

UK Board of
Healthcare Chaplaincy



Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains

Introduction and Acknowledgement

The UK Board of Healthcare Chaplaincy (UKBHC) acknowledges the vision, experience and expertise of NHS Education for Scotland (NES) in the preparation and publication of this capability and competency framework and is grateful for their permission to adopt and reprint this document as a framework for healthcare chaplaincy throughout the UK. In developing a framework for healthcare chaplains in Scotland the consultation committee sought representation from chaplaincy organisations and representative faith and belief groups across the UK with the vision that this work might be relevant in the National Health Service throughout the UK and to encourage chaplaincy to develop as a recognised healthcare profession.

The UKBHC also acknowledges that at present there are differences in the ways in which chaplaincy is structured, practiced and described in England, Northern Ireland, Scotland and Wales. For example: some health departments are moving towards chaplaincy as a more professional service while others are working towards chaplaincy as a recognised healthcare profession. Also, while much of the UK practices a combination of generic and faith-based chaplaincy, some are structured more specifically as faith-based chaplaincy services. Similarly some faith communities require a chaplain to be 'authorised' to enable them to perform religious ministry within that faith tradition, others do not. The UKBHC is committed to ensuring that all chaplains registered to practice can demonstrate a recognised status within a faith community or belief group. The UKBHC recognises that in adopting these documents as best practice chaplaincy services in different regions of the UK will interpret them in the light of their own structures.

Generic Chaplaincy: The term **generic** used in these documents is not to be confused with inter-faith ministry. Generic chaplains do not provide religious rites and ceremonies to people of different faiths. Generic chaplaincy describes a service where a chaplain discerns or responds to referrals from healthcare staff to assess the spiritual or religious needs of patients, visitors and staff. Where these assessed needs require a religious response that is different from the chaplain's, the chaplain will refer to an appropriate chaplaincy colleague or representative from the individual's faith community or belief group. The UKBHC is wholly committed to faith-based chaplaincy as an essential element of healthcare chaplaincy services.

This document refers throughout to the Standards for NHSScotland Chaplaincy Services (2007), these standard have also been adopted and reprinted by the UKBHC as **Standards for Healthcare Chaplaincy Services** (2009) and are available from www.ukbhc.org.uk

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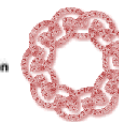
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Supported By

| | |
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| CAAB | Chaplaincy Academic and Accreditation Board |
| AHPCC | Association of Hospice and Palliative Care chaplains |
| CHCC | College of Health Care Chaplaincy |
| NIHCA | Northern Ireland Healthcare Chaplains' Association |
| SACH | Scottish association of Chaplains in Healthcare |



NI Healthcare Chaplains' Association



Scottish Association of Chaplains in Healthcare

Introduction

Chaplaincy and Spiritual care in the National Health Service have developed markedly over the past few years. The Health Department Letter HDL (2002) 76 "Spiritual Care in NHS Scotland" (HDL (2002) 76) for the first time made spiritual care an integral part of health care. Up until then, spiritual care was generally regarded as being identical to religious care and health boards had been advised that they should have chaplains to undertake this work. The HDL made several very specific statements with regard to future policy and understanding.

It underlined recent statements from the World Health Organisation to the effect that full person care could no longer ignore the elements of care, compassion, beliefs and values which come under the umbrella of "Spiritual Care". It had been an incomplete view of our humanity which concentrated on the physical, psychological and social but made no mention of that search for meaning and value which makes up the spiritual element of human living.

Spiritual Care and Religious Care

The HDL (2002) 76 document differentiated between spiritual care and religious care:

- **Spiritual Care** is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation:
- **Religious Care** is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

Spiritual care is often used as the overall term and is relevant for all. For some their spiritual needs are met by religious care, the visits, prayers, worship, rites and sacraments often provided by a faith leader, or representative of the faith community or belief group.

Spiritual care can be provided by all health care staff, by carers, families and other patients. When a person is treated with respect, when they are listened to in a meaningful way, when they are seen and treated as a whole person within the context of their life, values and beliefs, then they are receiving spiritual care. Chaplains are the specialist spiritual care providers. For them, spiritual care is the reason for their employment and they are expected to be knowledgeable, capable and competent in the areas of spiritual and religious care. They are expected to take their place as members of the multiprofessional healthcare team and to fulfil a meaningful role within the healthcare community.

A Health Service Responsibility

Spiritual care is a responsibility of the health service and should to be undertaken in partnership with the faith communities and belief groups within the wider community (HDL (2002) 76).

To that extent each Health Board has written and approved a Spiritual Care Policy describing the direction, application and organisation of spiritual care within and as part of the service it provides. Spiritual Care Committees and Departments of Spiritual and Religious Care are but two of the developments since then. Since 1st January 2007 all whole time chaplains in Scotland have been direct employees of the health service. Elsewhere in the UK this is also common practice.

