

EDUCATION AND STANDARDS COMMITTEES

21st May 2009

Present: Revd Debbie Hodge (In the chair)
Dayasara Imam Yunus Dudwhala
Revd Nigel Goodfellow Revd Derek Johnston
Hon Barney Leith Mr Sital Singh Maan
Mr Ron Maddox Revd Fr Paul Mason
Mr Manhar Mehta Mr Keith Munnings
Mr Chowdhury Mueen-Uddin Mr Kishor Ruparelia
Rabbi Meir Salasnik Pandit Madhu Shastri
Revd Max Shepherd Ms Sue Solway

In attendance: Mr Tim Battle

1/09 Welcome and introduction

The Chair welcomed members to the joint meeting of the Committees designed to discuss their roles in support of the authorisation and regulation project. She had agreed to chair the meeting but would be supported by Ron Maddox and Paul Mason as appropriate.

Tim Battle agreed to circulate a membership list to members for updating

2/09 Apologies for absence

Apologies for absence were received from Mr Kobad Avari, Ervad Rustam Bhedwar, Revd Stig Graham, Mr Roger Green, Mr Peter Hulme, Professor Huw Jones, Revd Edward Lewis, Mr Baldev Singh Mawi, Mr Jayman Mehta, Revd David Mitchell, HM Shafique Rahman, Revd Mark Stobert, Mrs Deborah Wheeler and Rt. Revd Tom Williams.

3/09 Project Plan for the authorisation and regulation project

Members received a copy of the project plan. It was noted 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

Members also noted that the tasks for Committees had been assigned as follows:

- Standards Committee
 - Code of conduct
 - Fitness to Practise procedures
- Education Committee
 - Educational curriculum
 - Educational pathways (including equivalence of training)
- Both Committees together
 - Continuing Professional development

4/09 Code of conduct

In discussion, 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 either the CHCC or Church of England versions or parts thereof.
- The Voluntary Registration Council (VRC) had prepared a document for their registrants which might be of assistance.

It was agreed that Tim Battle would work with the Co-Chairs to formulate mini project plans for the development of a code of conduct.

5/09 Fitness to Practise procedures

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.

It was agreed that Tim Battle would work with the Co-Chairs to formulate mini project plans for the development of Fitness to Practise procedures.

6/09 Educational curriculum

In discussion, the following points were made:

- Work had been undertaken on education 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.

It was agreed that Tim Battle would work with the Co-Chairs to formulate mini project plans for the development of an educational curriculum.

7/09 Educational pathways (including equivalence of training)

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.

It was agreed that Tim Battle would work with the Co-Chairs to formulate mini project plans for the development of educational pathways (including equivalence of training).

8/09 Continuing Professional Development

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.

It was agreed that Tim Battle would work with the Co-Chairs to formulate mini project plans for the development of a CPD strategy.

9/09 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.

10/09 Date of next meetings

It was agreed that the Committees should meet again on the afternoon of 24th September i.e. after the next Council meeting to start their deliberations.

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