



**THE MULTI-FAITH GROUP FOR
HEALTHCARE CHAPLAINCY**

BIENNIAL REVIEW 2009 – 2010

March 2011

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The Multi-Faith Group for Healthcare Chaplaincy is an advisory body to the Department of Health. We comprise representatives of the nine major world faiths and representatives of the chaplaincy bodies operating in England. Our origins are in the working party established in 1998 by the Secretary of State to advise on the development of multi-faith chaplaincy and which drafted the current policy guidance. Further information about our work is available at www.mfghc.com.

WELCOME

Welcome to the fourth biennial review of the work of the Multi-Faith Group for Healthcare Chaplaincy.

At the beginning of this review, I wish to pay tribute to members who are retiring and those who have lead us in this period. Mr Manhar Mehta as been chairman for the last two years and has guided us through a turbulent period for healthcare chaplaincy. His calm approach and wise council have greatly assisted our deliberations. Other members of Council have moved on and I also pay tribute to Yunus Dudwhala, Simon Goulden, Stig Graham, Edward Lewis, David Mitchell, Shafique Rahman and Mark Stobert. To all these go our best wishes and thanks.

In mid-2009, Edward Lewis who had been chief officer since 2002 and the administrator for the National Joint Multi-Faith Working Party since 1999 resigned his post with the Church of England's Hospital Chaplaincies Council and with it his responsibilities for leadership in the Multi-Faith Group. Edward had revived the interest centrally in the policy guidance on multi-faith chaplaincy; supported its development and launch to the NHS; assisted the work on the Caring for the Spirit national workforce strategy; and sustained the national profile of multi-faith chaplaincy throughout his period of office with MFGHC. His faithfulness, fellowship and leadership will be sorely missed and we remain very grateful for the time he worked with us.

The achievements recorded in this review reflect the deep and active involvement of many people in the work of healthcare chaplaincy to whom the Group is grateful.

Chowdhury Mueen-Uddin
Chairman

The progress made by the Multi-Faith Group is achieved through the hard work of many people in the Faith Communities, the NHS and in healthcare and chaplaincy. Their support is crucial to our success and I pay tribute to it here. The administration of the Group's work has been undertaken by Tim Battle and work on the website at www.mfghc.com has been undertaken by Fred Coutts. Mary Ingledew in Church House has continued to undertake the communication tasks with chaplains everywhere. To them also go grateful thanks.

Debbie Hodge
Chief Officer

THE WORK OF COUNCIL

In September, the Council welcomed the Chair's designation of the Revd Debbie Hodge as **Chief Officer, MFGHC**, in succession to Edward Lewis. Debbie Hodge is a nurse educationalist by background and was ordained as a Minister in the United Reformed Church in 2000. Since 2005 she has been the Secretary for health care chaplaincy in the Free Churches Group within Churches together in England.

In 2009, The Council finalised and endorsed its proposals for **Authorising Bodies in the Faith Communities** and made arrangements to publicise the new Bodies during its meetings with NHS Authority Chairs in early 2010. These proposals were well received and the new bodies began to handle enquiries in September 2010. A list of the Authorisation Bodies together with a short digest of the discussions with NHS Chairs has been published in booklet form and is available on the website

As indicated above, the Council undertook a wide-ranging discussion with NHS Authorities about Authorisation Bodies and about **progress with the development of healthcare chaplaincy in England**. Although the purpose of these meetings was communication, there were several useful points worthy of note:

- The meetings were welcomed as a useful way of discussing chaplaincy-spiritual care issues.
- The emergence and formation of new authorisation bodies for the world faiths was welcomed.
- Valuable contacts were made within the NMC, Appointments Commission, and within NHS Authorities
- More could be done to educate people about what to expect from the chaplaincy-spiritual care service
- There were continuing worries about "radicalising" behaviours across all faith communities
- The lack of research on efficacy and outcomes was likely to be a barrier to progress in achieving status and recognition for the contribution made by chaplains and spiritual care-givers
- There was comment about the "over-anglicised" model of chaplaincy and the difficulty of relating this to the patient experience
- Concern was expressed that practitioners could not be regarded as practicing safely without more careful and independent regulation.

The Council has noted and discussed the **views expressed by the National Secular Society (NSS)** about chaplaincy in the NHS. 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 Council agreed that, if there was public discussion about healthcare chaplaincy in which the views of the NSS were again advanced, they would seek to make the following main points:

- Healthcare chaplaincy was an emerging healthcare profession with well-accepted standards for education, skills and clinical processes. All chaplaincy bodies were committed to formalising the procedures which regulate the profession and these procedures were expected to be endorsed widely during 2012.
- Chaplains provided an essential healthcare support in offering and delivering spiritual healthcare to patients and staff in all healthcare settings. The juxtaposition of care for the body, mind and soul was regarded as an ideal approach to healthcare and the chaplains' contribution as essential.
- Chaplains were appointed because of their capabilities as chaplains and their ability to meet the standards agreed by the chaplaincy and NHS bodies. They did not proselytise for their own religion/ faith but cared for all those who needed support to their beliefs.
- Many of these beliefs came from a faith background but did not necessarily conform to a formal religious construct. Chaplains were expert in this form of support and in the analysis, determination and treatment aspects required to help people.
- As an essential healthcare service, chaplaincy was correctly funded as part of the NHS. The numbers of healthcare chaplains were few and their costs very low. There was little evidence of over-staffing and much evidence of value gained by many chaplaincy users throughout the NHS.

