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

A Practical Guide

Network for Pastoral, Spiritual & Religious Care in Health

Second Edition: January 2022

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1 Acronyms and Terms

Acronym	Definition
BHA	Bishop's 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
EIA	Equality Impact Assessment
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
The Network	Shorthand for the Network for Pastoral, Spiritual and Religious Care in Health
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 Chaplaincy

2 Introduction

2.1 Introduction to the Second Edition

In 2019 NHS England commissioned the Network for Pastoral, Spiritual and Religious Care in Health (NPSRCH, referred to in this document as "the Network") to develop this document, and its content was created in collaboration with the communities represented at the Network (www.network-health.org.uk).

The development of the project was overseen by Simon O'Donoghue, the then Chair of the Network, and was co-authored by Rhian Jones, Project Officer.

This second edition is the result of an extensive review by the Network and has been updated in consultation with the religion and belief groups represented by the Network.

The terms 'chaplaincy' and 'chaplain' are used throughout this document in-line with the definitions provided by the NHS Chaplaincy Guidelines 2015[1]. They therefore refer to the provision and provider of Pastoral, Spiritual and Religious (PSR) care across all religion and belief groups.

The term 'endorsement' may be referred to as the 'licensing', 'authorisation', 'registration' or 'accreditation' by different religion and belief groups. In offering this guidance we do remind employers of their primary responsibility to ensure that they follow current employment law.

2.2 Background

The purpose of endorsement of staff and volunteers by religion and belief communities is to protect the public and patients who access a PSR care service (chaplaincy) in NHS institutions, other healthcare settings and in the community. 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 and other healthcare providers 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 volunteers 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.

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 contributes to a holistic approach to healing, with evidence linking patient experience to benefits in patient safety and clinical outcomes[2]. The values and beliefs of PSR staff and

[1] NHS Chaplaincy Guidelines 2015 (NHS England, 2015)

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

volunteers provide 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 helps ensure that the care is patient-centred. Obtaining endorsement for a chaplaincy candidate assures patients, staff, families and carers within the NHS, and other healthcare providers, that these individuals can provide support to a high standard and with integrity.

2.3 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 healthcare providers 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.

2.4 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 lives[3]. At the core of this vision is the commitment to ensure patient safety. Healthcare providers strive 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 healthcare staff. The endorsement of chaplains working within healthcare settings 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 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 2010[4]. The service delivery model of PSR care teams does 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 Impact Assessment (EIA) which looks to establish gaps in provision for those with specific characteristics, and to identify improvements to the service if compliance is not met.

[3] NHS Constitution for England (Department of Health & Social Care, 2015)
[4] Equality Act 2010 (HM Government, 2010)

Endorsement of chaplains for religion or belief-specific roles will 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 healthcare employer with assurance that the identified need in care provision will be met.

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

2.5 Who Requires Endorsement?

Healthcare chaplaincy departments are organised in accordance with the 'NHS Agenda for Change' framework[5] and 'Job Evaluation Handbook'[6]. Paid positions are categorised within NHS bands 5 to 8 and these roles are supported by a team of chaplaincy volunteers[7]. The below table illustrates this banding, as provided by the UK Board of Healthcare Chaplains (UKBHC)[8].

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 supervision of a chaplain Band 6 or above.
	Chaplaincy Support Worker: A person with training in pastoral care and spiritual and religious care whose delivery of spiritual and religious care is defined and supervised by a Chaplain Band 6 or above.
	Faith Community or Belief Group Representative: A person who is recognised or accredited by a faith community or belief group to provide pastoral and/or religious care to members of that faith community or belief group and whose name appears on a list of faith community or belief group representatives regularly updated by the chaplaincy department (Can be ordained or lay). (UKBHC Standard 3, 2009)
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*	A chaplain with additional responsibilities and experience including the management of a chaplaincy team.
Specialist Chaplain *Band 7*	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.

[5] Framework agreement on the reform of Agenda for Change (The NHS Staff Council, 2018)
[6] NHS Job Evaluation Handbook (The NHS Staff Council, 2018)
[7] Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains Band 5, 6, 7 & 8 (UKBHC, 2015)
[8] Healthcare Chaplaincy Bands and Duties Framework (UKBHC, 2015)

Roles within the 'Chaplaincy Support' band are usually fulfilled by Chaplaincy volunteers. 'Chaplain' roles in Bands 5 and above may be voluntary but are usually paid. Those chaplains that volunteer at Chaplain Band 5 or above are usually referred to as 'Volunteer Chaplains' or 'Honorary Chaplains' and are distinct from Chaplaincy volunteers.

Endorsement from a religion or belief community is required for any role that requires the fulfilment of religion or belief-specific duties. This is to ensure patient safety as well as the integrity and suitability of the candidate. It is good practice for volunteers to have a Role Description.

Paid and voluntary posts differ in the contractual and 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.

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

While PSR staff and volunteers traditionally came from Christian traditions, one of the fundamental principles of PSR care teams is to offer support to all, regardless of their religion or belief. The creation of open 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 chaplains will also deliver 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 as the result of an open recruitment, but will be able to provide Catholic liturgical services to patients.

3 Guide to Endorsement

3.1 Recruitment

3.1.1 Best Practice Guidance for Healthcare Employers

Chaplaincy job descriptions sometimes 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 2010[9].

The restrictions relate to duties that must be carried out in order to achieve the objectives of the role and meet its requirements and duties[10]. These will depend on the particular role required and circumstances that require it. Examples of such requirements may include:

- To conduct Islamic Friday prayers

[9] Equality Act 2010 (HM Government, 2010)
[10] Religion or belief discrimination: key points for the workplace (Acas, 2018)

- To administer holy communion
- To conduct humanist funerals
- To run Buddhist meditation sessions

The Equality Delivery System (EDS), launched in 2011, was evaluated and updated to EDS2 in 2013[11]. It exists to ensure that the requirements of the Equality Act 2010 are met, and to assist healthcare employers in the provision of working environments free of discrimination for local communities and staff. The system requires healthcare employers 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 healthcare employers to complete EDS2 or EIA 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.

Determining if an applicant meets the requirements may not be a 'straightforward test of competence of immediate comprehension to the NHS as an employer'[12]. The employer is advised to consult a religion or belief endorsing body to ascertain whether 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
- 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 healthcare employers to improve current chaplaincy recruitment processes by clarifying the procedures of these endorsing bodies.

