ARCHBISHOPS' COUNCIL

Guidance to dioceses on standards when choosing an occupational health provider

This advice is provided by the Archbishops' Council to assist the development of good practice. It does not constitute formal guidance under the Ecclesiastical Offices (Terms of Service) Measure 2009. See paragraphs 9 and 20 for further details.

1. There are many benefits to dioceses making proper use of occupational health advisers. These include:

    - helping keep clergy in active ministry
    - supporting clergy back to work after sickness
    - providing advice in cases of long term sickness
    - assisting with adjustments where a full time stipendiary role might no longer be applicable
    - advising on early interventions in cases of disability
    - providing supporting evidence in cases when the capability procedure is being used and there is there is a possibility of retirement.

2. This guidance is provided to indicate the *minimum* standards that an occupational health provider chosen by a diocese is expected to meet. These standards have been put in place to ensure that

    - all possible avenues are properly explored to support clergy whose health is preventing them from fully exercising their ministry;
    - health care for clergy is reasonably consistent across the country;
    - appropriate use is made of the capability procedure to ensure that the need for retirement on ill-health grounds is avoided where possible[1].

3. Dioceses are reminded that the current pension contribution rate is set on the basis that they have in place occupational health provision to at least the level suggested here, although they may decide to provide more if they consider it appropriate.

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[1] Early retirement on grounds of ill health will be regarded by an Employment Tribunal as dismissal. As a result a fair procedure and proper process need to be followed. This means taking occupational health advice and making use of the capability procedure (possibly in shortened form) with a light touch including face to face discussions with the post holder about what he or she is able to do, whether any adjustments can be made to help them in the exercise of their vocation and what the future prognosis is.

1. Who should be included?

4. The Bishop has a duty of care to all beneficed clergy and to all those with a licence or permission to officiate. This does not necessarily mean, however, that everyone should be included in an occupational health scheme. For example, where someone is spending a substantial part of his or her time in employment outside the Church, occupational health provision is more likely to be a matter for their employer.

5. The point is that a diocesan occupational health scheme should include anyone whose health is likely to be affected by their delivery of ministry and those whose ministry could be affected by ill health. As a minimum, this is likely to include:

    - all clergy who are office holders on common tenure (who are subject to the capability procedure);
    - all clergy on freehold who have not opted to go onto common tenure (although they are not subject to the capability procedure and cannot be required to undergo a medical examination);
    - stipendiary licensed lay workers and stipendiary readers.

6. A DBF would need to make separate occupational health provision for its employees (including those clergy who are employed by the DBF). They may wish to apply the same occupational health provision to their employees, but that is a matter for each DBF to determine.

7. Bishops will need to use their discretion over who else should be included in a diocesan occupational health scheme, especially in regard to non stipendiary ministers. It might well be necessary to consider the proportion of time spent on ministry as reasonable criteria for eligibility to any scheme, especially in regard to non stipendiary ministers. For example, it may not be appropriate where the time someone spends on ministry is not significant enough to be a major factor where their health is concerned.

8. Where a cleric is employed by another body (for example, a university or hospital chaplain) that body should normally be responsible for the cleric's occupational health provision. However, it may be appropriate for bishops to allow PCCs, for example, to make use of the diocesan occupational health scheme for PCC volunteers or employees **provided that the PCC pays the cost and reimburses the DBF**.

2. Impact of not having an Occupational Health Scheme in place

9. There is of course no legal obligation for a diocese to take account of the guidance, or to implement a scheme along the lines envisaged by the guidance. However, there are an increasing number of situations where a diocese could be required to demonstrate that they had done all they could reasonably be expected

to do in relation to clergy in the diocese. This is particularly the case in regard to the Capability Procedure for clergy on common tenure.

