

Care for Ministers



Board of Ministry May 2022

A Policy for the Pastoral Care of Ministers

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Introduction: Deliberate Pastoral Care

Pastoral Care is the practical outworking of the church's concerns for the everyday and ultimate needs of its members and the wider community.¹ That concern has its mainspring in the love that God has for his people and for his world. It is helpful to note that there are different elements to this:

- Prophetic care, where the Word is brought into people's lives;
- Pastoral care (i.e. shepherd-like), where the needs of people are met sacrificially by a shepherd, lovingly invested in them;
- Priestly care, where there is an ongoing intercessory work, not only in prayer, but in seeking mediation and reconciliation in all the different relationships people have; and
- Practical care, where the people's sufferings are addressed in compassionate acts of mercy.

In all these elements, pastoral care is rarely good when those responsible for it have not planned for how they will carry out their duties. The Free Church's policy for the pastoral care of our ministers (and their families) can therefore be summed up in one word: **deliberate**.

We should seek to be **deliberate** in:

- How our ministers care for themselves.
- Who our Presbyteries entrust with the special pastoral care of our ministers.
- How those so charged by our Presbyteries carry out their remit.
- How our Presbyteries provide ongoing oversight of pastoral care.
- How the denomination's Boards and staff provide suitable support, both:
 - to those in need of pastoral care, and
 - to those charged with providing pastoral care.

Healthy Relationships

The best pastoral care anyone can receive is via healthy, gospel-nourishing relationships, which have over time developed a mutual trust and respect. We know this in our congregational ministries: the hardest pastoral situations are those when we barely know the people involved, and have not developed an authentic relationship of trust and mutual respect. The same is true in the case of our ministers.

Part of the responsibility for this lies with our Presbytery colleagues, particularly our Presbytery Pastoral Teams. We rightly expect those charged with pastoral care to be proactive in making sure the relationships of support are already there in times of need. But equally, there is also a responsibility on every believer, ministers included, to foster relationships that will bless us in times of need.

Ministry has sometimes been carried out with a measure of deliberate isolation. Some ministers hold onto a notion that they cannot have friends in their own locale, certainly not

¹ *Pastoral Care, Counselling and Psychotherapy in The New Dictionary of Christian Ethics and Pastoral Care*, IVP, Leicester, 1995

in their own congregation. Others are suspicious of mentoring schemes, and have dismissed them as enforced friendships. Undoubtedly, one of the Devil's most useful tools is isolation. The ministry is already an isolated task, without compounding that isolation in other areas of our lives.

The first step in pastoral care for ministers is therefore the centrality of self-care.

- Find a "get-out" – a hobby, or pastime – that you can enjoy in the company of others.
- Aim to interact socially with fellow office bearers.
- Deliberately cultivate relationships that are not just about your role as pastor in people's lives.
- Do not just minister to others – be willing to be spiritually ministered to yourself, and expect this from your own congregation's elders.
- Be accountable.
- Attend a conference, not just for, but with other ministers – there may be opportunities to get away to a conference by yourself, but be conscious of the temptations of isolation: from the obvious (adultery, pornography) to the less obvious (self-pity, fruitless introspection).

Presbytery Pastoral Teams – Composition

Presbytery Pastoral Teams (PPTs) have a remit for the pastoral care of ministers, and by extension their wives and families. This remit demands some proactive work, as well as a timely response to critical needs when they arise. To meet the demands of this remit, the composition of PPTs should be carefully deliberated by the Presbytery, to meet the particular needs of their situation.

The composition should aim to include:

- A membership who take on the responsibility aware that the PPT's role demands their availability.
- A convener, who must be an experienced minister
- Medical professionals (e.g. GPs, specialised nurses, professional counsellors, etc.), ideally represented with both a male and a female member
- Pastorally experienced elders (or ministers), ideally more than one
- Women who have a track record of pastoral experience, ideally more than one
- The Presbytery Mentoring Coordinator – who will be either a minister or elder

There is some scope for cross-over between these roles, but the ideal committee is about six people:

- Two ministers
- Two other male members (who are not ministers)
- Two female members

PPTs have the option of co-opting members for specific tasks (e.g. the duration of a particular ministerial absence due to illness).

