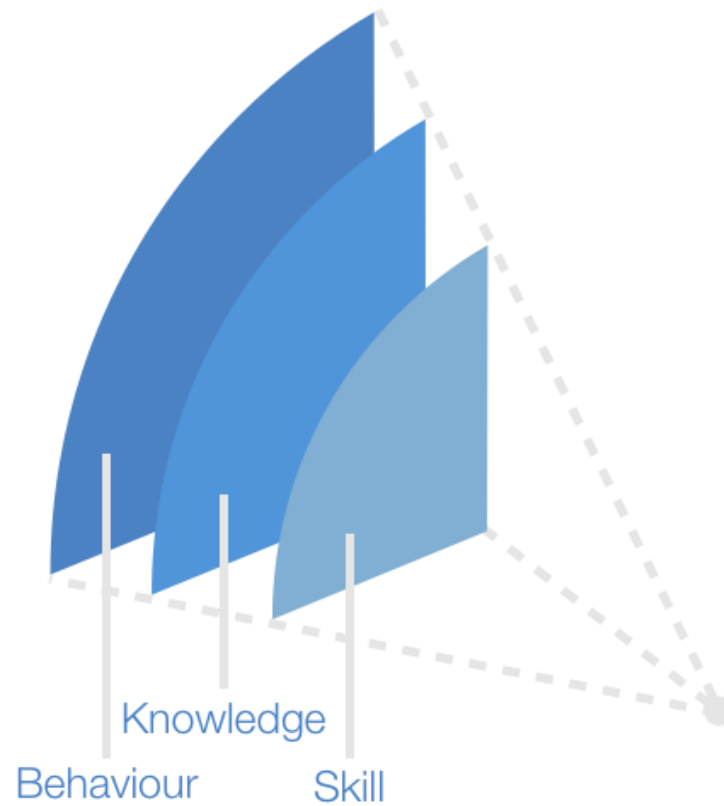


Spiritual Care Competences for Healthcare Chaplains (2020)



Introduction

This document details the competences required of a UK Board of Healthcare Chaplains (UKBHC) registered healthcare chaplain. Although there are differences in the way healthcare chaplains deliver the service across the UK, all Health Departments recognise that spiritual care is integral to healthcare, and that healthcare chaplains are the professionals with specialist expertise in this area of care.

This document is a revision of the UKBHC Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains (2017) that was itself an adoption of the NHS Education for Scotland Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains (NES, 2008). As with this, the original versions were essential tools for the development of Higher Education Programmes for healthcare chaplains across the UK.

The global paradigm shifts in health and social care (from treating illness to promoting wellness; from professional prescribing to empowering self-care; from deficit based to asset based care; from expensive acute-end care to investing in primary and community care; from individually focused, institutionally based care, to group and community focused care) are now well established in Health and Social Care Chaplains' practice. The new profession now stands alongside other Health and Social Care professionals in the delivery of the service in community, primary care and acute care settings. Chaplains now need to be equipped to work flexibly, in a range of contexts, with a range of different stakeholders. They work to empower change in individuals, small groups (e.g. families or professional teams) and large organisations (e.g. Health Boards or Health Services).

This document should be read in conjunction with the UKBHC Code of Conduct (2014), the UKBHC Standards for Healthcare Chaplaincy Service (2019) & UKBHC Healthcare Chaplaincy Bands and Duties Framework (2015).

Background

The UK Board of Healthcare Chaplains protects the public by managing an agreed code of practice, standards and competencies for all NHS chaplains. The board's register of healthcare chaplains was accredited by the Professional Standards Authority (PSA) in 2017.

This quality mark assures the public that any accredited practitioner is signed up to the UKBHC code of practice, and displays the competences articulated in this document.

The structure of this document broadly follows that taken by inter professional colleagues such as Nursing and Midwifery Council. Key terms are defined, followed by competences expected of a registered practitioner. Their 'standards of proficiency' refer to competences by another name, and whereas chaplains discuss 'domains', NMC talk of 'pillars'. Nonetheless, the structure is familiar. Key competencies are group under the umbrella term 'domain'. Taken together, the domains host the key skills, knowledge and behaviour required of healthcare chaplains. Evolving from the structure defined in 2017, they consist of four domains: Professional Practice, Organisational Practice, Spiritual Care Practice, and Reflective Practice (Figure 1). Each domain consists of statements that describe expectations of a registered healthcare chaplain. First, some key terms are defined.



Figure 1. The four domains of healthcare chaplain competence

Spiritual Care

The previous 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, 2

liturgies and lifestyle of a faith community.

This document focuses primarily on spirituality and spiritual care, assuming that any religious needs will always be met with appropriate spiritual care. This was also the philosophy of a three year, pan European Erasmus+ project designed to establish spiritual care competencies for registered nurses: Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care (EPICC). EPICC adopted the European Association for Palliative Care (EAPC) definition of spirituality and adapted it slightly to reflect wellbeing as well as illness. We follow and adopt their definition of spirituality as:

“The dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred.”

Spiritual care is care:

‘...which recognises and responds to the needs of the human spirit when faced with life-changing events (such as birth, trauma, ill health, loss) or sadness, and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship and moves in whatever direction need requires’ (EPICC 2019, adapted from Scottish Government (2010)¹).

For some, their spiritual needs are met by religious care, the visits, prayers, worship, rites and sacraments often provided by a representative of the faith or belief community. For others, their spiritual needs can be met by nurses and others. When a person is treated with respect, 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.

Nurses have been singled out here because competence in spiritual care is now expected of nurses, and so understanding how these competencies are framed is relevant to healthcare chaplains for a number of reasons. For example, healthcare chaplains are *specialists* in spiritual care, so they would be expected to exceed the competencies expected of non-specialists such as nurses. Further, it would be ideal if competency frameworks aimed towards the same end were cognisant of each other so

that they can be conceptually connected, such that progress in one framework would make sense in another.

Nurses are expected to demonstrate spiritual care competence in the domains of assessment & planning, intervention and evaluation, inter personal spirituality, and intrapersonal spirituality. The full description of the requisite skills, knowledge and behaviour required is in Appendix 1. For this introduction the point is that these competences closely mirror some of those specified here for chaplains. They do not include wider aspects of chaplain work such as their organisational role. Nevertheless, the connection is important because it has been difficult in the past for individuals outside traditional religious institutions to envisage becoming chaplains. As Western society moves away from the religious and towards the spiritual, understanding chaplains as experts in familiar competencies both demystifies the role of the chaplain and also opens a career path for spiritually talented people from any background. That non-specialists are now expected to be competent in a familiar competence framework should encourage those excelling in spiritual care to be able to see a career route into becoming a chaplain.

However, chaplains are *specialist* spiritual care providers. For them, spiritual care is the *reason* for their employment and they are expected to be capable of acting and understanding solely within the area of spiritual care. They are expected to take their place as members of the multi-professional healthcare team and to fulfil a meaningful role within the healthcare community.

