

SPIRITUAL AND RELIGIOUS CARE CAPABILITIES AND COMPETENCES FOR HEALTHCARE CHAPLAINS

Janet Foggie, Chris Levison, Iain Macritchie, David Mitchell.

Abstract: This article examines the process of formation of the Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains: its history, the process of writing, the process of consultation, and the impact of the document. The authors argue that the capabilities and competencies are an essential component of the development of chaplaincy as a modern health-care profession.

Key Words: Capability, Chaplaincy, Competence, Qualification, Spiritual and Religious Care.

Introduction

In 2005 the Nursing Times included the following in its editorial:

The New Truth: The spiritual cat is out of the religious bag!... Chaplaincy is in retreat forming a kind of consultancy service, while coal face workers such as nurses are more involved in spiritual support (Wright, 2005)

The authors, in their experience, would challenge that perception, certainly in Scotland. While there is genuine recognition of the role of all healthcare workers, including nurses, in the assessment and provision of spiritual care, healthcare chaplaincy and spiritual and religious care has advanced considerably in recent years.

This article will focus on the completion of a process that was launched in 2002 and has been actively developed by the Healthcare Chaplaincy Training and Development Unit within NHS Education for Scotland (NES). However, in the best traditions of reflective practice, as you bring a process to an end its time to review and move forward.

In 2005, while Professor Wright sees chaplaincy in retreat, NHS Quality Improvement Scotland published the findings of its Scoping Study Group on the Provision of Spiritual Care in NHSScotland (NHS QIS, 2005) leading to a more constructive conclusion.

The scoping study included the recommendations that standards and capabilities for healthcare chaplaincy in Scotland should be developed. Accordingly the NES strategic plan for 2007/8 included the following:

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.

The publication of the Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains is much more than the fulfilment of an element of a strategic plan. It is a core document that will shape the future of healthcare chaplaincy in Scotland and the UK.

A three tier process

The publication of the Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains (NES, 2008) represents the completion of a three tier process that began in 2002 with the Health Department Letter to all NHS Trusts in Scotland, was followed by the development of Standards for NHSScotland Chaplaincy Services in 2007, and is completed with the capabilities and competences framework.

NHS HDL 76 (2002)

This tier states what patients can expect to receive in the way of spiritual and religious care from the NHS in Scotland. The letter gave guidance and instructions to health boards to develop spiritual care policies and local plans for a spiritual care service which complied with the guidance. The HDL outlines three areas for the then Scottish Executive Health Department to undertake, through the health boards, supported by the Chaplaincy Training and Development Unit

‘national guidelines and policies for the continuing improvement of spiritual care services;

national standards with reference to UK and European standards for the delivery of spiritual care in NHSScotland;

a programme of education and training for spiritual caregivers prior to, and at all stages of their career and a programme of training for staff and volunteers; and initiate related research.’
(NHS HDL 76, 2002)

This guidance has been revised and will be updated in a Chief Executives Letter (CEL) in 2008.

Standards for NHSScotland Chaplaincy Services 2007

The second stage provided a framework for what the NHS might expect from chaplaincy services and provided a framework for the audit of chaplaincy services (AHPCC, CHCC, SACH, 2007).

Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains

This third stage sets out what can be expected of healthcare chaplains in practice and provides a framework for professional education and continuing professional development. (NES, 2008)

Partnership working

The success of each stage of the process has been in working in partnership. The partners include those working directly in the field of healthcare chaplaincy including the three professional

organisations: the Association of Hospice and Palliative Care Chaplains (AHPCC), the College of Health Care Chaplains (CHCC), the Scottish Association of Chaplains in Healthcare (SACH); and the Chaplaincy Academic Accreditation Board (CAAB). The partners also included representatives of faith organisations, NHS managers and the Higher Education Institutions (HEIs).

In developing the Spiritual and Religious Care Capabilities and Competences it was clear that the impact of their development could be significant for chaplaincy in the UK as a whole and so the partnership was widened to include the Health Care Chaplaincy Free Churches Group, Churches together in England, and chaplaincy representatives from England and Wales.

One significant benefit to partnership working is that it is possible to access a considerable number of resources and can therefore begin from an informed position and have access to resources already in place. Marie Curie Cancer Care supported by the AHPCC had competencies for palliative care already in place (MCCC, 2003), the Multi-faith Group for Healthcare Chaplaincy had revised standards that included competencies (MFGHC, 2006), and when combined with the Chaplaincy Standards for NHSScotland Chaplaincy Services (AHPCC, CHCC, SACH, 2007) and the NHS Knowledge Skills Framework (DoH, 2004b) there was a clear basis to start from.

Capabilities and competences framework

From the beginning it was clear that there was different language in use: NES spoke the language of Capability while Skills for Health spoke in Competence. The project group took the view that these terms could be complementary. A 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, and within that context a Competence describes what individuals know or are able to do in terms of knowledge, skills and attitudes.

