



UK Board of
Healthcare Chaplaincy

**Code of Conduct
for Healthcare Chaplains
(2024)**

**Advocating Person-Centred Care
Acting Safely and Ethically
Advancing Professionalism**

This code supersedes any previous version.

Published by the UK Board of Healthcare Chaplaincy

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The code was written by a working group of the UKBHC managed by the Professional Conduct Lead for the board. It has been subject to consultation over three drafts.

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UKBHC Code of Conduct for Healthcare Chaplains

1 Introduction

Spiritual Care and the specialist role of Chaplains is a vital part of NHS care – for patients, for their families and carers, and for NHS staff. Chaplaincy and Spiritual Care services should be offered fairly and equally to everyone without discrimination (NHS England Chaplaincy Guideline 2023, Scottish Government, Framework 2023). This Code details the standards of proficiency that chaplains must adhere to in order to be registered with the United Kingdom Board of Healthcare Chaplaincy (UKBHC). The Code may also be adopted as a best practice guide for chaplains, volunteers, students, visiting ministers of religion and representatives of belief groups who are not members of a professional association or registered with UKBHC. It is recommended that health providers refer to the Code in spiritual care/chaplaincy job descriptions and contracts of employment.

The UKBHC has undertaken a review of the Code of Conduct and updated it in recognition of the developments that have taken place within spiritual care and in healthcare chaplaincy and more widely within the NHS. It establishes a code of conduct that reflects a health care profession that embraces equality, diversity and inclusivity. It is a profession that works collaboratively alongside and in partnership with other health care professionals, third sector colleagues and stakeholders. This version will replace the previous version of the UKBHC Code of Conduct and can be found on our website: <https://www.ukbhc.org.uk/>. Key terms are defined in the appendix.

This Chaplaincy (and Spiritual Care) Code of Conduct exists to set out the expectations the public, patients, families and staff can have of healthcare chaplains. It seeks to ensure a high standard of spiritual, pastoral, and religious care which embraces the principles of person centered care; dignity, compassion, fairness, honesty, integrity, respect and openness. The code is an expectation that is placed on all chaplains and is mandatory for those registered with the UKBHC in all categories. Registration with the UKBHC can be placed at risk if chaplains are found to have breached the standards contained within the Code. In cases of serious misconduct, individuals can be removed from the register.

1.1 Use of the code

The Code is important for all stakeholders in Chaplaincy and Spiritual Care:

- Those registered with the UKHBC can use it to promote safe and effective fitness to practice in their place of work.
- Employer organisations who should support their Chaplains in upholding the standards in their professional code as part of providing the quality and safety expected by service users and regulators.
- Educators can use the Code to help students understand what it means to be a registered professional and how keeping to the code helps to achieve and maintain that.

1.2 Scope of the Code

The Code contains the professional standards that Chaplains must uphold and act on whether they are providing direct care to individuals or bringing their professional knowledge to bear on others such as through leadership, education, or research. **The code is neither negotiable nor discretionary.** It sets out common standards of practice, conduct and behaviour for chaplains which put the interests of patients, staff and service users first, requires safe and effective practice and promotes trust through professionalism. This provides a clear, consistent and positive message to patients, service users, families, carers and staff about what they can expect of those who offer person-centred spiritual, pastoral and religious care to everyone who requires/requests/seeks and experiences it, whether they adhere to a particular faith, belief system, philosophy or not. The Code is applicable to the range of different practice settings such as acute, paediatric, palliative or mental health. Healthcare chaplains are expected to uphold the Code within the limits of their professional competence and not work beyond it, this is essential for their safety and the safety of all those they seek to support, care for and work with.

The code is UK wide but we are also aware that Scotland uses different language with the term Registered Chaplain to describe the role but talk about Spiritual Care Teams and Departments of Spiritual Care when describing provision. The code applies to staff that fall

under these titles in Scotland. If there is specific legislation which is contrary to the guidance within this document then the specific legislation should be followed. What we do not want to do is impose conditions on everyone which only apply to one of the 4 nations making up the UK Board. Where there is any doubt refer to the UK Board or other appropriate group.

1.3 Structure of the code

The code is presented under three headings:

- **Advocating person-centred-care**
- **Acting safely and ethically**
- **Advancing professionalism.**

It is a living document and will be updated on the UKBHC website as necessary and formally reviewed every five years. The phrase “as appropriate” or “where appropriate” is a recognition of the diversity of contexts in which healthcare chaplains work; realising that this can impact service delivery and the safe and professional practice that this code promotes.