A Competences Framework

There is no doubt that expert spiritual care requires advanced ways of being that are difficult to define. A Chaplain's work involves the use of the self. The ideas of practical wisdom and professional formation are used to try to capture the essence of this, along with the process of formation to describe the deep reflection and personal exploration required, and so it is hard to break a chaplain's work down into a series of competencies. The previous version of this document used the notion of 'capabilities' to help break it down, but this added to the complexity in some ways without necessarily clarifying. This updated framework abandons capabilities in favour of clarifying the knowledge, skills and behaviour expected of chaplain upon registration with UKBHC.

External benchmarks for evidencing competence

There are benchmarks common to all professions that provide broad indicators of competence. For example, the NHS Agenda for Change (AfC) job evaluation

¹ NHS Scotland (2010). *Spiritual Care Matters: An introductory resource for all NHS Scotland staff*. Retrieved from [spiritualcaremattersfinal.pdf \(scot.nhs.uk\)](http://spiritualcaremattersfinal.pdf (scot.nhs.uk))

These elements vary according to seniority, so examples of expected skill and behaviour are provided for each element.

framework and the Scottish Credit and Qualifications Framework², link levels of competence to levels of qualification across disciplines. For example, a PhD (or equivalent) is expected at higher band 8 (AfC) whether the health professional is a chaplain, midwife or radiologist. Likewise, registration with the relevant professional body is reasonably consistent, with most healthcare practitioners gaining entry at Band 5 and Pre-registration Trainee Chaplains. Chaplains are exceptional as they are a postgraduate profession, thereby beginning their autonomous registration at band six.

Structure of the Framework

There are four key domains with a number of elements to each:

1. Professional practice:
 - 1.1 Knowledge and skills for practice;
 - 1.2 Practising ethically;
 - 1.3 Communication skills;
 - 1.4 Education and training.
 - 1.5 Leadership, organisation and service development
2. Spiritual care practice:
 - 2.1 Spiritual assessment;
3. Organisational practice:
 - 3.1 Team working;
 - 3.2 Staff support;
 - 3.3 Chaplain to the organisation.
4. Reflective practice:
 - 4.1 Professional Learning and Development Based on Supervision and Reflection on Work;

Each element of the domain contains:

- Skills required of professional chaplains;
- Behaviour demonstrated in practice;
- Knowledge required to achieve proficiency.

² <https://scqf.org.uk/about-the-framework/interactive-framework/>

Definition of Terms

Recognised or Accredited Status

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

For example:

- Ordination; being accepted as a Rabbi, Imam or Giani; being set apart as a Reader;
- Having a letter of support from a faith or belief community representative.

Belief Community

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

For example: Humanism

Chaplain

A person who is appointed and recognised by the health or social care organisation as part of the specialist spiritual care team in that care setting, who works to meet the spiritual needs of people in that setting. His or her job is to seek out and respond to those who are expressing spiritual need by providing appropriate care, or facilitating the delivery of that care, through contacting, at the service-user's request, another individual who can meet the service-user's spiritual need.

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.

References

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[UKBHC \(2015\) Healthcare Chaplaincy Bands and Duties Framework](#). UK Board of Healthcare Chaplaincy, Cambridge

[UKBHC \(2014\) Code of Conduct for Healthcare Chaplains](#). UK Board of Healthcare Chaplaincy, Cambridge

[UKBHC \(2014\) Healthcare Chaplaincy Bands and Duties Framework](#). UK Board of Healthcare Chaplaincy, Cambridge

Domain 1. Professional Practice

Domain	1	Professional Practice
Knowledge and skills for practice:	1.1	Chaplains continually develop and update their knowledge of spiritual and religious care, current policy, and research evidence relevant to spiritual care services, and use this to promote and develop safe, effective, evidence-based practice.
<p>Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.</p> <p>As a general rule, band 5 and pre-registration trainee chaplains would be able to understand them all. Band six would be expected to apply them all proficiently in practice and explain how, to junior colleagues. Band 7 would be able to critically appraise them all and perhaps challenge conventional wisdom on some, whereas band 8 would be expected to have an original perspective and lead change in any number of them.</p>		<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; • Models of reflection and experiential learning; • Self-awareness; • Evidenced based practice; • Understanding spirituality in the context of health and social care; • Policy development; • Understanding/exploring own spirituality – beliefs, values, world view; • Rituals within different faith and cultures from sociological, anthropological, psychological and theological perspectives; • The Chaplain / Service-user relationship; • Empathy and respect in the context of health and social care; • Theories of grief, loss and bereavement; • Psychological concepts e.g. transference and countertransference; • Impact of social class/deprivation on the ability to access services, including spiritual care.

	1.2	Chaplains conduct contextual analysis in relation to:		
		<ul style="list-style-type: none"> • Strategic literacy (knowledge of policy and political/organisational) priorities; • Assets mapping; • Stakeholder mapping; • Impact of social class/deprivation and equality of access; and • Understanding of organisational/local community culture(s). 		
Band	Competence	Skills	Behaviour	
Trainee	1.1.1	Recognise the forms in which spiritual need manifests itself in individuals.	<p>Healthcare chaplains will be able to build and sustain close relationships with those in spiritual need. They will always model safe, effective, person-centred care in various contexts including where there is:</p> <ul style="list-style-type: none"> • cause to celebrate; • need to impart hope; • need to preserve dignity; • need for forgiveness; • need to listen to questions and explore answers; • a search for meaning; • need to resolve unfinished business. 	
Trainee	1.1.2	Recognise other important forms in which spiritual needs manifest themselves (e.g. religious and cultural needs) in individuals.	<p>Healthcare chaplains will be able to show empathy and identify:</p> <ul style="list-style-type: none"> • requirements for privacy; • dietary requirements; • issues of gender; • healthcare interventions; • religious requirements in the event of significant events such as birth and death. 	
Trainee	1.1.3	Discern, assess and meet the needs of individuals displaying unhelpful manifestations of spirituality.	<p>Healthcare chaplains will be intuitive, empathic and able to critique different types of evidence.</p>	
Trainee	1.1.4	Maintain a knowledge and understanding of the main world faith and belief communities, with particular reference to their philosophies, beliefs and practices around illness, birth, dying and death.	<p>Healthcare chaplains will be outward looking and actively engaged with other ways of being.</p>	
Trainee	1.1.5	Maintain the processes and protocols by which referrals are made to and from the spiritual care service and monitor these for	<p>Healthcare chaplains will actively evaluate their own effectiveness in a systematic and replicable manner.</p>	

