

UK Board of
Healthcare Chaplaincy



**Spiritual and Religious Care
Capabilities and Competences
for Healthcare Chaplains
Bands (or Levels) 5, 6, 7 & 8
(2017)**

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Introduction

Healthcare chaplaincy in the UK changed markedly in the first decade of the millennium. Although there are, and likely always will be, differences in the ways in which healthcare chaplaincy is delivered across the different countries of the United Kingdom, there is recognition from all the Departments of Health that spiritual and religious care are integral to healthcare and that healthcare chaplaincy is the profession with the expertise in this area of care.

This document is a revision of the UKBHC Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains (2009b) that was itself an adoption of the NHS Education for Scotland Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains (NES, 2008). The original versions have proven their worth as an essential tool for the development of Higher Education Programmes across the UK.

This Capabilities and Competences Framework should be read in conjunction with the UKBHC Code of Conduct (2014), the UKBHC Standards for Healthcare Chaplaincy Service (2009) and the UKBHC Healthcare Chaplaincy Bands and Duties Framework (2015).

Spiritual Care and Religious Care

The NHS CEL (2008) 49 document differentiated between spiritual care and religious care:

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

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

Spiritual care can be provided by all health care staff, by carers, families and other patients. When a person is treated with respect, when they are listened to in a meaningful way, when they are seen and treated as a whole person within the context of their life, values and beliefs, then they are receiving spiritual care.

Chaplains are the specialist spiritual care providers. For them, spiritual care is the reason for their employment and they are expected to be knowledgeable, capable and competent in the areas of spiritual and religious care. They are expected to take their place as members of the multiprofessional healthcare team and to fulfil a meaningful role within the healthcare community.

A Capabilities and Competences Framework

There is a degree of perception, behaviour and attitude within spiritual and religious care that is difficult to describe in terms of a task. This we believe is best expressed by a capability framework within which are groups of competences. The following distinction is made between the terms competence and capability:

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

Capability frameworks focus on:

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

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

The Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains

This capabilities and competences framework has been created to define the capability, competence and scope of practice that is deemed appropriate within the chaplaincy profession. The indicative Bands have been given in accordance with the NHS Agenda for Change job evaluation framework. Bands 5 - 8 are defined by the UKBHC Healthcare Chaplaincy Bands and Duties Framework (2015) as presented in figure 1 and an example of the framework in practice is outlined in figure 2 using Chaplaincy Standard 5.2: *The chaplaincy service contributes to the healthcare team's education and training programme* (UKBHC 2009a, P7).

Chaplaincy Support	Chaplaincy Volunteer: A volunteer with training in pastoral care who works under supervision of a chaplain Band 6 or above.
	Chaplaincy Support Worker A person with training in pastoral care and spiritual and religious care whose delivery of spiritual and religious 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 chaplaincy department (Can be ordained or lay). (UKBHC Standard 3, 2009)
Chaplain Band 5	A practitioner with limited autonomy, who works as part of a chaplaincy 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 chaplaincy team.
Specialist Chaplain Band 7 (S)	A chaplain with advanced specialist knowledge, experience and expertise in a particular aspect of healthcare chaplaincy. 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 .

Figure 1.

Figure 2.

Chaplain Band 5	As a trainee, would not contribute to 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.

Essential Capabilities for Healthcare Chaplaincy

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

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

1 Working in partnership

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

2 Respecting diversity

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

3 Practising ethically

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

4 Challenging inequality

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

5 Identifying the needs of people using chaplaincy services.

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

6 Providing safe and responsive patient-centred care

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

7 Promoting best practice

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

8 Promoting rehabilitation approaches

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

9 Promoting self care and empowerment

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

10 Pursuing personal development and learning

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

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

Structure of the Framework

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

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

Each of the domains contains:

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

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

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

References to Chaplaincy Standards

The framework is referenced to the UKBHC Standards for Healthcare Chaplaincy Services (2009a). The standards refer to the quality of a whole service, whereas the capability and competency framework describes the individual chaplain's role. Where individual competences relate to a particular standard, the standard is noted in the column on the right hand side of the page.

Links to Knowledge and Skills Framework (KSF)

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

Healthcare Chaplaincy Bands and Duties Framework

The capabilities and competences framework should be read in conjunction with the Healthcare Chaplaincy Bands and Duties Framework (UKBHC, 2015). The Bands and duties framework details the titles, educational requirements and a summary of the duties and areas of work for chaplaincy support and chaplains working at Bands 5 – 8.

How can the framework be used?

The framework can be used:

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

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 community or belief group in terms appropriate to that community for the support of the chaplain.

