

DRAFT – February 2011

STATEMENT OF COMMON STANDARDS FOR HEALTHCARE CHAPLAINS

The purpose of this document is to state what the [proposed] Healthcare Chaplaincy Regulatory Body UK (HCRB) considers to be the standards expected of those who are registered as healthcare chaplains in the UK. The governance arrangements, including arrangements for handling complaints about registrants (the fitness to practice procedures) are set out in a separate document¹.

Section I – The **common standards for registration** (page 3) set out the requirements for qualification and continued registration with HCRB.

Section II – The **code of practice** (page 6) gives expression to the basic values and standards of those working as chaplains; guides decision making and professional behaviour; provides a mechanism for professional accountability; and informs the public as to what they should expect from chaplains and chaplaincy volunteers.

Section III – The **capabilities and competencies framework**² (page 12) describes what individuals need to do and know in order to carry out their specific work activities. The framework sets out the performance criteria to be met and the knowledge and understanding required to undertake the activities successfully.

Section IV – The statement about **continuing professional development** (CPD) (page 20) describes what is required for individuals to demonstrate that they undertake the necessary lifelong learning in order to meet the needs of patients and deliver appropriate health outcomes.

As part of its regulatory function, the HCRB maintains a register of those who are healthcare chaplains. The register is in three parts:

- Those who work as healthcare chaplains whether on a remunerated or on a voluntary basis (referred to in this document as “chaplain”);
- Those who are healthcare chaplaincy volunteers (referred to in this document as “chaplaincy volunteer”); and,
- Those who are training to be chaplains/ chaplaincy volunteers (referred to in this document as “chaplaincy students”).

In this way, the HCRB can include in its work chaplains and those in training to be chaplains, and also chaplaincy volunteers who are significant in number but whose contribution to spiritual healthcare is not always represented fully.

¹ Governance arrangements for the Healthcare Chaplaincy Regulatory Body (UK)

² This work is based on documents published by the South East Coast SHA Chaplaincy Collaborative which in turn were based on the NHSS Capabilities and Competences (2009) with permission.

Guidance in this document has been obtained from a number of sources listed in the annex. Individual contributions have not been specified but particular thanks are due to the Voluntary Registration Council, the South East Coast Chaplaincy Collaborative, the Association of Professional Chaplains (USA) and the College of Health Care Chaplains.

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SECTION I – COMMON STANDARDS FOR REGISTRATION

The common standards for registration set out the requirements for qualification and continued registration with HCRB.

Qualification for joining the register of healthcare chaplains

All candidates for chaplaincy registration will be able to:

Qual1 Provide documentation³ of current endorsement or of good standing in accordance with the requirements of his/ her own faith tradition or belief group.

Qual2 Be current in the payment of the registration fee(s)⁴.

Qual3 Have undertaken and completed an appropriate period of study in accordance with requirements agreed by HCRB or the appropriate Authorisation Body.

Qual4 Provide evidence of a commitment to continuing learning and development.

Outcomes in relation to the NHS in context

All candidates for chaplaincy registration will demonstrate the ability to:

NHS1 Take full account of the history and origins of the modern healthcare system in the UK and the framework of legislation and policies which underpin it;

NHS2 Recognise and work to promote the place of spiritual care within the spiritual care team, local multidisciplinary teams and the wider healthcare team;

NHS3 Build working relationships with members of staff and volunteers and respond to requests for personal and professional support.

NHS4 Be aware of and fulfil their role in the major incident plan; respond to staff issues and events that need a communal recognition and action; and participate in wider promotion exercises.

³ This documentation is likely to be a statement from the authorising body of the applicant's faith community or belief group. The documentation might also include a statement from a work colleague or peer with knowledge of the individual concerned.

⁴ It is envisaged that the regulatory body will fund its activities through income from registrants and other sources. The regulatory body will not be large but will need to employ some staff and pay for other common services including IT and office services.

