



BULLETIN 19 – December 2009

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Welcome

Welcome to Bulletin 19 from the Multi-Faith Group for Healthcare Chaplaincy. In this edition, is information from the Council and other meetings held in September/ October/ November 2009.

The Executive Committee has also reached conclusions on a number of issues which have arisen over recent months and these are set out at the end of this Bulletin.

The central allocation for hospital chaplaincy 2009-10

Several members have reported receipt of grants from the central allocation but were unclear as to their period of application. MFGHC was continuing to seek clarity from the Department of Health.

The Vice Chairman reported his concern that the central allocation was being ended and also that the link person at the Department of Health was to be changed again. These issues were to be raised with DH Officials in late October.

The engagement of chaplains in public institutions

MFGHC officers had been asked to comment on the revised version of the Department of Health's statement of the healthcare contribution to this security programme. This revised draft was a clearer statement with good logic. There was only one reference to faith groups and it was hoped that this could be clarified/ removed.

Religion or Belief: A practical guide for the NHS

A final version of the MFGHC comments had been submitted to the Department of Health and was to be discussed with the National Director in September. Subsequently, it had been indicated that the comments made by MFGHC were helpful and would be used to revise the guidance in due course.

Relations between chaplaincy bodies in membership of MFGHC

The Chairman reported that his initiative to assist with the resolution of these differences was being held in abeyance.

Comments by the National Secular Society

The Council noted a House of Commons written answer by the Minister of Health that "there are no current plans to revise this publication (the 2003 guidance on chaplaincy)" which had been suggested needed to be revised to reflect the needs of the secular community.

The Prime Minister's Commission on the future of Nursing and Midwifery

MFGHC agreed that it should submit evidence to this Commission supporting the nurse and midwife role in the assessment, referral, review/ monitoring and delivery of spiritual healthcare.

A common understanding of the meaning of spirituality

Written comments on a stated understanding of the meaning of spirituality had been sought from Council members and others in July. A revised version would be circulated in the autumn.

Healthcare Sunday

The Council noted the focus given by the Christian community to celebrating Healthcare Sunday during October (associated with their calendar date to honour the work of St Luke the physician). This occasion provided an opportunity to celebrate health and the NHS and healthcare chaplaincy together. It was sustained by the Churches together and had a website at www.healthcaresunday.org.uk/

MFGHC agreed that this approach could be adopted in all communities and met the need for a regular celebratory event for healthcare chaplaincy.

It was noted also that the prison service had a similar arrangement in November for Prison Sunday.

Report of the Chair/ Vice-Chair – September 2009

Reports were received of the celebrations to mark 30 years of the National Council of Vanik Associations; the launch of the British Association for the study of spirituality; the Church of England's review of its national support for Anglican chaplains; the publication of the "care for the Sikh patient" booklet and leaflet; a request for information about multi-faith chaplaincy from the Government Communication Centre; a request for the Chair to address the meeting of the North West chaplaincy collaborative; and other engagements concerned with the Vice Chair's membership of the Expert Reference Group for patient dignity.

Faith community endorsement

The Council welcomed The Revd Michael Kavanagh and ms Michelle Crerar of the National Offender Management Service for a discussion about how best to ensure that candidates for chaplaincy posts were endorsed by their faith community.

The system developed by MFGHC was discussed and its strengths and weaknesses highlighted. Even with measured progress and careful checking-back to the community itself, there were still difficulties in assuring every individual's contribution precisely although the numbers of those who needed additional help or guidance was small.

Requirements for voluntary Muslim healthcare chaplains

The Muslim Spiritual Care Provision in the NHS Project has issued a statement of essential requirements for Voluntary Muslim Healthcare Chaplains. This is available on the MFGHC website at www.mfghc.com

ISSUES RAISED BY THE EXECUTIVE COMMITTEE

The Executive Committee of the MFGHC comprises the Chair, Vice-Chair, Honorary Treasurer, the Co-chairs of the Standards and Education Committees and the Chief Officer. This group serves as an informal advisory and co-ordinating body for the generality of MFGHC's business, and as the project group for the Authorisation and Regulation Project.