Presbytery Pastoral Teams – Responsibilities

PPTs have a wide range of responsibilities. There are five particular areas we want to draw attention to here.

1. Planning & Reporting
2. Ensuring Confidentiality & other Statutory Obligations
3. Proactive care
4. Responsive care
5. Recovery supervision

1. Planning & Reporting

As each Presbytery faces its own challenges, there is no “one size fits all” strategy that we can roll out across the denomination. We therefore recommend that PPTs meet as often as is required but at least twice a year, in the absence of crisis situations, to discuss and review plans for pastoral care.

A sample Presbytery Pastoral Care Plan is included as an appendix to this document. **(see Appendix 3)** PPTs are already required to report annually in general terms to the Presbytery (Para 1.1, Act 12, 2013) – the Presbytery Pastoral Care Report should help facilitate this.

The key point here is that Presbyteries, through their PPTs, are deliberate in planning for the pastoral care of their ministers and families.

2. Ensuring Confidentiality & Other Statutory Obligations

Pastoral Care is needed not only in times of physical ill health, but also times when mental and spiritual health are suffering. These are times of particular vulnerability, not only for the minister, but also his family. As this might extend to children and young people, it is sensible to assume that the role of PPTs falls within “regulated work” defined in the Scottish Government PVG Scheme.

This means, within the context of the church’s duty of care, it must be handled with regard to our Safeguarding and Data Protection policies. All members of the PPT should be familiar with the Church’s Safeguarding and Data Protection Policies. This more generally implies:

- Conversations with the minister are to be treated in strict confidence, the only exception being in situations which clearly involve church discipline.
- In the case of a pastoral situation due to health-related matters, members of the PPT should ensure they have consent to share matters relating to the minister’s circumstances.
- Any conversations within the PPT are to be treated in strict confidence.
- Any conversations “on the floor of Presbytery” are to be treated in strict confidence.
- In the rare situation where hard copies of documents relating to a minister’s health are circulated at meetings of the PPT or the Presbytery, it shall be the duty of the PPT convenor and/or Presbytery Clerk to ensure that all copies are recovered and destroyed.

In cases of longer -term absence, the PPT should be aware of, and consult the current legislation as to what is required in terms of their duty of care. **(See Appendix 1 – Act 18,**

2010, and Appendix 2 – Understanding Fit Notes) It is in the interests of confidentiality that a member of the PPT facilitate this. Where an Occupational Health Medical Report is required, the PPT will provide Occupational Health with the fullest possible information about the minister. This must include:

- Full details of all sickness absence over the preceding two years;
- The causes of the aforementioned sickness absence;
- Details of any specific work demands or environmental factors associated with the job;
- Any relevant background information in relation to the minister's current sickness absence;
- A clear indication of what Occupational Health is being asked to consider.

Only information relevant to the current absence or illness is passed on to the PPT and Presbytery. All other medical information obtained via medical reports remains confidential to Occupational Health. This will enable the Presbytery to abide by its duty of care.

3. Proactive care

Better pastoral care outcomes can be achieved through being proactive, rather than just responding to crises as they arise. There are a number of steps PPTs can take to ensure they are being sufficiently proactive to be helpful:

- The team should aim to ensure that collectively they have good personal relationships with ministers and their families across the Presbytery. It may be that falls predominantly on the convener – and in a smaller Presbytery that might be manageable. However, the PPT should ensure this does not become an unrealistic expectation.
- The team should be confident that there is a sufficient frequency of contact with each minister and his family, to ensure that pastoral needs might be reasonably identified when they arise. This will be most effectively done through the mentoring structure, supported by the mentoring co-ordinator
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- PPTs should have a plan in place for how they address pastoral needs that emerge without a presenting crisis. For example, identifying the symptoms of burnout, overwork, or exhaustion might indicate a growing stress-related problem. Early intervention from the right source can prevent a lengthy absence when the inevitable crash comes. PPTs should plan for getting the right help in place quickly.
- PPT members in particular should be familiar with briefings from the Board of Ministry, and should make use of the Board Pastoral Team (BPT) for support, advice and guidance on how best to implement good practice within their Presbytery. This is in addition to the BPT meeting with PPT convenors twice annually.