The candidate for registration as a chaplaincy volunteer will demonstrate abilities in relation to outcomes NHS1 and NHS3

Outcomes in relation to spiritual and pastoral care

All candidates for chaplaincy registration will demonstrate the ability to:

- SPC1** Assess the spiritual needs and resources of the individual and their family/ carers and respond with interventions (which can include referral to other internal and external care providers);
- SPC2** Assess 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.

The candidate for registration as a chaplaincy volunteer will demonstrate abilities in relation to the assessment aspects of outcomes SPC1 and SPC2

Outcomes in relation to practicing chaplaincy as a healthcare professional

All candidates for chaplaincy registration will demonstrate the ability to:

- HCP1** Continually develop and update their 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;
- HCP2** Maintain and develop their knowledge of culture, diversity, ethical, professional and legal theory and frameworks. This knowledge is used to support interactions with individuals using spiritual care services;
- HCP3** Maintain and develop the communication skills necessary for the spiritual and religious care of individuals and groups.
- HCP4** Contribute to internal education and training programmes and the education of external voluntary and healthcare groups.

The candidate for registration as a chaplaincy volunteer will demonstrate abilities in relation to outcomes HCP1, HCP2, and HCP3.

Outcomes in relation to reflective practice

All candidates for chaplaincy registration will demonstrate the ability to:

- RP1** Reflect upon issues of chaplaincy practice in order to develop and inform their own practice.
- RP2** Reflect theologically or philosophically on their professional practice.

Requirements for the maintenance of registration

In order to maintain status as a registrant, all candidates must:

- Main1** Participate in an appraisal review every year;
- Main2** Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
- Main3** Provide documentation every fifth year of current endorsement or of good standing in accordance with the requirements of his/her own faith tradition
- Main4** Be current in the payment of the HCRB's annual fees/ charges
- Main5** Adhere to the code of practice for healthcare chaplains

SECTION II - CODE OF PRACTICE FOR HEALTHCARE CHAPLAINS

The code of practice gives expression to the basic values and standards of those working as chaplains; guides decision making and professional behaviour; provides a mechanism for professional accountability; and informs the public as to what they should expect from chaplains and chaplaincy volunteers.

Introduction

Chaplains are grounded in communities of faith and informed by professional education and training. In their work, chaplains are called to nurture the health of mind, body and spirit of those they serve, and to be responsible for their personal and professional conduct.

Those who receive care from chaplains can expect them to affirm the dignity and value of each individual; respect the right of each faith group to hold to its values and traditions; advocate for professional accountability that protects the public and advances the profession; and respect the cultural, ethnic, gender, racial, sexual-orientation, and religious diversity of other professionals and those served and strive to eliminate discrimination.

The chaplains' approach to the various aspects of their work is set out in more detail below:

Relationships with patients and service users

Chaplains understand patients and service users to include patients, family members, students or staff or the team members to whom they provide spiritual care. In relationships with patients and service users, chaplains uphold the following standards of professional practice. Chaplains:

- 1.1 Speak and act in ways that affirm the dignity and value of every individual.
- 1.2 Provide care that is intended to promote the best interest of the patient and service user and to foster strength, integrity and healing.
- 1.3 Demonstrate respect for the cultural and religious values of those they serve and refrain from imposing their own values and beliefs on those served.
- 1.4 Are mindful of the imbalance of power in the professional/patient and service user relationship and refrain from exploitation of that imbalance.

- 1.5 Maintain relationships with patient and service users on a professional basis⁵ only.
- 1.6 Avoid or correct any conflicts of interest or appearance of conflicting interest(s), if necessary by ensuring referral of the patient to another chaplain.
- 1.7 Refrain from any form of sexual misconduct, sexual harassment or sexual assault in relationships with patient and service users.
- 1.8 Refrain from any form of harassment, coercion, intimidation or otherwise abusive words or actions in relationships with patient and service users.
- 1.9 Safeguard the confidentiality of patient and service users when using materials for educational purposes or written publication.
- 1.10 Respect the confidentiality of information entrusted to them by patient and service users when communicating with family members or significant others except when disclosure is required for necessary treatment, granted by patient and service user permission, for the safety of any person or when required by law⁶.
- 1.11 Understand the limits of their individual expertise and make referrals to other professionals when appropriate.
- 1.12 Ensure that their dress, appearance and personal hygiene is appropriate to the setting in which they work.
- 1.13 Ensure that they work in safety and follow advice on ways to achieve safe lone working as appropriate.