A complaints procedure runs alongside this code but is not a part of it.

2 Advocating Person-Centred Care

Healthcare chaplains prioritise the interests of those who are in receipt of spiritual care, ensuring the adoption of a person-centred focus. This will ensure everyone's care and safety is your principal concern, along with maintaining their dignity and addressing their needs comprehensively. You ensure that individuals in your care are treated with respect, their rights are protected, and any discriminatory attitudes or behaviours towards them are actively challenged. Person-centred care includes spiritual care, bereavement support and emotional comfort as well as facilitating access to rituals and rites according to someone's personal beliefs, choices, needs and preferences. This includes ensuring that individuals have the opportunity to engage in spiritual, and where desired religious, practices meaningful to them, and offering assistance and advocating for anyone who may need help accessing their personal practices which support their spiritual and or religious wellbeing. Compliance with institutional safeguarding policies overrides any element of this code.

2.1 Healthcare chaplains treat people with utmost respect and uphold their dignity.

To achieve this, you must, as appropriate:

- 2.1.1 Treat people with kindness, respect, and compassion.
- 2.1.2 Ensure the core elements of chaplaincy and spiritual care are competently delivered (see <https://www.ukbhc.org.uk/for-professionals/competences/>).
- 2.1.3 Refrain from making assumptions or judgements, acknowledging diversity and personal choice.
- 2.1.4 Respond in a timely manner, in accordance with local policy, to any requests or referrals for spiritual care, bereavement support, guidance/signposting, emotional support or ritual.
- 2.1.5 Respect and protect the human rights of those you serve.

2.2 Healthcare chaplains listen to individuals and address their preferences and concerns.

To achieve this, you must, as appropriate:

2.2.1 Respect each person's desire to be involved in decisions about their spiritual care and overall well-being and honour the role individuals can play in their own spiritual and emotional wellbeing.

2.2.2 Support and empower people to participate in decisions about their personal spiritual care needs. Uphold and document/record in line with local policy and legislation, an individual's right to accept or decline any part of their spiritual care needs, practices and treatment priorities.

2.2.3 Work collaboratively to ensure that spiritual care is effectively delivered in line with a person's choices, preferences and concerns including referrals to other sources of support if appropriate or needed.

2.2.4 Where a patient specifically, does not have the mental or physical capacity to express their choices/preferences/needs or concerns then chaplains should listen to, and take account of the views of, the appropriately authorised person in that context.

2.3 Healthcare chaplains ensure that spiritual, pastoral and religious needs are assessed and addressed within a holistic framework which includes biological, cultural, social, psychological, and spiritual dimensions, in their role in a multidisciplinary team.

To achieve this you must, as appropriate:

2.3.1 Focus on promoting overall holistic well-being and to help prevent ill health, attentively meeting the evolving spiritual care needs of people at all life stages as appropriate to your role.

2.3.2 Recognize and respond compassionately to patients in their last days and hours of life, ensuring their comfort and dignity.

2.3.3 Collaborate actively with those receiving care, assist them in accessing necessary healthcare, spiritual support, social services, and/or signpost them to relevant information as appropriate/needed and in accordance with local policy.

2.3.4 Advocate for vulnerable people by appropriately challenging and question unsafe/poor practices and discriminatory attitudes and behaviours concerning their care, ensuring all aspects of their wellbeing, particularly spiritual and/or religious care needs/choices are considered, respected, addressed and fulfilled where possible.

2.4 Healthcare chaplains act in the best interests of individuals at all times.

To achieve this, you must, as appropriate:

2.4.1 Balance the need to act in the best interests of people with the respect for their right to accept or refuse spiritual care and/or participation in religious or non-religious practices.

2.4.2 Adhere to all relevant laws regarding mental capacity that apply, ensuring that the humanitarian rights and best interests of those who lack capacity remain a priority in the decision-making process. This includes taking account of the views of the people/guardians who may have a legal responsibility for them.

2.4.3 Inform your colleagues, manager, and the individual receiving care if you have a legitimate objection to a particular spiritual practice or intervention and arrange for a suitably qualified colleague to take over responsibility for that individual's spiritual care and record such action within relevant documentation, informing other staff/colleagues as necessary.

2.5 Healthcare chaplains respect individuals' right to privacy and confidentiality understanding they owe a duty of confidentiality to all those receiving spiritual care.

