



BUDDHIST HEALTHCARE CHAPLAINCY GROUP

Background to its aims and purposes

THE ROLE OF BUDDHIST HEALTHCARE CHAPLAINCY

For Buddhists helping others can be an important part of their practice and personal development. Opportunities exist for volunteers to work within hospital communities as the NHS seeks involvement from more representatives of all the major world faiths.

The aim of Buddhist Chaplaincy is to be of service to patients who are ill, dying or bereaved, to their relatives and to hospital staff. Different support can be offered to promote the well-being of patients, without interfering with their treatment.

There are many approaches to Buddhism, reflected by the diversity of groups within the UK. There is no one Buddhist view of illness and death; the richness of the tradition offers a variety of helpful perspectives. The most useful resource for a volunteer, when with another human being who is facing the reality of illness or death, is a willingness to offer openness and friendship.

This document is designed to explain the background and context from which Buddhist Healthcare Chaplaincy group (BHCG) arose and to outline its role in increasing the availability of Buddhist Chaplaincy to patients within the NHS. The relationship with the Multi Faith Group for Healthcare Chaplaincy (MFGHC) is a vital element in this process.

THE PURPOSE OF THE MULTI-FAITH GROUP FOR HEALTHCARE CHAPLAINCY

Founded in 2003, the Multi Faith Group for Healthcare Chaplaincy currently includes representatives from nine major world faiths. Its object is the advancement of multi-faith healthcare chaplaincy in England and Wales through facilitating a common understanding and support for healthcare chaplaincy amongst Faith Groups, chaplaincy bodies and users.

MFGHC seeks to provide advice to the Department of Health about multi-faith healthcare chaplaincy on behalf of all Faith Groups; to enable those Faith Groups engaged in healthcare chaplaincy to formulate, agree and promulgate policy on healthcare chaplaincy in consultation with other chaplaincy bodies; and to promote the highest quality of healthcare chaplaincy through the development of agreed standards across all Faith Groups and within healthcare organisations.

For MFGHC's work to progress, each major world faith has been invited to form its own Authorisation Body and to introduce an authorisation process for healthcare chaplains within its faith community.

AUTHORISATION PROCESS – DESIGNATING AUTHORISATION BODIES

Background

1. Authorisation is the process whereby faith communities indicate that priests/ ministers/ leaders are “in good standing” with the faith community. Such “good standing” enables them to represent the faith community in their work and implies that they understand and espouse the main tenets of the faith community’s teachings and behave in accordance with any code of conduct or similar agreement.
2. Authorisation arrangements relating to healthcare chaplaincy are in place for the Christian and Jewish faith communities. MFGHC agreed in 2004 that it would develop processes for authorisation for the other world faiths and progress has been reported regularly. This paper proposes an objective point for designating authorisation bodies.

Current state

3. As the MFGHC Council knows from the regular reports (most recently May 2006), steady progress is being made towards introducing authorisation processes for healthcare chaplains within all nine world faith communities which wish to follow this approach to supporting patients in healthcare settings. It is likely that during 2007 several communities will wish to finalise their arrangements so that NHS bodies can deal with them direct. Such arrangements would be strengthened by an endorsement from MFGHC.
4. For this endorsement to be possible, the Council will wish to satisfy itself that the Faith Community has developed a capacity to handle the workload associated with this activity:
 - Identifying what aspect of pastoral need is the faith community seeking to meet through its healthcare chaplaincy.
 - Making arrangements to maintain a *Selection system* which results in suitable candidates being sponsored for training.
 - Making arrangements for suitable candidates to be *trained in the work* of the faith community’s healthcare chaplains.
 - Making arrangements for candidates who complete suitable training to be subject to a *Report from the Principal* of the educational establishment to the sponsor confirming that attainment.
 - Making arrangements for candidates to be *authorized as healthcare chaplains* by the faith community.
 - Making arrangements for the authorized chaplain to *maintain safe practice* by following guidelines issued by the faith community as to the conduct of authorized persons
 - Making arrangements for the faith community to *oversee the conduct* of the authorised person where this appears to deviate from the guidelines proposed.
5. In the longer term, it is intended that the authorisation bodies would be members of the MFGHC on behalf of the faith community.

BUDDHIST HEALTHCARE CHAPLAINCY GROUP (BHCG)

Discussion has taken place within the Buddhist community for a good number of years on its wish to be involved with Hospital Chaplaincy. For some time the Buddhist Society in London fostered this project and first bid for funding.

From 2005 onwards, BHCG has initiated a concerted effort to meet NHS wishes for more trained chaplains from different faiths, taking this mantle over from the Buddhist Society. Since then it has been engaged in a consultative process within the Buddhist community that has included discussion with the following groups, schools or traditions:

Samatha Association, Friends of the Western Buddhist Order, Amida Trust, Rigpa UK Spiritual Care, Soto Zen, Shenpen (Dzogchen), Buddhist Society, Network of Buddhist Organisations, Amaravati, Buddhist Hospice Trust, Buddhavihara Temple [Lichfield] and New Kadampa Tradition (NKT).

In December 2006 a questionnaire sent out to 600 hospitals in England and Wales received 86 replies revealing no paid Buddhist Chaplains and an estimated 40 or more chaplains working as volunteers within chaplaincy teams (a good number of these were trained by NKT). Most hospitals answering the questionnaire said that they could contact a Buddhist to visit a patient if needs be, for example in an emergency.

The main focus of discussion within the Buddhist community has been on:

- describing competencies that we would want to be apparent in a Buddhist Chaplain
- developing mechanisms by which a 'trainee' Buddhist Chaplain would become accredited
- establishing a 'board' to authorise the accreditation of Buddhist Chaplains

Currently there are approaches within Buddhism that offer some suitable training, including: Rigpa UK spiritual care study groups (for healthcare professionals), Amida Trust chaplaincy training and NKT Hospital chaplaincy training programme. It is envisaged that a training programme suitable for Buddhists from any school will be developed.

BHCG, representing Buddhism, has expressed its interest to MFHCG for it to become the 'authorisation body' within Buddhism. Other faiths are making similar plans.

SUPPORT FOR THE BHCG PROJECT

We are trying to circulate working documents to as many groups and individuals who might be interested in becoming involved with Buddhist Healthcare Chaplaincy.

The next step If you individually or your Buddhist group / school is keen to work with this project, then please read carefully through the document '**Proposals for an accreditation process for Buddhist Healthcare Chaplains**'. This is meant to provide some starting points. We need to hear from you to arrange further contact whereby we can help establish the best way to proceed.

There are already some individuals working within hospital multi-faith chaplaincy teams. We also know of a number of hospitals keen to find individuals from within the Buddhist community to add to their teams.

BCHG is seeking both support for this project and agreement with its aims and principles from as wide a range of Buddhist groups as possible.

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