

STANDARDS COMMITTEE

24 September 2009

Present: Revd Fr Paul Mason (in the Chair)
Mr Roger Green
Revd Nigel Goodfellow
Revd Mark Stobert

In attendance: Miss Mary Ingledeew

11/09 Welcome and introductions

The Chair welcomed Mr Roger Green to the Committee. The Revd Mark Stobert indicated that his role at the meeting was as an observer.

12/09 Apologies for absence

Apologies for absence were received from Mr Ron Maddox and Ms Sue Soloway.

13/09 Minutes

The minutes of the meeting held on 21 May 2009 were agreed.

14/09 Mini Project Plans

The paper setting out the work of the MFGHC Committees was received and the timetables noted.

15/09 Proposals for the content an agreed Code of Conduct for healthcare chaplains

The Committee received a summary of the contents of a number of professions' codes of conduct. Members considered what elements needed to be incorporated into the draft code of conduct for healthcare chaplains for consideration in January.

In discussion, the following comments were made:

- The CHCC/SACH/APHCC Code of Conduct should be used as the basis for a new shared Code of Conduct and this could provide an opportunity for joint working between MFGHC and CHCC.
- The majority of the CHCC/SACH/APHCC Code of Conduct would be applicable to the Roman Catholic community but there would be issues around the wording of the statements about registration and discipline.
- The Code of Conduct needed to incorporate the needs of the faith communities and to be acceptable to all faith communities.
- Ethical outlines would be a helpful addition.
- The Code of Conduct needed to have a short opening paragraph setting the scene, purposes, and principles similar to other Codes of Conduct. An example could be along the lines of a Buddhist statement “if we cannot help; we should do no harm”.
- The Code of Conduct should not be too theological.
- Some religious traditions may wish to make different contributions because of their religious belief. Distinctiveness needs to be recognised and also what constitutes “religious practice”.
- The code of conduct used by the British Association of Counselling and Psychotherapists (‘BACP’) could provide useful guidelines and parallels.
- There was concern that chaplains can drift apart from their faith community and pastoral discipline comes out of what it is to be church. Chaplains cannot fulfil their professional roles if they are not connected to their church in “spirit and word”. The Code needs to embrace the broad range of the church. There needs to be validity in both but the Code may have difficulty in maintaining this.
- The Code should be protecting and avoiding abuse of the patient.
- The Code to spell out the responsibilities of the three communities of healthcare professional; NHS employee and authorised person of a faith community.
- The Chaplain has a responsibility to Society, Members of the Multi-faith team, Other healthcare professionals
- The International Association of Christian Chaplains Inc Code of Conduct was too long a document.
- The Code and the introductory preamble needed to be succinct otherwise the document will not be read.
- The College’s Code “3.2 Respecting Confidentiality”. The wording about working in a team and the issue of confidentiality needs to be carefully worded to ensure that patient confidentiality does not make other members of the chaplaincy team vulnerable e.g. violent patients. The easiest solution is to seek the patient’s explicit permission to disclose specific information to another team member,

16/09 Proposals for the way an agreed Code of Conduct for healthcare chaplains should be applied

There was a brief discussion about the ways in which the code of practice should be applied. The main points made were as follows:

- The process needs to give chaplains a sense of safety of the practice and the purpose of the practice of chaplaincy. What is it that chaplains are there to do?
- Chaplains and volunteers should feel ‘tied’ to their faith community and the disciplines of their community.
- The Code of Conduct should ensure that chaplaincy departments have processes in place so that chaplains, patients, and staff feel safe.
- Who is “in charge” of chaplains working in hospital? There are effectively three different ‘communities’ Is it a chaplain’s faith community; the NHS; or his/her profession?
- Other professionals working in the NHS effectively have two disciplinary bodies responsible for their behaviour, namely, the NHS management and their professional body. The responsibilities of these two organisations for regulating professionals are reasonably clear-cut with little overlap. The majority of Christian chaplains are accredited by their faith community via a hierarchical structure whose members are responsible for enforcing religious discipline. Anglican and Roman Catholic chaplains’ religious discipline is enforced by Canon Law but other faiths do not necessarily have a structured accreditation process and religious disciplinary issues are more difficult to resolve.
- The three distinct ‘communities’: the NHS, the religious, and the professional should take responsibility for their particular distinctive involvement in chaplaincy work. This involvement could be expressed as a ‘triangle of overlapping circles and the Code of Conduct needs to address the area where all three circles overlap.
- Chaplains need to recognise that they are working in two other ‘communities’ but keep their links with their own faith communities in order to retain their distinctive and prophetic role within the NHS.
- A professional chaplain will need to ‘sign up’ to all three ‘communities’ but there should be room for flexibility.
- The Catholic Bishops will need to ‘buy into’ the Code and so will all the MFGHC faith communities so it is essential to get input from all the faith communities during the drafting stage of the Code.
- Professional chaplains could be seen as “going ahead at full steam” with the College’s Code but the multi-faith communities have not had an opportunity to look at the College’s Code and many part-time chaplains could also feel left behind.
- Discussions need to take place to find out what faith communities want from the role of a chaplain especially in hospital.

- The College's Code falls down where it is dealing with discipline and the faith community. (paragraph 6.4). It is a serious mistake and it cannot be divorced from faith community and somewhere in that paragraph the faith community should have been mentioned. Chaplains have to be endorsed by their faith community. The College's wording in 6.4 "chaplains are usually endorsed or authorised to function in their role by a community-based organisation" was made because in Scotland humanists are employed as chaplains. Roger Green added that there are sometimes local endorsements in the Buddhist communities.
- Volunteers working as chaplains should have a reference from their faith community.
- Chaplains need to have developed relationships with their faith tradition both philosophical and living links with their church.
- The Code needs to ensure that chaplains recognise that it is important to maintain the faith community link and this fact cannot be left out of the Code. There needs to be a spiritual, theological heritage, and living relationship with the community. Chaplains are often seen as part of the extended family e.g. representing the community, so the family/community are 'there' with the patient in the 'person' of the chaplain (the 'personhood' and 'churchmanship') - what the chaplain is representing and what he/she is bringing.
- It was agreed that all parties need to be involved in the preparation of the Code.

17/09 Date of the next meeting

The next Standards Committee meeting will be on Tuesday, 19 January 2010 at 2.00pm in London.

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