



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 1730.2B
BUMED-M00G
23 Aug 2018

BUMED INSTRUCTION 1730.2B

From: Chief, Bureau of Medicine and Surgery

Subj: RELIGIOUS MINISTRIES INCLUDING PASTORAL CARE SERVICES

Ref: (a) SECNAVINST 1730.7D
(b) SECNAVINST 5351.1
(c) OPNAVINST 1730.1E
(d) SECNAVINST 1730.8B
(e) BUMED memo of 31 Jan 07 (NAVMED Policy 07-004)
(f) SECNAVINST 1730.9
(g) DoD Instruction 6025.18 of 2 December 2009
(h) SECNAVINST 7010.6A
(i) BUMEDINST 6320.66E
(j) BUMEDINST 5430.8A

1. Purpose. To provide direction and guidance for the delivery of religious ministry to patients, staff members, and their family members throughout the Navy Medicine enterprise to include Navy Medicine regions and medical treatment facilities (MTF). This is a complete revision and should be read in its entirety.

2. Cancellation. BUMEDINST 1730.2A.

3. Scope and Applicability. This instruction applies to all religious ministry teams (RMT) throughout the Navy Medicine enterprise to include Navy Medicine regions and MTFs.

4. Background

a. Per reference (a), all Navy Medicine commands are required to deliver a Command Religious Program (CRP). Navy chaplains are assigned to commands to support the commander, commanding officer (CO), or officer in charge (OIC) in the execution of that responsibility. MTFs present unique challenges to the delivery of religious ministry. Reference (b) defines professional naval chaplaincy as the field of endeavor in which Navy chaplains deliver to the Naval Service and authorized recipients' religious ministry characterized by cooperation, tolerance, mutual respect, and respect for diversity. Understood in the context of that over-arching guidance, religious ministry in the healthcare environment has evolved in the last 35 years into a clinical discipline supported by medical research, medical school curricula, professional journals, national bodies that certify clinical chaplain training and education programs, national bodies that accredit hospital pastoral care services, and national standards for the professional competencies and ethics of religious ministry professionals working in the healthcare environment.

b. A publication of The Joint Commission, “*Evaluating Your Spiritual Assessment Process*” states, “Addressing and supporting patients’ spirituality cannot only make their health care experiences more positive, but in many cases can promote health, decrease depression, help patients cope with difficult illness, and even improve outcomes for some patients. In addition to potential medical benefits, patients want their healthcare providers to discuss spirituality with them.” The Joint Commission publication is available at http://www.professionalchaplains.org/files/resources/reading_room/evaluating_your_spiritual_assessment_process.pdf. Professional naval chaplains, who meet the standards outlined in the Association of Professional Chaplains, are uniquely qualified to minister to the wide array of spiritual needs that arise in the healthcare environment: the needs of patients, families, and staff members. Navy Medicine pastoral care staff members receive training, professional development, and supervision to responsibly meet the common qualification and competencies standards, available at <http://www.professionalchaplains.org>.

c. Beyond the patient care responsibilities of MTF chaplains, references (a) and (c) discuss the responsibility of commanders, COs, OICs, and chaplains to provide for the free exercise of religion and the spiritual care of their staff members and their families through CRPs.

5. Religious Ministry to Patients and MTF’s Staff Members and their Families. Guidance for the spiritual and moral well-being of the patients and their families, and MTF’s staff members and their families, including programs for outreach, relationship counseling, worship, sacramental ministry, and other religious support are addressed in references (a) and (c). Guidance for accommodating the religious practices of active duty staff members is contained in reference (d). Commanders, COs, and OICs must ensure that they are familiar with references (a), (c), and (d) and plan for the delivery of pastoral care consistent with these references through the CRP.

6. Action

a. Using the guidance and resources outlined in this instruction, COs must develop written policies and plans for CRPs to include pastoral care services.

b. OICs of clinics and department heads of substance abuse rehabilitation programs must ensure that the religious and spiritual care of their patients, their families, and staff members and their families are incorporated into the parent command’s policies and plans for religious ministry and pastoral care services or when applicable, develop their own written policies and plans for delivering religious ministry and pastoral care services to their patients, staff members, and their family members.

7. Roles and Responsibilities

a. Bureau of Medicine and Surgery (BUMED) Special Assistant for Pastoral Care and Chaplain of Navy Medicine (BUMED-M00G) are the organizational titles for the Senior Supervisory Chaplain for Navy Medicine. The title Special Assistant for Pastoral Care applies to an advisory role in support of Chief, BUMED. The title Chaplain of Navy Medicine delineates the scope of BUMED-M00G in addressing all matters related to the moral, spiritual, and personal well-being of all Navy Medicine personnel and beneficiaries. The functions for these titles are:

(1) BUMED Special Assistant for Pastoral Care must:

(a) Serve as the principal advisor to Chief, BUMED on matters and issues pertaining to the moral and spiritual well-being of Navy Medicine personnel.