4. Responsive care

Presbytery level pastoral care is most severely tested when responding to times of crisis. It is helpful to recall the four contexts where pastoral care is exercised:

- Prophetic care, where the Word is brought into people's lives;
- Pastoral care (i.e. shepherd-like), where the needs of people are met sacrificially by a shepherd, lovingly invested in them;

- Priestly care, where there is an ongoing intercessory work, not only in prayer, but in seeking mediation and reconciliation in all the different relationships people have; and
- Practical care, where the people's sufferings are addressed in compassionate acts of mercy.

PPTs have firstly a triage-type role, where there needs to be an assessment of the pastoral needs:

- The most obvious is physical suffering. From initial trauma, through to recovery the demands can be intense: pain needs to be relieved. Thankfully, for the most part, we can have some confidence that the physical needs of people suffering can be met through public bodies, such as the NHS.
- This is why PPTs need to be staffed by experienced pastors – people who are skilled at recognising not just the processes we need to follow in keeping with the church's legislation about long-term absence, but more importantly how we can cut through that "red tape" to minister to underlying spiritual, psychological and emotional needs.

Alongside the triage role, PPTs should also seek to find the best person to deliver pastoral care to a minister and his family:

- Pastoral care is not exclusively the role of a team – the team plans for, and oversees work, but it is wise to remember: too many cooks spoil the broth.
- PPTs should seek to identify, and co-opt, if necessary, the mentor, or a particular minister or elder as the main liaison for a pastoral situation.
- This should not be seen as an obstacle to other ministers or elders (or in fact the offices' staff) being in contact with a minister who is off work – provided all such contact is not work-related! Fraternal expressions of concern are of great value in periods of recovery or great trial.
- The person identified as the main pastoral carer in a pastoral situation should then have the full resources of the PPT at their disposal. This includes:
 - Advice
 - Professional expertise
 - Financial or other material resources
 - Perhaps most appropriately, prayer – the PPT should be the most aware of the particular circumstances a minister and his family are going through, and so should collectively be able to intercede most thoroughly for them.
 - Accountability

5. Recovery supervision

On a minister's return to work following both a short-term absence, in excess of seven days and up to four weeks; and a long-term absence, exceeding four weeks (and therefore normally having necessitated an Interim Moderator appointment) a member (normally the convener) of the PPT will contact the minister to discuss:

- Any pastoral concerns relating to the absence
- Any particular concerns relating to returning to work
- Where relevant, what steps might be taken to prevent future absence
- Where relevant, whether there is a pattern of repeated absence for various reasons

Any action points agreed following short periods of absence will be noted by the PPT, and (if deemed necessary) progress will be monitored on an ongoing basis.

After both short- and long-term absences, medical advice may be for an employer (which we recognise as our Presbyteries) to take steps to facilitate some changes to working patterns, or to temporarily reduce working hours. Such a pattern of Phased Return to Work should be supervised by a person designated by the PPT or Presbytery.

- A plan for a phased return to work will be drafted in consultation with the minister, with input from the Kirk Session, and, if necessary, may involve professional Occupational Health input.
- A phased return to work plan should include:
 - An initial return to work plan for the first week (or longer – although in almost all cases it is probably best to carry out a review after the first week).
 - Subsequent reviews will take place on a rolling basis, e.g. after a week, then a further fortnight, then after a further month or so (so, approximately 1 week, 3/4 weeks, and 7/8 weeks after a return to work). Flexibility may be needed as to when these reviews will take place, and the duration of reviews leading up to a full return to work.
 - Mutually agreed details of what work a minister will undertake over the period leading up to the next review, or returning to full workload, including: number (and location, where relevant) of Sunday services; number of midweek meetings; time devoted to pastoral visitation, evangelistic outreach, school visits, discipleship, etc.; what, if any extra-congregational work the minister will undertake, e.g. Presbytery and committee duties.
 - Mutually agreed goals as a guide to extending workload.
 - Details of what support and duties congregational elders will undertake during the minister's return to a full workload. The appointed supervising person will liaise with the Session Clerk, or another elder, to ensure this support is monitored and adjusted as needed.
 - Details of when and how the minister will report on his workload to the supervising member of the PPT.
 - Details of what deliberate rest days the minister will take.
- After the initial plan is agreed, each following meeting should review progress, and assess how well the minister is coping with increased workload, before agreeing to extend duties further.
- Only during the anticipated final review period should work relating to Presbytery and/or Committee responsibilities be undertaken.