Relationships with students and others whom they teach

Chaplains respect the integrity of students and those they teach, using the power they have as supervisors/educators in responsible ways. Chaplains:

- 2.1 Maintain a healthy educational environment free of coercion or intimidation.
- 2.2 Maintain clear boundaries in the areas of self-disclosure, intimacy and sexuality.

⁵ Chaplains do not use their professional position to establish or pursue an improper emotional relationship with a patient or someone close to them.

⁶ It is understood and accepted that some chaplains will regard confidentiality as absolute if disclosure is made in confession.

- 2.3 Provide clear expectations regarding responsibilities, work schedules, fees and payments.
- 2.4 Provide adequate, timely and constructive feedback to students.
- 2.5 Maintain a healthy respect for the personal growth of students and provide appropriate professional referrals.
- 2.6 Maintain appropriate confidentiality regarding all information and knowledge gained in the course of supervision.

Relationships with the Faith Community

Chaplains are accountable to their faith communities, one another and other people who share their faith. Chaplains:

- 3.1 Maintain good standing in their faith community.
- 3.2 Abide by the professional practice and other standards of the community, service provider and the institution in which they are employed.
- 3.3 Notify the employer, his or her professional organization and the faith community as appropriate if for any reason they are not free to practice or teach according to conscience.
- 3.4 Promote justice in relationships with others, in their institutions and in society.
- 3.5 Advocate for changes in their institutions that would sustain spiritual values and promote health and well-being.

Relationships with other professionals and their community

Chaplains are accountable to the public, employers and other professionals in all aspects of healthcare. Chaplains:

- 4.1 Represent accurately their professional qualifications and affiliations.
- 4.2 Exercise good stewardship of resources entrusted to their care and employ sound financial practices.
- 4.3 Respect the opinions, beliefs and professional endeavors of colleagues and other professionals.

- 4.4 Seek advice and counsel of other professionals whenever it is in the best interest of those being served and make referrals when appropriate.
- 4.5 Provide expertise and counsel to other health professionals in advocating for best practices in care.
- 4.6 Seek to establish collaborative relationships with other community and health professionals as part of the wider healthcare team.
- 4.7 Provide other professionals with patient records where they are used that further the treatment of the patient and service users, obtaining consent when required.
- 4.8 Ensure that private conduct does not impair the ability to fulfill professional responsibilities or bring dishonour to the profession.
- 4.9 Clearly distinguish between statements made or actions taken as a private individual and those made as a member or representative of one of the cognate organizations.

Relationships with colleagues

Chaplains engage in collegial relationships with peers, other chaplains, and local clergy, recognizing that perspective and judgment are maintained through consultative interactions rather than through isolation. Chaplains:

- 5.1 Treat all consultations, whether personal or patient and service user-related, with the highest professional regard and confidentiality.
- 5.2 Maintain sensitivity and professional protocol of the employing institution and/or the certifying organization when receiving or initiating referrals.
- 5.3 Communicate sufficient information to other care team members while respecting the privacy of patient and service users.
- 5.4 Exercise due caution when communicating through the Internet or other electronic means.
- 5.5 Respect each other and support the integrity and well being of their colleagues.
- 5.6 Take collegial and responsible action when concerns about or direct knowledge of incompetence, impairment, misconduct or violations against this code arise.
- 5.7 Communicate sufficient information to other care team members while respecting the privacy of patient and service users.

- 5.8 Provide appropriate information to ensure an informed handover of continuing care to another practitioner.

