

Medical Screening of Candidates for Ordination

1. Introduction

As part of the selection process, candidates for ordination are required to undergo medical screening. The screening is undertaken at two levels:

- The first level is medical screening to assess whether candidates are fit for the ministry for which they have been sponsored. This screening is undertaken by the Ministry Division's Senior Medical Adviser.
- The second level is medical screening of candidates who are likely to be stipendiary at the point of ordination and so would be eligible for entry into the Church of England Funded Pensions Scheme (the pension scheme for clergy and licensed lay workers of the Church of England). This medical screening is undertaken by the Medical Adviser to the Church of England Pensions Board and it is concerned with assessing whether or not candidates pose a significantly increased risk to the scheme of dying in service or claiming ill-health benefits before normal pension age.

The purpose of this booklet is to set out in detail the medical procedures of both the Ministry Division and the Pensions Board so that all those engaged in the process of selection and training of candidates for ordination are clear about what is involved.

2. The Ministry Division's Medical Procedures

The Ministry Division's medical screening of candidates is undertaken by the Senior Medical Adviser, who is an occupational health consultant. He has drawn up medical standards which clarify which medical conditions may not be compatible with the exercise of ordained ministry, given its expectations and responsibilities, its pressures and demands. These medical standards can be found at the end of this booklet.

Within the Ministry Division there are two points of medical screening:

- At the point of selection – usually before a candidate attends a Bishops' Advisory Panel.
- During training – usually at the end of a candidate's penultimate year of training

Medical screening before attending a Bishops' Advisory Panel

The focus for the Ministry Division's medical screening of candidates is to assess whether or not they are fit for the ministry for which they have been sponsored. This medical screening is undertaken in the first instance through requiring candidates to complete a medical questionnaire.

The questionnaire will be sent out from the Ministry Division to candidates before they attend a Bishops' Advisory Panel. Upon completion the questionnaire should be taken to by the candidate to his or her GP for counter-signing to say that the information contained in the form is correct. The questionnaire should then be returned by the candidate to the Senior Medical Adviser. The questionnaire will be checked by the Senior Medical Adviser for any medical condition which could give cause for concern. If there is no cause for concern, the candidate will receive

notification that he or she is fit for the ministry for which they have been sponsored. This notification would be copied to the DDO.

If on checking the questionnaire the Senior Medical Adviser judges that there is cause for concern, the candidate will be contacted by telephone to arrange a convenient time for a telephone conversation between the Senior Medical Adviser (or one of his colleagues) and the candidate. If after the telephone conversation the Senior Medical Adviser decides that the medical issues no longer give cause for concern, the candidate will receive notification that he or she is fit for ministry as above.

If after the telephone conversation Senior Medical Adviser takes the view that there are still outstanding medical issues which give cause for concern, the candidate will be referred to a consultant for an assessment. The costs for the referral of a sponsored candidate (including his or her travelling expenses) will be met by the Ministry Division.

In the light of the report from the consultant (which would be available to the candidate on request), the Senior Medical Adviser will arrive at a judgement as to whether or not the candidate is fit for the ministry for which he or she is sponsored.

If a candidate is deemed to be not fit medically for the ministry for which he or she is sponsored, the occupational health specialist will write a letter to the sponsoring bishop with that advice together with the medical evidence and rationale which supports it. If the Bishop accepted the Senior Medical Adviser's advice, the candidate would not proceed any further.

Medical screening during training

An identical process of medical screening takes place at the end of the penultimate year of training, prior to ordination. This is designed to check whether a candidate's medical history has changed since the point of selection and to ascertain that there are no medical reasons why a candidate should not proceed to ordination. If there is cause for concern, the process will follow the same course as outlined above.

If during training, a candidate's medical situation changes in any way, the Senior Medical Adviser needs to be informed immediately. This would be the responsibility of the DDO. It is the responsibility of the Principal of the candidate's training institution to keep the DDO in touch with any developments in a candidate's medical situation.

The Process of appeal

If a candidate contests the advice of the Senior Medical Adviser, he or she can appeal to the sponsoring bishop. The sponsoring bishop can decide to turn down the appeal (if there are insufficient grounds for it) or can seek a second opinion if that seems right and appropriate. Ultimately, it is the bishop who decides who may or may not enter training.

