

Chaplaincy 
Accreditation Board

**Code of Conduct for
Healthcare Chaplains**

About this Document

The code of conduct sets out the professional standards of conduct expected of healthcare chaplains towards those in their care. It applies to all healthcare chaplains (Accredited or Associate) who are registered with the Chaplaincy Accreditation Board operating under the auspices of the Bishops of the Church of Ireland.

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Version 2.1, Approved by the House of Bishops, Autumn 2017.
Formal revision due by December 2020

The Chaplaincy Accreditation Board acknowledges the assistance and permission of UKBHC in drawing from the document: UKBHC (2014) Code of Conduct for Healthcare Chaplains. Cambridge: UKBHC

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1. Introduction

1.1 Purpose of Conduct

The code is a statement of the ethical values and principles that underpin good chaplaincy practice and provides guidance about what is expected of healthcare chaplains. The code therefore sets out the basis for safe, effective and compassionate care by chaplains which safeguard and promotes the spiritual health and well-being of those in their care.

1.2 Applicability of the Code

The code applies to all healthcare chaplains who are registered with CAB. The code may also be adopted as a best practice guide for chaplains, volunteers, students, visiting ministers of religion and representatives of belief groups. It is recommended that healthcare providers refer to the code in chaplaincy job descriptions and contracts of employment.

1.3 Scope of the Code

The Code sets out the professional standards of conduct expected of healthcare chaplains towards those in their care: patients, service users, carers, staff, students, volunteers and others to whom chaplains relate as part of their duties and responsibilities.

1.4 Acknowledgements

The code has been based in part on work prepared by UKBHC with the support of the professional associations of healthcare chaplains. Ref Document: UKBHC (2014) Code of Conduct for Healthcare Chaplains. Cambridge: The Association of Hospice and Palliative Care chaplains (AHPCC), The College of Healthcare Chaplains (CHCC), The Northern Ireland Healthcare Chaplains Association (NIHCA), and the Scottish Association of Chaplains in Healthcare (SACH) and the Multifaith Group for Healthcare Chaplaincy (MFGHC). Material has also been drawn from the National Association of Healthcare Chaplains (NAHC).

2. Definition of Terms

Belief Group: Any group which has a cohesive system of values or beliefs but which does not self-classify as a faith community.

Chaplain: A person who is appointed and recognised as part of the pastoral care team within a healthcare setting (hospital, hospice, nursing home etc.). His or her job is to reach out and respond to those who are expressing spiritual and religious need by providing the appropriate care, or facilitating that care, through contacting, with the patient's permission, the representative of choice. Within the Irish context many chaplains operate on a part time basis providing specific denominational care
A chaplain is nominated by his/her ecclesiastical authority/ faith community and accepted by the healthcare institution.

Accredited Healthcare Chaplain: An accredited chaplain is a chaplain who has reached formal accreditation status by the Chaplaincy Accreditation Board.

Associate Healthcare Chaplain: An associate chaplain is a chaplain who is not eligible to apply for accreditation and has been appointed as a part-time chaplain to a healthcare institution by his/her bishop as part of his/her wider ministerial deployment. Registration for associate chaplains is renewed annually following evidence of CPD.

Faith Community: A recognisable group who share a belief system and usually undertake religious practices such as prayer, scripture reading, meditation, and communal acts of worship.

Probity: Refers to the honesty, integrity and trustworthiness of chaplains in their professional duties and conduct.

Spiritual and Religious Care: Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community. Spiritual care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction of life orientation.

Spiritual Care is not necessarily religious. Religious care, at its best is always spiritual.

3 General Conduct of Chaplains

As a healthcare chaplain you are professionally accountable for your decisions and conduct and you must be able to justify your practice. In particular you must:

- Promote and safeguard the interests and well-being of those in your care
- Treat those in your care with equal respect and dignity
- Respect the rights of individuals, belief groups and faith communities to hold their own values, traditions, beliefs and practices
- Act with integrity, sensitivity and understanding
- Develop and maintain your knowledge , skills and capabilities to practice safely, ethically, competently and legally
- Maintain registration with the Chaplaincy Accreditation Board
- Engage in 30 hours of continuing education/ training annually relevant to your healthcare ministry
- Ensure that you are fit to practice and that those in your care are not at risk of harm because of your conduct, performance or health
- Comply with your terms of employment, and the policies and protocols of your employing health body
- Maintain a recognised or accredited status with your faith community or belief group
- Uphold the reputation of healthcare chaplaincy

4 Relationships between Chaplains and those in their Care

Spiritual and religious care involves establishing relationships and engaging in practices in situations where people are vulnerable and there is an imbalance of power. Pastoral relations can therefore go wrong and they have the potential to be damaging or harmful. You must therefore exercise your role with sensitivity, discernment and within ethical boundaries. Special care should be taken when relating to children, those with mental health or learning difficulties and other vulnerable adults.

