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Standards for Hospice & Palliative Care Chaplaincy

(Second Edition 2006)

ASSOCIATION OF HOSPICE &
PALLIATIVE CARE CHAPLAINS

AHPCC 2006

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These standards were revised following a comparative review of chaplaincy services using the 2003 standards (Mitchell and Hibberd 2004) and taking into account the creation and work of the Chaplaincy Academic and Accreditation Board (CAAB), more recently published national documents and guidelines including the Health Care Chaplains Code of Conduct (AHPCC, CHCC & SACH, 2005; CAAB, 2005; NICE 2004, SYWDU 2003).

CONTENTS

Introduction
Philosophy Statement
Definition of Terms 2

Standard 1
Access to Chaplaincy Services 3

Standard 2
Spiritual & Religious Care 4

Standard 3
Multidisciplinary Teamworking 5

Standard 4
Staff Support 6

Standard 5
Education & Training 7

Standard 6
Resources 8

Standard 7
Chaplaincy to the Unit (Institution) 9

References and Audit 10

Appendix
Self Assessment Tool 11-23

INTRODUCTION

These standards have been prepared by the hospice and palliative care chaplain's professional association: the Association of Hospice and Palliative Care Chaplains (AHPCC). They have drawn on the work of the Marie Curie Cancer Care chaplains, and in particular the Clinical Standards Board for Scotland *Clinical Standards for Specialist Palliative Care* (CSBS 2002) and the National Institute for Clinical Excellence *Guidelines – Improving Supportive and Palliative Care for Adults with Cancer* (NICE 2004). The CSBS standards are mandatory in Scotland for hospices and hospital specialist palliative care teams; the NICE *Guidelines* are recommended in England and Wales. These documents have been critically evaluated and offer examples of good practice that have been developed and enhanced to produce these more comprehensive standards for hospice and palliative care chaplaincy.

It is acknowledged that spiritual care can be provided by a variety of people including healthcare professionals, patients and their families/carers. However, it is the particular speciality or expertise of the chaplain (or spiritual care coordinator). The Association of Hospice and Palliative Care Chaplains is committed to the support and development of chaplaincy as a profession and of individual chaplains. Further details of the Association and chaplaincy are available from the booklet: *Guidelines for Hospice and Palliative Care Chaplaincy* (AHPCC 2006).

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

At the time of writing progress is being made towards the registration of chaplaincy as a registered associated healthcare profession. An integral part of that process will require chaplains to evidence their continuing professional development. The Chaplaincy Academic and Accreditation Board (CAAB) and the South Yorkshire Strategic Health Authority (SYSHA) are both working independently on CPD for chaplaincy. There is merit in both these schemes and while it is hoped these two organisations will agree on a CPD scheme for all chaplains, at present the Association of Hospice and Palliative Care Chaplains registers its annual conference with the CAAB accreditation scheme and offers CPD points for attendance. The Association of Hospice and Palliative Care Chaplains as a professional association representing chaplains working in hospice and palliative care is represented on CAAB and supports the organisation financially and professionally.

PHILOSOPHY STATEMENT

Hospice and palliative care chaplains seek to:

- address spiritual and religious needs as part of a multidisciplinary team that meets regularly;
- be proactive in assessing and addressing the complex spiritual and religious needs of patients and their families/carers as an integral part of hospice and palliative care;
- discern, respect and meet the cultural, spiritual, and religious needs, traditions and practices of all patients and their families/carers, including those of no faith;
- ensure that all spiritual and religious care is focused on the individual needs of patients and their families/carers.

DEFINITION OF TERMS

Chaplain (Spiritual Care Coordinator)
A person appointed to provide spiritual and religious care to all patients, visitors, staff and volunteers in the healthcare setting regardless of faith or no faith. A chaplain can be ordained or lay with an acknowledged status within a mainstream faith community. A chaplain may also have the title spiritual care coordinator (or similar) depending on their local responsibilities.