(b) Advise the Medical Inspector General on religious ministry to include pastoral care concerns.

(c) Advise Navy Medicine leaders on the essential tasks, skills, and capabilities of RMTs.

(d) Serve as liaison with the Services, Department of Defense (DoD), and Federal Agency counterparts.

(2) The Chaplain of Navy Medicine must:

(a) Establish and coordinate the delivery of religious ministry, to include pastoral care, with the regional chaplains.

(b) Sponsor and arrange for periodic RMT education and training opportunities.

(c) Provide coordination, oversight, and guidance to all Navy Medicine Pastoral Care Departments, including Navy Medicine Education, Training, and Logistics Command.

b. Deputy Chaplain of Navy Medicine and Director, BUMED Pastoral Care Plans and Operations (BUMED-M00GB) are the organizational titles for the Chaplain of Navy Medicine's Principal Assistant. The functions for these titles are:

(1) Deputy Chaplain of Navy Medicine, M00GB must execute the Chaplain of Navy Medicine responsibilities outlined in subparagraph 7a(1).

(2) BUMED Pastoral Care, Plans, and Operations, BUMED-M00GB has decision authority for day-to-day operational concerns regarding religious ministry including pastoral care in Navy Medicine.

c. Senior Enlisted Leader for Navy Medicine Pastoral Care and the Religious Program Specialist (RP) of Navy Medicine (BUMED-M00GC) are the organizational titles for the senior RP assigned to BUMED-M00G. The functions for these titles are:

(1) The Senior Enlisted Leader for Navy Medicine Pastoral Care must provide advice, policy oversight, and guidance to the Chaplain of Navy Medicine, the Deputy Chaplain of Navy Medicine, the commanders, COs, OICs, command master chiefs, command chaplains, and others who need advice and counsel on the proper utilization and career management of the RPs in Navy Medicine.

(2) The RP of Navy Medicine must serve as liaison for the RPs of Navy Medicine in a variety of venues including personnel readiness and support, the Navy RP community manager, individual augmentation discussions, the RP detailee, and numerous other venues to support the professional qualifications, manpower, and detailing needs of the RPs in Navy Medicine.

d. Navy Medicine Regional Chaplains. The regional chaplains at Navy Medicine East and Navy Medicine West are also charged with command chaplain responsibilities at Naval Medical Center Portsmouth; and Naval Medical Center San Diego respectively. Particular expertise in healthcare administration and significant experience in healthcare ministry is necessary to perform the regional chaplain responsibilities, which include:

(1) Advising the regional commander on matters pertaining to the moral and spiritual well-being of the personnel assigned to the region per references (a), (c), and (d).

(2) Serving as a resource for professional consultation for echelon 4 and 5 commands regarding the appropriate delivery of religious ministry.

(3) Collecting personnel and manpower data from echelon 4 and 5 commands to maintain RMT rosters that can be used by the regional commander and BUMED-M00G to determine manpower needs. Per DoD Directive 5400.11, rosters containing personally identifiable information will be safeguarded.

(4) Advising BUMED-M00G on manpower, personnel, and quality assurance issues within the regions.

(5) Supporting BUMED-M00G in its work with echelon 4 and 5 commands by advertising informational items, discussing issues with CO and command chaplains, and providing periodic training events for RMTs in their regions.

(6) Providing close support to echelon 4 and 5 commands that do not have full-time Navy Medicine RMTs assigned.

(7) Planning, monitoring, advising, and evaluating all resources required to fund and support religious ministry activities within the region. This includes synchronizing religious support program requirements and budget input with other budgetary processes.

(8) Coordinating mobilization planning and support programs to provide religious ministry support for mobilization contingencies.

(9) Coordinating and overseeing regional professional development training for chaplains, RPs, and other personnel assigned to the Pastoral Care Departments.

(10) Coordinating and overseeing regional peer review programs for chaplains, pastoral counselors, and contract religious ministry professionals (RMP).

(11) Must serve as reporting senior for the command chaplain.

e. COs and OICs, MTFs

(2) Must ensure local command policy will govern the fitness report and evaluation procedures for the remainder of the Pastoral Care Department staff. COs and OICs are encouraged to ensure that the senior RP is either the rater or senior rater on E-1 to E-6 evaluations, and that the command chaplain is the senior rater or reporting senior for his or her staff members.

