Department for Work & Pensions

Continuing Professional Development (CPD) – Myalgic Encephalomyelitis or Chronic Fatigue Syndrome (ME/ CFS)

HAAS Core Training and Guidance

September 2025

Foreword

This training and guidance document has been produced by the Department for Work and Pensions (DWP) and forms part of a suite of Core Training and Guidance Materials (CTGM) for PIP, WCA and Specialist Benefits. Throughout the CTGM, the abbreviations 'HP' and 'HCP' will be used interchangeably for the term 'health (care) professional'. Suppliers must use CTGM to inform the development of training product(s) for their health care professionals who conduct assessments on behalf of the DWP.

All HPs undertaking assessments on behalf of DWP must be registered practitioners who have also met requirements around training, experience, and competence in the relevant benefit areas. Health care professionals should be mindful of their regulatory body requirements and consider all applicable regulatory body guidance.

In addition, this is not a stand-alone document, and forms only a part of the suite of CTGM available to Suppliers. All relevant DWP assessment guidance (which forms an integral part of that training) must be read in conjunction with the CTGM, as it provides information on DWP's scope and intention for the relevant benefit stream.

The clinical content of DWPs CTGM is, where applicable, informed by national guidance such as National Institute of Health and Care Excellence (NICE) guidelines and is intended for educational purposes for use in benefit assessment only. All NICE guidance is subject to regular review and may be updated or withdrawn. NICE accepts no responsibility for the use of its content in this product.

End users of this guidance shall not place sole reliance on the content of any NICE guidance or NICE Clinical Knowledge Summary (CKS) referred to within this guidance and are responsible for validating any NICE CKS guidance, advice, findings, asserted facts, and/or conclusions ("Guidance") using independent professional clinical judgment. End users of this CTGM and Guidance acknowledge that the understanding of clinical conditions, diagnosis, and treatment is ever-evolving, as is the understanding of drugs and associated adverse effects

Although the CTGM may be of interest to non-medical readers, some of the information may not be readily understood without background clinical knowledge and an awareness of the other training given to HPs. It is not intended to cover all the contractual requirements placed on Suppliers, their full business processes, or work carried out by DWP to monitor and manage Supplier performance.

Document Control

Document History

Version	Date	Comments
V1a draft	04/07/2025	New Document and Clinical Assurance
V1b draft	22/08/2025	Policy Assurance and Update
V1 FINAL	10/09/2025	Signed off by DWP

Changes since last version

N/A

Superseded Documents

WCA_CPD_001_V1_Myalgic Encephalomyelitis-Chronic Fatigue Syndrome

PIP_CPD_CC_046_V2_Final_ME_CFS CPD Workbook

13a Myalgic Encephalomyelitis-CFS MCQ Answer Sheet V1

Issue Control

Author	Clinical Authorship Team
Clinical Assurance	NB Medical
Policy Assurance	Clinical Policy Group
Owner and Approver	Department for Work and Pensions

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Introduction

This document is part of the ongoing training programme for Health Professionals (HPs) and is designed as a learning tool to consolidate Health Professional's knowledge and understanding.

This document consists of 3 sections. Section 1 is applicable to all assessment types whilst section 2 and 3 contain information relevant only to that specific assessment type

Section 1: Condition specific content applicable for all assessment types

Section 2: PIP specific content related to functional impact on assessment

Section 3: WCA specific content related to functional impact on assessment

The overall aim of this document is to improve understanding of the condition of Myalgic Encephalomyelitis or Chronic Fatigue Syndrome (ME/CFS) including typical symptoms, diagnosis, treatments and how these may impact upon claimant function. Additionally, to enhance understanding of how this diagnosis may impact within the WCA and PIP assessment process.

This document is intended to provide an overview of the condition and functional effects. HPs have a responsibility to ensure that they have the appropriate knowledge of a claimant's condition(s) or disability and likely functional restriction(s) prior to assessment and should refer to other appropriate evidence-based resources if required.

Within the Core Training and Guidance material there is no reference to any specific branding, however in the live environment HPs/HCPs are expected to document the relevant information, including reference to any specific brands, as described by the claimant.

All case scenarios or examples in this document are fictitious and have been solely designed to support learning activities.

Section 1: Clinical Overview

This section contains the condition overview

Clinical information on this health condition or disability can be found at:

- National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summaries (CKS) – https://cks.nice.org.uk/topics/myalgic-encephalomyelitis-chronic-fatigue-syndrome-me/cfs/

HPs should ensure they are accessing and utilising the most up to date resources in informing their clinical knowledge and understanding of best-practice. In the event that the provided link is not accessible, the HP should go to the main webpage and search for specific condition(s) and disabilities.

The above can be used to inform clinical knowledge, however diagnosing or treating is not part of the functional assessment and only information gathering and examinations as defined within DWP CTGM should form part of functional assessment.

Section 2: PIP

This section contains PIP specific functional assessment information

ME/CFS flare-ups and relapses and PIP Assessments

HPs will come across the terms ‘flare-up’ and ‘relapse’ when assessing claimants with ME/CFS, so it’s important to understand what they mean and identify their differences: NICE guideline NG206 explains these terms as: [1]

- **Flare-up** – A worsening of symptoms, more than would be accounted for by normal day-to-day variation, that affects the person's ability to perform their usual activities. Flare-ups may occur spontaneously or be triggered by another illness, overexertion or other triggers. Flare-ups usually occur as part of post-exertional malaise but it is possible for other symptoms, such as pain, to flare-up without post-exertional malaise. The worsening of symptoms is transient and flare-ups typically resolve after a few days, either spontaneously or in response to temporary changes in energy management or a change in treatment.
- **A relapse** –Is when there is a sustained and marked exacerbation of ME/CFS symptoms, which last longer than a flare-up and requires substantial and sustained adjustment of energy management.

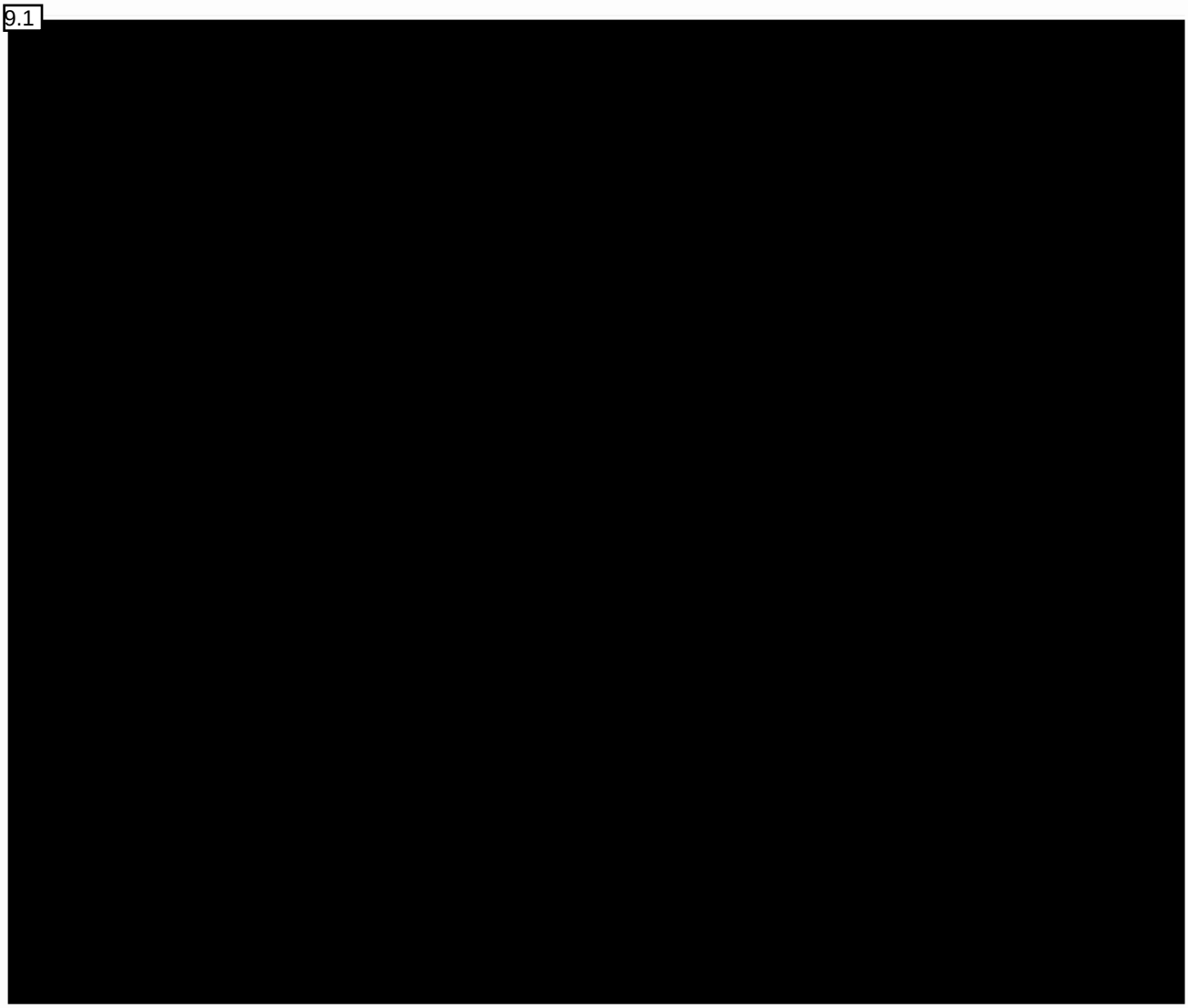
Where a flare-up or relapse cannot be self-managed using strategies in their care and support plan, contacting their named contact in primary care or the ME/CFS specialist team is recommended. This is also the case where someone is worried about new symptoms or a change in symptoms.

The only way to establish whether someone is experiencing either of these condition states and the respective impacts on individual claimants, is to gather the appropriate level of detail needed during assessments. HPs should consider:

- Has a ME/CFS care and support plan been included in the evidence? (Developed by the ME/CFS specialist team based on a holistic assessment. It is the basis for other assessments and plans in areas such as social care, energy management, physical activity, physical functioning and mobility, cognitive behavioural therapy and dietary management. This will provide valuable information which must be considered with all other evidence available.)

