

Endorsement of NHS Pastoral, Spiritual, and Religious (Chaplaincy) Staff and Volunteers:

A Practical Guide



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Acronyms and Terms

Acronym	Definition
BHA	Bishop Healthcare Advisor
BHCT	Buddhist Healthcare Chaplaincy Trust
CBCEW	Catholic Bishop's Health & Social Care Advisory Group
CMD	Continuing ministerial development
CPD	Continuing professional development
DBS	Disclosure and Barring Service
EA	Equality Analysis
GOR	Genuine occupational requirement
HHC	Hindu Healthcare Chaplaincy
HR	Human Resources
MA	Master of Arts degree
MSCP	Muslim Spiritual Care Provider
NCHTUK	The National Council of Hindu Temples UK
NHS	National Health Service
NPSRCH	Network for Pastoral, Spiritual and Religious Care in Health
NRPSN	Non-Religious Pastoral Support Network
NSPC	New School of Psychotherapy and Counselling
PgCert	Postgraduate Certificate
PgDip	Postgraduate Diploma
PSR	Pastoral, spiritual, and religious
SHCG	Sikh Healthcare Chaplaincy Group
SLA	Service level agreement
UKBHC	UK Board of Healthcare Chaplains

*The terms 'chaplaincy', 'chaplain', and 'spiritual' are used throughout this document in-line with the definitions provided by the NHS Chaplaincy Guidelines 2015¹. 'Chaplaincy' and 'chaplain' are not used in the traditional Christian sense. Instead, they respectively refer to the provision and provider of PSR care across all religion and belief groups. The term 'spiritual' denotes care pertaining to contemplation and the exploration of beliefs and issues concerning mortality, religious convictions, and philosophy.

**The term 'endorsement' may be referred to as the 'licensing', 'authorisation', 'registration', or 'accreditation' by different religion and belief groups. For consistency and clarity, 'endorsement' is the term used throughout this document.

¹ NHS Chaplaincy Guidelines 2015 (NHS England, 2015)

Section 1:

Introduction

Statement from NHS England on Endorsement

The purpose of endorsement of staff and volunteers by religion and belief communities is to protect the public and patients who access pastoral, spiritual, and religious (PSR) care services (chaplaincy) in NHS institutions and in the community. The requirement for a chaplain to maintain a recognised or accredited status within a religion or belief group is not to judge the chaplain as an individual, but rather a matter of patient safety and integrity: for the protection of the public whom chaplains meet and work with; people who are often vulnerable. There is a need for externally verifiable processes to ensure that the person applying for a PSR care provider post is who they claim to be. Part of this process includes the review and approval by the individual's religion or belief group.

PSR care services within the NHS should work in partnership with religion and belief groups to ensure the appropriate provision of PSR care for patients, their carers, and staff. Religion and belief groups also have an important role in fostering and endorsing candidates for PSR care posts, and in authorising their religion or belief based role in healthcare institutions.

Staff – and certain volunteers – in these services should maintain a recognised or accredited status with the appropriate religion or belief group. Accreditation is the term used to describe the accepted status as a chaplain of an individual within a religion or belief group in terms appropriate to that community.

Background

While the religious composition of British society has changed considerably since the establishment of the NHS, the emotional and spiritual needs of patients, staff, and service users remain an important consideration in their care. While healthcare is primarily focused on clinical outcomes, PSR care is focused on the experience and perception of ill-health in a patient-centred way that aims to improve wellbeing. The service offers a more holistic approach to healing, with evidence linking patient experience to benefits in patient safety and clinical outcomes¹. The values and beliefs of PSR staff and volunteers provides an important aspect of this care and enriches the nature of the care provided to the benefit of service users. A worldview that is formed by positive, genuine, and deeply-held religious or philosophical beliefs adds this value by informing the way in which PSR care is provided. When this worldview is shared between the PSR care provider and receiver, it ensures that the care is patient-centred. Obtaining endorsement for a chaplaincy candidate assures NHS patients, staff, families, and carers that these individuals can provide support to a certain standard and with integrity.

¹ C. Doyle, L. Lennox, D. Bell, A systematic review of evidence on the links between patient experience and clinical safety and effectiveness (BMJ, 2013)

Purpose of This Document

In order to support organisations to rigorously uphold the professional standards and values in healthcare staff recruitment, this document aims to provide:

- Best practice procedures for the recruitment of chaplaincy roles for both NHS Trusts and religion and belief communities
- Awareness of the ways in which religion and belief communities identify and endorse candidates for the provision of PSR care
- Awareness of the ways in which religion and belief communities train, monitor, and review these candidates

This document outlines the way in which religion and belief groups identify appropriate candidates for PSR care roles and the procedures undertaken when NHS Trusts request the endorsement of a candidate for staff and volunteer chaplaincy roles. The endorsement procedures, although varied between religion and belief groups, must consider the relevance of the skills and qualifications of the candidate to the requirements of the role as well as to their own specific religion or belief requirements.

Why is Endorsement Required?

The NHS Constitution states that ‘every person counts and is deserving of respect, dignity and compassion’; it values working together for patients, with a commitment to quality care that improves lives². At the core of this vision is the commitment to ensure patient safety. The NHS strives to provide a safe and protected environment for patients so that no harm is caused during the provision of healthcare. As a part of the public health service, chaplains are expected to adhere to these values and are subject to the same high standards expected of all NHS staff. The endorsement of chaplains working within the NHS helps to minimise risk to patient safety. It also provides assurance of the integrity of the chaplain and their suitability for a specific role.

It is important to provide clarity and transparency of the endorsement procedures of the main religion and belief groups that work in a PSR care capacity to ensure further professionalisation. Identifying and sharing good practices can improve the systems currently in place.

It is the legal duty of NHS Trusts to ensure that care is provided equally to all patients, staff, and families regardless of any particular characteristic an individual may have (such as religion or belief). This legal requirement comes under the Public Sector Equality Duty (PSED) of the Equality Act 2010³. The service delivery model of PSR care teams do not have an exemption from this duty. In order to demonstrate compliance with the PSED, chaplaincy services should be underpinned by a thorough and complete Equality Analysis (EA) which looks to establish gaps in provision for those with specific characteristics, and to identify improvements to the service if compliance is met. With this in mind, further guidance on recruitment and a toolkit for supporting chaplaincy teams in assessing their current model can be found at network-health.org.uk.

Endorsement of chaplains for religion- or belief-specific roles is likely to be an integral part of the recruitment process. If a genuine occupational requirement (GOR) for a chaplain from a specific religion or belief group is identified, endorsement of a candidate from that community provides the NHS Trust with assurance that the need in care provision identified will be met.

² NHS Constitution for England (Department of Health & Social Care, 2015)

³ Equality Act 2010 (HM Government, 2010)

It is crucial that any specific requirements of the chaplaincy role are identified by the NHS Trust prior to the request for endorsement, and any restrictions placed on recruitment in terms of religion or belief should be thoroughly evidence-based and justified.

Who Requires Endorsement?

Healthcare chaplaincy departments are striated in accordance with the 'NHS Agenda for Change' framework⁴ and 'Job Evaluation Handbook'⁵. Paid positions are categorised within NHS bands 5 to 8 and these roles are assisted by a team of chaplaincy support volunteers that do not provide PSR care to patients or staff directly⁶. The below table illustrates this banding, as provided by the UK Board of Healthcare Chaplains (UKBHC)⁷.

UKBHC Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplain Bands

Chaplaincy Support	Chaplaincy Volunteer A volunteer with training in pastoral care who works under the supervision of a Chaplain Band 6 or above.
	Chaplaincy Support Worker A person with training in PSR care whose delivery of spiritual and religious care is defined and supervised by a Chaplain Band 6 or above.
	Religion or Belief Group Representative A person who is recognised or accredited by a religion or belief group to provide PSR care to members of that religion or belief group and whose name appears on a list of religion or belief group representatives regularly updated by the chaplaincy department (can be ordained or lay) ⁸ .
Chaplain Band 5	A practitioner with limited autonomy who works as a part of a chaplaincy team and is supervised by a Chaplain Band 6 or above.
Chaplain Band 6	An autonomous, qualified practitioner whose role is to seek out and respond to the PSR needs of individuals, their carers, and staff.
Lead Chaplain Band 7 (L)	A chaplain with additional responsibilities and experience including the management of a chaplaincy team.
Specialist Chaplain Band 7 (S)	A chaplain with advanced specialist knowledge, experience and expertise in a particular aspect of healthcare chaplaincy. For example: acute, mental health, paediatrics, palliative care.
Consultant Lead Chaplain Band 8	A chaplain with management responsibility for spiritual and religious care policy and services across an NHS Trust or Health Board Area.

⁴ Framework agreement on the reform of Agenda for Change (The NHS Staff Council, 2018)

⁵ NHS Job Evaluation Handbook (The NHS Staff Council, 2018)

⁶ Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains Band 5, 6, 7 & 8 (UKBHC, 2015)

⁷ Healthcare Chaplaincy Bands and Duties Framework (UKBHC, 2015)

⁸ Standards for Healthcare Chaplaincy Services (UKBHC, 2009)

Roles within the chaplaincy support band usually work in a voluntary capacity. Positions in Chaplain Band 5 and above may be voluntary but are often paid. Those who volunteer at the chaplaincy support level are referred to as Chaplaincy Volunteers. The chaplains that volunteer at Chaplain Band 5 or above are referred to as 'Volunteer Chaplains' or 'Honorary Chaplains' and are distinct from chaplaincy volunteers. Whether any of these roles are paid or voluntary, endorsement from a religion or belief community is required for any role that requires the fulfillment of religion- or belief-specific duties. This is to ensure patient safety as well as the integrity and suitability of the candidate.

Paid and voluntary posts differ in the contractual, legal relationship the post holder has with the institution. Although the nature of work carried out can be much the same, those holding paid posts will receive a wage for their work, making them an employee. Voluntary post holders, although bound by interpersonal and moral obligations, are not employees, and do not have the same legal rights or duties. It is possible that some religion or belief groups might take this difference into account during the endorsement procedure.

Difference Between Religion- or Belief-specific and Generic Chaplaincy Roles

While PSR staff and volunteers typically come from a particular tradition, one of the fundamental principles of PSR care teams in the NHS is to offer support to all, regardless of their religion or belief. The creation of generic appointments, whereby chaplains are not appointed to provide solely religion- or belief-specific care to their community members but are instead expected to support those of all religions and beliefs, is a reflection of this. However, these appointments may also be used to accommodate religion- or belief-specific care for service users who seek the support of a chaplain from a particular religion or belief group. For example, a Catholic may be employed on a generic basis but they may also benefit the team with their ability to provide Catholic liturgical services to patients. The chaplaincy manager may then at some point wish to utilise those skills to respond to the specific needs of a Catholic patient, staff member, or service user. For this reason, it is still beneficial to seek endorsement for PSR volunteers and staff even if the role is generic.