(3) Are encouraged to include RPs in command-wide peer groups for appropriate competitive marks on evaluations.

(4) Must ensure that the pastoral care staff members receive proper interdisciplinary support for peer review from their clinical co-workers.

f. Senior Navy MTF Chaplains. The senior chaplain permanently assigned at a command (i.e., the command chaplain) must be assigned as the Special Assistant for Pastoral Care to the CO or OIC with direct access to the CO or OIC, per references (c) and (e).

g. MTF RMT. The RMT must be organizationally placed under the Special Assistant for Pastoral Care, or in an MTF, as a clinical directorate or department in the organization. However, direct reporting to the CO or OIC must not be hindered. In consultation with the Regional Chaplain and Special Assistant to Chief, BUMED for Pastoral Care (BUMED-M00G), organizational placement of the RMT in each command organization must be based on the size, mission, and other characteristics and needs of the respective command. The command chaplain must be responsible for his or her role as a special assistant and as the director or department head for the pastoral care department.

h. Special Assistant for Pastoral Care at MTFs must:

(1) Supervise and ensure civilian personnel receive regular evaluations as stipulated in the command's civilian personnel policy.

(2) Serve as the contracting officer's technical representative to monitor contract religious ministry professionals (CRMP). CRMPs are civilian religious ministry professionals endorsed by a specific DoD listed religious organization; are fully qualified members of that organization's clergy; and are contracted to provide religious ministry to patients and their families, and MTF's staff members and their families

8. Placement of RPs and Religious Ministry Staff Members

a. RPs are part of a unique Navy rating who work directly with the chaplains to form RMTs. Per reference (c), RPs may be assigned collateral duties outside the Pastoral Care Department so long as they do not prevent the RPs from executing their primary duty to support the CRP.

b. Civilian personnel whose primary duties are to address the spiritual well-being of the command's staff members or patients must be assigned to the Pastoral Care Department.

9. Budget. The Pastoral Care Department must be supported by appropriated funds and the appropriated fund account must be managed by the command chaplain per references (a) and (c). Per references (a) and (c), appropriated funds support a wide range of chaplain, staff, and patient needs including payroll for civilian and contract employees, temporary additional duty funds for professional development, and consumables such as sacramental supplies, devotional items, sacred literature, devotional literature, and self-help educational material.

10. Deployments and Contingency Operations. The chaplains and RPs must maintain a high level of readiness and training for deployments and contingency operations. A plan for religious ministry must be included in deployment operational plans and contingency plans. Tables of organization and tables of equipment must include a religious ministry element consistent with anticipated missions. Operational plans for religious ministry must include input from the command chaplain and Navy Medicine regional chaplains. When a command does not have a Navy Medicine chaplain and RP, the command must include input from BUMED-M00G.

11. Competencies and Professional Development

a. Chaplains and RPs, through civilian education, military training, and the knowledge, skills, abilities, and tools on My Navy Portal (<http://my.navy.mil/>) and other online sources, have the core pay-grade-specific competencies to provide religious ministry and pastoral care to staff

members and their families. Chaplains and RPs are expected to meet the standards and manage programs as discussed in references (a) and (c) in support of patients and the MTF's staff and their families.

b. To be fully qualified to provide clinical pastoral care to patients, chaplains must meet the standards of the Association of Professional Chaplains which reflects the core competencies for healthcare chaplaincy. The Association of Professional Chaplains represents the minimum requirement for board eligibility with most national certifying bodies. Four units of clinical pastoral education from an accredited, national certifying body are the minimum requirements for board eligibility. Graduates of the Navy Medicine Pastoral Care Residencies meet the criteria of the Association of Professional Chaplains and are considered board-eligible by most national certifying bodies. Chaplains who are board-eligible and then complete board certification are eligible to submit a request to Navy Personnel Command (PERS 44) via the Chaplain of Navy Medicine to attain the Additional Qualification Designator 531.

c. Chaplains who do not meet the standards of the Association of Professional Chaplains must work under the direct clinical supervision of a board-eligible or board-certified chaplain; be enrolled full-time in a clinical pastoral education program approved by BUMED-M00G; or participate in a structured peer review program approved by BUMED-M00G.

d. For the spiritual assessment and reassessment of patients, BUMED-M00G must publish and provide standards of practice.

e. RPs must receive training and orientation in the unique aspects of healthcare ministry either in route to or upon arrival at a Navy Medicine duty station, and participate in continuing education relevant to their assignments.

f. In addition to annual Chaplain Corps professional development training and command-specific deployment and contingency training, chaplains must complete continuing education each year in the field of health care. BUMED-M00G must provide annual training requirements. The Association of Professional Chaplains lists chaplaincy-specific continuing education opportunities on its Web page at <http://www.professionalchaplains.org>. All RMT members must be current in locally required Health Insurance Portability and Accountability Act (HIPAA) training and command orientation requirements.

