



BULLETIN 18 – June 2009

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Welcome

Welcome to Bulletin 18 from the Multi-Faith Group for Healthcare Chaplaincy. In this edition, is information from the Council and other meetings held in May/ June 2009.

Co-option of Co-Chair, Standards Committee 2009-10

The Revd Fr Paul Mason has agreed to be co-opted as Co-Chair of the Standards Committee.

UK Board for Health Care Chaplaincy

The meetings between representatives of the Churches' Committee for Hospital Chaplaincy (CCHC) and of UKBHC had not re-started.

The NHS Chief Executive has clarified the NHS view of the recent letter from UKBHC to NHS Chief Executives. This clarification indicated that the development of UKBHC had been undertaken without NHS involvement or commitment; that chaplains were not required to register with UKBHC; and that the NHS was not seeking statutory regulation of healthcare chaplains.

http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/theweek/DH_098602

The Chairman suggested that, not least because of the difficulties between the CCHC and UKBHC, there was a need for dialogue between MFGHC and UKBHC. It was agreed

to suggest an informal meeting of representatives on either of the planned meeting dates in September.

Appointment of Honorary Treasurer for MFGHC

The Chairman reported that, as part of the discussion over project finances, it had become clear that there was a need for the Council to consider the appointment of an Honorary Treasurer. He considered this would assist the executive as well as preparing the MFGHC for future changes.

Members approved the Chairman's proposal and approved the duties required of an Honorary Treasurer as set out by the Project Board. It was agreed that the Honorary Treasurer should be a member of the Executive Committee and that the appointment could be extended once. It was also agreed that a small honorarium might be paid to the Treasurer in recognition of the time involved in these duties.

The Council resolved to approve the appointment of an Honorary Treasurer in accordance with these considerations. After further discussion, and following a proposal by Barney Leith seconded by Ron Maddox, Keith Munnings was elected Honorary Treasurer 2009-10.

Engagement of chaplains in public institutions

The Vice Chairman reported that The Muslim Council of Britain had ceased to attend the meetings on this issue because of the focus on the Muslim community which all concerned considered unfair. He understood that the Chief Officer was in discussion with Officials of the Department of Health on these issues and that they would be able to provide an update in due course.

MFGHC Biennial Review 2007-08

Council received a copy of the Biennial Review for 2007-08.

Report in May 2009

Brief reports were received of the recent Muslim community training course; the Jain community training day; the Sikh community prayer week and the Bahá'í supervision day at John Radcliff Hospital.

The guidance about the influenza pandemic issued by the Department of Health to third sector organisations was noted.

Relations between chaplaincy bodies in membership of MFGHC

The Chairman reported that correspondence had been drawn to his attention which suggested that one chaplaincy body in membership of MFGHC was attempting to undermine the work of another, also in membership of MFGHC. He had written to both organisations and had received a response indicating that the correspondence arose from "long-standing difficulties" which had not been resolved.

The Chairman considered that a resolution of this dispute would be beneficial for chaplaincy and for the working of the Council. He therefore proposed to continue the dialogue

with these bodies to see whether his good offices could assist them in a resolution. Members endorsed this approach.

Report of the Project Board for the Authorisation and Regulation project – May 2009

The Council received the May report of the Project Board for the Authorisation and Regulation project.

In addition to the proposal for the appointment of Honorary Treasurer referred to above, the Project Board had agreed that the representatives of the Council on the Reference Group should be the Vice Chair, a representative of the other world faiths and one representative for each of the three Christian Churches.

Tasks for the Education and the Standards Committees

Committee Members discussed the project plan, noting that:

- The project was due to run over three years and both committees would have tasks during this period;
- The tasks were usually about identifying and consolidating issues/ policies and then consulting with chaplaincy stakeholders to prepare final versions;
- The issues/ policies were concerned with regulatory tasks in healthcare;
- There would need to be wide discussion and interaction between the committees and the project board and between chaplains and other stakeholders

The Project Officer would work with the Committee Co-Chairs to formulate mini project plans for their work programmes.

