

# **ILL-HEALTH RETIREMENT BOOKLET**

NOTE: This booklet is for guidance only. The contents are intended to help you understand and interpret the system. They are only the views and opinions of members of the group with experience of the IHR process. Nothing in this booklet should be construed as definitive advice.

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## **INTRODUCTION - WHAT IS IHR?**

Ill Health Retirement (IHR) is provision for teachers, under the Teacher Pension Scheme, who become ill and permanently unable to continue to work. This may be in education, or alternatively in any gainful employment. IHR allows you to access, at least, your accrued pension benefits before your normal pension age (NPA) without deductions or reductions. If considering whether IHR is right for you, a good starting point is to reflect on the following questions:

- Are your health conditions permanent and lasting until at least NPA?
- Do your health conditions mean that you are permanently restricted from, at least, teaching until NPA?
- How do your health conditions prevent you meeting the teaching standards?
- Do you have medical evidence, including Occupational Health (OH)\*, that clearly indicates that the above is the case?
- Do you have medical evidence to show that you have exhausted all possible treatments and medications, or that future treatments will not affect the permanence of your incapacity?

\*if you have not received OH support, speak to your headteacher/employer, who will be able to arrange this support for you. They may be able to support you in remaining at, or returning to, work through adaptations to your role.

If you can answer yes to all of the above, then IHR may be an appropriate option for you. Your next step would be to read the TPS IHR information booklet linked below. For information relating to terminal illnesses, where life expectancy is less than one year, please refer to pages 17-19 of the booklet. This is for the England & Wales scheme. There are links below to information for Scotland and N Ireland.

There are two tiers to IHR. Tier 1 is where you are considered to be restricted from work in education; tier 2 is where you are considered to be restricted from all work. Both tiers expect this to be the case until at least NPA. These are explained in more detail below.

As part of the process, you are expected to complete, or arrange to be completed, the IHR application forms. These are linked below. The first form has to be completed by you and the school/HR, the second form is for you to collate the medical information to support your application.

As part of your application, you will be required to provide supporting medical evidence. This should ideally include (but is not limited to) GP, OH and specialist or consultant reports. TPS generally expect that, in order to be considered for IHR, you have had the benefit of specialist opinion with regard to your illness. Evidence must show that you have tried all possible treatments or that future treatments will not help you sufficiently recover in order to be able to teach. It should also clearly state that you are permanently restricted from, at least, teaching until NPA.

You, or your employer in the case of OH, are responsible for any medical fees incurred during the gathering of this evidence. Your medical experts can also complete the appropriate medical information form as part of your evidence. This is part B of the IHR Medical Information form linked below.

As well as the two forms and medical evidence, you submit a personal statement. This is your opportunity to describe your conditions and explain how they make you unable to meet the Teaching Standards and would affect your ability to do so until at least NPA. The process is not considering how your condition affects you now, but how it affects your ability to continue in role until NPA.

Once you have all the evidence and forms, you submit it to TPS, either by post or email to [tpattachments@teacherspensions.co.uk](mailto:tpattachments@teacherspensions.co.uk). The evidence is then considered by one of their medical advisors against the TPS criteria, who will recommend whether or not you should be considered for IHR and on what basis. The medical advisers do not seek clarification of, or any further, medical evidence and will recommend the rejection of any application that does not fulfil the TPS criteria for IHR. TPS will then use their advisor's recommendation to make their final decision and to decide which tier of IHR you should be awarded, if you are successful.

#### TIER 1:

This is sometimes known as 'partial incapacity benefit'. This award is given if you are assessed as meeting the conditions of incapacity - i.e. 'incapacitated' and 'likely to be incapacitated permanently'. This means you are unable to continue to teach, or work in education, but may still be capable of other gainful employment outside the sector. TPS defines education as 'teaching, tutoring or lecturing in paid or unpaid employment'. At this tier, your accrued pension benefits are protected and you can expect to receive the pension shown on your statement.

#### TIER 2:

This is also known as 'total incapacity benefit' in the 2010 FS scheme, or 'total incapacity pension' in the 2015 CA scheme. This is where you are assessed as being not only permanently unable to teach, but unable to continue in any gainful employment up to NPA. At this tier, your accrued pension is protected and enhanced, according to the guidance given on page 15 of the IHR guide linked below.