[1] National Institute for Health and Care Excellence (NICE). Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management [Internet]. London: NICE; 2021 [cited 2025 Aug 20]. Available from: https://www.nice.org.uk/guidance/ng206/resources/myalgic-encephalomyelitis-or-encephalopathychronic-fatigue-syndrome-diagnosis-and-management-pdf-66143718094021

9.1



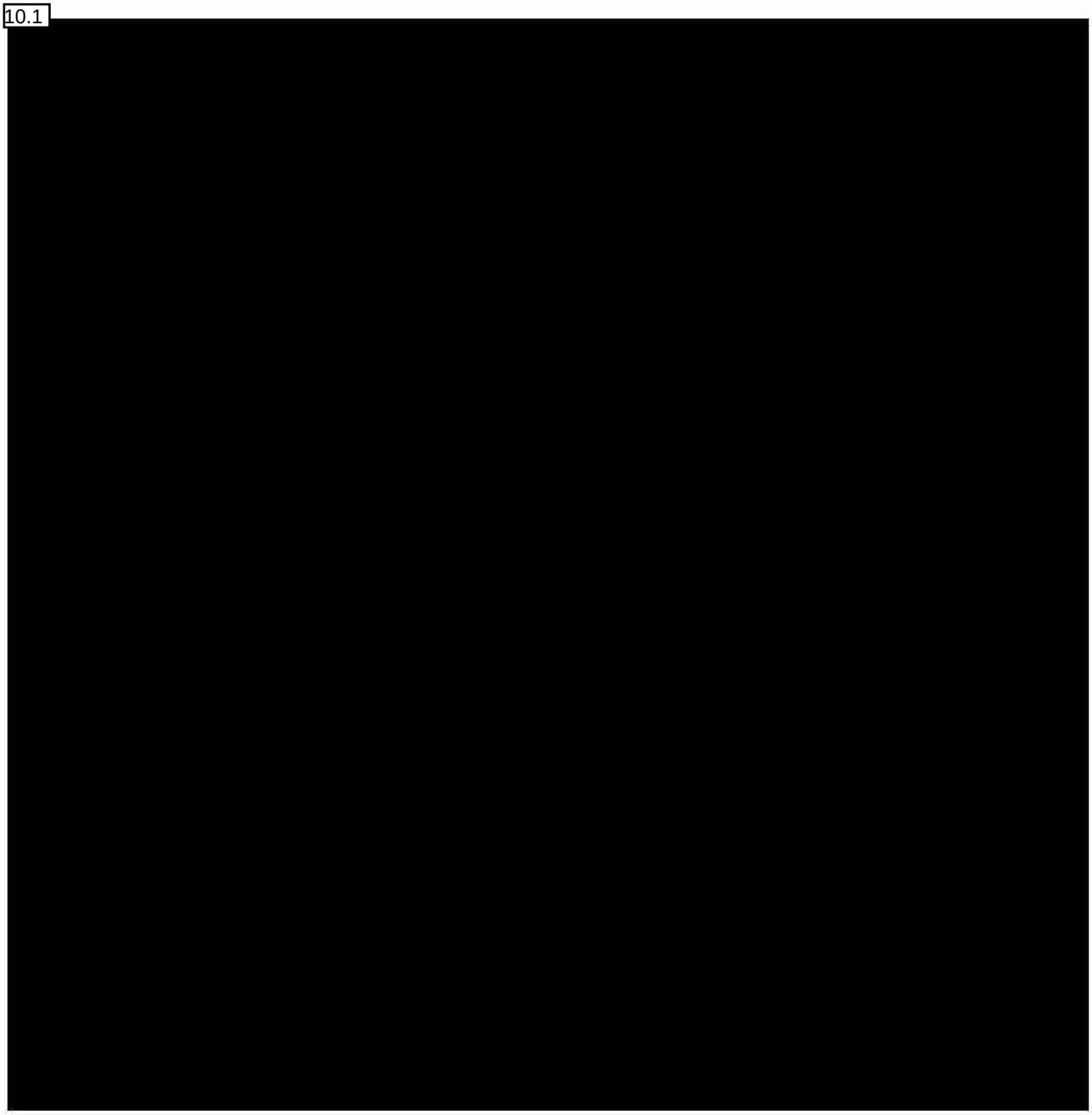
ME/CFS and PIP Activities 1 – 12

Claimants with multiple conditions causing functional impact may struggle in a number or all activity areas and advice should be given accordingly.

Variability in symptoms and functional level is one of the key features of this group of conditions. It is essential that the functional history considers variability and the impact of good/bad periods on the claimant's needs in all relevant areas. Probing questions and actively asking about what is different between good and bad days will be necessary. Simply commenting on variability in activity areas, SOH or FH on the numbers of good and bad days is unlikely to be sufficient.

9.2

10.1



Special considerations for assessing young people

When assessing young people, HPs should ensure they are able to communicate the impact ME/CFS has on them by:

- Directing questions to them and not parents, carers etc. to ensure a focussed approach on them. This demonstrates respect for their views and experiences.
- Giving them time to respond to questions – they may find it difficult to describe symptoms and how ME/CFS affects them. They may require parents/ guardians/ carers etc. to help them.

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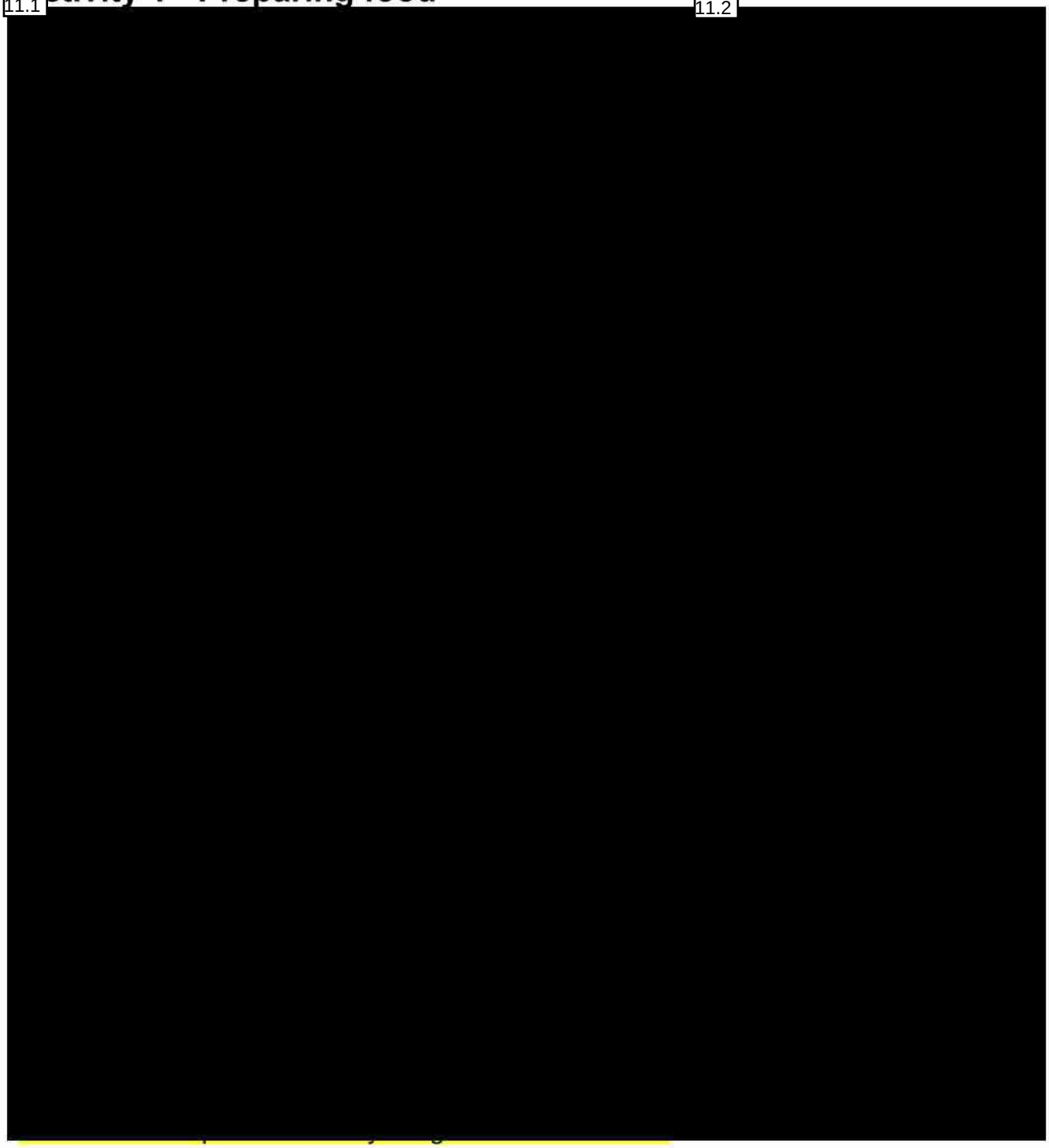
[2] NHS. Myalgic encephalomyelitis or chronic fatigue syndrome (ME/CFS): Treatment [Internet]. London: NHS; 2024 [cited 2025 Aug 20]. Available from: https://www.nhs.uk/conditions/chronic-fatigue-syndrome-cfs/treatment/

- Being aware that they may have experienced prejudice from others and feel vulnerable discussing their condition and its impact.