Multidisciplinary or Multi-professional Team
A team comprising healthcare professionals who meet regularly together to discuss the care of new and existing patients and their families. Within the team individual team members understand and respect each others' roles and specialist expertise.

Specialist Palliative Care
Hospices and dedicated hospital palliative care teams are often described as providing specialist palliative care. Such care is recognised as the active total care of patients with progressive far advanced disease by a multidisciplinary team providing physical, psychological, social and spiritual support.

Standard 1

Access to Chaplaincy Services

STANDARD STATEMENT	RATIONALE	CRITERIA
All patients and carers have access to the chaplaincy service.	Effective palliative care requires a holistic approach to patient care including physical, psychological, social, and spiritual aspects of care. Chaplaincy has a particular expertise in the spiritual, religious and cultural elements of patient care. **References** All health services should make provision so that proper personal consideration is shown to you, for example, by ensuring that your privacy, dignity and religious and cultural beliefs are respected (Patient's Charter, 1991). The needs of patients and carers should be appropriately assessed by a member of the multiprofessional team. The assessment should cover all domains (including the) religious, spiritual and cultural (DoH, 2002: H3.1, H3.2). Chaplaincy should be a flexible service offering 24 hour cover. The role should not be confined to crises and emergencies. Chaplains have wide ranging experience and specialist knowledge which enables them to work with staff, patients, and carers in exploring areas of need (NAHAT, 1996). Patients with cancer and their carers should have access to different forms of spiritual support appropriate to their need (NICE, 2004: 7.11).	1.1 All patients receive written information containing details of the chaplaincy service available within the unit. 1.2 The written information contains an explanation of the chaplaincy service and when and how contact with the chaplain may be obtained. 1.3 The booklet is supported by verbal explanation of access to the chaplaincy service during admission. 1.4 The admission procedure ensures a check that written information is given. 1.5 There is a written protocol for referral to the chaplaincy service. (Note: The referral procedure/pathway can be a verbal system).

Standard 2

Spiritual & Religious Care

STANDARD STATEMENT	RATIONALE	CRITERIA
Patients and their carers of all faiths or no faith have their spiritual and religious needs assessed and addressed.	From the security of their own faith background or philosophy chaplains seek to journey with others to discern and assess the spiritual and religious needs of patients and carers. Such needs may be assessed and addressed by the chaplain, other members of the multidisciplinary team, or with the patient's permission by contacting the patient's own faith leader/representative. **References** It is necessary to be aware of each person's capacity, concerns and expectations, as well as their health problems, and to acknowledge their spiritual needs and aspirations, and their right to live to their full potential (Patients Charter, 1991). Patients and those important to them (should) have the opportunity to have their spiritual needs assessed and addressed (CSBS, 2002: 7.10, 7.13). **Religious Care** is given in the context of the shared beliefs, values, liturgies and lifestyle of a faith community. **Spiritual Care** is usually given in a one to one relationship and is completely person centred and makes no assumptions about personal conviction or life orientation. Spiritual care is not necessarily religious. Religious care, at its best, should always be spiritual (NHS HDL, 2002: 76).	**(a) Spiritual** 2.a.1 Spiritual needs are assessed and addressed and may include the following: • exploring the individual's sense of meaning and purpose in life; • exploring attitudes, beliefs, ideas, values, and concerns around life and death issues; • affirming life and worth by encouraging reminiscing of the past; • exploring the individual's hopes and fears regarding the present and future for themselves and their families/carers; • exploring the 'WHY' questions in relation to life, death and suffering. 2.a.2 Liaise with local resources for spiritual support and with the patient's permission contact relevant groups/individuals. For example: the Humanist Society. **(b) Religious** 2.b.1 Religious needs are assessed and addressed. 2.b.2 Facilitate the provision of inclusive worship reflecting the faith groups present within the unit. 2.b.3 Facilitate ceremonies and sacraments for individuals and/or groups when requested by patients and their carers. 2.b.4 Liaise with local faith groups and religious leaders and with the patient's permission facilitate referrals. **(c) Protecting patients** 2.c.1 Protect patients from unwanted visits from spiritual or religious groups or representatives.

