AHPCC Scotland: Feedback on the SBAR Assessment

# Assessment

What is the future of chaplaincy and spiritual care in Scottish Hospices? Here are some questions to consider:

###### Q1. Current national guidance (HDL76 2002 & CEL 2008 49) suggests that spiritual care is the responsibility of all who are involved with the patient and family. If this is the case in practice, what is the chaplain’s specific role in spiritual care?

Time to provide spiritual care. Other professionals have other priorities, and even if they are competent, frequently lack the time needed to provide in-depth support.

Expertise in spiritual care, and the personal formation to be able to provide it.

Generic religious expertise that isn’t linked to representing a single belief system.

Being patient led, and coming to the patient uniquely with no prior agenda.

Ability to provide a unique safe and sacred space for patients to explore their concerns.

###### Q2. Each hospice has its own departmental structure. Where in your organisation is Chaplaincy and Spiritual Care? E.g. a standalone department, part of a patient and family support team or part of an AHP team?

Most chaplains were linked to some form of Family Support Team (FST), but recognised as having a distinct role within that setting. One was linked more to their hospice’s AHP team.

Management varied – CEO, Head of Patient Services, FST leader (who might be the chaplain).

The overlap of roles with social worker, bereavement counsellors (in particular) varies.

###### Q3. Where do you think chaplaincy & spiritual care should be in the structure?

###### Q4. What do we as chaplains offer that differs from input from social workers or counsellors?

A safe, sacred space for patients to explore personal concerns.

Hope! Especially for patients who are dealing with fears at the end of life.

A preparedness to ‘face the darkness’ alongside the patients, and not duck the issues.

The lack of an agenda – we noted that counsellors have a more rigid approach, non-directive and also time-limited.

###### Q5. The NES agenda is for all chaplains to be registered with the UKBHC going forward. What are your views on registration?

Generally we recognised the underlying need of standards, competencies and professional standing alongside other healthcare professions.

We also noted significant differences in the way that hospice chaplains work, compared to chaplains in acute hospital settings. There was some concern that training might not currently fully allow for this, and for there to be an available option in the new programmes.

There was some concern that UKBHC training requirements didn’t fully acknowledge the level of pastoral training that serving ministers have already received.

There was some concern over the lack of clarity of the distinctiveness of the roles of the AHPCC / CHCC and the UKBHC; we felt this needed further development.

Given the extent of the UKBHC CPD requirements, NES support for this, and training budget constraints, there is a need for NES to provide adequate and relevant CPD opportunities.

###### Q6. There have been some recent conversations led by NES on the future recruitment of healthcare chaplains. There is a suggestion that future chaplains could be recruited from other healthcare disciplines, e.g. nursing and AHPs. What are you views on this prospect?

We strongly agreed that the substandard academic qualifications shouldn’t be a passport to registered status, and that the UKBHC should be robust in its approach to approving the programmes it recognises.

While accepting that other healthcare disciplines should be able to transfer, we took a competency-led view that if qualified, they should be able to provide effectively all that we identified in Q1, and that their training should include adequate theological / philosophical content.

If an experienced healthcare chaplain wished to enter nursing or some other discipline, would they be able to do so, on the basis of a year’s PGCE?

###### Q7. There is evidence of some hospices reducing the chaplaincy provision to a part time status and supplementing the service with volunteers. What are your views on this?

We wondered how much of the chaplain’s reduced hours would also be diverted into leading on supervising the volunteers, and whether this had been adequately allowed for.

###### Q8. What are your recommendations for Spiritual Care and Chaplaincy in Scottish Hospices going forward?

Chaplains need to be competent, and require as much training as it takes to make them so, including theologically.

Chaplaincy organisations need more clarity over their supportive and regulatory roles.

Training courses need to accommodate specialist palliative care training needs. NB the very different modus operandi.

Given the amount of coming retirements from chaplaincy, how can experience and practice wisdom best be handed down?

There is a need to promote training posts to provide future chaplains, and also to encourage theological colleges to use hospices for their student placements, and to encourage and equip serving chaplains to offer and supervise placements.