3.2 Best Practice for Religion and Belief Communities

Once healthcare employers have identified the recruitment needs within their chaplaincy department, and offered the post subject to satisfactory pre-employment checks (which should include endorsement by their religion or belief endorsing body) they will seek endorsement of candidates for the particular role required. Upon receiving a request for the endorsement of a chaplaincy candidate, the religion or belief group to which the candidate belongs must be sent a copy of the Job Description and Person Specification, so that they can have a good understanding of

[11] Evaluation of the Equality Delivery System (EDS) for the NHS (Phase One: Final Report) (Shared Intelligence, 2012)
[12] Pemberton Appeals Tribunal (Employment Appeal Tribunal, 2016): Paragraph 106

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 employer 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 may 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 healthcare employer 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 later in this document.

The religion and belief groups represented in the Network have signed up to the 'Five Principles of Chaplaincy' that govern the conduct of chaplains within the healthcare sector[13]. These principles and the UKBHC Code of Conduct for Chaplaincy provide assurance that candidates endorsed from these groups work cooperatively and respectfully together, with a commitment to professional development.

3.3 Good Standing

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 fields[14].

More recently, the term 'good standing' has been adopted to apply to PSR care providers from any religion or belief group. The mainstream religion or belief communities represented by the Network have each developed their own criteria for being in 'good standing' and have devised processes to assure the quality of individuals coming forward to serve as a chaplain or chaplaincy volunteer. 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.

3.4 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 healthcare employer undertakes prior to an individual's appointment.

[13] Starting out in Healthcare Chaplaincy Handbook 2018/2019 (Healthcare Chaplaincy Forum for Pastoral, Spiritual and Religious Care, 2018)
[14] Companies House: About our services (HM Government)

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)[15]:

> *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.*

3.5 Endorsement

3.5.1 Religion and Belief-specific Considerations

Each religion or belief community that provides PSR care within the NHS and other healthcare facilities is able to endorse chaplains who 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 celebrate Sacraments that lay Catholic chaplains may not. The NHS and other healthcare employers need to be aware of this when developing a PSR role description, and these considerations are set out by each religion and belief group later in this document.

3.5.2 Process for Responding to Requests for Endorsement

After recruitment needs have been reviewed and a Genuine Occupational Requirement identified, healthcare employers then interview the candidate and make a conditional offer. It is at this point that the employer requests endorsement from the religion or belief group to which the candidate is affiliated. If no GOR is identified, it is recommended that the healthcare employer still seeks endorsement from the religion or belief community of the desired candidate, for the reasons outlined in above.

The way in which this request for endorsement is processed by the religion or belief group is outlined for each of the groups later in this document. It is necessary for healthcare employers 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.

3.5.3 Quality Assurance

Quality assurance procedures are a vital part of high-quality 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 healthcare provider.

[15] Pemberton Appeals Tribunal (Employment Appeal Tribunal,2016): Paragraphs 106 and 107

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.

3.5.4 Current Administrative Arrangements

Administrative arrangements are formal procedures that the endorsing bodies of the religion and belief groups represented by the Network provide in addition to the safeguarding arrangements of healthcare providers. Endorsing bodies are encouraged to have administrative arrangements that are consistent with good practice and these are set out in each group's section.

All chaplains should abide by the UKBHC Code of Conduct regardless of which religion or belief group they are from.

The arrangements that are considered a requisite for good practice include by each religion or belief community should include:

3.5.4.1 *A Code of Conduct*

The Code of Conduct should ensure chaplaincy candidates are aware of the healthcare chaplaincy organisation's conduct requirements

It is a controlled document that has been created by a proper committee and can be shared with healthcare providers upon request

3.5.4.2 *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 or staff experience

Complaints are responded to through fact finding and consultation with relevant individuals

These procedures allow 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

3.5.4.3 *Disciplinary procedures in place*

Disciplinary procedures provide a method for dealing with performance or conduct issues relating to a chaplain or chaplaincy volunteer

These procedures may be subsequent to a complaint that, following review, assesses a chaplain or chaplaincy volunteer's actions to be a cause of the complaint and result in disciplinary procedures being taken against the chaplain or volunteer, including the removal of endorsement and possible subsequent dismissal

3.5.4.4 *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 for chaplaincy candidates who have not been endorsed by their religion or belief communities

This procedure can also be applied where a complaint has been made by a healthcare service user

3.5.4.5 *A Database of approved 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

3.5.4.6 *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 later in this document.

3.5.5 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. As guidelines around chaplaincy services are not mandatory, there is no requisite level of training. However, NHS England Chaplaincy Guidelines 2015[16] 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 and other healthcare providers understand what happens in terms of the monitoring of PSR care providers by their own religion or belief community following endorsement.

3.5.6 Non-endorsement

There are two main reasons why a candidate may not be endorsed:

- They are not from a mainstream religion or belief community
- They have been assessed as not being in 'good standing' by their community

3.5.6.1 *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 Network group, and not included in this document (e.g. Zoroastrian, Rastafarian) should not necessarily be prevented from being recruited to PSR care roles. NHS Trusts and other healthcare providers, as well as 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. Some Christian chaplains and volunteers may be authorised through Churches in Community (CiC).

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 for patient safety and ensure the integrity of PSR staff and volunteers. This document only assists with the safe recruitment of chaplains from certain religion and belief groups in England. The recruitment of a candidate from a religion or belief

[16] NHS Chaplaincy Guidelines 2015 (NHS England, 2015)

community without established endorsement criteria and procedures therefore may confer 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 who does not belong to any recognised religion or belief group may still seek employment in a PSR care role. A candidate may consider themselves to be spiritual or philosophical in a way that is not represented by any group in the Network. To endorse such a candidate, the person must be able to articulate their own personal beliefs in a clear and meaningful way to the satisfaction of the interview panel.

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

3.5.6.2 *Not assessed as having 'good standing' in their community*

Candidates who have either not received 'good standing' accreditation from their community, or are found to have had their accreditation revoked, should be identified as such by the healthcare chaplaincy organisation of their religion or belief community. In such cases, the candidate would not be able to receive endorsement following a request from the NHS Trust or other healthcare employer.