A more detailed view of each activity is outlined below:

Activity 1 - Preparing food

11.1 11.2



Activity 2 – Taking nutrition

11.3

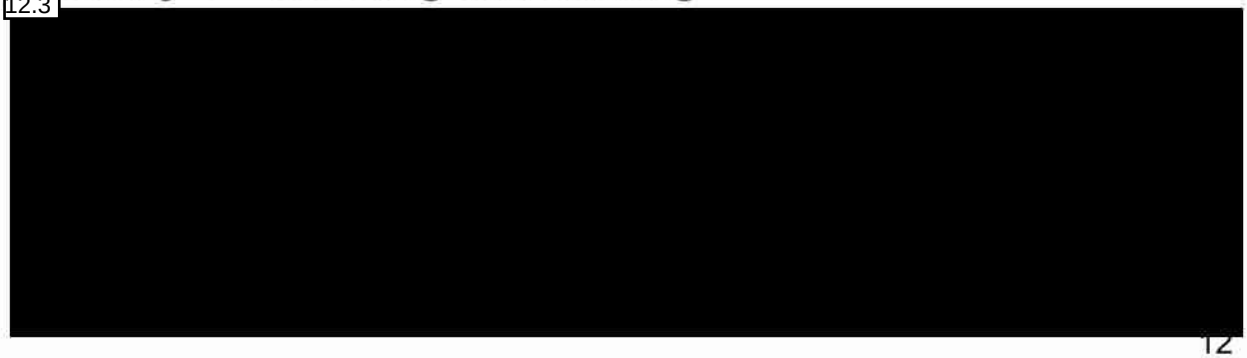
12.1

Activity 3 – Managing therapy or monitoring a health condition

12.2

Activity 4 – Washing and bathing

12.3



13.1

Activity 5 - Managing toilet needs or incontinence

13.2

Activity 6 – Dressing and undressing

14.1

14.2

Activity 7 – Communicating verbally

14.3

Activity 8 – Reading and understanding signs, symbols and words

14.4

Activity 9 – Engaging with other people face to face

14.5

15.1

Activity 10 – Making budgeting decisions

15.2

Activity 11 – Planning and following journeys

15.3

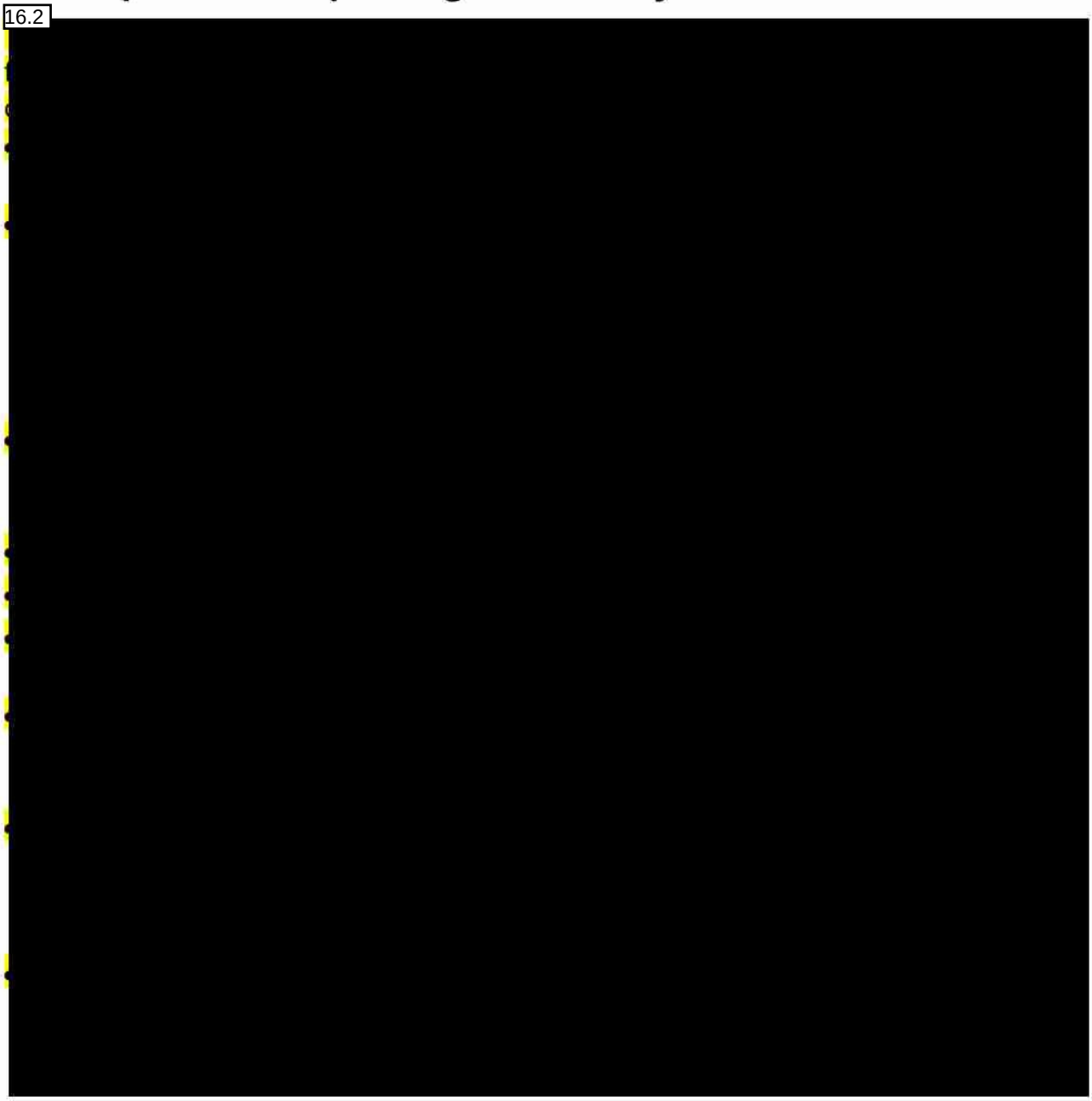
Activity 12 – Moving around

15.4

16.1

The importance of probing and activity 12

16.2



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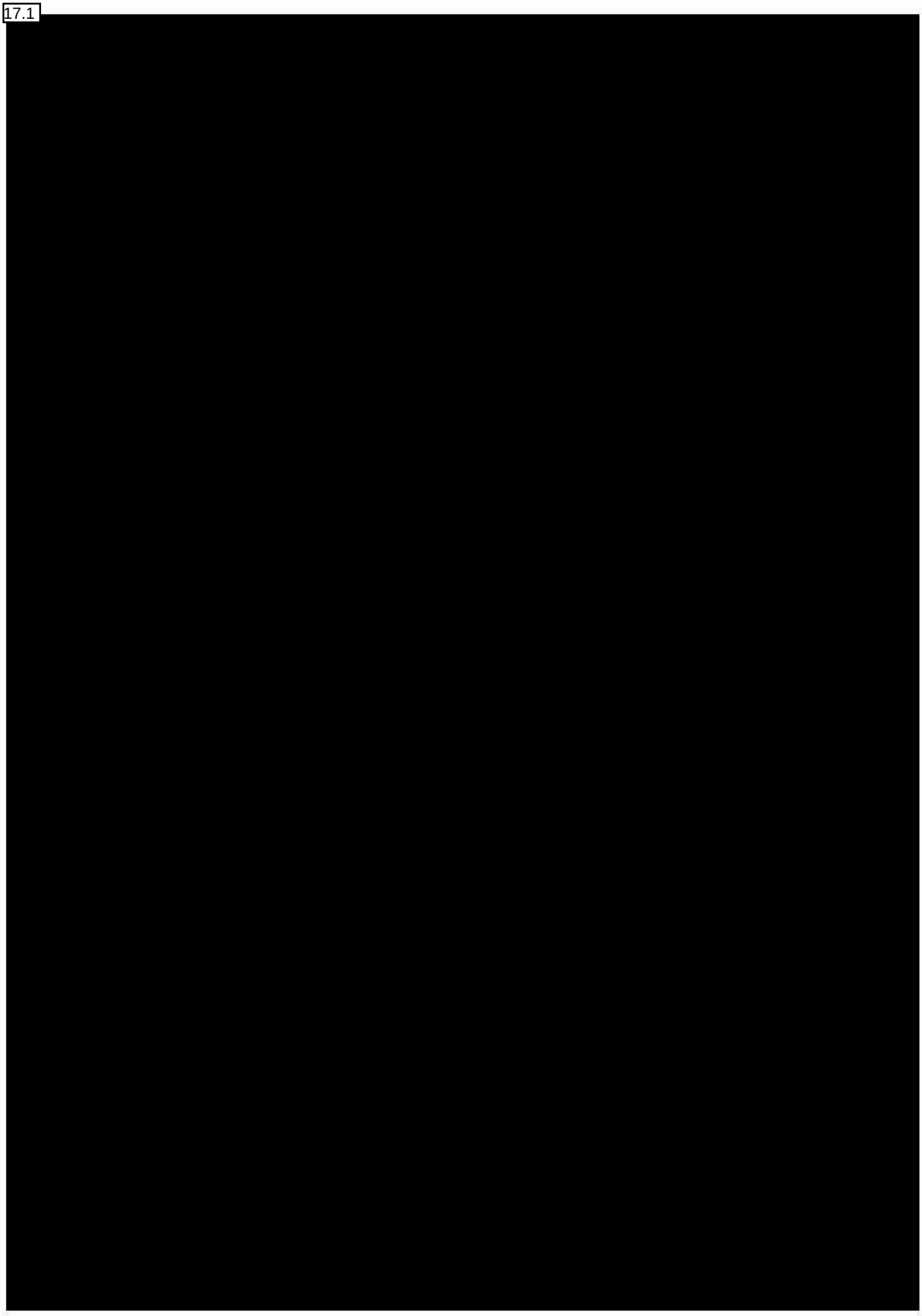
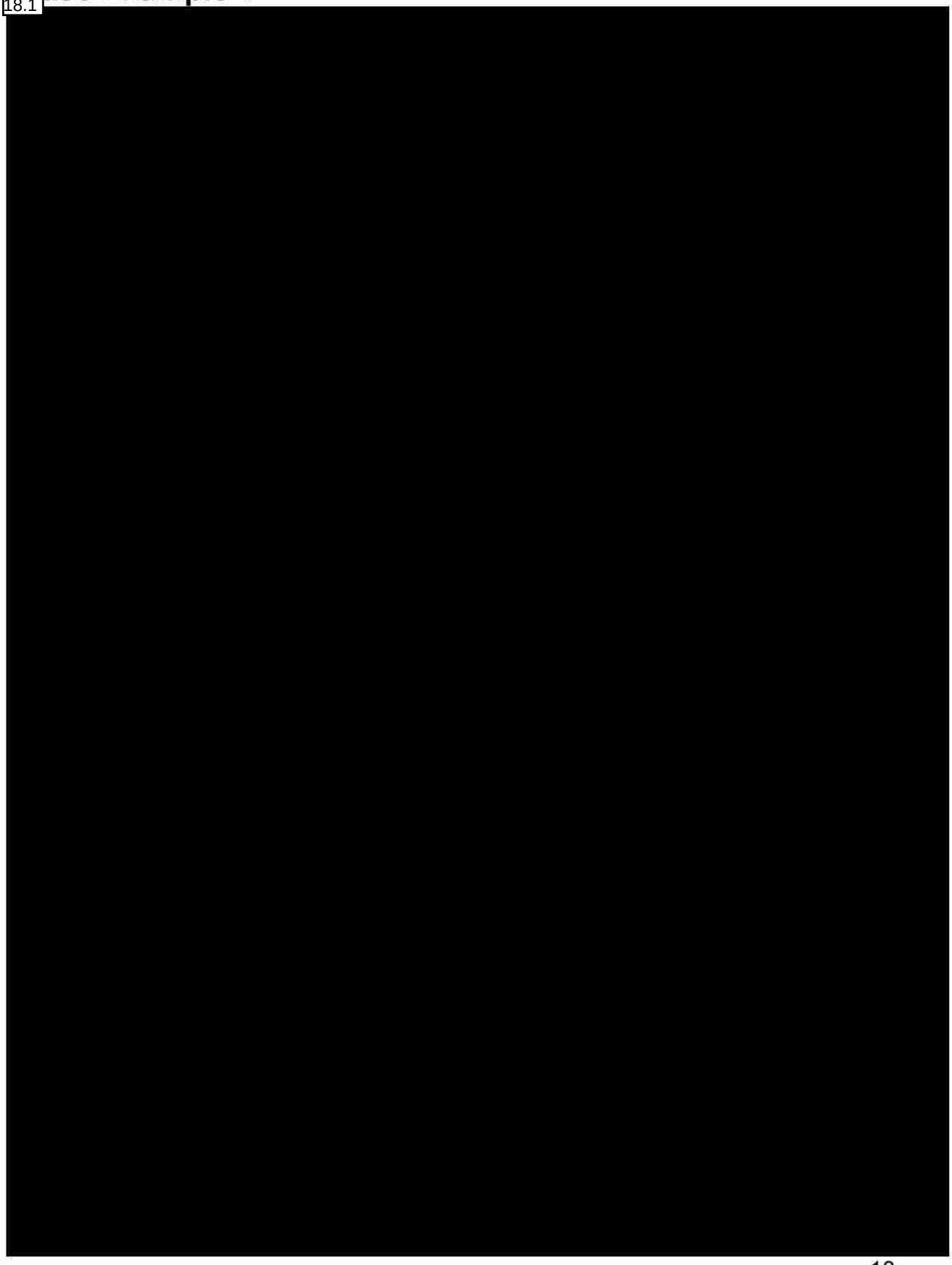