Data Protection

A candidate's Medical Questionnaire and any further medical information that has been requested will be kept by the Senior Medical Adviser in a secure filing system.

Any advice given to the Bishops, arising out of the medical screening process, will be available to candidates on request in accordance with the Data Protection procedures.

3. The Pensions Board Medical Procedures

The Pensions Board will be sent copies of questionnaires of all those candidates who are likely to receive a stipend at the point of ordination. The Ministry Division's Senior Medical Adviser will alert the Pensions Board to any cases where a candidate's medical history shows a cause for concern

The Pensions Board's concern is that those joining the pension scheme do not pose a significantly increased risk to the scheme of having to take early retirement on the grounds of ill-health or of death in service. Benefits in such circumstances can be extremely expensive and the cost has to be met by the organisations (principally dioceses, but also a significant number of other bodies) responsible for paying contributions to the scheme.

Where the Ministry Division's Senior Medical Adviser has alerted the Pensions Board to a case where the pensionable risk may be significantly greater than normal, the candidate's medical paperwork will be referred to the Pensions Board's own Medical Adviser, who works quite independently of Ministry Division's Senior Medical Adviser. The Pensions Board's Medical Adviser will make an assessment of the pensionable risk. The Medical Adviser may wish to make further enquiries, in which case the candidate's authority will be sought.

Once the Pensions Board's Medical Adviser has completed the assessment an appropriate recommendation will be made to the Pensions Board. The Pensions Board will then determine whether it wishes to impose any conditions on a potential member's admission to the scheme. If it does wish to impose restrictions this may include a refusal to permit membership, but would more normally entail a restriction on the benefits that would be granted on retirement on ill-health grounds or death in service where the reason was connected to the identified medical conditions. The candidate would be notified of the outcome of the Pensions Board's assessment.

It should be emphasised that the Pensions Board's assessment is based solely on the risk to the pension scheme and every case is considered individually on its own merits.

Should a candidate be dissatisfied with the decision of the Pensions Board then a complaint may be brought under the scheme's Internal Disputes Resolution Procedure. This is set out in the booklet *Your Pension Questions Answered*, which describes the scheme and the benefits available from it. Copies of the booklet are available from the Pensions Board on request.

Data Protection

The Pensions Board keeps information (including medical information) about members and potential members for the purposes of managing the scheme. The Board may have to disclose this information to other people (such as its professional advisers) from time to time. The information will, however, only be used for the purposes of the scheme and will not be used for any other purposes.

Appendix 1

Medical Standards Used by the Ministry Division for Assessing Medical Fitness for Ordained Ministry

1. Introduction

When engaging in the medical screening of candidates, the Disability Discrimination legislation needs to be borne in mind. This means that each candidate should be considered individually and it would not be appropriate to establish any overriding standards which applied a blanket exemption for a particular medical condition unless there were overpowering health and safety implications. All individuals should be selected on their own merits with appropriate risk assessment and analysis being undertaken by the Senior Medical Adviser. A medical opinion will be given as to the medical suitability of the candidate to be able functionally to exercise the ordained ministry for which he or she has been sponsored.

In developing medical standards such standards should reflect current medical knowledge and as far as practicable should be evidence based. Many cases are complex and will need to be considered by using the available medical evidence, while also seeking views from practicing occupational medicine specialists to gain a consensus of medical opinion if at all possible. This medical opinion will be used to advise the Bishop on a candidate's fitness for ministry.

2. Different Focuses of Ministry

Before giving an opinion on those medical conditions which may impact on suitability for the exercising of ordained ministry, it is important first to establish the functional requirements of the role of an ordained minister. Those ordained within the Church of England exercise their ministry in many different contexts, the primary one being the parish. In this context, the ordained minister is expected to function as:

- an incumbent, (or exercising incumbent responsibilities), which will require the overall leadership of, and responsibility for, a church or group of churches and may also include responsibility for a team of ministers, both lay and ordained.
- an assistant minister or ordained local minister (OLM) which will require a certain level of leadership depending on the context and extent of responsibility, but where the emphasis is on being an effective team-member and exercising ministry usually within a supportive capacity where someone else holds overall responsibility.