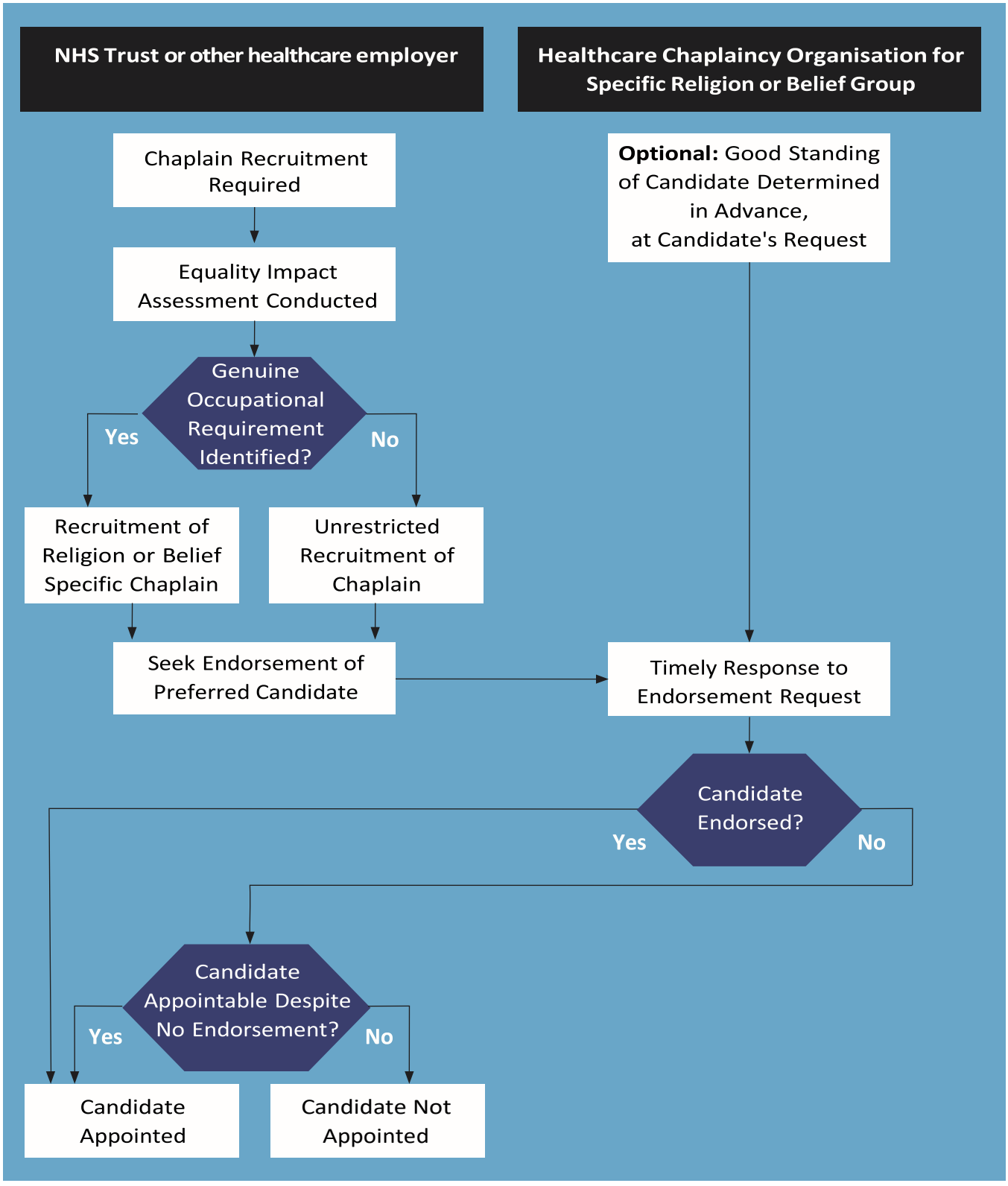
Where endorsement is refused by a religion or belief community, a candidate may wish to appeal. A formalised appeals procedure should be offered by each of the religion or belief-specific healthcare chaplaincy organisations. These are not currently in place for all religion or belief groups.

The recruiting healthcare provider 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 being in 'good standing' in their community. Common sense procedures can be applied in such cases. However, the employer 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 chaplain or chaplaincy volunteer who has not been endorsed, or who is not in 'good standing' with their community, means that the person may not be able to act with the high standards expected of healthcare chaplains and volunteers. For example, without endorsement from the Anglican church, a candidate cannot claim that they are providing certain rites and rituals to the standards expected.

3.6 Suggested Endorsement Process for NHS Trusts and Healthcare Organisations

The process to be followed for the recruitment and endorsement of chaplains is in Figure 1.

Figure 1: Diagram of the process for the recruitment and endorsement of healthcare chaplains and chaplaincy volunteers



