Supporting ministers who experience ill health: a good practice guide (part 1)

Introduction

This good practice guide has been developed following a request from the Conference of 2010 for clear advice about how to support and work with ministers who experience ill health. In addition, the Conference of 2009 also considered Memorial M38 *Absence by presbyters and deacons from work* and asked for a report on the issues raised in the memorial by no later than the Conference of 2011. The aim of this guide is to assist ministers, superintendents, circuit stewards, district chairs and the warden of the Diaconal Order in dealing with these issues in sensitive, pastoral and lawful ways.

Scope and application of this guidance

These provisions apply to all ministers (presbyters and deacons), and presbyteral and diaconal probationers, who are in appointments in the control of the church (as defined in SO 801(1)). This good practice guide provides advice which should be read in the context of the requirements and provisions of standing orders.

Sickness absence and illness in context

National surveys of the reasons for sickness absence in the UK consistently show that the main reason for absence, as one might expect, is for acute conditions such as colds, coughs and influenza, or recovery from operations or major illness. However, the second most common reason for absence is for conditions such as 'stress' or mental ill health. These can result from or be exacerbated by work-related issues such as excessive workload or from difficulties originating in a person's private life.

It is estimated that one in four of the population will experience mental ill health during their lifetime. It is also thought that one in seven working-age people in the UK have a disability. The conditions covered in the definition of disability include physical issues such as mobility, and mental-health issues such as long-standing depression and anxiety states, and learning difficulties. Finally, it is estimated that one in three people will develop cancer during their lives. Although this condition is more prevalent with age, there have been significant increases in the population as a whole over the last 30 years.

It is clear from this information that the simple distinction of a person being fit or unfit for work is not always very helpful. Individuals live successfully with many different medical conditions, and the majority are able to engage in meaningful work, if necessary with adjustments to help them. This good practice guide starts from the principle that ministers are called by God to a lifelong ministry. They are received into Full Connexion with the Conference, as part of which they are held accountable by the Church in respect of their ministry and Christian discipleship. It is therefore essential that all efforts to support ministers who are ill have this at their heart, and respect the call of God upon them. All reasonable efforts should be made to support ministers experiencing ill health, so that they may continue in active ministry wherever possible or practicable. However, this must be balanced with considerations of the itinerant nature of ministry, and practical issues such as resource provision, and ministers' obligations to their circuits or other responsible bodies.

It is also important to recognise that absence on account of sickness may mask other issues. The minister may be experiencing family difficulties, problems with substance abuse, bullying or harassment, or other such difficulties. Sometimes sickness absence may represent a period of crisis or intense personal change for a minister, whereby they are seeking to understand afresh what it means for them to be a minister, the practice of their faith and the call of God. These are serious and often stressful matters, which sometimes manifest themselves as an increased sickness absence level, sometimes short term in nature but often of a longer duration. These issues must be tackled sensitively and appropriately, with input both from relevant professionals and those who are wise in the faith, for example trusted, experienced fellow ministers and those involved in spiritual direction.

Definitions of absence used in this guidance

The nature of the support offered to ministers who are absent on account of illness must always be tailored to the needs and circumstances of the individual. That said, absence usually falls into two categories: short-term and long-term. An example of short term absence is when an individual has a number of absences of one or two days due to viral infections. In contrast long term absence may be due to conditions such as recovery from surgery or a heart attack, where the absence may be continuous for one month or longer. Clearly, the support that may be needed will be different in each circumstance, and this is recognised in this good practice guide.

In the majority of cases an individual minister will self manage short-term absences by simply re-arranging work such as home visits or attending church meetings. Indeed, the autonomy that a minister has in carrying out their work sometimes allows for a considerable degree of flexibility in these matters. Absences of a long-term nature become much more critical as cover arrangements will generally need to be put in place, and individuals/groups will need to be informed that the minister is temporarily unavailable.

