

So, you think you might want to be a healthcare chaplain?

Ten questions and answers for those considering entering healthcare chaplaincy

The purpose of this document

- 1. To inform those who are thinking of healthcare chaplaincy as a career (move);
- 2. To inform those within faith bodies who have a role that involves career advice on the opportunities and options for chaplaincy ministry within the healthcare context;
- 3. To help promote healthcare chaplaincy and raise its profile within faith communities;

1. So what is healthcare chaplaincy?

As the name implies, healthcare chaplains can work in any context in which health is the primary focus. This may include:

- Large and small general and acute hospitals
- Mental health hospitals
- Hospices
- Community care, including GP surgeries

Most healthcare chaplains work as employees for the National Health Service (NHS). Others, especially within the hospice movement, are employed by Third Sector organisations and charities.

Primarily, the work of the chaplain involves offering pastoral, spiritual and religious care to individuals. These may include:

- Inpatients and outpatients in hospitals and hospices
- Outpatients in primary care such as GP surgeries
- Service users (a term sometimes used for those who access healthcare services from the community, not primarily as inpatients)
- Families and friends who care for those who are unwell
- Staff working in the healthcare field

Some chaplains also work with groups of patients, carers and staff; some even find themselves offering care and advice to organisations such as their employers.

Many healthcare chaplains work within teams across a number of hospital sites and a large population. They are usually led by a senior chaplain with many years' experience in healthcare chaplaincy. Others, not least in rural parts of the country, can find themselves working on their own across a wide geographical area.

2. What skills do I need?

In all its forms, core chaplaincy is about serving humanity, in that it is the needs of the person with whom chaplains engage that are paramount. Pastoral instincts are essential, together with a willingness to accompany vulnerable people in their distress. Healthcare chaplains are not essentially pastoral problem solvers.

Listening skills are therefore vital. Focusing in a non-judgmental way needs to be complemented by a reluctance to offer advice unless it is specifically requested.

Healthcare chaplains are available to those of all faiths and of no faith. Whilst maintaining the integrity of their own beliefs, they must be willing to engage within a multi-faith and ecumenical environment. Proselytising is strictly forbidden within healthcare settings because of the vulnerable nature of those who use the services.

Requests for chaplains to engage in prayer and offer sacramental ministry may come at any time and in any context – by the bedside, on the point of death, before a mental health tribunal. With little time to prepare, the healthcare chaplain must be willing to work in a flexible way to meet often urgent needs.

3. Do I need training before I can apply?

Yes – You will need to have received training in pastoral leadership within your faith/belief tradition and be capable of being accredited by your faith/belief tradition. It is also expected that chaplains will have gained substantial pastoral experience previously. Healthcare chaplaincy should not be understood as a route to ordination.

Further training will be available after appointment.

4. How do I apply?

All chaplaincy posts within the NHS are advertised on NHS Jobs (www.jobs.nhs.uk). Anyone can register for this service.

Rarely posts may also be advertised in the Church Times and other areas of the religious press.

5. How should I prepare for an application?

Before applying to any advertisement, it would be sensible to speak with an experienced healthcare chaplain, especially one with knowledge of the type of context to which the advert refers. The College of Health Care Chaplains (CHCC) lists the contact details of the members of its national committee (known as the Organising Professional Committee or OPC for short), generally on a geographical basis. All of them would be happy to talk through any matters and offer some background information prior to completing an application.

In addition, it is a good idea to obtain some background information about the organisation that is advertising. This can be done on the internet, as all providers of health care in the public sector publish information about the services that they offer.

Almost all advertisements (especially those with the NHS) will offer a contact within the employing organisation with which preliminary discussions can be held prior to deciding whether to apply. Taking advantage of this facility would be a sensible move for any prospective applicant.

For first appointments at Band 5 level – ie training posts (see Question 8) - it can be helpful to have had some previous healthcare experience – eg as a volunteer with a healthcare chaplaincy department or as a 'bank' chaplain. This would demonstrate a genuine interest and understanding of what was involved in the healthcare context.

For more senior appointments – Bands 6 & 7 – previous healthcare chaplaincy experience would often be an essential criterion.

To be considered for any post, successful applicants will have to be in good standing with their faith body or denomination. Denominational structures/faith authorities should be kept informed of an applicant's interest in becoming a chaplain, so that they can initiate any appropriate procedures.

6. Can I negotiate my terms of employment at interview?

In relation to the core terms of employment, this may be difficult, particularly if you are being offered a training post. However, it is always worth raising any issues or queries that you have at the time of interview.

