
The MFGHC Authorisation and Regulation Project

The MFGHC Authorisation and Regulation Project - Introduction

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 - Chair, Multi-Faith Group for Healthcare Chaplaincy (MFGHC)
 - Chair, National Council of Vanik Associations UK
 - Background in Mechanical Engineering
- Involved with MFGHC since its inception in 2002

The MFGHC Authorisation and Regulation Project - Agenda

- Background to the formation and activities of MFGHC
- Progress with Authorisation
- Regulation as a next step
- Progress with Regulation
- Observations today
- Questions

Background to the formation of MFGHC

- 1997 chaplaincy consultation about multi-faith chaplaincy
- The Joint National Multi-Faith Working Party (JNMFWP) established to advise the Department of Health (DH) on multi-faith chaplaincy
- JNMFWP comprised representatives of the nine major World faiths + the College of Health Care Chaplains
- JNMFWP reported to DH in mid 2002 but wished to continue thereafter in order to support implementation
- MFGHC formed December 2002.
- Revised policy launched in November 2003 after consultation

The purpose of MFGHC

- Keeping an eye on progress and serving as a national-level advisory body
- Constitution modelled on that of Churches together in England
- Mission statement is to
 - “facilitate a common understanding and support for healthcare chaplaincy amongst faith groups, chaplaincy bodies and healthcare organisations”.
 - “provide a means of consultation between the Faiths about healthcare chaplaincy”
 - “work in co-operation with healthcare and chaplaincy organisations”.

Turning the purpose into action

- MFGHC has wide remit but no resources other than support from Church officials and others including chaplains in the field
- Now a small annual grant (£4500) for administration from the central allocation for hospital chaplaincy
- Then and now, focussing on
 - Developing multi-faith chaplaincy
 - Resourcing chaplains of world faiths without chaplaincy experience
 - Developing authorisation processes
 - Making general progress (networking, communications, policy advice, encouragement)

Progress with Authorisation – proposed authorisation bodies

- We have made sufficient progress with the development of authorisation bodies to be able to publicise their existence and to let them take this authority forward.
- Bodies being proposed
 - Bahá'í – National Spiritual Assembly of Bahá'ís of the United Kingdom
 - Christian - as now
 - Buddhist – establishing group specifically to do.
 - Hindu – National Council of Hindu Temples
 - Jain – National Council of Vanik Associations
 - Jewish – as now
 - Muslim – Muslim Council of Britain
 - Sikh – establishing group specifically to do.
 - Zoroastrian – no authorisation process agreed

Regulation as a next step

- Once authorisation bodies are in place, MFGHC purpose is still to
 - Develop and advocate for multi-faith chaplaincy
 - Resource chaplains of world faiths
- But changed shape means activities change to become more to do with
 - Co-ordinating activities between chaplaincy groups
 - “regulating chaplaincy”
- MFGHC considers that statutory regulation will not be introduced
- Only route for “regulation” is via voluntary process

Elements of (chaplaincy) regulatory practice

- Helping decide what is the profession (of healthcare chaplaincy)
- Agreeing which people can say that they are those professionals (healthcare chaplains)
 - Establishing how they should behave (Code of conduct)
 - Agreeing what training they need (Education syllabus and Educational pathways)
 - Helping them keep up to date (Continuing Professional Development)
 - Setting up arrangements to monitor them (Fitness to practice)
- Maintaining a register of those who conform to these standards/ attributes

Starting point for the Authorisation and Regulation Project

- Finish and publicise work on authorising bodies
- Review elements of chaplaincy regulatory practice
- Build consensus and commitment of all stakeholders (chaplains, chaplaincy bodies, Department of Health, NHS Bodies)
- Support further development of multi-faith chaplaincy by offering independent regulation along lines of model used by DH/ NHS for health scientists (Voluntary Regulation Council)

The Project Plan

- Three years
- Usual project methodology
- Reference Group for discussion of contentious or difficult issues
- Emphasis on engaging and interacting with chaplains, chaplaincy bodies, the NHS and the Faith Communities
- Leading to decisions by Government(s) about chaplaincy voluntary regulation and status of chaplains as healthcare professionals

Progress with Regulation

- Grant obtained
- Project infrastructure in place
- Reference Group to be chaired by Dr Geoff Harris, Chair, NHS South Central
- MFGHC Committees tasked for their work plans
- Timetable of consultations agreed
- Communications started

Timetable of consultations

- Code of conduct Jan – Mar 2010
- Fitness to Practise procedures Apr – Jun 2010
- Educational Curriculum Jul – Sep 2010
- Educational pathways Oct – Dec 2010
- Continuing Professional Development Jan – Mar 2011
- Final proposals for chaplaincy regulation Jul – Sep 2011

Communication with other stakeholders

- Chaplains – we will utilise the usual methods i.e. via bulletins and via the discussion group for chaplaincy collaboratives
- Faith communities – we will ensure there is comprehensive discussion with sponsoring faith communities
- Chaplaincy membership bodies – we will use current representatives
- NHS management – we have asked for nominees from the NHS Chief Executive
- UKBHC – we have a meeting planned for 20th October to see what degree of “convergence” can be achieved

Questions to be discussed between MFGHC and UKBHC

- What is stopping us working together to develop one regulatory body?
- What is stopping us working together on the elements of regulatory practice which need updating?
- What other activities could we agree to do together?
- Can our working together assist a reconciliation between HCC/ CHCC?
- Can this approach be endorsed by the full bodies at their meetings in December and January?

Observations as of today

- The process we are undertaking is voluntary and there are still difficulties in the way
 - Consensus is lacking
 - Authority needs to be determined
 - Processes are still to be designed.
- We remain convinced of the need for this approach and this work plan
- Involving so many people over so long means that the programme will change and vary
- Despite detailed project planning, the unforeseen will still occur

Questions?