If you returned to teaching, at tier 1, or any employment, at tier 2, your benefits would be stopped. TPS expect to be kept informed of any changes in your employment following IHR.

If successful, you will be informed by TPS and given your options regarding your pension benefits. This includes the option to take an increased lump sum in exchange for a reduction in your monthly pension. If unsuccessful, you will receive the medical advisor's report as part of TPS's response. This will explain why your application has been unsuccessful. You are then able to, if desired, appeal against the judgement and this report is useful in preparing your case. The TPS factsheet regarding appeals is linked below. The first appeal has no time limit, the second appeal is limited to 6 months.

USEFUL LINKS

The best place to start is by reading the TPS booklet here

<https://www.teacherspensions.co.uk/-/media/documents/member/factsheets/applying-for-retirement/ill-health-feb-2018.ashx?rev=4038421f5b634a48a77525759174cd2f&hash=E6709FAB032BE1D1F2E517959B95A78B>

TPS's video guide to IHR

[https://www.youtube.com/watch?v=5P0Rqz\\_Pyag](https://www.youtube.com/watch?v=5P0Rqz_Pyag)

Ill Health Retirement forms

<https://www.teacherspensions.co.uk/-/media/documents/member/applications/applying-for-retirement/ill-health-app.ashx?rev=ac67be9bca804c788063892da7973dd6&hash=AEAC9362C84C2786DD117410D4B24DA2>

<https://www.teacherspensions.co.uk/-/media/documents/member/applications/applying-for-retirement/medical-info-v22-march-23.ashx?rev=ba20469286f6473a8b8b6a0f32f83f94&hash=4420C2326CBAA3284F0A1FE8FE8D796B>

Appeals Information factsheet

[https://www.teacherspensions.co.uk/-/media/documents/member/factsheets/applying-for-retirement/ill-health-retirement-appeals-factsheet.ashx?rev=65b86fe2375e47c4a1d71e5f88fda02c&hash=33E355764D512B14C8DE502B4141D0DF&fbclid=IwAR3umugV1K6s3gIWJyF1PWUEuaqNTnmNGPOMBp1ucyOg2OW4CiV\\_53tGfsU\\_aem\\_AYsSqcRRROMCIEIaMEySUE9WvoajdDqDvalsoHm601kGa\\_g1sNdJdpD2evN6KPVJ3PFJRe9kVK\\_QakvjS8GSJ\\_Cgg](https://www.teacherspensions.co.uk/-/media/documents/member/factsheets/applying-for-retirement/ill-health-retirement-appeals-factsheet.ashx?rev=65b86fe2375e47c4a1d71e5f88fda02c&hash=33E355764D512B14C8DE502B4141D0DF&fbclid=IwAR3umugV1K6s3gIWJyF1PWUEuaqNTnmNGPOMBp1ucyOg2OW4CiV_53tGfsU_aem_AYsSqcRRROMCIEIaMEySUE9WvoajdDqDvalsoHm601kGa_g1sNdJdpD2evN6KPVJ3PFJRe9kVK_QakvjS8GSJ_Cgg)

Dave's Ill-Health Career Average scheme Pension Calculation Sheet:

<https://docs.google.com/spreadsheets/d/19loHXShcofbGdZ8RDM6waWkzqOSueYc6l98zblygmYY/edit?usp=sharing>

Scotland IHR Information

<https://pensions.gov.scot/teachers/life-events/i-am-ill>

N Ireland IHR Information

<https://www.education-ni.gov.uk/articles/ill-health-retirement-guide>

## **TPS CRITERIA FOR DECISIONS**

This is the general TPS criteria for Ill Health Retirement (Teachers' Pensions Ill-Health Retirement Guide - June 2022)

The relevant regulations are the Teachers' Pension Scheme Regulations 2014 (as amended).

### **Scheme Criteria:**

#### **'Incapacity condition'**

The applicant is considered to meet the 'incapacity condition' if they are 'incapacitated' as a result of illness or injury and unfit to be in eligible employment and, despite appropriate medical treatment, are likely to be 'incapacitated permanently'.

#### **'Total incapacity condition'**

The applicant is considered to meet the 'Total incapacity condition' if they are 'incapacitated' and likely to be permanently unable to undertake gainful employment.