For example:

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

Belief Group

Any group 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 as part of the specialist spiritual care team within a health care setting who works at Band 5 or above. His or her job is to seek out and respond to those who are expressing spiritual and religious need by providing the appropriate care, or facilitating that care, through contacting, with the patient's permission, the representative of choice.

Faith Community

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

Individual

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

References

Department of Health (2004a) *The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce* Department of Health, London.

Department of Health (2004b) *The NHS Knowledge and Skills Framework (NHS KSF) and the development review process* Department of Health, Leeds.

NES (2008) *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*. NHS Education for Scotland, Edinburgh

NHS CEL 49 (2008) . The Scottish Government, Edinburgh.

UKBHC (2014) *Healthcare Chaplaincy Bands and Duties Framework*. UK Board of Healthcare Chaplaincy, Cambridge (Available from www.ukbhc.org.uk)

UKBHC (2015) *Healthcare Chaplaincy Bands and Duties Framework*. UK Board of Healthcare Chaplaincy, Cambridge (Available from www.ukbhc.org.uk)

UKBHC (2014) *Code of Conduct for Healthcare Chaplains*. UK Board of Healthcare Chaplaincy, Cambridge (Available from www.ukbhc.org.uk)

UKBHC (2009a) *Standards for Healthcare Chaplaincy Services*. UK Board of Healthcare Chaplaincy, Cambridge (Available from www.ukbhc.org.uk)

Domain	1	Knowledge and Skills for Professional practice	
Capability	1.1	Knowledge and skills for practice: The chaplain continually develops and updates his or her knowledge of spiritual and religious care, current policy, and research evidence relevant to chaplaincy services, and uses this to promote and develop effective, evidence-based practice.	
Key Content		<ul style="list-style-type: none"> Literature on spiritual care and practice; Literature on religious care and practice; Literature on equality and diversity; Key government and local policies, standards and guidelines; Pathways and assessments used in spiritual and religious care. 	
KSF		<ul style="list-style-type: none"> LEVEL 5 – 8: C1 - 6, HWB 1 – 7, IK1 – 2, G1 – 2. LEVEL 7- 8: IK3, G3 - 8. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	1.1.1	recognise the forms in which spiritual need manifests itself in individuals. For example: <ul style="list-style-type: none"> celebration, hope, preservation of dignity; guilt, the need for forgiveness, the question 'Why?', searching for meaning, the need to resolve unfinished business. 	
5	1.1.2.	recognise the forms in which religious and cultural needs manifest themselves in individuals. For example: <ul style="list-style-type: none"> requirements for privacy, dietary requirements, issues of gender, healthcare interventions, religious requirements in the event of death. 	3.6
5	1.1.3.	discern, assess and meet the needs of individuals displaying unhelpful manifestations of spirituality or religion.	
5	1.1.4.	maintain a knowledge and understanding of the main world faiths and belief groups, with particular reference to their philosophies, beliefs and practices around illness, birth, dying and death.	3.1
5	1.1.5.	maintain the processes and protocols by which referrals are made to and from the chaplaincy service, and monitor these for effectiveness.	2.5
5	1.1.6.	maintain appropriate documentation of referrals, assessment, interventions and outcomes.	1.a.1

Domain		1	Knowledge and Skills for Professional practice
5	1.1.7.	prioritise demands on time and attention and follow the protocol for such prioritisation. For example: <ul style="list-style-type: none"> • making a priority of call-outs; • emergency referrals; • routine referrals; • follow-up visits. 	1.a.1
5	1.1.8.	apply relevant local and national policies or guidelines and collaborate with other members of the chaplaincy and healthcare teams to incorporate these into practice.	
5	1.1.9.	use knowledge of professional and legal accountability and responsibility to ensure safe and effective practice that meets the needs of individuals using the chaplaincy service. For example <ul style="list-style-type: none"> • marriage, funerals, advance directives; • child protection, vulnerable adults; • working with volunteers. 	
5	1.1.10.	recognise his or her personal role and responsibility in ensuring compliance with all relevant regulations and requirements for safe and effective working. For example: <ul style="list-style-type: none"> • health and safety regulations, confidentiality policy, maintenance of administrative records and reports in accordance with local protocols. 	
6	1.1.11.	evaluate and apply relevant research findings and in collaboration with other members of the chaplaincy and healthcare teams incorporate them into practice.	5.7
6	1.1.12.	contribute to audit and research within chaplaincy practice. For example: <ul style="list-style-type: none"> • assessment of chaplaincy standards; • audit of own use of time; • conduct pilot studies; • participate in a local or national research project. 	5.6
7 (L)	1.1.13.	manage the implementation of local and national policies and guidelines across the chaplaincy service.	
7 (L)	1.1.14.	ensure systems are in place to audit and review the implementation of local and national policies and guidelines throughout the chaplaincy service.	

Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains

Domain		1	Knowledge and Skills for Professional practice	
7	1.1.15.	manage the development, conducting and implementation of findings of research and audit across the chaplaincy service including: <ul style="list-style-type: none"> • research topics and activity related to spiritual and religious care and healthcare chaplaincy; • service evaluation to demonstrate safe and effective practice. 		5.7
7 (S)	1.1.16	lead or contribute to multidisciplinary research within the area of specialty.		5.6
8	1.1.17	initiate the implementation of local and national policies and guidelines across a large or multisite Trust or Health Board chaplaincy 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 chaplaincy 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 chaplaincy service including: <ul style="list-style-type: none"> • research topics and activity related to spiritual and religious care and healthcare chaplaincy; • managing, contributing to or facilitating multidisciplinary research; • service evaluation to demonstrate safe and effective practice and value for money; • developing new initiatives to demonstrate the efficacy of chaplaincy from evidence based practice. 		5.7
8	1.1.20.	identify national policies and guidelines and assess their relevance as they pertain to the organisation. Advise the Trust/Health Board management and implement as appropriate.		5.7

Domain	1	Knowledge and Skills for Professional Practice	
Capability	1.2	Practicing ethically: The chaplain maintains and develops his or her knowledge of culture, diversity, ethical, professional and legal theory and frameworks. This knowledge is used to support interactions with individuals using chaplaincy services.	
Key Content		<ul style="list-style-type: none"> Professional code of conduct; Literature on ethical theory; Literature on ethical issues, e.g. informed consent, decision making, culture and diversity, duty of care, ethics and legalities. 	
KSF		<ul style="list-style-type: none"> LEVEL 5 – 8: C1, C5, C6, IK1, 1K2. LEVEL 7 – 8: IK2, IK3, G1. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	1.2.1.	Understand and apply the ethical principles For example: <ul style="list-style-type: none"> non-maleficence (do no harm); beneficence (seek well-being); respect for autonomy; justice. 	
5	1.2.2.	differentiate personal beliefs, morals and values from healthcare ethics. For example: <ul style="list-style-type: none"> recognise that a variety of value systems, customs, beliefs and practices will co-exist within healthcare ethics. 	
6	1.2.3.	provide an ethical, theological and pastoral resource to engage with individuals and the institution. For example: <ul style="list-style-type: none"> support individuals facing the ethical and theological implications of their situation; reflect on and evaluate the ethical information provided for patients, family/carers and staff; contribute to ethical discussion, committees, and forums within field of practice; inform on the ethical implications of changes in buildings, local priorities and working practices. 	7.5
7	1.2.4.	act as an informed resource in complex ethical, theological and pastoral encounters with individuals and the institution. For example: <ul style="list-style-type: none"> support chaplains and healthcare professionals facing complex ethical, theological and pastoral encounters; lead or contribute to patient pathways and serviced developments; lead or contribute to and inform on the ethical implications of changes in buildings, local priorities and working practices. 	5.5

Domain	1	Knowledge and Skills for Professional Practice	
7 (S)	1.2.5.	act as an informed ethical resource in multidisciplinary team working and education. For example: <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. 	5.5
8	1.2.6.	provide professional expertise and support on ethical matters across a large or multisite Trust or Health Board For Example: <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. 	5.5

Domain	1	Knowledge and Skills for Professional Practice	
Capability	1.3	Communication skills: The chaplain maintains and develops the communication skills necessary for the spiritual and religious care of individuals and groups.	
Key Content		<ul style="list-style-type: none"> • Communication skills theory; • Communication skills education and training; • Literature on counselling, pastoral care, or listening skills. 	
KSF		<ul style="list-style-type: none"> • LEVEL 5 – 8: C1 – 6, HWB4, IK1, IK2. LEVEL 7 – 8: IK3, G8. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	1.3.1.	use communication skills to provide pastoral care to individuals. For example: <ul style="list-style-type: none"> • active listening including: empathy, use of silence, open questioning, reflection; • awareness of blocks to effective communication including: false assurance; leading questions changing the focus; defending colleagues; • counselling skills including: congruence, empathy, unconditional positive regard. 	
5	1.3.2.	identify language needs and access interpreting services.	
5	1.3.3.	contribute to inter-professional communication. For example: <ul style="list-style-type: none"> • use verbal and written communication skills to share and record information within the healthcare team; • with other professionals; • demonstrate the ability to articulate need accurately on behalf of an individual. 	1.a.2 1.b.2
5	1.3.4.	maintain confidentiality and obtain informed consent. For example: <ul style="list-style-type: none"> • what information has been disclosed only to the chaplain in confidence? • what information has a focus in patient care and should (with the patient's permission) be recorded for the healthcare team? • what information needs to be shared with the wider healthcare team because it has implications for the immediate safety of the patient from self harm or the immediate safety of others from being harmed by the individual? • what information needs to be shared under the relevant child protection or vulnerable adults legislation? 	

