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Introduction

The Association of Hospice and Palliative Care Chaplains (AHPCC) is the professional organisation for chaplains and those whose primary role is providing spiritual care in hospices and specialist palliative care units. This guidance is offered as an informed source of advice for those reviewing chaplaincy appointments.

Spiritual care is a core element of palliative care (World Health Organisation, 2002). While it is recognised that all staff and volunteers may provide spiritual care, chaplains have a particular role and expertise to offer patients, their families and carers, and members of staff and volunteers (AHPCC, 2003; MCCC, 2003).

Within western palliative care the spiritual dimension of the human being is widely interpreted as referring to that which gives transcendent meaning and aspiration to a person’s life, and may or may not include God. Spirituality concerns all that makes for an individual’s existence as a person and our capacity as human beings for self-transcendence, relationship, love, desire, creativity, altruism, self-sacrifice, faith and belief. It follows that all people can have spiritual needs, and experience demonstrates that such needs and concerns are brought into sharp focus when people are faced with a life threatening illness in themselves or in those they care for.

Chaplain (spiritual care coordinator)

A chaplain is a person appointed to provide spiritual and religious care to all patients, visitors, staff and volunteers in the healthcare setting regardless of faith or life stance. A chaplain can be ordained or lay with an acknowledged status within a mainstream faith community. A chaplain may also have the title spiritual care coordinator or similar (AHPCC, 2003).

Chaplaincy and the multidisciplinary team

Clinical Standards for Specialist Palliative Care recognise chaplaincy as a core profession in the multidisciplinary team (CSBS, 2002). Hospices and specialist palliative care units in Scotland must have an appointed chaplain who attends multidisciplinary team meetings in order to meet Healthcare Improvement Scotland requirements. Other national documents such as the National Institute for Clinical Excellence Guidelines for Improving Supportive and Palliative Care for Adults with Cancer (NICE, 2004), though fully supportive of chaplaincy and multidisciplinary team working, do not detail or describe ‘palliative care chaplaincy’ as provided in hospices (NICE, 2004; NHS, 2003; NHS Scotland, 2002). The AHPCC recommends that chaplains work as members of the multidisciplinary team and are resourced to attend multidisciplinary team meetings.
Data protection
To work as effective and recognised members of the multidisciplinary team chaplains need to have the same access to patient notes as other team members and to record their response to referrals, interventions and outcomes (AHPCC, 2003 Standard 3; DoH, 2002 H2.1, H2.4). However, to comply with the current interpretation of the Data Protection Act, patients’ consent needs to be confirmed, ideally during admission.

Standards and competencies
The clinical standards and national guidelines referred to above set standards for chaplaincy and the provision of spiritual and religious care in general (NICE, 2004; SEHD, 2008). The AHPCC (2006) Standards for Hospice and Palliative Care Chaplaincy give details of what hospices should expect to provide through a chaplaincy service:
1. Access to chaplaincy.
2. Spiritual and religious care.
3. Multidisciplinary teamwork.
4. Staff support.
5. Education, training and research.
6. Resources.
7. Chaplaincy to the unit.

The level of expertise or competence that can be expected from individual chaplains was originally detailed in Marie Curie Cancer Care’s Spiritual and Religious Care Competencies for Specialist Palliative Care (MCCC, 2003). This document detailed four levels of competence for all members of staff and volunteers. Chaplains can be expected to meet or work towards the Knowledge, Skills and Actions at Level 4. The Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains (UKBHC, 2010) show in detail what can be expected from a healthcare chaplain.

Code of Conduct
The Association of Hospice and Palliative Care Chaplains endorses the Healthcare Chaplains’ Code of Conduct and commends it to all hospice and palliative care chaplains as a reference document for best practice in contemporary healthcare chaplaincy (AHPCC, CHCC & SACH, 2005).

Job summary
Chaplains, as members of the multidisciplinary team, are appointed for the spiritual and religious care of all patients, visitors, staff and volunteers, regardless of faith or life stance. They seek to support others in their search for meaning and hope, and to provide an informed ethical, theological, spiritual and pastoral resource for individuals and as part of their unit’s education, training and research programme. The chaplain will facilitate the provision of inclusive worship and religious expression, reflecting the faith groups represented in the unit, and in response to individual need.
Core duties

- The spiritual and religious care of all patients, visitors, staff and volunteers in the hospice/unit.
- To ensure that the hospice chaplaincy service meets the Standards for Hospice and Palliative Care Chaplaincy (AHPCC, 2006) [currently under revision – see also the UKBHC chaplaincy Standards, 2009].
- To ensure the hospice/unit meets the relevant NICE Guidelines or Clinical Standards (NICE, 2004 Section 7: England & Wales; SEHD, 2008: Scotland).
- To work towards achieving the Knowledge, Skills and Actions of the Spiritual and Religious Care Competencies for Specialist Palliative Care (MCCC, 2003) and the Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains (UKBHC, 2010).