Standard 3

Multidisciplinary Teamworking

STANDARD STATEMENT	RATIONALE	CRITERIA
The chaplain works as a core member of the multidisciplinary team to ensure the provision of holistic care for patients and their carers. (Clinical Standards in Scotland include chaplains as core members of the multidisciplinary team: this understanding may vary in other areas.)	Healthcare standards advocate a multidisciplinary approach to care. The chaplain should attend multidisciplinary team meetings, and record interventions in patient information systems (patient notes and/or electronic record system). **References** Staff with specialist palliative care expertise (should) function in multiprofessional teams to ensure that the palliative care needs of patients and carers are met. There is a multiprofessional meeting at least weekly for patient management (DoH, 2002: H2.1, H2.4). The core team comprises dedicated sessional input from: chaplain, doctors, nurses, occupational therapist, pharmacist, physiotherapist and social worker (CSBS, 2002: 3.a.1). Members of the multiprofessional team have continuous access to records and other information about patients. All team members keep patient records up to date following each patient/carer contact (DoH, 2002: H5.1, H5.2). Multidisciplinary teams should have access to suitably qualified, authorised and appointed spiritual care givers (NICE, 2004: 7.14, 7.19).	3.1 The chaplain attends and contributes to multidisciplinary team meetings. 3.2 The chaplain responds to referrals from members of the multidisciplinary team. 3.3 The chaplain records relevant information, response to referrals, and interventions, in the patient notes and in the electronic information systems (where available). 3.4 In response to recognised patient or carer needs the chaplain refers individual patients and their carers to other members of the multidisciplinary team.

Standard 4

Staff Support

STANDARD STATEMENT	RATIONALE	CRITERIA
As part of the unit's provision of support for staff and volunteers the chaplain offers personal and professional support.	It is recognised that working in palliative care leads people to question their personal beliefs and philosophy. The complexity of issues can also cause professionals to question and reflect on their professional beliefs and to break new ground. Chaplaincy can offer an informed, confidential resource to enable individuals and groups to reflect on their beliefs, philosophy and practice. **References** Chaplains have a duty to care for the colleagues they work with. Those who are frequently exposed to high stress situations require support, comfort and counsel. If this is provided in a sensitive and timely manner, it can reduce the incidence of breakdown, absenteeism and low morale (NAHAT, 1996).	4.1 The chaplain builds working relationships with members of staff and volunteers. 4.2 The chaplain responds to requests from members of staff and volunteers for personal and professional support. 4.3 The chaplain responds to requests from members of staff and volunteers for spiritual and religious support.

Standard 5

Education Training and Research

STANDARD STATEMENT	RATIONALE	CRITERIA
The chaplain contributes to the unit/team's professional education, training and research programmes.	Education and training of healthcare staff in spiritual care, religious care and the role of the chaplain enhances the confidence and knowledge of care and can improve care for patients and their carers. The promotion of evidence based practice is enabled and supported by active participation in research, and active participation in continuing professional development (CPD). Please refer to the section on CPD in the introduction to these standards. **References** All members of the multiprofessional team (should be) trained in the assessment of palliative care needs across the dimensions of physical, psychological, social, religious and cultural needs (DoH, 2002: H2.5). Palliative care units should provide an evidence based programme of education for professionals addressing the physical, psychological, social and spiritual aspects of palliative care (CSBS, 2002: 4.8). Research is needed to promote understanding of how spiritual needs… are best assessed and measured (NICE, 2004: 7.26). Fostering a research based culture is essential to support the promotion of evidence based practice (SWWDU, 2003: 62 p18). Chaplains should become involved with research e.g. collaborate with existing research teams and develop and take the lead informing research questions and projects (Speck 2005).	5.1 The chaplain contributes to staff induction, development and training within the unit. 5.2 The chaplain contributes to the unit/team's education and training programme for all healthcare professionals. Topics may include: • spiritual and religious care; • the role of the chaplain; • loss, grief, and bereavement. 5.3 The chaplain makes recommendations for educational resources e.g. recommendations for the unit's library. 5.4 The chaplain initiates/contributes to research within the unit, within chaplaincy, and spiritual and religious care (e.g. local research projects, multisite research projects and national research projects). 5.5 The chaplain is committed to continuing professional development (CPD) and keeps a record/portfolio of activities that evidence CPD. Activities can include: • attendance or presentation at conferences; • formal education (courses attended or taught); • teaching delivered; • articles and books written or reviewed; • journal club; • reflective practice e.g. clinical supervision.

