

## **Guidance notes for the registered medical practitioner completing form AW240 Part 2**

### **Background**

This form should be completed by a registered medical practitioner. The doctor completing the form must act in accordance with the requirements of Good Medical Practice, particularly paragraph 71. This states that you must be honest and trustworthy when writing reports, and when completing or signing forms, reports, and other documents. You must make sure that any documents you write, or sign are not false or misleading.

- a) You must take reasonable steps to check the information is correct.
- b) You must not deliberately leave out relevant information.

Where possible this form should be typewritten. An electronic version of this form can be found on our website

A deferred member is eligible for early payment of their deferred pension benefits on ill health grounds if they are suffering from mental or physical infirmity which makes them permanently incapable of engaging in regular employment of like duration to their former NHS role. Permanent means until normal pension age, and will usually be either 60, 65 or State Pension age, depending on which NHS Pension section or scheme the member belongs.

Regular employment refers to work across the general field of employment, not just the scheme member's former NHS role or work comparable to it and is not confined to work that is only available within the NHS.

Objective information about the member's medical circumstances is required in order to assist us, NHS Pensions and the Scheme medical adviser to reach a decision on eligibility for ill health retirement benefits.

### **What information is the scheme medical adviser looking for?**

There needs to be reasonable, objective medical evidence that the member:

- Has a recognised medical condition.

- That this condition renders the member incapable of undertaking any regular employment of like duration to their NHS employment.
- That the member's incapacity is likely to be permanent.

## **Notes on specific questions**

### **a) Diagnosis**

We are seeking to understand the member's active medical problems, particularly those that are contributing to their incapacity for work. It is unnecessary to document medical conditions that have resolved unless those conditions are relevant to the scheme member's circumstances now.

### **b) Relevant past history with dates of onset**

We need to understand which of the member's active medical problems are contributing to their incapacity for work. Where more than one condition is contributing to the member's incapacity, please indicate which condition is the predominant reason.

### **c) Present condition**

For each medical condition contributing to the member's incapacity, we need to understand the course that the condition has followed.

### **d) Present functional restrictions and disability**

We need to understand the impact of all the member's medical condition(s) on their functional capabilities and their capacity for work.

### **e) Treatment**

We are seeking to establish whether the member's medical condition has been refractory to treatment and whether there are further medical interventions that might be of benefit. It is therefore helpful to provide as much detail about the treatment the member has received as possible.

For each active medical problem contributing to the member's current incapacity, please outline the proposed plan of management.

### **f) Prognosis**

Please comment on the likely benefits of treatment and when those benefits are likely to be realised.

Information as to whether treatment is likely to result in significant functional improvement is particularly important. It is helpful if you outline why you think this.

### **h) Terminal illness**

If the member's life expectancy is less than one year, please confirm whether the member is, or is not, aware of their diagnosis and prognosis. It is important that this section is completed in full.