Reproducibility of ill health retirement advice within a large pension scheme

Dr Peter F Stuckey, 2003

ABSTRACT

Aim: To study the reproducibility of medical advice on ill health retirement in a large pension scheme and characterise the variation.

Method: Two investigations were used. Firstly, data from a four-year period of final stage appeal cases (199) following refusal of medical retirement was extracted. In the second part of the study, thirty detailed case histories, randomly selected from 100 consecutive applications for ill health retirement, were submitted to 13 physicians (three appeal board chairmen, five M/FFOM and five AFOM qualified). These physicians were invited to accept or reject the application, or determine whether a consultation with an occupational physician was required.

Results: The primary disease was a mental health disorder in 59.8% of final appeal stage cases. Age, sex of applicant, constitution of appeal board, disease category and qualification of physician providing the original advice or date of application in relation to implementation of guidelines did not have a statistically significant impact on the proportion of appeals upheld.

Overall agreement between AFOM qualified physicians was moderate \( (k=0.495) \), between M/FFOM qualified physicians \( (k=0.265) \) and appeal board chairmen \( (k=0.33) \) fair. Overall agreement on mental health cases was less than for musculo-skeletal cases or cases that were in neither of these groups (AFOM \( k=0.1863; 0.4865; 0.7472 \); M/FFOM \( k=0.1227; 0.2931; 0.3446 \); appeal board chairmen \( k=\text{minus} 0.0041; 0.3246; 0.6203 \)).

Conclusion: AFOM qualified specialist registrars demonstrate superior reproducibility of ill health retirement advice compared to accredited specialists. In psychiatric cases disagreement is more pronounced than in other disease categories.

Key words: Reproducibility, ill health retirement, pension scheme.