Standard 6

Resources

STANDARD STATEMENT	RATIONALE	CRITERIA
The unit ensures the chaplain is provided with the resources to fulfil his or her job description, supervision and training needs.	To enable chaplains to fulfil their remit as professional members of the multidisciplinary team, the resources required to meet the standards for chaplaincy should be made available. Continuing professional development, education and training are essential elements in enabling individuals to maintain and enhance their skills. Professional specialist interest groups can provide advice and a source of experience for individuals and units. **References** (Palliative care units should have) a dedicated environment with a chapel/quiet room (CSBS, 2002: 2.a.1). Patients and relatives will have access to a chapel or suitable room for private reflection, worship or religious observance (NAHAT, 1996). All professions allied to medicine (who are members of the multidisciplinary team) should have (or be working towards) a diploma in palliative care (CSBS, 2002: 3.a.12.). All professions allied to medicine should be active members of their specialist interest group (CSBS, 2002: 3.a.9.).	**(a) The chaplain should have** 6.a.1 Access to quiet/private areas for confidential support of patients, carers, staff and volunteers. 6.a.2 Access to a chapel/prayer room for religious observance of all faiths. 6.a.3 Access to patient information systems for recording information and interventions. 6.a.4 Sufficient hours to enable attendance at the multidisciplinary meeting, and to meet the spiritual and religious needs of patients, carers, staff and volunteers. 6.a.5 Regular appraisal (at least annually) to review professional development and training needs. Identified needs to be resourced. 6.a.6 Access to external professional supervision (see criterion 5.5). **(b) The chaplain should** 6.b.1 Be a member of thei professional 'specialist interest group' (currently the Association of Hospice and Palliative Care Chaplains). 6.b.2 Have a recognised status within a mainstream faith community.

Standard 7

Chaplaincy to the Unit (Institution)

STANDARD STATEMENT	RATIONALE	CRITERIA
Over and above the individual and group needs of patients, carers, staff and volunteers, there are events that need communal recognition and action. The chaplain is a resource to assess and address these needs.	Unexpected or unusual personal, internal or external events can raise issues in the unit that need to be met. For example: national disasters, world events, death of a member of staff, complex patient or family events. Such events may call for a unique response (e.g. a communal ceremony) for which the chaplain is often the key professional. Through regular staff contact the chaplain may have insight into significant factors affecting the morale of the unit. The morale of the unit can be enhanced by raising issues and concerns without breaking individual confidences. **References** Chaplains have a duty to care for the colleagues they work with. Those who are frequently exposed to high stress situations require support, comfort and counsel. If this is provided in a sensitive and timely manner, it can reduce the incidence of breakdown, absenteeism and low morale (NAHAT, 1996). In understanding the relationship of spirituality to healthcare, chaplains recognise that values, meaning and beliefs play an important role in the life and work of the healthcare organisation. This distinctive approach enables the chaplain to be a resource to the institution and provide insight into a wide range of issues (SYWDU, 2003: 36, P12).	**The chaplain responds to** 7.1 Events in the unit which are having an impact on staff and require a communal response or event. For example: • death or illness in a member of staff; • unusual patient or family events. 7.2 Events external to the unit which are having an impact on staff and require a communal response or event. For example: • national disasters; • world events; • remembrance/anniversaries. 7.3 An awareness of matters or events affecting the morale or functioning of the unit which require management awareness for resolution.