Reporting sickness absence and accessing support

Standing Order 801(4) sets out the provisions relating to sickness. This provides for a full stipend to be paid during a minister's absence on account of illness, regardless of the length of that absence. ministers are expected to comply with the statutory requirements relating to obtaining a medical certificate or 'fit note' for all continuous absence in excess of seven calendar days. Fit notes should be passed to the superintendent (in the case of a superintendent who is unwell, the district chair; in the case of a district chair who is unwell the fit note should be sent to the secretary of the Conference), who will then send this to Methodist Church House to ensure the correct pay calculations are made.

It is important that if a minister is unwell they take the necessary time to rest and recover, and where appropriate this will entail a cessation of all ministerial activities for the duration of the absence, with communication of this to local churches and others in the circuit. It is vital for ministers to report their absence to the superintendent and senior circuit steward in order that duties may be covered as appropriate by others and to ensure that suitable pastoral care and oversight can be exercised. Superintendents who are unwell should report their absence to their district chair and senior circuit steward. This time away from work will also provide an opportunity for reflection on issues such as 'why am I unwell again?', 'Is there a pattern to me feeling run down', and 'what support do I need?'.

Ministers have regular contact with their superintendent/ circuit stewards/district chair/warden of the Diaconal Order, and should use these opportunities to discuss their sickness absence in order to receive support and guidance as appropriate. It is essential that ministers should feel free to seek support as soon as they need it, but as a general principle it is suggested that as a minimum, support for ministers should automatically be provided when their sickness absence reaches the following benchmarks:

- any continuous absence of one month's duration during any twelve-month period;
- any absence of between seven and fourteen days duration, where this occurs twice in any six-month period.

These benchmarks are simply guidelines, and ministers may of course seek support for matters relating to their sickness absence at any point. However, superintendents, circuit stewards, district chairs and the warden may wish to use these benchmarks as a framework for proactively offering pastoral support to ministers who have been absent on account of ill health, or remain absent.

Support which may be offered when a minister is absent on sick leave

Support as described below may be offered, but there is no requirement on the minister to accept this.

To the minister who is absent

The chair/warden or superintendent (or other appropriate person) may appoint a suitable person to provide pastoral support to the minister, or may provide this themselves. It may be helpful for a fellow minister to be appointed to carry out this role, and that person may be from another circuit. Alternatively, it may be appropriate to involve a senior connexional officer in this role. Support for ministers must be sensitive, confidential and appropriate to the individual. The support will be varied: support required by one person with a particular medical condition may well be completely different to someone else with the same condition. It is intended that the person appointed assists the minister in looking at options available to support them. Some of the options are:

- looking over diary appointments – are the demands being made on the ministers' time realistic?
- has the minister scheduled any 'down time' or time off for reflection or to recuperate from a long distance travel or a particularly difficult pastoral visit?

- has the minister scheduled in regular holidays/ sabbaticals and time off on a frequent basis in order to recharge and refresh, and would they like to receive guidance to assist them with this?
- looking at coping mechanisms for stress related activities;
- identifying any reasonable adjustments that could be made in the way they are carrying out their ministry? For example, starting later in the day, having regular short breaks during the day, etc;
- arranging for the provision of counselling support via the Churches' Ministerial Counselling Service. This service provides up to 12 confidential sessions of counselling support to the minister and/or their immediate family members. The minister is invited to make a contribution to the cost but is not required to do so in cases of hardship, in which case costs are met by the Methodist Medical Benevolent Fund (MMBF). The service is staffed by qualified counsellors who are selected via a rigorous vetting procedure to ensure consistent quality and high professional standards;
- informal support by the person nominated by the superintendent, district chair or warden. This may range from providing a 'listening ear' (which is informal and not to be confused with counselling); helping the minister with practical matters such as rearranging services, appointments and other circuit business; supporting the minister in prayer; making local arrangements for the diversion of telephones and emails; communicating with congregations about the minister's absence; helping the minister to identify and access sources of support and advice for themselves and their family;
- access to a trained mentor or other suitable person. This is particularly useful where the minister has issues to address such as how they deal with conflicts within the circuit, pastoral responses to difficult situations, and support with managing workload pressures or related stress;
- the opportunity to work with a spiritual director. This will be particularly important where the absence relates to issues such as a spiritual crisis, questioning the call of God, or the practice of an individual's faith, or what it means to be a minister. It is worth noting that working with a spiritual director is part of the Rule of Life in the Diaconal Order;
- access to independent occupational health advice. This takes the form of a face to face meeting or telephone consultation with the Connexional Team's occupational health advisor who is able to advise on matters such as strategies for a successful return to work, health and lifestyle issues adversely affecting the minister, and how to access other forms of support. The occupational health advisor may also be able to offer advice to the superintendent/district chair/warden on how long the minister is likely to be absent and the prognosis for recovery and return to work. It is important that this information is shared sensitively and appropriately with circuit stewards. The occupational health service can be accessed via the wellbeing officer, working with the warden, district chairs and superintendents as appropriate.