If a minister is unable to return to a full workload, Presbytery should be informed, and the steps outlined in Act 18, 2010 should be followed.

- The main consideration in our legislation is that the Mission Board be consulted, and if there are no exceptional circumstances to prevent it, the pastoral tie may have to be loosed.
- The Board of Ministry Pastoral Team should also be appraised of any moves towards the loosing of a pastoral tie in order to provide the opportunity to offer help and support.

An example Phased Return to Work Plan is included in **Appendix 4**.

Presbytery Oversight

Presbytery should annually review the core membership of the PPT.

An annual report must be submitted to Presbytery by the PPT.

- This report should be in “general terms” – reporting processes, and any needs the PPT identifies in relation to its own remit.
- Presbytery should agree action points, and implement these in a timely manner.
- This item should be flagged in the Annual Examination of Records at the General Assembly, and Presbyteries failing in this responsibility will be reminded of this responsibility.

Presbytery also has a responsibility to ensure that all PPT members and workers are vetted to work under the church’s PVG policy and scheme.

- In the case of ministers and other office bearers, there will already be PVG Disclosures in place.
- Other members of the PPT may require PVG Disclosures.
- As our Presbyteries are not set up with Safeguarding Coordinators, these will have to be processed by a Free Church Safeguarding Coordinator in a congregation.
- There is scope for such Disclosures within the scheme operated by the Free Church. A disclosure application should be for the job title “Member of Pastoral Team”.

Board of Ministry Pastoral Support

The Board of Ministry acts in a pastoral capacity in relation to the overall provision of pastoral care for ministers and their families. This role is delivered through the Board’s Pastoral Team (BPT) and the Board’s Reference Team (BRT).

Composition and Remit of the Board Pastoral Team (BPT)

This team is made up of a member of the Board of Ministry plus two females, supported and advised by three senior ministers. The senior ministers and female members may function as a direct contact in relation to any referrals made to the BPT.

The remit of the BPT is to:

- Support Presbytery Pastoral Teams in the delivery of pastoral care. This will be conducted through contact with PPT Convenors and/or PPTs as and when required. The Board is committed to providing as much support as PPTs feel they need and will make every effort to achieve this.
- Support PPTs by meeting face-to-face with Convenors at least twice during the year for the purpose of airing and sharing good practice conducted within the bounds of each Presbytery with the aim of developing the best pastoral care possible throughout the denomination.

- Respond to any direct referral from a minister and/or family without direct reference to the PPT. This may be due to matters of confidentiality or sensitivity that the referrer would rather not to be dealt with by the PPT.
- Report regularly and annually to the BOM on the practice and progress of PPTs.
- Maintain strict confidentiality in all matters being dealt with, the only exception being in situations which involve church discipline.
- Seek advice from the Board Reference Team (BRT) as and when required.

Composition and Remit of the Board Reference Team (BRT)

This team is made up of people with a professional background and experience in pastoral care and will act in general terms in an advisory and supportive capacity to the BPT.

Members of the BRT will be appointed for a period of up to 3 years, renewable for one further 3 year period, with an annual review of the work of the team.