These different focuses of ministry have a bearing upon the medical standards. In parish work they reflect, for example, differences in what is expected in terms of time commitment. Someone who is exercising ministry with incumbent responsibilities would normally be engaging in ministerial tasks full-time which could amount to 40 or 50 hours of work each week. Someone who is exercising ministry as an assistant minister or as an OLM would not normally be expected to engage in ministerial tasks full-time and could undertake as little as 10 – 20 hours of work each week. These differences in terms of time commitment could be significant in assessing which focus

of ministry would be appropriate for a candidate with some medical conditions, such as chronic fatigue/ ME. For those who will be engaged in ministry combined with secular employment, again account will need to be taken of the particular context and the circumstances in each case.

3. The Abilities Required for an Ordained Minister

What is expected of deacons and priests is set out in the Ordinal. However, to undertake the demanding work of ordained ministry, individuals would require the ability to:

- guide and manage processes of change (*This would be particularly the case for those exercising incumbent responsibilities*)
- facilitate process of vision-building (*This would be particularly the case for those exercising incumbent responsibilities*)
- deal with conflict
- cope with irregular working patterns and hours (*This would be particularly the case for those exercising incumbent responsibilities*)
- set own boundaries and priorities
- maintain appropriate boundaries between public and personal life
- create space and time for being resourced spiritually and physically
- create and sustain appropriate supervision and support networks
- cope with lack of routine and interruptions to planned timetable
- cope with emotional involvement, dealing with emotional projections of others, and personal vulnerabilities
- relate to a wide variety of people, put others at their ease, create safety and trust
- identify and nurture the gifts/skills of others without feeling threatened by gifts of others
- work openly with difference, diversity and challenge
- be aware of and work constructively with group processes

Work of this nature will normally require the following physical, intellectual and emotional capacities:

Physical capabilities normally required include:

- voice –projection, production and conveying sense of presence
- ability to communicate - orally and aurally (speaking and hearing), or in a manner specific to context e.g. BSL
- ability to communicate in written form, manually or electronically
- mobility – especially important in rural settings – i.e. being able to get around the parish/community
- sufficient physical stamina and robustness for the particular focus of ministry

Intellectual capacities required include:

- mental ability and agility
- ability to reflect theologically and exercise intellectual engagement i.e. ability to think things through
- ability to plan and develop strategy
- imagination and empathy

Emotional capacities required include:

- emotional resilience – self-awareness and openness to growth
- ability to sustain a sense of self-worth and self-confidence
- psychological robustness, especially in situations of conflict, uncertainty, crisis or failure (real or apparent)
- a sense of humour

4. Different Medical Conditions

When assessing individuals medical evidence will need to be obtained from a variety of sources depending on the medical condition. Listed below are a range of medical conditions and how they relate to the exercise of ordained ministry.

Cardiovascular Problems

Specific cardiovascular conditions, provided reasonable exercise tolerance is achieved, and is likely to be maintained, should not have a significant impact on fitness for the role of an ordained minister. Many cardiac conditions will allow a good functional capacity and merely require regular assessment by specialists and this should not be a contra-indication to the exercise of ordained ministry. Conditions which result in a significant degree of functional impairment which would complicate the ability to stand, to conduct a service, significantly impair mobility or in some cases render an individual unfit to drive would need to be assessed in more depth.

Respiratory Problems

In general lung conditions would not be considered to be a medical bar. Cases of severe obstructive or restrictive lung disease which impact significantly on function, requiring frequent hospital admission, marked sickness absence or where occupational precipitants would be expected will require further assessment and consideration. A past history of malignant lung disease would also require further assessment.

Gastro-intestinal Problems

In general gastro-intestinal diseases should not be a bar. If a gastro-intestinal condition is severe enough to require frequent lavatory use which would compromise the ability to hold services or conduct home visits further information would need to be sought. Specialist advice may need to be sought as in the vast majority of cases we would expect effective treatment to control symptoms sufficiently to allow a candidate to exercise ordained ministry. A past history of malignant gastrointestinal disease would require further assessment but would not normally be a bar provided there was an acceptable prognosis and normal functions.