Domain		1	Knowledge and Skills for Professional Practice
6	1.3.5.	communicate with individuals in a variety of complex pastoral encounters. For example: <ul style="list-style-type: none"> traumatic events, breaking bad news, difficult questions, strong emotions, collusion. 	
7 (S)	1.3.6.	use advanced communication skills to communicate with individuals in a variety of complex encounters. For example: <ul style="list-style-type: none"> communication with other healthcare professionals in multidisciplinary discussions; communicating with patients and their family/carers in complex family meetings. 	
8	1.3.7.	use advanced communication skills and theories to communicate with individuals, groups and agencies in a variety of complex settings. For example: <ul style="list-style-type: none"> communication with other healthcare professional leaders and managers in multidisciplinary discussions; communicating with patients and their family/carers in complex family meetings and in response to complaints. 	

Domain	1	Knowledge and Skills for Professional practice	
Capability	1.4	Education and training: In response to identified needs the chaplain contributes to internal education and training programmes and external voluntary and healthcare groups.	
Key Content		<ul style="list-style-type: none"> healthcare chaplaincy Bands and duties framework (UKBHC) Standards for Staff Induction; Standards for NHSScotland Chaplaincy Services; Spiritual Care Policies. 	
KSF		<ul style="list-style-type: none"> LEVEL 5 – 8: C1, C2, G1. LEVEL 7- 8 IK3. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Lead Chaplain			
Band		Demonstrates an ability to:	
6	1.4.1	contribute to the hospital or unit's induction programme for new staff. For example: <ul style="list-style-type: none"> introduction to chaplaincy and the role of the chaplain; introduction to spiritual and religious care. 	5.2
6	1.4.2.	present education and training sessions to a variety of internal groups. For example: <ul style="list-style-type: none"> contributing to the hospital or unit's education and training programmes. 	5.3
6	1.4.3.	present education and training to external voluntary and healthcare groups. For example: <ul style="list-style-type: none"> talks to faith communities, voluntary groups or healthcare groups on the role of the chaplain, spiritual and religious care, etc. 	3.2
6	1.4.4.	select, train and supervise chaplaincy volunteers.	
6	1.4.5.	train and oversee trainee chaplains.	
7	1.4.6.	manage the chaplaincy service provision of education and training to the hospital and external groups. For example: <ul style="list-style-type: none"> induction programmes for new staff; education and training sessions as part of the hospital or units education and training programmes; talks to faith communities and voluntary groups . 	5.2 5.3

Domain		1	Knowledge and Skills for Professional practice
7	1.4.7.	prepare education and training materials for use by others to support the management of the chaplaincy provision to education and training (See 1.4.6.).	
7 (S)	1.4.8.	present education and training events within specialist and higher education programmes. For example: <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	1.4.9.	manage the selection, training and supervision of chaplaincy support. For example: <ul style="list-style-type: none"> • volunteer visitors; • chaplaincy support workers; • local faith community and belief group leaders. 	
8	1.4.10.	integrate the design, development, leadership and contribution to education and training programmes across a large or multisite Trust or Health Board. For example: <ul style="list-style-type: none"> • training programmes for staff induction and the implementation of policies, procedures and guidelines; • education programmes at graduate and postgraduate Band in healthcare qualifications; • education and training programmes for the speciality of healthcare chaplaincy. 	
8	1.4.11.	design, develop and manage chaplaincy service provision and training across a large or multisite Trust or Health Board. For example: <ul style="list-style-type: none"> • ensuring a service provision able to meet the needs of the Trust or Health Board; • ensuring a service provision to meet the UKBHC Standards for Healthcare Chaplaincy Services; • ensuring a working balance of trained chaplains at Bands 5 - 8 and where appropriate chaplaincy support; • ensuring working arrangements exist with local faith communities and belief groups. 	