To the circuit and superintendent

The superintendent (or acting superintendent if the superintendent is the minister who is absent) and the circuit stewards should discuss the situation to assess what the needs of the circuit are due to the illness of the minister. These will vary depending upon the size of the circuit, the length of sickness absence, the duties to be covered and the strength of the ministerial and lay leadership. The district chair should offer to nominate a person to provide pastoral support to the circuit. This person should, if possible, be from outside the circuit, to ensure appropriate independence and confidentiality. For example, it may be possible for a neighbouring superintendent to support the superintendent of the minister who is absent on sick leave and the circuit. The support that may be provided includes the following:

- assisting in providing resources from outside the circuit to help cover some of the absent minister's responsibilities;
- helping the superintendent and circuit stewards to decide what work will not be done in the minister's absence;
- supporting the superintendent in their increased responsibilities and being a 'listening ear' to ensure that they do not try to cover too much;
- looking through diaries to reschedule appointments and rearrange the chairing of meetings;
- meeting with the absent minister's church stewards who may be able to identify lay people to cover gaps;
- supporting the superintendent in making decisions about how work across the circuit needs to be re-arranged.

Sometimes absence may mask other issues such as alcohol dependency, or chronic long-term medical conditions which the minister fears may jeopardise their ability to continue in ministry, or family issues. Such matters must be dealt with sensitively and appropriately, respecting confidentiality, professional boundaries and the provisions of standing orders. The pastoral support provided to ministers must be for their benefit and must never be a way of seeking to tackle

concerns about alleged poor performance or conduct. (Proper ways of dealing with any such problems are covered in the appropriate standing orders.) Equally, sometimes ministers may seek to hide their medical conditions by continuing to work. In such cases appropriate and sensitive interventions may be necessary, along with the interventions of key medical and allied professionals.

Practical steps to consider in supporting a minister returning from long term sick leave

In addition to the support which may be offered to a minister absent on long term sick leave, it is essential that steps are taken to assist a minister when they are preparing to return to work. From April 2010 the government replaced the previous 'medical certificate' with a 'fit note' approach. This allows medical practitioners to state that a person may be fit to return to work on a part-time or phased basis, subject to it being practical to do so. The introduction of the fit note places a responsibility on circuits to consider the recommendations of the medical practitioner about how a return to work may successfully be accomplished. Although in many cases a medical practitioner will simply state that a minister is fit to return fully to their duties, it is increasingly likely that imaginative and supportive ways of easing a minister back into work will be both necessary and appropriate, particularly given the prevalence of disability and mental ill health noted above. In practical terms, the recommendations of the medical practitioner usually fall into three categories – a return to all duties on a full-time basis, a part-time, phased return to full duties, or a full-time return to light duties (subject to the availability of funding for this). Defining a phased return in terms of sessions (ie morning/afternoon/evening) can help with diary planning, and at the same time encourage the minister to arrange work for the part of the day when they have most energy. Some approaches are now considered in detail with examples.