Mental Health Problems

Mental ill health is extremely common in the UK. It is now the medical condition which causes the highest rates of sickness absence. Whilst many instances of mental ill-health will be short-lived, mental illness can also result in significant periods of ill health with quite marked functional incapacity. The role of an ordained minister requires significant mental resilience and will involve work of a demanding emotional nature. It is therefore essential to ensure that candidates for the priesthood do not suffer from any mental health conditions which would put them at foreseeable risk of developing psychological ill-health or indeed put those they engage and work with at risk.

There will be some mental health conditions such as psychotic disorders which due to the nature of the condition will be incompatible with the exercise of ordained ministry unless the condition has been effectively treated, or the candidate has insight into the condition and is compliant with treatment and subject to a favourable specialist report. Each case will be assessed individually and appropriate medical advice given. Candidates with a history of non psychotic psychological conditions such as a significant history of depression would also need to be assessed carefully to ensure that they would be able to cope effectively with the pressures and demands that they would experience as an ordained minister. In these cases, reports from treating GPs and specialists would be required and additionally some cases may require formal psychiatric assessment.

The other mental health diagnosis that would need to be considered is personality disorders. These are conditions where there are deeply ingrained maladaptive behaviours usually recognizable by the time of adolescence or earlier and continuing throughout adult life although often becoming less obvious in middle or old age. A diagnosis of personality disorder would in all likelihood not be compatible with the exercise of ordained ministry as the behaviours exhibited with this condition are likely to be maladaptive, disruptive or destructive. Personality disorder often occurs as a co-morbid feature in other mental health problems such as depression. It is likely that individuals with a personality disorder offering themselves as candidates for ordained ministry will be rare and those who do come forward would be likely to be identified by their references or by their diocesan sponsoring papers.

Any psychological ill health or drug or alcohol misuse which is declared in the candidate's medical questionnaire or which emerges during the discernment process will result in further information being sought from the treating GP or specialist. In some cases a formal review with a consultant psychiatrist would also be required.

Nervous System Problems

There are a number of neurological disorders which can affect medical fitness for exercising ordained ministry. The functions that can be affected by neurological conditions include mobility, including fitness to drive, the risk of sudden incapacity, cognitive abilities and also any problems with communication either speech or hearing.

Specific disorders such as epilepsy need not necessarily be a bar providing the condition is controlled to an acceptable level and in particular for rural parishes, a current driving licence is held. Where a condition is not controlled and frequent fits are expected this would not be compatible with conducting liturgical duties.

Many other neurological conditions such as Multiple Sclerosis, the degenerative neurological diseases including motor neurone disease and Parkinson's disease will be associated with a loss of function and each case will need to be assessed individually. Conditions such as cardiovascular accidents will need to be assessed from a functional point of view as this will determine a candidate's capability to undertake the role of an ordained minister.

Endocrine Conditions

Endocrine conditions such as diabetes and thyroid disease would not normally be a bar. However, assessment of the functional status will need to be made. Where conditions were poorly controlled with significant complications such as hypoglycaemic attacks, visual complications, or neurological complications impacting on mobility or fitness to drive were identified, further investigation would be required including access to reports from treating specialists.

Miscellaneous Medical Problems

Skin conditions would not normally be a concern unless they were significant enough to impact on the ability to function as a priest. Specific cutaneous allergies to substances may be a problem unless there was a reasonable expectation that this would not pose a significant hazard or that exposure could be managed by excluding the substance.

Disorders of speech or hearing may be problematic if this resulted in significant communication difficulties. In practice speech impediments may be more significant if they impact on the ability to conduct liturgical duties. The impact of hearing problems would be less of an issue providing the candidate could conduct or be expected to conduct liturgical duties and engage in one to one conversations using non auditory rather than auditory cues.

HIV

Infections such as HIV and hepatitis should not be a medical bar unless there are functional disabilities arising from the condition or treatment that would impact on the ability to exercise ordained ministry. However, it would be advisable to seek specialist reports to obtain medical advice on the prognosis. It is the case that, with modern treatments, most patients on retroviral medication for HIV can function well enough to remain in employment.