Chaplains

Chaplains have professional associations to which a large number belong. They are the Scottish Association of Chaplains in Healthcare (SACH), the College of Health Care Chaplains (CHCC), the Northern Ireland Healthcare Chaplains' Association (NIHCA) and the Association of Hospice and Palliative Care Chaplains (AHPCC). Together these associations have developed a Code of (Ethical) Practice and considerable work has been done on chaplaincy standards and the body of knowledge that chaplains need to know (AHPCC, CHCC, SACH 2005). Work is under way to produce professional qualifications for chaplains. It is the aspiration of all the associations that healthcare chaplaincy becomes a health care profession. To achieve the status of a 'registered healthcare profession' healthcare chaplaincy requires to become a self-regulating profession and a number of groups are currently working on the components required for self-regulation. The Chaplaincy Academic and Accreditation Board (CAAB), made up from the professional associations in the United Kingdom has, a significant role. The work leads towards a more professional approach to chaplaincy with regard to education, entry to the profession, relationship to faith and belief communities and levels of responsibility/seniority. Chaplains now take their place within the NHS Knowledge and Skills Framework (KSF) and on the Agenda for Change (AFC) bandings (Department of Health 2004b). **(Note: Since the publication of the original NES document the UKBHC has been formed and includes the AHPCC, CHCC, SACH and the NIHCA, the UKBHC now incorporates the work of the former Chaplaincy Academic and Accreditation Board (CAAB).**

Recent Documents

In Scotland a Scoping Study on Spiritual Care and Chaplaincy was undertaken by the Chaplaincy Training and Development Unit in conjunction with Quality Improvement Scotland (NHS QIS, 2005). A broadly representative group developed "Standards for NHS Scotland Chaplaincy Services" which has been approved by the professional associations (AHPCC, CHCC, SACH, 2007). Another group is looking at the possibility of an e-portfolio for recording continuing professional development following on from original work undertaken by CAAB.

In June 2005 CAAB approached Skills for Health with the aim of developing national occupational standards. Skills for Health agreed to work collaborate with CAAB as they provided the professional expertise for such a project. The Caring for the Spirit project in England, created from a strategy document by the South Yorkshire Workforce Development Confederation for chaplaincy within the spiritual healthcare workforce, sought to commission Skills for Health to develop national occupational standards for healthcare chaplaincy (SYWCD, 2003). However, this did not go forward.

The Need for a Capabilities and Competences Framework for Healthcare Chaplains

Following the recommendation of the NHS QIS Scoping Study (NHS QIS 2005) and the completion of the Standards for Chaplaincy Services in NHSScotland (AHPCC, CHCC, SACH, 2007) the logical progression is to produce a capability and competence framework for individuals working as healthcare chaplains. This framework would help to inform and develop education and training, the planning of work-based learning and of personal development of healthcare chaplains. The document is referenced to the Chaplaincy Standards and linked to the Knowledge and Skills Framework. It is recognised that upon completion of this framework and derivative from and related to this work there is the need for another framework for all health care staff as all staff have the potential to provide spiritual care.

NHS Education for Scotland

The purpose of NHS Education for Scotland (NES) is to help provide better patient care by designing, commissioning, quality-assuring and, where appropriate, providing education, training and life long learning for the NHSScotland workforce. The work programme is clearly aligned to “Delivering for Health”, the Scottish Executive Health Department’s response to the Kerr Report “Building a Health Service Fit for the Future: A National Framework for Service Change” (Scottish Executive 2005b,2005a), NES brings together the healthcare professions and seeks to develop cross fertilisation in training and education which will strengthen the multiprofessional team approach to health care. It supports the national clinical priorities of cancer, child health, coronary heart disease and stroke, mental health, public health and health improvement. It supports the movement towards a patient-centred health service taking due account of the wishes and needs of individuals and communities. The corporate plan of NES 2007/8 includes the statement, “The NES Healthcare Chaplaincy Unit will support the provision of a broader based chaplaincy for the whole health community, through greater integration of chaplains into the healthcare team. A post graduate qualification for healthcare chaplains will be commissioned and a capability framework developed” (NES 2007).

Skills for Health

Skills for Health is the Sector Skills Council for the United Kingdom health sector. Its purpose is to develop solutions that deliver a skilled and flexible workforce to improve health and healthcare. In 2006 Skills for Health entered into a Sector Skills Agreement for Health. This seeks to identify and prioritise the sector’s future skills and workforce needs so that health sector employers, those that deliver and fund education and training, the government and Skills for Health can take appropriate action to address them. As such, Skills for Health output has been consulted throughout the development of this framework. Attention has been paid to relevant National Occupational Workforce Competences to underpin the development of this capability and competence framework.

NHS Education for Scotland and Skills for Health have a working memorandum of agreement through which they work together within the Scottish context.

A Capabilities and Competences Framework

Competency Frameworks have been widely produced across the health sector between 2004 and 2006. The volume of these has made them appear to some to be unwieldy, and others have suggested that as well as or instead of competences we need something which is more flexible and including a developmental context. Spiritual care and chaplaincy require certain **competences** but are particularly attuned to **capability**. There is a degree of perception, behaviour and attitude within spiritual care that is difficult to describe in terms of a task. This we believe is best expressed by a capability framework within which are groups of competences. The terms ‘competences and capabilities’ are explained below under ‘Developing a capability and competences framework’ (Page 6)..

The Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains

The capabilities and competences framework is for chaplains working in the NHS and voluntary sector. The framework is based on the concepts of **capability** and **competence** using the **Chaplain** level described below. This post sits at Agenda for Change Band 6. It is recognised that Spiritual and Religious Care is an integral part of healthcare and can be provided by all healthcare professionals, and further work will need to be undertaken to develop the capabilities and competences for all healthcare workers (AHPCC, CHCC, SACH, 2007; NHS QIS, 2005).

The national framework is a progressive four level model reflecting progression through the profession (See Figure 1).

Figure 1.

| | |
|----------------------------|---|
| Trainee Chaplain | A person in training, working under the supervision of a chaplain. |
| Chaplain | An autonomous, qualified practitioner whose role is to seek out and respond to the spiritual and religious needs of individuals, their carers and staff. |
| Senior Chaplain | A chaplain with additional responsibilities and experience including the management of a chaplaincy team. |
| Specialist Chaplain | A chaplain with specialist knowledge and experience of a particular aspect of healthcare chaplaincy. For example: Acute, Mental Health, Paediatrics, Palliative Care. |
| Lead Chaplain | A chaplain with management responsibility for spiritual and religious care policy and services across a Health Board area. |

Figure 2. An example of the framework in practice

Chaplaincy Standard 5.2 The chaplaincy service contributes to the healthcare team's education and training programme (AHPCC, CHCC, SACH, 2005 p7).

| | |
|----------------------------|---|
| Trainee Chaplain | As a trainee, would not contribute to education or training. |
| Chaplain | As an experienced practitioner, contribute to education and training within the hospital or unit. |
| Senior Chaplain | As an experienced practitioner, contribute to education and training in Higher Education Institutions. |
| Specialist Chaplain | As an experienced and specialist practitioner, contribute to education and training in Higher Education Institutions. |
| Lead Chaplain | As an experienced practitioner, contribute to the development of programmes of education and training. |

Developing the Healthcare Chaplains' Capabilities and Competences Framework

The framework has been informed by, and is adapted from, previous work undertaken by the Sainsbury Centre for Mental Health (2001), the Department of Health (2004) and the Combined Sheffield Universities Inter-professional Learning Unit (2004).

Capability is associated with facilitating the continuing development of practitioners' ability and potential and is an essential element of lifelong learning and personal and professional development. A distinction is made between the terms competence and capability.

- **competence** describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time;
- **capability** describes the extent to which an individual can apply, adapt and synthesise new knowledge from experience and continue to improve his or her performance (Fraser & Greenhalgh, 2001).

It has been argued that competences do not take into account complexity (Wilson & Holt, 2001), and that effective practitioners need more than a prescribed set of competences to carry out their roles effectively (Sainsbury Centre for Mental Health, 2001). The ability to adapt to frequent change incorporates professional judgement, decision-making skills and experiential knowledge gained from many different (but similar) situations. The more expert the practitioner, the more likely he or she is able to adapt in complex, unpredictable and unfamiliar circumstances (Benner, 1984).

Capability frameworks focus on:

- realising people's full potential;
- developing the ability to adapt and apply knowledge and skills;
- learning from experience;
- envisaging the future and contributing to making it happen.

These elements are congruent with continuing professional development, lifelong learning and personal development goals, each of which is a vital part of the make-up of current and future healthcare practitioners.

The Essential Practitioner Framework (Sainsbury Centre for Mental Health, 2001) aimed to identify the skills, knowledge and attitudes needed for a healthcare workforce to provide safe and effective care. It sought to define the required education input to deliver effective care, rather than focusing on particular professional groups. These ideas have been adapted within this professional development framework for nurses and AHPs working with individuals with cancer, their families and carers.

Capabilities incorporate several components (Sainsbury Centre for Mental Health, 2001):

- a performance component – identifies what people need to possess and what they need to achieve in the workplace;
- an ethical component – concerned with integrating knowledge of culture, values and social awareness into professional practice;
- a component that emphasises reflective practice in action;
- the capability to effectively implement evidence-based interventions in the changing context of health services;
- a commitment to working with new models of professional practice and accepting responsibility for lifelong learning.

A capability framework is a broad outline of what practitioners should be able to do in practice. Capability frameworks are usually supported by discipline-specific competency frameworks detailing the level of expertise required. As there are no existing nationally accepted interdisciplinary competency frameworks for chaplains working with individuals with spiritual or religious needs, this framework incorporates practice learning outcomes to detail what practitioners should be able to achieve and to capture the notion of capability as current competence combined with the development of future potential competence.

Essential Capabilities for Healthcare Chaplaincy

The Ten Essential Shared Capabilities (DoH, 2004) were developed by a partnership involving the National Institute for Mental Health England and the Sainsbury Centre for Mental Health Joint Workforce Support Unit, in conjunction with the NHS University. They describe the values and principles that should underpin practice in services in England for people who have mental health problems. They are relevant to all practitioners irrespective of professional group or role in mental health care, and represent the minimum requirements.

The capabilities have been adapted from the mental health setting to spiritual and religious care, and adjusted to reflect the core values of chaplains. It is anticipated that the capabilities will be appropriate for practitioners working with individuals accessing spiritual and religious care, their families and carers at all levels of the professional development framework.

1 Working in partnership

Developing and maintaining constructive working relationships with individuals, their families and carers and multi-professional colleagues to design, deliver and evaluate care and treatment across organisational, geographical and professional boundaries.

2 Respecting diversity

Providing care and treatment in ways that respect and value diversity in, For example: age, race, culture, disability, gender, spirituality and sexuality.

3 Practising ethically

Recognising the rights of individuals, their families and carers, and providing information to increase understanding, inform choices and support decision making. Providing care and treatment based on professional, legal and ethical codes of practice.

4 Challenging inequality

Identifying where care could be improved and devising solutions, where possible, to ensure individuals, their families and carers have access to the best quality care, irrespective of their personal circumstances or geographical location.

Communication is not identified as an essential capability but is recognised as key to all aspects of health care and is integrated into all aspects of the framework.

5 Identifying the needs of people using chaplaincy services.

Identify the individual and collective needs of patients, visitors, staff and volunteers.

6 Providing safe and responsive patient-centred care

Providing safe, effective and responsive care and interventions that meet the identified holistic needs of individuals, their families and carers within the parameters of the role and in accordance with professional codes of conduct and clinical governance.

7 Promoting best practice

Continually reviewing and evaluating to ensure quality assured, evidence-based, values-based care designed to meet the individual needs of individuals, their families and carers is offered.

8 Promoting rehabilitation approaches

Recognising the relevance of rehabilitation for individuals. Working in partnership with individuals, their families and carers and multi-professional colleagues to set realistic goals, foster hope, and develop and evaluate realistic, sustainable programmes of rehabilitation that emphasise self care.

9 Promoting self care and empowerment

Taking active steps to work with, involve and support people in addressing their own healthcare needs, maximising their potential within the limits of their illness and enabling them to live as independently as possible.

10 Pursuing personal development and learning

Keeping up to date with changes in practice, seeking opportunities to extend knowledge, skills and experience and participating in lifelong learning activity. Pursuing personal and professional development for self and others through supervision and reflection in and on practice.

Structure of the Healthcare Chaplaincy Framework

The framework is presented under four domains with a number of elements to each domain:

1. Knowledge and skills for professional practice:
 - 1.1 Knowledge and skills for practice;
 - 1.2 Practicing ethically;
 - 1.3 Communication skills;
 - 1.4 Education and training.
2. Spiritual and religious assessment and intervention:
 - 2.1 Spiritual assessment and intervention;
 - 2.2 Religious assessment and intervention.
3. Institutional practice:
 - 3.1 Team working;
 - 3.2 Staff support;
 - 3.3 Chaplain to the hospital or unit.
4. Reflective practice:
 - 4.1 Reflective practice;
 - 4.2 Personal spiritual development.

Each of the domains contains:

- **capabilities** – broad statements of intent;
- **practice learning outcomes / competences** – detailing the knowledge, skills, attitudes and behaviours professionals should be capable of demonstrating in practice;
- **key content** – depicting an outline knowledge-base required to achieve practice learning outcomes.

The Essential Capabilities for Healthcare Chaplaincy are incorporated within, and reflected throughout, the framework. Achievement of the capabilities and practice

learning outcomes in each domain contributes to achievement of the Essential Capabilities.

References to Chaplaincy Standards

The framework is referenced to the Chaplaincy Standards (AHPCC, CHCC, SACH, 2007) in order to facilitate the use of the two documents in tandem. The standards refer to the quality of a whole service, whereas the capability and competency framework describes the individual chaplain's role. Where individual competences relate to a particular standard the standard, is noted in the column on the right hand side of the page. (Note: See UKBHC Standards, 2009)

Links to Knowledge and Skills Framework (KSF)

The framework is linked to the Knowledge and Skills Framework under the capabilities within each domain. This is intended for guidance only and is inclusive of all possible links. Individual KSF for particular posts must be discussed and agreed locally and may not necessarily reflect all the KSF links referred to below.

How can the framework be used?

The framework can be used:

- for self-assessment;
- as a means of planning personal development;
- as a means of planning team development;
- as a guide to developing education and training;
- as a guide to developing work-based learning.

It is anticipated that those using the framework for professional development purposes would be supported and guided by an experienced mentor. The self-assessment would be in conjunction with the professional associations' Continuing Professional Development (CPD) portfolio, and e-portfolio when available.

Definition of Terms

Accreditation

In the context of this document, this term is being used to describe the accepted status of an individual within a faith community or belief group in terms appropriate to that community for the support of the chaplain.

For example:

- Ordination;
- Being accepted as an Rabbi, Imam or Giani;
- Being set apart as a Reader;
- Having a letter of support from a faith community, or belief-group, leader.

NB: This term is currently under review by the group reviewing the HDL (2002) 76 and will be subject to change and clarification.

Belief Group

Any group which has a cohesive system of values or beliefs, but which does not classify itself as a faith community.

Chaplain

A person who is appointed and recognised as part of the specialist spiritual care team within a health care setting. His or her job is to seek out and respond to those who are expressing spiritual and religious need by providing the appropriate care, or facilitating that care, through contacting, with the patient's permission, the representative of choice.

Faith Community

A recognisable group who share a belief system and usually undertake religious practices such as prayer, scripture reading, meditation and communal acts of worship.

Individual

Any person for whom the chaplain has responsibility, including; patients, service users, clients, relatives, carers, and NHS Staff, or groups thereof.

| Domain | 1 | Knowledge and Skills for Professional practice | |
|--|---|---|---------------------|
| Capability | 1.1 | Knowledge and skills for practice: The chaplain continually develops and updates his or her knowledge of spiritual and religious care, current policy, and research evidence relevant to chaplaincy services, and uses this to promote and develop effective, evidence-based practice. | |
| Key Content | | <ul style="list-style-type: none"> • Literature on spiritual care and practice; • Literature on religious care and practice; • Literature on equality and diversity; • Key government and local policies, standards and guidelines; • Pathways and assessments used in spiritual and religious care. | |
| KSF | | <ul style="list-style-type: none"> • HWB2, 4, 6; IK1, 2, 3; C4,6; IK1,2. | |
| Practice learning outcomes / Competences | | | Chaplaincy Standard |
| Chaplain | | | |
| | Demonstrates an ability to: | | |
| 1.1.1. | recognise the forms in which spiritual need manifests itself in individuals. For example: <ul style="list-style-type: none"> • celebration, hope, preservation of dignity; • guilt, the need for forgiveness, the question 'Why?', searching for meaning, the need to resolve unfinished business. | | |
| 1.1.2. | recognise the forms in which religious and cultural needs manifest themselves in individuals. For example: <ul style="list-style-type: none"> • requirements for privacy, dietary requirements, issues of gender, healthcare interventions, religious requirements in the event of death. | | 3.6 |
| 1.1.3. | discern, assess and meet the needs of individuals displaying unhelpful manifestations of spirituality or religion. | | |
| 1.1.4. | maintain a knowledge and understanding of the main world faiths and belief groups, with particular reference to their philosophies, beliefs and practices around illness, birth, dying and death. | | 3.1 |
| 1.1.5. | maintain the processes and protocols by which referrals are made to and from the chaplaincy service, and monitor these for effectiveness. | | 2.5 |
| 1.1.6. | maintain appropriate documentation of referrals, assessment, interventions and outcomes. | | 1.a.1 |

| Domain | 1 | Knowledge and Skills for Professional practice | |
|---------|---|--|-------|
| 1.1.7. | | prioritise demands on time and attention and follow the protocol for such prioritisation. For example: <ul style="list-style-type: none"> • making a priority of call-outs; • emergency referrals; • routine referrals; • follow-up visits. | 1.a.1 |
| 1.1.8. | | apply relevant local and national policies or guidelines and collaborate with other members of the chaplaincy and healthcare teams to incorporate these into practice. | |
| 1.1.9. | | use knowledge of professional and legal accountability and responsibility to ensure safe and effective practice that meets the needs of individuals using the chaplaincy service. For example <ul style="list-style-type: none"> • marriage, funerals, advance directives; • child protection, vulnerable adults; • working with volunteers. | |
| 1.1.10. | | recognise his or her personal role and responsibility in ensuring compliance with all relevant regulations and requirements for safe and effective working. For example: <ul style="list-style-type: none"> • health and safety regulations, confidentiality policy, maintenance of administrative records and reports in accordance with local protocols. | |
| 1.1.11. | | evaluate and apply relevant research findings and in collaboration with other members of the chaplaincy and healthcare teams incorporate them into practice. | 5.7 |
| 1.1.12. | | contribute to audit and research within chaplaincy practice. For example: <ul style="list-style-type: none"> • assessment of chaplaincy standards; • audit of own use of time; • conduct pilot studies; • participate in a local or national research project. | 5.6 |

| Domain | 1 | Knowledge and Skills for Professional Practice | |
|--|---|---|---------------------|
| Capability | 1.2 | Practicing ethically: The chaplain maintains and develops his or her knowledge of culture, diversity, ethical, professional and legal theory and frameworks. This knowledge is used to support interactions with individuals using chaplaincy services. | |
| Key Content | | <ul style="list-style-type: none"> Professional code of conduct; Literature on ethical theory; Literature on ethical issues, e.g. informed consent, decision making, culture and diversity, duty of care, ethics and legalities. | |
| KSF | | <ul style="list-style-type: none"> C6; HWB4; IK3. | |
| Practice learning outcomes / Competences | | | Chaplaincy Standard |
| Chaplain | | | |
| | Demonstrates an ability to: | | |
| 1.2.1. | Understand and apply the ethical principles For example: <ul style="list-style-type: none"> non-maleficence (do no harm); beneficence (seek well-being); respect for autonomy; justice. | | |
| 1.2.2. | differentiate personal beliefs, morals and values from healthcare ethics. For example: <ul style="list-style-type: none"> recognise that a variety of value systems, customs, beliefs and practices will co-exist within healthcare ethics. | | |
| 1.2.3. | provide an ethical, theological and pastoral resource to engage with individuals and the institution. For example: <ul style="list-style-type: none"> support individuals facing the ethical and theological implications of their situation; reflect on and evaluate the ethical information provided for patients, family/carers and staff; contribute to ethical discussion, committees, and forums within field of practice; inform on the ethical implications of changes in buildings, local priorities and working practices. | | 7.5 |

| Domain | 1 | Knowledge and Skills for Professional Practice | |
|--|---|--|---------------------|
| Capability | 1.3 | Communication skills: The chaplain maintains and develops the communication skills necessary for the spiritual and religious care of individuals and groups. | |
| Key Content | | <ul style="list-style-type: none"> • Communication skills theory; • Communication skills education and training; • Literature on counselling, pastoral care, or listening skills. | |
| KSF | | <ul style="list-style-type: none"> • C1; HWB2, 6. | |
| Practice learning outcomes / Competences | | | Chaplaincy Standard |
| Chaplain | | | |
| | Demonstrates an ability to: | | |
| 1.3.1. | use communication skills to provide pastoral care to individuals. For example: <ul style="list-style-type: none"> • active listening including: empathy, use of silence, open questioning, reflection; • awareness of blocks to effective communication including: false assurance; leading questions changing the focus; defending colleagues; • counselling skills including: congruence, empathy, unconditional positive regard. | | |
| 1.3.2. | identify language needs and access interpreting services. | | |
| 1.3.3. | communicate with individuals in a variety of complex pastoral encounters. For example: <ul style="list-style-type: none"> • traumatic events, breaking bad news, difficult questions, strong emotions, collusion. | | |
| 1.3.1. | contribute to inter-professional communication. For example: <ul style="list-style-type: none"> • use verbal and written communication skills to share and record information within the healthcare team; • with other professionals; • demonstrate the ability to articulate need accurately on behalf of an individual. | | 1.a.2 1.b.2 |

| Domain | 1 | Knowledge and Skills for Professional Practice |
|--------|---|--|
| 1.3.2. | maintain confidentiality and obtain informed consent. | <p>For example:</p> <ul style="list-style-type: none"> • what information has been disclosed only to the chaplain in confidence? • what information has a focus in patient care and should (with the patient's permission) be recorded for the healthcare team? • what information needs to be shared with the wider healthcare team because it has implications for the immediate safety of the patient from self harm or the immediate safety of others from being harmed by the individual? • what information needs to be shared under the relevant child protection or vulnerable adults legislation? |

| Domain | 1 | Knowledge and Skills for Professional practice |
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| Capability | 1.4 | Education and training: In response to identified needs the chaplain contributes to internal education and training programmes and external voluntary and healthcare groups. |
| Key Content | | <ul style="list-style-type: none"> Standards for Staff Induction; Standards for NHSScotland Chaplaincy Services; Spiritual Care Policies. |
| KSF | | <ul style="list-style-type: none"> G1, 6 |
| Practice learning outcomes / Competences | | Chaplaincy Standard |
| Chaplain | | |
| | Demonstrates an ability to: | |
| 1.4.1. | contribute to the hospital or unit's induction programme for new staff. For example: <ul style="list-style-type: none"> introduction to chaplaincy and the role of the chaplain; introduction to spiritual and religious care. | 5.2 |
| 1.4.2. | present education and training sessions to a variety of internal groups. For example: <ul style="list-style-type: none"> contributing to the hospital or unit's education and training programmes. | 5.3 |
| 1.4.3. | present education and training to external voluntary and healthcare groups. For example: <ul style="list-style-type: none"> talks to faith communities, voluntary groups or healthcare groups on the role of the chaplain, spiritual and religious care, etc. | 3.2 |
| 1.4.4. | select, train and supervise chaplaincy volunteers. | |
| 1.4.5. | train and oversee trainee chaplains. | |

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| Domain | 2 | Spiritual and Religious Assessment and Intervention | |
| Capability | 2.1 | Spiritual assessment and intervention: The chaplain, in partnership with the individual and the healthcare team, assesses the spiritual needs and resources of the individual and their family/carers and responds with interventions which can include referral to other internal and external care providers. | |
| Key Content | | <ul style="list-style-type: none"> Literature relating to needs, especially spiritual needs; Knowledge of internal and external sources of spiritual support; Local and national directory of sources of spiritual support. | |
| KSF | | <ul style="list-style-type: none"> C1, 6; HWB2, 4, 6, 7; IK1, 2. | |
| Practice learning outcomes / Competences | | | Chaplaincy Standard |
| Chaplain | | | |
| | Demonstrates an ability to: | | |
| 2.1.1. | assess the spiritual needs and resources of individuals. For example: <ul style="list-style-type: none"> exploring the individual's sense of meaning and purpose in life; exploring attitudes, beliefs, ideas, values and concerns around ill-health, life, and death; affirming life and worth by encouraging reminiscing and narrative; exploring the individual's hopes and fears regarding the present and future; exploring existential questions relating to life, death, illness and suffering. | | 1.a.1 |
| 2.1.2. | respond to assessed spiritual needs with spiritual care. | | |
| 2.1.3. | assess and respect the experience and expression of an individual's spiritual well-being without necessarily endorsing the beliefs, religious or otherwise, and their observance, held by the individual. | | 1.a.2 3.1, 3.2, 3.3 |
| 2.1.4. | facilitate a setting for the provision of spiritual care suitable for any belief group. For example: <ul style="list-style-type: none"> use of a quiet, calm, private space. | | 6.a.1 |
| 2.1.5. | facilitate referral, with the individual's permission, to other sources of spiritual care. For example: <ul style="list-style-type: none"> other members of the healthcare team or external resources. | | |
| 2.1.6. | protect individuals and carers from unwanted visits. For example: <ul style="list-style-type: none"> notifies the visitor of a patient's decision not to be visited. | | 1.c.1 |

| Domain | 2 | Spiritual and Religious Assessment and Intervention | 6.a.3 |
|--------|--|---|-------|
| 2.1.7. | record spiritual assessments and interventions in the patient information systems. | | |

| Domain | 2 | Spiritual and Religious Assessment and Intervention | |
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| Capability | 2.2 | Religious assessment and intervention: The chaplain, in partnership with the individual and the healthcare team, assesses the religious needs and resources of the individual and his or her family/carers and responds with interventions which can include referral to a faith community or belief group representative. | |
| Key Content | | <ul style="list-style-type: none"> National and local manuals for spiritual and religious care; Knowledge of belief groups and faith communities and the different denominations and strains of thought within them; Knowledge of religious rites and practices; Directories of local and national faith community and belief group representatives. | |
| KSF | | <ul style="list-style-type: none"> C1, 6; HWB2, 3, 4, 6, 7; IK1, 2. | |
| Practice learning outcomes / Competences | | | Chaplaincy Standard |
| Chaplain | | | |
| | Demonstrates an ability to: | | |
| 2.2.1. | assess the religious needs of individuals. For example: <ul style="list-style-type: none"> worship, diet, gender-related concerns, religious observance, practices, privacy. | 1.b.1 | |
| 2.2.2. | respond to the assessed religious needs of individuals within the context of the chaplain's own faith community or personal beliefs, or, with the individual's permission, by referral to a chaplain from the religious tradition of their choice or a faith community representative. For example: <ul style="list-style-type: none"> conduct rites of passage, lead prayers, conduct services of worship. | 1.b.2 3.1, 3.2, 3.3 | |
| 2.2.3. | facilitate a suitable setting for the provision of religious observances. For example: <ul style="list-style-type: none"> appropriate facilities for the observance of any faith. | 6.a.2 | |
| 2.2.4. | protect individuals from unwanted visits from faith community or belief group representatives. For example: <ul style="list-style-type: none"> notify faith community or belief group representative of individual's decision not to be visited; record information in the patient information systems and notify ward staff of actions taken. | 1.c.1 | |
| 2.2.5. | record religious assessments and interventions in the patient information systems. | | |

| Domain | 3 | Institutional Practice | |
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| Capability | 3.1 | Team working: The chaplain recognises and works to promote the place of chaplaincy within the chaplaincy team, local multidisciplinary teams and the wider healthcare team. | |
| Key Content | | <ul style="list-style-type: none"> Understanding of local chaplaincy team, multidisciplinary teams and the wider healthcare team; Knowledge of teams, groups and team building Understanding of communication within teams and team dynamics | |
| KSF | | <ul style="list-style-type: none"> C1, 3, 4, 5. | |
| Practice learning outcomes / Competences | | | Chaplaincy Standard |
| Chaplain | | | |
| | Demonstrates an ability to: | | |
| 3.1.1. | practice within the agreed protocols and procedures of the local chaplaincy team and the unit or hospital where the chaplain works. For example: <ul style="list-style-type: none"> assessment, referral, on-call, visiting regulations, confidentiality, advocacy, hygiene standards, health and safety. | | |
| 3.1.2. | identify and contribute to the healthcare teams in the hospital or unit. For example: <ul style="list-style-type: none"> receive and respond to referrals from members of the healthcare team; contribute to multidisciplinary teams in specialist wards and units, e.g. coronary care, transplant, palliative care; recognise the role and skills of other members of the healthcare team and refer on. | | |
| 3.1.3. | understand the dynamics within teams. For example: <ul style="list-style-type: none"> personality types; mediation skills. | | |

| Domain | 3 | Institutional Practice | |
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| Capability | 3.2 | Staff support: The chaplain builds working relationships with members of staff and volunteers and responds to requests for personal and professional support | |
| Key Content | | <ul style="list-style-type: none"> • Knowledge of the spiritual needs of healthcare professionals; • Knowledge of workplace stress and personal stress; • Literature on provision of staff support, spiritual and religious care, or counselling skills; | |
| KSF | | <ul style="list-style-type: none"> • C1, 2; G6; HWB4, 5, 7. | |
| Practice learning outcomes / Competences | | | Chaplaincy Standard |
| Chaplain | | | |
| | Demonstrates an ability to: | | |
| 3.2.1. | build working relationships with staff, volunteers, and groups. | | 4.1 |
| 3.2.2. | respect confidence in responding to requests for personal support from members of staff and volunteers. | | 4.2 |
| 3.2.3. | respond to requests for professional support from members of staff and volunteers. For example: <ul style="list-style-type: none"> • advice on and understanding of spiritual and religious care, ethical issues or care issues. | | 4.2 4.3 |
| 3.2.4. | recognise his or her own personal skills and limitations in providing personal and professional support. | | |
| 3.2.5. | identify other sources of internal or external staff support and, with the staff member's permission, facilitate referral. | | 4.4 |

| Domain | 3 | Institutional Practice | |
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| Capability | 3.3 | Chaplain to the hospital or unit: The chaplain is aware of his or her role in the hospital or unit's major incident plan and responds to staff issues and events that need a communal recognition and action. | |
| Key Content | | <ul style="list-style-type: none"> Local and national policy and procedure for significant events; Literature on acts of remembrance; Literature on significant events and their impact on individuals and groups. | |
| KSF | | <ul style="list-style-type: none"> C4; HWB7. | |
| Practice learning outcomes / Competences | | | Chaplaincy Standard |
| Chaplain | | | |
| | Demonstrates an ability to: | | |
| 3.3.1 | respond to the chaplaincy service policy and procedures when a major incident has been declared. | | 7.1 |
| 3.3.2 | respond to unplanned events, external or internal, which have an affect on the hospital or unit, utilising internal and external resources. For example: <ul style="list-style-type: none"> death of a member of staff, national disasters, world events, remembrance and anniversaries. | | 7.2, 7.3 |
| 3.3.3 | create and lead corporate acts which have spiritual significance. For example: <ul style="list-style-type: none"> acts of remembrance, celebration of anniversaries of institutions, formal opening of new areas of healthcare. | | 7.3 |
| 3.3.4 | provide a spiritual or religious perspective for the hospital or unit. For example: <ul style="list-style-type: none"> championing privacy and dignity issues; raising morale and staff themes with senior management. | | |

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| Domain | 4 | Reflective Practice |
| Capability | 4.1 | Reflective Practice: As part of the process of continuing professional development the chaplain demonstrates the ability to reflect upon practice in order to develop and inform his or her practice. |
| Key Content | | <ul style="list-style-type: none"> • Methods and models of reflective practice; • Professionalism and therapeutic boundaries; • Developing self awareness and practice. |
| KSF | | <ul style="list-style-type: none"> • C2; G1, 5, 6. |
| Practice learning outcomes / Competences | | Chaplaincy Standard |
| Chaplain | | |
| | Demonstrates an ability to: | |
| 4.1.1. | understand different models of reflective practice. For example: <ul style="list-style-type: none"> • clinical pastoral education (CPE); • clinical supervision; • pastoral reflective practice (PRP). | 5.1 |
| 4.1.2. | use a structured method of reflective practice to reflect on and discuss case material including: <ul style="list-style-type: none"> • managing the pressures of caseload; • reconciling personal spirituality with the varied needs and beliefs of others; • the changing nature of his or her work through growth in pastoral practice and theological reflection; • how belief systems and practice inter-relate. | |
| 4.1.3. | use a structured method of reflective practice to reflect on and discuss therapeutic relationships including: <ul style="list-style-type: none"> • his or her own values and beliefs and how they may affect attitudes and behaviour to individuals using the chaplaincy service; • personal and professional boundaries and the boundaries that come with developing a therapeutic relationship with an individual; • reconciling personal spirituality with the varied needs and beliefs of others; • professional relationships and integrity when building relationships with people at vulnerable times in their lives. | |

| Domain | 4 | Reflective Practice | |
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| 4.1.4. | facilitate reflective practice for others. For example: <ul style="list-style-type: none"> • volunteers; • student placements; • trainee chaplains; • staff from other disciplines; • peer review; • significant event analysis. | | 4.2., 4.3 |
| 4.1.5. | discuss the limits of his or her own capabilities and competences in order to develop practice. | | |

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| Domain | 4 | Reflective Practice |
| Capability | 4.2 | Personal Spiritual Development: The chaplain reflects theologically or philosophically on his or her professional practice. |
| Key Content | | <ul style="list-style-type: none"> • Spiritual and religious literature • The use of praxis, or theologically informed practice • The use of meditation • Retreat or pilgrimage • Literature related to personal development |
| KSF | | <ul style="list-style-type: none"> • C2, 6 |
| Practice learning outcomes / Competences | | Chaplaincy Standard |
| Chaplain | | |
| | Demonstrates an ability to | |
| 4.2.1. | keep informed of developments in theological or philosophical literature and research relevant to their practice as chaplain. For example: <ul style="list-style-type: none"> • familiar with current theological or philosophical journals; • keeps an open dialogue with chaplains, and others, of a different background and tradition; • familiar with the use of imagination and the creative arts. | 5.7 |
| 4.2.2. | integrate personal beliefs and external experiences. For example: <ul style="list-style-type: none"> • an awareness of handling stress, compassion-fatigue and burnout. | 6.a.10 |
| 4.2.3. | maintain a recognised or accredited status with the faith community or belief group of his or her persuasion. For example: <ul style="list-style-type: none"> • an up to date knowledge understanding and experience of his or her own faith community or belief group; • practising appropriate spiritual discipline in accordance with his or her own tradition. | |
| 4.2.4. | acknowledge the limits of engagement with people and the need for emotional self-care. | |

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