The Council noted the Department of Health's publication ***Religion or Belief: A practical guide for the NHS*** and the concerns about aspects of its content including those about the apparent limitation of the number of world religions to six against the flow of policy in recent years which had included also the Bahá'í, Jain and Zoroastrian Faiths. The Council submitted detailed comments on this policy and has received an indication that the Department of Health will revise it appropriately.

The Council has also sought to clarify what might be a common understanding of the meaning of spirituality although these enquiries have not been completed. At the same time the Council has endorsed an approach to ***faith, religion and chaplaincy*** which it was agreed might be expressed in three major ways:

- Faith is a common bond between the faith communities which work together in the MFGHC. Each respects the beliefs and traditions of the others and works to support and sustain them in their progress together.
- 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.

The Council has 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 provides an opportunity to celebrate health and the NHS and healthcare chaplaincy together and the Council agreed that this approach could be adopted in all communities and met the need for a regular celebratory event for healthcare chaplaincy.

The Council undertook a review of MFGHC **future planning intentions** in a seminar in September 2010 led by Debbie Hodge (capabilities and competences consultation), Barney Leith (communications and the new media), Keith Munnings (educational curricula and accreditation), Tim Battle (the authorisation and regulation project – next steps) and Manhar Mehta (future activities and relationships with other bodies). The main issues for future included:

- Finalising the revision of the standards of NHS chaplaincy provision to be published in booklet form.
- Finalising the new Authorisation Bodies through a leaflet to NHS Bodies incorporating the discussions about progress with multi-faith chaplaincy.
- Reviewing the education framework in light of proposals for accreditation of courses via the Open College Network and the proposed adoption of capabilities and competencies published by the South East Coast Chaplaincy Collaborative.
- Making progress with Regulation project during 2011 – review of delegation proposals for fitness to practise with Authorisation Bodies; revise proposals for continuing professional development policy; prepare governance arrangements for regulatory body; public consultation.
- Considering arrangements for an independent survey of chaplains about what they offer to users and a survey of NHS Bodies about compliance with Equalities legislation.
- Revise MFGHC communications in line with best practice.
- Revise the MFGHC constitution to take account of changes/ progress.
- Audit standards on NHS chaplaincy provision.
- Prepare advice and submit proposals to Department of Health for new chaplaincy policy/guidance.

THE WORK OF THE EDUCATION COMMITTEE

The Education Committee has discussed the work of the South East Coast Chaplaincy Collaborative on **capabilities and competencies** which effectively links the work done for the NHS Education Service in Scotland with the MFGHC's educational framework derived from the work lead by the NHS University and the NHS KSF. The Committee has consulted widely within the Council to see whether this report could be adopted for its own purposes.

MFGHC officers had been asked to comment on the revised version of the Department of Health's statement of the **healthcare contribution to the Government's security programme** and the revised draft was a clearer statement with good logic. The Department of Health had finalised its advice on the healthcare aspects of combating extremism and this advice had now been published as a report "Building Partnerships – Staying Safe". There was only one reference to faith groups and it was hoped that this could be clarified/ removed.

The Education Committee had been surprised that the Department of Health was involved with a consultancy called Faith Matters commissioned to undertake work on the **engagement of chaplains in public institutions** including healthcare. Despite the apparent reinventing of the wheel of recruitment and selection and that the work undertaken by chaplaincy bodies in healthcare including that of the MFGHC had been ignored, it was agreed to comment constructively.

The Education Committee has discussed its **contribution to the Authorisation and Regulation project**. In particular, the Committee was conscious that it would need to assist with the overall project plan; prepare a statement of the educational curriculum for healthcare chaplaincy; give consideration to the equivalence of training in other settings/ sectors; prepare agreed guidance and standards for continuing professional development in healthcare chaplaincy; and contribute to preparation of the governance processes for the regulatory body including fitness to practice procedures.

THE WORK OF THE STANDARDS COMMITTEE

In 2010, the Council consulted with NHS Authorities in England over the Standard Committee's draft of ***NHS standards for healthcare chaplaincy provision***. The consultation process was most useful and many additional and helpful comments were received. As a result, the standards under final drafting were more robust than those issued previously. Apart from the added input from consultation, the NHS had moved forward with its own considerations about quality which now would overlay MFGHC's.