Domain	1	Knowledge and Skills for Professional practice	
Capability	1.5	Leadership, Organisation and Service Development: Band 7 Lead chaplains manage chaplaincy departments locally with responsibility for developing and demonstrating leadership, organisation and service development. Band 7 Specialist chaplains may or may not manage a team however will share many of the same criteria for service management. Band 8 Consultant Lead chaplains head chaplaincy service and are responsible for strategic development in leadership, organisation and service development across large or multisite Trusts and Health Boards.	
Key Content		<ul style="list-style-type: none"> • National Health Department policies and guidelines; • Local Trust or Health Board policies and guidelines; • Local Chaplaincy Service policies and guidelines; • UKBHC Code of Conduct (2014b); • UKBHC Healthcare Chaplaincy Bands and Duties Framework (2014a); • UKBHC Standard for Healthcare Chaplaincy Services (2009a); • Reports and research related to spiritual and religious care in Healthcare and bereavement etc.. 	
KSF		<ul style="list-style-type: none"> • LEVEL 7 – 8: C1 – 6, IK 1 – 3, G1, G2, G5, G6, G7. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Lead Chaplain (L), Specialist Chaplain (S)			
Band		Demonstrates an ability to:	
7 (L)	1.5.1.	manage a chaplaincy team of staff and volunteers to deliver a safe and effective service able to: <ul style="list-style-type: none"> • meet the needs of the hospital or unit to provide spiritual and religious care to patients, their family carers and staff; • meet the needs and protocols for on-call provision; • meet the needs of the hospital or unit(s) major incident plans. 	1.a.1 1.b.1 6.a.6 7.1
7(L)	1.5.2.	recruit, develop, manage performance and assess individual members of the chaplaincy team including: <ul style="list-style-type: none"> • deploying chaplains in accordance with needs and skill sets; • investigation of complaints directed at the chaplaincy service. 	

Domain		1	Knowledge and Skills for Professional practice	
7 (L)	1.5.3.	manage and supervise a team of staff and volunteers within a chaplaincy department including the following areas of practice: <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.); • Chaplaincy to the hospital or unit (see 3.3.5.); • Reflective Practice (see 4.1.6.). 		
7	1.5.4.	undertake, manage and implement research, service evaluation and audit within the chaplaincy department and the wider healthcare team (see 1.1.15.).		
7	1.5.5.	provide operational management of a chaplaincy department and respond to requests from the head of service or local management including requests for: <ul style="list-style-type: none"> • audit and service evaluation (see 1.1.15.); • reports such as chaplaincy activity and effectiveness; • departmental budget and business planning. 		
7	1.5.6.	liaise and consult with local faith communities and belief groups to maintain links and ensure exchange of information and working protocols and procedures for receiving and responding to referrals.		3.2 3.7
7	1.5.7.	act as a resource for specialist advice within the hospital or unit and externally. 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). 		5.5
7 (S)	1.5.8.	demonstrate specialist knowledge and expertise within the context of a multidisciplinary team and act as a specialist resources to the hospital or unit, 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. 		

Domain		1	Knowledge and Skills for Professional practice	
7(S)	1.5.9.	where end of life care is a significant feature of the specialty, provide an informed resource to the multidisciplinary team and the hospital or unit on bereavement care including: <ul style="list-style-type: none"> • education and training on bereavement theory and bereavement care; • advising on appropriate risk assessment and protocols for those at risk of complicated bereavement; • providing knowledge and experience of internal and external sources of bereavement support. 		
Consultant Lead Chaplain				
8	1.5.10.	recruit, develop, manage performance and assess individual members of the chaplaincy service including: <ul style="list-style-type: none"> • deploying chaplains in accordance with needs and skill sets; • budget and resource management of the chaplaincy service; • root cause analysis of complaints directed at the chaplaincy service to identify learning points and change service guidelines as required. 		
8	1.5.11.	provide operational management and strategic development of a chaplaincy service across a large or multisite Trust or Health Board area. 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	1.5.12.	lead strategic service development and review aligned with Trust or Health Board policy including: <ul style="list-style-type: none"> • the development, implementation and review of local and national policies and procedures (see 1.1.17., 1.1.18.); • the development and implementation of research and audit (see 1.1.19.); • the development and provision of education and training (see 1.4.9.); • the development and implementation of a method of reflective practice across the service (see 4.1.8.). 		
8	1.5.13.	lead the operation of the chaplaincy service including: <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 chaplaincy service into the wider healthcare service (see 3.1.6.); • the inclusion of chaplaincy 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. 		6.a.1 6.a.2 6.a.3 6.a.4 6.a.5 6.a.6 6.a.7 6.a.8

Domain		1	Knowledge and Skills for Professional practice
8	1.5.14.	act as a professional and expert resource to the Trust or Health Board, other Trusts/Health Boards, national bodies and external groups. For example:	<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 chaplaincy service; • contributing to the development of professional and national policies, standards and guidelines; • as a consultant to chaplaincy teams, Trusts and Health Boards experiencing challenges and difficulties; • as a confidential resource for support (see 3.2.8.).