PIP Case Examples

Case Example 1

18.1

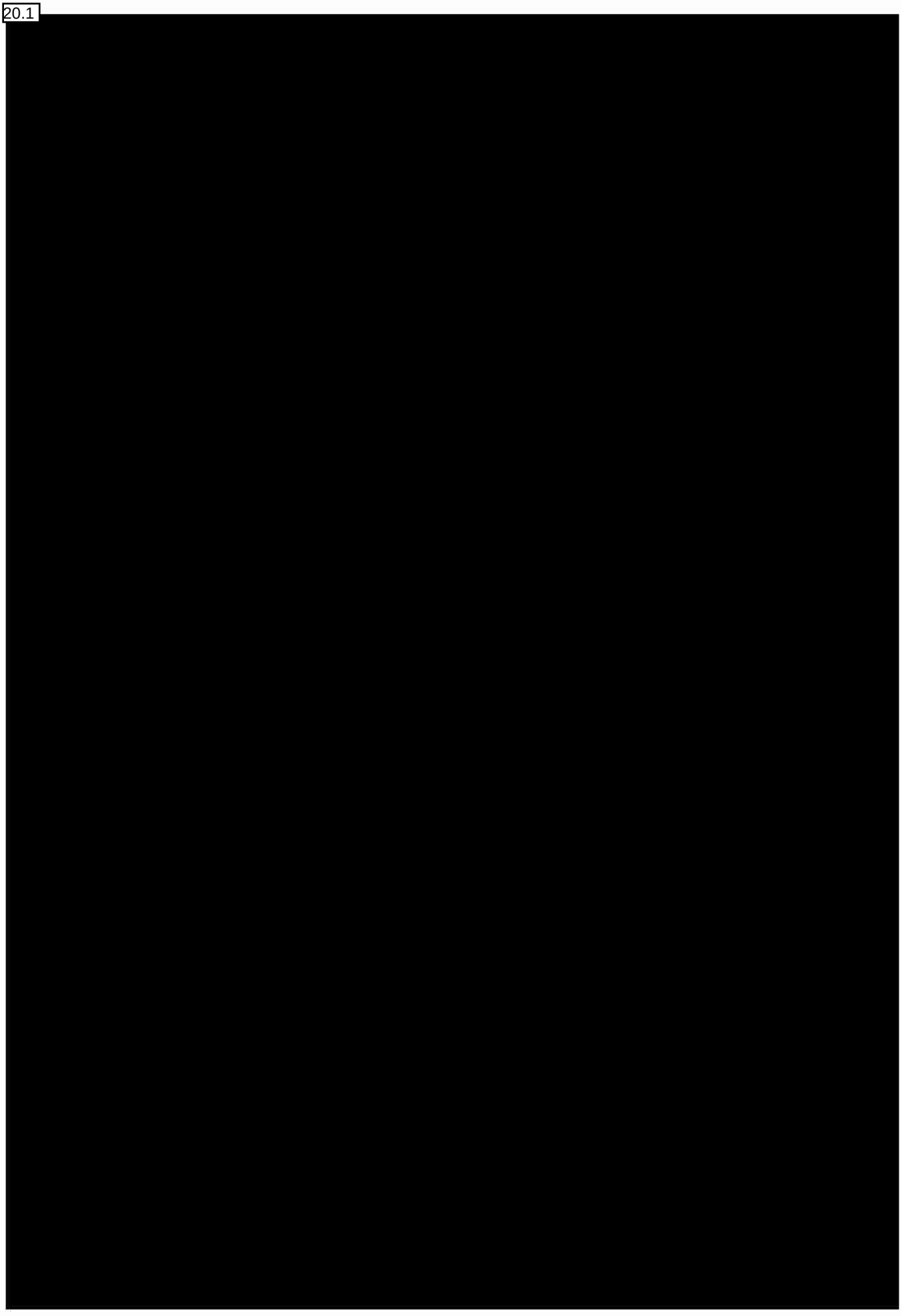


19.1 [redacted]

Further information obtained:

19.2 [redacted]

