

**Minute of the Meeting of the SACH Spring Conference, held in Dunblane
On Monday 15th May 2006**

Attending

Dawn Allan, Derek Brown, Helen Bunce, Margery Collin, J Stanley Cook, Fred Coutts, Bob Devenny, Sue Duncan, Janet Foggie, John Fraser, Andy Graham, Judith Huggett, Muriel Knox, Chris Levison, Fergus Machlachlan, Ian McDonald, David Mitchell, Gillian Munroe, Tricia Murphy-Black, Joyce Nicol, Lorna Rattray, Paul Russell, Monica Stewart, Iain Teifer, Valerie Wilmshurst,

Apologies

Anne MacDonald, Mark Rodgers, Ken Russell, Keith Saunders, Linda Stevens

Introduction and Welcome

Derek Brown – SACH President welcomed everyone to the conference and then read the story of Mary and Martha from the Gospel of Luke. Derek encouraged us all to meditate on this story by closing our eyes and visualising ourselves with Jesus in Mary and Martha's house...he then opened the conference with a prayer.

Advancing the agenda for professional chaplaincy – 12 slide PowerPoint presentation

If it ain't broke...don't fix it

Discussion followed including comments on the 1992 quotes below...

"One of the marks of a true profession is its standing in terms of self-regulation and training".

"The more emphasis that is placed upon professionalism, the more hospital chaplains *seem* to be drawing themselves apart from the main body of the Church".

Reference was made to the progressive HDL paper...

What do we mean by professionalism?

Out of different contexts i.e. parish or healthcare it was acknowledged that these are distinct, separate ministries.

It was suggested that some of our Roman Catholic chaplains find it difficult to contemplate professional chaplaincy as a future possibility or becoming direct NHS employees because they are appointed by their Bishop's in their respective chaplaincy roles.

Why Change?

Economic

Church of Scotland no longer employing chaplains. Use of public money

Accountability

To whom is chaplain answerable? Employment issues. Line management.

Socio-cultural

Rights and needs of minority faiths. Census returns.

Specialism & professionalism

Maturity of chaplaincy. Generic chaplaincy.

There was some discussion around the actual transfer of full-time and part-time chaplains from church to becoming direct NHS employees. Chris Levison acknowledged that this process has taken far longer than anticipated.

It was agreed that training needs should be the priority before we start to look at what we are aiming for or towards. Once we know the specific training needs we can tailor the training to suit these needs.

Agenda for Change is encouraging us all to change – this is a good thing!

David Mitchell suggested that there was a time when it was assumed that spirituality could not be measured because it's such a vague subject. However, he now believes we can measure it via the help of Standards and the Marie Curie Spiritual and Religious Care Competencies.

The word 'generic' generated a lot of discussion surrounding what it is we do as chaplains. It was suggested that we have responsibility for a community of multi-faith people.

The HDL paper is to be revised –

The word 'generalist' was suggested instead of generic i.e. specialist – a disadvantage for defining the specialism of chaplaincy is a hierarchy i.e.

The issue of terminology is possible misinterpretation by different departments within healthcare and the public in general.

It was suggested that the 'generic' word be dropped?

Person-centred was another suggested option – this was considered too 'counselling' speak, although in general it was hoped that all chaplains *are* person-centred in their practice.

This discussion was concluded by suggesting we DEFINE the job/role first before we name it. The word 'chaplain' could be reinvigorated. The NES recognise 'Healthcare Chaplain' as a separate profession in the midst of all the other healthcare professional titles.

The way ahead

Process of reflection and deliberation

Defining chaplaincy as a specialist ministry and healthcare profession

CAAB discussion paper

Credentials

Regulation

Professional Representation

It was suggested that churches need to change i.e. become more professional. In order for churches to support chaplains, however, it was acknowledged that chaplaincy is ahead of the game regarding professionalism.

There was much discussion surrounding what it means 'to be in good standing with one's faith community'. The other suggested phraseology is chaplains should have a 'recognised status within a faith community'.

Has the church lost its 'authority' over chaplains because they are or will no longer be church employees?

Should we suggest to all faith communities that they have a responsibility in supporting chaplains i.e. Presbytery and building up faith communities.

Census figures state that 30% of people do not have any active faith...

What about humanist appointments? They could only be appointed as a 'generic' chaplain.

Credentials

Who am I that I should go to Pharaoh? Exodus 3:11

What conceptual, theoretical and vocational attributes are required?

e.g. Educational qualifications

Professional training

Ecclesiastical endorsement

KSF

Competence framework to identify knowledge and skills to apply in post.

Ecclesiastical endorsement is just that ecclesiastical and church oriented.

Regulation: Hired hands and shepherds. John 10

Protection of public

Spiritual care done badly can damage people

Not all chaplains are clergy. Can't rely on church procedures.

Ensuring standards are met and kept

Continuing Professional Development

Disciplinary Code

Discrete body of knowledge

What is our speciality?

The question, "What would happen now if a chaplain fell out with their faith community"?

Discussion followed...it would depend on the context, what it was about etc...

Skills and competencies to do the job –

Derek suggested that we are far more confident nowadays than in the past regarding how confident we are in working as chaplains.

Church procedures – church could not monitor chaplains because of the dilemma between what the church regards as a priority may not be an appropriate or professional priority within chaplaincy e.g. proselytising.