		effectiveness.	
Trainee	1.1.6	Maintain appropriate documentation of referrals, assessment, interventions and outcomes.	Healthcare chaplains will be structured and organized, keeping records in line with local policy.
Trainee	1.1.7	Prioritise demands on time and attention and follow the protocol for such prioritisation.	Healthcare chaplains will be able to make: <ul style="list-style-type: none"> • a priority of call-outs; • emergency referrals; • routine referrals; • follow-up visits.
Trainee	1.1.8	Apply relevant local and national policies or guidelines and collaborate with other members of the spiritual care and wider healthcare teams to incorporate these into practice.	Healthcare chaplains will be able to facilitate the co-production and implementation of relevant local and national policies or guidelines.
Trainee	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 spiritual care service.	Healthcare chaplains will be able to apply this knowledge in different contexts including: <ul style="list-style-type: none"> • marriage, funerals, advance directives; • child protection, vulnerable adults; • working with volunteers.
Trainee	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.	Healthcare chaplains will, for example: <ul style="list-style-type: none"> • ensure compliance with health and safety regulations; • ensure compliance with GDPR and other relevant confidentiality policy; • maintain administrative records and reports in accordance with local protocols.
6	1.1.11.	Evaluate and apply relevant research findings and in collaboration with other members of the spiritual care and wider healthcare teams incorporate them into practice.	Registered healthcare chaplains will ensure the effective interpretation and implementation of research findings and recommendation within spiritual care departments and healthcare teams.
6	1.1.12.	Contribute to audit and research within spiritual care practice.	Registered healthcare chaplains will proactively: <ul style="list-style-type: none"> • assess spiritual care standards; • audit own use of time; • conduct pilot studies; • participate in a local or national research project.
7 (L)	1.1.13.	Manage the implementation of local and national policies and guidelines across the spiritual care service.	Registered healthcare chaplains will be able to explain the meaning and purpose of guidelines and policy to junior colleagues.

7 (L)	1.1.14.	Ensure systems are in place to audit and review the implementation of local and national policies and guidelines throughout spiritual care services.	Registered healthcare chaplains will be able to model, apply and disseminate national guidelines and policy to the wider service.
7	1.1.15.	Manage the development, conducting and implementation of findings of research and audit across spiritual care services.	Registered healthcare chaplains will be able to: <ul style="list-style-type: none"> • identify research topics and activity related to spiritual care services; • conduct service evaluation to demonstrate safe and effective practice.
7 (S)	1.1.6	Lead or contribute to multidisciplinary research within the area of specialty.	Demonstrate leadership by embracing opportunities to participate in research, encouraging others to do the same.
8	1.1.17	Initiate the implementation of local and national policies and guidelines across a large or multisite Trust or Health Board spiritual care service.	Registered healthcare chaplains will lead the dissemination of national guidelines and policy to the wider service.
8	1.1.18	Initiate systems for audit and review the implementation of local and national policies and guidelines throughout a multisite Trust or Health Board spiritual care service.	Lead the critical appraisal and impact analysis of policy on the service
8	1.1.19	Manage the development, conducting and implementation of findings of research and audit across a large or multisite Trust or Health Board spiritual care service.	Registered healthcare chaplains can: <ul style="list-style-type: none"> • identify research topics and activity related to spiritual and religious care and the work of healthcare chaplains; • manage, contribute to or facilitate multidisciplinary research; • conduct service evaluation to demonstrate safe and effective practice and value for money; • develop new initiatives to demonstrate the efficacy of spiritual care from evidence-based practice.
8	1.1.20	Identify national policies and guidelines and assess their relevance as they pertain to the organisation.	Based on evidence, provide specialist advice to the Trust/Health Board management and recommend implementation as appropriate
All	1.1.21	Research Literacy	All chaplains are required to have the ability to read regularly and reflect on up-to-date research and its implications for practice. Chaplains at Band 6 and above need to ensure the effective interpretation and implementation of research findings and their recommendations within spiritual care departments and healthcare teams.

Practising ethically:		1.2	The chaplain maintains and develops their knowledge of culture, diversity, ethical, professional and legal theory and frameworks. This knowledge is used to support everyone accessing spiritual care services.	
<p>Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.</p>			<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; • Develop knowledge and understanding of Chaplain’s own faith/belief and culture; • How is spirituality understood within different cultures/belief systems; and: • Ethical principles; • Unconscious bias; • Professionalism; • Legal issues; • The use and abuse of power; • Empowering others. 	
Band	Competence	Skills	Behaviour	
Trainee	1.2.1	Understand and apply the ethical principles	Healthcare chaplains will: <ul style="list-style-type: none"> • have a non-maleficence (do no harm) attitude; • be beneficent (seek well-being); • respect autonomy; • be just. 	
Trainee	1.2.2	Differentiate personal beliefs, morals and values from healthcare ethics.	Healthcare chaplains will: <ul style="list-style-type: none"> • recognise that a variety of value systems, customs, beliefs and practices will co-exist within healthcare ethics. 	
6	1.2.3	Provide an ethical, theological, pastoral and spiritual care resource to engage with individuals and the institution.	Registered healthcare chaplains will: <ul style="list-style-type: none"> • support individuals who are experiencing faith/belief and ethical dilemmas in their situations; • 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	1.2.4	Act as an informed resource in complex ethical, theological, pastoral and spiritual care encounters with individuals and the institution.	Registered healthcare chaplains will: <ul style="list-style-type: none"> • support chaplains and healthcare professionals facing complex ethical, theological, pastoral and spiritual care encounters; • lead or contribute to patient pathways and serviced developments; 	

7(S)	1.2.5	Act as an informed ethical resource in multidisciplinary team working and education.	<ul style="list-style-type: none"> • lead or contribute to and inform on the ethical implications of changes in buildings, local priorities and working practices.
8	1.2.6	Provide professional expertise and support on ethical matters across a large or multisite Trust or Health Board.	<p>Registered healthcare chaplains will provide relevant ethical information or direct teams to where they can access these:</p> <ul style="list-style-type: none"> • in complex case discussions where the ethical principles are in conflict; • where issues of quality of life, patient choice, capacity or parental rights need balanced with treatment options; • in education and training where different professional perspectives and views such as quality of life, patient choice, capacity or parental rights are being discussed. <p>Registered healthcare chaplains will:</p> <ul style="list-style-type: none"> • contribute to interdepartmental discussions on complex decision making; • develop expertise on complex ethical issues; • lead or participate in ethical committees such as local research and clinical ethics committees or medical, nursing school or university ethics committees; • initiate or facilitate ethical debate within units and across the hospital community

Domain	1	Professional Practice
Communication skills:	1.3	Chaplains maintain and develop the communication skills necessary for the spiritual and religious care of service users and in promotion of the service
Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.		<ul style="list-style-type: none"> • Communication skills theory; • Communication skills education and training; • Literature on counselling, pastoral care, spiritual care or listening skills; • Advanced communication skills;

- Having difficult conversations;
- How spiritual need is articulated;
- Communication with service users;
- Communication with the multidisciplinary team;

