

**FIREFIGHTERS' PENSION SCHEME 1992  
NEW FIREFIGHTERS' PENSION SCHEME 2006  
FIREFIGHTERS' COMPENSATION SCHEME 2006**

<b>Opinion of Independent Qualified Medical Practitioner</b>
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**Notes on completion**

This form has been prepared to help fire and rescue authorities to meet the requirement to obtain the written opinion of an independent qualified medical practitioner (IQMP) before deciding whether a person is entitled to a relevant award under one of the Schemes.

To assist the IQMP, CLG has issued Guidance, prepared in consultation with the Firefighters' Pension Committee. This was issued under cover of Firefighters' Pension Scheme Circular 8/2009: <http://www.communities.gov.uk/publications/fire/fpsc82009>.

FPSC 8/2008 is also relevant: <http://www.communities.gov.uk/publications/fire/fpsc82008> .

In addition ALAMA have provided guidance for Assessing Functional Ability against predetermined key requirement/capabilities of the firefighter's role which is available to FRA medical advisers from the ALAMA website.

The form has been designed to cover all the relevant questions which the IQMP may be asked to give an opinion on. In sending it to the IQMP, the authority will need to remove those parts which are not relevant to the case.

Section A: Personal details: this section will be completed by the authority.

Section B: Details of incapacity: this section will be completed by the authority but the IQMP will need to satisfy himself that it is correct.

Section C: Details of qualifying injury: this is relevant if the questions relate to entitlement to an injury award under the Firefighters' Compensation Scheme.

Section D: Reasonable adjustment/suitable redeployment: this will be completed by the authority and will set out the reasonable adjustments and/or redeployment options which have been considered and why reasonable adjustment/redeployment options are not applicable/available. If the IQMP is of the opinion that there are options which the authority have failed to consider, he should comment.

Section E: Opinion: This is for completion by the IQMP and he should tick the relevant boxes. [The authority should edit the form to ensure that boxes irrelevant to the case are removed before sending to the IQMP.]

Section F: Assessment of degree of disablement: for completion by the IQMP.

Section G: Certificate of independence: for completion by the IQMP



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**SECTION A: PERSONAL DETAILS**

Name of firefighter .....  
Role/post .....  
Employee number .....  
Date of birth .....  
Address .....  
  
Date entered Fire and Rescue Service .....  
Date left the Fire and Rescue service (if applicable) .....  
Pay (if required for purpose of determining degree of disablement) .....

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**SECTION B: DETAILS OF INCAPACITY**

Nature of incapacity considered for the purpose of this opinion:  
.....  
.....

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**SECTION C: DETAILS OF QUALIFYING INJURY**

Listed below are the details of events where the member reported sustaining personal injury/injuries which the Authority agrees may have been received by the member, without his/her own default, in the exercise of his/her duties as a firefighter.

Date	Event details	Injury

## SECTION D: REASONABLE ADJUSTMENT/SUITABLE REDEPLOYMENT

The Fire and Rescue Authority have considered the following reasonable adjustments and/or suitable redeployments: *(Authority to set out action that has been considered and why reasonable adjustment/redeployment is not possible)*

.....  
.....  
.....

The Authority is satisfied that reasonable adjustment or redeployment is not applicable/available

Signed: .....; Position:.....

Print name: .....

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## SECTION E: OPINION

**I [EXAMINED THE FIREFIGHTER ON (date) ..... AND] HAVE CONSIDERED:**

*(tick relevant boxes)*

- the duties appropriate to the role of the firefighter
- the medical history held on fire and rescue authority records
- the medical history held by the firefighter's general practitioner
- report(s) from –

.....  
.....

**MY OPINION IS THAT:**

*(tick relevant boxes)*

1. The firefighter –

is       is not

suffering from the incapacity detailed in Section B of this document

2. The firefighter –

is       is not

disabled from engaging in firefighting

is       is not

disabled from performing the duties of a regular firefighter additional to engaging in firefighting

*(“Disablement” means incapacity, occasioned by infirmity of mind or body, for the performance of duty)*

3. The disablement –

is       is not

likely to be permanent

*(“Permanent” means that at the time when the question arises for decision the disablement seems likely to be permanent or will continue, at least, to normal pension age, i.e. age 55 for members of the Firefighters’ pension Scheme 1992 or age 60 for members of the New Firefighters’ Pension Scheme 2006)*

4. The disablement –

has  has not

been brought about, or contributed to, by the firefighter’s own default

*(To be answered in a medical context only)*

5. The firefighter –

is  is not

capable of undertaking any regular employment

*(“Regular employment” means employment of 30 hours a week on average over a 12-month period)*

6. Comments –

.....  
.....

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## OPINION

7. The firefighter’s general state of health and fitness is satisfactory to carry out the following duties of his/her role (see section A above) –

.....  
.....  
.....  
.....  
.....

8. Suggested date for review

.....

## SECTION F: ASSESSMENT OF DEGREE OF DISABLEMENT

### Details of Qualifying Injury

Nature of qualifying injury which has affected earnings capacity

.....  
.....

### DETAILS OF QUALIFICATIONS/EXPERIENCE

**Educational/vocational qualifications held:**

Qualification	Subject	Grade	Dates

**Training with Fire and Rescue Service:**

Details	Dates

**Other courses/training:**

Details	Dates

**Employment(s) before joining Fire and Rescue Service:**

Details	Dates

**Other employments (during and after Fire and Rescue Service where appropriate):**

Details	Dates

## Stage 1: Capability Assessment

I have considered the assessment prepared by the Medical Adviser to the Fire and Rescue Authority. My opinion is that:

.....

.....

.....

## Stage 2: Determination of Reduced Earnings Capacity

OCCUPATIONS WITHIN CAPABILITY BASED ON QUALIFICATIONS, EXPERIENCE AND TRAINING LISTED ABOVE AND TAKING ACCOUNT OF ASSESSMENT OF DISABILITY CONTAINED IN MEDICAL OPINION	Pay*
Average salary of above posts	

Comments .....

.....

.....

\* Taken from current "Annual Survey of Hours and Earnings" (ASHE) published by the Office for National Statistics. National rates of pay and mean figures should normally be used (see paragraph 3.33 of IQMP Guidance).

## Stage 3: Apportionment of Contribution of Injury to Disablement

- 100%
- Because of a pre-existing condition or injury not related to firefighting duties the contribution of the injury to the disablement (both as detailed on page 1 of this document) is:

..... %

Reasons and comments: .....

.....

.....

## Stage 4: Assessment of Degree of Disablement

The degree to which the earning capacity has been affected as a result of the qualifying injury is:

(A) £..... less (B) £..... x 100 = (C) .....

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(A) £.....

(C) ..... x (D) ..... % = (E) ..... %

where –

(A) is current earnings relevant to whole-time regular role/post (see Section A of this Form)

(B) is potential (whole-time) level of earnings as a non-firefighter after receiving the injury. If the opinion of the independent qualified medical practitioner is that the person is not medically capable of working whole-time use the potential level of earnings for the hours which can be worked.

(C) is the unadjusted degree of disablement

(D) is the apportionment of contribution of injury to disablement (see relevant page of the Medical Opinion)

(E) is the degree of disablement

Comments:

.....  
.....

Suggested date for review of Degree of Disablement: .....

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## SECTION G: CERTIFICATE OF INDEPENDENCE

I have not previously advised, or given my opinion on, or otherwise been involved in this particular case for which this opinion has been requested.

I am not acting, and have not at any time acted, as the representative of the above-named firefighter, or the fire and rescue authority, or any other party in relation to the same case.

**Signed** ..... **Date** .....

**Name and qualifications** .....

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