Chaplains and Advertising

Chaplains engage in appropriate informational activities that educate the public about their professional qualifications and individual scopes of practice. Chaplains

- 6.1 Represent their competencies, education, training and experience relevant to their practice of pastoral care, education and counseling in an accurate manner.
- 6.2 Do not use any professional identification (business cards, letterhead, Internet or telephone directory, etc.) if it is false, misleading, fraudulent or deceptive.
- 6.3 List and claim as evidence only degrees and certifications that are earned from educational institutions and/or training programs recognized by other organisations.
- 6.4 Ascertain that the qualifications of their employees, supervisees and students are represented in a manner that is not false, misleading, fraudulent or deceptive.
- 6.5 Represent themselves as providing specialized services only if they have the appropriate education, training or supervised experience.

Chaplains and Research

Chaplains engaging in research follow guidelines and applicable laws that strive to protect the dignity, privacy and well-being of all participants. Chaplains:

- 7.1 Engage only in research within the boundaries of their competence.
- 7.2 In research activities involving human participants, are aware of and ensure that the research question, design and implementation are in full compliance with ethical principles.
- 7.3 Adhere to informed consent, including a clear and understandable explanation of the procedures, a description of the risks and benefits, and the duration of the desired participation.
- 7.4 Inform all participants of the right to withdraw consent and to discontinue involvement at any time.

- 7.5 Engage in research while being sensitive to the cultural characteristics of participants.
- 7.6 Maintain the confidentiality of all research participants and inform participants of any limits of that confidentiality.
- 7.7 Use any information obtained through research for professional purposes only.
- 7.8 Exercise conscientiousness in attributing sources in their research and writing thereby avoiding plagiarism.
- 7.9 Report research data and findings accurately.

SECTION III - CAPABILITIES AND COMPETENCIES FRAMEWORK

The capabilities and competencies framework describes what individuals need to do and know in order to carry out their specific work activities. The framework sets out the performance criteria to be met and the knowledge and understanding required to undertake the activities successfully.

Domain	Capability	Content	Competencies
A - The NHS in context	<p>A1 - History and background</p> <p>In conducting their practice, the chaplaincy registrant takes full account of the history and origins of the modern healthcare system in the UK and the framework of legislation and policies which underpins it.</p>	<ul style="list-style-type: none"> • The origins, direction, policies and strategies of the NHS at national and local levels • Legislation, policies and procedures which affect health, safety and security of people at work. • Risk management, Quality management, standards, clinical negligence and public interest. • Legislation, policies and procedures which affect equal opportunities, equality and diversity. 	<ul style="list-style-type: none"> • Analyse policies and strategies and adapting own practice accordingly. • Work consistently within legislation, policy and strategies.

Domain	Capability	Content	Competencies
	<p>A2 - Team working</p> <p>The chaplaincy registrant recognises and works to promote the place of spiritual care within the spiritual care team, local multidisciplinary teams and the wider healthcare team.</p>	<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 <p>KSF C1, 3, 4, 5.</p>	<ul style="list-style-type: none"> • Practice within agreed protocols • Contribute to multi-disciplinary working • Understand dynamics within teams
	<p>A3 - Staff support</p> <p>The chaplaincy registrant builds working relationships with members of staff and volunteers and responds to requests for personal and professional support.</p>	<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 support, spiritual and religious care, or counselling skills <p>KSF C1, 2; G6; HWB4, 5, 7</p>	<ul style="list-style-type: none"> • Build working relationships with staff, volunteers and workplace groups • Work confidentially in response to staff requests for personal support • Work effectively in response to staff requests • Recognise own limitations and skill base • Facilitate referrals to other agencies/ professionals as appropriate

Domain	Capability	Content	Competencies
	<p>A4 - Chaplain to the organisation and in the community</p> <p>The chaplaincy registrant is aware of and fulfils their role in the major incident plan; responds to staff issues and events that need a communal recognition and action; and participates in wider promotion exercises.</p>	<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. <p>KSF C4; HWB7.</p>	<ul style="list-style-type: none"> • Respond to major incident procedures • Respond to unplanned events • Create and lead corporate acts of spiritual significance • Provide a spiritual or religious perspective for the Hospital or Unit • Connect to health-related projects in faith communities and belief groups
<p>B - Spiritual and pastoral care</p>	<p>B1 - Spiritual assessment and intervention</p> <p>The chaplaincy registrant, 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).</p>	<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 <p>KSF C1, 6; HWB2, 4, 6, 7; IK1, 2.</p>	<ul style="list-style-type: none"> • Assess spiritual needs and resources of individuals • Respond to assessment with spiritual care • Respond to assessment in cases of divergent beliefs • Facilitate spiritual care suitable for any belief group • Facilitate referrals to other forms of spiritual care • Protect individuals from unwanted visits • Record assessments, treatments, interventions and outcomes