REFERENCES

AHPCC (2006) *Guidelines for Hospice and Palliative Care Chaplaincy.* Association of Hospice and Palliative Care Chaplains, www.ahpcc.org.uk

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Speck, P. (2005) A standard for research in health care chaplaincy. *Journal of Health Care Chaplaincy* 6 (1), 26-33.

SYWDU (2003) *Caring for the Spirit: A strategy for the chaplaincy and spiritual healthcare workforce*. South Yorkshire Strategic Health Authority (formerly, South Yorkshire Workforce Development Unit), Sheffield.

AUDIT

To assist in the audit of these standards a ***self assessment tool*** has been included in this document.

The standards and the self assessment tool are available in Microsoft Word Format from the Association of Hospice and Palliative Care Chaplains website: www.ahpcc.org.uk

Self Assessment Tool

(Second Edition 2006)

ASSOCIATION OF HOSPICE &
PALLIATIVE CARE CHAPLAINS

Self Assessment Tool

INTRODUCTION

This tool has been developed as a practical aid to assess and audit a chaplaincy service by using the *Standards for Hospice and Palliative Care Chaplaincy*. It is acknowledged that the tool may need to be adapted where a chaplaincy team is in place and in particular where team members are part-time. The Association of Hospice and Palliative Care Chaplains would welcome comments on the self assessment tool and suggestions for ways in which it might be improved for future use. An electronic version of the self assessment tool in Microsoft Word is available from the Association of Hospice and Palliative Care Chaplains website: www.ahpcc.org.uk

USING THE SELF ASSESSMENT TOOL

The self assessment tool has five columns, three of which require completion.

Criteria column
This column is a duplicate of the chaplaincy standards **Criteria** column

Self Assessment Question
This column poses the audit questions

Answer
This column is for answers to the questions in the **Self Assessment Question** column

Reviewer comments
This column allows a reviewer to comment on the answers

Met / Not Met
This column gives a choice of **met** or **not met**, however it may be that you wish to add to this by including **partially met** or **working towards**.

WHAT KIND OF AUDIT?

The standards were piloted by using two forms of audit. The AHPCC leaves it to individual units to choose the method of audit felt to be most effective in evaluating the chaplaincy service. These audits are offered as a guide.

Internal audit. The chaplain and/or member(s) of staff complete the form and a line manager, clinical audit facilitator (or other person) acts as reviewer.

External audit. The chaplain and/or member(s) of staff complete the form and an external person acts as reviewer.

A sample of the findings of a comparative audit using the AHPCC 2003 standards is available in full text on-line from the *Scottish Journal of Healthcare Chaplaincy* www.sach.org.uk/journal Mitchell, D. and Hibberd, C. (2004) A comparative Assessment of Hospice Chaplaincy Services. *Scottish Journal of Healthcare Chaplaincy* 7(1), 6-11.

Standard 1

Access to Chaplaincy Services

CRITERIA (Standard 1)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
1.1 All patients receive written information containing details of the chaplaincy service available within the unit.	Do patients receive written information on the chaplaincy service? (give details)			
1.2 The information supplied in the information booklet contains an explanation of the chaplaincy service and when and how contact with the chaplain may be obtained.	Does the information : a. give examples of when to contact the chaplain?			
	b. explain how to contact the chaplain?			
1.3 The booklet is supported by verbal explanation of access to the chaplaincy service during admission.	Is the booklet supported by verbal explanation?(give details)			
1.4 The admission procedure ensures a check that written information is given.	What procedure is in place to check information is given?			
1.5 There is a documented protocol for referral to the chaplaincy service. (Note: the referral procedure/pathway can be a verbal system.)	Is there a documented protocol?			
	Where is it held? (should be an area accessible to staff e.g. wards, patient notes, local computer network, local services manual)			