10. A diocese which did not take steps to make use of a suitable occupational health scheme might therefore be more exposed to the risk of a successful tribunal claim. Any diocese with a wish to either implement a scheme that did not take account of the guidelines, or to not implement a scheme at all, is strongly encouraged to obtain relevant professional advice of their own on these matters as part of their risk management process.

3. What should a diocesan occupational health scheme provide?

11. The occupational health scheme should not normally provide treatment or those types of health screening available on the NHS. The services it should provide include the following

    - a facility for providing clergy with counselling or someone to listen where this is the most suitable option, although dioceses should also be able to use other providers for this[2]
    - a facility for providing the bishop with advice on cases where individual clergy have mental health issues (including anxiety depression and work related stress)
    - statistics to assist in learning about key health issues which affect clergy where these are available
    - As part of the appointments process, health questionnaires after the offer of a post has been made including advice on whether, in order to take account of a medical condition, any reasonable adjustments would need to be made to the tasks to enable the role to be undertaken and sustained without detriment to the health of the person to whom the offer has been made
    - a facility for medical referral of clergy to a local occupational health doctor or nurse, when required by a bishop, archdeacon or other responsible person, to include:-
        - clear diagnosis of the individual's condition
        - prognosis and information on the individual's likely pattern of recovery
        - signposting suitable local NHS providers when someone is receiving treatment provided by the NHS
        - information on whether the individual would be fit to perform all aspects of their role
        - guidance on rehabilitation, phased returns to work and other adjustments which might be recommended in a GP's Statement of Fitness for Work

[2] For example, the north western dioceses make use of an interdiocesan counselling service at http://interdiocesancounsellingservice.org.uk

- guidance and support for bishops in cases where the rehabilitation or return to work period may take place over a longer period of time – for example following surgery, a major illness or accident
- ongoing guidance through any consequent process following medical advice, including ill health retirement or capability procedure
- guidance on circumstances where the Equality Act 2010 and other relevant legislation may apply (either where it might directly apply to clergy, or where we may wish to ensure that we are treating clergy in an equivalent way to those covered by such legislation)
- suggestions on reasonable adjustments that it might be appropriate for a parish to make to assist someone's recovery or accommodate their condition (this may sometimes involve the parish in additional expenditure).

4. What does an OH provider need to deliver this?

12. A diocesan occupational health provider will need to be accredited under the Safe Effective Quality Occupational Health Service (SEQOHS) a set of standards and a process of voluntary accreditation that aims to help to raise the overall standard of care provided by occupational health services. The provider will also need

a) a sufficient number of occupational health nurses and doctors with specialist accreditation (The minimum standard required would be the Diploma in Occupational Health Medicine.)

b) an evenly-spread network of accredited occupational health nurses and doctors to cover the diocese so that clergy do not have to travel too far

c) access to a network of qualified consultants and specialists (for example orthopaedic, ENT) for provision of assessment and advice (but not treatment)

d) to be able to provide suitable stress counselling and support and advice for mental health issues

e) an effective and accountable clinical governance system, with delegated responsibilities between occupational health professionals clearly documented

f) a good reporting system for clients, including the provision of data such as annual referral statistics to enable the identification of trends and patterns relating to health issues

g) a system of monitoring and reviewing the quality of service provided

i) confidentiality and efficiency in storage and management of health records

j) clear and effective guidance in complying with relevant health and safety and disability legislation and best practice

k) an understanding of the Church of England and the implications of office holder status of clergy (information on this will be provided in a letter for those tendering)

l) an awareness of the particular types of health risk arising from clergy work activities

m) an openness to extending the occupational health service to other staff at the request of dioceses

n) an awareness of some of the other provision that is available for Church of England clergy, for example from St Luke's (www.stlukeshealthcare.org.uk) or the Society of Mary and Martha (www.sheldon.uk.com).

5. Triggers for a referral to a medical practitioner

13. Medical referrals should be initiated by the archdeacon/bishop or responsible person in the individual's diocese[3]. It is desirable to identify health problems early so that prompt action can be taken. The archdeacon/bishop or responsible person would receive the advice resulting from a medical consultation once it had been sent to the patient to verify factual information (in accordance with General Medical Council requirements).