4 Procedures for Endorsement

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

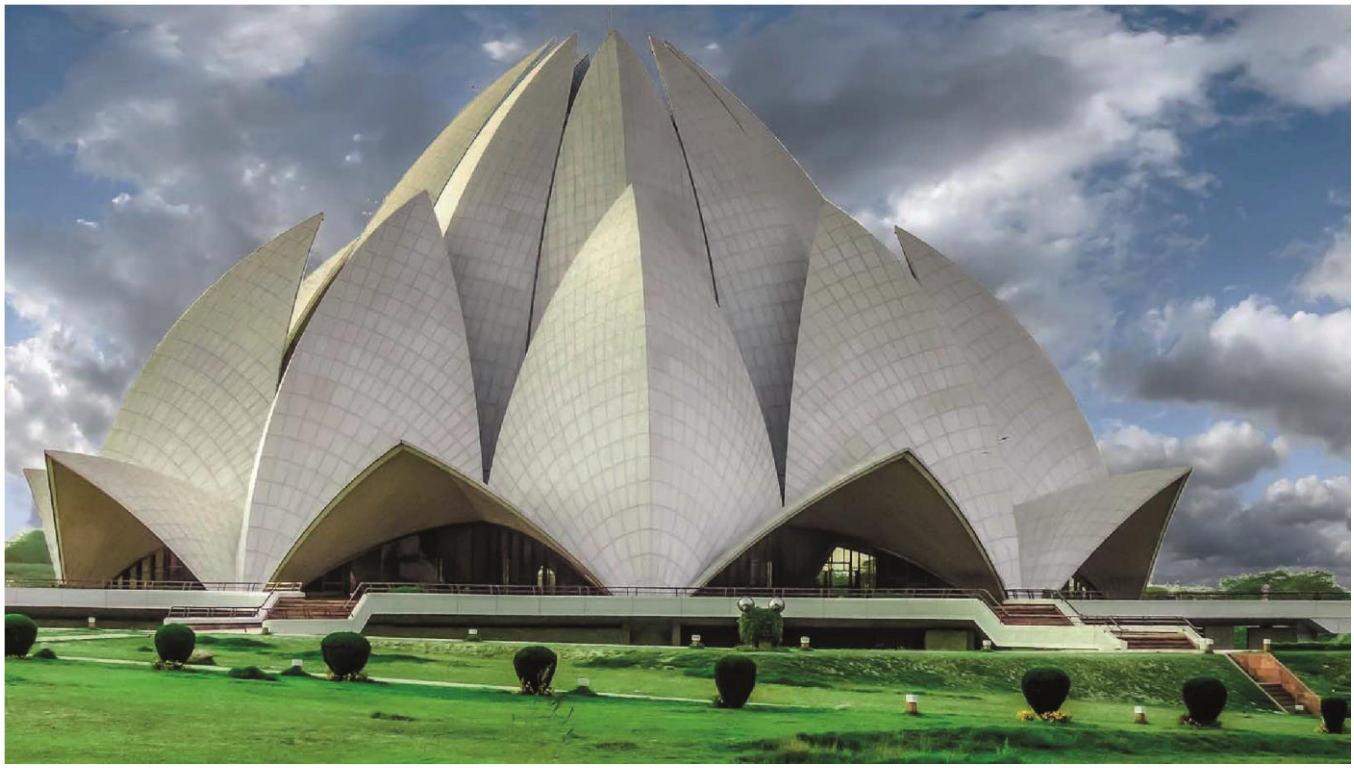
4.1 Healthcare Chaplaincy Organisations

The religion or belief groups represented on the Network each have the ability 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 January 2022 and is subject to change.

Religion or Belief Group	Healthcare Chaplaincy Organisation	Contact Details
Bahá'í	Bahá'í Chaplaincy Team under the National Spiritual Assembly of the Bahá'ís of the UK	**Elizabeth Jenkerson** *elizabeth.jenkerson@btopenworld.com*
Buddhist	Buddhist Healthcare Chaplaincy Trust (BHCT)	**Dr Narapa Stephen Johnson** *secretary@buddhisthealthcare.org.uk*
Christian: Church of England		**Rev Dr Brendan McCarthy** 07825 854947 *brendan.mccarthy@churchofengland.org*
Christian: Free Churches Group	Healthcare Chaplaincy for Free Churches Group	**Revd Dr Mark Newitt** 020 3651 8337 *mark.newitt@freechurches.org.uk*
Christian: Roman Catholic Church	Catholic Bishop's Health & Social Care Advisory Group (CBCEW)	**Deacon David Knight** *david@sthughslincoln.org.uk*
Hindu	Hindu Healthcare Chaplaincy (HHC) under the National Council of Hindu Temples UK (NCHTUK)	**Jai Dutt Sharma** *generalsecretary@thenchtuk.org* **Jiwan Kenth** *generalsecvhk@gmail.com* **Madhu Shastri** 07763 178628 *mshastri@btinternet.com*

Religion or Belief Group	Healthcare Chaplaincy Organisation	Contact Details
Jain	JAIN Spiritual Care Group of Vanik Council UK	**Manhar Mehta** 07775 523233 *manhar.mehta@vanikcouncil.uk* **Shashi Shah** 07903 738990 *shashi.shah@vanikcouncil.uk*
Jewish	Jewish Visiting	**Michelle Minsky** *info@jvisit.org.uk*
Muslim	Muslim Spiritual Care Provider (MSCP)	**Imam Faruq Siddiqi** 07512508997 *faruq.siddiqi@nhs.net*
Non-Religious	Non-Religious Pastoral Support Network (NRPSN)	**Clare Elcombe Webber** 020 7324 3069 *info@nrpsn.org.uk*
Pagan	Pagan Federation Hospital Chaplaincy Team	*hospitals@paganfederation.co.uk*
Sikh	UK Sikh Healthcare Chaplaincy Group (SHCG)	07960 648623 *sikhchaplaincy@gmail.com*



5 Bahá'í

5.1 Good Standing

5.1.1 Definition and Criteria

The term "good standing" has a specific meaning in the Baha'i Faith, akin to "properly registered".

However, we would expect chaplains to:

- have a good knowledge of and obedience to the Bahá'í teachings and way of life
- have a high degree of personal maturity
- have good communication skills
- maintain their personal spiritual life and their involvement in the life of the Bahá'í community
- have experience of working with teams/groups
- have enough resilience to cope with the challenges of this area of service
- demonstrate an understanding and acceptance of the Five Principles of Chaplaincy

Also desirable is:

- a good standard of general education
- the ability to organise one's own time effectively

5.1.2 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:

5.1.2.1 *Application*

The application looks for commitment for following through to a chaplaincy position.

5.1.2.2 *Interview*

The interview serves to establish any missing information from the application. It gives everyone on the 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 this at the interview stage; and this knowledge is often used instead of character references.

When they do their training we would observe the potential chaplains in role plays, discussions, etc. We feel very strongly that this is not an opportunity to teach the Bahá'í Faith. We believe that chaplains are there to be with the patients, as well as their families, staff, outpatients and fellow chaplains. The focus would be on their needs.

All of this would normally happen before any training started and we would carefully monitor their progress

5.1.2.3 *Character References*

Character references might be collected from referees, who can provide more information on the candidate, however, this activity is seen as much less valid than the interview process.

5.1.2.4 *Bahá'í Community References*

Bahá'í community references are only carried out if required. We would expect all chaplains to have DBS by the time they start their service in a hospital.

5.2 Endorsement

5.2.1 Belief-Specific Considerations

None are identified.

5.2.2 Process for Responding to Endorsement Requests

The suitability of the candidate, based on the recruitment requirements provided by the NHS trust, is discussed at an Endorsing Group Meeting.

5.3 Quality Assurance

5.3.1 Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ✓ Formal complaints procedure

We are a small group – there is no formal procedure for most of these situations, there is just 'follow through' as needed.

We would consider any situation individually on a case-by-case basis. The National Spiritual Assembly would make the final decision based on our input and any other relevant information.

5.3.2 Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

- ✓ Mandatory training for evaluation of needs, etc.
  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 practice within a Bahá'í context, with an emphasis on the avoidance of proselytization.
- ✓ Engagement with a mentor.
  The performance of Bahá'í chaplains is evaluated by ongoing observation and regular meetings.
- ✓ CPD commitment.

6 Buddhist

6.1 Good Standing

6.1.1 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.

6.1.2 Assessment

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

6.1.2.1 *Submission of an application, including a written or oral piece mindfully reflecting upon the endorsement guidelines provided in the Buddhist Chaplaincy Guidelines brochure*[17]

The application looks at the candidate's experience, motivation, Buddhist practice, experience of other Buddhist traditions, and their testimony to adopt the Five Principles of Chaplaincy 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.