Standard 2

Spiritual & Religious Care

CRITERIA (Standard 2)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
(a) Spiritual				
2.a.1 Spiritual needs are assessed and addressed and may include the following: • exploring the individual's sense of meaning and purpose in life; • exploring attitudes, beliefs, ideas, values, and concerns around life and death issues; • affirming life and worth by encouraging reminiscing of the past; • exploring the individual's hopes and fears regarding the present and future for themselves and their families/carers; • exploring the 'WHY' questions in relation to life, death and suffering.	How do you ensure that patients and those important to them have had the opportunity for their spiritual needs to be assessed and addressed? (Describe the process and how audited e.g. audit of patient information systems (notes or electronic), patient feedback etc)			
2.a.2 Liaise with local resources for spiritual support and with the patient's permission contact relevant groups/individuals. For example: the Humanist Society.	What systems are in place to liaise with local resources for spiritual support? (give details e.g. a directory of contact numbers for local/national organisations is available)			

Standard 2

Spiritual & Religious Care

CRITERIA (Standard 2)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
(b)Religious				
2.b.1 Religious needs are assessed and addressed.	How do you ensure that patients and those important to them have had the opportunity for their religious needs to be assessed and addressed ? (e.g. audit of patient information systems (notes or electronic), patient feedback etc.)			
2.b.2 Facilitate the provision of inclusive worship reflecting the faith groups present within the unit.	How do you facilitate the provision of inclusive worship?			
2.b.3 Facilitate ceremonies and sacraments for individuals and/or groups when requested by patients and their carers.	How do you facilitate ceremonies and sacraments for individuals?			
	How do you facilitate ceremonies and sacraments for groups?			
2.b.4. Liaise with local faith groups and religious leaders and with the patient's permission facilitate referrals.	What systems are in place to liaise with and refer to faith groups and religious leaders? (give details, e.g. a directory of contact numbers for local/national organisations is available)			

Standard 2

Spiritual & Religious Care

CRITERIA (Standard 2)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
(c) Protecting patients				
2.c.1. Protect patients from unwanted visits from spiritual or religious groups or representatives.	How are patients protected from unwanted visits by spiritual or religious groups or representatives? (e.g. is there a protocol for the chaplain/staff member to contact/inform representatives/ faith leaders of the patient's decision?)			

Standard 3

Multidisciplinary Teamworking

CRITERIA (Standard 3)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
3.1 The chaplain attends and contributes to multidisciplinary team meetings.	Does the chaplain attend multidisciplinary team meetings?			
	Is attendance recorded?			
3.2 The chaplain responds to referrals from members of the multidisciplinary team.	Does the chaplain respond to referrals from the multidisciplinary team?			
	Is there a timescale for response to referrals? (give details)			
3.3 The chaplain records relevant information, response to referrals, and interventions, in the patient notes and in the electronic information systems (where available).	**Does the chaplain record:** • Response to referrals in the patient information systems?			
	• Interventions in the patient information systems?			
	• Is the recording audited? (give details)			
3.4 In response to recognised patient or carer's needs the chaplain refers individual patients and their carers to other members of the multidisciplinary team.	Are referrals made to other members of the multidisciplinary team? (give details)			
	Are they documented?			

Standard 4

Staff Support

CRITERIA (Standard 4)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
4.1 The chaplain builds working relationships with members of staff and volunteers.	Is there evidence of good working relationships? (give details, e.g. staff/volunteer survey?)			
4.2 The chaplain responds to requests from members of staff and volunteers for personal and professional support.	Does the chaplain provide personal and professional staff support?			
	Are incidences (not content) of support recorded? (e.g. a diary/log noting the time spent and whether professional or personal. No name or content need be recorded, preserving confidentiality)			
4.3 The chaplain responds to requests from members of staff and volunteers for spiritual and religious support.	Does the chaplain provide spiritual and religious staff support?			
	Are incidences (not content) of support recorded? (e.g. a diary/log noting the time spent and whether spiritual or religious. No name or content need be recorded, preserving confidentiality)			