14. It is suggested that any of the following could trigger a health referral

- major surgery
- surgery that has a short term impact on sight, balance, or physical ability
- an ongoing medical condition (unless the condition is stable or improving)
- continuous sickness of one month or longer

[3] Regulation 28 of the Ecclesiastical Offices (Terms of Service) Regulations 2009 provides that the bishop may, if he has reasonable grounds for concern about the physical or mental health of an office holder, direct that the office holder shall undergo a medical examination. Where the office holder refuses to comply with such a direction, or fails to disclose or authorise the disclosure of any relevant medical records, the bishop is permitted under the regulations to draw such inferences as appear appropriate having regard to all the circumstances.

- persistent or repeated short term sickness absence
- where there is a need for advice on reasonable adjustments relating to disability
- concerns by the bishop about someone's health/mental health/ability to cope.

6. draft letter inviting occupational health providers to tender

15. A draft letter for use in inviting occupational health providers to tender is attached as Annex 1. This includes some supplementary information for health providers on Church of England clergy (Appendix A) and some extracts from the Capability Procedure (Appendix B) and supporting guidance (Appendix C).

16. A model letter for referring individual cases is attached as Annex 2.

January 2014

Annex 1

Model letter for dioceses inviting occupational health providers to tender

Dear X

We are asking you tender for providing the following service

- a facility for providing clergy with counselling or someone to listen where this is the most suitable option, although dioceses should also be able to use other providers for this[4]
- a facility for providing the bishop with advice on cases where individual clergy have mental health issues (including anxiety depression and work related stress)
- statistics to assist in learning about key health issues which affect clergy where these are available
- as part of the appointments process, health questionnaires after the offer of a post has been made, including advice on whether, in order to take account of a medical condition, any reasonable adjustments would need to be made to the tasks to enable the role to be undertaken and sustained without detriment to the health of the person to whom the offer has been made
- a facility for medical referral of clergy to a local occupational health doctor or nurse, when required by a bishop, archdeacon or other responsible person, to include:-
    - clear diagnosis of the individual's condition
    - prognosis and information on the individual's likely pattern of recovery
    - signposting suitable local NHS providers when someone is receiving treatment provided by the NHS
    - information on whether the individual would be fit to perform all aspects of their role
    - guidance on rehabilitation, phased returns to work and other adjustments which might be recommended in a GP's Statement of Fitness for Work
    - guidance and support for bishops in cases where the rehabilitation or return to work period may take place over a longer period of time – for example following surgery, a major illness or accident
    - ongoing guidance through any consequent process following medical advice, including ill health retirement or capability procedure
    - guidance on circumstances where the Equality Act 2010 and other relevant legislation may apply (either where it might

[4] For example, the north western dioceses make use of an interdiocesan counselling service at http://interdiocesancounsellingservice.org.uk

directly apply to clergy, or where we may wish to ensure that we are treating clergy in an equivalent way to those covered by such legislation)

- suggestions on reasonable adjustments that it might be appropriate for a parish to make to assist someone's recovery or accommodate their condition (this may sometimes involve the parish in additional expenditure).

The aim of these referrals is *not* to find a way of removing clergy from office (although there may be occasions when this is necessary in the interests of their health). Rather, it is to see what action needs to be taken to enable clergy whose health is a matter for concern to continue or resume their ministry in a way that is pastorally effective and conducive to their well being, which will, in most cases, involve continuing to exercise a vocation.

The number of clergy for which we shall need the service is as follows……..

I attach some further information:

- further information about Church of England Clergy (Appendix A)
- extracts from the capability procedure (Appendix B)
- extracts from the supporting guidance on the capability procedure (Appendix C)

Yours sincerely

XXX

Diocese of _____

Appendix A

Church of England Clergy

Clergy office holders

The language of employment (including referring to the bishop or the diocese as the employer) must not be used, as clergy are not employees but office holders.

