

Faculty of Occupational Medicine

Wilf Howe Memorial Prize 2010

Winning submission by Dr Jon Poole

A cross sectional study, guidelines and recommendations for changes to public sector pension scheme regulations that have led to a reduction in medical retirements

1. Clear description of innovation, initiative or intervention

I undertook a cross sectional study of the rates of ill health retirement in four public (fire, police, teaching and ambulance services) and two private (Rover and Post Office) employers and found that rates varied between 2 and 25/1000 employees per annum with modes of retirement in four corresponding with enhancements in benefits. I recommended improvements to the criteria and process for awarding benefits and for doctors to avoid conflicts of interest, a two doctor process, and for doctors to work to guidelines when giving opinions' on the merits of an application (Poole CJM. BMJ 1997;314:929-32). At about the same time I led a working party on the publication of medical guidelines on ill health retirement that were sent to all NHS Trusts and Local Government authorities (Poole CJM et al. Occup Med 1996;46:402-6).

Between 1998 and 1999 I was invited to join a government working party at HM Treasury, London with the remit of identifying best practise and making recommendations that would make appropriate use of ill health benefits in the public sector. This led to the publication of the document – Review of Ill Health Retirement in the Public Sector by HM Treasury 2000 with 35 recommendations following which several large pension schemes made changes to their regulations and processes for medical retirement that included the recommendations made in my papers above.

At the request of colleagues and employers the guidelines were subsequently expanded and updated with transformed national data that enabled occupational physicians to audit their rates of ill health retirement with national rates for Local Government and the NHS (Poole CJM et al. Occup Med 2005;55:345-8). I also wrote a chapter on ill health retirement for the text book Fitness to Work, OUP 2007.

As a consequence of all of the above rates of medical retirement have fallen steadily over the last 10 years in the Public Sector to their current level in 2008-9 of 1/1000 per annum in the Fire Service, 3/1000 per annum in the Police Service and 3/1000 in 2005-6 in Local Government. This compares with rates of 15 to 20/1000 per annum when I wrote my first paper on the topic in 1997. That is, rates of retirement are now comparable to those in the best performing ones in the Private Sector. As a consequence there have been significant financial savings for the taxpayer. For example the Home Office estimates that it has saved £42m on fire pensions in the last 5 years (personal communication from Martin Hill) without any detrimental effect on productivity or employee relations.

2. Description of working population

Mainly public sector but two private sector employers (Post Office and Rover) as well.

3. Reasons for choosing 1 and 2, including organisational context

When I came into public sector occupational medicine in 1992 it soon became clear to me that the process for awarding medical pensions was out of control. I needed the evidence to show that this was the case (BMJ

paper) and to make recommendations that would be read by the relevant decision makers (medical and non-medical) as to how the situation could be retrieved (Occupational Medicine, Treasury report, Fitness for Work chapter and several presentations to medical and lay audiences in England, Scotland and Northern Ireland).

4. How did you measure outcomes?

By documenting rates, rather than numbers, of medical retirements both between organisations and within the same organisation by age, sex and length of service with cross referencing to the respective pension scheme regulations. Medical reasons for retirement were compared and guidelines produced of rates of retirement and for specific problematic medical situations against which occupational physicians could audit their practise.

5. What were the health benefits?

A reduction in medical retirements with more employees undergoing successful rehabilitation and remaining in employment. Retraining costs have been reduced; worklessness with all its negative health effects avoided and workers who previously would have been retired continuing to contribute to the economic output of the UK.

6. Give an account of the difficulties / obstacles that arose and how they were addressed

Custom and practice of large organisations particularly where there are conflicts of interest and entrenched views are not easy to change but having powerful data and the ability to communicate both within and outside the profession can be very effective. I think this story illustrates one of the roles of the occupational physician very well.

7. Explain how this might be used elsewhere

This is a good example of how robust data about a problem can be used to formulate corrective policies, procedures and guidelines.