Remit of the BRT

- To provide advice/guidance/support to the BPT when requested
- To promote and contribute to the development of best pastoral practice through the BPT and PPTs
- To treat all such matters in the strictest confidence.
- To meet at least once a year for review and report to the BOM through the BPT
- To act as the point of contact for the BOM in relation to matters arising through the Discipline and Pastoral Care Act
- The BRT will be chaired by a BOM representative

Appendix 1 – Current Legislation: Management of Absence due to sick leave of Ministers in Pastoral Charges

Act 18, 2010

The General Assembly re-enact the regulations relating to the management of absence due to illness for ministers in pastoral charges as follows:

1. Short-term Absence

1.1 All illness in excess of seven consecutive days shall be reported to the Presbytery Clerk and a medical certificate shall be provided. The minister shall continue to provide such certificates, covering the whole period of absence, and a final certificate showing the date of return to work. The Presbytery Clerk shall:

- (a) record the dates of commencement and end of absence in a record apart;
- (b) inform the Presbytery of the minister's absence;
- (c) inform the Chief Executive Officer of the minister's absence;
- (d) inform the Chief Executive Officer, within seven days, of the minister's return to work; and
- (e) inform the Convener of the Presbytery's Pastoral Team as soon as possible so that the appropriate support for the minister and his family may be set in motion.

1.2 Presbyteries should at all times when dealing with the illness of ministers bear in mind their obligation to exercise pastoral care toward ministers, and toward congregations where many pastoral and other needs may arise in the absence of the minister. Presbyteries are reminded of the central role of their Pastoral Teams in providing support to the Minister.

1.3 If the illness is expected to exceed four weeks, the Presbytery shall consult with the minister through their Pastoral Teams. The Minister shall not undertake any duties in relation to his office. The Presbytery shall consider the pastoral needs of the congregation and take appropriate action for the welfare of the congregation.

1.4 If the absence of the Minister exceeds, or is expected to exceed, eight weeks:

- (a) Presbytery shall appoint an Interim Moderator in consultation with the Kirk Session, if this step has not already been taken.
- (b) The Presbytery's Pastoral Team shall continue to monitor the minister's progress throughout the term of his absence.
- (c) The Presbytery, having informed the Mission Board, should also seek an Occupational Health Medical Report from an Occupational Health professional. The Occupational Health Report should address issues such as the minister's health and prognosis, any work related factors which may delay a return to work, and an assessment of the minister's capability to return to work. The costs of the report are to be paid for by the Mission Board. The Board have no need to see the report; the Presbytery merely need to exhibit the letter of instruction and the invoice to the Board, together with the minute of how it is intended to manage the ministerial absence, and how it will facilitate a return to work, where possible. Further update

reports should be obtained bi-monthly until and including the sixth month of absence.

1.5 If the illness is expected to exceed 28 weeks, the Chief Executive Officer shall be provided with the medical certificate by the end of the 28th week with a view to the completion of the appropriate HMRC forms. The Chief Executive Officer shall deduct from stipend a sum equivalent to HMRC allowances to which the minister is entitled.

1.6 If the illness exceeds four months the Presbytery shall report to the Chief Executive Officer and to the Clerk of the Mission Board by the end of the sixth month of illness. The report shall consider the needs of the congregation as well as the minister.

2 Long-term absence

2.1 If the illness exceeds six months the Presbytery shall obtain a further independent medical report and shall, by the end of the seventh month, meet with the congregation to ascertain

- (a) their condition in the light of their minister's absence; and
- (b) their views on the most satisfactory way of meeting their pastoral and other needs.

As a result of this meeting the Presbytery will make recommendations to the Mission Board as to the appropriate ministerial arrangements for the congregation in the continuing absence of the minister. In so doing the Presbytery will seek to balance the needs of the congregation with the particular circumstances of the minister and his family.

2.2 In the event of a minister returning to work after six months on a part-time basis, payment of stipend will be made at the full rate for a period up to twelve months from the first date of absence. If at the end of the twelve months the minister is unable to resume full-time duties the provisions of Section 3.2.5 onwards will apply.

2.3 If the illness exceeds nine months the Presbytery shall obtain a further occupational health medical report, the terms of which will be communicated to the Chief Executive Officer and to the Clerk of the Mission Board by the end of the eleventh month.