One of the features of holding an office that distinguishes it from being employed is the high degree of autonomy over how the role is carried out. For example, there are no prescribed hours (although clergy are legally entitled to an uninterrupted rest period of not less than 24 hours in any period of 7 days and not less than thirty six days of annual leave). It will thus be important for the health provider to have access to a role description or set of objectives when providing advice, and to be aware that a return to work will require clergy to be sufficiently physically robust to take services and receive visitors. The provider will also need to be aware that there will not be the element of day to day supervision or hands on support that there would be in an employment context. Clergy office holders are not line managed, although the bishop has power to require them to have an occupational health assessment, and they are required to participate in ministerial development review and continuing ministerial development.

This means that isolation and lack of support can be a particular issue, especially for clergy who live alone. Cases of stress need to be handled with particular care, as clergy live at their place of work and amongst those to whom they minister and may be subject to unreasonable expectations by themselves and others. There will be sources of support available both nationally (for example the Society of Martha and Mary) and locally, and it will be important to ensure that health providers are fully aware of what is available.

It is important for health advisers to be aware that, for many clergy, the priestly vocation is fundamental to their sense of identity. Although there will be periods when they are not carrying out their duties of their particular office, they will probably see themselves as being a priest all of the time, including when they are ill or on annual leave.

Self- supporting ministers

It should not be assumed that all clergy are in full time stipendiary appointments. An increasing proportion are work part time, or have employed positions (not necessarily with the Church) in addition to their ministry. Some are unpaid, or retired and on pension.

Sickness reporting

Clergy have only been legally required since 2011 to report sickness absence, and there is still no requirement to report annual leave. It is suspected that there is a high degree of unreporting of sickness, particularly as clergy are working from where they live and are thus not absent from their place of work when they are unavailable to work as a result of sickness.

All office holders under common tenure – whether in receipt of stipend or not – are now legally required:-

- to use all reasonable endeavours to make arrangements for the duties of their office to be performed by another person (this obligation can often be discharged by the office holder informing an appropriate person of his or her absence)

- to provide a certificate signed by a doctor for any absence for a period of more than 7 days.

In addition, stipendiary office holders are required to report any sickness absence amounting to one day or longer – this is a requirement relating to the payment of Statutory Sick Pay.

There are other important reasons why office holders should report any sickness absence. For one thing, it will often be necessary to arrange cover, so that the duties of the office are carried out during the period of sickness, and this means that that the office holder's colleagues need to know. Second, bishops have a pastoral responsibility to all office holders whom they have licensed. It will be difficult for them to carry out the duty of promoting the welfare of all the clergy in their charge, unless those clergy inform them – or someone acting on their behalf –of any significant periods of sickness. Whilst a week may not appear to be very long, repeated absences may indicate that there is a problem. Third, all clergy need to report sickness absence fully, so that the Church has an informed understanding of the factors which may affect the health of clergy in parish and other ministry.

The terms of service legislation requires the bishop to nominate one or more persons for the purpose of receiving information about sickness absence, and for the relevant person to be recorded on the Statement of Particulars. In practice this gives a high degree of flexibility over who should be informed, and, in the case of many self supporting ministers it may well be appropriate for their absence to be reported at local rather than diocesan level, for example the archdeacon or area dean, who should be recorded as the appropriate person on the statement of particulars.

Other points

Clergy office holders are not subject to health and safety legislation, as the bishop is not in a position to require them to comply with health and safety procedures, although the bishop has a duty of care.

A default retirement age of 70 is still in place, although 68 is the age at which clergy may retire without having their pension benefits reduced for early retirement.

There is a specific capability procedure (along with supporting guidance) that must be followed in cases of removal from office on grounds of ill health. Extracts from the procedure and its supporting guidance are attached.