In recent months, the Executive Committee has taken stock of the direction and pace of MFGHC's work through a series of meetings with others and in internal discussions. As a result, the Committee wished to reaffirm its current set of activities but also explain some further detail about its activities over the next six months.

Faith, Religion and Beliefs

MFGHC is an advisory body to the Department of Health comprised of representatives of the nine major world faiths and of representatives of the chaplaincy membership bodies in England and Wales. It regards faith as an important element of its work and wishes that to be expressed in three major ways:

- Religious faith is a common bond between the constituent members of the MFGHC. Each respects the beliefs and traditions of the others and seeks to be supportive of their common purpose. Healthcare chaplaincy draws its life and values from these various religious traditions, and the work between the faith communities is to ensure that such endeavour is, in this way, appropriately grounded.
- Faith underpins the work of chaplains in the faith communities and requires healthcare chaplains to work within the teachings of their faith community and to understand and respect the boundaries and teachings of the other faith communities.

- The majority of people receiving healthcare have beliefs which equate to or match those within the world faith communities. These individuals can therefore best be sustained by healthcare chaplains who understand faith and beliefs across the world faiths.

Relations with other bodies

MFGHC seeks to work with all those who are interested in and influential for healthcare chaplaincy. It has regular meetings with the Department of Health and has met the newly formed UKBHC and seeks to maintain good relations with all parties.

MFGHC has listened carefully to recent comments about its activities and is not averse to changing these as necessary. Its current stock-take of activities will ensure that a sensible pace of change is maintained.

The Authorisation and Regulation project

The basis of this project is that regulation forms a logical extension of MFGHC's work on authorisation which is due to be publicised to the NHS in the early part of 2010.

There are some voices who suggest that MFGHC is not an appropriate body to be a regulator of chaplaincy as it does not cover the whole UK, and because faith communities do not need to be involved with the work of chaplains (their involvement ends with authorising). These arguments are advanced mainly to justify the claims of others to this role but MFGHC has considered these issues recently.

In relation to UK-wide regulation, MFGHC is not itself proposing to be the regulator. This sort of regulation would not be advisable or transparent. It will work towards the formation of a regulatory body which matches the needs of chaplaincy regulation at the end of the current project.

This will depend on the view expressed by ministers and others at that time. Currently, the NHS is run differently by each of the devolved Governments and there are different faith community representations in each Country. There is therefore no easy UK-wide pattern now and such would need negotiation in due course which is the reason for its inclusion in the current project.

In relation to the involvement of faith communities in chaplaincy, MFGHC is taking its lead from the example set by those Christian chaplaincies which specifically license chaplains to particular work on behalf of their Bishop. MFGHC cannot envisage simply casting chaplains loose to do their work without also having a vital link from the chaplain to the faith community and from the faith community to the chaplain.

Along similar lines, MFGHC considers that any regulatory system based on peer review has the dangers of not adequately dealing with the need for appropriate external scrutiny along the lines advocated for the change in regulation of pharmacists. MFGHC therefore will continue a wide range of discussions and involvements in order to achieve the maximum level of consensus over regulation of chaplaincy involving faith communities, the NHS and appropriate lay and user involvement.

The project board reported in September that consultations on the essential aspects of regulatory practice would be managed over the two years 2010 and 2011.

The MFGHC hopes that agreement can be reached with UKBHC over a common approach to these elements of regulatory practice and offered such partnership at their October meeting. If this is not possible the programme will continue as follows:-

- Code of conduct if required Feb-Apr 2010
- Fitness to Practise procedures Jun-Aug 2010
- Statement of Educational syllabus and pathways Oct-Dec 2010
- Standards for Continuing Professional Development during 2011
- Final proposals for chaplaincy regulation during 2011

Statutory Regulation of chaplaincy

Arising from a series of discussions about patient safety and chaplaincy, the view is emerging that the impact on patients of both “good” and also of “bad” chaplaincy is measurable and significant. Such an effect would be in line with the approach to holistic care which places spiritual care on a par with mental and physical care. This also raises the need to take more interest in the prospect of statutory regulation of chaplaincy on the grounds of patient safety and wellbeing.

MFGHC has agreed to review this issue with faith communities before it considers approaching the Department of Health.

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.

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