The incapacity to undertake gainful employment means that they are severely restricted and their functional ability to carry out any work is permanently impaired by more than 90%.

Permanent, in this context and for the purpose of this report, means until normal pension age.

This is the criteria used by the TPS's Medical Advisers when making a decision

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Applications are considered on an individual basis and all recommendations are based on the balance of probabilities.

In considering whether the applicant is permanently prevented from teaching I will consider:

- Their current capacity for teaching;
- If the applicant is currently prevented from teaching, whether such incapacity would be likely to be permanent in the absence of future treatment;
- If such incapacity is likely to be permanent in the absence of future treatment, then whether future treatment would affect the permanence of that incapacity.

In considering whether the applicant is permanently prevented from undertaking any other gainful employment I will consider:

- Their current capacity for any other gainful employment;
- If the applicant is currently prevented from undertaking any other gainful employment, whether such incapacity would be likely to be permanent in the absence of future treatment;
- If such incapacity is likely to be permanent in the absence of future treatment, then whether future treatment would affect the permanence of that incapacity.

In considering the effect of future treatment I will consider:

- Whether the applicant's medical circumstances have been reasonably investigated;
- The treatment the applicant has received and the effect of that treatment;
- Whether the applicant has received all reasonable treatments;
- If further treatment is available:
  - Whether the likely benefit of such treatment would be sufficient to enable the applicant to return to the work and provide regular and efficient service at some point before normal pension age;
  - Whether there is reasonable evidence that such treatments would be unlikely to result in such improvement.

These are from the Education Regulations 2003 that all teachers have to fulfil in any teaching role, including tutoring. The first four are essential to any teaching, tutoring or lecturing role.

“5.—(1) Each of the following kinds of activity is prescribed for the purposes of section 141 of the 2002 Act—

(a)planning and preparing lessons and courses for children;

(b)delivering lessons to children;

(c)assessing the development, progress and attainment of children;

(d)reporting on the development, progress and attainment of children;

(e)an activity which assists or supports teaching;

(f)supervising, assisting and supporting a child;

(g)an administrative or organisational activity which supports the provision of education; and

(h)an activity which is ancillary to the provision of education.”

## **GUIDANCE TO COMPLETING YOUR APPLICATION**

**This is a list of suggestions to help you try and create a case for IHR. It is purely the opinions and views of group members who have been through the process, not definitive advice. It is not an exhaustive list, nor is there any guarantee that following all these suggestions will mean you are awarded it, this is very much dependent on the strength and detail of your medical evidence and personal statement.**

- Ensure your medical evidence is complete and current. Historical documents may be of use to support your application. If there are gaps in your evidence, this may be questioned or further information sought by TPS.
- In your personal statement, don't get bogged down too much in the narrative of your conditions. While this is useful to explain how you reached the point of applying for IHR, again it is suggested that you focus on the impact now and until NPA.
- In your personal statement, explain how your conditions make you incapable of meeting the Teachers Standards. Signpost how you meet the IHR criteria.
- Create a chronological timeline of events, detailing absences, difficulties in school & the school's response, health incidents etc. Keep an IHR medical diary so you can present evidence in an organised manner.
- Medical evidence can be wideranging - consider including things like clinic letters/reports, blood test results, therapist summaries, fit notes (ensure these are consistent with no gaps if supplied) etc as well as OH reports and medical expert reports/letters. If you do not have access to these, your GP should be able to supply copies.
- Include documents evidencing your attendance at school. Explain why the gaps occurred and consider explaining how Covid had an effect on this (it may have been easier to manage at home than in school). If your contract has been ended due to ill health, part of the documentation for this should be a school impact report which documents this and gives the impact your absences have had on school.
- Evidence reasonable adjustments made by the school - reduced timetables, change of role, reduction of hours etc. Detail and evidence how these have been unsuccessful. Be willing to undertake adjustments, this will strengthen your case that you have tried to continue to work but do detail their effectiveness, especially if unsuccessful.