Essential shared capabilities

While researching other capability and competence frameworks it was evident that considerable work had been completed by the Sainsbury Centre for Mental Health (2001), The Department of Health

(2004a), and the Combined Sheffield Universities Inter-professional Learning Unit (2004). This work had produced 10 Essential Capabilities that could be adapted and used to underpin the Healthcare Chaplaincy Framework. The essential capabilities are:

- Working in partnership
- Respecting diversity
- Practicing ethically
- Challenging inequality
- Identifying the needs of people using chaplaincy services
- Providing safe and responsive patient-centred care
- Promoting best practice
- Promoting rehabilitation approaches
- Promoting self care and empowerment
- Pursuing personal development and learning

Chaplaincy framework

Based on a broad consultation exercise conducted with chaplains throughout the UK the framework was developed under four key domains and within each domain were the more specific capabilities and competences that a chaplain would require to practice:

1. Knowledge and skills for professional practice

- Knowledge for practice
- Practicing ethically
- Communication Skills
- Education and training

2. Spiritual and religious assessment and intervention

- Spiritual assessment and intervention
- Religious assessment and intervention

3. Institutional practice

- Team working
- Staff support
- Chaplain to the hospital or unit

4. Reflective practice

- Reflective practice
- Personal spiritual development

How could the framework be used?

There are a number of ways in which it its envisaged the framework will be used including: self-

assessment, as a means of planning personal and team development, a guide to work based learning and to develop education and training specific to healthcare chaplaincy.

As chaplaincy makes its way to becoming a self regulated healthcare profession one of the key elements in that process will be developing an educational qualification that becomes the basis of entry to the profession and includes the element of being safe to practice. Alongside the capabilities and competencies project a brief was prepared to commission a single or collaborative group of Higher Education Institutions who will thereafter work on a chaplaincy qualification. The contract was awarded to the University of Glasgow to develop a Post Graduate Certificate in Healthcare Chaplaincy to be integrated into an existing MSc in Healthcare programme. The course, based on the capabilities and competencies framework should be available for students in September 2009.

The practical implications for Healthcare Chaplains

A number of key questions arise when considering the development and implementation of the capabilities and competences framework. Although some of these questions can be clearly answered a number require an informed look into the future.

Who is the framework for?

Working with CAAB it is evident that within chaplaincy there is a recognised and progressive framework:

Trainee Chaplain	band 5
Chaplain	band 6
Senior Chaplain	band 7
Specialist Chaplain	band 7
Lead Chaplain	band 8

Currently there are national profiles under Agenda for Change for band 6 and band 7 posts. According to the NHS Job Evaluation Handbook, further national profiles can be developed if sufficient posts are evidenced at bands in variance with the current two (JE Handbook, p65). The capabilities and competences framework is focused on the Chaplain (band 6) level, for which a national profile exists. This would be the core level trainees would be working towards and the basis from which further capabilities and compe-

tences could be developed for senior, specialist and lead chaplains.

Will chaplaincy in Scotland be different from the rest of the UK?

The authors hope and foresee that it will not. A determined effort has been made to be as inclusive as possible. An example would be that the capabilities and competences document includes reference to the band 5 Trainee Chaplain, an appointment that is rarely used in Scotland but is in other parts of the UK.

At the time of writing this article permission had been given for the Health Service in Wales to adapt and adopt the capability and competence framework and the Standards for Chaplaincy Services in NHSScotland for the Welsh language and for publication (NES, 2008; AHPCC, CHCC, SACH, 2007). Proposals are also being co-ordinated in England by CAAB, AHPCC, CHCC, SACH and the MFGHCC for similar adaptation and an approach to the Department of Health.

Will existing chaplains need to re-qualify?

As part of the registration process it seems likely that existing chaplains will be included in the register of chaplains so the short answer would appear to be no. However, given that the chaplaincy certificate can be developed into a Masters degree chaplains may see it as an opportunity to develop their existing capability and competence and further their personal development and education, especially those who see their chaplaincy as a career and wish to progress through the profession.

Conclusions

The publication of the *Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains* can be seen as the end of an era, the work laid out in the HDL (2002) is now set in motion; all three parts of the vision for spiritual care laid out in that document are now complete. However, it seems much more likely that this is the beginning of an era. As the practical out workings of Agenda for Change are felt, new posts are created and new profiles for chaplaincy written and accepted a career progression which is equivalent to the other AHPs will begin to be seen across the UK.

In this new structure the competencies and capabilities of chaplains will be exercised for the benefit of patients, carers and staff and through that work chaplains themselves will be able to see progression through a career structure and to be valued as equals by their AHP peers. Throughout the history of humanity there has been a need for a nurture of the spirit, it remains the task of spiritual and religious care providers to present and acknowledge the eternal within the changing patterns of an ever changing world. The task is to enable change to work for the benefit of the service and of all who are touched by it.

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Janet Foggie is Mental Healthcare Chaplain (Dundee) in NHS Tayside.

Chris Levison is Healthcare Chaplaincy Training and Development Officer/ Spiritual Care Advisor based at the NHS Education Scotland offices in Glasgow.

Iain Macritchie is Lead Chaplain for NHS Highland and works at Raigmore Hospital in Inverness.

David Mitchell is a Parish minister and lecturer in healthcare chaplaincy, University of Glasgow.