitioner under regulation 117 (referral of medical questions for purpose of a review);
- (f) a report by the appeal board under paragraph 2(5) (appeal against decision of a selected medical practitioner); or
- (g) a fresh report by a medical authority under paragraph 3 (referral of final decision for reconsideration).”

“medical authority” means a selected medical practitioner or an appeal board;

“police pension authority” means the police pension authority acting in exercise of its functions as employer or scheme manager;

“selected medical practitioner ” means—

- (a) a single duly qualified medical practitioner selected by the police pension authority; or
- (b) a board of duly qualified medical practitioners selected by the police pension authority.

## **2 Appeal against decision of a selected medical practitioner**

- (1) Within 28 days after a member of a police force receives a copy of a report by the selected medical practitioner containing a medical decision (or such longer period as the police pension authority may allow), the member may give notice of appeal to the police pension authority against the decision in accordance with paragraph 7 (procedure and costs on appeals to appeal board).
- (2) An appeal under this paragraph is to be held in accordance with paragraph 7.
- (3) Sub-paragraph (4) applies if, within a further 28 days after the police pension authority receives the notice of appeal (or such longer period as the police pension

authority may allow), the member gives the police pension authority a statement of the grounds of appeal.

- (4) The police pension authority must, unless the member and the police pension authority agree to a further reference to a selected medical practitioner under paragraph 3—
  - (a) notify the Secretary of State that a statement of the grounds of appeal has been received; and
  - (b) refer the appeal to an appeal board for decision.
- (5) The decision of the appeal board, if it disagrees with any part of the report of the selected medical practitioner—
  - (a) must be expressed in the form of a report; and
  - (b) subject to paragraph 3, that report is final.
- (6) A copy of the report must be given to the scheme manager and to the member.

### **3 Referral of final decision for reconsideration**

- (1) This paragraph applies if a medical authority has given a final decision in relation to a member of a police force ( “the member” ).
- (2) For the purpose of this Schedule, a medical authority has given a final decision if—
  - (a) the selected medical practitioner has given a medical decision and the time for giving notice of appeal against the decision under paragraph 2(1) has expired without an appeal being made;
  - (b) the selected medical practitioner has given a medical decision and, following the giving of notice of appeal under paragraph 2(1), the police pension authority has not yet notified the Secretary of State of the appeal; or
  - (c) an appeal has been made to an appeal board and the appeal board has given a decision.
- (3) The police pension authority and the member may, by agreement, refer the final decision to the medical authority for reconsideration.
- (4) The medical authority must reconsider the final decision and, if necessary, issue a fresh report.
- (5) A copy of the fresh report must be given to the scheme manager and to the member.
- (6) The fresh report is final, subject to—
  - (a) any further reconsideration of the final decision under this paragraph; or

- (b) an appeal under paragraph 2 against the medical decision.
- (7) In sub-paragraph (6), “appeal ” means an appeal in respect of which a notice of appeal was given before the medical decision was referred under this paragraph.
- (8) In this paragraph, “medical decision” does not include a decision contained in a fresh report issued under this paragraph.

## **5 Referral to appointed medical practitioner**

- (1) If a final decision is referred to a medical authority for reconsideration under paragraph 3 or 4 and the medical authority is unable or unwilling to act, the final decision may be referred to an appointed medical practitioner .
- (2) The decision of an appointed medical practitioner has effect as if it were that of the medical authority who gave the final decision.
- (3) In this paragraph, “appointed medical practitioner” means a duly qualified medical practitioner or a board of duly qualified medical practitioners—
  - (a) agreed by the member of the police force and the police pension authority;  
or
  - (b) appointed by the court or tribunal.