Extract from the CAPABILITY PROCEDURE

This code of practice is issued by the Archbishops' Council under section 8 of the Ecclesiastical Offices (Terms of Service) Measure 2009 and Regulation 31(3) of the Ecclesiastical Offices (Terms of Service) Regulations 2009. Anyone dealing with issues of capability in relation to any office holder on common tenure must have regard to this Code of Practice.

19. Use of a shortened procedure

19.1 There will be exceptional cases in which the procedure may be shortened, but the principles of natural justice and the opportunity to appeal against removal from the current office must not be jeopardised. They will include the following:

(a) Cases where immediate improvement can be expected, through an easily acquired alternative pattern of behaviour or action likely to produce immediate effects. If the expected improvement does not occur, and there are no mitigating circumstances such as ill health or personal difficulties, the procedure could move through each stage fairly quickly

(b) Cases arising during the first year of an office holder's tenure in any post or during the first three years of a title post, where it becomes clear that he or she is not suited to the post and so not capable of undertaking what is required. In the case of assistant curates, it will be important to bear in mind that they are still in a learning role, and that allowance for this needs to be made before the formal procedure is activated

(c) Cases of ill health (see Part 6 below).

19.2 In these very particular cases, the appointed person, with advice as appropriate from the human resources adviser, may decide that a shortened procedure should be used. Only one stage of the procedure may be dropped: that is, there must always be a formal warning stage with appeal rights, prior to holding a final capability meeting that might result in removal from office.

PART 6 - INCAPABILITY DUE TO SICKNESS, INJURY OR DISABILITY

20. Dealing with absence

20.1 When dealing with prolonged or repeated absence from work, it is important to establish the reason. If there is no acceptable reason, the matter, if serious,

could be treated as a conduct issue and dealt with as a disciplinary matter under the Clergy Discipline Measure 2003.

20.2 If the office holder is unable to carry out the requirements of the post as a result of long-term or persistent short-term sickness, injury or disability absence, or poor performance is caused by sickness, injury or disability, the law treats this as a capability issue and any eventual removal from office will be on the grounds of capability. So, if the absence or poor performance is serious enough to consider removal from office, it will be necessary (after taking specialist advice) to instigate the capability procedure.

20.3 As in other capability cases, a fair procedure must be followed and clearly documented to demonstrate that every attempt has been made to improve attendance or performance. In cases of long term or persistent sickness absence or poor performance as a result of illness, it may be necessary to make clear to the office holder that, however genuine the health problem, removal from their current office is a possibility because the duties of the office are not being carried out.

20.4 The handling of incapability due to sickness or injury needs to be distinguished from other capability issues. The appointed person should take a sympathetic and considerate approach, and the needs of the office holder must be borne in mind. In every case there will be different circumstances and varying factors to take into account, so the procedure must be applied flexibly, for example by using the shortened procedure. However the basic principles of natural justice must be followed:

a) evidence must be gathered
b) the office holder must be offered the opportunity to comment
c) a warning of the consequences of a lack of improvement must be given
d) help and time must be given to improve
e) a hearing should be held, if practicable, at which progress is reviewed
f) a formal warning stage with appeal rights must take place.

20.5 Time limits for the operation of each stage of the procedure in sickness cases should, wherever possible, be established by agreement, after taking medical and other appropriate professional advice.

20.6 When thinking about how to handle these cases it is helpful to consider:

i. whether medical advice has been sought or an occupational health referral has been made
ii. whether, if the Disability Discrimination Act 2005 applies, steps have been taken to make reasonable adjustments to the working environment or the way the role is carried out
iii. whether, in other cases of sickness absence, steps have been taken to make temporary adjustments to the working environment or the way the role is carried out, to ease the office holder back to full duties
iv. the likelihood of, and prospective timescale for, a resumption of the full range of duties to the required standard

v. whether alternative work outside the Church is available and what support might be required to enable the office holder to obtain such work
vi. the effect of the absence on the parish or other area of ministry
vii. how any similar situations involving the office holder have been handled in the past.