Option one - A phased return to full duties, starting on a part-time basis and gradually building up to full-time – this could be staggered over a number of weeks, and a possible model is set out below:

Option two - A full-time return to work but initially with lighter duties, gradually building up over a period of time to carrying out the full role. Opposite is an example of how this might work:

Option One:

A phased (part-time) return to full duties over a seven wek period (based on a minister having responsibilities in four churches)

Week	Days/Sessions working	Duties
1	two days/four sessions	all the duties that fall to the minister on the designated working days (Tuesday and Thursday) in all of the four churches in the circuit
2	two days/four sessions	all the duties that fall to the minister on the designated working days (Tuesday and Thursday) in all of the four churches in the circuit
3	three days/six sessions	all the duties that fall to the minister on the designated working days (Tuesday, Thursday and Sunday) in all of the four churches in the circuit (***At the end of this week a review meeting takes place between the minister and superintendent to assess progress and review support needs.)***
4	three days/six sessions	all the duties that fall to the minister on the designated working days (Tuesday, Thursday and Sunday) in all of the four churches in the circuit
5	four days/eight sessions	all the duties that fall to the minister on the designated working days (Tuesday to Thursday and Sunday) in all of the four churches in the circuit
6	five days/ten sessions	all the duties that fall to the minister on the designated working days (Tuesday to Friday and Sunday) in all four churches in the circuit
7	return to full-time work	full duties across all four churches, six days a week

Option Two:

A phased (full-time, but initially with lighter duties) return to full duties over a five week period (based on a minister having responsibilities in four churches)

Week	Days/Sessions working	Duties
1	full time, six days per week	preaching and visiting duties only in two of the four churches
2	full time, six days per week	preaching and visiting duties only in two of the four churches
3	full time, six days per week	preaching and visiting duties, and attending meetings in three of the four churches (***At the end of this week a review meeting takes place between the minister and superintendent to assess progress and review support needs.)***
4	full time, six days per week	preaching and visiting duties, attending meetings and carrying out weddings and funerals in three of the four churches
5	full time, six days per week	carrying out the full duties of the station across all four churches

Often the recommendations made by a medical practitioner will be general in nature, not least because they will not have detailed knowledge or understanding of the church or a ministerial setting. However, it can be useful to be guided by the minister themselves, on the basis that they will have a good idea of their capabilities on returning from sick leave. That said, it is sometimes useful to seek independent occupational health advice whereby a specialist in occupational medicine will be able to provide help and guidance in assessing a minister's capacity for a successful return to work. The role of occupational health advice is considered more fully below.

The two examples given above are by way of illustration only. There are many variations to this, and support must reflect the individual needs and circumstances of the minister and the circuit. That said, the following should be borne in mind:

- It is essential that reviews of progress are built into the phased return to work and continued after the minister returns to full-time work. Such reviews should be in addition to regular staff meetings. Reviews are shown in the examples above occurring at week 3, but could be sooner or later, depending on the circumstances of the case.
- During periods when the minister is not working, they have the status of being on sick leave, and should not be disturbed by others – appropriate and sensitive communication is key here.
- In practice it is unlikely that a phased return to work will be staggered over more than an eight-week period unless there are very specific medical grounds for doing so. Generally, most phased returns take place over a period of one month. If in doubt, the minister should contact their medical practitioner for advice, or the occupational health advisor.
- A return to work on a permanent part-time basis is usually unlikely to be possible due the need to cover the rest of the work and the unavailability of a second manse for such a minister. If a part-time appointment is proposed the appropriate procedure via the district policy committee would need to be followed.

Seeking advice from the wellbeing officer

The wellbeing officer is available to provide advice and support on ill health or absence matters. All advice offered is given on a confidential basis, and the postholder is available by telephone or email for discussion. The wellbeing officer is a source of advice and referral, and does not provide specialist services, for example counselling. Rather, the postholder will advise on the consideration of options and sources of support/guidance.

Seeking advice from the occupational health advisor (OHA)

Occupational health advisors (OHA) are medically qualified professionals who have undertaken further training in work place health. Their role is to provide advice and guidance to employers and individuals on these matters. A referral of a minister to our OHA will involve an hour-long consultation (either by phone or in person), following which a report will be written which provides advice and practical suggestions on the issues of concern. The report produced is made available to the minister, the superintendent, district chair/warden of the Diaconal Order, and the wellbeing officer. The occupational health advisor has a good understanding of churches and church life, and provides this service to a number of Christian denominations and faith-based charities, so is able to give good, contextualised advice.