6.1.2.2 *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.

6.1.2.3 *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.

6.2 Endorsement

6.2.1 Buddhist-specific Considerations

All Buddhist candidates take refuge in the Triple Gem of the Buddha, his teaching (dharma or dhamma) and the 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.

6.2.2 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:

6.2.2.1 *They remain in 'good standing' within their community following 'initial endorsement'*

6.2.2.2 *They have maintained a portfolio since their 'initial endorsement' when 'good standing' is assessed, which includes:*

- 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

[17] Why Endorsement Matters: The Buddhist Chaplaincy Guidelines brochure (BHCT, 2015)

6.2.2.3 *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*

6.2.2.4 *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*

6.2.2.5 *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.

6.3 Quality Assurance

6.3.1 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

6.3.2 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

7 Christian

The Network has representation from three Christian denominations/organisations:

- Church of England
- Free Churches Group
- Roman Catholic Church

NB: candidates from a Christian background may be from denominations that are not covered by this document. The Chair of the Network will be able to offer advice in this instance.

7.1 Good Standing

7.1.1 Definition and Criteria

In addition to the specific requirements outlined below, to be in 'good standing' candidates for both paid and volunteer chaplaincy positions from the Christian denominations/organisations covered by this guidance are required to:

- Be 'in communion' with the particular church/denomination (i.e. a practising Christian within and able to subscribe to the teachings and doctrines of the relevant denomination/organisation)
- Have demonstrable pastoral skills
- Have a deep, authentic, personal faith
- Have strong interpersonal skills
- Have personal integrity and be of 'good character'

7.1.1.1 *Church of England*

The Church of England is part of the Anglican Communion. Member churches included in the Anglican Communion can be found on their website: https://anglicancommunion.org/structures/member-churches.aspx.

Within the Anglican community, 'good standing' can be assigned to ordained or lay members and ordination is not a requirement for endorsement as an Anglican chaplain. No matter which church in the Anglican communion a candidate comes from, local Diocesan authorisation, commissioning, and/or licensing are ecclesiastical requirements and in the case of those who are ordained, a legal requirement.

For an ordained person the endorsement of the Diocesan Bishop or their representative must be sought. Each Diocese has a Bishop's Advisor for Healthcare Chaplaincy who can help you, details of whom can be obtained through Diocesan Offices.

7.1.1.2 *Free Churches Group*

The Free Churches Group represents more than twenty-five Christian denominations and organisations across England and Wales. A full list is available on the Free Churches Group website: https://www.freechurches.org.uk/directory.

Each church denomination and/or organisation operates their own 'good standing' and assessment processes for ministry. These vary with what is understood by 'ordination' and 'apostolic tradition'. When joining the Free Churches Group, denominations and/or organisations are required to provide evidence of their accreditation and accountability process for recognised persons. The Secretary for Healthcare Chaplaincy at the Free Churches Group can be contacted for advice.

7.1.1.3 *Roman Catholic Church*

The Roman Catholic Church is a worldwide church headed by The Bishop of Rome, The Pope. 'Good standing' can be assigned to ordained or lay members. For a priest or deacon to be in 'good standing' they must be 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) to be in 'good standing' they must be in communion with Catholic Church, attend mass regularly, be involved in their parish and mandated by their parish priest.

7.1.2 Assessment

The following processes for assessing candidates applies to both paid and voluntary positions.

7.1.2.1 *Church of England*

- Application for the Chaplaincy post
- Interview at the NHS Trust/healthcare employer
- Character references plus other employment references required by the employer
- Anglican references which will be from the Bishop (or their representative) for paid chaplaincy posts or from the Incumbent of the parish (or Church Warden in a vacancy) for Chaplaincy Volunteer posts.

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.

7.1.2.2 *Free Churches Group*

- Application for the Chaplaincy post
- Interview at the NHS Trust/healthcare employer
- Character references plus other employment references required by the employer
- Denomination/Organisation references

As noted above, each member organisation of the Free Churches Group has its own process for the accreditation of those holding representative positions, both lay and ordained. This denominational accountability is the basis for the endorsement of candidates for chaplaincy posts. The Secretary for Healthcare Chaplaincy at the Free Churches Group will be able to advise whom you need to contact.

7.1.2.3 *Roman Catholic Church*

- For a Priest or Deacon, agreement is sought from the Local Ordinary (i.e. the Bishop of the diocese in which the hospital is located)
- For a lay person agreement must be sought from their local parish priest
- Application for the Chaplaincy post
- Interview at the NHS Trust/healthcare employer
- Character references plus other employment references required by the employer
- Written endorsement by the Bishop or local priest (see 7.1.1.3 above)

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. The application and interview look for the most suitable person for Catholic healthcare chaplaincy.

For chaplaincy volunteers, sponsorship by parish priest is required. The parish priest is able to determine the 'good standing' of a chaplaincy candidate who is a 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.

7.2 Endorsement

7.2.1 The process varies according to the denomination of the candidate as follows:

7.2.1.1 *Church of England-specific considerations*

Priests, Deacons and lay members can be endorsed for chaplaincy roles, but they cannot perform all the same functions. For example, an Anglican priest can perform certain Sacraments that a lay person cannot, for example:

- preside at Holy Communion as opposed to distribute Holy Communion which has been consecrated by a priest
- conduct Marriages

Priests and Deacons require the Diocesan Bishop's License to be a Healthcare Chaplain. Lay chaplains require the Diocesan Bishop's authorisation. Chaplaincy Volunteers can be endorsed by a reference from the Anglican church that they attend and must meet the NHS Trust requirements for volunteering.

7.2.1.2 *Free Churches Group-specific considerations*

The ability and scope for the chaplain to act in any religious capacity required by a person specification is determined by each denomination. 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 should be reviewed during appointment and endorsement.

Volunteers can be endorsed by a reference from the local church that they attend and must meet the NHS Trust requirements for volunteering.

7.2.1.3 *Roman Catholic Church-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, only a Catholic priest can be endorsed to administer the Sacrament of the Sick or the Sacrament of Reconciliation.

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 (either paid or with an honorary contract)
- as part of a service level agreement (SLA) between the Trust and local church or community
- 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. If one of the requirements of the chaplaincy position is to administer certain sacraments that cannot be performed by anyone other than a priest, then the deacon or lay member cannot be endorsed to do the role. They may, however, undertake a coordinating function to manage an on-call rota of available priests and themselves undertake other pastoral and spiritual support for Catholic patients.