To achieve this, you must, as appropriate:

2.5.1 Uphold each individual's right to privacy in all aspects of their care.

2.5.2 Ensure that individuals are informed about how and why their information is used and may be shared by those providing spiritual care.

2.5.3 Maintain the respect for an individual's right to privacy and confidentiality even after they have died.

2.5.4 Share only appropriate, necessary information with other health and social care professionals and agencies in line with institutional policies, any legal constraints and being aware when the interests of safety and public protection outweigh the need for confidentiality.

2.5.5 Many people have a reasonable belief that issues discussed with faith and belief chaplains or spiritual carers remain in confidence. This can particularly be true of traditions that adhere to a concept of a confessional seal. Where issues arise, a chaplain is expected to seek guidance from the appropriate managers in their institution and where necessary, seeking the advice from the relevant department or person from their own faith or belief tradition. Following appropriate safeguarding and governance protocols is imperative.

2.5.6 Communicate with individuals, their families, and their carers about their spiritual care, health, and ongoing treatments in a sensitive and understandable manner, within the bounds of the law, and only after obtaining their consent to do so. This should be done compassionately and with the best interests of the patient in mind.

2.5.7 Manage dual relationships carefully. If you belong to the same community as those you support, ensure you navigate dual relationships with care, prioritizing professional ethics in your professional role.

2.5.8 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 best interest and the disclosure is not contrary to the individual's values and beliefs, if known.

2.5.9 Anonymise personal information to protect the identity of individuals (unless explicit written consent has been received) for the purpose of professional research, supervision, spiritual direction, or equivalent and adhere to GDPR guidance.

2.6 Healthcare chaplains will work within equality, diversity and inclusion (EDI) policies, honouring the distinctiveness of each individual, being mindful of all legal protected characteristics.

To achieve this you must, as appropriate:

2.6.1 Acknowledge diversity by recognising and respecting the diverse backgrounds, beliefs, and identities of all individuals receiving care, aligned with the 9 protected characteristics. This includes, but is not limited to, their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion or belief, sex, and sexual orientation (see <https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>).

2.6.2 Promote inclusion by ensuring that all individuals feel valued and included in their spiritual care needs/wishes without bias or prejudice and where possible. Healthcare chaplains should strive to create an environment where everyone can express their personal beliefs and practices freely and safely.

2.6.3 Provide equitable care by delivering spiritual care that is fair and tailored to meet the unique needs of each person, ensuring that no one is disadvantaged by systemic barriers or biases.

2.6.4 Participate in education and training to better understand the complexities of EDI within the context of spiritual care and healthcare chaplaincy. This includes familiarity and an understanding of the laws and ethical guidelines that support non-discrimination and accessibility and the consequences of disregarding and not applying them.

2.6.5 Challenge discrimination by actively questioning or challenging discriminatory behaviours or practices encountered within the care setting. Advocate for changes that enhance the equitable treatment of all individuals.

3 Acting Safely and Ethically

Ethical and safe practice should be core to the work of a healthcare chaplain. This involves working within the policies and protocols of the institution you are based in. Patient, public and staff safety should be paramount. As a chaplain you are expected to work within the professional parameters of what you are authorised, trained and experienced to do ensuring that you make referrals where appropriate and necessary within or outside of the spiritual care team. A duty of candour is an integral part of practicing safely and ethically which means it is essential to raise concerns immediately, honestly and in an open and transparent way with patients, families, carers and discuss with staff who may be involved to establish the facts.

3.1 Healthcare chaplains recognise and work safely within the limits of their role and competence.

To achieve this, you must, as appropriate:

3.1.1 Honestly and accurately represent your role, the scope of your work and the voluntary nature of the relationship between a healthcare/registered chaplain and anyone they support and/or work with or in partnership with. This includes working within the integrity of your worldview and authorisation and avoid misrepresentation.

3.1.2 Be aware of the limits of your professional competence or appropriateness in offering/providing spiritual and religious care, bereavement support or emotional support with patients and/or staff in a particular context and refer or engage additional support as appropriate from within your chaplaincy team or from other NHS professionals if appropriate.

3.1.3 Make a timely referral to a chaplaincy colleague and or another practitioner when any action, care or treatment is required that is outside of your professional boundaries, capacity, experience or safe practice to deliver/provide.