Domain	Capability	Content	Competencies
	<p>B2 - Religious assessment and intervention</p> <p>The chaplaincy registrant, 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.</p>	<ul style="list-style-type: none"> • National and local manuals for spiritual and religious care • Knowledge of faith communities and belief groups and the different denominations and strands of thought within them • Knowledge of religious rites and practices • Directories of local and national faith community and belief group representatives <p>KSF C1, 6; HWB2, 3, 4, 6, 7; IK1, 2.</p>	<ul style="list-style-type: none"> • Assess religious needs of individuals • Respond either through own faith tradition or facilitate through another • Facilitate suitable resources for religious observance of any faith • Protect individuals from unwanted visits <p>Record assessments, treatment plans, interventions and outcomes</p>

Domain	Capability	Content	Competencies
<p>C - Practicing chaplaincy as a healthcare professional</p>	<p>C1 - Professional practice</p> <p>The chaplaincy registrant continually develops and updates their 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.</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 <p>KSF HWB2, 4, 6; IK1, 2, 3; C4,6; IK1,2.</p>	<ul style="list-style-type: none"> • Recognise forms of spiritual need • Recognise forms of religious and cultural need • Respond to unhelpful forms of religion and spirituality • Maintain knowledge of world faiths and belief groups • Maintain referral process and protocols and monitor their effectiveness • Maintain appropriate documentation of patient encounters • Prioritise demands on time and attention • Apply relevant policies and protocols in partnership with colleagues • Apply knowledge of accountability in practice • Recognise responsibility for safe and effective working • Evaluate and incorporate relevant research findings • Contribute to audit and research within chaplaincy practice

Domain	Capability	Content	Competencies
	<p>C2 - Ethical practice</p> <p>The chaplaincy registrant maintains and develops their knowledge of culture, diversity, ethical, professional and legal theory and frameworks. This knowledge is used to support interactions with individuals using spiritual care services.</p>	<ul style="list-style-type: none"> • Professional codes 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 <p>KSF C6; HWB4; IK3.</p>	<ul style="list-style-type: none"> • Understand and apply ethical principles • Differentiate personal beliefs from healthcare ethics • Provide ethical, pastoral and theological resource to individuals and the organisation
	<p>C3 - Communicating</p> <p>The chaplaincy registrant maintains and develops the communication skills necessary for the spiritual and religious care of individuals and groups.</p>	<ul style="list-style-type: none"> • Communication skills theory • Communication skills education and training • Literature on counselling, pastoral care, or listening skills <p>KSF C1; HWB2, 6.</p>	<ul style="list-style-type: none"> • Use communication skills to provide pastoral care to individuals • Identify language needs and access interpreting services • Communicate with individuals on complex matters • Contribute to inter-professional communication • Maintain confidentiality and obtain informed consent

Domain	Capability	Content	Competencies
	<p>C4 - Education and training</p> <p>The chaplaincy registrant contributes to internal education and training programmes and the education of external voluntary and healthcare groups.</p>	<ul style="list-style-type: none"> • Standards for staff induction • Standards for spiritual care provision • Spiritual care policies <p>KSF G1, 6</p>	<ul style="list-style-type: none"> • Contribute to induction for new staff • Present training sessions in the organisation • Present training sessions to external groups • Support and manage chaplaincy volunteers • Train and manage newly appointed chaplains
<p>D - Reflective practice</p>	<p>D1 - Reflective practice</p> <p>The chaplaincy registrant reflects upon issues of chaplaincy practice in order to develop and inform their own practice.</p>	<ul style="list-style-type: none"> • Methods and models of reflective practice • Professionalism and therapeutic boundaries • Developing self awareness and practice <p>KSF C2; G1, 5, 6.</p>	<ul style="list-style-type: none"> • Understand different models of reflective practice • Use a structured method of reflective practice for case material • Use a structured method of reflective practice for therapeutic relationships • Facilitate reflective practice for others • Discuss the limits of own capabilities and competencies to develop practice

