

**SCOTTISH TEACHERS' SUPERANNUATION SCHEME (STSS)  
APPLICATION FOR INCAPACITY RETIREMENT  
MEDICAL REPORT**

**Guidance for applicant - please detach and retain**

SPPAs Medical Adviser (MA) will make a recommendation solely on the basis of the evidence provided by the member/employer and there will be no option for you to be seen by the MA. It is therefore in your interests to ensure that all medical information in support of your application is submitted to SPPA.

The application should be supported by a (MED) 1 report on your health in the attached form. Where the employer's Occupational Health Adviser (OHA) is familiar with your medical condition they should preferably complete this. If the OHA is not familiar with your condition the form should be completed by your GP, Hospital or Clinical specialist.

Your employer should have considered rehabilitation or redeployment in the first instance and will be required to submit all other relevant information about your health, sick leave record and job description with the application and completed (MED) 1 to SPPA.

You are required to sign the consent on the (MED) 1 to allow the information given in the medical report to be made available to SPPA and their MA. You should read your rights under the Access to Medical Reports Act 1988 before signing consent. Under the terms of the 1988 Act you have the right to withhold your consent to the doctor providing such medical information, and you have the right to see such information before it is provided. You will have 21 days from the date a report is requested from the doctor to see the report before its release. You also have the right to see the report for up to six months after it has been supplied. Your doctor will tell you if there are any parts of the report to be withheld from you because they believe disclosure could be harmful to you.

If you ask to see a report by the doctor it will not be given to SPPA and their MA within 21 days until you reconfirm your consent. If you regard any information in the medical report as incorrect or misleading, you can ask for it to be amended. If your doctor does not accept that the information is incorrect or misleading, the report need not be amended but your doctor will invite you to prepare a written statement on the disputed information, which will be attached to it.

The Dr/Consultant may charge you a fee to cover the cost of supplying the report. You will be responsible for paying any fee which may be charged for the report and any other supplementary medical evidence.



**CONSENT FORM**

**To be completed by the applicant and attached to the medical report**

Superannuation number

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I wish/do not wish\* to see any report provided by my Occupational Health Adviser/General Practitioner/Hospital Specialist\* before it is released.  
 (\*delete as appropriate)

I authorise disclosure of any report to be supplied by my Employer's Occupational Health Adviser/General Practitioner/Hospital Specialist to the Scottish Public Pensions Agency and their MA in connection with my application for ill health retirement.

\*delete as appropriate

Name of applicant	
Signature of applicant	
Date	

**SCOTTISH TEACHERS' SUPERANNUATION SCHEME (STSS)  
MEDICAL REPORT**

**Guidance for Occupational Health Adviser or GP**

The member has applied for early payment of benefits because of ill health. A person, on ceasing to be a teacher, having completed a qualifying period of two years service shall be entitled to receive retirement benefits if he/she is **incapable by reason of infirmity of mind or body of serving efficiently as a teacher and despite appropriate treatment is likely permanently to be so.**

In order to ensure that the benefits reflect the severity of the medical condition and its impact on future earnings capacity of the applicant, a two tiered system exists:

**Partial Incapacity Benefit** should be granted to members who are permanently incapable of teaching, but can undertake other employment.

**Total Incapacity Benefit** should be granted to members who are permanently incapable of teaching and where the teacher's ability to carry out any work is impaired by more than 90% and is likely permanently to be so.

**Incapacity** is to be considered in relation to the job the applicant holds (defined as the core requirement of their contracted employment). Consideration should also be given, however, to fitness to carry out the same job but in a different environment/area to rule out inter personal and management problems. In reaching a decision on incapacity under these regulations, the functional requirements of the applicant's occupation should be assessed against the functional limitations imposed by the applicant's ill health.

**Efficiently** - fulfilling competently the core requirements of their contracted occupation for the contracted number of hours.

**Permanency** is taken to apply where the incapacity, on balance of probabilities, will continue to exist under normal pension age (age 60/65) despite treatment available and the natural history of the illness/incapacity.

**APPLICATION FOR INCAPACITY BENEFITS**

**MEDICAL REPORT**

**To be completed by the reporting Doctor**

Superannuation number

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I understand that (name of applicant) \_\_\_\_\_

Date of birth

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Address


Post code

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has made an application on health grounds for early payment of his/her retirement benefits under the Scottish Teachers' Superannuation Scheme. I understand also that for such an application to succeed the applicant has to be **incapable by reason of infirmity of mind or body of serving efficiently as a teacher and despite appropriate treatment is likely permanently to be so.**

SPPA will decide, after advice from its Medical Advisers, whether this condition is met.

a) Please list all currently diagnosed medical conditions giving the date of onset for each

b) Please provide details of the reported reason(s) for current incapacity

c) Please provide details of the past course of any medical conditions currently reported as giving rise to incapacity

d) Please provide details of reported symptoms, objective clinical findings, investigation findings, reported functional impairment and objectively confirmed functional impairment

e) Please describe all relevant (to current incapacitating conditions) therapeutic intervention to date giving details of the nature of treatments, dates, duration, compliance, response and any adverse effects.

f) What is the likely future course of this member's health and function, with normal therapeutic intervention to normal pension age? (age 60 if a member of the scheme prior to 1 April 2007 or age 65 for post 1 April 2007 members).

g) What is the applicant's job? Please detail the functional requirements of this job.

h) How does this member's diagnosed medical condition(s) impact on their capacity to carry out their job?

i) Have any recommendations/re adjustments been made by the employer?

j) With normal therapeutic intervention please comment on the likelihood of improvement in functional abilities before normal pension age (age 60 if a member of the scheme prior to 1 April 2007 or age 65 for post 1 April 2007 members).

k) Please provide a copy of each of the information sources considered in reaching your decision (GP/Specialist/other report) that you have in relation to the member's present medical condition.

l) Terminal illness

Does this member have a medical condition which is considered to reduce their life expectancy to less than one year?    Yes     No

Is the member aware of the diagnosis?    Yes     No

Is the member aware of the prognosis?    Yes     No

Whilst recognising that the definitive medical advice to SPPA will be provided by SPPAs Medical Advisers, you must consider if the applicant is permanently incapable of efficiently discharging the duties of their employment as a teacher (PIB). And if the teachers ability to carry out any work is also impaired by more than 90% and is likely permanently to be so (TIB) **(the incapacity is likely to remain until their normal pension age).**

Yes/No	Give your reasons
Yes - Partial Incapacity	
No - Partial Incapacity	
Yes - Total Incapacity	
No - Total Incapacity	

Name of examining/reporting Dr (please print) \_\_\_\_\_

Qualifications \_\_\_\_\_

Address \_\_\_\_\_

Telephone 

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Signed \_\_\_\_\_ Date \_\_\_\_\_