3.1.4 Ensure you work within and adhere to institutional protocols and policies including, but not limited to, infection control, on-call expectations, risk assessments, lone working and that may require the advice and input of occupational health or HR staff to ensure all staff, including chaplains remain safe.

3.2 Healthcare chaplains are expected to always act with integrity and honesty.

To achieve this you must, as appropriate:

3.2.1 Refuse all but the most trivial gifts, favours or hospitality in line with institutional policies which may prohibit accepting any gift, favours or hospitality as NHS Scotland does.

3.2.2 Act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care. This includes but is not limited to, travel and expenses, time sheets, on call records, departmental funds.

3.2.3 Manage any finances/service budget for which you are responsible with diligence and for the purpose for which they are intended. This includes gifts you may be given externally for professional practice or institutional work, if permitted by institutional policies. Seek to signpost people to donate via the appropriate means in your context.

3.3 Healthcare chaplains understand that respecting and obtaining informed consent is fundamental to ensuring that the provision of spiritual care is ethical and aligned with the choices, preferences and personal beliefs of those receiving care.

To achieve this you must, as appropriate:

3.3.1 Understand the legal and ethical dimensions of consent in healthcare settings clarifying this with the appropriate institutional department or role if this is unclear. Consent must be informed, voluntary, and given by individuals who have the capacity to (or are authorised) to make such decisions for themselves and/or on behalf of other people.

3.3.2 Communicate clearly providing accessible information about the nature of the spiritual and religious care support offered, including bereavement support and emotional care and what is involved and how it might impact the individual's overall care and wellbeing. This ensures that consent is truly informed.

3.3.3 Respect autonomy by complying with a person's decision to accept or decline any form of spiritual care. This respect for autonomy must extend to all aspects of chaplaincy or spiritual care services.

3.3.4 Document /record informed consent in line with institutional policies and protocols. This documentation should be accessible and maintained as part of an individual's healthcare records where institutional practice facilitate this in writing or electronically.

3.3.5 Reassess or review informed consent recognising that consent is not a one-time request and can be withdrawn or altered as a person's situation or preferences change. Regularly

check in with a person's awareness to confirm that their consent remains informed and voluntary.

3.3.6 Awareness of cultural sensitivity that may influence an individual's understanding of and decisions about informed consent. Tailor your approach to consent to accommodate different cultural expectations and communication styles and/or someone's mental capacity and/or if a carer/guardian needs to be informed and/or involved, made aware.

3.4 Healthcare chaplains are open and candid with those who come into contact with the service about all aspects of chaplaincy and spiritual care, including if unintentional mistakes occur or unintentional harm may have occurred, due to the actions/behaviour and/or the communication of a healthcare chaplain which may have been inappropriate or misleading.

To achieve this, you must, where appropriate:

3.4.1 Report any incident immediately to your line manager or equivalent or a clinical lead if ward-based and where possible act to put right the situation and unintended consequences, following your organisations local policies and procedures.

3.4.2 Document and clarify clearly and promptly what has happened, and be prepared to apologise to the person/people affected/impacted and, where appropriate, their family, carers/guardian or advocate. Behave in a transparent, non-defensive way to resolve a situation as quickly as possible and/or apply a learning opportunity to help prevent reoccurrence and/or comply with actions/decision making that may be required to ensure the fit and safe practice of a healthcare chaplain.

3.5 Healthcare chaplains should act without delay if there is a risk to patient or staff safety or public protection.

To achieve this, you must, where appropriate:

3.5.1 Immediately raise, and where necessary escalate, concerns you may have about patient, staff or public safety, or the level of care people are receiving in your workplace or any other health and social care setting in line with UKBHC guidance and your local working policies and professional practices.

3.5.2 Raise your concerns immediately if being asked to practise/work beyond what you are authorised, trained/qualified or experienced to do. This includes declaring any conflicts of interest that may compromise your professional and personal impartiality, including where you may have 'dual roles' in caring/supporting someone.

3.5.3 Report immediately to the appropriate person if you are being expected or coerced to work outside of the UKBHC Code of Conduct or other national, professional standards.

3.5.4 Refrain from obstructing, intimidating, victimising or hindering anyone who wants to raise a concern relating to your professional practice or their experience of your spiritual care/bereavement support or staff care.

3.5.5 Protect anyone you have management responsibility for, within reason, from any harm, discrimination, detriment, victimisation such as physical, emotional or psychological harm, false and malicious allegations (unsubstantiated) or unwarranted treatment after they raise a concern. Adhere to local policies and procedures.