Domain	Capability	Content	Competencies
	<p>D2 - Personal spiritual development</p> <p>The chaplaincy registrant reflects theologically or philosophically on their own practice.</p>	<ul style="list-style-type: none"> • Spiritual and religious literature • Working with a spiritual director • The use of praxis, or theologically informed practice • The use of meditation • Retreat or pilgrimage • Literature related to personal development <p>KSF C2, 6</p>	<ul style="list-style-type: none"> • Keep abreast of theological developments relevant to chaplaincy • Integrate personal beliefs and external experiences • Maintain the discipline expected within the chaplain’s own faith community or belief group • Acknowledge and work to accepted boundaries of spiritual care • Maintain appropriate standards of personal self care

SECTION IV – CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

The statement about continuing professional development (CPD) describes what is required for individuals to demonstrate that they undertake the necessary lifelong learning in order to meet the needs of patients and deliver appropriate health outcomes.

Introduction and Background

For the purposes of this HCRB document, continuing professional development (CPD) is considered to be a process of lifelong learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and healthcare priorities of the NHS and which enables professionals to expand and fulfil their potential. The NHS formulated a chaplaincy CPD strategy⁷ in 2006 and this statement seeks to build on that document in light of changes since that date including the outcomes of the Health Profession Council's consultation on CPD⁸ in 2005.

It is appropriate to reiterate the reasons why chaplaincy registrants participate in CPD activities:

- Quality standards in the NHS are ensured by a system of clinical governance, life-long learning and professional regulation. Life-long learning is an investment in quality.
- CPD is a process of life-long learning for all individuals and enables professionals to expand and fulfil their potential. As healthcare professionals, registrants have a responsibility to develop themselves and to maintain competence in their work.
- CPD has benefits for service users be they patients or staff or the organisation which the registrant serves. These benefits can be optimised by CPD activities which are aimed at improving health outcomes.
- CPD has benefits for the registrant which may include greater work satisfaction, greater motivation, greater career flexibility and career advancement.

HCRB Standards for CPD

The HCRB requires all registrants to meet the standards for CPD set out below:

CPD1 Maintain a continuous, up-to-date and accurate record of their CPD activities

CPD2 Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice

CPD3 Seek to ensure that their CPD has contributed to the quality of their practice and service delivery

⁷ A strategy for continuing professional development in healthcare chaplaincy; South Yorkshire SHA; 2006

⁸ Continuing professional development – key decisions; Health Professions Council; 2005

CPD4 Seek to ensure that their CPD benefits the service user

CPD5 Present a written profile containing evidence of their CPD upon request

The important issues are as follows:

- Registrants must keep a record of their CPD, in whatever format is most convenient for them.
- Registrants should ensure that their CPD is a mixture of different kinds of activities – not just one kind of learning – and that it is relevant to their work. It could be relevant to their current role or to a planned future role.
- Registrants should aim for their CPD to improve the quality of their work. It may not actually improve their work, due to factors beyond their control, but when CPD activities are chosen the registrant should intend for them to improve their work.
- Registrants should aim for their CPD to benefit service users. As above, registrants may not be able to make sure that this happens, but they should have the intention of benefiting service users. Depending on where and how they work, service users might include patients, clients, your team, or students.
- If a registrant is one of those selected for the HCRB annual audit of CPD, the individuals will submit a CPD profile to show how they have met HCRB's standards. HCRB will send the CPD profile to be filled in and returned.

It should be noted that HCRB considers that registrants are likely to spend up to 5% of their professional time on CPD activities.