Standard 5

Education, Training and Research

CRITERIA (Standard 5)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
	How does the chaplain:			
5.1 The chaplain contributes to staff induction, development and training within the unit.	• Contribute to staff induction?			
	• Contribute to in-service training?			
5.2 The chaplain contributes to the unit/team's education and training programme for all healthcare professionals. Topics may include: • spiritual and religious care; • the role of the chaplain; • loss, grief, and bereavement.	• Contribute to the unit's education and training programme? (give details)			
5.3 The chaplain makes recommendations for educational resources, e.g. recommendations for the unit's library.	• Make recommendations for educational resources? (give details)			
5.4 The chaplain initiates/ contributes to research within the unit, within chaplaincy, and spiritual and religious care e.g. local research projects, multisite research projects and national research projects.	• Initiate/contribute to research within the unit? (give details) • Initiate/contribute to research within chaplaincy, spiritual and religious care? (give details)			

Standard 5

Education, Training and Research

CRITERIA (Standard 5)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
5.5 The chaplain is committed to continuing professional development (CPD) and keeps a record / portfolio of activities that evidences CPD. Activities can include: • attendance or presentation at conferences; • formal education (courses attended or taught); • teaching delivered; • articles and books written or reviewed; • journal club; • reflective practice, e.g. clinical supervision.	The chaplain maintains a record / portfolio of CPD activity. (Please give details, e.g. a summary of areas of activity.)			
	When required for registration The chaplain has achieved the required number of CPD points to maintain registration as a healthcare chaplain. (Give details e.g. the number of points required and achieved.)			

Standard 6

Resources

CRITERIA (Standard 6)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
(a) The chaplain should have	**Does the chaplain:**			
6.a.1 Access to quiet/private areas for confidential support of patients, carers, staff and volunteers.	• Have access to quiet/private areas for confidential support?			
6.a.2 Access to a chapel/prayer room for religious observance of all faiths.	• Have access to chapel/prayer room (please describe)?			
6.a.3 Access to patient information systems for recording information and interventions.	• Have access to the patient information systems?			
	• Record interventions in the patient information systems?			
6.a.4 Sufficient hours to enable attendance at the multidisciplinary meeting, and to meet the spiritual and religious needs of patients, carers, staff and volunteers.	How many hours per week does the chaplain work?			
	Does the chaplain attend the multidisciplinary team meeting? (give details - how often?)			

Standard 6

Resources

CRITERIA (Standard 6)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
6.a.5 Regular appraisal (at least annually) to review professional development and training needs. Identified needs to be resourced.	Does the chaplain have an annual appraisal? Are professional and training needs identified? Are resource implications identified and agreed?			
6.a.6 External professional supervision.	Does the chaplain have external supervision? (give details e.g. clinical supervision every 4-6 weeks)			
(b) The chaplain should				
6.b.1 Be a member of their professional 'specialist interest group' (currently the Association of Hospice and Palliative Care Chaplains).	Is the chaplain a member of the Association of Hospice and Palliative Care Chaplains? Is the membership confirmed? (the AHPCC issues a letter confirming receipt of subscription and membership)			
6.b.2 Have a recognised status within a mainstream faith community.	Does the chaplain have a recognised status with a mainstream faith community? (give details)			

Standard 7

Chaplaincy to the Unit (Institution)

CRITERIA (Standard 7)	SELF ASSESSMENT QUESTION	ANSWER	REVIEWER COMMENTS	MET/ NOT MET
The chaplain responds to	**How does the chaplain respond to:**			
7.1 Events in the unit which are having an impact on staff and require a communal response or event. For example: • illness or death of a member of staff; • unusual patient or family events.	• Events in the unit? (give details)			
7.2 Events external to the unit which are having an impact on staff and require a communal response or event. for example: • national disasters; • world events; • remembrance/anniversaries.	• External events? (give details)			
7.3 An awareness of matters or events affecting the morale or functioning of the unit which require management awareness for resolution.	• Matters or events affecting morale or functioning of the unit? (e.g. an advocacy role representing staff or management concerns without breaking confidence)			