For many years, until it was phased out in 2013 as a universal benefit for chaplains, the NHS offered a monetary benefit known as 'Retention and Recruitment Premium' (RRP). This was intended to reflect the financial discrepancy in any move from a post that included tied accommodation (such as parish or church ministry) and one (such as healthcare chaplaincy) which requires the chaplain to find and pay for her/his own accommodation. When the benefit was withdrawn, NHS Trusts were entitled to offer "local RRP" arrangements to new and existing staff. It is worth applicants broaching this subject at interview to see if local arrangements are possible. Alternatively you should be able to argue that the loss of tied accommodation means that you should start higher on the grade's "incremental scale" in the light of this.

Many chaplaincies, particularly in the acute sector, offer an on-call service, often on a 24/7 basis. If there is a team, this will be shared with colleagues. However, where the team is small or the chaplain is essentially working alone, this can be a very onerous service to offer. Payment for on-call services varies across the country and all applicants should clarify what is being asked of them at the time of interview and be clear about what can be provided within the constraints of the paid employment.

7. How do I negotiate once I'm in post?

It is much harder (if not impossible) to negotiate a higher salary once you have started. When you have accepted a level of pay it is hard to argue for more by being awarded a "local RRP" or to be moved up your grade's 'incremental scale'.

It is expected that all healthcare chaplains will engage in a programme of continuing professional development (see Question 10). This may include attending external training/degree courses. It would be appropriate at interview to explore the willingness of your manager, and the employing Trust, to fund part or all of this training and establish whether study leave will be granted as part of your employment.

If the chaplain chooses to become a member of the College of Health Care Chaplains (see question 10), it will automatically mean full membership of UNITE, the UK's largest Trade Union. Membership of the Union entitles chaplains to advice and support in workplace matters including grievances, disciplinary procedures and employment tribunals. It also brings with it automatic public liability insurance (PLI) to help protect the chaplain in the event of claims brought against them by a client/patient due to a problem encountered whilst carrying out their professional duties. It covers compensation to correct a mistake as well as legal costs arising from such matters as negligent advice.

8. What training is available when I get into post?

New healthcare chaplains may be appointed to 'Band 5' training posts, usually for a fixed term of three years, often within a chaplaincy team. During that time, they will experience all aspects of the job. Good practice should offer them regular management supervision, so that they feel supported in a new environment. Running alongside this should be regular opportunities for reflection, during which significant aspects of the chaplain's work can be discussed as a means of improving practice.

In addition, there is an introductory course for new healthcare chaplains at the Cardiff Centre for Chaplaincy Studies at St Michael's Llandaff (Coleg Mihangel Sant). The following web-link gives an indication of the content the course:

http://stmichaels.ac.uk/chaplaincy-studies/professional-development/induction-healthcare

Another introductory course has been set up by the UK Board of Healthcare Chaplaincy (UKBHC) which is free of charge: http://learn.ukbhc.org.uk/

During the course of the training period (and indeed beyond this), a number of seminars, conferences and longer courses are offered each year, which are of general or specific interest to healthcare chaplains and which are part of Continuing Professional Development. Amongst these, the College of Health Care Chaplains (and its largest special interest group, the mental health chaplains) hold annual study conferences of 2-3 days duration.

Several institutions offer courses leading to qualifications in healthcare chaplaincy as follows:

- Certificate in Muslim Chaplaincy Markfield Institute of Higher Education, Leicestershire http://www.mihe.org.uk/cert-chaplaincy
- **Foundation Degree in Healthcare Chaplaincy** St Mary's University College, Twickenham, London http://www.smuc.ac.uk/foundation/healthcare-chaplaincy/
- PG Certificate-Diploma-MSc in Healthcare Chaplaincy University of Glasgow http://www.ukbhc.org.uk/sites/default/files/pg_certificate_in_healthcare_chaplaincy_-_glasgow_2013.pdf
- MA in Healthcare Chaplaincy Leeds Metropolitan University http://courses.leedsmet.ac.uk/chaplaincy_ma
- MA/Diploma in Healthcare Chaplaincy Cambridge Theological Federation http://www.ukbhc.org.uk/sites/default/files/MA%20Health%20Care%20leaflet.pdf
- MTh Chaplaincy Studies Cardiff University http://stmichaels.ac.uk/chaplaincy-studies/mth-programme
- MA/MSc in Spirituality, Theology & Health Durham University
 https://www.dur.ac.uk/theology.religion/postgrad/taughtdegrees/ma.msc.spirituality.theology.health/

Employers, particularly NHS Trusts, offer a wide range of training in subjects allied to chaplaincy that chaplains are encouraged to access.