There is no standardised training programme for Catholic Chaplains.

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. Volunteers must meet the NHS Trust requirements for volunteering.

7.2.2 Process for Responding to Endorsement Requests

7.2.2.1 *For Church of England Chaplains*

Once a conditional offer of employment has been made by a Trust/healthcare employer, the appointing manager needs confirmation from the Bishop(s) of the Diocese(s) in which the employer is situated that the candidate is able to be licensed (ordained candidates) or endorsed (lay candidates). The candidate will also need to undergo Diocesan Safeguarding Training and have a current DBS Enhanced Disclosure.

7.2.2.2 *For Free Churches Group Chaplains*

For candidates who are ordained or accredited, there is a Ministers list for each denomination. Those on the list are deemed to be in 'good standing'. Recognition of lay candidates could involve national or local systems. If their position is one of 'authorised to' (e.g. as a Local Preacher in the Methodist Church) they may be on a central list. 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.

Employers may approach a denomination or organisation directly, or may approach the Secretary for Healthcare Chaplaincy at the Free Churches Group who will be able to check with the relevant denomination/organisation that a candidate is in good standing and is authorised to perform any specific religious duties a post requires. Given the varied approach to ordination and accreditation of ministers across the Free Churches, employers may benefit from the support of the Free Churches Group Secretary for Healthcare Chaplaincy. For candidates from Free Churches not in membership of the Free Churches Group employers need to approach the denomination directly, but the Free Churches Group may be able to advise whom to contact.

7.2.2.3 *For Roman Catholic Church Chaplains*

Employment of a Catholic chaplain is borne out of an arrangement with the Trust/healthcare employer and the local diocesan Bishop. Each Diocese has a Bishop's Healthcare Advisor (BHA) who advises the bishop about all NHS Trust and healthcare chaplaincy appointments and will be the main point of contact for the Bishop. 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.

7.3 Quality Assurance

7.3.1 For Christian Chaplaincy Volunteers

All Christian chaplaincy volunteers should go through the Trust/healthcare employer's Voluntary Services application process and be interviewed by a Chaplain. They should have as one of their referees the Minister/Priest/Vicar (or in their absence a suitably authorised person) of the Church that they regularly attend. The referee should be asked to confirm that the individual can perform the specific duties related to the post. The prospective volunteer should participate in any Trust induction programme and mandatory training required of Volunteers.

7.3.2 Current Administrative Arrangements

The following arrangements and procedures are currently in place:

7.3.2.1 *Church of England*

- ✓ Code of Conduct
- ✓ Formal complaints procedure
- ✓ Disciplinary procedures
- ✓ Appeals procedure on 'good standing' and 'endorsement'
- ✓ A process for confirming that candidates are recognised as suitable for Healthcare Chaplaincy including checking that they are appropriately authorised in relation to a job description

7.3.2.2 *Free Churches Group*

- ✓ Code of Conduct

- ✓ Formal complaints procedure
- ✓ Disciplinary procedures
- ✓ Appeals procedure on 'good standing' and 'endorsement'
- ✓ A process for confirming that candidates are recognised as suitable for Healthcare Chaplaincy including checking that they are appropriately authorised in relation to a job description

7.3.2.3 *Roman Catholic Church*

- ✓ Formal complaints procedure
- ✓ Disciplinary procedures
- ✓ A process for confirming that candidates are recognised as suitable for Healthcare Chaplaincy including checking that they are appropriately authorised in relation to a job description

7.3.3 Additional Quality Assurance Procedures

All ordained, licenced or authorised ministers from the Christian denominations/organisations covered by this guidance go through a rigorous selection and training process. There are many transferable skills between church ministry and healthcare chaplaincy, such as; providing pastoral care, leadings liturgy and rituals, listening skills, strategic planning and teaching. Though not mandatory, specific chaplaincy training is highly recommended for all Christian chaplains and chaplaincy volunteers with some denominations offer training routes into ministry that have a chaplaincy focus.

In addition to the specific procedures outlined for each denomination/organisation, the following procedures are in place:

- ✓ Christian chaplains and chaplaincy volunteers must abide by the requirements of their church, their healthcare employer and the UKBHC Code of Conduct [https://www.ukbhc.org.uk/wp-content/uploads/2019/12/Encl-4-ukbhc_code_of_conduct_2010_revised_2014_0.pdf] and all the relevant NHS/NICE standards.
- ✓ Chaplains will provide care in accordance with the UKBHC Capabilities and Competences Framework for Healthcare Chaplains [https://www.ukbhc.org.uk/wp-content/uploads/2019/12/Encl-2b-ukbhc_spiritual_and_religious_capabilities_and_competences_bands_5_-_8_2015.pdf]
- ✓ Chaplaincy Volunteers will provide care in accordance with the UKBHC Capabilities and Competences Framework for Chaplaincy Support [https://www.ukbhc.org.uk/wp-content/uploads/2019/12/ukbhc_spiritual_and_religious_capabilities_and_competences_for_chaplaincy_support_2015.pdf] and in a manner that is authentic to the practices and beliefs of their denomination.

7.3.3.1 *Church of England*

- ✓ Chaplains who are Anglican Clergy should abide by the Guidelines for the Professional Conduct of Clergy https://www.churchofengland.org/sites/default/files/2017-10/Clergy%20Guidelines%202015.pdf
- ✓ They also participate in Continuing Ministerial Education and Ministerial Development Review
- ✓ Chaplains will undertake Professional and Personal Development and be able to produce evidence of this on request
- ✓ Chaplains are required to receive regular supervision. Chaplaincy Volunteers should primarily be supervised by their line manager in the healthcare setting

7.3.3.2 *Free Churches Group*

- ✓ Continuing Professional Development is a denominational requirement. Chaplains who are registered with UKBHC have specific CPD guidelines. For those who are not, there is an

expectation that they will engage in Continuing Ministerial Development as per denomination standards and that this will link to their chaplaincy work

- ✓ The Free Churches Group maintains a directory of chaplains working in health and social care settings. Chaplains listed in the directory are required to provide evidence of continued 'good standing' with their denomination every three years and appropriate pastoral/clinical supervision is strongly encouraged
- ✓ The Free Churches Group employs a Secretary for Healthcare Chaplaincy whose work involves equipping and engaging Free Church health and social care chaplains. As part of this work the Secretary curates a monthly information digest and provides monthly CPD opportunities including reflective practice and a journal club. These contribute to promoting high quality safe professional practice, facilitating sharing good practice and encouraging research literacy

7.3.3.3 *Catholic*

- ✓ Catholic chaplaincy training courses are currently provided at:

- St Mary's University, in partnership with Catholic Bishops' Conference. This course offers chaplaincy training which links theory with practice, identifies and works through challenges, as well as enabling deep reflection - this is evaluated via participants' and tutors' feedback
- The Maryvale Institute

- ✓ Ordained chaplains are required to have a Spiritual Director while lay chaplains will seek support through their local priest or the hospital Catholic chaplain
- ✓ Ordained and lay chaplains have a commitment to Continuing Professional Development with healthcare conferences, events, and retreats offered locally and nationally. Annual training days are usually organised by the Bishop's Healthcare Advisor within each Diocese

8 Hindu

8.1 Good Standing

8.1.1 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.