2.4 If in the light of this report the illness is expected to exceed twelve months the Presbytery shall

- (a) meet with the congregation to give an update on the current situation with regard to the minister's absence and to consider the way ahead;
- (b) assess the congregational needs and its spiritual health and
- (c) report on the present situation to the Mission Board.

2.5 If at the end of the twelfth month of absence the minister is still unable to resume his duties the Presbytery shall, in agreement with the Mission Board, either

- (a) inform the minister that his pastoral tie shall be dissolved, on a date that is determined by the Presbytery with due regard to all the circumstances; or
- (b) declare that exceptional circumstances exist, having obtained a further medical report, that justify a decision not to dissolve the pastoral tie.

2.6 If the pastoral tie is to be dissolved the Presbytery shall proceed to loose the minister from his charge and his name will be placed on the Roll of Resigned and Retired Ministers. A minister loosed from his charge under these re-enacted regulations shall be eligible to receive the full stipend for a period of six months or until taking up another appointment if earlier. If exceptional circumstances exist the Presbytery shall record in its minutes the reasons which constitute the exceptional circumstances. The Presbytery shall, in either case, report its finding to the Mission Board.

2.7 If, in the case of exceptional circumstances, the minister is unable to resume his duties after three months, the Presbytery shall

- (a) inform the minister that his pastoral tie shall be dissolved, on a date that is determined by the Presbytery with due regard to all the circumstances; and
- (b) proceed to loose the minister from his charge and place his name on the Roll of Resigned and Retired Ministers. The minister shall be paid the full stipend for a further three months.

2.8 In the event of a minister being absent through illness intermittently for more than three months in total over a period of two years, the Presbytery shall prepare a report for the Mission Board with a view to deciding on a plan of action appropriate to the case.

2.9 In the case of exceptional circumstances and in the event of a minister returning to work after twelve months of absence on a part-time basis payment of stipend will be made at the full rate for a period of three months. The Presbytery shall report to the Chief Executive Officer and to the Clerk of the Mission Board of the implementation of this procedure. If at the end of this period the minister is unable to resume full duties he shall be loosed from his charge, and the minister shall be paid his full stipend for a further three months.

3. General provisions

3.1 All discussions on personnel matters should be held in camera, and any papers distributed should be returned to the Presbytery Clerk by the close of the Presbytery meeting. The Clerk should proceed to shred all documentation, other than papers retained for the purposes of the minutes. All discussions on personnel matters should be treated as strictly confidential.

3.2 The Presbytery and the Mission Board shall offer the minister such assistance and advice as it deems appropriate in all the circumstances. In particular, the Mission Board is to remind the Presbytery of the important resource that its Pastoral Team may play during the period of absence.

3.3 The costs of the independent medical examinations will be met by the Mission Board for which due budgetary provision will be made annually.

3.4 Each Presbytery shall make financial provision for any additional support that may be deemed necessary for the minister and his family during his absence through the provisions of a Presbytery Benevolent Fund.

3.5 Pension rights at full stipend shall be conserved as long as stipend continues to be paid.

3.6 A minister who is absent as a result of illness may not attend a court or committee of the Church.

3.7 Any minister who was an active member of the Free Church of Scotland Pension Scheme maintains his entitlement to Ill Health Retirement Pension under the Rules of the Free Church of Scotland Pension Scheme which closed on 31st December 2007.

3.8 A minister may be eligible for a grant from the Invalid Ministers' etc. Fund, to reimburse costs incurred as a result of illness.

3.9 It shall be the responsibility of the Personnel Committee to keep these provisions under review, in consultation with the Home Missions Board.

3.10 Act IV, 2001, is hereby repealed.

Appendix 2 – Understanding Fit (Statement of fitness to work) Notes

Our legislation (Act 18, 2010) states: “All illness in excess of seven consecutive days shall be reported to the Presbytery Clerk and a medical certificate shall be provided.” It is therefore helpful to consider what this medical certificate is, and is not.