The valuable role played by the OHA in giving recommendations about a return to work has already been considered. In addition, the OHA may provide advice at an earlier stage in the process. Typically, their advice is invaluable in issues such as long-term absence on account of stress or mental health difficulties, when information from the minister or their medical practitioner is perhaps unclear or not forthcoming. In these cases an OHA may provide the following:

- information about sources of advice to help with the support and management of a particular condition;
- whether the minister is likely to make a recovery in a reasonable or defined period of time (eg recovery from surgery);
- whether it is possible to state how long treatment or recovery will take, and the likely prognosis (for example cancer, neurological conditions);
- information about the management and prognosis of mental health conditions, which often have uncertain outcomes.

The OHA may be accessed via the Development and Personnel Office (wellbeing officer). OHA advice has to be paid for, but the Connexion meets the cost.

Dealing with difficult or problematic situations

Although the majority of ministers welcome support this is not always the case. This section considers how to deal with some common issues.

Mental ill health

Perhaps the most difficult issue to deal with is that relating to absence on account of mental-health issues. These may appear on the 'fit note' as stress, anxiety, depression, lethargy, etc or by medical diagnoses such as bipolar disorder. It is likely that ministerial and lay colleagues may feel ill equipped to deal with these issues in a sensitive and appropriate way, and may feel wary about how to approach the individual who is experiencing these difficulties.

It is best to proceed with caution and sensitivity as contact with someone from the church may, in some cases, exacerbate a problem rather than help to solve it. Any conversation will need to handled carefully and may begin with the question: 'Are you happy to speak with me or would you prefer me to have a conversation with someone else?' This other person may be the spouse or family/friend of the minister. In addition, it may be necessary to have a sensitive conversation with the minister about the level of contact they would wish to have with colleagues and members of their congregations/circuit whilst they are off sick.

It is often useful to obtain independent occupational health advice. This is because it may not be easy to find out how long a minister is likely to be off, what the prognosis is for return, and what support may be needed when they come back. The OHA will be able to provide this information. Opposite is a fictional case study which provides a suggested way of dealing with a minister who is experiencing mental health issues.

Case study – dealing with mental health issues

The Revd P has been in ministry for eight years. Soon after he began he had a six week period of absence for 'reactive depression' following the death of his mother, to whom he was very close. He returned to work on a part-time basis doing light duties, for one month, gradually returning to the full demands of the role and building up to full-time. He made a full recovery, and was closely supported by his superintendent, who met with him once a week to check his progress and help him manage his work whilst he was in the rehabilitation phase.

Two years ago he became a superintendent, which increased his responsibilities, including his contact with people across the church and in the Connexional Team. Since assuming this role his sickness absence has increased. Last year he had 11 days sickness absence, and this year he has had 12 days so far (half way through the year). All absences are for no more than two days and the reasons he give are 'cold', 'flu-like symptoms' and 'exhaustion'. There is no requirement for a medical certificate. On his return from these absences the Revd P often looks tired and his behaviour is withdrawn.

A month ago the Revd P's wife suffered a miscarriage five months into her pregnancy. It was her first pregnancy and they had experienced difficulties with conception. After the miscarriage the Revd P returned to work for two days and was extremely withdrawn. He then went on sick leave a month ago and has not yet returned. The medical certificates state 'depressive disorder'. There is no prospect of a return to work at present.

How should the Revd P be supported?