- Evidence other medical support outside school - PIP award, PIP form, blue badge, fit notes etc. However, be aware that these may not be seen, in isolation, as evidence of permanent incapacity until NPA. If including them, describe as evidence that you have been assessed formally by different government departments then cross-reference with your condition and any other underlying comorbidities. It is likely these are seen as complementary evidence rather than substantial.
- Include evidence from your GP of medications and appointments. Ideally, your GP will be detailing the effectiveness/failure of these lines of treatment in their medical information form.
- Include evidence from clinics and therapies undertaken - diaries, worksheets, action plans.
- Include communications between you and school that evidence your absences/difficulties and the reasons for them. This can also evidence adjustments made
- Include any return to work documents/minutes from return to work meetings that confirm adjustments made and undertaken following OH appointments.
- Include any access to work documents, showing the equipment and support provided. Again, explain in your statement what impact they have had, especially if unsuccessful.
- Include as wide a range of medical documentation as you can, even if not core to your application. This shows that you have tried a range of different treatments. Again, explain the impact they've had, especially if unsuccessful.
- Work closely with your medical experts - your GP and specialists - and discuss IHR and the accompanying medical information form with them in detail. Make sure they have read the guidance and understand the criteria.
- Do not be discouraged if OH reports arranged by school do not conclude you are unfit to work. Balance these with significant medical expert reports explicitly stating that you are and recognise the OH reports in your statement, explaining any gaps in their findings or how any of their comments can be used to justify your application.
- You may need to source medical expert reports privately. In this case, do shop around for quotes. Private medical firms can quote up to several thousand pounds for consideration of your case and completion of the form, there are many different cheaper private options available - individual private psychiatrist, private consultant etc.



- In your personal statement, give a medically supported argument for your case, referring to your evidence closely and cross-referencing where possible. Be honest, and quote your experts. In this way, you can ensure nothing you write is conflicting, contradictory or ambiguous.
- Keep all communications with TPS via email or secure message. In this way you will create a paper trail which can be useful if appeals are necessary.
- If possible, get your strongest medical information form completed first. This is likely to be your consultant/specialist. Take a copy to any OH appointment to show them as evidence of your condition.
- Seek union advice. Some unions are stronger than others with IHR. Ask to speak to someone within your local area who is experienced in IHR. If this isn't available to you, escalate it to national level.

## **MEDICAL EXPERT CRIB SHEETS**

The following pages are crib sheets for discussing the TPS Medical Information form with your medical experts. They are the questions from the form matched to the accompanying guidance, to save swapping between pieces of paper with them.

The questions below are taken from the England/Wales TPS IHR application form and are introduced by the relevant accompanying notes from the form.

*The Scheme's Medical Advisors are interested in any medical conditions or previous related conditions that could impact on the applicant's capability and the history of these conditions. Sometimes it is the accumulated burden of ill-health from several conditions that tips the balance, sometimes it's a single major condition. You should list all the relevant conditions, including when each condition arose, and any complications of the conditions here.*

Please list all of the relevant currently diagnosed medical conditions and previous related conditions giving the date of onset for each.

What is the history of this/ these condition(s) and when did it/they cause impairment preventing the applicant from teaching?

Please provide details of the reported symptoms, objective clinical findings and results of investigations, for each of the above medical condition(s).

*The Scheme's Medical Advisors would like to know how the condition(s) impact(s) on the applicant's general health and capability. On the physical side is there an impact on walking, sitting, standing, vision, hearing etc. On the psychological side is there an impact on personality, mood, memory etc. How do any changes affect the applicant in her/his personal life?*

Please describe how the condition(s) affects the applicant's general health and capability.

*The applicant must have completed all reasonable treatment before the long term impact of the condition can be considered permanent. You must set out the treatment that has been undertaken and any that has been described as inappropriate, along with the reasons. This includes treatment, not only to enable the applicant to return to work, but also any treatment aimed at improving the quality of the applicant's life.*

Please provide details of all relevant treatment the applicant has received for each of the conditions you have previously listed and when these occurred?

Please provide details of any other interventions that have been tried, e.g. physical therapy, surgical intervention, psychotherapy or formal counselling.

*On the basis of your assessment and that of any specialist what is the scope for improvement over time, or with treatment, in the applicant's functional ability. This is about the likelihood of the persistence of the condition. Is there, for example, an established pattern?*

With normal therapeutic intervention, please comment on the likelihood of improvement in functional abilities before normal pension age.

*This is a specific enquiry about the impact the condition has on the applicant's normal role. Are they unable to do all of their role or just elements of it? Would they be able to manage part-time work in a similar role? Or work at a different establishment?*

Please explain how the relevant medical condition(s) impact(s) on the applicant's ability to carry out the normal role. This question refers to any role relevant to the applicant's skills, qualifications and experience, in any relevant setting, full or part-time.