Professional qualifications and experience.

- An acknowledged status within a mainstream faith community.
- A recognised theological qualification.
- A postgraduate qualification in palliative care (or to undertake this study).
- At least five years’ parish/chaplaincy experience or similar.

Chaplaincy provision

The AHPCC believes that the growing complexity and development of hospice and specialist palliative care is not reflected in national NHS guidelines (NHS, 2003; SEHD, 2008, and recommends the following provision:

- Units with fewer than 16 beds – minimum of a half-time appointment.
- Units with 16 beds or more – minimum of a full-time appointment.

Chaplaincy commitment to day services and community services should also be taken into consideration.

Salary, terms and conditions

The AHPCC recommends that employers follow the scales, terms and conditions for chaplaincy set out in the NHS Agenda for Change (DOH, 2003). Hospice and specialist palliative care chaplaincy is a ‘specialist’ chaplaincy as defined by the South Yorkshire Strategic Health Authority (SYWDU, 2003) and adopted by the UKBHC (2010).

Interview panel

It is recommended that:

- An experienced hospice or specialist palliative care chaplain should form part of an interview panel.
- All panel members have an understanding of the relevant documents referred to in the Core duties section above (AHPCC, 2006; NICE, 2004; MCCC, 2003; SEHD, 2008).
Induction, professional development and supervision

In keeping with Agenda for Change, chaplains are included within the NHS Knowledge and Skills Framework [KSF] (UKBHC 2010), and it is recommended that:

- All newly-appointed chaplains receive an induction programme within their organisation.
- All chaplains receive an annual appraisal as part of their personal performance review and development, and identify and agree their education and training needs (AHPCC 2006 Standard 6.a.5.).
- All chaplains keep a record of evidence of continuing professional development (AHPCC 2006 standard 5.5, UKBHC 2009 standard 5.5).
- All chaplains receive external professional supervision (AHPCC 2006 Standard 6.a.6).

Advertising chaplaincy appointments

The AHPCC will advertise chaplaincy vacancies on our website at no charge.

- AHPCC website: www.ahpcc.org.uk.

We recommend that the following are also considered:

- Local, regional or national press: NB that full-time posts are more likely to attract applicants nationally than part-time.
- NHS Scotland recruitment website: https://jobs.scot.nhs.uk/.
- Northern Ireland Chaplaincy: http://www.nihca.co.uk/.
- Church press: NB that most publications only reach one denomination.

Further information

Further information and advice may be available from the AHPCC secretary. Current contact details are available at www.ahpcc.org.uk.

References


Scottish Executive Health Department (2008) Spiritual Care and Chaplaincy in NHS Scotland.


Professional chaplaincy organisations

Association of Hospice and Palliative Care Chaplains (AHPCC). www.ahpcc.org.uk.


Healthcare organisations
www.chaplains.co.uk.
South Yorkshire Strategic Health Authority (SYSHA).
www.southyorkshire.nhs.uk.

Religious organisations
Church of Scotland, Chaplaincies Task Group, Ministries Council, 121 George Street
Edinburgh EH2 4YN.
www.churchofscotland.org.uk/serve/ministries_in_the_church/chaplains.
Hospital Chaplaincies Council of the General Synod of the Church of England (HCC).
www.nhs-chaplaincy-spiritualcare.org.uk.
Multi-Faith Group for Health Care Chaplaincy (MFGHC).
The Free Churches Group Healthcare Chaplains Steering Committee, Churches
Together in England, 27 Tavistock Square, London WC1H 9HH.
Churches Committee for Healthcare Chaplaincy
The Roman Catholic Conference of Bishops, 39 Eccleston Square, Victoria, London
SW1V 1BX.

Professional journals
Journal of Health Care Chaplaincy
www.healthcarechaplains.org/journal.
Practical Theology (formerly Contact)
http://www.equinoxjournals.com/index.php/PRTH.
Scottish Journal of Healthcare Chaplaincy
www.sach.org.uk/journal.