3.6 Healthcare chaplains must immediately raise concerns if you believe a person you are supporting or working alongside is vulnerable or at risk and needs additional support and protection or advice/signposting/referral.

To achieve this, you must, where appropriate:

3.6.1 Ensure that you take all reasonable steps to protect and support people who are vulnerable or at risk from harm, neglect or abuse including following appropriate safeguarding procedures. You must share and be transparent about information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information applicable in your context.

3.6.2 Have knowledge of and keep up to date with relevant local geographical laws and policies, about protecting and caring for vulnerable people of all ages, including your local Safeguarding Policies to help keep everyone safe in sensitive situations.

3.7 Healthcare chaplains advise on and or deliver appropriate spiritual care, interventions, rites and rituals within the limits of their role, experience and context.

To achieve this, you must, as appropriate:

3.7.1 Accurately assess pastoral, bereavement, spiritual and religious care needs and only offer/provide rites, rituals or interventions if you have accurate and adequate knowledge of a person's consented needs and are satisfied that any interventions will serve and support their needs appropriately and are in line with their faith and belief, customs and philosophy. This includes taking account of those authorised to make decisions on behalf of a patient unable to express their needs for any reason including language barrier, culture, age, gender, mental capacity, being unconscious etc.

3.7.2 Ensure that that the care or interventions you advise on or administer are compatible with any other care or interventions they are receiving from other healthcare professionals and that you are appropriately trained or qualified to deliver these.

3.8 Healthcare chaplains should be aware of the nature and dangers of spiritual abuse addressing this where it occurs. Spiritual abuse involves the misuse of a spiritual position of trust or authority to manipulate, control, coerce or exploit individuals (see key terms for sample definitions).

To achieve this you must, as appropriate:

3.8.1 Define and recognise what constitutes spiritual abuse and understand the impact it has on individuals, ensuring that appropriate training is undertaken and there is an awareness of support services and signposting for those who have experienced it, or who may be experiencing spiritual abuse for the first time and do not recognise it as 'spiritual abuse', this includes staff.

3.8.2 Ensure that the spiritual care service and healthcare chaplains provide a safe, confidential and supportive environment where individuals feel secure and able to discuss their specific spiritual/religious needs and experiences without fear of judgment or exploitation. For some sensitive situations regarding gender, this may require more than one healthcare chaplain to be present.

3.8.3 Foster transparent, honest communication by encouraging open dialogue about their spiritual or religious care needs and experiences. This includes actively listening, without judgement to concerns about spiritual behaviour, communication, practices or

interactions with their family members or staff, that may be difficult to relate to, but are part of their lived experience and/or are being currently experienced and may make someone feel uncomfortable or it may be about coercive behaviours by religious people/leaders.

3.8.4 Establish or comply with clear and accessible approaches to reporting/escalating any such concerns or instances of spiritual abuse. These mechanisms should protect the anonymity and safety of the person reporting and describing their concerns or experience.

3.8.5 Enable recovery where possible and if involved, by providing support and appropriate referrals/signposting for individuals who have experienced/are experiencing spiritual abuse, by helping them to heal and recover from its impact and possible, long lasting effects of trauma.

3.8.6 Regularly review practices and policies related to a spiritual care service to help both prevent potential abuse and for healthcare chaplains to be informed and aware of it when they and other staff/colleagues witness it, to support and believe patients, families, carers and staff when they disclose their experience. Encourage feedback from anyone in the care of healthcare chaplains to know they are safe to raise an alarm, like spiritual abuse or other/similar abusive behaviour. Encourage healthcare chaplains in the practice of facilitating a professional debrief/reflective practice opportunity for those affected and to enhance their practice in supporting patients, families and staff.

4 Advancing Professionalism

Healthcare chaplains are professionals and the UKBHC is registered with the Professional Standards Agency. As a healthcare chaplain you should be aware of, and uphold, the reputation of the profession at all times across all stakeholder groups which includes patients, families/carers, staff, and community. This includes demonstrating your integrity, being accountable to these stakeholders as appropriate and building trust and confidence in the provision of spiritual care among those receiving care, other healthcare professionals and the wider public. To advance professionalism means that healthcare chaplains should build and maintain trust and not only be accountable, but work collaboratively and be effective in their roles and responsible for the wider contribution that spiritual care can bring to multidisciplinary teams and patient/service user care. Such collaborative practice will help ensure that spiritual care considerations are integrated into the overall patient care plans, and position healthcare chaplains to advocate for practices that respect and promote the holistic, healthcare needs of every patient, including their spiritual, religious, cultural, and emotional dimensions.