9. Are there any standards to which I shall be expected to work?

Yes there are. Like all other employees, those who work in the NHS (which accounts for most healthcare chaplains) are expected to act in a professional manner. The UK Board of Healthcare Chaplaincy (UKBHC) (see question 10) has produced the "Code of Conduct for Healthcare Chaplains" with which all chaplains are expected to comply. They were drawn up by experienced healthcare chaplains and are therefore practical and realistic in their expectation.

A copy can be downloaded from the web-link - http://www.ukbhc.org.uk/chaplains/professional_conduct

10. What organisations are involved in healthcare chaplaincy?

There are a number of key bodies involved in serving, maintaining and furthering the cause of healthcare chaplaincy. Each has its own, distinctive role as described below, yet work together to advance the impact of healthcare chaplaincy. New healthcare chaplains should consider becoming members of the College of Health Care Chaplains for the professional and practical support that it can offer. It is expected that they will register with the United Kingdom Board of Healthcare Chaplaincy as part of their professional development.



College of Health Care Chaplains (CHCC)

http://www.healthcarechaplains.org/

The CHCC is a multi-faith, interdenominational, professional organisation that is open to all recognised healthcare chaplaincy staff, both paid and voluntary, and to those with an interest in healthcare chaplaincy. The College exists to promote the professional standing of healthcare chaplaincy, and that of its members, both nationally and within health and social care organisations.

CHCC is an autonomous branch of UNITE. Through its regional branches and national committee, the College networks with its members, utilising the experience and influence of the UK's largest union on a range of issues, not least the terms and conditions of employment for healthcare chaplains.

Within the College, there is an active group that specifically resources those chaplains who work in the area of mental health.



United Kingdom Board of Healthcare Chaplaincy (UKBHC) www.ukbhc.org.uk

UKBHC is a multi-faith organisation of practising healthcare chaplains whose primary objects are to:

- advance and disseminate the knowledge and practice of healthcare chaplaincy;
- define and develop professional standards of chaplaincy including education, training and continuing professional development;
- train advisers to support employers in the selection and appointment of healthcare chaplains;
- operate procedures to consider, investigate and assess the professional conduct of registered chaplains;
- maintain and develop systems to promote and accredit continuing professional development and the professional registration of chaplains:



Healthcare Chaplaincy Faith and Belief Group (HCFBG) http://hcfbg.org.uk/

HCFBG's key aim is 'to promote and support religious, spiritual and pastoral care in the NHS in England.'

It seeks to achieve this by:

- facilitating a common understanding amongst faith & belief communities, chaplaincy bodies, other
 providers of religious, spiritual and pastoral care and those who use healthcare services;
- providing a means of consultation between faiths & belief groups about chaplaincy;
- co-operating with healthcare and chaplaincy organisations, bodies and authorities;
- supporting faith and belief communities in developing their capacity to offer religious, spiritual and
 pastoral care through the education, training and authorisation of their chaplains and chaplaincy
 volunteers and ensuring that the various authorisation bodies are enabled to work together as
 closely as possible:

The Group includes representatives of eight World Faiths:

- Bahá'í
- Buddhist

- Christian
- Hindu

- Jain
- Jewish

Muslim

Sikh



Association of Hospice and Palliative Care Chaplains (AHPCC)

http://www.ahpcc.org.uk/

AHPCC is a professional organisation in the field of end of life care. The association exists to promote good standards among Chaplains involved in the pastoral and spiritual care of people (including carers) facing death from a life threatening illness. Within this context, it seeks to:

- identify and promote good practice
- be an agent of professional development
- provide professional support and fellowship
- promote links with the constituency of palliative care
- promote links with relevant church bodies and faith communities



Scottish Association of Chaplains in Healthcare (SACH)

http://www.sach.org.uk/

SACH is a professional organisation in Scotland. Its aims are to:

- be a professional body representing the interests of chaplains in healthcare
- promote and maintain high standards of chaplaincy according to the 'Healthcare Chaplains Code of Conduct'
- facilitate support and fellowship for chaplains
- promote training and educational opportunities for chaplains
- promote theological reflection and research in spiritual care
- establish and develop good working relationships with faith communities and other organisations concerned with the promotion of healthcare