When recruiting a generic chaplain, it is advisable to seek an endorsement of the candidate from one of the mainstream religion or belief communities as an essential element on the person specification. Although a generic chaplaincy role is one in which a religion- or belief-specific occupational requirement has not been deemed necessary, seeking an endorsement for the chosen candidate does provide assurances to the employer. NHS Trusts may decide to recruit an individual who is not endorsed by a mainstream religion or belief community to a generic role, however, obtaining an endorsement from a mainstream religion or belief group allows the NHS Trust to be clear on the candidate's 'good standing' criteria, and benefit from the quality assurance arrangements in place for that community.

Section 2:

Guide to Endorsement

Recruitment

Best Practice Guidance for NHS Trusts

Chaplaincy job descriptions often include criteria or person specifications that relate to a religion or a belief. Restricting applications to those of a particular religion or belief may be unlawful and discriminatory as such discrimination can only be justified if a GOR is identified in-line with the legal duties of the Trust's Public Sector Equality Duty, which is set out in the Equality Act 2010¹.

The restrictions relate to duties that must be carried out in order to achieve the objectives of the role and meet its requirements and duties². These will depend on the particular role required and circumstances that require it. Examples of such requirements may include:

- To conduct Islamic Friday prayers
- To administer communion as a lay assistant
- To carry out the ministry of the Church of England
- To conduct humanist funerals
- To run meditation sessions as a practicing Buddhist

The Equality Delivery System (EDS) launched in 2011, and was evaluated and updated to EDS2 in 2013³. It exists to ensure that the requirements of the Equality Act 2010 are met, and to assist NHS Trusts in the provision of working environments free of discrimination for local communities and staff. The system requires NHS Trusts to involve local partners and populations to review and improve services for groups with protected characteristics – such as religion or belief. For improved PSR care, it is therefore necessary for NHS Trusts to complete EDS2 or EA prior to the recruitment of chaplaincy staff so that there is an awareness of the PSR care needs of their patients, staff, and service users. Further guidance on recruitment of PSR staff can be found at network-health.org.uk.

Determining if an applicant meets the requirements is unlikely to be a 'straightforward test of competence of immediate comprehension to the NHS as an employer'⁴. The NHS may look to a religion or belief endorsing body to state if the applicant meets the requirements of those duties.

Good employer practice would be:

- To ensure that religion- or belief-specific occupational requirements are justified for the particular duties listed in the chaplaincy role specification
- To ask an appropriate religion- or belief-specific endorsing body to state if an applicant meets the requirements of those duties

1 Equality Act 2010 (HM Government, 2010)

2 Religion or belief discrimination: key points for the workplace (Acas, 2018)

3 Evaluation of the Equality Delivery System (EDS) for the NHS (Phase One: Final Report) (Shared Intelligence, 2012)

4 Pemberton Appeals Tribunal (Employment Appeal Tribunal, 2016): Paragraph 106

- To provide the endorsing body with details of the particular duties required following an assessment of service user needs to justify the request for a chaplaincy candidate to meet those requirements

It is not good practice for an employer to require an applicant to have some generalised endorsement by a religion or belief body. This requirement would be arbitrary, lacking any stated reason or purpose, and be unrelated to particular duties. As such, it would be problematic in terms of being a GOR, and therefore open to legal challenge. Many endorsing bodies would be unable to effectively determine whether the candidate can be endorsed for the position, as endorsement must be role-specific.

If the endorsing body has a good understanding of the duties and requirements of the role it can determine the appropriate endorsement criteria. If employers merely ask for some generalised endorsement they cannot operate effectively as an endorsing body. This document aims to support the HR departments of NHS Trusts across England to improve current chaplaincy recruitment processes by clarifying the procedures of these endorsing bodies.

Best Practice for Religion and Belief Communities

Once NHS Trusts have identified the recruitment needs within their chaplaincy department, they will seek endorsement of candidates for the particular role required from the religion or belief endorsing body. Upon receiving a request for the endorsement of a chaplaincy candidate, the religion or belief group to which the candidate belongs must obtain a good understanding of the duties and requirements related to the specific role for which the candidate has applied. This improves transparency and provides a further step towards the professionalisation of the recruitment process. Giving endorsement without this understanding would be bad practice.

The endorsement criteria will be dependent on those particular duties and requirements that are identified by the NHS Trust as per the assessment of service user needs described above and may be specific to a particular religion or belief. Religion and belief communities cannot prescribe these criteria.

Endorsement requests will likely ask the endorsing body to state that the applicant belongs to, or has a cultural affiliation or membership of, a particular religion or belief, including non-religious belief. For example, if a healthcare chaplaincy department has established a GOR for a Muslim chaplain then the NHS Trust needs assurance that the person is indeed a Muslim. Again, the criteria for an endorsing body to determine if a Muslim is a Muslim or a Christian is a Christian will be specific to that endorsing body, and the criteria used by the various religion and belief communities to determine this is provided in Section 3 of this document.

There are eleven mainstream religion and belief groups that currently provide the majority of PSR staff and volunteers to the healthcare sector and all of these are represented at the Network for Pastoral, Spiritual, and Religious Care in Health (NPSRCH). Each of these religion or belief groups have signed up to the 'Five Chaplaincy Principles' that govern the conduct of chaplains within the healthcare sector⁵. These principles were designed to provide assurance that candidates endorsed from these groups work cooperatively and respectfully together, with a commitment to professional development.

⁵ Starting out in Healthcare Chaplaincy Handbook 2018/2019 (Healthcare Chaplaincy Forum for Pastoral, Spiritual and Religious Care, 2018)

Activities Related to Endorsement

Good Standing

Definition and Criteria

The term 'good standing' - like the term 'chaplaincy' - has its roots in the vernacular of the Christian church. It has traditionally been used to define members of the Christian community that meet the religious and social obligations set by their community's church. Historically, it was recognised that chaplains usually came into chaplaincy from within church communities where the term 'good standing' was used to denote that the person was deemed safe to practice as an approved minister of that religion or denomination. The term has since developed a secular definition within legal, financial, and business fields⁶.

More recently, the term 'good standing' has been adopted to apply to PSR care providers from any religion or belief group. The attainment of 'good standing' by a member of a religion or belief community in the context of this document means that they are deemed to be a potential healthcare chaplaincy candidate by their community. The mainstream religion or belief communities represented by the NPSRCH have each developed their own interpretation of being in 'good standing' and have devised approaches to assure the quality of individuals coming forward to serve as a chaplain. A set of objective criteria and transparent processes are required for determining if a person is of 'good standing' or that the person has the religion or belief characteristics the role requires.

Assessment

In addition to standard employment requirements, a common approach by religion or belief endorsing bodies is to determine if the applicant is of 'good standing' within their community against the set of criteria provided in the 'Definition and Criteria' subsection. This determination is made through various objective assessments, and an awareness of these should form part of the many checks that the NHS HR department undertake prior to an individual's appointment.

It is critically important that judgements about 'good standing' are not subjective. They must be made against objective criteria using consistent processes. This need has been established in legal terms and is set out in Paragraphs 106 and 107, Pemberton Appeals Tribunal (2016)⁷:

This case demonstrates that different religion or belief bodies can have different criteria for determining what constitutes 'good standing'. However, it is most important that these criteria can be objectively justified, they cannot be just a subjective opinion. These criteria must be such that an assessor would reach the same conclusions for any other candidate if the facts were the same. It is also essential that the assessment process is clear and transparent. With transparency, NHS Trusts can be provided with added assurance on the quality of their recruitment practices for chaplaincy staff. It also allows good practices to be shared between different religion and belief communities.

⁶ Companies House: About our services (HM Government)

⁷ Pemberton Appeals Tribunal (Employment Appeal Tribunal, 2016): Paragraphs 106 and 107

Endorsement

Religion- and Belief-specific Considerations

Each religion or belief community that provides PSR care within the NHS can endorse chaplains that are able to offer belief-specific care. For each community, individuals may have to obtain a certain level of knowledge, qualification or skill set in order to perform certain tasks and duties. For example, Catholic chaplains who are priests can be endorsed to deliver sacraments that lay Catholic chaplains cannot. NHS recruiters need to be aware of this when developing a PSR role description, and these considerations are set out by each religion and belief group in Section 3.

Process for Responding to Requests for Endorsement

After recruitment needs have been reviewed and a GOR identified, the NHS Trust should request an endorsement from the religion or belief group from which the candidate for the role is required. If no GOR is identified, it is recommended that the NHS Trust still seeks endorsement from the religion or belief community of the desired candidate, for the reasons outlined in Section 1.

The way in which this request for endorsement is processed by the religion or belief group is outlined for each of the groups in Section 3. It is necessary for NHS Trusts to be aware of these endorsement procedures to ensure confidence in the process. It is also necessary for the endorsing bodies of each religion and belief group to be aware of the endorsement procedures of other communities in order to move towards greater consistency in the quality of endorsement procedures across religion and belief groups.

Quality Assurance

Quality assurance procedures are a vital part of productive service delivery, as they open a channel of communication between service designers, practitioners, and service users. The quality assurance arrangements and procedures provided by religion and belief group endorsing bodies ensure that professional standards are met during and after the endorsement of candidates, and are in addition to those provided by the recruiting NHS Trust.

There are variations in the quality assurance practices currently in place for each religion and belief-specific healthcare chaplaincy organisation. For consistency, these practices have been categorised as either current administrative arrangements or additional quality assurance practices in Section 3.

Current Administrative Arrangements

Administrative arrangements are formal procedures that the endorsing bodies of the religion and belief groups represented by the NPSRCH provide in addition to the safeguarding arrangements of NHS Trusts. Endorsing bodies are encouraged to have administrative arrangements that are consistent with good practice and these are set out in Section 3.

The arrangements that are considered a requisite for good practice include:

- **Code of Conduct**

- The code of conduct ensures chaplaincy candidates are aware of the healthcare chaplaincy organisation's conduct requirements
- It is a controlled document that has been created by committee and can be shared with NHS Trusts upon request

- **Formal complaints procedure in place**

- A formal complaints procedure ensures that the healthcare chaplaincy organisation has a system in place to review and act upon complaints received regarding the service received in relation to one of their chaplains based on service user experience
- Complaints are responded to through fact finding and consultation with relevant individuals
- These procedures allows an assessment of whether complaints or comments are a reflection of the service design, or of individual practitioners, which makes the reflection and rectification process more efficient

- **Disciplinary procedures in place**

- Disciplinary procedures provide a method for dealing with performance or conduct issues relating to a chaplain
- These procedures may be subsequent to a complaint that, following review, assesses a chaplain's actions to be a cause of the complaint (including the removal of endorsement)

- **Appeals procedure for when candidate does not meet criteria for 'good standing' or 'endorsement'**

- Appeals procedures allow for cases of individual chaplaincy candidates to be reviewed and reconsidered
- These can be applied to chaplaincy candidates that have not been endorsed by their religion or belief communities, or that have received a complaint by an NHS service user

- **Database of chaplaincy candidates**

- This database contains details of what the member of the healthcare chaplaincy organisation is authorised to do and to be, the date of their 'good standing' accreditation, the date of their endorsement if given, and a review date

- **Procedures for regularly reviewing and updating this database to reflect any changes**

The above arrangements, if provided by the endorsing healthcare chaplaincy body, are additional to the recruitment and quality assurance measures of NHS Trusts. They provide an added layer of quality assurance for the enhancement of patient safety and integrity of care provision. The arrangements that are provided or otherwise are indicated by a tick box list for each religion and belief group in Section 3.

Additional Quality Assurance Procedures

Details of the various training and education procedures followed, as well as the methods of quality assurance, are provided by each religion and belief community in Section 3. As guidelines around chaplaincy services are not mandatory, there is no requisite level of training. However, NHS England Chaplaincy Guidelines 2015⁸ asserts that all chaplains should dedicate time for training and development, including continuing professional development (CPD). The aim is to make this quality monitoring process clear and transparent so that NHS Trusts can understand what happens in terms of the monitoring of PSR care providers by their own religion or belief community following endorsement.

Non-endorsement

There are several reasons that a candidate may not be endorsed. The three main reasons are as follows:

1. They are not from a mainstream religion or belief community
2. They do not meet the requirements of the post
3. They have been assessed as not having 'good standing' by their community

Not from a mainstream religion or belief community

Endorsement ensures integrity of the candidate and affirms the candidate's ability to provide religion- or belief-specific duties where appropriate. Endorsement from a candidate's religion- or belief-specific community is a particular requirement if a GOR has been identified for a chaplaincy role that requires the performance of religion- or belief-specific duties such as prayers, rites, and ceremonies.

Chaplaincy candidates from minority religion or belief communities that are not represented by the NPSRCH group, and not included in Section 3 of this document (e.g. Zoroastrian, Pagan, Rastafarian) should not necessarily be prevented from being recruited to PSR care roles. NHS Trusts and managing chaplains may wish to reach out to those communities to establish their 'good standing' criteria and endorsement procedures with an awareness that these may not be in place.

The purpose of this document is to clarify the endorsement procedures of the religion- or belief-specific groups that provide an added level of security to patient safety and ensure the integrity of PSR staff and volunteers. This document only assists with the safe recruitment of chaplains from the eleven mainstream religion and belief groups in England. The recruitment of a candidate from a religion or belief community without established endorsement criteria and procedures therefore confers more of a risk to patient safety due to the lack of quality assurance procedures that mainstream endorsing bodies are able to provide.

A candidate without endorsement from any religion- or belief-specific group may seek employment in a PSR care role without being aligned with any religion or belief group. For example, a candidate may consider themselves to be spiritual or philosophical in a way that isn't represented by any mainstream group. An unendorsed candidate may be confirmed in their own personal beliefs and able to articulate these in a clear and meaningful way.

⁸ NHS Chaplaincy Guidelines 2015 (NHS England, 2015)

The employment of a candidate such as this would require the NHS Trust and managing chaplains to negotiate how to represent them to patients, and it is the responsibility of the NHS Trust to ensure that the candidate is represented accurately.

Not meeting the requirements of the post

Following a request for endorsement from the recruiting NHS Trust, the suitability of the candidate should be assessed by the healthcare chaplaincy organisation for their specific religion or belief community. A candidate may be deemed to be in 'good standing' in the community but may not meet the requirements of the specific post advertised. For example, if the post requires that the chaplain is able to conduct religion- or belief-specific funerals, the candidate presented will not receive endorsement from their community unless they are able to meet this requirement (e.g. if they have not completed the necessary training). The endorsing body may wish to consider training options for the individual that would assist them in their role within a chaplaincy team but it must be clear which aspects of the person specification they are unable to endorse the candidate to do.

Not assessed as having 'good standing' in their community

Candidates that have either not received 'good standing' accreditation from their community, or have had their accreditation revoked, should be identified as such by the healthcare chaplaincy organisation of their religion or belief community. And in such cases would therefore not receive endorsement following a request from an NHS Trust.

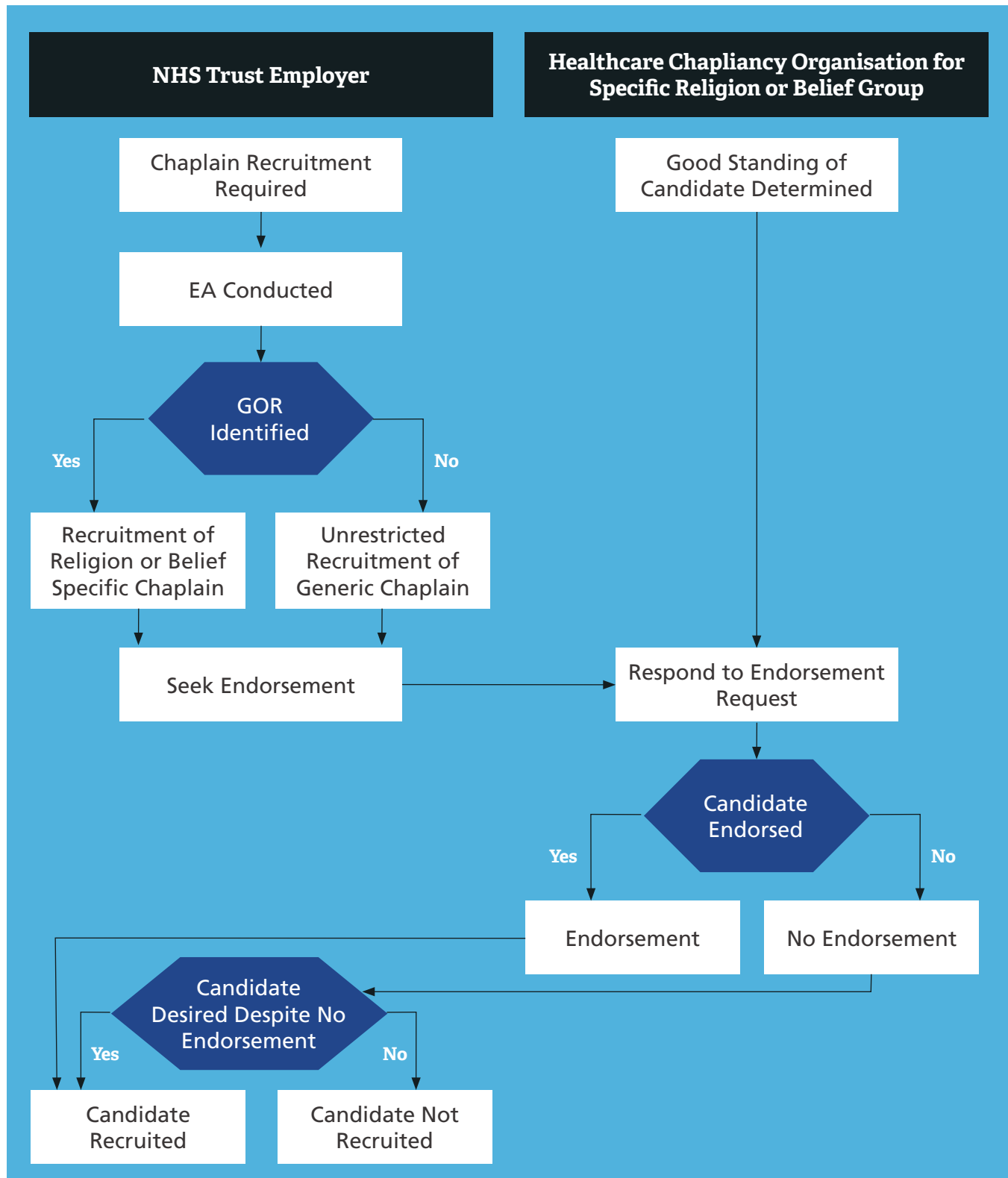
Where endorsement is refused by a mainstream religion or belief community, a candidate may wish to appeal. A formalised appeals procedure should be offered by each of the religion- or belief-specific healthcare chaplaincy organisations. These are not currently in place for all religion or belief groups.

The recruiting Trust is ultimately accountable for the safety of patients and is strongly advised against employing candidates who do not receive endorsement due to being assessed as not having 'good standing' in their community. Common sense procedures can be applied in such cases. However, the NHS Trust should be aware that they are ultimately responsible and that this action would be sidestepping a level of security for patient safety. Employing or taking on a volunteer who has not been endorsed or who is not in 'good standing' with their community means that the person may lack integrity – they may not be acting with the high standards of integrity expected by NHS chaplains. For example, without endorsement from the Anglican church, a candidate cannot claim that they are providing certain rites and rituals to the standards expected.

Suggested Endorsement Process for NHS Trusts and Healthcare Chaplaincy Organisations

The process to be followed for the recruitment and endorsement of chaplains is illustrated in the below diagram.

Diagram of the process for the recruitment and endorsement of healthcare chaplains



Section 3:

Procedures for Endorsement

This section provides information on the endorsement and quality assurance procedures of the religion and belief groups represented within the NPSRCH. The procedures for defining and assessing 'good standing', endorsement, and quality assurance - as outlined in Section 2 - are detailed for each of the religion and belief groups that currently provide PSR care within NHS Trusts. This information has been provided by the healthcare chaplaincy organisations for each of the religion or belief groups represented.

Healthcare Chaplaincy Organisations

The religion or belief groups represented on the NPSRCH each has a dedicated organisation for healthcare chaplaincy that is able to provide endorsements for chaplaincy candidates. These are the main religion or belief groups in the UK and not all religion or belief groups are represented. This document details the endorsement criteria and procedures for these organisations. Minority religion or belief communities that do not have dedicated chaplaincy teams are not included in this section.

The information for each of the main healthcare chaplaincy organisations is provided in the table below along with the contact details for the primary contact member of the organisation, which is accurate as of June 2019 and is subject to change.

Religion or Belief Group	Healthcare Chaplaincy Organisation	Contact Details
Anglican	-	Rev Dr Brendan McCarthy <i>brendan.mccarthy@churchofengland.org</i> 07825854947
Bahá'í	Bahá'í Chaplaincy Team under the National Spiritual Assembly of the Bahá'ís of the UK	Elizabeth Jenkerson <i>elizabeth.jenkerson@btopenworld.com</i>
Buddhist	Buddhist Healthcare Chaplaincy Trust (BHCT)	Keith Munnings 07931 532006 <i>keith@eskola.co.uk</i>
Catholic	Catholic Bishop's Health & Social Care Advisory Group (CBCEW)	Deacon David Knight <i>david@sthughslincoln.org.uk</i>
Free Churches	Healthcare Chaplaincy for Free Churches Group	Rev Debbie Hodge 020 3651 8337 <i>debbie.hodge@freechurches.org.uk</i>
Hindu	Hindu Healthcare Chaplaincy (HHC) under the National Council of Hindu Temples UK (NCHTUK)	Satish K. Sharma <i>secretary@nchtuk.org</i>
Jain	Vanik Council UK	Manhar Mehta <i>manhar.mehta@vanikcouncil.uk</i>
Jewish	Jewish Visiting	Michelle Minsky 020 8343 5688 <i>info@jvisit.org.uk</i>
Muslim	Muslim Spiritual Care Provider (MSCP)	Maryam Riaz <i>maryam.riaz@bthft.nhs.uk</i>
Non-Religious	Non-Religious Pastoral Support Network (NRPSN)	Simon O'Donoghue 020 7324 3069 <i>info@nrpsn.org.uk</i>
Sikh	Sikh Healthcare Chaplaincy Group (SHCG)	07960 648623 <i>sikhchaplaincy@gmail.com</i>



Anglican

Good Standing

Definition and Criteria

In the Anglican community, 'good standing' can be assigned to ordained or lay members. It is a requirement of all its representatives. Ordination is not a requirement for endorsement as an Anglican chaplain, however, Diocesan authorisation, commissioning, and licensing are ecclesiastical legal requirements for all appointments.

The following criteria are required to attain 'good standing' within the Anglican community for both paid and volunteer chaplaincy positions:

- Is a baptised Christian
- Able to subscribe to the teachings and historic formularies of the Anglican Church
- Has demonstrable pastoral skills
- Has a deep, authentic, personal faith
- Strong interpersonal skills
- Has personal integrity and is of 'good character'

These criteria apply to all individuals that currently hold, or intend to apply for, either paid or voluntary positions within a PSR care department. Any such individual will have been trained; will hold to the doctrines and respect the traditions of the Church of England; will meet the skill set required to give pastoral care; be of good character; and suitable for the role by there being

nothing in their life which could be considered detrimental to the performance of their pastoral duties. For anyone administering Holy Communion as part of their pastoral duties, confirmation is also a requirement.

Assessment

The Anglican community requires that any representative can provide evidence of being in 'good standing' with their Diocese. The process for assessing this differs depending on whether or not the representative is ordained. These assessments are reviewed at a national and Diocesan level.

For ordained Anglican chaplains, who can hold either paid or voluntary positions, their 'good standing' is assessed by the following procedures:

1. Application
2. Interview, including other checks and clearances
3. Character References
4. Anglican Community Reference(s) from Bishop or Archdeacon or similar
5. Portfolio of evidence (including ordination certificates and letters from previous diocese, if applicable)

These activities will require the demonstration of the criteria for 'good standing'. The interview in particular will look for evidence of development and the willingness to progress in skills and knowledge. Confirmation of 'good standing' is then usually provided within a letter of authorisation, or by the completion of a 'Clergy Current Status Letter' by a Diocesan Bishop or their representative.

Members of the Anglican community who are not ordained may also hold paid or voluntary positions. Their 'good standing' is assessed by the following procedures:

1. Formal training, including theological and pastoral studies
2. Anglican community references provided, including from appropriate Church Leaders
3. Assessment of personal character, knowledge, understanding, and spirituality
4. Baptism and confirmation
5. Experience of exercising a pastoral ministry including administration of Holy Communion (this is a requirement for anyone who will administer the sacrament of Holy Communion as part of their hospital pastoral ministry)

Endorsement

Anglican-specific Endorsement Considerations

Ordination in the Anglican Church involves the consecration of individuals as members of the Anglican clergy after the successful completion of a rigorous selection and training process. This is a requirement for both the diaconate and priesthood. Suitable individuals are usually ordained Deacon for one year before being ordained as Priest, although some remain as permanent Deacons.

The duties that ordained and lay chaplains can carry out depend upon the nature of the Diocesan Licence granted to the chaplain. For example, a lay Reader who is appointed as a paid chaplain could preach, lead funerals, and distribute Holy Communion with the appropriate training. Other lay chaplains may not have this authorisation unless trained. Ordained chaplains are authorised to carry out ministerial duties specific to their ordination vows; whether Deacon or Priest. Each have distinctive roles and ministerial authorisation particular to that role.

Process for Responding to Endorsement Requests

Any ordained or lay person who wishes to hold a chaplaincy position, whether voluntary or paid, must be endorsed to do so. The procedure for endorsement is dependent on whether the candidate is ordained or lay. More rigorous endorsement is required by the Diocesan Bishop for all paid appointments.

Endorsement of Ordained Anglican Chaplains

The following process is followed to assess the suitability of an ordained chaplaincy candidate:

1. Endorsement interview with the Bishop or their representative
2. Bishop's Approval
3. Diocesan DBS Enhanced Disclosure received
4. Able to make the licensing promises ('vows') to the Bishop or their representative
5. Bishop's Licence granted (actual licensing may take place after the start date of employment)

Endorsement of Lay Anglican Chaplains

The following process is followed to assess the suitability of a lay chaplaincy candidate:

1. Endorsement interview(s) at Local Church and Diocesan level
2. Diocesan DBS Enhanced Disclosure received
3. Able to make the licensing promises ('vows') to the Bishop or their representative
4. Bishop's Approval and Licence granted (actual licensing may take place after the start date of employment)

The endorsement interview with the candidate, the granting of Bishop's Approval, and the DBS check ensures the candidate's safety to practice. The granting of Bishop's Approval or Licence fulfills the Anglican legal requirements so that no chaplaincy appointment can be made unless the Bishop of the area has issued a license authorising the individual to practice under the authority of the Anglican Church.

For Anglican chaplaincy appointments, the NHS Trust should submit endorsement requests to the appropriate Anglican Diocese; i.e. the Diocese in which the Trust lies geographically. This will usually be via the Bishop's office or Diocesan central office, and would preferably occur at the point of a conditional offer of appointment being made, if not before. This ensures that the candidate can be assessed as suitable and interviewed in a timely manner, as part of the Diocesan endorsement process. The Bishop's licence can then be sought and agreed so that the successful candidate may practice as a chaplain or chaplaincy volunteer.

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place for those holding a Bishop's Licence:

- ☒ Code of Conduct
- ☐ Formal complaints procedure in place
- ☒ Disciplinary procedures in place
- ☐ Appeals procedure on 'good standing' and 'endorsement'
- ☒ Database of chaplaincy candidates with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☒ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

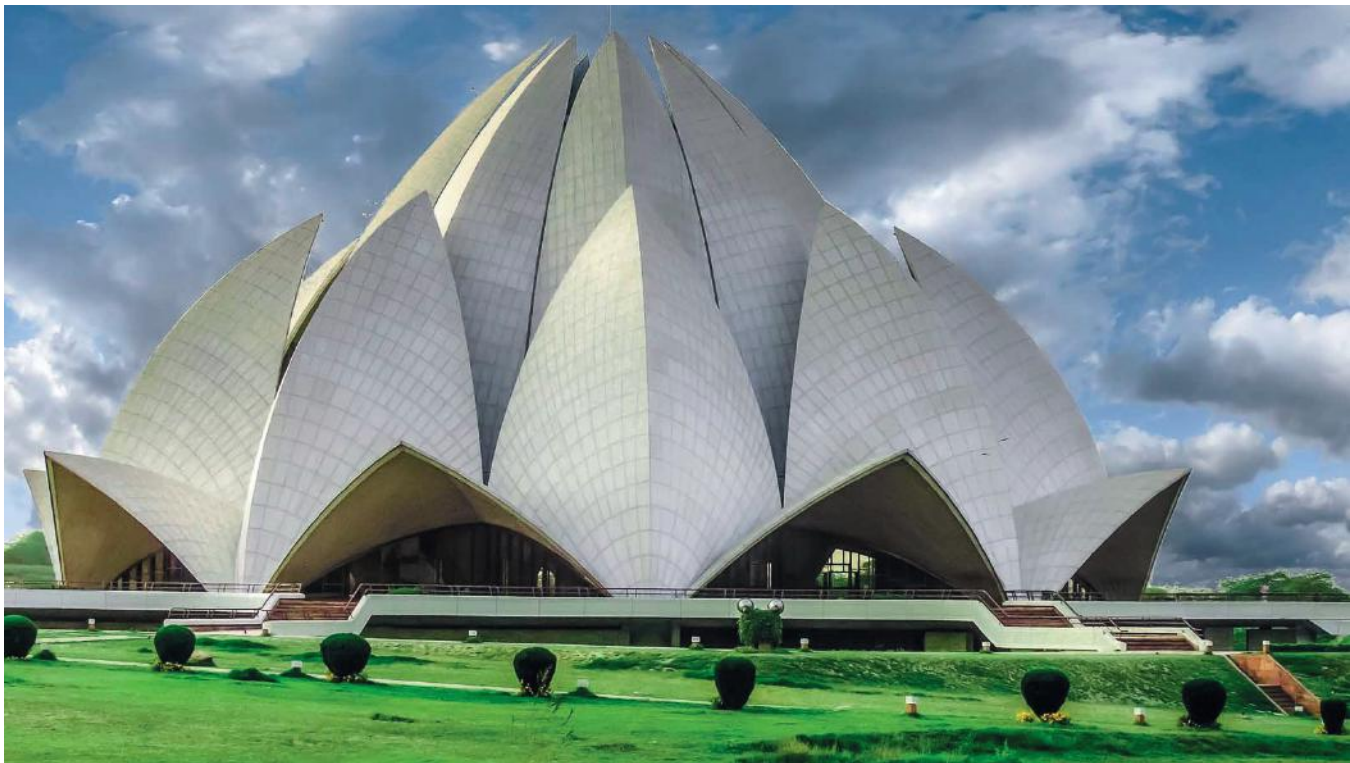
Additional Quality Assurance Procedures

The Anglican Church does not specifically train clergy for chaplaincy work; however, pastoral skills have traditionally been included during training of both ordained and lay ministers. Giving pastoral care and informal counselling are integral parts of any clergy person's pastoral work, and many lay ministers' work. Specific chaplaincy-related training will be supported and encouraged by the Anglican community when undertaken by the individual, such as a diploma or Masters, course. There are also many transferable skills between Anglican church ministry and healthcare chaplaincy, such as: arranging and leading funerals; prayers with the dying or at other rites of passage; leading liturgy or teams; strategic planning; and teaching.

All clergy are encouraged to continue lifelong learning with access to a variety of training courses provided at Diocesan, deanery or national level. The practice of triennial appraisals with their Bishop is encouraged. Lay Anglican chaplains' training and development is managed by the local community or Diocese.

The following procedures are in place for added quality assurance for ordained chaplains:

- Voluntary training and voluntary registration for determination of safe and effective practice
- Diocesan enhanced DBS
- Diocesan safeguarding training
- Engagement with a mentor or supervisor
- CPD / CMD (continuing ministerial development) commitment
- Diocesan appraisal reviews
- Recommendations for best practice in maintaining wellbeing, including regular retreats



Bahá'í

Good Standing

Definition and Criteria

The term 'good standing' has a meaning akin to 'properly registered' in the Bahá'í religion. According to the Bahá'í Chaplaincy Team of the National Spiritual Assembly of the Bahá'í of UK, a member of the community that is in 'good standing' meets the following criteria:

- Knowledgeable of the Bahá'í way of life and obedient to its teachings
- Maintains a spiritual life through:
 - study
 - personal prayer
 - reading the Writings
- Participates in devotionals and community building activities
- Engages with other members of the Bahá'í community
- Demonstrates the resilience required for a chaplaincy position

Assessment

The suitability of members of the Bahá'í community, that may hold paid or voluntary positions within chaplaincy departments, is assessed by the following procedure:

1. Application

The application looks for commitment and ability for following through to a chaplaincy position. This is determined by demonstration of the following traits:

- a high degree of personal maturity
- good communication skills
- experience of working in a team
- ability to organise one's own time effectively

2. Interview

The interview serves to establish any missing information from the application. It gives the Bahá'í Chaplaincy Team the opportunity to ask questions and discuss the applicant. Any member of the team who might have prior knowledge of the applicant would contribute at the interview stage; and this knowledge is often used instead of character references.

3. Bahá'í community references

Bahá'í community references are only carried out if required.

4. Completion of mandatory training and assessment

An applicant's experience in the communal training is monitored by members of the team, gaps are identified and filled, and training put in a Bahá'í context. This may be formal or informal training through conversations, or a combination of both, and is effectively mandatory. The purpose of the training is to place chaplaincy practice within a Bahá'í context, with an emphasis on the avoidance of proselytisation. The focus is on the needs of patients, as well as their families, staff, outpatients, and fellow chaplains. During the training, candidates are observed in role plays and discussions, and their performance assessed.

5. Agreement to engage with ongoing CPD opportunities

Endorsement

Bahá'í-specific Considerations

There are no belief-specific considerations for Bahá'í chaplains. All Bahá'í chaplaincy candidates assessed as having 'good standing' are able to perform the same duties in a chaplaincy role.

Process for Responding to Endorsement Requests

Members of the Bahá'í Chaplaincy Team will meet with the candidate applying for the role and make a recommendation to the National Spiritual Assembly, which would provide the endorsement. The suitability of the candidate is based on their demonstration of 'good standing' as outlined above, and the further recommendation of the Bahá'í Chaplaincy Team.

Since all Bahá'í chaplains are able to perform the same duties, no belief-specific recruitment requirements are considered.

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ☐ Code of Conduct
- ☐ Formal complaints procedure
- ☐ Formal disciplinary procedures
- ☐ Appeals procedure on 'good standing' and 'endorsement'
- ☐ Database of chaplaincy candidates with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☐ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

Due to the small size of the Baha'i community in the UK, there are no formal procedures in place for the administrative arrangements listed above. Each situation is considered on an individual and case-by-case basis. The National Spiritual Assembly would make the final decision based on input from the Bahá'í Chaplaincy Team and any other relevant information.

The following procedures are in place for quality assurance:

- Engagement with a mentor
 - The performance of Bahá'í chaplains is evaluated by ongoing observation and meetings.
- CPD commitment



Buddhist

Good Standing

Definition and Criteria

The determination of 'good standing' within the Buddhist community is referred to as 'initial endorsement' by the Buddhist Healthcare Chaplaincy Trust (BHCT).

To be assessed as a person in 'good standing' and receive 'initial endorsement', the candidate must:

- Be a committed, practising Buddhist who is legally residing in the UK
- Demonstrate some aptitude for work in healthcare chaplaincy
- Have relevant prior experience
- Meet normal employment expectations (e.g. punctuality)
- Indicate that they are engaged in their development as a reflective practitioner

Being assessed as a person in 'good standing' provides assurance to healthcare authorities that the BHCT has determined that the member's Buddhist community sees no obstacles to their working in a PSR care role.

Assessment

Candidates are assessed as having 'good standing' by the BHCT via:

1. **Submission of an application, including a written or oral piece mindfully reflecting upon the endorsement guidelines provided in the Buddhist Chaplaincy Guidelines brochure¹**

The application looks at the candidate's experience, motivation, Buddhist practice, experience of other Buddhist traditions, and their testimony to adopt the Five Chaplaincy Principles as they relate to Buddhists. The assessment of the application involves reviewing the evidence for the required criteria. The review also looks for declarations of possible impediments to the application and the applicant's openness to support.

2. **Character References**

The character reference aims to assess the candidate's personal qualities. It aims to assess the trustworthiness, reliability, punctuality, sensitivity, and listening skills of the applicant.

3. **Buddhist Community References**

These look for the demonstration of the applicant's involvement with their own Buddhist group through centres or temples, and with the wider Buddhist community.

The determination of 'good standing' begins with a 24 month 'initial endorsement' period for the candidate in which they are required to undertake training and seek chaplaincy experience in order to prepare themselves for a chaplaincy post.

Endorsement

Buddhist-specific Considerations

All Buddhist candidates take refuge in the Triple Gem of the Buddha, his teaching (dharma or dhamma) and the monastic community practicing the teachings. They abide by the five moral precepts of not harming living beings, not taking what is not given, not engaging in sexual misconduct, not engaging in harmful speech but instead engaging in a positive mental state. In order to work as chaplains, they must also engage in personal dharma or dhamma practice to ensure integrity and authenticity that enables them to be sufficiently self-sustaining and resilient to cope with the challenges posed by the work.

Process for Responding to Endorsement Requests

Prior to receiving an endorsement request from any NHS Trust recruiting a Buddhist chaplain, the BHCT can certify a candidate with 'full endorsement' granting that they meet the following criteria:

1. They remain in 'good standing' within their community following 'initial endorsement'
2. They have maintained a portfolio since their 'initial endorsement' when 'good standing' is assessed, which includes:

¹ Why Endorsement Matters: The Buddhist Chaplaincy Guidelines brochure (BHCT, 2015)

- A log of their work, including any mentoring received
 - A list of CPD work completed and training events attended
 - An anonymised reflective account of an interaction with a patient or healthcare staff member
3. They are not aware of any potential or actual impediment to their endorsement; or, if they are, they are willing to share this in confidence with their mentor so that it is taken into consideration by the BHCT Endorsing Body
 4. There is evidence that, while working with Buddhist patients, they are broadening their direct experience of other Buddhist traditions and responding to the necessity of working with Buddhists of all denominations, schools of practice and those with a wide variety of cultural and ethnic beliefs
 5. They can be shown to strive towards broadening their contact with other faiths

The suitability of the candidate for 'full endorsement' is discussed at a BHCT endorsing group meeting following the submission of a Buddhist endorsement request from the recruiting NHS Trust. However, 'full endorsement' can be granted prior to a request, due to the fact that all Buddhist candidates awarded 'full' endorsement are able to carry out the same duties that would be required within a Buddhist chaplaincy role. In order to maintain 'full endorsement', the endorsee is expected to keep an up-to-date portfolio and submit an annual CPD record showing at least 24 hours of relevant training during the past year, including its impact on their chaplaincy practice.

Quality Assurance

Current Administrative Arrangements

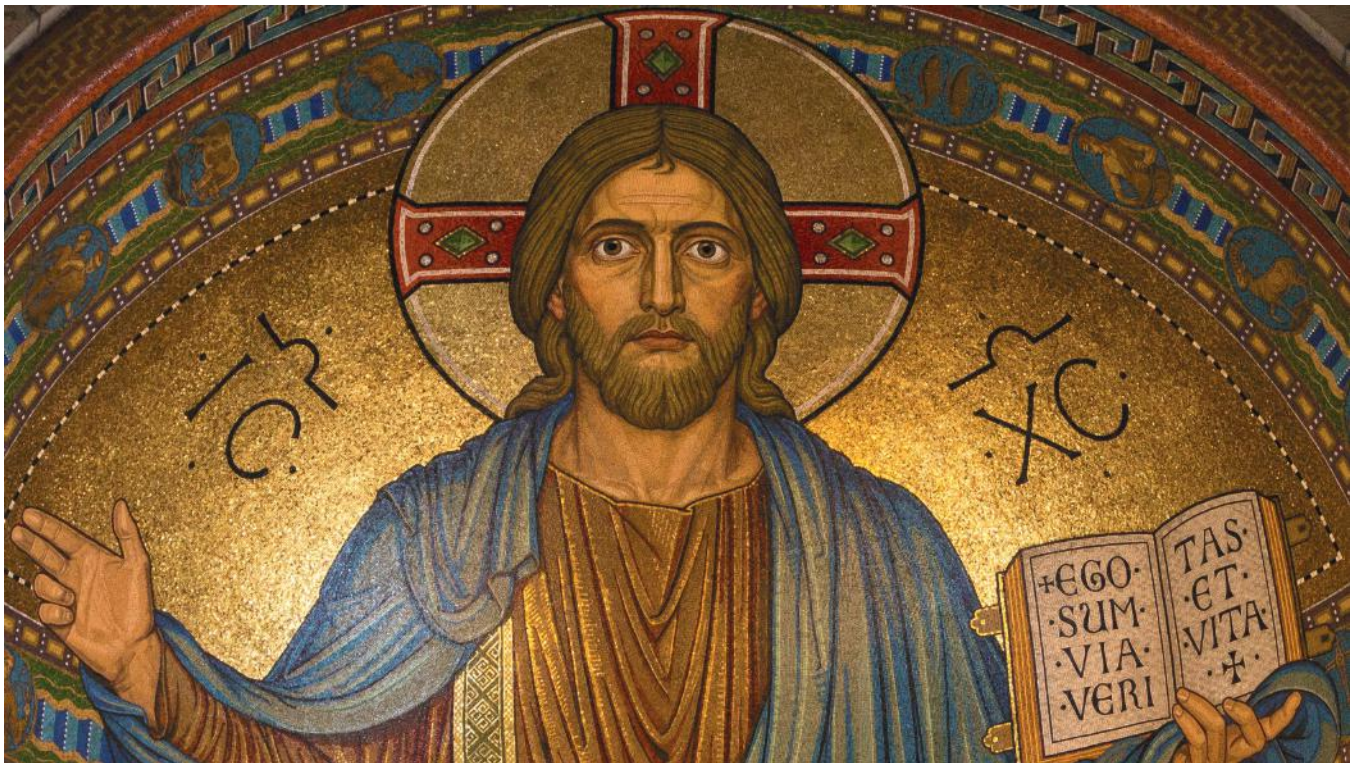
The following arrangements and procedures are currently in place:

- ☒ Code of Conduct
- ☒ Formal complaints procedure
- ☒ Formal disciplinary procedure
- ☒ Appeals procedure on 'good standing' and 'endorsement'
- ☒ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☒ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

- 'Taster' chaplaincy training course prior to application for 'good standing' assessment
- Engagement with a mentor
- CPD commitment
- BHCT Endorsing Body board containing Buddhists from a range of traditions



Catholic

Good Standing

Definition and Criteria

Someone in 'good standing' is in communion with the Catholic Church and mandated by the local bishop. For a person who is not a member of the clergy (i.e. a lay person) they must be in 'good standing' to be able to undertake specific chaplaincy duties. For deacons or lay people to be in 'good standing', they must be in communion with Catholic Church, attend mass regularly and be involved in the parish.

Assessment

The process for assessing ordained and lay chaplains from the Catholic community for paid or voluntary positions are as follows:

1. Agreement sought from the Local Ordinary (i.e. the Bishop of the diocese in which the hospital is located)
2. Application
3. Interview
4. Character references plus any other employment references required
5. Written endorsement by the Bishop

Ideally the above process should follow in this order however it is noted that there may be occasions where due to timescales it may be necessary to apply before an agreement is obtained by the Local Ordinary, particularly when the prospective chaplain may not be known in that area.

The application and interview look for the most suitable person for Catholic healthcare chaplaincy. Character references are informal, as a priest would already be known to his bishop and be able to provide a reference from the community.

For chaplaincy volunteers, sponsorship by parish priest to Bishop is required. The parish priest is able to determine the 'good standing' of a chaplaincy candidate that is seeking to work as a Roman Catholic Chaplaincy volunteer due to his knowledge of his congregation, in the same way as a reference can be given for employment.

Endorsement

Catholic-specific Considerations

- Individuals will be endorsed to operate as a Catholic chaplain (administering Catholic rites etc. to Catholic patients) not as a generic chaplain, therefore further training may be required at the level of the Trust if the requirements of the role are generic (e.g. providing pastoral support to patients for all religions and beliefs as well)
- Deacons and lay members can be endorsed for a chaplaincy role but they cannot perform all the same functions as a Catholic priest. For example, a Catholic priest can be endorsed to deliver certain sacraments that a lay person cannot
- Employment of a Catholic chaplain is borne out of an arrangement with the hospital and Local Ordinary
- Arrangements could be one of three: to be an employed member of the team; as part of a service level agreement (SLA) between the Trust and local church or community; and other ad hoc arrangements
- Deacons and lay members can be paid employees of the Trust or part of the SLA - endorsement is required for each
- Deacons and lay members endorsed into paid positions will have limited sacramental function as certain sacraments can only be administered by a priest (e.g. they will not be able to administer the 'sacrament of the sick' or to hear confession)
- If one of the requirements of the chaplaincy position is to administer certain sacraments that cannot be performed by anyone but a priest, then the deacon or lay member cannot be endorsed to do the role
- It is not necessarily clear what training an individual has had, as this can be dependent on where they have studied - the bishop can only endorse the provision of Catholic duties
- The Catholic Chaplaincy Guidelines and the Bishop Healthcare Advisors' Handbook were published in August 2018 and contain detailed information on Catholic chaplaincy
- Volunteer Catholic chaplains will receive their endorsement via the local parish priest to carry out certain duties in the Trust (e.g. to provide Holy Communion) - these will usually be Deacons or Eucharistic ministers

Process for Responding to Endorsement Requests

The process for endorsement followed is dependent upon whether a paid or volunteer chaplain position is being filled, or a chaplaincy volunteer position.

Paid or volunteer chaplains

- Endorsement of a paid post will require a reference and approval from the local bishop
- Employment of a Catholic chaplain is borne out of an arrangement with the Trust and local Catholic community's Bishop Healthcare Advisor (BHA)
- Each Diocese has a BHA who advises the bishop about all NHS Trust and healthcare chaplaincy appointments - if aspects of the SLA between the Trust and the Diocese are not being fulfilled, the BHA will step in
- The BHA will review the requirements of any post and, if suitable, a recommendation will be made for the individual to be endorsed by the bishop

Chaplaincy volunteers

- When the manager of a healthcare chaplaincy department looks to seek endorsement for a Catholic chaplaincy volunteer, they should reach out to the person's local parish priest to confirm that the individual can perform the specific duties related to the post

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ☐ Code of Conduct
- ☒ Formal complaints procedure
- ☒ Formal disciplinary procedure
- ☐ Appeals procedure on 'good standing' and 'endorsement'
- ☒ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☒ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

- Catholic chaplaincy training, though not mandatory; is highly recommended, with training courses currently being provided at:
 - St Mary's University, in partnership with Catholic Bishops' Conference, offers chaplaincy training which links theory with practice, and identifies and works through challenges, as well as enabling deep reflection - this is evaluated via participants' and tutors' feedback
 - The Maryvale Institute runs a Hospital Chaplains training programme
- Engagement with a mentor
 - Ordained chaplains are required to have a Spiritual Director while lay chaplains will seek support through their local priest or hospital Catholic chaplain
- CPD commitment
 - Healthcare conferences, events, and retreats are offered locally and nationally
 - Annual training day usually organised by Bishop's Healthcare Advisor within each Diocese



Free Churches

Good Standing

Definition and Criteria

The Healthcare Chaplaincy for Free Churches Group represents twenty four Christian denominations across England and Wales. The full list of church organisations represented is available on the Free Churches Group website. All church organisations operate their own 'good standing' and assessment processes. These vary with what is understood by 'ordination' and 'apostolic tradition'. For the majority of denominations there is a code of behaviour for individuals whether they be 'lay' or ordained.

Assessment

Members of the Free Churches community may hold paid or voluntary positions within chaplaincy departments, and their 'good standing' is assessed as follows:

1. Application

The application form is brief and looks for educational qualifications, personal details, denomination, and pastoral experience. This assesses the overall viability of the applicant, their position, and relevant experience.

2. System of national and local accountability

The system of national and local accountability looks for evidence of accountability to local

congregations and national denomination, and assesses the strength of the local church's accountability and disciplinary processes, as well as those of the national denomination's. This system uses the denominational accountability as the basis for accreditation, assuming that ministers or pastors or lay chaplaincy applicants recognise their obligations and duties.

3. Statement of support from local and national church

The statement of support from local and national churches is renewed annually and looks specifically for the 'good standing' of the applicant in the community. The annual requirement for such statements is required to demonstrate the candidate's continued fitness for the profession of chaplaincy.

Endorsement

Free Churches-specific Considerations

The ability for the chaplain to act in a religious capacity is determined by each denomination and would relate back to the job description. For example, in the United Reformed Church authorised lay members may preside and administer Holy Communion. If the NHS Trust requires a chaplain that can perform specific religious duties, this will be reviewed during appointment and endorsement.

Process for Responding to Endorsement Requests

For candidates who are ordained, there is a Ministers list for each denomination, while for lay candidates there are regional Ministerial Systems. Those on the list are deemed to be in 'good standing'. However, each applicant's listing is verified before endorsement. People serving that denomination in a lay capacity may be on a central list if their position is one of 'authorised to' (e.g. as a Local Preacher in the Methodist Church). At a regional level (e.g. Circuit in the Methodist Church or District in the United Reformed Church) individuals will have been given 'permission' to serve dependant on local needs and their standing in the local church. The endorsement will be provided by the Free Churches Group following this process.

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ☒ Code of Conduct
- ☒ Formal complaints procedure
- ☒ Formal disciplinary procedure
- ☒ Appeals procedure on 'good standing' and 'endorsement'
- ☒ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☒ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

- CPD commitment
 - CPD is a denominational requirement. Those who are registered with UKBHC have specific CPD Guidelines, for those who are not, there is an expectation that they will provide evidence that their CMD document is up to date as per denomination standards if appropriate and that it contains work that links to their chaplaincy experience
- Discussion about Five Chaplaincy Principles
- Denominational discussions
 - There are regular conversations with denominational leaders on the development of chaplaincy and the work of supporting individuals experiencing a health crisis or long term condition



Hindu

Good Standing

Definition and Criteria

Someone in 'good standing' has an established understanding that all people are equally divine in origin and are governed by the principle of Karma (i.e. each person is individually responsible for their actions and that we are collectively responsible for the actions of our groups whether family, community, or nation). A person of 'good standing' understands and fully accepts that collective happiness is a prerequisite for individual happiness. The majority of Hindu chaplains are selected from the network of Temples and have been working within Temples as priests. It is possible that future candidates will be from outside the Temple network and processes will need to be extended to accommodate this. These standards apply to all chaplaincy candidates but are assessed differently depending on whether or not the candidate is a priest.

Assessment

For members of the Hindu community that may hold paid or voluntary positions within chaplaincy departments, their 'good standing' is assessed as follows:

1. Interview

The interview looks for confirmation of 'good standing' through scriptural and ethical awareness.

2. Attendance on NCHTUK NHS chaplaincy course or seminar

3. Character references

These aim to establish the candidate's 'good standing' from referees.

4. Hindu community references

These aim to establish the candidate's 'good standing' from referees.

Endorsement

Hindu-specific Considerations

The Hindu orientation is that since all are equally divine creations that are on a journey of seeking to connect knowingly or unknowingly, all are equal at the level of atma (life essence) and that each person's journey is sacred. Karma indicates that every word that is spoken by a person can affect the listener and impact beneficially or adversely on their spiritual journey. To evangelise or convert is to inflict one's own opinions on the other and unless invited to share, Hindus view attempts to evangelise and convert as acts of violence which demote a person from their position of being an equal member of the human family, to a radicalised member of a lesser family. This understanding is of paramount importance in the hospital setting when a person is at their most vulnerable and susceptible to the violence of being radicalised or converted. A person's dialogue with their inner-self is the most private and sacred dialogue and Hindus would never interrupt this dialogue. It is considered that only a Hindu priest can provide adequate support in situations of terminal illness or death.

Process for Responding to Endorsement Requests

The request is received by the HHC and discussed between the HHC and NCHTUK. The president of the NCHTUK processes the endorsement for all potential PSR staff and volunteers.

Quality Assurance

Current Administrative Arrangements

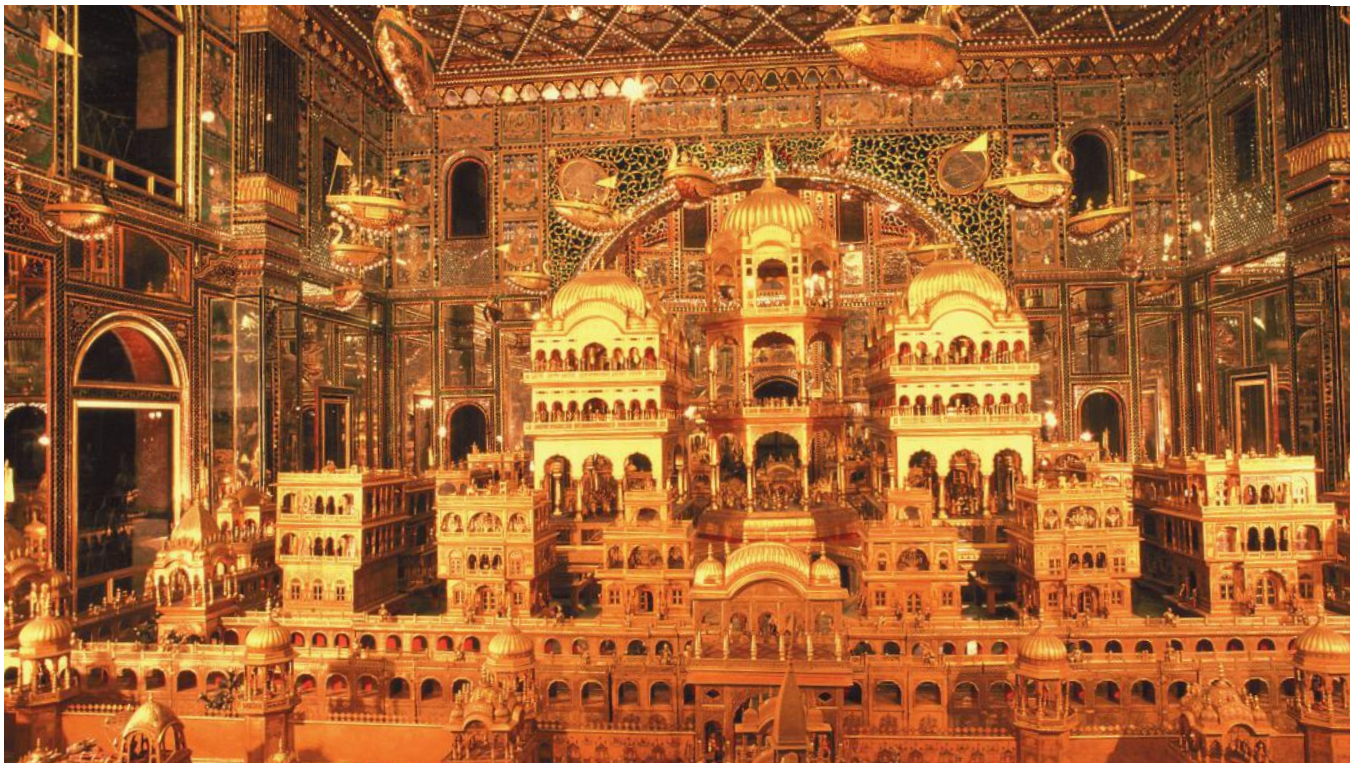
The following arrangements and procedures are currently in place:

- ☐ Code of Conduct
- ☐ Formal complaints procedure
- ☐ Formal disciplinary procedure
- ☐ Appeals procedure on 'good standing' and 'endorsement'
- ☐ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☐ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

- Mandatory training for determination of 'good standing'
- Practical assessment of skills
- Engagement with a mentor



Jain

Good Standing

Definition and Criteria

Someone in 'good standing' has to have knowledge of Jain principles and be known in the local community to be of good social standing. This is evidenced in their reference from the leader of their local community, and is demonstrated in their behaviour with friends and members of the community. Knowledge of scriptures and rituals is preferable but not essential as the candidate will be given appropriate training.

Assessment

For members of the Jain community that may hold paid or voluntary positions within chaplaincy departments, their 'good standing' is assessed as follows:

1. Application

The application looks for personal data, past activities, and relevant experience for the role

2. Interview

The interview looks for the necessary abilities and assesses the relevant experience

3. Character References

The character reference allows an evaluation of the candidate's behaviour and helps to assess their suitability to work with the sick and elderly

4. Jain Community References

The Jain community reference evidences a person's engagement in the community

Endorsement

Jain-specific Considerations

In the Jain religion there are no priests. All Jains have a common belief and understand and believe in the same principles of Jainism. All Jains are able to become pastoral and spiritual health carers.

Process for Responding to Endorsement Requests

The suitability of the candidate, based on the recruitment requirements provided by the NHS Trust, will be discussed in-depth at a meeting of the panel to consider an endorsement. The panel will have three members from the Jain community who are knowledgeable of Jain principles, rituals, and scriptures of Jainism and also of NHS Chaplaincy Guidelines. They will review the suitability of the candidate from their application, references, and interview.

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ☐ Code of Conduct
- ☐ Formal complaints procedure
- ☐ Formal disciplinary procedure
- ☐ Appeals procedure on 'good standing' and 'endorsement'
- ☐ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☐ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

The administrative arrangements listed above are currently being produced.

The following procedures are in place for added quality assurance:

- Mandatory training on Jainism for determination of 'good standing'
- Engagement with a mentor



Jewish

Good Standing

Definition and Criteria

'Good standing' is not a concept recognised by the Jewish community. However, the endorsing body for Jewish chaplains (Jewish Visiting) is conscious that the Jewish faith would not recommend anyone if their integrity is doubted. Where a Rabbi is appointed as a chaplain it is assumed they are in 'good standing'.

Assessment

For members of the Jewish community that may hold paid or voluntary positions within chaplaincy departments, their 'good standing' is assessed as follows:

1. Application

The application looks for educational, professional and faith qualifications, relevant experience, availability, workplace preferences, and DBS information. Character references are collected at this point.

2. Interview

The subsequent interview is always done with at least two interviewers and looks for motivations, experience, relevant skills, understanding of the role, experience with elderly people, appreciation of hospital chaplaincy acceptable behaviour, knowledge of Jewish

Visiting, willingness to visit both sexes, willingness and ability to support patients with different religious standards/values to their own.

3. Character References

4. Jewish Community References

The Jewish community reference is done by a referee who can attest to the suitability of the individual to represent the Jewish faith.

Endorsement

Jewish-specific Considerations

To be a suitable Jewish chaplain, the person would need to have both an appropriate level of Jewish knowledge as well as the skills of empathy required for the role. Where the proposed chaplain is a Rabbi, the level of knowledge is regarded as satisfactory. Were it to be a lay person, more enquiries would be made. If appointed, all chaplains would be expected to consult appropriately if they are asked a question beyond the level of their knowledge, or if they feel that they are not best placed to meet the needs of a specific patient.

Process for Responding to Endorsement Requests

When a Jewish chaplain is required, hospitals should contact Jewish Visiting to see if the organisation is able to suggest a suitable candidate. Once Jewish Visiting receive a request for endorsement, the process of the candidate completing an application form, and then being interviewed, would be carried out.

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ☒ Code of Conduct
- ☐ Formal complaints procedure
- ☐ Formal disciplinary procedure
- ☐ Appeals procedure on 'good standing' and 'endorsement'
- ☐ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☐ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

Jewish Visiting does not have its own complaints and disciplinary procedure. The vast majority of chaplains are Rabbis and these procedures are in place as part of their Rabbinic employment. If a complaint was received, this would be investigated by Jewish Visiting and the Senior Hospital Chaplain, who would provide additional training and support. If necessary, the removal of endorsement would be implemented.

A database of endorsed chaplains is maintained but, historically, it has not included the date of the chaplains' endorsement. This information is now kept on the database. The list is amended and updated when people end their role as chaplains.

The following procedures are in place for added quality assurance:

- Engagement with a mentor
- Training programme on hospital visiting provided
- Annual conference for chaplains
 - The aim of the conference is to provide talks on important issues in relation to chaplaincy as well as offering the opportunity for chaplains to network and learn from each other.

The new Senior Hospital Chaplain is undertaking a programme of visits to hospitals to meet with Lead Chaplains, giving an easy opportunity to address any issues that have arisen. This is in addition to both informal contact and meetings with Jewish chaplains. The questionnaire on Jewish Chaplaincy will also be used as a quality assurance tool.



Muslim

Good Standing

Definition and Criteria

Someone in 'good standing' is acceptable to the local Muslim faith community and demonstrates the appropriate religious knowledge, principles, and practices. The person must have a qualification in either religious seminary or chaplaincy training, and must demonstrate personal integrity, upright conduct, and strong religiosity. They will have a faith background that reflects the community that s/he is expected to serve, as well as being known and respected within that community. The ability to counsel patients and staff without proselytising must also be demonstrated to receive the designation of 'good standing'.

These criteria for 'good standing' apply to candidates for both voluntary and paid posts.

Assessment

For members of the Muslim community that may hold paid or voluntary positions within chaplaincy departments, their 'good standing' is assessed as follows:

1. Application

The application looks to create a base of chaplains through promoting chaplaincy within the community.

2. Informal interview

An MSCP representative arranges a conversation with each candidate aims to clarify any issues that may arise in the application and discuss the endorsement procedure.

3. Character References

Character references are used to evidence integrity and professional conduct.

4. Muslim Community References

The Muslim community reference evidences the candidate's religious knowledge and practice. The Muslim Spiritual Care Provision Project (MSCP) representative will be responsible for collecting the information and verifying the references with the regional representative from the MSCP Board of Chaplains.

Endorsement

Muslim-specific Considerations

Not all Muslim chaplains are able to perform the same duties. Religious services such as individual prayers for patients and congregational prayers (e.g. Jumma service) are specific to the different denominations. The last offices or rites for dying patients and prayers for ill babies (e.g. Azaan) are also denominationally specific. In all cases, only imams are able to perform these duties.