20.1

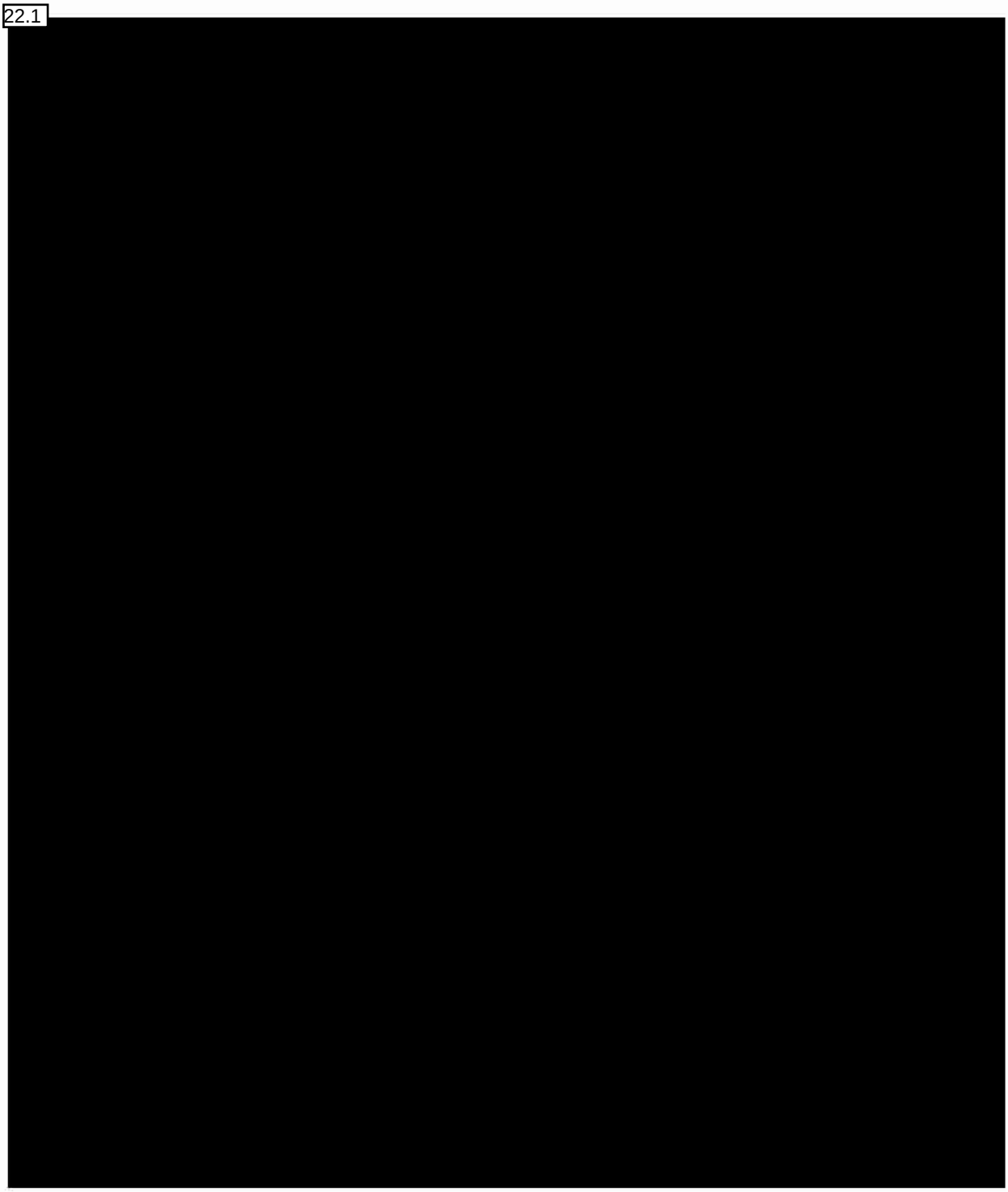


21.1

Expected descriptor choices

21.2

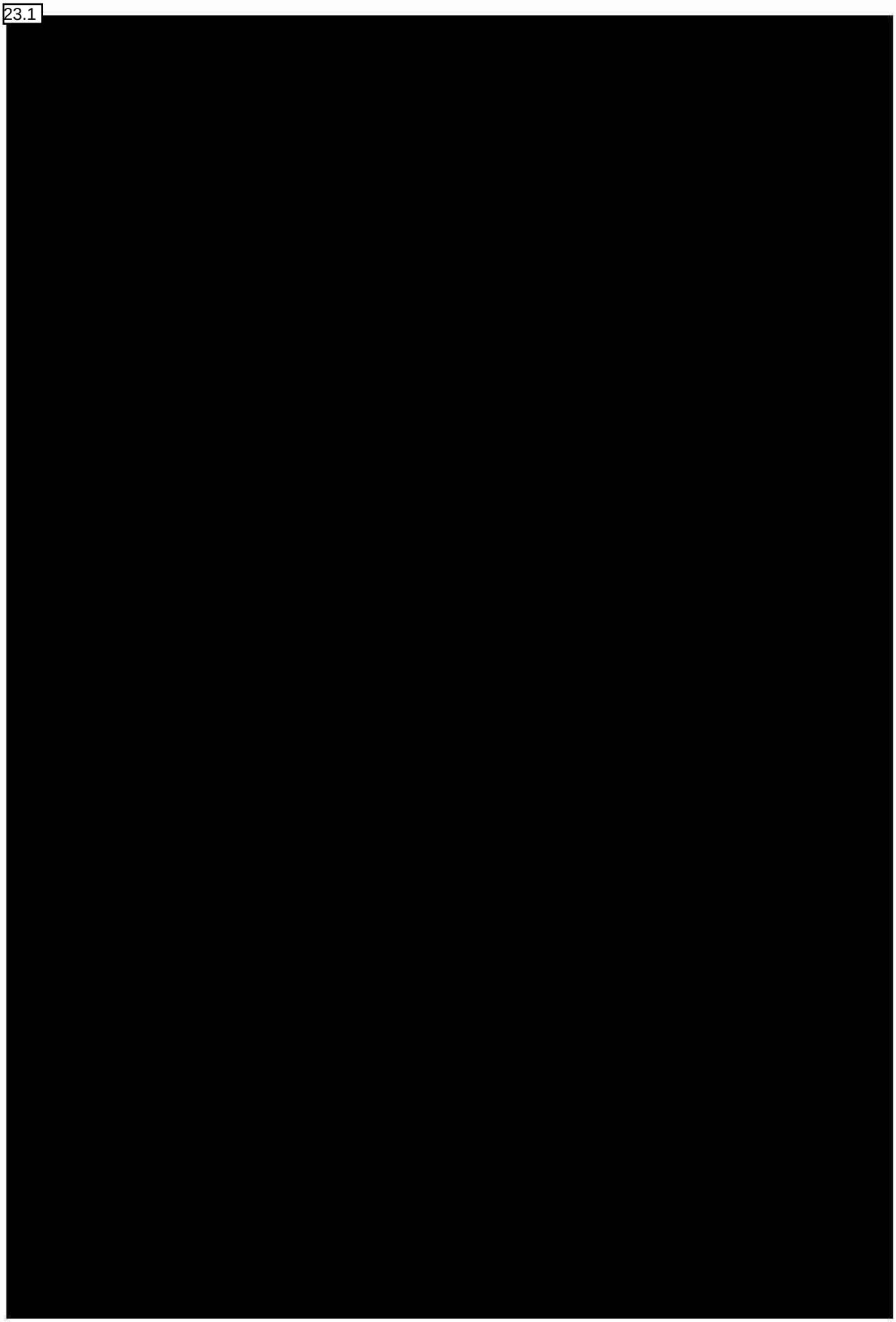
22.1



Case example 2

22.2

23.1



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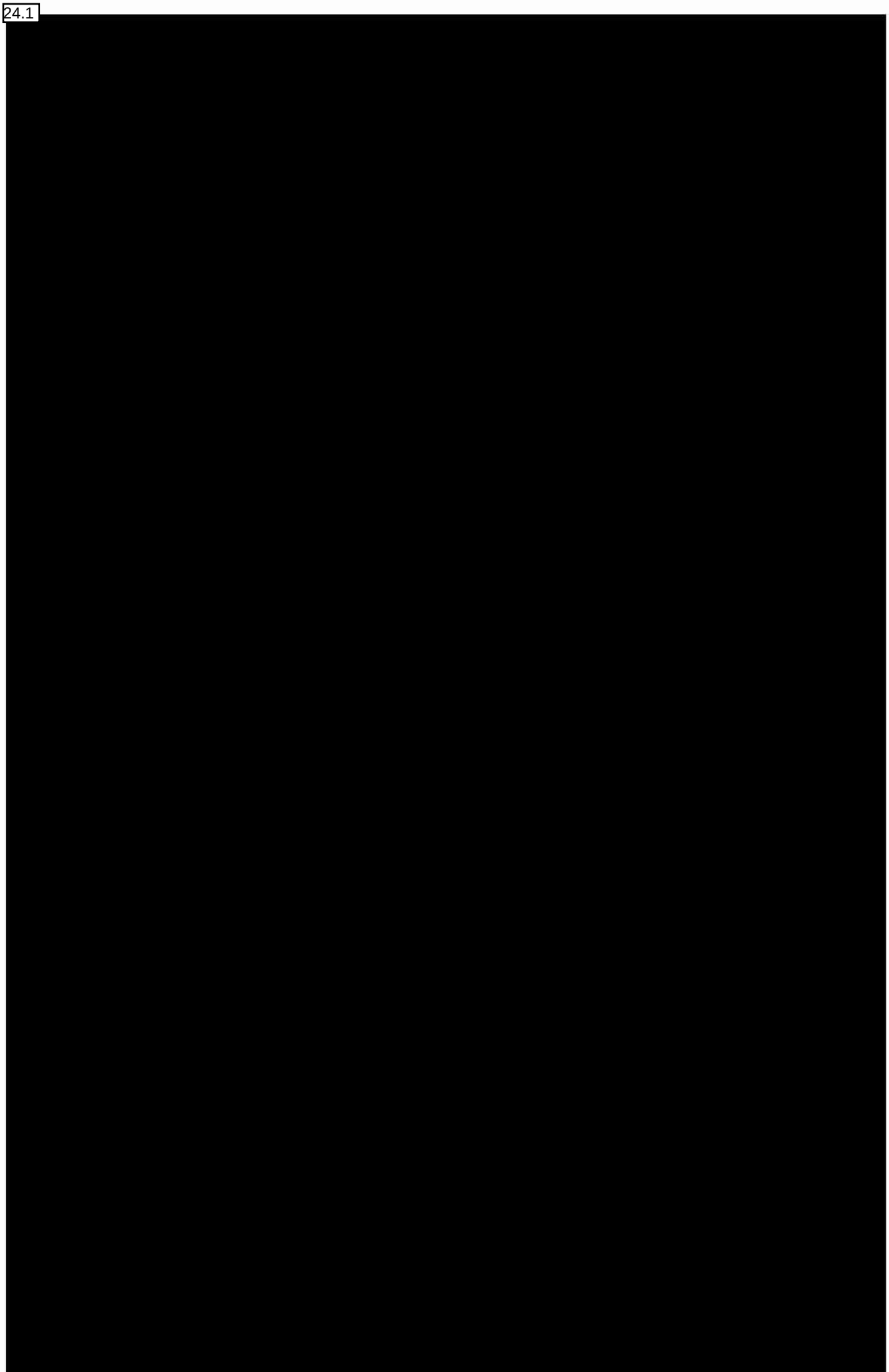