In the past these were called “sick notes” and were essentially a line from a GP excusing an employee from work. Healthcare practise has changed (as of April 2010), and such medical certificates are now called “fit notes”. A fit note will state the reason for illness, but also make recommendations about what changes might be made to allow an employee to do some work. This information should be considered by Presbytery Pastoral Teams in their role of overseeing absence and return to work. The following information is taken from the NHS Choices website.²

Seven days off sick or less

If you're off work sick for seven days or less, your employer shouldn't ask for medical evidence that you've been ill. Instead they can ask you to confirm that you've been ill. You can do this by filling in a form yourself when you return to work. This is called self-certification.

More than seven days off sick

If you're off work sick for more than seven days your employer will normally ask for a fit note (or Statement of Fitness for Work) from your GP or hospital doctor. Fit notes are sometimes referred to as medical statements or a doctor's note.

How to count sick days

When you work out the number of days that you've been sick, you need to count all the days in a row you've been sick, including days you don't normally work such as weekends and bank holidays.

How can I get a fit note?

If you need a fit note, contact your GP surgery. Or if you are getting hospital treatment, ask for one from your hospital doctor.

Your doctor will assess you, and if they decide your health affects your fitness for work, they can issue a fit note and advise either that:

- you are "not fit for work"
- you "may be fit for work taking into account the following advice"

Your doctor will choose the "may be fit for work" option if they think that you are able to do some work even if it not your usual job – with support from your employer.

Discuss this advice with your employer to see if you can return to work. For example, your doctor may suggest possible changes, such as:

- returning to work gradually – for example, by starting part-time

² <https://www.nhs.uk/chq/pages/Category.aspx?CategoryID=190> accessed on 12/04/2018

- temporarily working different hours
- performing different duties or tasks
- having other support to do your job – for example, if you have back pain, avoiding heavy lifting

If your employer is unable to accommodate the changes advised by your GP then the fit note is treated as though it said "unfit for work".

Charges for fit notes

There is never a charge from a doctor for providing a fit note if you're off sick from work for more than seven days.

For sickness of seven days or less, your GP practice may charge you to provide a private medical certificate.

For example, some employers may request medical evidence from employees who repeatedly take time off sick, even if each time they're off work it's for seven days or less. A fit note cannot be used for this purpose and a doctor may charge to issue a private certificate.

Getting support from Fit for Work

Fit for Work is a free service designed to help people who are off work due to sickness or in work with a health condition.

Anyone can access information on work-related health issues on the Fit for work website (<http://fitforwork.org/>). You can also chat online to a specialist adviser or call the helpline on 0800 032 6235.

Appendix 3 – Presbytery Pastoral Care Plan

While a Presbytery Pastoral Care Plan should be thorough, the bulk of the time commitment longer term should be geared towards actually meeting pastoral needs. This proposed outline is by no means exhaustive, but seeks to be realistic about the kinds of questions each Presbytery should ask in its own context. Most of these policies may already be in place informally, but with a good foundation, PPTs should operate effectively.

Membership of the Presbytery Pastoral Team

- Who is the convener?
- Is the composition of the team sufficient to ensure ongoing relationships with each minister and/or manse family?
- Does the team have sufficient input from medical professions?
- Are women represented on the team?
- Is the mentoring coordinator on the team?
- Are all members of the PPT vetted for working with Vulnerable Groups?

Planning sessions

- How often does the PPT commit to meeting each year, in a non-crisis context, to form and review plans?
- When will these meeting(s) be, in order to ensure timely implementation of any proposed changes?
- Who will draft the Presbytery Care Plan, and present it to Presbytery?

Confidentiality & Statutory Obligations

- How does the Presbytery and PPT plan to handle medical certificates or reports? For example:
 - How will you ensure colleagues are comfortable with personal information being disclosed?
 - How much detail will be shared with a full meeting of Presbytery (even accepting that these matters are to be treated in the utmost confidence, is it really appropriate for a meeting of 20+ people to discuss a sensitive medical condition in even very vague terms)?
 - Can we get to a situation where Presbyteries trust the membership of PPTs to do most of the background work?
- In the case of any troubling disclosure being made in the context of pastoral care, what procedures have been adopted for responding to this? For example:
 - Who is responsible for referrals to the Police?
 - If necessary, how will Presbytery, or at least its office bearers, be notified of such developments?