8.1.2 Assessment

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

8.1.2.1 *Interview*

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

8.1.2.2 *Attendance on a National Council of Hindu Temples UK NHS chaplaincy course or seminar*

8.1.2.3 *Character references*

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

8.1.2.4 *Hindu community references*

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

8.2 Endorsement

8.2.1 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 seek to 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.

8.2.2 Process for Responding to Endorsement Requests

The request is received by Hindu Healthcare Chaplaincy (HHC) and discussed between the HHC and the National Council of Hindu Temples UK (NCHTUK). The president of the NCHTUK processes the endorsement for all potential PSR staff and volunteers.

8.3 Quality Assurance

8.3.1 Current Administrative Arrangements

No arrangements or procedures are currently in place.

8.3.2 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

9 Jain

9.1 Good Standing

9.1.1 Definition and Criteria

Someone in 'good standing' must:

- have the knowledge of Jain principles and the Jain way of life
- follow the teachings of Lord Mahavira and practicing spiritual living
- be known in the local Jain 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
- have the knowledge of scriptures and rituals. This is preferable but not essential as the candidate will be given appropriate training

9.1.2 Assessment

Good standing of the members of the Jain community who may hold paid or voluntary positions within chaplaincy departments is assessed as follows:

9.1.2.1 *Application*

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

9.1.2.2 *Interview*

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

9.1.2.3 *Character References*

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

9.1.2.4 *Jain Community References*

The Jain community reference evidences a person's engagement in the community and their good standing.

9.2 Endorsement

9.2.1 Jain-specific Considerations

- In the Jain religion there are no priests. All Jains have a common belief and understanding of principles of Jainism and can become pastoral and spiritual health carers.
- Only a Jain person in the capacity of Spiritual Carer can provide adequate support to a Jain patient whether in good mental state, seriously ill or at last phase of life
- Women can become Spiritual Carers and can conduct services

9.2.2 Process for Responding to Endorsement Requests

All endorsement requests are to be made to Vanik Council UK via its Spiritual Care Group.

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 be selected by Vanik Council UK and will have three members from the Jain community who are knowledgeable of Jain principles, rituals, and scriptures of Jainism and of NHS Chaplaincy Guidelines. They will review the suitability of the candidate from their application, references, and interview.

9.3 Quality Assurance

9.3.1 Current Administrative Arrangements

No arrangements or procedures are currently in place.

9.3.2 Additional Quality Assurance Procedures

The following procedures are in place for added quality assurance:

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

10 Jewish

10.1 Good Standing

10.1.1 Definition and Objective Criteria

'Good standing' is not a concept specifically recognised by the Jewish community Where a Rabbi is appointed as a chaplain it is assumed they are in 'good standing'. However, the following are the criteria which we use when considering if someone is suitable for endorsement:

- Confirmed Jewish status
- Comprehensive knowledge of Judaism
- Demonstrable pastoral skills
- Commitment to Judaism
- Strong interpersonal skills
- Personal integrity and of good character

10.1.2 Assessment

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

10.1.2.1 *Application*

The application looks for educational, professional and faith qualifications, relevant experience and DBS information. Character references are collected at this point, but would only be followed up after a successful interview.

10.1.2.2 *Interview*

The subsequent interview is always done with at least two interviewers and looks for motivation, experience, relevant skills, understanding of the role, experience with elderly people, knowledge of Jewish Visiting, willingness to visit both sexes, and willingness and ability to support patients with different religious standards/values to their own. Lay candidates will be required to demonstrate the requisite understanding of Judaism.

10.1.2.3 *Character References*

10.1.2.4 *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.

10.2 Endorsement

10.2.1 Jewish-specific Considerations

To be endorsed as suitable as a 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.

10.2.2 Process for Responding to Endorsement Requests

When a Jewish chaplain is required, hospitals often contact Jewish Visiting to see if we know of anyone suitable whom they could contact. If we receive a request for endorsement, the usual process of asking the person to complete an application form, followed by an interview would be carried out.

10.3 Quality Assurance

10.3.1 Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ✓ Code of Conduct

10.3.2 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 their endorsement. This information is now kept. The list is amended when people end their role as chaplains.

The following procedures are in place for added quality assurance:

- ✓ Informal mentoring
- ✓ Training programme on hospital visiting provided
- ✓ Annual conference for chaplains
- ✓ CPD
- ✓ Jewish Visiting Handbook

The Senior Hospital Chaplain maintains close links with many lead chaplains. This provides ample opportunities to address any issues that have arisen. This is in addition to both informal contact and meetings with Jewish chaplains.

11 Muslim

11.1 Good Standing

11.1.1 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 they are 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.

11.1.2 Assessment

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

11.1.2.1 *Application*

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

11.1.2.2 *Informal interview*

A Muslim Spiritual Care Provider (MSCP) representative arranges a conversation with each candidate that aims to clarify any issues that may arise in the application and to discuss the endorsement procedure.

11.1.2.3 *Character References*

Character references are used to evidence integrity and professional conduct.

11.1.2.4 *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.

11.2 Endorsement

11.2.1 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.

11.2.2 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 candidate's 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 MCSP representative will review the Muslim specific requirements of the role and send a questionnaire to the candidate in line with those requirements. This is considered as the discussion of the endorsing group meeting.

The candidate must submit their questionnaire to the MCSP 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.

11.3 Quality Assurance

11.3.1 Current Administrative Arrangements

The following arrangements and procedures are currently in place:

- ✓ 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

11.3.2 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

12 Non-Religious

12.1 Good Standing

12.1.1 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.