Please describe what efforts at rehabilitation, workplace adjustment, work content or pattern adjustment, increased support or redeployment have been considered and/or made in this case and when these occurred?

*By workplace issues we are seeking to understand if events such as interpersonal disputes or disciplinary procedures are an impediment to a return to working and any relevant dates.*

Does the current incapacity arise out of any unresolved workplace issues? If so, please explain.

*These questions allow you to summarise all the evidence that is relevant to the applicant's case. Whilst the decision will be made by Teachers' Pensions taking account of advice provided by the independent medical advisors appointed by the Department for Education, these questions do allow you an opportunity to highlight and present any evidence based rationale for any opinion you might wish to offer.*

Please summarise the evidence you consider to be relevant to the applicant's future ability to carry out their normal or adjusted duties.

Please summarise the evidence you consider to be relevant to the applicant's future ability to carry out any regular full-time or part-time employment. It is essential that this question is answered in all cases.

The questions below are taken from the Scotland TPS IHR application form and are introduced by the relevant accompanying notes from the TPS form.

*The Scheme's Medical Advisors are interested in any medical conditions or previous related conditions that could impact on the applicant's capability and the history of these conditions. Sometimes it is the accumulated burden of ill-health from several conditions that tips the balance, sometimes it's a single major condition. You should list all the relevant conditions, including when each condition arose, and any complications of the conditions here.*

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

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

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

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

*The applicant must have completed all reasonable treatment before the long term impact of the condition can be considered permanent. You must set out the treatment that has been undertaken and any that has been described as inappropriate, along with the reasons. This includes treatment, not only to enable the applicant to return to work, but also any treatment aimed at improving the quality of the applicant's life.*

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

*On the basis of your assessment and that of any specialist what is the scope for improvement over time, or with treatment, in the applicant's functional ability. This is about the likelihood of the persistence of the condition. Is there, for example, an established pattern?*

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, age 65 for post 1 April 2007 members or State Pension Age for CARE scheme members).

*This is a specific enquiry about the impact the condition has on the applicant's normal role. Are they unable to do all of their role or just elements of it? Would they be able to manage part-time work in a similar role? Or work at a different establishment?*

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

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

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

The questions below are taken from the NI TPS IHR application form and are introduced by the relevant accompanying notes from the form.

*The Scheme's Medical Advisors are interested in any medical conditions or previous related conditions that could impact on the applicant's capability and the history of these conditions. Sometimes it is the accumulated burden of ill-health from several conditions that tips the balance, sometimes it's a single major condition. You should list all the relevant conditions, including when each condition arose, and any complications of the conditions here.*

- What is the diagnosis of the condition which has given rise to the application for ill- health pension?
- What are the clinical findings?
- For how long has the condition been present?

*The applicant must have completed all reasonable treatment, or that future treatments would not have sufficient effect, before the long term impact of the condition can be considered permanent. You must set out the treatment that has been undertaken and any that has been described as inappropriate, along with the reasons. This includes treatment, not only to enable the applicant to return to work, but also any treatment aimed at improving the quality of the applicant's life.*

- What treatment has been given or is proposed?
- What is the prognosis?

*The Scheme's Medical Advisors would like to know how the condition(s) impact(s) on the applicant's general health and capability. On the physical side is there an impact on walking, sitting, standing, vision, hearing etc. On the psychological side is there an impact on personality, mood, memory etc. How do any changes affect the applicant in her/his personal life?*

- What is the general state of the applicant's health and how does it relate to the condition?

*On the basis of your assessment and that of any specialist what is the scope for improvement over time, or with treatment, in the applicant's functional ability? This is about the likelihood of the persistence of the condition. Is there, for example, an established pattern?*

- With normal therapeutic intervention, please comment on the likelihood of improvement in functional abilities before state pension age?

*By workplace issues we are seeking to understand if events such as interpersonal disputes or disciplinary procedures are an impediment to a return to working and any relevant dates.*

- Does the current incapacity arise out of any unresolved workplace issues?