The only appropriate relationship between you and those in your care is a professional relationship committed to promoting the spiritual good and best interests of particular individuals. Moving the focus away from meeting the particular needs of those in your care towards meeting you own needs is unprofessional and an abuse of your role.

4.1 Personal and Professional Boundaries

Boundaries enable the effective functioning of caring and supportive relationships in which healthcare chaplains can respond to the spiritual and religious needs of those in their care. Boundaries frame behaviour and practice so that pastoral relationships are consistent and their limitations clear to all parties involved. In particular you must:

- Observe personal and professional boundaries in your practice that sustain the integrity and rights of those in your care
- Recognise and work within your personal and professional limits and where necessary refer to a colleague or other health and social care professional
- **Not** behave in ways which exploit, manipulate, intimidate or which cause distress, pain or harm
- **Not** impose your values, beliefs or practices on those in your care or fail to respect their beliefs, values or spiritual interests
- **Not** display sexualised behaviour towards those in your care
- **Not** misuse a person's assets or money while having legitimate access to them

4.2 Maintaining Trust

Spiritual care is both a privilege and a responsibility and you must only practice in ways that enable trust and safeguard ethical relations with those in your care. In particular you must:

- Ensure that none of your actions or omissions could be detrimental to the well-being of those in your care
- Maintain clear professional and personal boundaries in the relations you establish with those in your care
- Involve those in your care in decisions about the support and care you provide and facilitate
- Respect the autonomy of those in your care including their freedom to make decisions contrary to your beliefs, practices or advice
- Avoid any conflicts of interest but in the event that you have to withdraw your involvement on the grounds of conscience, faith or ethical principles, refer to a colleague or another health and social care professional to enable the continued provision of care

4.3 Duty of Candour

“Every Healthcare professional must be open and honest with patients when something has gone wrong with their treatment or care which causes, or has the potential to cause, harm or distress”

In addition all healthcare professionals must:

- Be open and honest with colleagues, employers and relevant organisations
- Take part in reviews and investigations when requested
- Be open and honest with their regulator, raising concerns where appropriate
- Support and encourage each other to be open and honest and not to stop someone raising concerns

4.4 Respecting Confidentiality

Confidentiality is an expression of trust that enables people to talk about personal and private concerns relevant to their spiritual health and well-being. Spiritual and religious care cannot be provided without access to and the use of personal and confidential information. You must therefore respect and promote confidences and in particular you must:

- Respect the right of individuals to control access to their own personal information and to limit its disclosure
- Establish the boundaries of confidentiality with those in your care and respect as far as possible the limitations of disclosure that an individual can reasonably expect/request
- Treat information about those in your care as confidential and use it only for the purposes for which it was given
- Guard against breaches of confidentiality at all times, protecting information from improper disclosure
- Ensure that confidential information is not disclosed to a third party unless there is clear justification, which may include: (1) the valid consent of the individual (2) where there is a risk of serious harm (3) the prevention, detection or prosecution of a serious crime (4) and when required by order of a court or other public body that has jurisdiction
- Discuss with those in your care reasons why disclosing confidential information to other chaplains or members of the healthcare team may be in their best interests and enable good care
- Only disclose confidential information about those in your care who are not capable of consent (for example because they are unconscious) on the grounds of necessity if it is clearly in the individual's interest and the disclosure is not contrary to the individual's known values and beliefs
- Anonymise personal information to protect the identity of individuals when discussing cases in supervision or spiritual direction

4.5 The use of touch and physical contact

Touch is a basic human gesture and physical contact is an integral part of healthcare. Touch conveys to many people reassurance, care and concern and it can be a valuable expression of a supportive and caring relationship. But touch is not value-free, it is conditioned by social and cultural norms and it can convey powerful signals. Therefore touch may be perceived as threatening or manipulative, it could be physically painful and it can be a form of abuse. Hands also carry microorganisms that can be transmitted through touch and may cause harm to those susceptible to infection.