4.1 Healthcare chaplains should uphold the reputation of chaplaincy as a profession at all times.

To achieve this you must, as appropriate:

- 4.1.1 Adhere to and uphold this code of conduct at all times.
- 4.1.2 Treat those in your care with equal respect and dignity, avoiding any bias and/or favouritism.
- 4.1.3 Promote and safeguard the interests and wellbeing of all those in your care.
- 4.1.4 Act and communicate with discernment, integrity, sensitivity and compassion.
- 4.1.5 Respect the rights of individuals, belief groups and faith communities, including people without any traditional beliefs or philosophies, to have their own values, traditions, beliefs and practices upheld.
- 4.1.6 Work in a way that is person-centred and focused, respecting their agency.
- 4.1.7 Support your line manager, peers and colleagues in raising a positive profile for the spiritual care and chaplaincy service where you work.

4.2 Healthcare chaplains should establish and maintain appropriate personal and professional boundaries.

To achieve this you must, as appropriate:

- 4.2.1 Observe personal and professional boundaries in your professional practice that sustains the integrity and rights of those in your care as well as your peers, colleagues and yourself.
- 4.2.2 Have an understanding and awareness of tensions that may arise between different supporting/caring relationship roles, (e.g. chaplain, faith/belief leader, relation, and friend).
- 4.2.3 Avoid dual relationships whenever possible, and manage the ethical complexities and relational implications of dual roles should they arise with appropriate, honest accountability.
- 4.2.4 Do not behave in inappropriate ways which may cause a person to feel uncomfortable or feel compromised which includes, but is not exclusive to, displaying sexualised behaviour, inappropriate touch, over-personal/intrusive comments, proselytising or unnecessary breaking of sensitive, cultural boundaries.

4.3 Healthcare chaplains should work collaboratively and accountably.

To achieve this you must, as appropriate:

- 4.3.1 Respect the skills, contributions, worldviews and integrity of colleagues and staff.
- 4.3.2 Work in a collaborative and co-operative manner with colleagues, staff and multidisciplinary teams and communicate effectively with them within the limits of confidentiality.
- 4.3.3 Ensure that you make clear arrangements in handovers and communicate appropriate information to colleagues/staff for patients or staff who require continuing spiritual care and chaplaincy support at the end of your shift, or commencement of annual leave/long term absence in line with local policy and practice.
- 4.3.4 Work within professional protocols and boundaries of confidentiality when receiving or initiating referrals and liaising (either by phone or email) within appropriate GDPR guidance, with those external to your place of work.

4.3.5 Raise and if necessary, escalate concerns in line with local policies and procedures where you have concerns that colleagues or staff may be putting the safety of people in their care or their colleagues at risk.

4.3.6 Be supportive to colleagues and staff who may be experiencing health, personal or performance issues whilst maintaining a focus on patient safety and staff care.

4.4 Healthcare chaplains should share their experience, understanding, skills and knowledge for the benefit of others.

To achieve this you must, where appropriate:

4.4.1 Provide appropriate, constructive and honest feedback to support colleague and staff learning opportunities, to help raise their awareness of any 'gaps'/blind spots.

4.4.2 Reflect on constructive, helpful feedback received from a variety of stakeholders and use this to enhance your professional practice.

4.4.3 Participate in multidisciplinary team discussions including differences of professional opinion, in a way which respects the range of views presented but also ensures that you have an opportunity to contribute any relevant spiritual, pastoral or religious/cultural/faith/belief and bereavement or loss perspectives.

4.4.4 Be willing to support student placements and other learning opportunities.

4.4.5 Co-operate with and contribute as a team player to any spiritual care service audits, formal investigations or similar procedures/processes on request, to support your line manager and peers/colleagues in the bigger picture of raising a positive profile for the spiritual care and chaplaincy service where you work.

4.5 Healthcare chaplains should seek to establish and maintain trust.

To achieve this you must, as appropriate:

4.5.1 Only practice in ways that embody trust and safeguard ethical relationships with those in your professional care including patients, families and staff.

4.5.2 Ensure that none of your actions or omissions are detrimental to the lasting wellbeing of those in your professional care or those with whom you work.