Domain	2	Spiritual and Religious Assessment and Intervention	
Capability	2.1	Spiritual assessment and intervention: The chaplain, in partnership with the individual and the healthcare team, assesses the spiritual needs and resources of the individual and their family/carers and responds with interventions which can include referral to other internal and external care providers.	
Key Content		<ul style="list-style-type: none"> Literature relating to needs, especially spiritual needs; Knowledge of internal and external sources of spiritual support; Local and national directory of sources of spiritual support. 	
KSF		<ul style="list-style-type: none"> LEVEL 5 – 8: C1, C6, HWB1 – 7, IK1. LEVEL 7 – 8: IK2, IK3, G6, G7. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	2.1.1.	assess the spiritual needs and resources of individuals. For example: <ul style="list-style-type: none"> exploring the individual's sense of meaning and purpose in life; exploring attitudes, beliefs, ideas, values and concerns around ill-health, life, and death; affirming life and worth by encouraging reminiscing and narrative; exploring the individual's hopes and fears regarding the present and future; exploring existential questions relating to life, death, illness and suffering. 	1.a.1
5	2.1.2.	respond to assessed spiritual needs with spiritual care.	
5	2.1.3.	assess and respect the experience and expression of an individual's spiritual well-being without necessarily endorsing the beliefs, religious or otherwise, and their observance, held by the individual.	1.a.2 3.1, 3.2, 3.3
5	2.1.4.	facilitate a setting for the provision of spiritual care suitable for any belief group. For example: <ul style="list-style-type: none"> use of a quiet, calm, private space. 	6.a.1
5	2.1.5.	facilitate referral, with the individual's permission, to other sources of spiritual care. For example: <ul style="list-style-type: none"> other members of the healthcare team or external resources. 	
6	2.1.6.	protect individuals and carers from unwanted visits. For example: <ul style="list-style-type: none"> notifies the visitor of a patient's decision not to be visited. 	1.c.1

Domain		2	Spiritual and Religious Assessment and Intervention	
5	2.1.7	record spiritual assessments and interventions in the patient information systems.		6.a.3
7	2.1.8.	develop methods and procedures for spiritual assessment for use by the healthcare team and chaplaincy team. For example: <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. 		1.a.1 1.a.2
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. For example: <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 have 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.		
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. 		

Domain		2	Spiritual and Religious Assessment and Intervention
Capability		2.2	Religious assessment and intervention: The chaplain, in partnership with the individual and the healthcare team, assesses the religious needs and resources of the individual and his or her family/carers and responds with interventions which can include referral to a faith community or belief group representative.
Key Content			<ul style="list-style-type: none"> National and local manuals for spiritual and religious care; Knowledge of belief groups and faith communities and the different denominations and strains of thought within them; Knowledge of religious rites and practices; Directories of local and national faith community and belief group representatives.
KSF			<ul style="list-style-type: none"> LEVEL 5 – 8: C1, C2, C6, HWB1 – 7, IK1. LEVEL 7 – 8: IK2, IK3, G3, G6, G7.
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	2.2.1.	assess the religious needs of individuals. For example: <ul style="list-style-type: none"> worship, diet, gender-related concerns, religious observance, practices, privacy. 	1.b.1
5	2.2.2.	respond to the assessed religious needs of individuals within the context of the chaplain's own faith community or personal beliefs, or, with the individual's permission, by referral to a chaplain from the religious tradition of their choice or a faith community representative. For example: <ul style="list-style-type: none"> conduct rites of passage, lead prayers, conduct services of worship. 	1.b.2 3.1, 3.2, 3.3
5	2.2.3.	facilitate a suitable setting for the provision of religious observances. For example: <ul style="list-style-type: none"> appropriate facilities for the observance of any faith. 	6.a.2
5	2.2.4.	protect individuals from unwanted visits from faith community or belief group representatives. For example: <ul style="list-style-type: none"> notify faith community or belief group representative of individual's decision not to be visited; record information in the patient information systems and notify ward staff of actions taken. 	1.c.1
5	2.2.5.	record religious assessments and interventions in the patient information systems.	

Domain		2	Spiritual and Religious Assessment and Intervention
7 (L)	2.2.6.	develop methods and procedures for religious assessment for use by the healthcare team and chaplaincy team. For example: <ul style="list-style-type: none"> • when and by whom religious 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. 	1.b.1 1.b.2 3.3
7 (L)	2.2.7.	develop protocols and procedures for the recording of relevant information on the assessment of religious need and the delivery of religious care in the patient information systems. For example: <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 have do not have access to the information systems. 	
7 (S)	2.2.8.	asses and seek to meet the complex religious needs of individuals and to record assessments, interventions and referral to others in the patient information systems.	
8	2.2.9.	ensure continuity and provision of spiritual care across a large or multisite Trust or Health Board area including: <ul style="list-style-type: none"> • religious assessment and care; • recording of religious assessments, interventions and referrals in the patient information systems. 	

