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# Hospital Caterers Association

[www.hospitalcaterers.org](http://www.hospitalcaterers.org)

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## Membership Pack

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# Contents

<b>What is the Hospital Caterers Association?</b>	3
<b>Branches of The Association</b>	4
<b>How to become a Member – Eligibility for Membership</b>	5
<b>How to join</b>	6
<b>What will it cost?</b>	6
<b>Code of professional practice</b>	7
<b>Code of conduct</b>	8
<b>Application for Membership</b>	9



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# What is the Hospital Caterers Association?

Hospital Caterers Association was one of the first professional associations to be formed within the National Health Service. Inaugurated at a meeting of 25 London Hospital Catering Officers in 1948, it had enlarged to a membership of over 100 by the following year.

As interest grew amongst hospital caterers, the first branches were formed outside London in 1950, those being the North East Branch in Newcastle and the Scottish Branch in Glasgow. In the same year the Association was represented at Hotelympia for the first time.

The Association has continued to grow now having a membership of over 600 members from within catering and hotel services, represented by 15 Branches throughout Great Britain and Northern Ireland. Many senior members now hold positions in General Management, such as Hotel Services, Commercial and Facilities Management.

## The Association promotes

- The continued improvement of catering standards in Hospitals and Health Care Services.
- The education and training of persons engaged in the Health Care Services, including the encouragement of persons to join Health Care Services.
- The protection and improvement of the professional interests and status of those engaged in Health Care Catering Services.

## It achieves these objectives through:

- A Code of Practice.
- A Code of Conduct.
- National Leadership & Development Forum and Study Days.
- Branch organisation and events – a National Representation of 15 Branches.
- The Hospital Caterers Association Journal, Good Practice Guides and numerous other communications.
- Representation on National Bodies.



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# Branches of The Association

The Association has 15 Branches covering England, Northern Ireland, Scotland and Wales.

These are listed below with a general outline of their catchment areas:

## East Anglia Branch

Norfolk and Suffolk

## East of Scotland Branch

Grampian, Tayside, Fife, Lothian, Borders, Highland and Islands Health Boards

## Merseyside and North Wales Branch

Part of Merseyside and the North West of England and Gwynedd and Clwyd

## London and South East Branch

Central London and parts of North West and East Thames, Essex

## Northern Branch

The North East of England

## Northern Ireland Branch

The Southern, Northern, Eastern and Western Health Boards

## North West of England Branch

Parts of Merseyside and the North West of England

## Oxford Branch

Oxfordshire and surrounding counties

## Trent Branch

Trent region including South Yorkshire

## Wales Branch

The NHS Trusts in Wales except in North East and Northwest Wales

## Wessex Branch

The Wessex area of South and West region

## West of Scotland Branch

Greater Glasgow and Clyde, Forth Valley, Dumfries and Galloway, Ayr and Arran, Lanarkshire and Forth Valley Health Board

## West Midlands Branch

West Midlands region

## South West Branch

South and West region, except areas within Wessex

## Yorkshire Branch

Yorkshire region, except the South of Yorkshire



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# How to become a Member

## Eligibility for Membership

### Full Membership

Full Membership of the Association is open to persons actively employed in health care catering management and who are appropriately qualified.

In exceptional circumstances persons with suitable experience may be admitted at the discretion of the Associations Council.

### Associate Membership

Associate Membership of the Association is restricted to senior catering supervisory positions or persons associated with providing goods and/or services to the health care sector and who are appropriately qualified and/or experienced.

No Branch can have more than 33% of its total membership as Associate Members.

Full members of the Association who leave healthcare management on the grounds other than age or ill-health, will normally be eligible for Associate Membership. They should complete a membership application form.

Companies may also become Patrons of the Association, of which there is a separate application pack.

### Life Membership

Full members and Associate members of the Association who retire from active participation on grounds of age or ill-health will normally be eligible for Life membership or Life Associate membership, as provided for by the Constitution and Rules of the Association. They should not complete a membership application form.

### Guest Membership

Guest Membership of the Association is open to persons actively employed in Healthcare Catering. For example, catering supervisory positions, who have appropriate qualifications and/or expertise, and who are actively employed to manage food and nutrition for patients. This option is free for the first year, not renewable and not extendable and thereafter Guest Members will be invited to join as Full Members.



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# How to join

You make an application to any Branch of the Association or through the HCA National Officers.

Firstly, complete the enclosed application form in this pack. The application must be proposed and seconded by members of the Association. When completed forward it to the Treasurer of your chosen Branch.

The Branch Treasurer will put your application forward to the next Branch meeting for approval. If the approval is given your membership application will then be forwarded to the National Council for final approval. Upon approval the Treasurer of your chosen Branch will issue an invoice. Upon payment you will be issued with a membership certificate.

## What will it cost?

The Associations financial year is from 1st November to 31st October each year. Subscriptions are payable annually on 1st November each year.