4.5.3 Involve people in your care (or appropriate authorised person) in decisions about their choice of support and professional care you provide and facilitate.

4.5.4 Respect the autonomy of those in your care, including their freedom to make decisions contrary to your personal beliefs, professional practice, guidance and signposting, to decline chaplaincy and spiritual care support.

4.5.5 If you have to withdraw your involvement on the grounds of a conflict of interest, conscience, faith or ethical principles, refer to a colleague/peer or other health and social care professional to enable a continued provision of care.

4.6 Healthcare chaplains should maintain accurate written records as a key part of the multidisciplinary team.

To achieve this you must, as appropriate:

4.6.1 Work in line with your local organisation's approach to documentation, record keeping and safe information governance policies and standards.

4.6.2 Complete documentation/recording (both hand written and/or electronic) as soon as possible after an encounter/appointment with a patient, family or member of staff to ensure your professional care is visible in appropriate notes, supported by your local context.

4.6.3 Keep clear, accurate and legible patient records relevant to your professional practice, compliant with the Data Protection Act 2018 which implements GDPR. If in the rare occasion, patient notes are read out in a Court of Law in extremis, the notes of a healthcare chaplain should be concise with no extraneous detail or opinion. Notes should be a precis of the facts, evidence of your professional practice/signposting and any decision agreed/made with a patient/family/carer/guardian.

4.6.4 Ensure information in your brief, clear notes facilitate colleagues to provide care and other healthcare professionals to provide ongoing spiritual care and any other appropriate follow up care and conversations with the patient after reading your documented record.

4.6.5 Ensure confidentiality is maintained, only accessing patient information as required to support ongoing spiritual care with a patient and after such care is requested and consented to.

4.7 Healthcare chaplains should report any relevant issues that impact your capacity to practise safely as a chaplain.

To achieve this you must, as appropriate:

4.7.1 Immediately report any concerns that have been raised about your fitness to practice inside or outside of the spiritual care chaplaincy service/department to your line manager, and where appropriate the UKBHC.

4.7.2 Immediately report any concerns that you become aware of with regards to your mental or physical health that may impact your fitness to practice safely within your role, to your line manager, particularly if you are expected to cover on call duties during core working hours and/or after working hours.

4.7.3 Inform your line manager and any employer or equivalent if you have had your practice restricted or had any other conditions imposed on you by any other relevant body including, where appropriate, your belief or faith group/community.

4.7.4 Inform your line manager and any employer or equivalent, about any police caution or legal charge against you, or if you have received a conditional discharge in relation to or have been found guilty of a criminal offence (other than a protected caution or conviction).

4.7.5 Respond to any complaints made against you in a professional, non-defensive manner, never allowing someone's complaint to affect the spiritual care you provide. Use such complaints as a form of helpful, constructive feedback and an opportunity for reflection and learning to improve your professional practice and self-awareness.

4.8 Healthcare chaplains should comply with the terms of employment or other equivalents, within the spiritual care and/or chaplaincy workplace.

To achieve this you must:

4.8.1 Work within institutional guidelines being particularly mindful of all safeguarding policies and procedures.

4.8.2 Comply with all online, internet and social media policies and guidance, particularly in relation to patients, staff and colleagues i.e. including taking photographs, filming and recording conversations without prior consent, refer to local HR policies for guidance.

4.8.3 Work within the values of professional practice within the delivery of chaplaincy and spiritual care.

4.8.4 Ensure you work within standard operating procedures (SOPs) within your work place which may include approaches to visiting patients and families, following up on referrals, attendance at multidisciplinary team meetings and other relevant work meetings that relate to your role, all communication e.g. responding to emails, text messages, and voicemail messages, documentation/record keeping etc.

4.8.5 Respond in a professional manner to all reasonable requests from your line manager and clinical managers of the ward/unit etc you are visiting with the focus of patient care being the priority.

4.9 Healthcare chaplains are committed to ongoing professional practise and development.

To achieve this you must, as appropriate:

4.9.1 Develop and maintain your knowledge, skills and capabilities to practice safely, ethically, competently and legally including regular reflection on your professional practice and development.

4.9.2 Where a requirement of your employment, maintain a recognised or accredited status within your belief group or faith community.

4.9.3 Complete ongoing professional chaplaincy registration requirements including providing annual evidence of CPD and regular revalidation.