20.7 If the appointed person considers that poor performance may be the result of physical or mental illness, the issues need to be treated with sensitivity and care. The office holder must be encouraged to seek professional advice. Regulation 28 of the Ecclesiastical Offices (Terms of Service) Regulations 2009 contains a power for the bishop to direct an office-holder to undergo a medical examination where he has reasonable concerns about that person's health. If the office holder fails to comply with such a direction or authorise the disclosure of any relevant medical records when requested to do so, those operating the capability procedure may draw such inferences as appear to them to be appropriate in all the circumstances. The bishop may also wish to consider granting special leave of absence in such circumstances.

20.8 In some cases, capability issues may remain, even though all reasonable adjustments have been made and support given. If medical advice has indicated that the condition is likely to be permanent, it may be possible to deal with the situation through ill health retirement. In cases where the Church of England Pensions Board is satisfied that a disability is likely to be permanent, a disability pension and lump sum may be available to qualifying members of the pension scheme on leaving their office.

Appendix C

CAPABILITY PROCEDURE CODE OF PRACTICE – SUPPORTING ADVICE

This advice is issued by the Archbishops' Council for information and to assist the development of good practice, and is referred to in paragraph 1.2 of the capability procedure. It does not constitute formal guidance under the Ecclesiastical Offices (Terms of Service) Measure 2009.

14. Capability and sickness

14.1 It is important to deal with cases of long-term sickness in a fair and sensitive manner, and to emphasise that the capability procedure is used for all cases of under performance, including those which are caused by ill-health. This is to provide protection to the officeholder and ensure that a fair assessment is made of the possibilities for reasonable adjustments, support and rehabilitation.

14.2 There are a number of course of action that may be appropriate in the case of long term sickness, depending on the circumstances of the particular case. They include the following.

- *Changes to the role or making other adjustments* that would enable the person to carry out the role. This might, for example, involve some reasonable adjustments to the parsonage facilities or providing alternative computer technology, or it might mean making arrangements for some of the duties of the office to be covered for a limited period. It is important to be imaginative and explore possibilities here, and bear in mind the requirements of the Disability Discrimination Act 1995 to make reasonable adjustments if they will enable a person with a disability to carry out the requirements of the office.
  The Government's Access to Work scheme supports people whose health and disability affects the way they do their jobs. It might pay towards equipment needed at work or adapting premises, or a support worker. For further details contact the Disability Employment Adviser at the local Jobcentre Plus.

- *Providing alternative work to which the office holder may be more suited*. Sometimes it may be that the requirements of the particular office exacerbate the ill health, and it would be beneficial for the office holder to consider a move. See the section above on alternative posts.

- *Ill health retirement* may be an option in cases where the office holder is unable to work, the condition is permanent and there is no likelihood of a return to work either in the current office (whether to full duties or duties

adjusted after mutual agreement) or in an alternative position (whether in priestly ministry or not).

- *Removal from the current office* requires the use of the capability procedure. It might be used, as a last resort, in a case where the office holder was no longer capable of carrying out the duties of their current office and was unlikely to achieve an acceptable standard in another ministerial appointment, but ill health retirement pension was not available. In certain circumstances it might be appropriate to use the shortened procedure, which would miss out one stage, but using the procedure will always include a formal warning stage with appeal rights, prior to holding a final capability meeting that might result in removal from office.

14.3 In reaching a decision about how to proceed, it is valid to weigh the impact of long-term sickness on the parish and the need for cover. Uncertainty over a sustained period can be very damaging, especially if there does not appear to be a timescale for resolving that uncertainty. This is likely to become more difficult over time, as people find that the office holder's absence from work results in increased demands on them. The circumstances of each individual case will determine what would be considered reasonable.