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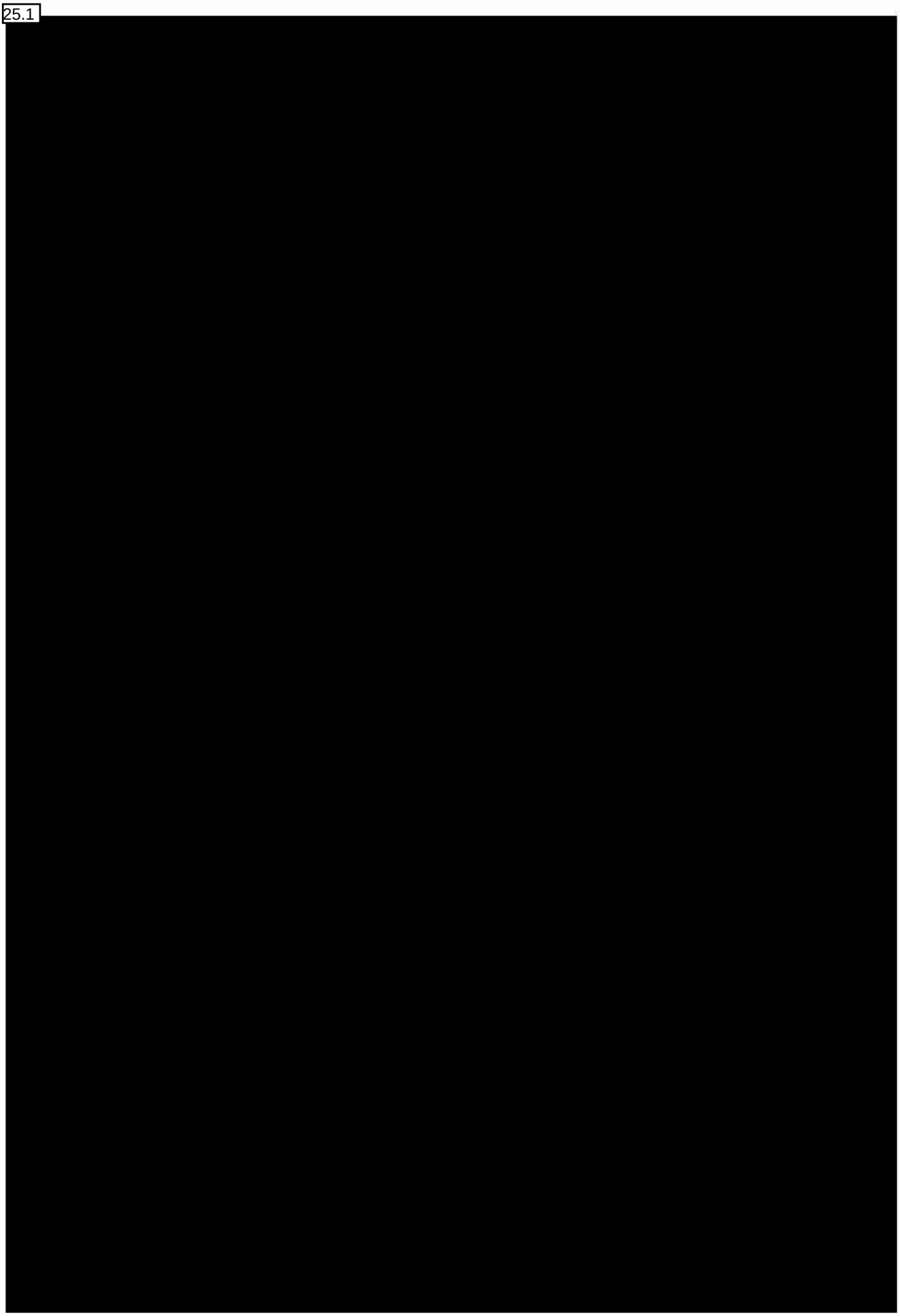

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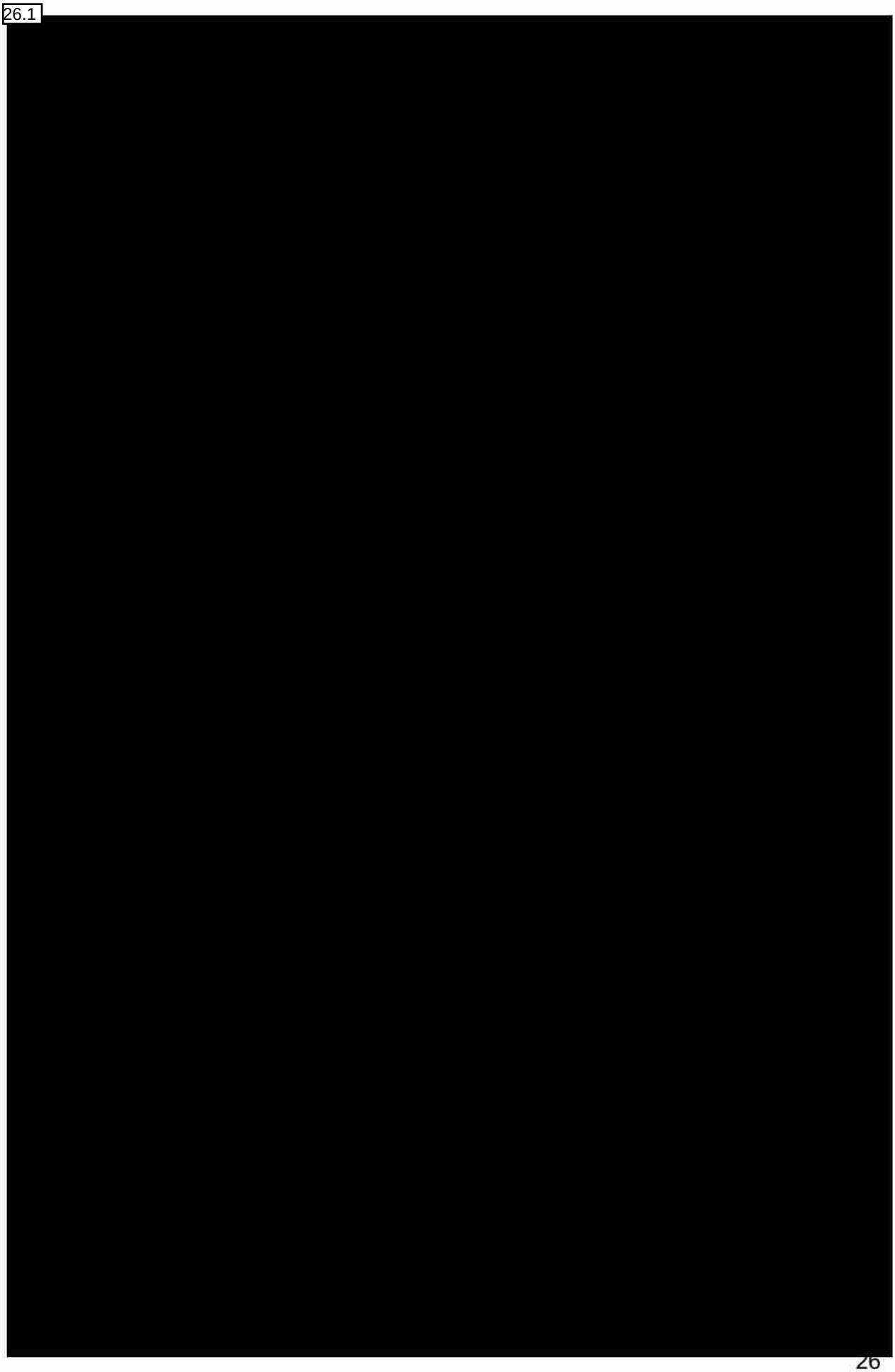

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Expected descriptor choices

27.2

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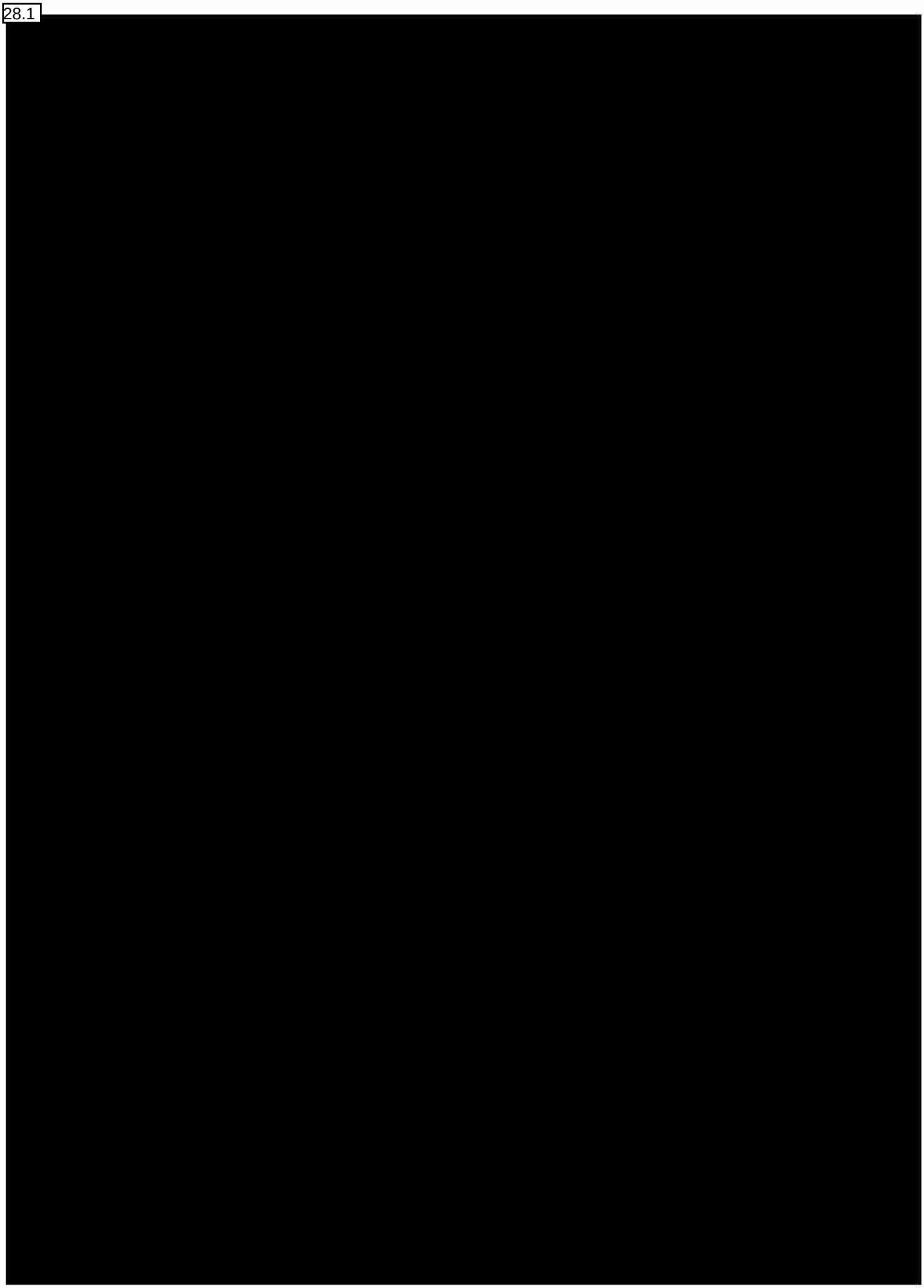

