

# Internal Disputes Resolution Procedure (IDRP) Stage 2 – Medical Appeal

If you wish to appeal under Stage 2 of the Internal Disputes Resolution Procedure (IDRP), please set out your application using the form below, and send it to us at the address provided. Applications must be made within 6 months from the date of the Stage 1 decision letter

Please read the accompanying online guidance before completing this application form.

The Pensions Regulator expects an appeal to be finalised within four calendar months of the application being received. If it is not possible to meet the timescale, we will write to you to explain why and set out when you can expect a decision to be made.

## APPLICATION FORM NOTES

To assist SPPA in determining your appeal, we may refer your case to our medical adviser for an independent medical opinion. An occupational health (OH) doctor will review your case alongside the new evidence you have submitted with your IDRP2 appeal. The OH doctor would be provided with copies of your job description, sickness records and previous medical reports. SPPA will pay the fee charged by our medical adviser.

As this decision is made on the evidence provided, it is important that you provide as much medical information as possible in support of your appeal. Please provide a letter from your GP/consultant which sets out the symptoms, procedures undertaken so far and all medications. It would also be helpful to have their expert opinion as to the short and long-term outcomes of your condition(s).

It is important to note that in most cases, a decision to refuse ill health retirement is unlikely to be overturned unless you can provide additional medical (or other) evidence in support of your original application which could and should have been presented with the original application. Without it, our medical advisers can only make a recommendation based on the evidence supplied at the time of the initial decision. The dispute process is designed to test that decisions have been made properly and the decision maker has taken account all the appropriate evidence. The information that we require includes:

- copies of new medical information that was not available/provided to Stage 1 Appointed Person
- copies of all relevant information from your GP/Consultant about your medical condition(s), including specialist/consultant reports
- copies of any Department for Works and Pensions (DWP) awarding letters/medical reports
- any other relevant correspondence (for example a personal statement)

It would be helpful if you could provide all information in date order, on one PDF if possible.

If you have a DS1500 or BASRiS form from your medical practitioner this can be accepted without the need for further medical evidence.

Please note that it is the responsibility of the appellant to provide all of the medical evidence upon which they wish to base their appeal.

If the Appointed Person has not followed the [Ill-Health Guidance](#) we will revert your appeal back to the Stage 1 Appointed Person to reconsider their decision.

You may wish to keep this form guidance and a copy of your application for future reference.

If you agree to this procedure as set out above, please complete the Procedure Agreement.

**PART 1 – Personal details**

Name

Date of birth   /   /

National Insurance number

Contact Address   
  
  
Post Code

Telephone Number

Email address

Job title

Last day of service

Employer address   
  
  
Post Code

I am currently pursuing a claim against the employer named above via Employment Tribunal or Courts:

Yes  No

If you answered yes to the question above, please include brief details of your claim in the box below.

**PART 2 – Basis of appeal**

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Please provide the reasons for your appeal in the box below

Please attach a copy of your Stage 1 determination letter along with any relevant supporting documents

Date of application

		/			/				
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Signature

### PART 3 – Procedure Agreement

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I agree to the following:

- for SPPA to share my medical evidence for the assessment of my case by a medical advisor as appointed by SPPA.
- for SPPA to share any relevant medical evidence with the Stage 1 Appointed Person, if required
- **to provide copies of all relevant medical evidence in support of my appeal.**

Name

National Insurance number

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Signed

Dated

		/			/				
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## PART 4 – Mandate for medical records

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I hereby authorise you to release to the Scottish Public Pensions Agency all records which they may request in respect of my appeal.

This mandate is written under and in terms of The Data Protection Act 2018.

Name

Date of Birth

 /  / 

National Insurance Number

Contact Address

  
  

Post Code

Signed

Dated

 /  /

## PART 5 – Representative’s mandate

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If you are appointing someone to represent you, please include their details here (please note that if someone is acting on your behalf we will only correspond directly with them).

Name	<input type="text"/>
Organisation	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I authorise the named representative above to act on my behalf and for SPPA to provide them with details of my dispute.

This mandate is written under and in terms of The Data Protection Act 2018.

Print Name	<input type="text"/>
Signed	<input type="text"/>
Dated	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Checklist

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Please use this checklist to ensure you have completed and included all relevant information before submitting your appeal. Submit the completed checklist along with your application.

Please TICK all that apply

## Completed form sections

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- |  |                          |
|--|--------------------------|
| Completed part 1 – Personal details            | <input type="checkbox"/> |
| Completed part 2 – Basis of appeal             | <input type="checkbox"/> |
| Completed part 3 – Procedure Agreement         | <input type="checkbox"/> |
| Completed part 4 – Mandate for medical records | <input type="checkbox"/> |
| Completed part 5 – Representative's mandate    | <input type="checkbox"/> |

## Additional evidence and documentation

- |   |                          |
|---|--------------------------|
| Copy of the Stage 1 determination letter  | <input type="checkbox"/> |
| Additional medical evidence   | <input type="checkbox"/> |
| Signed and dated personal statement   | <input type="checkbox"/> |
| I have requested additional medical evidence and will submit this to SPPA as soon as possible | <input type="checkbox"/> |

Please submit completed application (including the checklist) to SPPA by either emailing to [IDRPAApplications@gov.scot](mailto:IDRPAApplications@gov.scot) or by post:

Policy Manager, LGPS  
Scottish Public Pensions Agency  
7 Tweedside Park  
Tweedbank  
Galashiels  
TD1 3TE

If sending by post, we recommend using recorded delivery.

Any incomplete forms will be returned for completion and may result in the application being delayed.