12.1.2 Assessment

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

12.1.2.1 *Submission of a completed application form*

12.1.2.2 *Successfully completing a 30-45 minute telephone interview with the Head of Humanist Care or NRPSN Lead Trainer, 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

12.1.2.3 *Receipt of two acceptable professional references*

12.1.2.4 *Attendance and completion of the NRPSN induction training programme.*

The individual must have demonstrated the required competencies and capabilities through various assessment activities. Attendance on the NRPSN induction training programme is not required for individuals who are attending the Existential and Humanist Pastoral Care MA.

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 recognised by the NRPSN Board: Existential and Humanist Pastoral Care (PgCert, PgDip, MA).

12.1.2.5 *Signing of the Code of Conduct*

12.1.2.6 *Agreeing to engage with ongoing CPD opportunities and NRPSN activities*

12.2 Endorsement

12.2.1 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.

12.2.2 Process for Responding to Endorsement Requests

- NHS Trusts and healthcare employers 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 Head of Humanist Care may seek clarification or further information from the employer in order to inform the endorsement process.
- The Head 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 individual's belief system, the Head 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 Head of Humanist Care to confirm if the candidate can be endorsed for the post or whether there are certain aspects of the post for which they cannot be endorsed
- The Head of Humanist Care will respond to the employer's request as required

12.3 Quality Assurance

12.3.1 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

12.3.2 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.

13 Paganism

13.1 Good Standing

13.1.1 Definition and Criteria

Determination of 'good standing' and to be in receipt of endorsement from the Pagan Federation, applicants must:

- Consider themselves to be a committed and practising Pagan living in England or Wales
- Be a full member of the Pagan Federation
- Conduct themselves in line with the Pagan Federation Code of Conduct
- Positively and actively support the aims of the Pagan Federation
- Demonstrate an aptitude for chaplaincy work in healthcare
- Meet normal expectations for employment (attendance, punctuality etc)
- Be willing to engage in the training and supervision opportunities provided
- Indicate their engagement in their own development through reflective practice

Meeting these criteria provides assurance to healthcare providers of all kinds that the Pagan Federation has determined an individual to be both capable and suitable of working within a healthcare chaplaincy role.

We also welcome anyone who has additional training to meeting the above criteria. For example, training as a celebrant, soul midwifery, counselling/listening skills or a theological/religious/pagan tradition qualification. From 2022 onwards, there will also be the option of completing a training course to become an Ordained Pagan Chaplain.

13.1.2 Assessment

Candidates are assessed as being of 'good standing' by the Pagan Federation via:

13.1.2.1 *Membership*

The individual must be a member, of become a member, of the Pagan Federation to be considered for application of the post.

13.1.2.2 *Application form*

Our application form looks for commitment to the requirements and an individual's ability to commit to and complete the training requirements. It also seeks to confirm:

- A high degree of self-exploration and awareness within their particular tradition
- A high standard of communication skills
- Experience of working within a team
- The ability to organise their own time effectively
- A commitment to the ongoing training and supervision

13.1.2.3 *Interview*

The interview process serves to establish any further information needed and an exploration of an individual's ability to fit both within the Pagan Federation chaplaincy team as well as the relevant Healthcare Chaplaincy department. We also seek to ascertain how the individual may work alongside individuals from other beliefs and with patients.

13.1.2.4 *Community References*

The candidate is required to provide at least two references which will always be taken up and must be received to progress with their application.

13.1.2.5 *DBS Checks*

Each candidate must either provide or be willing to undertake an up-to-date DBS check to proceed with their application.

13.1.2.6 *Training and Assessment*

Mandatory training consists of two full days for physical or general medicine healthcare settings with an extra day for mental health settings. The training is presented in a wider Pagan context and is not specific to any one tradition as Paganism is a diverse and personal journey which differs from person to person. Training is also given in chaplains assisting those who aren't Pagan but do follow either other religions and belief systems or no religion. Monitoring and assessment is provided by the Hospital Ministry Manager.

Ongoing, team members are expected to attend a monthly meeting as regularly as they are able where informal training takes place and information is shared between the group about their own beliefs, traditions and practices to offer support and help each team member to educate each other and gain a wider understanding of other beliefs than their own.

Compulsory training is provided every 6-8 weeks and focuses on the needs of patients, family members, staff and other Chaplaincy department staff and volunteers.

13.1.2.7 *Other CPD Opportunities*

All Chaplaincy team members must commit to engaging with CPD opportunities either through their designated healthcare setting or via the Hospital Ministry Manager from other reputable organisations.

13.1.2.8 *Supervision*

When attending patients within healthcare settings, each chaplaincy team member must attend supervision every 6-8 weeks. When not attending patients, this is as and when needed but every team member can request more frequent supervision sessions if needed.

13.1.2.9 *Endorsement Renewal*

Endorsements are reviewed on an annual basis upon renewal of a team members membership of the Pagan Federation and will depend on their attendance at training and supervision sessions.

13.2 Endorsement

13.2.1 Pagan Specific Considerations

Within the wide breadth of traditions and beliefs that come under the Pagan umbrella, there are specific teachings around certain life rites. Individuals who have not completed training in these areas will be unable to perform such rites.

Each individual chaplain or volunteer will however, be able to perform duties such as rituals for the turning wheel of the year and the celebration of the eight main festivals within it.

13.2.2 Process for Responding to Endorsement Requests

For any individual to receive endorsement from the Pagan Federation, they must be a member and complete the process as detailed above.

13.3 Quality Assurance

13.3.1 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

13.3.2 Additional Quality Assurance Procedures

The following procedures are in place to enhance our quality assurance:

- ✓ Supervision
- ✓ Training, both compulsory and voluntary, with the Pagan Federation and CPD through the healthcare setting Chaplaincy department

14 Sikh

14.1 Good Standing

14.1.1 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 and 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 unbefitting of a Sikh, would not be of ‘good standing’.

14.1.2 Assessment

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

14.1.2.1 *Application Form*

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

14.1.2.2 *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.

14.1.2.3 *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.

14.1.2.4 *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.

14.2 Endorsement

14.2.1 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:
    1. 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.
    2. A Kangha is a small wooden comb meant to keep the hair combed twice a day.
    3. A Kara is an iron bangle to be worn on the hand used most.
    4. A Kachera is a specific undergarment for men and women.
    5. 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.

14.2.2 Process for Responding to Endorsement Requests

The suitability of the candidate, based on the recruitment requirements provided by the NHS Trust or healthcare employer, 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.

14.3 Quality Assurance

14.3.1 Current Administrative Arrangements

No arrangements or procedures are currently in place.

14.3.2 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. Training is a key part of establishing that the candidate is aware of their requirements and responsibilities. It is evaluated via feedback from participants. 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.
- ✓ Engagement with a mentor