CPD Points were raised – if we use CAAB it helps their ongoing accreditation of courses. It's the responsibility of the SACH Executive i.e. the President to seek out points for SACH members who attend a conference such as today's.

Chris Levison commented that it would help him if SACH made a statement regarding becoming a professional organisation when he speaks to various Boards.

The following outlines future educational requirements:

ALL new chaplains will have to be graduates and work towards post-graduate qualifications.

Retrospective mandatory qualifications will not be required – experience etc will be taken into account. A vocational element will be recognised.

Questions regarding economics / geography were raised...

Distance E-learning – are their resources available? It was agreed that these should be available for future courses to enable the maximum amount of people to gain qualifications and to save time and money in travelling backwards and forwards to the 'Central belt' of Scotland, particularly those from the Highlands and Islands.

Chris Levison spoke about a research project to enable chaplains to gain research skills that will be running this autumn 06. An email will be distributed to everyone and he hope that there will be a minimum of 10-12 chaplains who will be interested and apply to join this project.

Disciplinary Action – names of respective chaplains who have been disciplined for inappropriate behaviour etc will be removed from the Register of members when we become a professional body – as any other professionals would be disciplined i.e. Doctors, Nurses, Accountants etc...

The professional association would maintain the disciplinary code of conduct.

There was a query re AMICUS – the trade union for Chaplains. Amicus would be involved to defend individuals who were being disciplined to maintain equality and fair treatment.

Multi-faith courses? It was suggested that although multi-faith courses are not a total waste of time and there are many books being published regarding how to care for people of other faiths etc...it was agreed that healthcare professionals and chaplains need to learn the basic art of asking people of other faiths or minority groups how they would like to be cared for or what their specific needs are etc...

Professional Representation: who speaks for the prophets? Isaiah 42:1

Derek expanded some of the detail about who the professional bodies are i.e.

SACH – Scottish Association of Chaplains in Healthcare

CHCC – College of Health Care Chaplains

AHPCC – Association of Hospice and Palliative Care Chaplains

Trade Unions

CHCC part of Amicus

Professional bodies may also be trade unions, eg BMA

Plethora of bodies representing chaplaincy

Church of Scotland

Health Care Chaplaincy (England)

MFGHC

South Yorkshire S Healthcare Association

Whose agenda?

Ours!

Chaplains do the job

If we aren't proactive others will take initiative

Work in Progress

Standards

Registration steering group

CAAB

Trust, Knowledge and Power

Trust

Person with accredited status can be trusted without establishing a personal trusting relationship.

Recent erosion of trust has led to increased regulation. Are we ready for that?

Knowledge and power

Body of knowledge not readily accessible to layperson. Do we have special knowledge?

Suspicion of absolutist claims to know. Can anyone do spiritual care?

Increased faith in personal narratives and knowledge of those who shared experiences.

Spiritual care responds well to the narrative of people's lives.

Where to now Kemosabe?

Some Questions

About what in chaplaincy do you feel passionate?

What do you want to change?

What motivates you?

How can you exercise this motivation in the service of others?

After Lunch the chaplains divided into three separate groups to discuss the following:

Credentials

How did you get into chaplaincy?

What qualities do you feel are essential for chaplains?

How do we balance vocation and academic attainment?

The group fed back information regarding their chaplains who were a group of varied backgrounds and disciplines before they entered healthcare chaplaincy. Qualities they suggested were people things like empathy, love and compassion. Dedication, getting it on the agenda, the ability to look after oneself. Balancing vocational and academic. The calling should be first and then the training, they suggested it is difficult to train someone who does not have a calling into healthcare chaplaincy although it was acknowledged that a calling could come via training. There should be an experiential side, reflective practice and the opportunity to choose a 'spiritual supervisor'.

Regulation

Who should decide who is fit to practice?

What pitfalls can you foresee following the route of statutory regulation?

Is CPD a necessary evil?

As Registered professionals what title should be protected?

The group fed back that they had come up with more questions than answers. Looking into the future they asked:

Who will be the registering body? Who will be the people on the registering body? They should be the ones who decide which people are fit to practise as healthcare chaplains.

Faith communities – will they also be registered? Part-time chaplains should be fully registered but with less restrictions. Is CPD necessary? Is it a positive process? What title should be protected – agreed on i.e. Chaplain?

Fred Coutts commented that different countries and cultures have different titles for chaplains. Derek informed us all that once the best title is agreed and registered we will all be bound by it in the letter of the law and he will keep us updated on the process of registration. Ultimately it's about the question of identification.

Representation

Is the role of chaplains in healthcare adequately understood and supported?

What should our link with faith communities be?

What other forms of representation would be beneficial?

They did not have many answers but agreed that sometimes the role of chaplains in healthcare is not adequately understood or supported. It was suggested that chaplains may have to be responsible for raising their own positive profile and suggested opportunities and arenas for this could be at new staff inductions, although this is not possible or necessarily the ideal vehicle for all chaplains to promote their service.

The group discussed various things including education, links with faith groups.

Other forms of beneficial representation was not discussed as they ran out of time!

CONCLUSION –

What do we do with all this 'stuff'?

Chris Levison noted that he keeps a confidential list of all chaplains. He reminded everyone of the Standards Conference at the end of June to discuss changes to put to the Educational Boards. The revision of the HDL this autumn – it would be very helpful to Chris if SACH said 'YES' to continued educational programmes and future professional development to support him when he speaks to the specific educational boards.