Proactive Pastoral Care

- Is the committee assured that each minister and/or manse family has a sufficiently close relationship with at least one team member that reasonably qualifies as a pastoral contact?
- How frequently do such contacts take place?

- If a pastoral need is identified in this proactive phase, how will these needs be met? For example:
 - What process is in place for members to call a meeting of the PPT?
 - If a pastoral need emerges that needs more extensive support (e.g. a short time off) what steps will be taken before the matter is brought to a full presbytery meeting?
 - Is the Presbytery satisfied that the PPT can act with a degree of autonomy in urgent situations, before later reporting on its actions?
- Does the PPT have a plan for responding to less obvious critical pastoral needs, e.g. unhealthy isolation, identified in the course of proactive pastoral care?

Responsive Care

- How are pastoral needs identified?
- What process will the PPT adopt when a pastoral need is identified? For example:
 - Will the PPT attempt to co-opt a particular minister or elder as the main liaison for a pastoral situation, or is it assumed that only members of the PPT will fill this role?
- In the case of responding to absence due to illness, how will the PPT respond to their obligations in the church's legislation, i.e.:
 - Identifying appropriate support for the minister and his family
 - Consulting with the minister once absence reaches four weeks
 - Should the Presbytery devolve responsibility for obtaining an Occupational Health report (required at eight weeks absence) to the PPC to ensure confidentiality?
 - Does the PPT have a role once absence reaches seven and nine months – again triggering an independent medical reports?
 - Does the PPT have a role in helping draft the Presbytery's report to the Mission Board if an absence is expected to exceed 12 months?

Recovery Supervision

- Who will draft a plan for a minister's phased return to work?
- Who will review this on an ongoing basis with the minister returning to work?
- How will a phased return to work be judged to be making progress?
- What support will be in place in situations where progress is not as expected?

Meeting the Cost

- Are there any financial contingencies to provide pastoral care for ministers and their families? For example:
 - Paying for access to professional counselling services
 - Meeting supply costs to allow additional time off if required
 - Meeting supply costs where a minister is conducting fewer services?
 - Travel costs for PPT care to be provided to ministers living in more remote areas
- What is the PPT's role in connection to a Presbytery Benevolent fund (if it exists)?

Appendix 4 – A Phased Return to Work Plan

Form A: Initial Return to work

Name of Minister & Congregation:

Name of Session Clerk (or other elder as a point of contact):

Name of Presbytery/PPT-appointed Supervisor:

Location of services (and travel time from manse):

Proposed Date of return to work:	Proposed date of 1 st Review: (e.g. 1-week)

Agreed method and timing for reporting workload:

Deliberate Day off:

Details of Kirk Session commitments during phased return to work (e.g.):

- Lord’s Day services cover:
- Mid-week meeting cover:
- Emergency Pastoral care cover:

Details of GP / Occupational Health Professional recommendations (where given):

Week 1 Workload / Goals:

No. of Sunday Services to be taken:	No. of mid-week meetings to be taken:	No. of other “Events”:	Other work (e.g. pastoral, evangelism)
Notes:			

Total Hours work expected 1st week back:

Other notes/remarks:

Form B: Subsequent Reviews

Name of Minister & Congregation:

Name of Session Clerk (or other elder as a point of contact):

Name of Presbytery/PPT-appointed Supervisor:

Date of return to work:	No. of weeks since last review:	Expected date of next review:

Review of Workload actually undertaken in preceding period:

No. of Sunday Services actually taken:	No. of mid-week meetings taken:	No. of other "Events":	Other work done (e.g. pastoral, evangelism)
Assessment:			

Total Hours Actually Worked:

Deliberate Day off:

Note on Kirk Session commitments:

- Is the K.S. meeting its commitments?
- Are changes to support needed?

Workload / Goals for the next period:

No. of Sunday Services to be taken:	No. of mid-week meetings to be taken:	No. of other "Events":	Other work (e.g. pastoral, evangelism)
Notes:			

Total Hours of work expected:

Other notes/remarks **Last Review Period Before Full Return to Work Only**
Committee / Presbytery Workload: