



Proposals for an accreditation process for Buddhist Healthcare Chaplains

Introduction

The document is in three sections.

Section 1 answers some key questions about the history of this initiative and the reasons for it.

Section 2 (page 3) explains the proposals for how prospective chaplains will apply to become authorised.

Section 3 (page 4) describes the skills and knowledge and qualities that will be looked for and the principles that they will be working within.

Section 1: Questions and answers

Q. Why has the Buddhist Healthcare Chaplaincy Group (BHCG) been set up?

A working group has been meeting for the past few years developing a project for Buddhists to make their contribution to hospital chaplaincy work.

Each of the major faiths has been asked by the NHS to seek designation and become 'Authorised'. Authorisation is the process whereby a faith community can indicate that individuals are suited to represent their faith community in this work.

There is an opportunity for Buddhism to become authorised within the next year.

Q How are Buddhists becoming involved in hospital chaplaincy?

Buddhists are getting involved in hospital chaplaincy in a number of ways:

- Buddhist hospital chaplains serving in multi-faith teams
- Chaplaincy volunteers
- Buddhists visiting and supporting members of their own sanghas

Q. What is the role of a Buddhist chaplain?

A chaplain is there to provide spiritual care for patients, relatives and staff which might include:

- Sharing practice
- Offering friendship
- Carrying out religious / spiritual practices where appropriate
- Facilitate the patient's peace of mind at death
- Listening to and validating the patient's experience
- Helping to create a safe and peaceful space
- Offering Dharma teaching
- Supporting and supervising Buddhist volunteers

Through interaction with hospital staff and the patients' relatives we are able to provide some degree of practical signposting - networking with others involved with the patient's well-being, including putting patients in touch with other Buddhist groups.

Q. Why should our Buddhist school/tradition be involved in this process?

If your tradition wants to contribute your expertise to the development of Buddhist healthcare chaplaincy, you can contribute by being part of this group's work.

If your tradition feels that members of your Sangha want to be involved in chaplaincy work across different Buddhist groups, then you will need to be part of the accreditation process we are setting up.

If you want to go into a hospital to visit members of your Sangha, of course you can do so without accreditation but it would still be helpful for us to know how to contact you.

Questions and answers a patient might have

Q. If I wanted a particular ritual and wanted someone to come in – would that person have to be accredited?

No. Generally you can invite anyone you wish to visit you and come to practice with you or to perform rituals, though it might be wise to check with ward staff if this could interfere with your medical treatment or cause disturbance to others. Do ask us, or your hospital chaplaincy team, if we can help to facilitate this.

Accreditation will become necessary for chaplains who wish to be authorised by the hospital and work as part of the chaplaincy team.

Q. If the chaplain is from a particular tradition which is different to the one I am part of, will they come and see me?

Yes, if you would like them to. The chaplain's role is to support you in your own practice. If necessary the chaplain may help you to contact someone from a particular tradition.

Q. If I am not part of any Buddhist Sangha, but just consider myself a Buddhist, could I ask the Buddhist chaplain to see me?

Certainly, and the chaplain would also be very pleased to meet with you if you are not a Buddhist.

Section 2: The Accreditation of Chaplains

Accreditation by portfolio of evidence

Applicants to submit portfolio in the following format:

- **Application form** which lists and documents experience, training, skills and knowledge in key areas (see section three).
- **Supplementary materials** supporting information given on application form (this may include written accounts of experience, certificates, photographic or other electronic evidence of prior learning).
- **A reflective learning journal** recounting experience of chaplaincy related work in a health related setting (e.g. work as a chaplaincy volunteer). Guidelines will be given on how to structure this.
- **Two references**
One reference testifying to the person's spiritual commitment and development e.g. from the head of a tradition/order/teacher/senior member of group.
The other reference describing experience working in a healthcare setting e.g. from a senior chaplain, senior health professional, head of a training programme.
- **CRB** checks. (These will be normally done by healthcare provider).

Interview

Initially we would aim to establish a panel to interview potential chaplains. Each panel should be at least three people from different traditions. This would provide us with valuable learning experience in assessing portfolios and evaluating our assessment methods. Later we might move to other strategies such as sampling.

Ongoing support

- Continuing Professional Development (CPD): regular seminars/training days are to be offered. In particular these will aim to foster inter-Buddhist discussion.
- Supervision as a requirement of ongoing practice.

[P.S. There will be a need to create guidelines, complaints procedures, code of practice, interview format etc.]

Section 3: The competencies and personal qualities of the chaplain

The underlying principles of the chaplain's work are:

1. Patient-centred
2. Non-harm
3. Being grounded in Buddhist practice
4. Not pushing unhelpful views
5. Not being dogmatic about personal views
6. Being aware of and open to the variety of Buddhist traditions
7. Being able to make good use of support and supervision
8. Developing reflexive practice; awareness of own learning process

Each chaplain should be in a supportive relationship with other Buddhists involved in the chaplaincy work. Chaplains should be clear about the lines of responsibility and professional boundaries within the hospital.

Personal Qualities

The list is divided into seven competency areas and one section on qualities. All these aspects contribute to skilful support (the term "skilful means" used in Buddhism often has an ethical connotation) and reflexive learning of the Buddhist chaplain then affects the development and deepening of their practice.

Quality of being

The Buddhist chaplain is:

1. Friendly, open, approachable and warm
2. Available; offers quality time for the patient
3. Reliable
4. Resourceful
5. Committed
6. Practising mindfulness and presence
7. Aspiring to equanimity - especially in difficult circumstances
8. Insightful – including into own hopes, fears and anxieties
9. Sensitive
10. Empathic
11. Compassionate, understanding and caring
12. Respectful, offering clear boundaries
13. At ease with difficult feelings and conversational silences
14. Trustworthy - understands the need for confidentiality
15. Able to understand own limitations and behave appropriately

Competency area 1

Ability to establish initial relationships

The chaplain has the ability to:

1. Introduce themselves to the patient and gather appropriate information
2. Identify themselves to hospital staff and relatives
3. Create a rapport with patients, relatives and staff

Competency area 2 Interpersonal skills

1. Awareness of issues of difference, race, culture, disability, age, sexual orientation etc
2. Ability to convey bad news or to accompany those who have just received such news

A) Interpersonal skills - Patient

The chaplain has the ability to:

1. Understand and respect the autonomy of the patient
2. Encourage the patient's confidence
3. Be comfortable within silence with someone
4. Judge the appropriateness of physical contact with the patient
5. Help the patient to reflect on past, present and future.
6. Respond at different levels: practical, emotional, spiritual
7. Set boundaries and keep confidentiality

B) Interpersonal skills- Hospital staff

The chaplain has the ability to:

1. Develop relationships with ward staff
2. Negotiate (including making skilful complaints, when necessary)
3. Help arrive at unbiased solution (e.g. issues around understanding of disturbance of the body before, during and after clinical death)
4. Be warm friendly, approachable, and available

Competency area 3 Communication skills

The chaplain has the ability to:

1. Communicate clearly

2. Summarise feelings
3. Communicate in English – spoken and written where necessary and to organise translation where appropriate
4. Listen (to what is being said and to what isn't being said)
5. Ask questions
6. Facilitate ethical exploration without imposing views
7. Hear “confession” and respond to feelings of regret or remorse in order to facilitate spiritual growth
8. Balance sensitivity to patient’s values with clinical needs
9. Spiritually facilitate, counsel and/or listen to and hear
10. Understand the importance of validation of the other's experience, and what affects that
11. Clarify a problem and the understanding of it

Competency area 4

Communication about the Dharma/ Buddhist Practice and Knowledge:

The chaplain can demonstrate:

1. Good grounding in one Buddhist tradition, with evidence of regular practice and doctrinal knowledge
2. Knowledge and use of appropriate liturgy and ritual in healthcare settings
3. Knowledge of different Buddhist traditions sufficient to enable an appropriate initial response to Buddhists of other traditions
4. A network of contacts and ability to make referrals where appropriate
5. Ability to work in a multi-faith team
6. Awareness of issues of medical ethics and breadth of Buddhist positions on matters such as end of life, abortion, or organ donation and the ability to convey such positions without dogmatism
7. Ability to give information/advice/doctrinal guidance
8. Ability to lead and practise meditation or other practices when appropriate

Competency area 5

Skillful support around death and dying

The chaplain has the ability:

1. To work with issues of loss and bereavement
2. To offer appropriate response to questions of life, death and after-life
3. To offer simple ritual or ceremony at times of death or to accompany a Buddhist of another tradition in performing their chosen practice
4. To offer other rites of passage and, where appropriate, refuge ceremonies
5. To discuss death and suicide when appropriate

and has:

6. Knowledge of perspectives on death from a range of traditions
7. Awareness of a range of Buddhist practices relating to death
8. Awareness of specific needs relating to terminal illness, chronic illness, incapacity and life change

Competency area 6

Understanding of procedures within hospital and wider support networks

The chaplain has knowledge of:

1. NHS defined role of chaplain
2. legal responsibilities of chaplains
3. NHS organisational practices and settings
4. Organisational structures within hospital chaplaincy
5. Policy of obligation to disclose information discussed with patient
6. How to gain access to clinical notes if needed
7. Health and safety procedures including hygiene, restraint
8. Work in wider context with patients and their families (e.g. bereavement support, social services, financial agencies and any other networking)

and has the ability to:

9. Understand decision-making within a hospital
10. Act as an advocate for the patient within wider structures
11. Negotiate complex professional relations within NHS

and has an awareness of:

12. Mental health issues and the impact of mental illness on the chaplain's role
13. Specific needs relating to terminal illness (*e.g. care plans*), incapacity and life change
14. Practical procedures on wards e.g. avoidance of infection transmission, health and safety issues

Competency area 7

Working in a multi-faith team

The chaplain has the ability to:

1. Be an effective team member
2. Be open and friendly towards all patients, their relations and staff without regard to their personal faith
3. Actively promote the well-being of all patients

4. Build upon their working knowledge of key principles and practices of the major faiths
5. Know when and how to make referrals to chaplains of other faiths
6. Recognise what is common (e.g. religious feeling) and what is different between different faiths

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