### The current annual subscription rates for Full and Associate Members are:

**Full Members:** £50.00 + VAT (the VAT rate differs every year due to items on membership being VAT rated)

**Associate Members:** £50.00 + VAT (the VAT rate differs every year due to items on membership being VAT rated)

These rates apply from 1st November 2018.

Payments should be made to the chosen Branch, as per the instructions shown on the invoice you receive from the applicable Branch Treasurer.



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# Code of professional practice

The Hospital Caterers Association. (hereafter called the Association), requires that Members of the Association:

- Seek to achieve excellence in the management and delivery of the catering services for which they are responsible and when possible, seek to encourage the pursuit of excellence by others.
- Accept that they have a duty to develop their own knowledge and understanding of their profession and activity seek opportunities to improve their competence, by participation in the educational programmes of the Association those offered by other organisations and institutions.
- Share their professional knowledge and experience with other members of the Association, providing support and encouragement when this is likely to achieve beneficial change.
- Help all members of their staff to achieve their full potential by devoting time to coaching them and encouraging the acquisition of appropriate qualifications.
- Take care to avoid bias or prejudice in the planning and delivery of services, in their recruitment practices and in the day to day management of their staff.
- Identify and seek to prevent the acceptance of any proposal that is likely to lead to the reduction of service, quality or safety to a level where the quality of life or welfare of patients and other service users be jeopardised.
- Strive to achieve the maximum efficiency possible in the management and use of resources including active support for joint purchasing arrangements where these are shown to provide best value for public money.
- Maintain staff training programme and diligently operate food handling systems that ensure the food and beverage services for which they are responsible, does not put the health or well being of consumers at risk.
- Collaborate with other health care staff appropriate individuals and agencies in any enterprise that aims to improve health and well being of those served and of the population at large.



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# Code of conduct

- Conduct their professional and private life in a manner which avoids the risk of bringing themselves or the Association into disrepute.
- Do not exploit their membership or position within the Association for improper personal gain or benefit.
- Accept the discipline accountability which requires that they meet and are seen to display the highest standards of probity and impartiality in their dealings on behalf of their employing Authority.
- Conduct their professional and personal relationships with other members of the Association in a manner which ensures that the work and standards of the Association is enhanced.
- Maintain the highest standards of professional conduct and integrity in all their dealings on behalf of the Association and as individuals with patients, their staff, the public and the media.



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# Application for Membership

**(Please complete in block capitals)**

Application for (please tick): **FULL Membership**  **ASSOCIATE Membership**  **GUEST Membership**

Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

**Private Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

Address for correspondence (please tick): **Business Address**  **Private Address**

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Job title: \_\_\_\_\_

Date commenced in current job: \_\_\_\_\_

Employer: \_\_\_\_\_

**Branch through which you are applying for membership** (please tick):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> East Anglia Branch                | <input type="checkbox"/> Northern Ireland Branch      | <input type="checkbox"/> Wessex Branch           |
| <input type="checkbox"/> East of Scotland Branch           | <input type="checkbox"/> North West of England Branch | <input type="checkbox"/> West of Scotland Branch |
| <input type="checkbox"/> Merseyside and North Wales Branch | <input type="checkbox"/> Oxford Branch                | <input type="checkbox"/> West Midlands Branch    |
| <input type="checkbox"/> London and South East Branch      | <input type="checkbox"/> Trent Branch                 | <input type="checkbox"/> South West Branch       |
| <input type="checkbox"/> Northern Branch                   | <input type="checkbox"/> Wales Branch                 | <input type="checkbox"/> Yorkshire Branch        |

If you have made an application through another Branch within the past 5 years please state which:

\_\_\_\_\_

*Continued over...*

## Details of relevant professional qualifications

DATE PASSED	QUALIFICATION	COLLEGE/UNIVERSITY

## Details of previous relevant employment during the last 5 years

DATES	JOB TITLE	NAME & ADDRESS OF EMPLOYER	NATURE OF BUSINESS

*Continued over...*

I, the undersigned, certify that the statements contained herein are true. I agree that if admitted to the membership of the Association by the Council, I will be governed by the Rules of the Association and will advance the aims and objectives of the Association, as far, as shall be in my power.

I agree that the details contained within this application form are to be circulated to the Council of the Association, in order for my membership to be considered.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

To comply with the General Data Protection Regulations please tick the following box to allow us to hold your contact details which include your name, job title, the organisation you work for, mailing address, email address and telephone number. This information will only be used to send you the HCA Journal along with any other correspondence issued by the Hospital Caterers Association or to send you emails informing you about HCA developments, news and the National Forum. Your data will only be used by the Hospital Caterers Association or the Contractors we have authorised to use this data and will not be passed on to any other third party.

I hereby give my consent for the Hospital Caterers Association to hold my data under the terms and use stated

	MEMBERSHIP NUMBER	NUMBER OF YEARS APPLICANT KNOWN TO YOU
Proposer		
Secunder		

Approved by the Branch at its meeting on: \_\_\_\_\_

Certified by Branch Treasurer: \_\_\_\_\_

Certified by other Branch Officer: \_\_\_\_\_



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