Preparing an agreed Code of Conduct for healthcare chaplaincy (Standards Committee)

In discussion of this task, the following points were made:

- Most Faith Communities had their own codes of practise for their own ministers/ leaders.
- The College of Health Care Chaplains (CHCC) had developed a code of conduct for its members the detail of which was still disputed by the Churches.
- The world faith communities had been encouraged to develop their own codes of conduct as part of authorisation processes and many had used versions either of the CHCC or Church of England codes or parts thereof.
- The Voluntary Registration Council (VRC) had prepared a document for their registrants which might be of assistance.

Preparing agreed Fitness to Practise procedures for regulation of healthcare chaplains (Standards Committee)

In discussion, the following points were made:

- The Voluntary Registration Council (VRC) had prepared a document for their registrants which might be of assistance.
- Many of these issues were currently managed within faith communities and would need to be delegated if any sense were to be made of regulation.
- It would be important to differentiate practise between employed professionals and secular visitors.
- Attention would be needed to maintaining confidentiality and dealing with those under investigation if they were still practising.
- There was concern about regulating practise within a profession which had a limited evidence base.

Preparing a statement of the Educational Curriculum for healthcare chaplaincy (Education Committee)

In discussion, the following points were made:

- Work had been undertaken on education matters by the Chaplaincy Academic and Accreditation Board (CAAB) and by the MFGHC Education Committee.
- Currently, work was being undertaken by the group of Higher Education Institutions which had attended the meeting in Leeds Metropolitan University in December 2007.
- Work had also been undertaken by the Scottish NHS Educational Service.
- CAAB had cancelled discussions intended to share an understanding of the work by NES between CAAB and the MFGHC Education Committee.

Preparing an agreed set of Educational Pathways including guidance about equivalence of training in other settings/ sectors (Education Committee)

In discussion, the following points were made:

- This work was likely to be divided between education pathways, training pathways and the equivalent status of other education/ training.
- Some practitioners were thought to have taken the view that delivering care was as important as learning more about it so academic achievement might be more modest than practise would indicate.
- Decisions would be needed about the end-point for chaplaincy in accepting a single baseline educational standard and the time allowed for other pathways.
- Little was known about equivalent training in non-UK countries.

Preparing agreed guidance and standards for Continuing Professional Development in healthcare chaplaincy (Education and Standards Committees together)

In discussion, the following points were made:

- The current CPD strategy prepared by South Yorkshire SHA had been due for review in March 2008.
- The strategy was based upon the Health Professions Council model which related CPD to patient benefit rather than points.
- The strategy also sought to emphasise the processes for NHS development review as set out in the NHS KSF 2004
- Work had been undertaken on CPD by CAAB.
- NHS Yorkshire and the Humber and CAAB had agreed their approaches to CPD were complementary.
- Vocational development was also important as were the various continuing ministerial educational processes in the Churches.
- Different arrangements might be necessary for those only working part-time although a basis “safety” standard would be necessary for all.

Project Group’s code of practice on consultation

The Committees agreed that the achievement of a satisfactory outcome to their work would be more readily assured through a period of consultation with all chaplains. It was agreed to use the consultation criteria set out in the Cabinet Office report (November 2000) as a basis for this work.

The key issues for consultation were thus:

- Timing of consultation built into the planning process from the start.
- Clarity about who was being consulted, about what questions, in what timescale and for what purpose.
- Documents should be as simple and concise as possible including a summary of the main questions on which it seeks views.
- Documents to be made widely available with the fullest use of electronic means and effectively drawn to the attention of all interested groups and individuals.

- Sufficient time to be allowed for considered responses from all groups with an interest. Twelve weeks to be the standard minimum period for a consultation.
- Responses to be carefully and open-mindedly analysed and the results made widely available with an account of the views expressed and reasons for decisions finally taken.
- Consultations to be monitored and the lessons learned disseminated.

Communicating the work of the MFGHC

The MFGHC has established a website (www.mfghc.com) where its work will be highlighted. It intends to publish an e-bulletin about its progress every four months. For routine communication, Edward Lewis can be contacted at the address given above.

E.J.L. June 2009