Domain		3	Institutional Practice
Capability		3.1	Team working: The chaplain recognises and works to promote the place of chaplaincy within the chaplaincy team, local multidisciplinary teams and the wider healthcare team.
Key Content			<ul style="list-style-type: none"> • Understanding of local chaplaincy team, multidisciplinary teams and the wider healthcare team; • Knowledge of teams, groups and team building • Understanding of communication within teams and team dynamics
	KSF		<ul style="list-style-type: none"> • LEVEL 5 – 8: C1 – 6, HWB1 – 7, IK1. LEVEL 7 – 8: IK2, IK3, G1, G2, G6, G7.
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	3.1.1.	practice within the agreed protocols and procedures of the local chaplaincy team and the unit or hospital where the chaplain works. For example: <ul style="list-style-type: none"> • assessment, referral, on-call, visiting regulations, confidentiality, advocacy, hygiene standards, health and safety. 	
6	3.1.2.	identify and contribute to the healthcare teams in the hospital or unit. For example: <ul style="list-style-type: none"> • receive and respond to referrals from members of the healthcare team; • contribute to multidisciplinary teams in specialist wards and units, e.g. coronary care, transplant, palliative care; • recognise the role and skills of other members of the healthcare team and refer on. 	
6	3.1.3.	understand the dynamics within teams. For example: <ul style="list-style-type: none"> • personality types; • mediation skills. 	
7	3.1.4.	manage and implement the protocols and procedures for the chaplaincy team and its relation to the wider healthcare teams. For example: <ul style="list-style-type: none"> • ensure the provision of chaplains to support assessment, referral, on-call, visiting regulations, confidentiality and advocacy; • ensure all chaplaincy team members practice within control of infection standards, and health and safety procedures; • ensure chaplains are allocated to multidisciplinary teams that require a chaplaincy presence such as palliative care, organ transplant. 	

Domain		3	Institutional Practice
7 (S)	3.1.5.	proactively contribute to multidisciplinary teams within the chaplain's specialty including: <ul style="list-style-type: none"> attending and contributing 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 chaplaincy team(s) into the wider healthcare team across a large or multisite Trust or Health Board. For example: <ul style="list-style-type: none"> developing, implementing and evaluating protocols and procedures to ensure good team working within the chaplaincy service; ensuring the chaplaincy service integrates into the wider healthcare team at all Bands; ensuring the inclusion of chaplaincy representation in multidisciplinary and healthcare teams where a spiritual and religious care role is considered a core service. 	

Domain		3	Institutional Practice
Capability		3.2	Staff support: The chaplain builds working relationships with members of staff and volunteers and responds to requests for personal and professional support
Key Content		<ul style="list-style-type: none"> • Knowledge of the spiritual needs of healthcare professionals; • Knowledge of workplace stress and personal stress; • Literature on provision of staff support, spiritual and religious care, or counselling skills; 	
KSF		<ul style="list-style-type: none"> • LEVEL 5 – 8: C1 – 6, HWB1 - 7, IK1. LEVEL 7 – 8: IK2, IK3, G6. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	3.2.2.	build working relationships with staff, volunteers, and groups.	4.1
5	3.2.2.	respect confidence in responding to requests for personal support from members of staff and volunteers.	4.2
5	3.2.4.	recognise his or her own personal skills and limitations in providing personal and professional support.	
6	3.2.3.	respond to requests for professional support from members of staff and volunteers. For example: <ul style="list-style-type: none"> • advice on and understanding of spiritual and religious care, ethical issues or care issues. 	4.2 4.3
6	3.2.5.	identify other sources of internal or external staff support and, with the staff member's permission, facilitate referral.	4.4
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. 	4.3
7 (S)	3.2.7.	respond to requests for professional support from members of the multidisciplinary team, staff and volunteers within the chaplains are of expertise. 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 situations; • reflection on complex care scenarios and their outcomes; • reflection on complex scenarios that challenge an individuals beliefs and practices. 	4.3

Domain	3	Institutional Practice	
8	3.2.8.	provide expert advice to the Trust or Health Board on faith and belief issues including: <ul style="list-style-type: none"> • employment policies; • requirements for religious observance and religious rites and rituals; • aligning dress codes with control of infection policies and practice. 	
8	3.2.9.	respond to requests from staff, senior colleagues and managers for professional support. For example: <ul style="list-style-type: none"> • representation or advocacy in employment matters; • guidance on religious and belief practices and equality and diversity. 	4.2

