AHPCC President’s Report 2013–14

The past year has been a busy and potentially significant one for health care chaplaincy.

I hope that this report, as well as outlining some of our AHPCC activities, will also give a helpful overview for members old and new of some of the more important developments.

### 1. Executive news

The Executive has met three times in the past year, with two day meetings at Hospice House in London and an overnight stay near Birmingham. We will also be travelling to The Hayes Centre a day early to make final preparations for our Conference. I’m immensely grateful to the Executive for their commitment and enthusiasm throughout the year. At our forthcoming AGM we will have vacancies for new Exec members, and this is something I would encourage you to consider; being on the Executive is enjoyable as well as hard work! In particular, we will need to elect a new Treasurer and Secretary. Do get in touch with our current post holders Caroline McAfee (Treasurer) and Sue Clarke (Secretary) if you want to know more about what is involved. Sue has said that, if necessary, she would be happy to remain in post for a while after the AGM to assist her successor in the role.

### 2. AHPCC: administration and finance

In 2013 Help the Hospices withdrew from administering our membership lists and annual Conference. Since then, we have managed the administrative tasks ourselves. This has undoubtedly involved the Exec in some extra work, but there have also been benefits. We were able to keep a much closer eye on Conference arrangements last year, which was appreciated by those who attended. We have also saved ourselves some money as an organisation. This, coupled with a small increase in the membership fee this year, has meant that our finances are looking healthy. We are actively considering how we may best use our funds to benefit the organisation and foster excellence in spiritual care. One idea is that we might be able to make occasional small grants to members seeking to undertake research.

If you have any other creative suggestions, please let us know.

### 3. The Future of Chaplaincy

I hope many of you have been keeping up-to-date with national developments in chaplaincy through our website, under the heading “The Future of Chaplaincy”. Some of you may have felt disengaged or mildly confused by the whole process. I will try to outline the activities of the past year as succinctly as I can – please be patient with the acronyms!

#### a) Chaplaincy Leadership Forum (CLF)

In August 2013, a group representing the different Chaplaincy organisations met to discuss the most effective way of working with the new body NHS England in order to shape chaplaincy/spiritual care services for the future. A Chaplaincy Leadership Forum (CLF) was set up, with representatives from Chaplaincy and NHS England (I attended on behalf of the AHPCC). We met regularly, either face-to-face or by conference call, and published regular briefings. As the group’s work progressed it was decided to open the discussions as widely as possible. Terms of reference were drafted, under which the CLF would be broadened to include representatives of any organisation or group with an active interest in the provision of healthcare chaplaincy in England. The enlarged CLF would meet 3 or 4 times a year, and an Executive (CLFE) would further the work of the CLF between meetings through monthly conference calls. The inaugural meeting of the CLF was held in March, and the Terms of Reference were agreed.

Since the beginning of the process, chaplains and other interested parties have received regular updates (for AHPCC members, this has been through email or our website) and have been invited to make comments and suggestions. One of the current tasks facing us is revision of the 2003 NHS Guidelines for Chaplaincy / Spiritual Care. These should be going out to public consultation in July, so please look out for the dates and get involved in the consultations if you can. We want the document to be as useful as possible to support the work of chaplains in palliative care, whether in the NHS or independent sector.

#### b) The UKBHC and progress towards professional registration

The United Kingdom Board of Healthcare Chaplaincy (UKBHC) has met regularly through the past year and held its AGM in Glasgow last September. Progress continues to be made towards the establishment of a professional register for chaplains, and we have had an encouraging meeting with a representative from the Professional Standards Authority (PSA),

the body which has to approve our application. The registration fee has increased this year to £35, which will help to meet the costs of applying to the PSA. I am aware that some of you may have questions about the increase, while others have broader concerns about registration itself. Please continue to make your views known, and I will keep you informed of developments as they occur.

Also under the auspices of the UKBHC is the Professional Advisers’ panel. Chaplaincy advisers can offer support to those making appointments, whether through giving advice or being involved in the whole appointment process from short-listing to interviews. Independent hospices in particular have had a tendency to go their own way in this area, sometimes employing people with little or no chaplaincy experience to spiritual care posts. At the moment there are only two AHPCC members on the Advisers’ panel, and I would like to see this number increase, as I believe it would encourage hospices to use panel members with palliative care experience to assist them in making appointments. If you are interested in the work of an adviser, then please see me and I can give you an idea of what’s involved.

### 4. Links with other chaplaincy and external organisations

It is important to look beyond our own Association and to foster links with others in the world of chaplaincy and spiritual care. In the past year, we have continued our involvement with a variety of groups, including the following:

#### Multi-faith Group for Healthcare Chaplaincy (MFGHC)

This has changed its name, and is now the **Faith and Belief Group for Healthcare Chaplaincy** (FBGHC). We and the College of Health Care Chaplains (CHCC) have observer status on this group. Markus Lange, our AHPCC Vice-President, has represented us in recent years and is now standing down. I am grateful to Markus for his diligence in this role, and to Dawn Allan for agreeing to succeed him. Members of the FBGHC are part of the CLF, and thus are fully involved in discussions about the future of chaplaincy.

#### European Network of Health Care Chaplains (ENHCC)

This, as the name suggests, is a grouping which enables us to keep in touch with developments in chaplaincy and spiritual care across Europe. The ENHCC arranges a biannual Conference; the next one is to be held in Salzburg at the end of May.

#### Leadership Alliance for the Care of Dying People (LACDP)

A review of the Liverpool Care Pathway was undertaken in the wake of negative publicity about end of life care, particularly within hospitals. The review “More Care, less Pathway” recommended abandonment of the LCP, and the LACDP was subsequently set up to consult widely and make proposals for what to put in its place. Chaplaincy has a voice on the LACDP through the College of Health Care Chaplains, and I know that many AHPCC members have also responded to the LACDP’s questionnaire and/or attended consultation meetings. At present the LACDP has published two interim statements, and we will be invited to respond, both individually and as an organisation, when something more detailed emerges.

So it has been a busy year; and in the midst of it all, chaplains across the country continue to do their work faithfully and compassionately, sometimes in situations where there is resistance to funding spiritual care and widespread misunderstanding about the chaplain’s role. I am aware that the overall picture is patchy. On the one hand, I hear welcome news of chaplains’ posts being expanded; on the other, there are too many troubling examples of chaplains having their hours drastically reduced or, worse, of posts disappearing completely.

I am personally convinced that the broader developments outlined above – the move towards professional registration, the revision of national guidelines, etc – can be helpful to us as we face the future, for it is crucial that chaplaincy is seen as an integral part of health care, rather than a religious add-on to be called upon in emergencies. I am equally aware that professionalism is only part of the story: that spiritual care can never be reduced to skill sets and competencies, and that paradoxically we are often most effective when our own resources run dry and we are open to the grace that comes to us as a gift.

We are not always comfortable talking about the importance of what we do; but I believe that in the current climate we need to be prepared to argue passionately for the importance of the chaplain’s role, not for our own protection but for the benefit of patients, families and staff and for the future of any palliative care worth the name.

I want to thank those of you who have been in touch during the past year, to ask advice, make suggestions or offer words of encouragement. Thanks to you all for the vital work you do, and for all you contribute to the AHPCC.

### Judy DaviesAHPCC President