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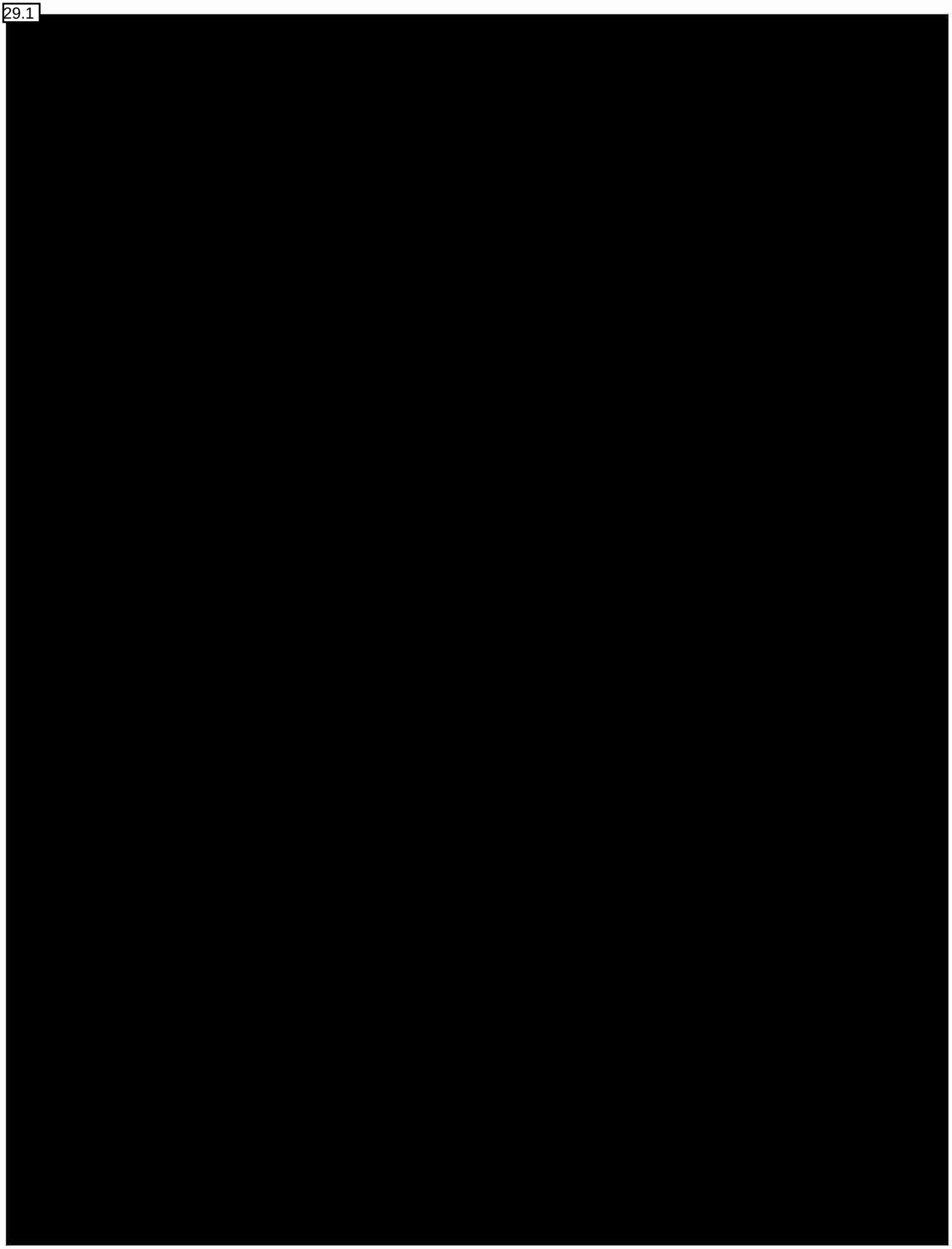


30.1

Section 3: WCA

This section contains WCA specific functional assessment information

Full Assessment in the Disability Analysis Setting

31.1 

Before the Assessment

As with any full assessment (face-to-face, video or telephone), the HCP should prepare appropriately for the interview (refer to WCA Handbook for guidance).

Condition History

31.2 

Any concomitant condition must be identified and individually recorded, as it may be contributing to any functional impairment present.

Information about any treatment received, including medication and medication side effects or specialist treatment must be recorded along with its impact on the symptoms/function.

Typical Day History

31.3 

32.1 [redacted]

Variability

32.2 [redacted]

In the section ‘About your health conditions, illnesses or disabilities’, claimants have an added opportunity to describe in their own words the way in which they feel their condition(s) affects them; to expand on their personal experiences of living with ME/CFS – especially important if they feel that subsequent parts of the form (detailing the functional ‘Activity’ areas) are not applicable/ “don’t fit” their view of the difficulties they have.

Examination

Any examination completed should be performed taking any health and safety measures into consideration and must be completed within the current guidance applicable to the mode of assessment (face-to-face, video or telephone).

Physical Examination

Any physical examination if performed (applicable to full assessments completed face-to-face or video), must be carried out in keeping with examination protocol.

32.3 [redacted]

33.1

HCPs should remember that the person may well be examined by another disability analyst at some time in the future to determine progress, and the methods and style of recording clinical findings must be in accord with standards and recommendations so that subsequent WCA disability analysts can understand the recorded examination findings.

HCPs are reminded when carrying out an MSO, that this aspect of the assessment should usually be able to be completed whilst the claimant is wearing loose indoor clothing, providing the HCP is checking to confirm normality.

If an abnormality is suspected, and therefore a regional inspection and examination required, it would be usual to ask the claimant to remove the relevant items of outer clothing to complete this task. Further explanations and consent to proceed are essential at this stage.

HCPs are also reminded when carrying out a physical examination, to use clinical professional judgement to decide when it is appropriate to offer an attendant or to invite the claimant to have a relation or friend present. If an attendant, relative or friend is present, the HCP should record the fact on the report form, making a note of the person's identity. If the claimant does not want an attendant, the HCP should record that the offer was made and declined.

Characteristically the physical examination rarely reveals definitive positive clinical findings, but features, such as muscle-wasting, should be positively sought; recorded; and explained to the DM.

When a particular functional deficit is claimed, for example mobilising or manual dexterity, the associated muscle groups and joints should receive particular attention and muscle power carefully assessed and recorded

In clinical assessments, measurement of blood pressure (BP) when lying and standing is important to document if there is a significant postural drop (this is particularly important if orthostatic symptoms are claimed). If performed or considered, the safety of performing lying and standing BPs should be carefully considered when conducting functional assessments, especially if claimants report light-headedness, falls, when rising etc. Important information may be gathered in the history that is consistent with the postural drop; the claimant may have also reported results of past blood pressure reading.

Mental State Examination

Because of the possible effects on mental functioning of ME/CFS, it will almost always be appropriate to assess the claimant's mental state in the form of a mental state examination.

ME/CFS can affect concentration, memory, cognition and mood. Therefore, a mental state examination should clearly document associated findings including cognitive function. Like the physical examination findings, the mental state examination findings contribution to the advice given must be clearly explained to the DM.

If the claimant indicates any problems with mood, concentration or 'brain fog' then a MSE must always be documented. If a mental health/function assessment is not carried out, then the reasons for not doing so should be fully justified.

Observed Behaviour

This should be carefully noted, assessed, and recorded. Observations recorded must be focused, relevant and in accordance with guidance in relation to personal descriptions. The claimant will almost certainly report variability and fatiguability and a "snapshot" account may be challenged on this basis. In addition, it is frequently mentioned that a high level of activity on one day may well be achieved but will not result in incapacitating malaise until the next day.

Logical Reasoning and Justification of Advice

An important step in disability analysis is to evaluate all the available evidence in order to formulate the advice. Evidence is not just that available from the face-to-face assessment. Sources such as the questionnaire, hospital/specialist letters as well as information from carers if available must be considered.

In ME/CFS, where there are few if any overt clinical findings, it is particularly important to carefully evaluate whether the person's description of their disability is consistent with their daily activities and lifestyle.