Domain		3	Institutional Practice
Capability		3.3	Chaplain to the hospital or unit: The chaplain is aware of his or her role in the hospital or unit's major incident plan and responds to staff issues and events that need a communal recognition and action.
Key Content			<ul style="list-style-type: none"> Local and national policy and procedure for significant events; Literature on acts of remembrance; Literature on significant events and their impact on individuals and groups.
KSF			<ul style="list-style-type: none"> LEVEL 5 – 8: C1 – 7. LEVEL 7 – 8: G2, G6, G8.
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	3.3.1	respond to the chaplaincy service policy and procedures when a major incident has been declared.	7.1
6	3.3.2	respond to unplanned events, external or internal, which have an affect on the hospital or unit, utilising internal and external resources. For example: <ul style="list-style-type: none"> death of a member of staff, national disasters, world events, remembrance and anniversaries. 	7.2, 7.3
6	3.3.3	create and lead corporate acts which have spiritual significance. For example: <ul style="list-style-type: none"> acts of remembrance, celebration of anniversaries of institutions, formal opening of new areas of healthcare. 	7.3
6	3.3.4	provide a spiritual or religious perspective for the hospital or unit. For example: <ul style="list-style-type: none"> championing privacy and dignity issues; raising morale and staff themes with senior management. 	
7 (L)	3.3.5	develop and implement policies and procedures for a chaplaincy response to major incidents including <ul style="list-style-type: none"> agreeing the chaplaincy response as part of the major incident plan; ensuring all chaplains understand the policy and its protocols. 	7.1
7	3.3.6.	act as a resource where changes to buildings and services are being planned. For example: <ul style="list-style-type: none"> the location, design and practicality of spiritual and religious care facilities; the location, design and practicality of mortuary services and viewing rooms. 	7.4 7.5

Domain	3	Institutional Practice	7.1
8	3.3.7.	ensure all major incident plans across the Trust or Health Board have made provision for a response from healthcare chaplaincy service.	7.1

Domain	4	Reflective Practice	
Capability	4.1	Reflective Practice: As part of the process of continuing professional development the chaplain demonstrates the ability to reflect upon practice in order to develop and inform his or her practice.	
Key Content		<ul style="list-style-type: none"> • Methods and models of reflective practice; • Professionalism and therapeutic boundaries; • Developing self awareness and practice. 	
KSF		<ul style="list-style-type: none"> • LEVEL 5 – 8: C1 – 5, G1. LEVEL 7 – 8: G2. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to:	
5	4.1.1.	understand 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); • clinical supervision; • 	5.1
5	4.1.2.	use a structured method of reflective practice to reflect on and discuss case material including: <ul style="list-style-type: none"> • managing the pressures of caseload; • reconciling personal spirituality with the varied needs and beliefs of others; • the changing nature of his or her work through growth in pastoral practice and theological reflection; • how belief systems and practice inter-relate. 	
5	4.1.3.	use a structured method of reflective practice to reflect on and discuss therapeutic relationships including: <ul style="list-style-type: none"> • his or her own values and beliefs and how they may affect attitudes and behaviour to individuals using the chaplaincy service; • personal and professional boundaries and the boundaries that come with developing a therapeutic relationship with an individual; • reconciling personal spirituality with the varied needs and beliefs of others; • professional relationships and integrity when building relationships with people at vulnerable times in their lives. 	
5	4.1.4.	discuss the limits of his or her own capabilities and competences in order to develop practice.	

Domain	4	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. 	4.2 4.3
7	4.1.6.	ensure that provision is made for reflective practice and that all members of the chaplaincy team undertake reflective practice on a regular bases.	5.1
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. 	
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; • develop systems and to ensure all chaplains and chaplaincy support staff participate; • ensure regular audit of systems and act on recommendations and findings. 	5.1

Domain	4	Reflective Practice	
Capability	4.2	Personal Spiritual Development: The chaplain reflects theologically or philosophically on his or her professional practice.	
Key Content		<ul style="list-style-type: none"> • Spiritual and religious literature • The use of praxis, or theologically informed practice • The use of meditation • Retreat or pilgrimage • Literature related to personal development 	
KSF		<ul style="list-style-type: none"> • LEVEL 5 – 8: C1 – 6, G1. LEVEL 7 – 8: G2. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain			
Band		Demonstrates an ability to	
5	4.2.1.	keep informed of developments in theological or philosophical literature and research relevant to their practice as chaplain. For example: <ul style="list-style-type: none"> • familiar with current theological or philosophical journals; • keeps an open dialogue with chaplains, and others, of a different background and tradition; • familiar with the use of imagination and the creative arts. 	5.7
5	4.2.2.	integrate personal beliefs and external experiences. For example: <ul style="list-style-type: none"> • an awareness of handling stress, compassion-fatigue and burnout. 	6.a.10
5	4.2.3.	maintain a recognised or accredited status with the faith community or belief group of his or her persuasion. For example: <ul style="list-style-type: none"> • an up to date knowledge understanding and experience of his or her own faith community or belief group; • practising appropriate spiritual discipline in accordance with his or her own tradition. 	
5	4.2.4.	acknowledge the limits of engagement with people and the need for emotional self-care.	

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