Process for Responding to Endorsement Requests

The trust should send all requests for endorsements to the national MSCP Project representative. The endorsement request will then be passed to the appropriate regional hub lead. Where a regional hub is not currently set up, the national representative will seek an appropriate person within the candidates region to respond.

Currently, regional meetings are held in hubs across England, with a nominated representative in each region. These regional hubs are made up of Sunni, Shia, and other Islamic denominations. If someone from a specific sect requires endorsement, the regional hub will have the links to facilitate this. These hubs currently exist in Yorkshire, Greater Manchester, London, the South, and the Midlands. If the candidate requiring endorsement is outside of these areas, then the request would be sent centrally to the main MSCP representative who will direct the request to the most local representative. The regional MSCP representative will review the Muslim-specific requirements of the role and send a questionnaire to the candidate inline with those requirements. This is considered as the discussion of the endorsing group meeting.

The candidate must submit their questionnaire to the MSCP representative with a portfolio of evidence for review. The evidence of education and qualifications (e.g. Markfield courses, CPD, etc.) presented in the portfolio will be verified and reviewed against the post requirements. Discussion of this evidence will be conducted during regional hub meetings.

A mentor is assigned to the candidate after the endorsement meeting if endorsement is given. This is currently actioned by the main MSCP representative but the responsibility for this will be shifted to the appropriate regional hub when they are all fully set up and functional. The mentoring process happens informally and endorsement will only be provided to candidates that agree to engage with a mentor.

A website is in development to outline the 'good standing' and endorsement processes for the MSCP. This will be available at the end of 2019.

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ☐ Code of Conduct
- ☐ Formal complaints procedure
- ☐ Formal disciplinary procedure
- ☐ Appeals procedure on 'good standing' and 'endorsement'
- ☒ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☐ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

- Qualification in either religious seminary or chaplaincy training required in order to establish 'good standing'
- Regional networks of MSCP supervise endorsed members in their region
- Engagement with a mentor
- CPD commitment



Non-Religious

Good Standing

Definition and Criteria

For a Non-Religious Pastoral Support Network (NRPSN) member to be in 'good standing' is to mean that they possess at least the basic knowledge, skills, and attributes to administer pastoral, spiritual, and non-religious care safely and to a high standard. They must also be able to articulate a cohesive naturalistic system of values and beliefs and not self-classify as religious. These beliefs should be serious, genuinely and sincerely held, and worthy of respect in a democratic society.

To be in 'good standing' is also to mean that the network member has agreed to abide by the robust policies and procedures of the NRPSN.

Assessment

NRPSN members are assessed as having 'good standing' by providing the following evidence:

1. **Submission of a completed application form**
2. **Successfully completing a 30-45 minute telephone interview with the Director of Humanist Care which focuses on three key areas:**
 - articulation of non-religious worldview in line with 'good standing' criteria
 - motivation

- demonstrable desire to work as part of a diverse team and provide support to a diverse range of people
- 3. Receipt of two acceptable professional references
- 4. Attendance and completion of the NRPSN induction training programme*. The individual must have demonstrated the required competencies and capabilities through various assessment activities.
- 5. Signing of the Code of Conduct
- 6. Agreeing to engage with ongoing CPD opportunities and NRPSN activities

*Attendance on the NRPSN induction training programme is not required for individuals who are attending the Existential and Humanist Pastoral Care MA.

Endorsement

Non-Religious Belief-specific Considerations

All NRPSN members hold a naturalistic belief system, meaning that they reject the supernatural and explain the world only in natural terms. Therefore NRPSN membership is not limited to just those who see themselves as atheist, agnostic, humanist, but may also include individuals who follow some aspects of Non-Theistic Quaker or Buddhist philosophy, who reject supernatural beliefs, and identify as non-religious.

Members of the NRPSN either hold a valid and up-to-date Humanists UK membership or can elect to be a member of the NRPSN only.

Process for Responding to Endorsement Requests

- NHS Trusts should submit endorsement requests to the NRPSN at admin@nrpsn.org.uk. The request should include information on the role (e.g. job description, person specification).
- The Director of Humanist Care may seek clarification or further information from the Trust in order to inform the endorsement process.
- The Director of Humanist Care will share the endorsement request with the NRPSN Board Endorsing Panel
- The endorsing panel will review the role requirements of the post, if clarifications about certain skills, knowledge, and qualifications are sought related to the individuals belief system, the Director of Humanist Care will seek to establish these through the NRPSN database. For example, the endorsing body may wish to establish whether the candidate has received humanist funeral celebrant training.
- The endorsing panel will write to the Director of Humanist Care to confirm if the candidate can be endorsed for the post or whether there are certain aspects of the post that can not be endorsed
- The Director of Humanist Care will respond to the NHS Trust request as required.

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ☒ Code of conduct
- ☒ Formal complaints procedure
- ☒ Formal disciplinary procedure
- ☒ Appeals procedure on 'good standing' and 'endorsement'
- ☒ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☒ Procedures for regularly reviewing and updating the database to reflect any changes

Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

- Mandatory training course
- Engagement with a mentor
- CPD commitment
- Dedicated personal support from the NRPSN
- Regional Coordinators/Regional Networks
- Regular CPD opportunities based on network needs assessment (five formal days per year)
- Monthly video conference supervision or reflective practice sessions with field expert
- Opportunity to gain coaching from a field expert
- NRPSN handbook
- Social media forums for discussion
- NRPSN board, which has a minimum of 7 members: Chair, Vice Chair, two Practitioners, Operations Coordinator, and Dedicated Quality Assurance Officer.

*An external training route is also provided towards NRPSN accreditation. Currently there is one course offered by the New School of Psychotherapy and Counselling (NSPC) that has been certified by the Director of Humanist Care at Humanists UK:

- Existential and Humanist Pastoral Care (PgCert, PgDip, MA)



Sikh

Good Standing

Definition and Criteria

Someone in 'good standing' believes and lives by the values and teachings of the Sikh faith, which include: believing in the Holy Scriptures – Sri Guru Granth Sahib Ji & its teachings and, those who are baptised, carry the 5Ks on them and follow the Sikh Code of Practice. Additionally, there is a belief in equality, non-discrimination, standing up for truth and justice, promoting and enduring spirit of positivity, offering a life of service and dedication, promotion of loving communities, and recognising the One Universal God. Additionally, someone who follows the Sikh Code of Conduct is the requirement of the Sikh Chaplaincy Group.

'Good standing' is evidenced through the application of such values in their personal and community life, and their active involvement in doing 'nishkam sewa' (selfless service). Anyone who has broken any of the fundamental Sikh tenets, or has behaved in a manner which would be deemed unbecoming of a Sikh, would not be of 'good standing'.

Assessment

For members of the Sikh community that may hold paid or voluntary positions within chaplaincy departments, their 'good standing' is assessed as follows:

1. Application Form

The application looks for the applicant's name, age, contact details, and geographical area. This information helps in knowing which NHS Trusts the applicant would be best suited to and allows the utilisation of existing links in the area.

2. Interview

The interview looks to determine the suitability of the individual for endorsement as a Sikh chaplain. This is determined by exploring their experience, personality, motivation, and their understanding of the Sikh faith and chaplaincy. The interviewer looks at how the applicant interacts with others and records information on the Spiritual Audit Form and the Evaluation Form. This process observes the applicant's knowledge, understanding and passion for both the Sikh faith and chaplaincy work, and notes any concerns which may affect their suitability.

3. Character References

Character references provide a profile of the applicant from people known to the applicant for a minimum three years and provides a basis on which to assess the candidate's suitability for the role.

4. Sikh Community Reference

A reference from within the Sikh community affirms that the applicant is known to the local Sikh community. The 'good standing' of the candidate is then ensured by the President, Secretary, or Committee Member of the Gurdwara the applicant attends.

Endorsement

Sikh-specific Considerations

- Sikhism is a monotheistic religion, and the basic Sikh belief is represented in the phrase Ik Onkar meaning "One God."
- The primary source of Scripture for Sikhs is the Guru Granth Sahib, regarded as the living Guru, after the final Guru in human form, Guru Gobind Singh, passed away.
- The 5Ks: The 5Ks are the articles of faith that Sikhs wear as ordered by the 10th Guru, Guru Gobind Singh. Most Sikhs wear one or more of the articles but only Sikhs who have taken Amrit, a ritual analogous to baptism, wear all. They include:
 - Kesh, or unshorn long hair, which is protected by a dastaar, or turban. The dastaar is worn by men and some women to cover their long hair. But most women keep their hair long and uncovered, except for when entering a gurdwara.
 - A kangha is a small wooden comb meant to keep the hair combed twice a day.
 - A kara is an iron bangle to be worn on the hand used most.
 - A kachera is a specific undergarment for men and women.
 - A kirpan is a ceremonial sword.

Women can conduct services. There are no restrictions as women and men are considered equal in Sikhism and this is a major philosophy of this faith.

Process for Responding to Endorsement Requests

The suitability of the candidate, based on the recruitment requirements provided by the NHS Trust, is discussed in-depth at an Endorsing Group Meeting. The meeting panel consists of trustees and the National Coordinator and aims to agree whether the applicant's qualities, knowledge, and character are suitable for endorsement. Two or three trustees of the endorsing body are consulted and all must be satisfied in offering endorsement.

Quality Assurance

Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ☐ Code of Conduct
- ☐ Formal complaints procedure
- ☐ Formal disciplinary procedure
- ☐ Appeals procedure on 'good standing' and 'endorsement'
- ☐ Database of endorsed members with details of what they are authorised to do and/or be, the date of their endorsement, and a review date
- ☐ Procedures for regularly reviewing and updating the database of chaplaincy candidates to reflect any changes

Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

- Training
 - Training is provided and is optional, but highly recommended for those who have not worked in similar positions. The training seeks to enable an understanding of healthcare, knowledge of appropriate responses to various situations/circumstances, and observation of hospital specific procedures and routines. The training manual has 6 parts: 1) Competencies and Capabilities 2) Healthcare Chaplaincy Training 3) Caring for a Sikh patient and the Sikh spirit, Sikh principles related to healthcare chaplaincy 4) An introduction to counselling in relation to caring for Sikh patients 5) Reflective Caring 6) How to pass the Sikh chaplaincy course. Training is a key part of establishing that the candidate is aware of their requirements and responsibilities. Evaluated via feedback from participants.
- Engagement with a mentor

NHS England commissioned the Non-Religious Pastoral Support Network to develop this document and its content was created in collaboration with the communities represented at the Network of Pastoral, Spiritual, and Religious Care in Health.

This development of this project was overseen by Simon O'Donoghue, Chair of the Network of Pastoral, Spiritual, and Religious Care in Health, and co-authored by Rhian Jones, Project Officer.