g. All chaplains, pastoral counselors, and CRMPs are expected to participate in ongoing interdisciplinary peer review and case review. BUMED-M00G publishes and maintains guidelines on the peer review program.

h. "Identity and Conduct," element 7 of the Association of Professional Chaplains, states that attending to one's own physical, emotional, and spiritual well-being is an essential competency for those entrusted with the spiritual care of others. RMT members must develop well-structured, self-care plans, and the command leadership must take reasonable steps to support the self-care plans.

12. Confidential Communication and Protected Health Information

a. The RMT entries in patient records, orally conveyed to other medical team members, or otherwise used for healthcare operations purposes, are considered part of the medical record and are not, therefore, considered confidential by most clergy-client ethical standards. It is important to note that the patient's expectation that information shared with chaplains and other members of the RMT be kept private and the healthcare team's need to have access to relevant clinical information to properly treat the patients are independent expectations of privacy and confidentiality, and the ability to use or disclose such information is governed by different standards. RMT members and patients must understand this distinction and be clear in their communications with one another regarding the exact nature of those communications and the protections to be afforded to patients. RMT members must ensure patients are aware of and understand this distinction.

b. The delivery of religious ministry, including pastoral care to patients, by its very nature requires the RMT members to use their professional judgment regarding the level of detail to be communicated in order to provide sufficient information to other care team members while respecting the privacy of patients. Pastoral care that is documented in patient records, orally conveyed to other team members, or used otherwise for healthcare operations purposes, must be limited to information that is a pre-existing part of the patient record or is negotiated with the patient and is, furthermore, clinically relevant to the care of the patient. Chaplains must inform the patient of their dual role as both a pastoral caregiver and a member of the healthcare treatment team. Patients must be advised that certain information communicated to a chaplain may be shared with other members of the treatment team or in a clinical supervisory session unless the patient specifically requests that such information remain in confidence with the chaplain. All RMT members have a professional obligation to keep private all communications disclosed to them in their official capacities, which are intended to be held in confidence, made as an act of religion, or a matter of conscience. Consequently, per reference (f), the expectation to confidential communication must always surpass any requirement to document patient encounters, and care must be used to distinguish confidential communications from general pastoral care interventions. Standard operating procedures (SOP) must address any documentation requirements regarding a patient's expectations of confidentiality in order to assure that privilege is not breached.

c. Reference (g) contains governing guidance on the proper safeguarding, use, and disclosure of protected health information. It is the professional responsibility of the RMT members to ensure that they protect confidential communications per reference (f) and adhere to protected health information disclosure policies per reference (g).

13. Documentation in Patient Records

a. Navy Medicine staff chaplains and pastoral counselors must document their care in patient records to communicate the pastoral care interventions to the treatment team.

b. MTF plans and policies for the documentation of pastoral care in patient records must be included in their SOP. The SOPs must describe the charting format and content (including medical relevance) of pastoral care interventions. The SOPs must also address the differences between general healthcare ministry and clergy-penitent communication as described in paragraph 12 of this instruction.

c. Standards of practice and SOPs for pastoral care must be developed as Pastoral Care Department guidelines, be incorporated into either ward or clinic documents, or into command-wide guidelines for patient care. Reference (c), the Network on Ministry in Specialized Settings (<http://www.comissnetwork.org>), and the Association of Professional Chaplains provide detailed guidance and examples.

14. Interdisciplinary Clinical Committees and Interdisciplinary Care Teams. All clinical interdisciplinary committees and interdisciplinary teams should strive to include properly trained representatives from the Pastoral Care Department.

15. Best Business Practices. The Pastoral Care Department must develop and utilize quality productivity metrics, dashboard indicators, and other business tools to support commanders, COs, and OICs. Additionally, Pastoral Care Departments must have ready access and support to collect and manage data relevant to their support of the command mission.

16. Continuous Improvement Initiatives. The Pastoral Care Department must continuously work towards improvements in processes and performance. To support this goal, the Pastoral Care Department must be able to provide documentation of formal ongoing process improvement initiatives or performance improvement initiatives and demonstrate progress in reaching these goals.

17. Religious Offering Fund (ROF). The ROF provides an important means of charitable giving for many chapel participants. Reference (h) provides specific guidance on operating the ROF. Chaplains are assigned as ROF administrators and RPs are assigned as ROF custodians at their permanent duty stations. Therefore, commanders, COs, and OICs without permanently assigned chaplains must not establish or maintain ROFs.