The Revd P will be receiving support from his GP, which may include appropriate medication, and may have been referred to services such as an NHS counsellor. When engaging with him it is important to establish the nature of the support he is receiving and the timing of it, so that any actions taken by the church work in tandem with this. Prompt action needs to be taken to divert phone calls, emails and post so that the business of the circuit can continue, and the Revd P does not have the added stress of an overflowing inbox.

a) *Appropriate individuals should keep in touch with the Revd P whilst he is off sick, and this should start at an early stage in the absence. This is likely to be provided by the district chair, the acting superintendent and/or a circuit steward. A 'get well' card and occasional emails, phone calls or texts may be helpful, provided the Revd P is happy for this contact to take place. Sensitive communication with the Revd P's colleagues and churches is necessary, and it is wise to agree with him what should be said to the various parties. It will also be important to provide sensitive pastoral support at this time.*

b) *It is useful for a home visit to be arranged, or the Revd P may prefer to suggest somewhere that is neither his home nor church property. The purpose of this is to find out about his progress towards recovery and establish whether there is a likely date for return. This is important both to support him and ensure that there is cover in place for the right length of time. Given his condition, the Revd P may find it helpful to have a supporter present with him at this meeting. The timing of this will depend on the nature and duration of the absence, and the Revd P's own wishes in this matter.*

c) *At the home visit, as well as taking a card and greetings from his colleagues, it is important to provide time and space for the Revd P to say in his own words how he is feeling both in terms of his physical and spiritual health, and if appropriate when he is likely to be able to return to work. He may seek specific spiritual support such as that of a spiritual director, or may wish to see a counsellor if one is not provided already by the NHS. It is also sensible to suggest that the Revd P is given an appointment with the occupational health advisor (OHA) so that professional advice about his condition is available, along with the impact it has on his work and when he is likely to return and in what capacity. It is important to emphasise to the Revd P that this referral is a supportive measure and that the outcome will be of benefit to him in identifying how best to approach his return to work when he is ready to do so.*

d) *It is useful to seek a professional opinion from the OHA on whether the Revd P has a disability as defined under the Disability Discrimination Act. Given his previous medical history it is possible that this will be the case, but at this stage it is not clear whether the condition is continuous and how long he has received treatment for it. If he is defined as disabled, account must be taken of the legal duty to make 'reasonable adjustments' to his job on his return. The Development and Personnel Office should be consulted in seeking this advice, and the referral process itself.*

e) *Following receipt of an occupational health report it is important to agree a return to work strategy with the Revd P which is based upon this advice, and any recommendations contained in the GP's 'fit note'. This should be done via a further meeting with the Revd P. Even if the return to work appears to be some time away, it is useful to put in place plans to support him as he moves towards this.*

f) *On his return to work it is important to ensure that the Revd P is briefed on all that has happened whilst he has been off. It will also be important to agree how often meetings will take place during the phased return to ensure that Revd P is coping, and any amendments to the programme can be made as it progresses.*

Given the nature of his illness a possible return to work programme might spread over one month and be constructed along the lines of the examples given above.

When difficulties or differences emerge

The primary approach proposed in this good practice guide is one of appropriate pastoral support from appropriate/designated persons, which meets the expressed needs of the individual who is absent. In most cases this works well, but there are times when a minister may refuse to cooperate in a meaningful or appropriate way with this process, perhaps even resisting all attempts at contact. There may be a range of reasons for this, and it is important to approach matters sensitively with the aim of creating a supportive environment for these issues to be discussed. Usually this can be achieved by means of a meeting with the minister, perhaps on neutral territory, at which they may wish to bring a supporter. If this approach fails, standing orders contain a provision whereby a minister may be compelled to appear before a medical practitioner nominated by the district chair, warden or secretary of the Conference (SO 790 2). The purpose of this is to ensure that the Church has access to appropriate advice in such situations and has an avenue to take matters forward. Clearly, such an approach is a last resort, and it is usually possible to find a mutually agreed way forward without recourse to this Standing Order.

Payment of expenses during long-term sick leave

SO 801(4) states that in addition to receiving the stipend ministers unable to discharge their duties by reason of illness shall continue to receive expense allowances (ie any book grant paid, broadband and telecoms provision). Please see appendix 2 for further details. A minster shall not receive expenses for those activities which have ceased during the period of illness, (ie phone calls and mileage unless in relation to a meeting and procedures set out in this document).