34.1 

35.1 

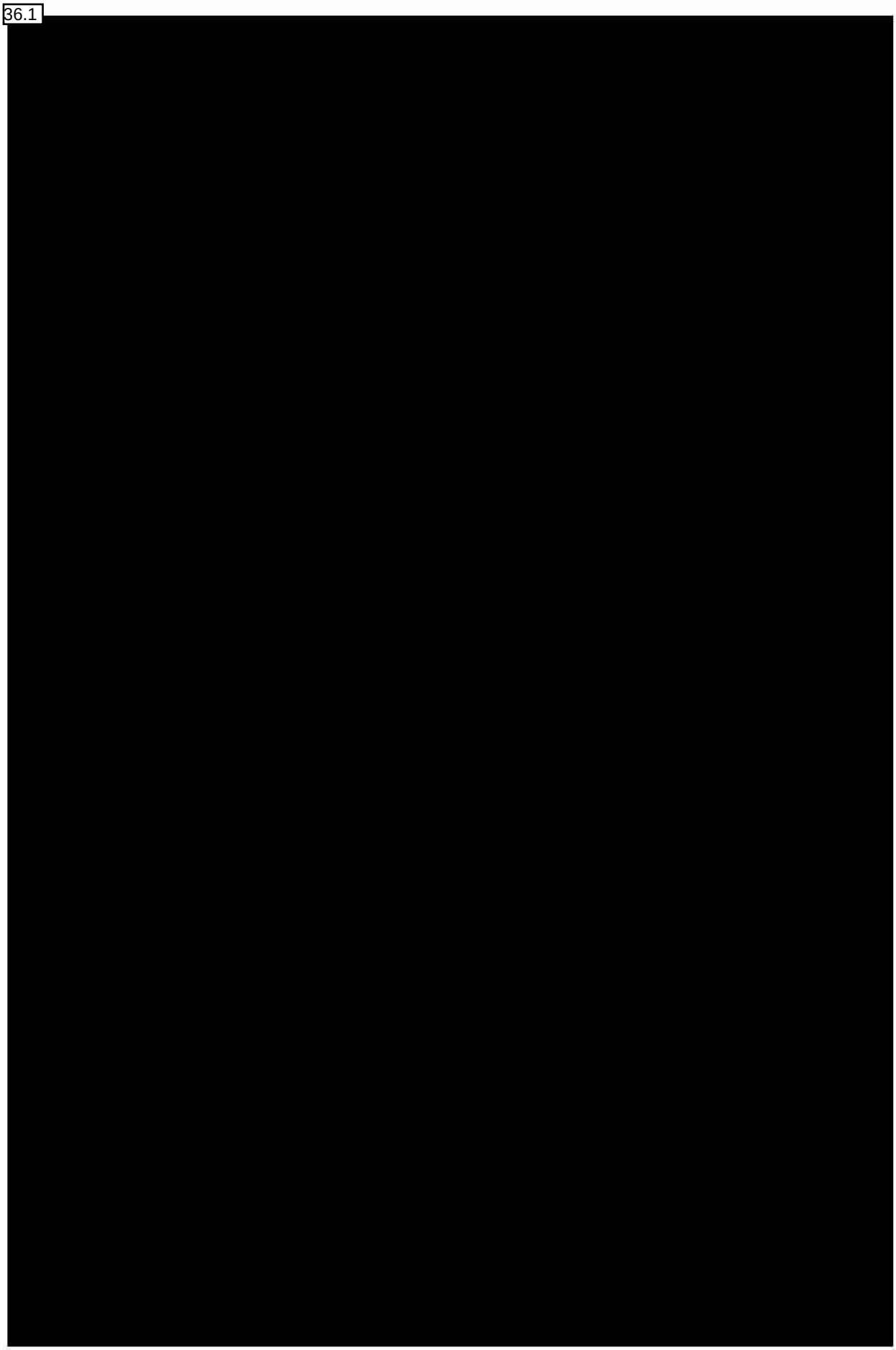
ME/CFS and the Work Capability Assessment

35.2 

Work Capability Assessment Case Example

35.3 

36.1



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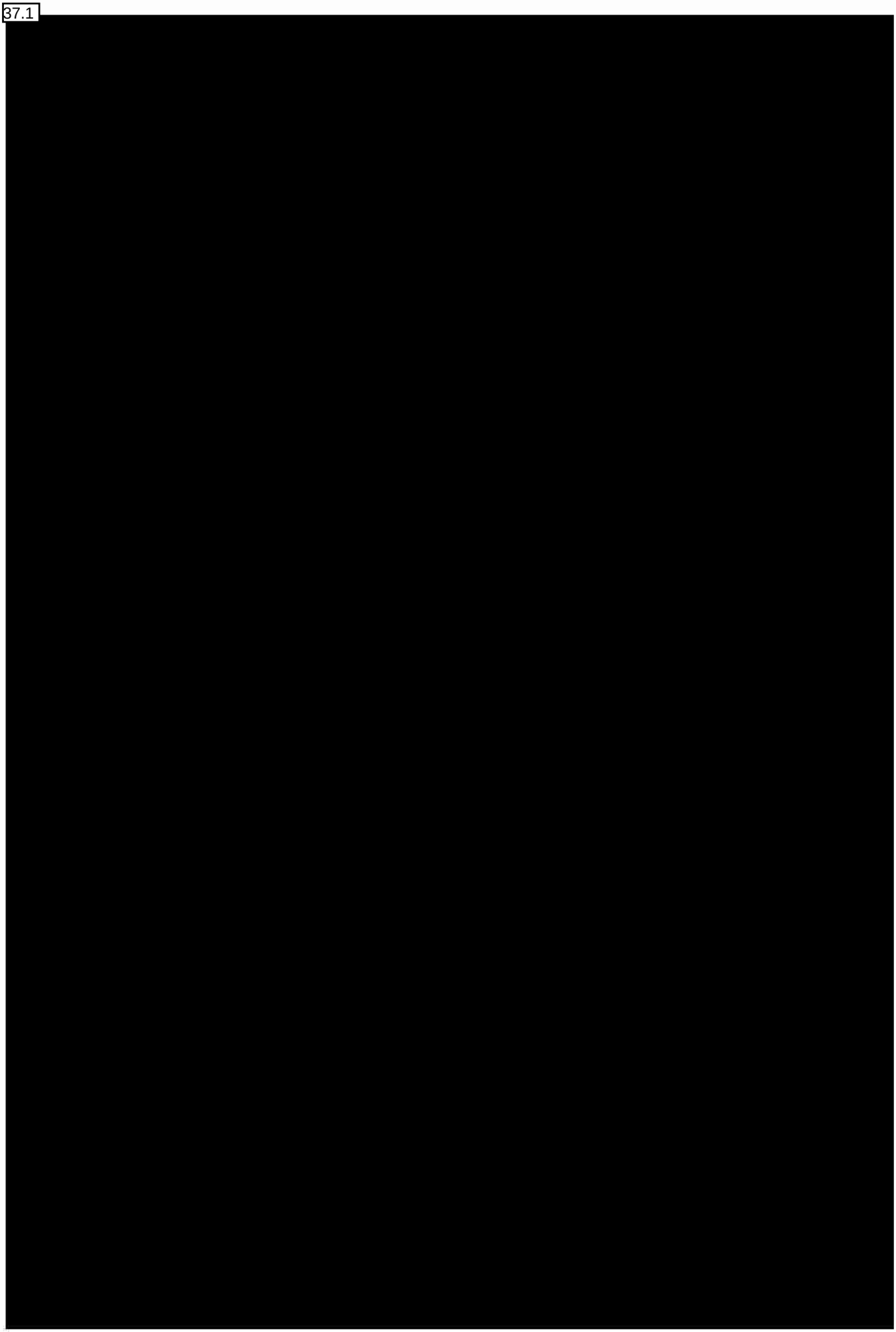

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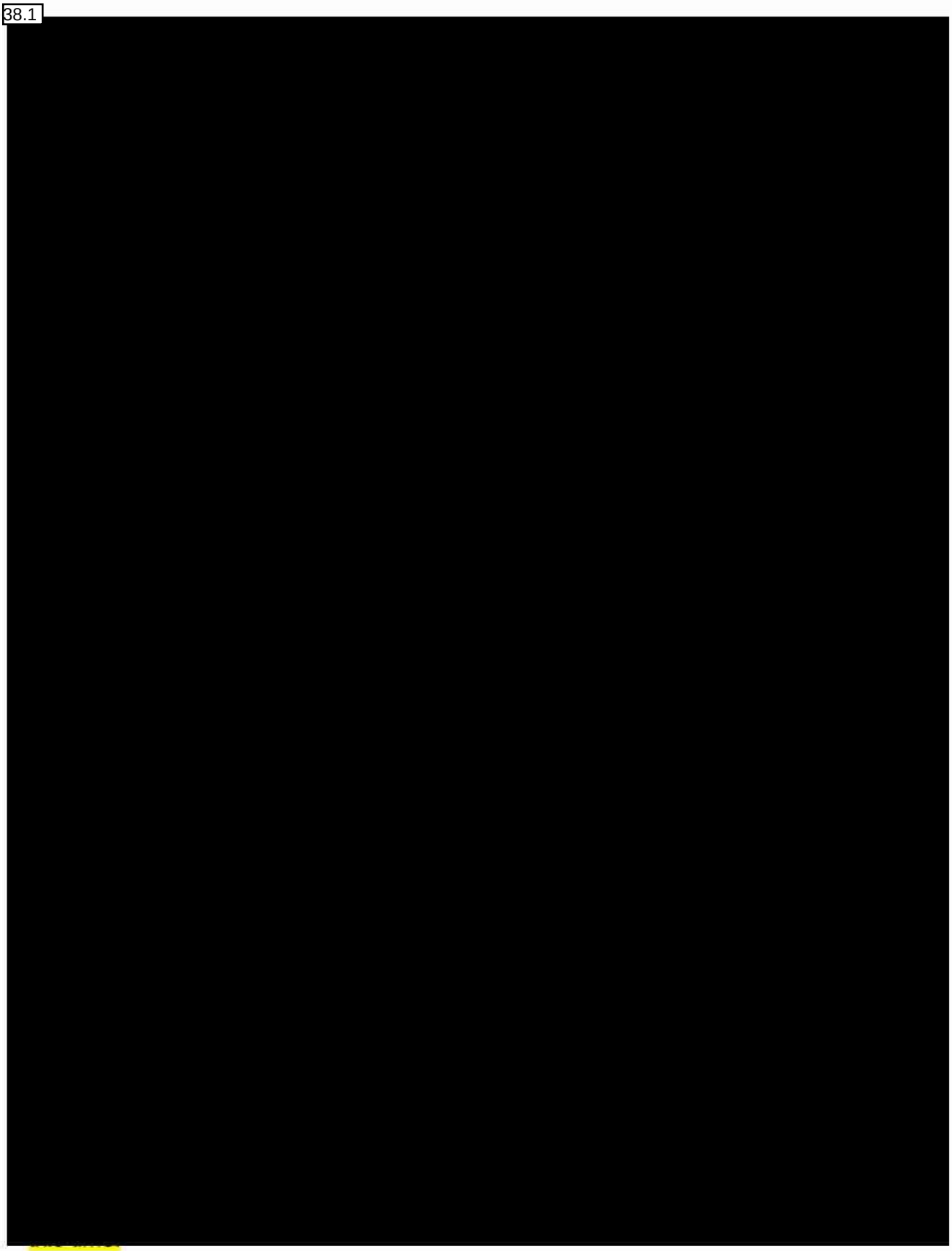

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Redaction Summary

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Exemptions/exceptions:

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Redaction 34.1

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Redaction 35.1

Exemptions/exceptions:

- S.31 - Law enforcement

Redaction 35.2

Exemptions/exceptions:

- S.31 - Law enforcement

Redaction 35.3

Exemptions/exceptions:

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Redaction 36.1

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Redaction 37.1

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Redaction 38.1

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