The Council noted that the revised standards would be published in booklet form in December 2010 and noted other consideration as follows:

- The wish for a small group to define generic chaplaincy in partnership with the chaplaincy bodies was to be taken forward by the Reference Group for the Authorisation and Regulation Project.
- The request to the Department of Health to seek a merger of the NHS Panel of Assessors (of chaplaincy practice) with that maintained by UKBHC was being taken forward by HCC.
- No information was forthcoming from the Department of Health about the suggested further restriction of access by chaplains to patient information, and associated issues.
- No information was forthcoming from the Department of Health about finalising and publishing the draft guidance on commissioning healthcare chaplaincy so that discussion on outcomes could be prompted in that context.

The Standards Committee has discussed its ***contribution to the Authorisation and Regulation project***. In particular, the Committee was conscious that it would need to assist with the overall project plan; prepare an agreed code of practice for healthcare chaplaincy; preparing agreed guidance and standards for continuing professional development in healthcare chaplaincy; and contribute to preparation of the governance processes for the regulatory body including fitness to practice procedures.

The Standards Committee undertook a consultation exercise with chaplains about ***common standards for regulation of healthcare chaplains*** in 2010. Several helpful comments were received and the statement of common standards amended accordingly. The final version of the statement would contribute to the code of practice required as part of the Authorisation and Regulation Project.

THE WORK OF THE AUTHORISATION AND REGULATION PROJECT

The Council launched its project for authorisation and regulation in March 2010 having been successful in obtaining funds from the Department of Health under Section 64 funding. As part of the commencement period, the Council approved an **equal opportunities policy** for the Multi-Faith Group

Given the complexity of the tasks which they and the project board were undertaking, both the Standards and the Education Committees agreed that the achievement of a satisfactory outcome to their work would be more readily assured through a period of **public 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:

- 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 being as simple and concise as possible including a summary of the main questions on which it seeks views.
- Documents being made widely available with the fullest use of electronic means and effectively drawn to the attention of all interested groups and individuals.
- Sufficient time being allowed for considered responses from all groups with an interest. Twelve weeks to be the standard minimum period for a consultation.
- Responses being 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 being monitored and the lessons learned disseminated.

The **Project Board for the Authorisation and Regulation Project** has met every six weeks or so since the commencement of the project in April 2010. The project board comprises members of the MFGHC Executive Committee and the project officer. It reports regularly to the MFGHC Council. At its first meeting, members discussed the project plan, noting that:

- The project was due to run over three years and both MFGHC 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.

The Project Board has established a **Reference Group** of chaplaincy stakeholders to advise it on issues of common concern to chaplains and the NHS. This Group is chaired by Dr Geoffrey Harris, Chair of NHS South Central. The Group met twice in 2010 and its deliberations are included on the MFGHC website with other project resources.

The Project Board has had several discussions about its relations with the **UK Board of Healthcare Chaplaincy** which is also undertaking a project on regulation of chaplains. The MFGHC Chair and Vice Chair met with representatives in October 2009 and, in early 2010, a more formal series of discussions commenced under the auspices of the Chairman of the Churches Committee for Hospital Chaplaincy. These discussions culminated in early 2011 with a statement in which the two bodies agreed an approach to joint working on regulation processes.

THE WORK ON FINANCE

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 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 and, after further discussion, Mr Keith Munnings was elected Honorary Treasurer 2009-10.

In September 2010, the Honorary Treasurer presented the first of his intended regular ***finance reports*** showing income and expenditure and balances. It was agreed that future reports should show the Council's core activities separately to those on projects and that credit should be given to those providing services in kind of which the Church of England's generous provision of office facilities was an example.

The Council agreed to make a grant from general funds towards the cost of the annual conference of the ***European Network of Health Care Chaplaincy*** which was being held in London in 2010.

March 2011

Membership of the Multi-Faith Group at December 2010

<i>Name</i>	<i>Sponsoring faith community/ organisation</i>
Mr Kobad Avari	Zoroastrian
Ervad Rustam Bhedwar	Zoroastrian
Imam Abdul Mumin Chowdhury	Muslim
Rev Andy Edmeads	Association of Hospice and Palliative Care Chaplains
Revd Nigel Goodfellow	Free Churches
Revd Debbie Hodge – Chief Officer	Free Churches
Mr Peter Hulme	Bahá'í
Mr Sanjay Jagatia	Hindu
Revd Derek Johnson	Northern Ireland Healthcare Chaplains Association
The Hon Barney Leith	Bahá'í
Mr Sital Singh Maan	Sikh
Mr Ron Maddox – Co-Chair, Standards Committee	Buddhist
Revd Fr Paul Mason – Co-Chair, Standards Committee	Roman Catholic
Revd Jennifer McWhirter	Northern Ireland Healthcare Chaplains Association
Mr Jayman Mehta	Jain
Mr Manhar Mehta - Chair	Jain
Mr Chowdhury Mueen-Uddin – Vice-Chair	Muslim

Mr Keith Munnings	Buddhist
Mr Kishor Ruparelia	Hindu
Rabbi Meir Salasnik	Jewish
Mr Harmint Singh	Sikh
Mrs Sue Soloway	Jewish
Revd Mark Stobert	College of Health Care Chaplains
Revd Robert Thompson	Anglican
Mrs Deborah Wheeler	Anglican
Rt. Revd Tom Williams	Roman Catholic