4.9.4 Ensure that you are fit and safe to practice and that those in your care are not at risk of harm because of your professional or personal conduct, non-compliance with the UKBHC Standards or Capabilities and Competences, your professional performance, mental or physical health.

4.9.5 Commit to and receive appropriate supervision on a regular basis from a suitably experienced or qualified supervisor as per local policy and practice.

Appendix Key Terms

1.2 Key terms used

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

Chaplaincy is a distinct profession that has a significant skill set and experiences that is particular to this profession that other health care professionals are unable to deliver. Chaplains are spiritual care specialists; other health care professionals can be seen as spiritual care generalists. Chaplains offer faith and belief group support, and as appropriate, rites and rituals that NHS England Guidelines (2024) state that patients should receive if this is what they desire. In the Scottish Government’s 2023 Framework, ‘NHSScotland, Registered Chaplains are employed as specialists in providing spiritual care...However, it is widely recognised that it is the responsibility of all health and social care staff to understand, recognise and meet the spiritual needs of individuals, including their own needs.’

Chaplains in healthcare offer spiritual, pastoral, and religious care, bereavement support and emotional care. This includes a diverse range of activities that assist a person with the challenges or distress they are facing or to help them find acceptance, meaning, joy and sometimes hope, as they facilitate individuals to connect with their spirituality, spiritual values or faith/life values, beliefs or philosophy. Chaplains do not offer ‘therapy’, but they do offer a listening ear in a non-judgemental, confidential, safe therapeutic space for anyone, regardless of their belief or faith views or philosophy. Chaplains are available to all, working with patients, their families or carers, staff, the institution/organisation and wider community as appropriate to their context. Chaplains work within usual institutional/organisational policies including safeguarding for all.

Colleague/peer in this document refers to other members of the chaplaincy or spiritual care team. Staff or multidisciplinary team is used for other health and social care professionals.

Faith community/group: A recognised group who share a belief system, and usually undertake religious practices and rituals such as prayer, reading sacred texts, meditation, and communal acts of worship.

Local policy in this document means a shared understanding of appropriate practice in context, usually based on a written policy which may be institution or department wide.

Spiritual abuse is characterised by an ongoing, systematic pattern of coercive control within a religious context. Key elements of this experience are manipulation, exploitation, control through the misuse and abuse of scripture and divine position, censorship of decision-making, pressure to conform, enforced accountability, requirement of obedience, and isolation (drawn from <https://thirtyoneeight.org/media/4upcux21/spiritual-abuse-position-statement.pdf>. and partly based on the work of Professor Lisa Oakley at the University of Chester).

See also <https://journals.indianapolis.iu.edu/index.php/JIFP/article/view/26552/24396> for a specifically Islamic perspective.

Spiritual, pastoral, and religious care: Spiritual care is usually given in a one-to-one relationship, is completely person centered and makes no assumptions about personal conviction or life orientation. Spiritual Care is not necessarily religious. Pastoral care is holistic and often focuses on wellbeing needs. Religious care, at its best is always spiritual. Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community. Religious care concerns itself with providing rites and rituals relating to one's worldview and can include religious or non-religious rites and rituals.

Related documents and references list:

Duty of candour reference; <https://www.professionalstandards.org.uk/what-we-do/improving-regulation/find-research/duty-of-candour>

Equality and Human Rights Commission Protected Characteristics

<https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>

NHS Chaplaincy Guidelines (2023) <https://www.england.nhs.uk/long-read/nhs-chaplaincy-guidelines-for-nhs-managers-on-pastoral-spiritual-and-religious-care/>

NHS Northern Ireland (2019) https://setrust.hscni.net/wpfd_file/spiritual-care-policy/

NHS Scotland Discovering Meaning, Purpose and Hope Through Person-Centred Well-being and Spiritual Care: A National Framework (2023)

[1. What is spiritual care and why is it important? - Discovering meaning, purpose and hope through person centred wellbeing and spiritual care: framework - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/1-what-is-spiritual-care-and-why-is-it-important?format=pdf)

NHS Wales Spiritual Care Supporting Guidance <https://www.ukbhc.org.uk/wp-content/uploads/2018/10/Spiritual-Care-Supporting-Guidance-NHS-in-Wales-2010.pdf>

UKBHC Competences and Capabilities <https://www.ukbhc.org.uk/for-professionals/competences/>

UKBHC Standards <https://www.ukbhc.org.uk/for-professionals/standards/>

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