18. HIPAA Guidance on Visiting Religious Leaders. Visiting religious personnel are not part of the MTF workforce. Protected health information must only be disclosed per reference (g).

19. Ministry Reports. Per reference (c), pastoral care staff members must submit periodic and special reports on their ministry to BUMED-M00G, including utilization of the online CRP Analytics Tool.

20. Use of Navy Chaplains and RPs from Outside the Command. For a variety of reasons, commanders, COs, and OICs may need to request support for Navy chaplains and RPs from outside their commands. If regular use of non-Navy Medicine chaplains or RPs is needed to

provide religious ministry when a billet is gapped, for faith-group specific needs, or coverage when the command's chaplain(s) and RPs are temporary additional duty and in similar cases, the following guidance applies:

a. MTF command policy provides guidance on work force status to non-Navy Medicine chaplains and RPs working in direct support of the hospital and healthcare team.

b. All paragraphs of this instruction apply equally to chaplains and RPs who are not permanent staff members at the MTF, but function as part of the command's work force.

c. When a treatment facility's requirement for a non-Navy Medicine chaplain or RP is expected to exceed 12 months, or when a permanent staff chaplain is not provided by Navy Medicine, commanders must identify the religious requirements within their command and seek supervision of the CRP and appropriate religious ministry support from the Chaplain of Navy Medicine (M00G) or the installation commander with a permanently assigned chaplain per reference (c).

d. Basic HIPAA and Privacy Act training is a requirement of all staff and volunteers working within a MTF. All chaplains participating in a consolidated or regional duty watch bill, that covers a Navy MTF, must annually meet minimum HIPAA training requirements. MTF command chaplains are responsible to coordinate this training, maintain training records, and forward a copy of each Chaplain's training to their MTF's Staff Education and Training Department.

21. Employment of Civilian Clergy and Civilian Pastoral Counselors

a. The employment of civilian clergy is limited to contracts for religious ministry Professionals (RMP) to provide faith-group specific needs.

b. Civilian pastoral counselors provide an important portal of care for patients and staff members seeking mental health support. The Pastoral Care Department can also offer privileged mental health support via the pastoral counselor position. In addition to national certification as a pastoral counselor, a pastoral counselor must also be a mental health professional identified in reference (i) (i.e., clinical psychologist, clinical social worker, or marriage and family therapist). The pastoral counselor must have a scope of practice and privileges consistent with the MTF's policy and appendix G of reference (i).

c. RMPs should function freely within the scope of this instruction, their professional discipline, and reference (a), with the following exceptions, which apply to the military duties of Navy Chaplains:

- (1) RMPs do not have direct access to commanders, COs, and OICs.

(2) RPMs must not perform the military duties of Navy Chaplains as described in reference (c) subparagraphs 5e(1) through 5g(7).

22. Pastoral Care Executive Steering Council. Assists the Chaplain of Navy Medicine in exercising BUMED-M00G's advisory function as the principal advisor to Chief, BUMED on matters and issues pertaining to the moral and spiritual well-being of Navy Medicine personnel, and coordination, oversight, and guidance to all Navy Medicine Pastoral Care Departments. Its membership consists of BUMED-M00G, BUMED-M00GB, BUMED-M00GC, Navy Medicine East regional chaplain, Navy Medicine East regional RP, Navy Medicine West regional chaplain, Navy Medicine West regional RP, Healthcare Chaplaincy contract civilian, BUMED-M00G support staff, and other senior chaplains and RPs at the discretion of BUMED-M00G.

23. Definitions

a. Religious Ministry. Professional duties performed by Navy chaplains and designated personnel, to include facilitating and/or providing for religious needs, caring for all, and advising the command.

b. Pastoral Care. Service provided in the clinical setting of an MTF outside of a faith-specific context as a component of religious ministry. In an MTF, pastoral care as a distinct entity can be delivered by a chaplain or a contract religious ministry professional. Due to the complexities of the religious and pastoral issues in the healthcare context, providers of pastoral care in MTFs must meet the competencies specified in paragraph 11 of this instruction.

c. Pastoral Care Department. The department in the MTF headed by the command chaplain and charged with the provision of religious ministry to the MTF.

d. Pastoral Counselor. A specialist in pastoral counseling who is trained to provide psychologically sound therapy while weaving in religious and spiritual elements.

24. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>. For SSIC 3000 series dispositions, please refer to part III, chapter 3, of Secretary of the Navy Manual 5210.1 of January 2012.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

25. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED M00G will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9; otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

26. Information Management Control. The reports contained in paragraph 19 are required by reference (a).



C. FORREST FAISON III

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.