Ministers who are absent on sick leave for a period of three consecutive months are entitled to receive a sum of £280 for this period, to cover the fixed costs of motoring. This allowance is taxable, and is claimable from the Payrolls and Benefits office in Methodist Church House.

Some general considerations

Record keeping, confidentiality and passing on information at the conclusion of an appointment

Many elements of the process described in this guidance are informal in nature, and it would not always be necessary to record discussions etc. That said, there is often great value in confirming a record of a meeting in writing, so that there is a clear understanding about the issues being discussed and the actions which the various parties have committed to. This may be particularly useful if the minister's condition means that they may not easily recall the content of conversations. It is therefore recommended that appropriate records are kept by superintendents/circuit stewards and district chairs/the warden where necessary. These will, in general, be copies of letters sent to the minister, and where necessary file notes of conversations held with them. The purpose of keeping such file notes is for pastoral care purposes and to ensure that there is an appropriate aide memoire for future reference, as recollections often fade. All written records should clearly state who has been given a copy of the individual document and the confidentiality boundaries that are applicable. This will be particularly important as personnel files for ministers are developed.

Records generated in respect of a minister who is experiencing sickness absence must be kept in accordance with the provisions of the Data Protection Act, and should be disclosed to the minister on request. The Church intends to abide by best practice in this matter, in addition to its legal responsibilities, and in the developing work on establishing personnel files for ministers.

The provisions of the Disability Discrimination Act and Equalities Act

When dealing with cases of ill health it is important to bear in mind that the minister may have a disability or impairment which comes within the scope of these acts. The legal definition of a person with a disability is as follows:

> *"A person who has a physical or mental impairment that has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities"*

'Long term' is usually defined as lasting at least one year, but some conditions such as cancer may be considered a disability as soon as they are diagnosed.

Under this legislation we are required to make 'reasonable adjustments' to the work of the individual minister. The definition of 'reasonable' is not given, as it is context specific and depends upon the individual circumstances of each situation. Adjustments should be made to avoid the individual being put at a disadvantage compared to non-disabled people. The need to make reasonable adjustments can apply to the working arrangements or any physical aspects of the workplace; which could mean the manse and/or church buildings. Adjustments to working arrangements might be actions such as adjusting the minister's working hours or providing them with an adapted piece of equipment to help them to do the job. Physical adjustments might include replacing steps with a ramp.

There may be situations where a minister has a high degree of impairment but wishes to continue in full or part-time work. In such situations formal advice must be sought from the Medical Committee or their nominated representative, who will usually contact the minister's GP and/or specialist. There are three potential outcomes from this process as follows:

a) The minister is considered unfit to continue working and must therefore apply for ill-health early retirement

or

b) The minister is considered fit for full-time working provided that specified adjustments can be made within a reasonable cost, some of which may be shared by other agencies such as Access To Work and Social Services, along with funds administered by the Connexional Allowances Committee such as the Fund for the Support of Presbyters and Deacons. In all such cases external funding such as that from central and local government should be explored before a request is made for Methodist funds (nb If the recommended adjustments are too costly or not feasible, the minister will be required to apply for ill health retirement);

or

c) The minister is considered fit for regular part-time working either with or without specified adjustments and any such adjustments can be provided at reasonable cost. However, in cases falling under this category the minister will only be able to continue in the active work if either their current appointment can be made into a part-time one or if on re-entering stationing a suitable part-time appointment is available with funding. Suitable manse provision will also need to be considered. If such an appointment is not available they will be required to apply for ill-health retirement.

Applications to become supernumerary

In some situations of ministerial ill-health the minister will seek ill health retirement given the nature of their condition. This may take place either after a brief or long period of absence, depending on the nature of the medical condition. Should this be the case they must inform their superintendent and district chair or the warden of their intention, and contact the wellbeing officer in the Development and Personnel office, who will then action the process on their behalf. This is a well developed process involving obtaining medical reports from the minister's doctor(s) by a medical member of the Methodist Medical Committee (see SO 790(2)). The Medical Committee will make a recommendation to the Methodist ministers' Pension Scheme Trustee Board, who will make a decision about granting ill-health retirement.