*This question allows you to summarise all the evidence that is relevant to the applicant's case. Whilst the decision will be made by Teachers' Pensions taking account of advice provided by the independent medical advisors appointed by the Department for Education, these questions do allow you an opportunity to highlight and present any evidence-based rationale for any opinion you might wish to offer.*

- Please summarise the evidence you consider to be relevant to the applicant's future ability to carry out their normal or adjusted duties.

*These questions allow you to indicate whether the member is capable of serving as a teacher or carrying out any other gainful employment.*

- Do you consider that the applicant is incapable of serving efficiently as a teacher?
- Do you consider that the applicant is capable of carrying out any other gainful employment?

### LONG COVID & ILL HEALTH RETIREMENT

This document has been created as a collaborative effort between group members who either have a specific interest and expertise in Ill Health Retirement (IHR) or are applying



for, or have been awarded, IHR for conditions that have included Long Covid (LC). Its aim is to provide some guidance for those considering IHR where LC is an identifiable condition.

**Disclaimer - this is a list of non-hierarchical suggestions to help you try and create a case for IHR where LC is an identifiable condition. It is purely the opinions and views of group members with experience of the process, not definitive advice. It is not an exhaustive list, nor is there any guarantee that following all these suggestions will mean you are awarded it, this is very much dependent on the strength and detail of your medical evidence and personal statement.**

### APPLYING FOR IHR WHEN AFFECTED BY LC

During the process of creating this document, it has become clear that LC is a very contentious condition when it comes to applying for IHR. This is likely down to, in part, the nature of the condition and how little is known about its true long-term effects and potential future treatments - both of which form a core part of any successful IHR application. It is suggested that you consider any comorbidity(ies) and how they are affected by LC.

### USE THE TEACHER STANDARDS

- Use the first document linked below to consider the impact of LC **and** your other condition(s) on your ability to meet the Teachers Standards e.g. how fatigue impairs your ability to ask questions, support and challenge pupils in the classroom. This also gives you opportunity to consider any reasonable adjustments that have been made and ensure that you make reference to it in your personal statement or through additional medical evidence.

### USE THE NICE GUIDELINES

- If it is applicable, refer to the documents linked below that enable you to consider the NICE guidelines for related conditions - fibromyalgia, CFS, FMA - as well as the guidelines relating to the management of LC.

### FUTURE TREATMENTS & LC

- Evidence clearly that you have exhausted possible treatments, that there are no possible treatments or that they're not available to, or suitable for, you. Include any comorbidity(ies)
- Explore the impact that LC and your comorbidities have on you now and that it is expressed by your medical experts that this may be made intractable by the combination of conditions. Focus on your comorbidities first then explore how LC accentuates them.

### YOUR APPLICATION

- Ensure that attendance/absence rates are clearly identified and cross-referenced with symptoms of LC e.g. post-exertional malaise.

- You could provide evidence gathered through apps and accessories e.g. the Visible app or the Polar armband in relation to fatigue. The use of an app is recommended in the NICE guidelines. Use the features of the app e.g. graphs. Consider including screenshot evidence and a journal detailing aspects like your stability score so TPS and their experts can see how you struggle with fatigue in daily life, then stress that teaching is not just expenditure of physical energy but also emotional and cognitive energy.
- Include any documents, diaries, activities or worksheets you have completed if attending a clinic for fatigue or from working with an occupational therapist as evidence of how fatigue is affecting you.
- Consider any other medical evidence you could include to demonstrate that you have explored different treatments e.g. psychotherapy.

## USEFUL DOCUMENTS

[IHR TEACHERS STANDARDS.docx](#)

[IHR NICE GUIDELINES FMA CHRONIC PAIN PRIMARY AND SECONDARY IN OVER 16S .docx](#)

[IHR NICE GUIDELINES MANAGING THE LONG TERM EFFECTS OF COVID 19.docx](#)

[IHR NICE GUIDELINES ME CFS.docx](#)

[TPS IHR guide](#)

[FB Pensions Group IHR information tree](#)

## USEFUL FACEBOOK GROUPS FOR LC

LONG COVID EDUCATORS FOR JUSTICE

<https://www.facebook.com/share/b7NCtEzyC4UZMUvq/?mibextid=K35XfP>

LONG COVID TEACHERS AND SUPPORT STAFF UK

<https://www.facebook.com/share/H2FBEhnTesKXuFZx/?mibextid=K35XfP>