Band	Competence	Skill	Behaviour
Trainee	1.3.1	Use communication skills to provide spiritual care to individuals.	Healthcare chaplains will: <ul style="list-style-type: none"> • apply different communication techniques including, active listening empathy, use of silence, open questioning, reflection; • be aware of barriers to effective communication including: false assurance; leading questions changing the focus; defending colleagues; • apply counselling skills including: congruence, empathy, unconditional positive regard.
Trainee	1.3.2	Identify language needs and access interpreting services.	Healthcare chaplains will be intuitive and resourceful.
Trainee	1.3.3	Contribute to inter-professional communication.	Healthcare chaplains will: <ul style="list-style-type: none"> • use verbal and written communication skills to share and record information within the healthcare team and with other professionals; • articulate need accurately on behalf of an individual.
Trainee	1.3.4	Maintain confidentiality and obtain informed consent.	Considering GDPR, healthcare chaplains will identify: <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?
6	1.3.5	Communicate with individuals in a variety of complex spiritual care encounters.	Registered healthcare chaplains will: <ul style="list-style-type: none"> • converse with individuals during traumatic events; • break bad news in an empathetic manner; • handle difficult questions, strong emotions, and collusion
7(S)	1.3.6	Use advanced communication skills to communicate with individuals in a variety of complex encounters.	Registered healthcare chaplains will: <ul style="list-style-type: none"> • participate in multidisciplinary discussions with other healthcare

8	1.3.7	Use advanced communication skills and theories to communicate with individuals, groups and agencies in a variety of complex settings.	<p>professionals;</p> <ul style="list-style-type: none"> • engage with patients and their family/carers in complex family meetings <p>Guided by relevant communication theories, registered healthcare chaplains will:</p> <ul style="list-style-type: none"> • participate in multidisciplinary discussions with other healthcare professional leaders and managers participate; • engage with patients and their family/carers in complex family meetings and address their complaints.
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Domain	1	Professional Practice
Education and training:	1.4	The chaplain contributes to and delivers education consistent with the needs of the service.
<p>Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.</p>	<ul style="list-style-type: none"> • Healthcare chaplains’ Bands and duties framework (UKBHC) • Standards for Staff Induction; • Standards for NHS Scotland Spiritual Care Services; • Spiritual Care Policies; • Train the trainers education in communication skills; • Develop education to improve/increase understanding of the role of the chaplain in healthcare; • Supporting and mentoring; 	

- Empowering others.

Band	Competence	Skills	Behaviour
Trainee	1.4.1	Observe the contribution of Chaplains to education and training programmes.	Healthcare chaplains will observe the contribution of their colleagues to educational and training programmes, with a view to developing their own practice in this area of work.
6	1.4.2	Contribute to the organisation's induction programme for new staff.	Registered healthcare chaplains will: <ul style="list-style-type: none"> • introduce new staff to the role of the chaplain; • introduce new staff to spiritual care services.
6	1.4.3	Present education and training sessions to a variety of internal groups.	Registered healthcare chaplains will: <ul style="list-style-type: none"> • contribute to the organisation's education and training programmes.
6	1.4.4	Present education and training to external voluntary and healthcare groups.	Registered healthcare chaplains will: <ul style="list-style-type: none"> • organise talks/seminars with faith communities, voluntary groups or healthcare groups on spiritual care services and the role of the healthcare chaplain.
6	1.4.5	Select, train and supervise Spiritual Care Team volunteers.	Registered healthcare chaplains will: <ul style="list-style-type: none"> • identify, organise, and/or conduct relevant training programmes for volunteers; • manage and coach volunteers.
6	1.4.6	Train and oversee trainee healthcare chaplains	Registered healthcare chaplains will: <ul style="list-style-type: none"> • identify, organise, and/or conduct relevant training programmes for trainee healthcare chaplains; • manage and coach trainee healthcare chaplains.
7	1.4.7	Manage the provision of spiritual care services, education and training to the organisation (including hospital and external groups).	Registered healthcare chaplains will: <ul style="list-style-type: none"> • organise induction programmes for new staff; • organise education and training sessions as part of the organisation's education and training programmes; • organise talks to faith and belief communities and voluntary groups.
7	1.4.8	Prepare education and training materials for use by others to support the management of the chaplains' provision to education and training (See 1.4.6.).	Registered healthcare chaplains will: <ul style="list-style-type: none"> • develop and distribute relevant education and training materials.

7(S)	1.4.9	Present education and training events within specialist and higher education programmes.	<p>Registered healthcare chaplains will:</p> <ul style="list-style-type: none"> • contribute to local specialist education and training programmes such as palliative care or mental health; • contribute to graduate and postgraduate education programmes in medical and nursing schools and universities.
7	1.4.10	Manage the selection, training and supervision of Spiritual Care Team support.	<p>Registered healthcare chaplains will select and subsequently train:</p> <ul style="list-style-type: none"> • volunteer visitors; • Spiritual Care Team support workers; • local faith and belief community representatives.
8	1.4.11	Integrate the design, development, leadership and contribution to education and training programmes across a large or multisite Trust or Health Board.	<p>Registered healthcare chaplains will:</p> <ul style="list-style-type: none"> • organise training programmes for staff induction and the implementation of policies, procedures and guidelines; • contribute to the development of education programmes at graduate and postgraduate Band in healthcare qualifications; • contribute to the development of education and training programmes for the speciality of healthcare chaplains.
8	1.4.12	Design, develop and manage spiritual care service provision and training across a large or multisite Trust or Health Board.	<p>Registered healthcare chaplains will:</p> <ul style="list-style-type: none"> • ensure service provision able to meet the needs of the Trust or Health Board; • ensure service provision to meet the UKBHC Standards for Healthcare Spiritual Care Services; • ensure a working balance of trained chaplains at Bands 5 - 8 and, where appropriate, business / administration support; • ensure an understanding of any working arrangements that exist with local faith and belief communities.

Domain		1	Professional Practice
Leadership, Management, Organisation and Service Development:		1.5	Chaplains are all expected to demonstrate leadership and management consistent with their role and responsibility and the needs of the service. (Leadership is seen here as something distinct from Management. While some chaplains will have management responsibilities, all chaplains will lead by word and example in this area of Spiritual Care, in order to promote the values and beliefs that are at the centre of high quality healthcare).
Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.			<ul style="list-style-type: none"> • National Health Department policies and guidelines; • Local Trust or Health Board policies and guidelines; • Local spiritual care service policies and guidelines; • UKBHC Code of Conduct (2014b); • UKBHC Healthcare Chaplaincy Bands and Duties Framework (2014a); • UKBHC Standard for Healthcare Chaplaincy Services (in review); • Reports and research related to spiritual and religious care in Healthcare and bereavement etc; • Organisational culture; • Theories of leadership and management; • Styles of leadership and management; • Decision making; • Conflict resolution; • Change management.
Band	Competence	Skills	Behaviour
Trainee	1.5.1	Focus on influencing and leading a positive culture in the context of care.	Model values and behaviours in teams and workplace.
6	1.5.2	Work to influence positive changes in the context of care	Enable the development of plans and strategy, and model values and behaviours in teams and workplace
6	1.5.3	Use role authority appropriately when delivering spiritual care	For example, in the context of an emergency call-out, to lead staff and service users in the delivery of spiritual care To hold and lead communal space in the context of, for example, a memorial service for a colleague, or a funeral.
7(L)	1.5.4	Exhibiting Leadership in Spiritual Care	Spiritual Care Team staff and volunteers will be able to: <ul style="list-style-type: none"> • support staff and teams; • envision and enable the development of plans and strategy; and • influence organisational policymaking and service design for the future.

7(L)	1.5.5	Management skills focusing on prioritising and utilising resources (human, financial and practical) in the present. Manage a spiritual care team of staff and volunteers to deliver a safe and effective spiritual care service.	<p>Spiritual Care Team staff and volunteers under the leadership of registered healthcare chaplains will be able to:</p> <ul style="list-style-type: none"> • meet the organisation’s need to provide spiritual care to patients, their family carers and staff; • meet the needs and protocols for on-call provision; • address the needs of the organisation’s major incident plans.
7(L)	1.5.6	Recruit, develop, manage performance and assess individual members of the spiritual care team including.	<p>Registered healthcare chaplains will be able to:</p> <ul style="list-style-type: none"> • deploy chaplains in accordance with needs and skill sets; • investigate complaints directed at the spiritual care service.
7(L)	1.5.7	Manage and supervise a spiritual care team of staff and volunteers within a spiritual care department.	<p>Management and supervision by registered healthcare chaplains should include the following practice areas:</p> <ul style="list-style-type: none"> • Knowledge and skills for practice (see 1.1.13.); • Practicing ethically (see 1.2.4.); • Communication Skills (see 1.3.6.); • Education and training (see 1.4.6., 1.4.9.); • Spiritual and religious assessment and intervention (see 2.1.8., 2.1.9., 2.2.6., 2.2.7.); • Team working (see 3.1.4.); • Staff support (see 3.2.6.); • Being chaplain to the hospital or unit (see 3.3.5.); • Reflective Practice (see 4.1.6.)
7(L)	1.5.8	Engage with leadership out with the Spiritual Care Team	<p>Registered healthcare chaplains will be able to contribute to and influence the strategic development of Health Board policy or service design initiatives, as invited, including the process of how these are developed, e.g. enhancing the person-centred or values-based focus of an initiative.</p>
7	1.5.9	Undertake, manage and implement research, service evaluation and audit within the spiritual care department and the wider healthcare team (see 1.1.15.)	<p>Registered healthcare chaplains will:</p> <ul style="list-style-type: none"> • identify a research gap and/or justify a need for service evaluation; • assemble skilled research teams to conduct the research/service evaluation; • disseminate the findings of the research/service evaluation within spiritual care departments and across healthcare teams • guide implementation of the research/service evaluation findings if necessary.
7	1.5.10	Provide operational management of a spiritual care department and respond to requests from the head of service or local management.	<p>Registered healthcare chaplains will address request related but not limited to:</p>

			<ul style="list-style-type: none"> • audit and service evaluation (see 1.1.15.); • reports such as chaplains' activity and effectiveness; • departmental budget and business planning.
7	1.5.11	Liaise and consult with local faith and belief communities to maintain links and ensure exchange of information and working protocols and procedures for receiving and responding to referrals.	Registered healthcare chaplains will be able to apply their interpersonal skills (communication and networking) in this context.
7	1.5.12	Act as a resource for specialist advice within the organisation and externally.	Registered healthcare chaplains will be able to offer spiritual advice on for example: <ul style="list-style-type: none"> • ethics, religion and belief systems (see 1.2.4.); • complex spiritual, religious and pastoral care; • changes to buildings and services such as the location, design and practicality of spiritual and religious care facilities and viewing rooms (see 3.3.6).
7(S)	1.5.13	Demonstrate specialist knowledge and expertise within the context of a multidisciplinary team.	Registered healthcare chaplains will act as specialist resources to the organisation, its management and staff and regional and national speciality groups including: <ul style="list-style-type: none"> • assessing complex spiritual and religious needs as part of a multidisciplinary team (see 2.1.10., 2.2.8., 3.1.5.); • leading and contributing to multidisciplinary research (see 1.1.16.); • acting as an informed resource for ethical decision making and multidisciplinary teamwork (see 1.2.5.); • presenting education and training sessions within specialist and higher education (see 1.4.8.); • contributing to regional and national working parties and professional and specialist projects.
7(S)	1.5.14	Where end of life care is a significant feature of the specialty, provide an informed resource to the multidisciplinary team and the organisation on bereavement care.	Registered healthcare chaplains can support provide relevant bereavement advise/information and/or training on: <ul style="list-style-type: none"> • bereavement theory and bereavement care; • risk assessment and protocols for those at risk of complicated bereavement; • internal and external sources of bereavement support.
8	1.5.15	Recruit, develop, manage performance and assess individual members of the spiritual care service.	Registered healthcare chaplains can: <ul style="list-style-type: none"> • deploy chaplains in accordance with needs and skill sets; • manage the budget and resources of the spiritual care service; • conduct root cause analysis of complaints directed at the spiritual care service to identify learning points and change service

			guidelines as required.
8	1.5.16	Provide operational management and strategic development of a spiritual care service across a large or multisite Trust or Health Board area.	Registered healthcare chaplains will be able to offer strategic and operational support in for example: <ul style="list-style-type: none"> • a Trust which contains a number of hospitals or units; • a Trust which includes hospital services, specialist services and community services; • in Scotland, a Health Board service.
8	1.5.17	Lead strategic service development and review aligned with Trust or Health Board policy.	For example, registered healthcare chaplains can: <ul style="list-style-type: none"> • develop, implement and review local and national policies and procedures (see 1.1.17., 1.1.18.); • develop and implement research and audit (see 1.1.19.); • develop and provide education and training (see 1.4.9.); • develop and implement methods of reflective practice across the service (see 4.1.8.).
8	1.5.18	Lead the operation of the spiritual care service.	Registered healthcare chaplains will be responsible for: <ul style="list-style-type: none"> • the line management of people contracted to the service; • ensuring service provision for the safe and effective delivery of the service; • ensuring continuity of care across the service (see 2.1.11., 2.2.9.); • the integration of the spiritual care service into the wider healthcare service (see 3.1.6.); • the inclusion of spiritual care services in all major incident plans across the Trust or Health Board (see 3.3.7.); • preparation and implementation of budgets and business plans as directed by the Trust or Health Board.
8	1.5.19	Act as a professional and expert resource to the Trust or Health Board, other Trusts/Health Boards, national bodies and external groups.	Registered healthcare chaplains will provide expert advice: <ul style="list-style-type: none"> • on religious and belief practices to assist the organisation in meeting the public sector equality duty • on ethical matters and complex decision making (see 1.2.6.); • on designing and managing a spiritual care service; • contributing to the development of professional and national policies, standards and guidelines; • as a consultant to spiritual care teams, Trusts and Health Boards experiencing challenges and difficulties; • as a confidential resource for support (see 3.2.8.).
8	1.5.20	Demonstrates advanced leadership skills within the Spiritual Care	Model accountability and hold the service to account to its own stated

Team, in MDTs and across the health and social care service, at board/trust and board/trust governance levels.

values and standards.

To illicit and represent the voices that influence and improve person-centred care.

Domain 2. Spiritual Care Practice

Domain		2	Spiritual Care Practice	
Spiritual assessment:		2.1	The chaplain assesses the core values and beliefs that resource the service users and responds in ways which can include referral and signposting to other care providers.	
Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.			<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; • Develop knowledge and understanding of different faiths/cultures; • How is spirituality understood within different cultures/belief systems; and • History taking and assessing need; • Multi agency working; • Multidisciplinary working; • Emotional intelligence; • Empowering others; • Assessing and understanding carers needs. 	
Band	Competence	Skills	Behaviour	
Trainee	2.1.1	Assess the spiritual needs and resources of individuals.	Explore the individual's sense of meaning and purpose in life; their attitudes, beliefs, ideas, values and concerns around ill-health, life, and death; Use evidence-based tools such as the Patient Reported Outcome Measure (PROM) to help assess individual problems	
Trainee	2.1.2	Respond to assessed spiritual needs with spiritual care.	Let the person talk about what is on their mind. Affirm life and worth by encouraging reminiscing and narrative; explore the individual's hopes and fears regarding the present and future; Explore existential questions relating to life, death, illness and suffering	
Trainee	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.	Act at all times in a non-judgmental and respectful manner	
Trainee	2.1.4	Where sanctuary and reflective space is provided, facilitate an inclusive setting that can be accessed and utilised by a diversity of faith and belief communities.	Where possible use or create a quiet, calm, private space	

Trainee	2.1.5	Facilitate referral, with the individual's permission, to other sources of spiritual care.	Refer to other members of the healthcare team or external resources.
6	2.1.6	Act as an advocate for service-users.	Act as advocate where required, for example when the service-user requests our help in asking faith and belief community representatives not to visit.
6	2.1.7	Record spiritual assessments and interventions in the patient information systems.	Always maintain records systematically. Use evidence-based assessment tools.
7	2.1.8	Develop methods and procedures for spiritual assessment for use by the healthcare team and spiritual care team.	Model the use of structured assessment for junior colleagues. Disseminate: <ul style="list-style-type: none"> • when and by whom spiritual assessment will take place; • the format of any assessment tool; • guidelines for the use of any assessment tool; • guidelines on when and how to refer on.
7	2.1.9	Develop protocols and procedures for the recording of relevant information on the assessment of spiritual need and the delivery of spiritual care in the patient information systems.	Develop and disseminate: <ul style="list-style-type: none"> • guidelines for the recording of information where chaplains have access to the information systems; • guidelines for recording sensitive patient information respecting the confidentiality of the encounter while recording relevant information; • guidelines for the recording of information where chaplains do not have access to the information systems.
7(S)	2.1.10	Asses and seek to meet the complex spiritual and needs of individuals and to record assessments, interventions and referral to others in the patient information systems.	Ensure Chaplains can access and utilise electronic referral systems and patient data systems.
8	2.1.11	Ensure continuity and provision of spiritual care across a large or multisite Trust or Health Board area including: <ul style="list-style-type: none"> • spiritual assessment and care; • recording of spiritual assessments, interventions and referrals in the patient information systems. 	Ensure healthcare chaplains are represented at board level leading the development of spiritual care policy.

Domain	2	Spiritual Care Practice
Assessing core values	2.2	The chaplain assesses the core values and beliefs that resource the service users and responds in ways which can include referral and signposting to other care providers.

<p>Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.</p>	<ul style="list-style-type: none"> • National and local manuals for spiritual and religious care; • Knowledge of faith and belief communities and the different denominations and strains of thought within them; • Knowledge of religious rites and practices; • Directories of local and national faith and belief community representatives; • Develop knowledge and understanding of different faiths/cultures; • How is spirituality understood within different cultures/belief systems; and • History taking and assessing need; • Multi agency working; • Multidisciplinary working; • Emotional intelligence; • Empowering others; • Assessing and understanding carers needs.
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Band	Competence	Skill	Behaviour
Trainee	2.2.1	<p>Assess the expressed spiritual and religious needs of individuals. For example:</p> <ul style="list-style-type: none"> • worship, diet, gender-related concerns, spiritual and religious observance, practices, privacy 	Listen to people in a structured manner designed to elicit their specific needs.
Trainee	2.2.2	Respond appropriately to the assessed spiritual and religious needs of the service-user.	<p>With the individual’s permission, refer to their faith or belief community representative. Be able to co-construct appropriate rites of passage, lead prayers, conduct services of worship, or appropriately refer on this aspect of the service.</p> <p>Help patient/carer to the appropriate facilities for the observance of any faith.</p>
Trainee	2.2.3	Facilitate a suitable setting for the provision of religious observances.	Help patient/carer to the appropriate facilities for the observance of any faith.
Trainee	2.2.4	Advocate on behalf of the service user.	<p>For example:</p> <ul style="list-style-type: none"> • take appropriate action in line with visiting protocols, to notify staff of unwanted visitors • record information in the patient information systems for other staff to reference
Trainee	2.2.5	Record religious assessments and interventions in the patient information systems.	Record all care and activity in a systematic manner.
6	2.2.6	Explore the core values and beliefs of a service-user with a view to assessing and meeting complicated spiritual and religious need.	Apply asset-based listening in order to help the individual make the necessary connections between core values and beliefs, recovery and wellbeing and good decision-making.

7(L)	2.2.7	Develop methods and procedures for spiritual assessment for use by the healthcare team and spiritual care team.	<p>Discuss with interprofessional healthcare colleagues</p> <ul style="list-style-type: none"> • when and by whom spiritual assessment will take place; • the format of any assessment tool; • guidelines for the use of any assessment tool; • guidelines on when and how to refer on.
7(S)	2.2.8	Assess and seek to meet the complex spiritual needs of individuals and to record assessments, interventions and referral to others in the patient information systems.	Ensure healthcare chaplains are represented in working groups developing patient information systems.
8	2.2.9	<p>Ensure continuity and provision of spiritual care across a large or multisite Trust or Health Board area including:</p> <ul style="list-style-type: none"> • spiritual assessment and care; • recording of spiritual assessments, interventions and referrals in the patient information systems 	Attend board meetings to ensure spiritual care is recorded and treated equivalently to all other healthcare.

Domain 3. Organisational Practice

Domain		3	Organisational Practice	
Team working:		3.1	The chaplain works in an integrated way with other health and social care teams.	
Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.			<ul style="list-style-type: none"> • Understanding of local spiritual care team, multidisciplinary teams and the wider healthcare team; • Knowledge of teams, groups and team building; • Understanding of communication within teams and team dynamics; • Communication skills; • Teams and how they work; • Multi agency working; • Multidisciplinary working; • Health and social care integration. 	
Band	Competence	Skills	Behaviour	
Trainee	3.1.1	Practice within the agreed protocols and procedures of the local spiritual care team and the unit or hospital where the chaplain works.	Work within local governance in relation to assessment, referral, on-call, visiting regulations, confidentiality, advocacy, hygiene standards, health and safety.	
6	3.1.2	Identify and contribute to the healthcare teams in the hospital or unit.	<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. • Be available to support healthcare colleagues where needed. 	
6	3.1.3	Understand the dynamics within teams.	Be available with mediation skills to support healthcare colleagues	
7	3.1.4	Manage and implement the protocols and procedures for the spiritual care team and its relation to the wider healthcare teams.	<ul style="list-style-type: none"> • ensure the provision of chaplains to support assessment, referral, on-call, visiting regulations, confidentiality and advocacy; • ensure all spiritual care team members practice within control of infection standards, and health and safety procedures; • ensure chaplains are allocated to multidisciplinary teams that require a chaplain's presence such as palliative care, organ transplant. 	
7(S)	3.1.5	Proactively contribute to multidisciplinary teams within the chaplain's specialty.	Attending and contribute to multidisciplinary team meetings; providing a specialist resource to support patients, their family/carers and staff.	

8	3.1.6	Manage the integration of the spiritual care team(s) into the wider healthcare team across a large or multisite Trust or Health Board.	Develop, implement and evaluate protocols and procedures designed to facilitate good team working within the spiritual care service; Ensure the spiritual care service integrates into the wider healthcare team at all Bands; Ensure the relevant health and social care boards see spiritual care as a core service.
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Domain		3	Organisational Practice	
Staff support:		3.2	The chaplain intentionally supports members of staff through spiritual care, pastoral supervision and group reflective practice e.g. VBRP®.	
Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.			<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; • Models of reflection and experiential learning; • Facilitate Reflective Practice for staff (e.g. VBRP®); • Communication skills; • Problem solving; • Grief loss and bereavement. 	
Band	Competence	Skills	Behaviour	
Trainee	3.2.1	Build working relationships with staff, volunteers, and groups.	Be available. The chaplain builds networks and relationships with staff through regular contact.	
Trainee	3.2.2	Respect confidence in responding to requests for personal support from members of staff and volunteers	Be discrete, trustworthy and respect confidence.	
Trainee	3.2.3	Recognise his or her own personal skills and limitations in providing personal and professional support.	Ensure personal development in ongoing.	
6	3.2.4	Respond to requests for professional support from members of staff and volunteers. For example: advice on and understanding of spiritual and religious care, ethical issues or care issues.	Be a resource for staff in the areas of ethics and spiritual care. Create safe and secure space for staff to talk about the things that matter most to them.	
6	3.2.5	Identify other sources of internal or external staff support and, with the staff member's permission, facilitate referral.	Maintain external connections with a range of community support groups in order to better support the needs of a range of different people.	
7	3.2.6	Respond to requests for professional support from members of staff and volunteers in regard to complex matters. For example: <ul style="list-style-type: none"> • advice on and understanding of complex spiritual and religious care or ethical issues; • advice on how to support patients, their family/carers or colleagues in complex scenarios. 	Maintain good time management with, where possible, space and flexibility in the working week. Attend and engage with multidisciplinary team meetings, offering advice	

7 (S)	3.2.7	<p>Respond to requests for professional support from members of the multidisciplinary team, staff and volunteers within the chaplains are of expertise. For example:</p> <ul style="list-style-type: none"> • advice on and understanding of complex spiritual and religious care or ethical issues; • advice on how to support patients, their family/carers or colleagues in complex situations; • reflection on complex care scenarios and their outcomes; • reflection on complex scenarios that challenge an individual's beliefs and practices. 	<p>within your range of competence.</p>
8	3.2.8	<p>Provide expert advice to the Trust or Health Board on faith and belief issues including:</p> <ul style="list-style-type: none"> • employment policies; • requirements for religious observance and religious rites and rituals. 	<p>Attend and engage with board meetings to keep up with and react positively to the latest policy and political developments</p>
8	3.2.9	<p>Respond to requests from staff, senior colleagues and managers for professional support. For example:</p> <ul style="list-style-type: none"> • representation or advocacy in employment matters; • guidance on religious and belief practices and equality and diversity. 	<p>Provide advice and guidance to the board and senior colleagues on complex ethical issues.</p>

Domain		3	Organisational Practice	
Chaplain to the Organisation		3.3	The chaplain is aware of their role in the organisation's major incident plan and responds to staff issues and events that need a communal recognition and action.	
Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.			<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; • Understanding policy; • Organisational culture; • Facilitate corporate events as required by the organisation, e.g: <ul style="list-style-type: none"> • baby loss • organ donation 	
Band	Competence	Skills	Behaviour	
Trainee	3.3.1	Respond to the spiritual care service policy and procedures when a major incident has been declared.	Act in accordance with local policy.	
6	3.3.2	Respond to unplanned events, external or internal, which have an effect on the hospital or unit, utilising internal and external resources. For example: death of a member of staff, national disasters, world events, remembrance and anniversaries.	Be there. Listen to people. Respond appropriately to discerned staff and organisational need.	
6	3.3.3	Create and lead corporate reflective acts which have spiritual significance. For example: acts of remembrance, celebration of anniversaries of institutions, formal opening of new areas of healthcare	Demonstrate an ability to hold the space at such events through appropriate role authority.	
6	3.3.4	Provide a spiritual perspective for the hospital or unit. For example: <ul style="list-style-type: none"> • championing privacy and dignity issues; • raising issues of morale and other staff themes with senior management. 	Act as advocate for those with no or little voice.	
7 (L)	3.3.5	Develop and implement policies and procedures for a spiritual care response to major incidents.	Agree the spiritual care response as part of the major incident plan; ensuring all chaplains understand the policy and its protocols.	
7	3.3.6	Act as a resource where changes to buildings and services are being planned.	Ensure planners consider the design and practicality of spiritual and religious care facilities; for example, the location, design and practicality of mortuary services and viewing rooms.	

8	3.3.7	Ensure all major incident plans across the Trust or Health Board have made provision for a response from the spiritual care service.	Check, review and, if necessary, alter major incident plan to ensure healthcare chaplains are at the forefront.
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Domain 4. Reflective Practice

Domain		4	Reflective Practice
Professional Learning and Development Based on Supervision and Reflection on Work:		4.1	As part of the process of continuing professional development the chaplain demonstrates the ability to reflect upon practice in order to develop and inform their professional practice.
Knowledge: all chaplains will demonstrate awareness of the content on the right, consistent with their grade and post.			<ul style="list-style-type: none"> • Methods and models of reflective practice; • Professionalism and boundaries; • Developing self-awareness and practice; • Models of reflection and experiential learning; • Values based reflective practice; • Self-awareness.
Band	Competence	Skills	Behaviour
Trainee	4.1.1	Be able to use different models of reflective practice. For example: <ul style="list-style-type: none"> • clinical pastoral education (CPE); • pastoral reflective practice (PRP); • values based reflective practice (VBRP®); • supervision 	Explicitly use one or more of these models during supervision.
Trainee	4.1.2	Be able to 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 and spiritual care practice and theological reflection; • how belief systems and practice inter-relate. 	Discuss one or more of these case examples during clinical supervision
Trainee	4.1.3	Use a structured method of reflective practice to reflect on and discuss professional 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 spiritual care service; • personal and professional boundaries and the boundaries that come with developing a professional 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. 	Life-long learning and continued personal and professional development.

Trainee	4.1.4	Discuss the limits of his or her own capabilities and competences to develop practice.	Clinical supervision and a values-based model of reflective practice
6	4.1.5	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. 	Ensure junior staff are having regular supervision of a range of types. Model the behaviour you want to see, so make sure you make time for supervision yourself.
7	4.1.6	Ensure that provision is made for reflective practice and that all members of the spiritual care team undertake reflective practice on a regular basis.	Model the behaviour. Ensure that reflective practice, with an embedded leaning towards personal and spiritual values, such as VBRP® is prioritised, for example, over unexpected callouts.
7(S)	4.1.7	Provide reflective practice for colleagues. For example: <ul style="list-style-type: none"> • for staff in small units where it is hard to identify a senior colleague to reflect with, such as hospices 	Ensure you are also in a supervisory relationship. Monitor the effectiveness of reflective practice in your own area.
8	4.1.8	Develop and implement a recognised form of reflective practice for use across a large or multisite Trust or Health Board including: <ul style="list-style-type: none"> • agreeing and providing a recognised model for reflective practice; • developing systems and ensuring all chaplains and related support staff participate; • ensuring regular audit of systems and act on recommendations and findings. 	Ensure chaplain leads are all undertaking a values-based form of reflection on practice. Lead on a national evaluation.

	COMPETENCE	KNOWLEDGE (COGNITIVE)	SKILLS (FUNCTIONAL)	ATTITUDE (ETHICAL)
1	INTRAPERSONAL SPIRITUALITY Is aware of the importance of spirituality on health and well-being.	Understands the concept of spirituality. Can explain the impact of spirituality on a person's health and well-being across the lifespan for oneself and others.	Reflects meaningfully upon one's own values and beliefs and recognises that these may be different from other persons.	Willing to explore individuals' personal, religious and spiritual beliefs. Is open and respectful to persons' diverse expressions of spirituality.
2	INTERPERSONAL SPIRITUALITY Engages with persons' spirituality, acknowledging their unique spiritual and cultural worldviews, beliefs and practices.	Understands the ways that persons' express their spirituality. Is aware of the different world/religious views and how these may impact upon persons' responses to key life events.	Recognises the uniqueness of persons' spirituality. Interacts with, and responds sensitively to the person's spirituality.	Is trustworthy, approachable and respectful of persons' expressions of spirituality and different world/religious views.
3	SPIRITUAL CARE: ASSESSMENT AND PLANNING Assesses spiritual needs and resources using appropriate formal or informal approaches, and plans spiritual care, maintaining confidentiality and obtaining informed consent where necessary.	Understands the concept of spiritual care. Is aware of different approaches to spiritual assessment.	Conducts and documents a spiritual assessment to identify spiritual needs and resources. Collaborates with other professionals.	Is open, approachable and non judgemental. Has a willingness to contain and 'hold' emotions.
4	SPIRITUAL CARE: INTERVENTION AND EVALUATION Responds to spiritual needs and resources within a caring, compassionate relationship.	Understands other professionals' roles in providing spiritual care. Understands the concept of compassion and presence and its importance in spiritual care. Knows how to respond appropriately to identified spiritual needs and resources. Knows how to evaluate whether spiritual needs have been met.	Recognises personal limitations in spiritual care-giving and refers to others as appropriate. Evaluates and documents personal, professional and organisational aspects of spiritual care-giving, and reassess appropriately.	Shows compassion and presence. Shows willingness to collaborate with, and refer to others (professional/non-professional). Is welcoming, accepting and shows empathy, openness, professional humility and trustworthiness in seeking additional spiritual support.

Table 2. Competences and domains of spiritual care for non-specialists (EPICC, 2019)

Spiritual Care Support	Spiritual Care Team Volunteer: A volunteer with training in spiritual care who works under supervision of a chaplain Band 6 or above.
	Spiritual Care Support Worker A person with training in religious, pastoral and spiritual care whose delivery of care is defined and supervised by a Chaplain Band 6 or above.
	Faith Community or Belief Group Representative A person who is recognised or accredited by a faith community or belief group to provide pastoral and/or religious care to members of that faith community or belief group and whose name appears on a list of faith community or belief group representatives regularly updated by the spiritual care department (Can be ordained or lay). (UKBHC Standard 3, 2009)
Trainee Chaplain Pre-registration (Trainee)	A practitioner with limited autonomy, who works as part of a spiritual care team and is supervised by a chaplain Band 6 or above.
Chaplain Band 6	An autonomous, qualified practitioner whose role is to seek out and respond to the spiritual and religious needs of individuals, their carers and staff.
Lead Chaplain Band 7 (L)	A chaplain with additional responsibilities and experience including the management of a spiritual care team.
Specialist Chaplain Band 7 (S)	A chaplain with advanced specialist knowledge, experience and expertise in a particular aspect of spiritual care. For example: acute, mental health, paediatrics, palliative care.
Consultant Lead Chaplain Band 8	A chaplain with management responsibility for spiritual and religious care policy and services across an NHS Trust or Health Board Area .

Engagement with the development and delivery of educational / training programmes in Spiritual Care	
Level	Involvement in Education and Training
Spiritual Care Support	As support staff, could observe the delivery of education or training
Trainee Chaplain Pre-registration (Trainee)	As a trainee, would be expected to observe the delivery of education or training.
Chaplain Band 6	As an experienced practitioner, contribute to education and training within the hospital or unit.
Lead Chaplain Band 7 (L)	As an experienced practitioner, contribute to education and training in Higher Education Institutions.
Specialist Chaplain Band 7 (S)	As an experienced and specialist practitioner, contribute to education and training in Higher Education Institutions.
Consultant Lead Chaplain Band 8	As an experienced practitioner, contribute to the development of programmes of education and training.