14.4 Clergy may sometimes need to be reminded that Regulation 27 of the Ecclesiastical Offices (Terms of Service) Regulations 2009 requires clergy to inform the officer nominated by the bishop if they are unable to carry out the duties of their office for reasons of sickness. A discussion with the office holder on each occasion that he or she returns to work should help to create a climate where discussion of sickness and the surrounding issues is made easier.

14.5 In cases of long term sickness where recovery and return to work are expected, it is nevertheless important that the appointed person has regular meetings with the office holder or their representative to keep the position under review. Discussion of these matters is sensitive but best not avoided. Keeping someone in suspense and leaving them unclear where they stand can be stressful for them, and is not kind in the long run either to the individual or to the people he or she serves.

14.6 Regulation 28 of the Ecclesiastical Offices (Terms of Service) Regulations 2009 gives the bishop power where there are reasonable grounds for concern about the physical or mental health of an office holder to direct that the office holder undergoes a medical examination. In cases of long term sickness, it will be useful to consult the Human Resource Adviser about referring the office holder to an occupational health adviser. This will help to address the following points:

- whether there is an underlying medical condition
- whether sickness absence is likely to improve
- if currently absent, when the office holder is likely to be fit to return to work

- whether there are any health and safety issues
- any recommended work restrictions or adjustments considered appropriate to the workplace and their duration
- whether further review is recommended and by whom
- whether the office holder is likely to be within the scope of the Disability Discrimination Act (DDA)
- if the DDA applies, then what reasonable adjustments are required and what is their likely duration.

14.7 Particular care is needed in communicating sickness cases, as office holders may want to keep the nature of their illness confidential. However, churchwardens, other members of the parish staff team, and the area dean (who may be involved in trying to organise cover) need to be kept informed about the likelihood of, and timescales for, a possible return to work.

Archbishops' Council

[ ] 2009

Annex 2

Example letter for occupational health provider

Your occupational health provider may well provide a form for you to use for referrals, but you may find some of the questions below helpful. The more specific you are able to make your questions, the more helpful the information that you are likely to receive from your occupational health provider.

*You may also wish to provide specific information such as that contained at **Annex 1** (Model Tender letter) in order to assist your occupational health provider.*

Dear

Re: The Revd…..

Please provide advice in connection with this office holder.

The reason for this referral is (*delete or add as applicable*)

- sickness absence as shown below
- a need to assess the office holder's fitness to return for work
- concern about his/her general state of health
- the need to assess whether any adjustments need to be made in order for him/her to carry out the duties attached to this post
- other: please state….

I attach details of

- his/her sickness absence
- a role description
- further information about their ministry (e.g. whether full time/part time/whether stipendiary or not/ whether a house is provided/ whether it is carried out in conjunction with other duties).

Please note that the duties involve (*delete or add as necessary*):

- standing and taking services (of more than one hour)
- being available to visitors who may have pastoral needs
- chairing meetings and supervising volunteers
- significant stress
- computer work

- other relevant factors

The occupational health assessment should include the following (*delete/add as necessary*)

- the likely date of return to work
- whether the ill health is work related
- whether temporary or permanent restrictions apply, and, if so, for how long?
- whether the case is covered by disability legislation and if so what adjustments should be considered
- whether the office holder is likely to be able to perform effectively in his or her role into the future
- whether the performance is affected by ill health and how likely this is to continue
- whether the office holder is fit to continue in his or her current post
- whether ill health retirement may need to be considered

Other points that it may be appropriate to ask in a referral include the following.

- If the office holder is not fit to resume full time working, why is this is the case, and when do you consider he or she is likely to be able to?
- Are any reasonable adjustments required to assist a return to work?
- Would a phased return to work be appropriate?
- If a phased return to work is appropriate, what do you advise?
- Is the condition being managed appropriately (via support/counselling/medication)?
- Are there any other underlying health conditions or issues?