Healthcare chaplains use touch informally as a gesture of care and formally within rituals to signify beliefs and theological actions. However, because the use of touch can be misunderstood or misinterpreted, or it may be unwanted, it must always be used with sensitivity and where there is any doubt permission should be obtained.

The use of ritual that involves touch should be clearly explained and permission obtained. Where an individual does not have the capacity to consent to ritual touch, a chaplain may act on the grounds of necessity, if it is clearly in the individual's interest and it is not contrary to the individual's known values and beliefs, or, in the case of a minor lacking capacity, is not contrary to the wishes of someone with parental responsibility. Physical contact must be stopped if there are signs of discomfort or at the person's request.

5 Working with Colleagues

Spiritual and religious care involves chaplains working effectively with other chaplains, health and social care professionals, volunteers, ministers of religion and representatives of faith communities or belief groups. In particular you must:

- Respect the skills, contributions and integrity of colleagues
- Work in a collaborative and co-operative manner with colleagues and multidisciplinary teams and communicate effectively with them within the limits of confidentiality
- Ensure that you make arrangements for those in your care requiring continuing support and care at the end of your shift or commencement of leave
- Work with professional protocols and boundaries of confidentiality when receiving or initiating referrals and liaising with colleagues outside your employing health body
- Challenge colleagues whom you have reason to consider have behaved unethically or in contravention of this code and be prepared to bring your concerns to those to whom they are accountable

6 Probity in Professional Practice

The office of a chaplain requires the highest standards of moral integrity and honesty. In particular you must:

- Be honest and accurate in representing your professional affiliations, qualifications, and experience, and not make unjustifiable claims about your competence
- Distinguish between pastoral care and formal counselling and ensure that those in your care understand the type of support you are offering
- Refrain from encouraging those in your care to give, lend or bequeath money or gifts which will be a direct or indirect benefit or put pressure on those in your care to make donations
- Manage any finances for which you are responsible with diligence and for the purpose for which they are intended
- Declare any conflicts of interest that may compromise your impartiality or the interests of those in your care
- Demonstrate honesty and objectivity when providing references for colleagues or completing and signing forms. You must take reasonable steps to verify any statement before you sign a document and you must not write or sign documents that are false or misleading.

7 Dealing with Misconduct

Professional misconduct is conduct that contravenes the standards of professional behaviour required of healthcare chaplains by the House of Bishops and CAB and set out in this code.

7.1 Disciplining Chaplaincy Staff

Chaplains operating within diverse institutions have accountability to that institution to maintain the expected standards of behaviour and conduct as set out by the institution. Chaplains, within the Church of Ireland, also have a direct responsibility to their Diocesan Bishop to meet the standards and expectations of that role as well as to the overall governance of the Church of Ireland.

7.2 The Capability of a Chaplain

Misconduct should not be confused with capability issues which are a clear failure by a chaplain to meet an adequate standard of practice through lack of knowledge, ability or consistent poor performance.

7.3 Professional Regulation and Registration

CAB operates a register of accredited chaplains and a chaplain may be reported to CAB for contravening the standards of professional behaviour set out in this code. The House of Bishops, in tandem with CAB, will consider whether the status of the chaplain's registration should be subject to conditions, suspended or removed depending upon the level and type of misconduct.

8 Professional development/ Ongoing learning

Ongoing professional development is an integral dimension of healthcare ministry and practice. Chaplains are expected to demonstrate a commitment to their personal, professional and spiritual nurture and development. As chaplains operate with dual accountability to their healthcare institution and their faith body, they are required to keep abreast of developments in both areas.

8.1 Supervision

8.1.1 All healthcare chaplains are expected to avail of professional supervision.

8.2 Maintaining registration with CAB

8.2.1 CAB operates a *Register of Healthcare Chaplains* and all registrations are for a period of three years. In order to maintain registration a chaplain must furnish evidence of the required number of hours of CPD at the end of each three year period for the previous three years.

The required hours per year are set at 30 hours per annum for accredited chaplains.

8.2.2 Associate chaplains are required to renew registration on the Associate Chaplains' Register on an annual basis on production of CPD evidence. Associate chaplains are expected to engage in 15 hours of CPD annually.

8.3 Spiritual Direction

8.3.1 Chaplains are encouraged to avail of spiritual direction and support.

8.4 Research

8.4.1 Healthcare chaplains are encouraged to be aware of and keep abreast of research developments in the field of healthcare chaplaincy.