CPD activities

The HCRB considers that as wide a range of activities as possible should be seen to be relevant to CPD. These will include:

- Training within the workplace i.e. learning a new technique
- Reading articles, journals, books
- Job rotation, secondments and shadowing
- Teaching and mentoring
- Reflection
- Asking questions
- Attending seminars
- Study sessions with colleagues
- Attending lectures
- Work based projects
- Working through the results of audits
- Team discussions
- Undertaking additional duties
- Focus groups
- Conferences
- Meetings
- Research
- Acting up
- Learning from critical incidents
- Distance learning
- Personal study

Registrants can make their own decisions about the kinds of CPD activity that are relevant to their role and your work. For example, CPD activities could include going on secondment, in-service training, mentoring, or reading or reviewing journal articles. Registrants may decide that they could meet CPD standards by taking part in a scheme run by their professional body or their employer. They might add to this with other activities, or could structure their own CPD activities around their personal development plan. The HCRB standards give registrants the flexibility to plan their CPD in a way that suits their work, their learning needs, their preferences, and the time and resources available to them.

This flexible approach means that CPD can take account of how registrants work, whether part-time or full-time, whether in acute or mental health practice, whether dealing with patients or in management, education or research (or anywhere else). The standards mean that registrants can plan their CPD activity to take account of their changing needs.

CPD evidencing

These activities will need to be evidenced and the HCRB takes the view that such evidence should be drawn widely.

Registrants may have produced materials of relevance such as:

- Information leaflets
- Case studies
- Critical literature reviews
- Adapted user/student notes
- Policy or position statements
- Discussion documents
- Procedural documents
- Documents relating to national or local processes (e.g. schemes for peer review, mentorship or clinical supervision)
- Recent job applications
- Reports (e.g. on project work, clinical audit, reviews of activity)
- Business plans
- Protocols
- Guidance materials (e.g. for service users, colleagues or students)
- Clinical audit tools
- Clinical guidelines
- Course assignments
- Action plans
- Course programme documents
- Presentations
- Articles produced for publication
- Questionnaires
- Research papers/proposals/funding applications/ethical approval applications
- Induction materials for new members of staff
- Learning contracts
- Contributions to work of a professional body
- Contributions to work of a special interest group

Other materials may demonstrate reflection and evaluation of learning and practice:

- Profiles drawn from learning portfolios
- Adapted documentation arising from appraisal, clinical supervision, job evaluation, compliance with locally-implemented competence frameworks.
- Documentation from compliance with local or national CPD schemes
- Evaluation of courses/conferences attended
- Personal development plans
- Documented and approved claims for academic credit for prior or experiential learning

Materials may also be acquired from others

- Testimonies
- Letters from users, carers, students or colleagues
- Course certificates

Recording CPD Activity

Registrants should retain a record of their CPD activity. If they belong to a professional body, such a body may recommend a particular format for individuals to follow and they may even provide CPD activities and support. Registrants who are not a member of a professional body must maintain a CPD record. The basic data that is needed is information recorded under four headings of date, CPD activity, what was learned, and how long was spent learning on this occasion.

HCRB's audit of CPD activity

The audit of CPD activity is the process where the HCRB randomly selects a percentage (probably 2.5%) of registrants who are renewing their registration, and asks them to send in a profile showing how their CPD has met HCRB standards over the last two years. The registrants chosen for audit will be expected to:

- Submit a profile which explains how the CPD they have done meets HCRB standards; and
- Provide evidence to show that they have undertaken the activities described in their profile.

These profiles will be assessed by CPD assessors from the chaplaincy profession, who will decide if the profile meets the HCRB CPD standards.

The main parts of the CPD profile will be:

- A summary of the registrant's practice history for the last two years (up to 500 words). The summary of practice history should help to show how the CPD activities are linked to the registrant's work. This part of the CPD profile should help the registrant to show how their activities are relevant to their current or future work.

- A statement of how the registrant has met HCRB standards of CPD (up to 1500 words). The statement of how standards have been met should clearly show how the registrant considers they meet each of the HCRB standards, and should refer to all the CPD activities undertaken and the evidence the registrant is sending in to support their statement.
- Evidence to support the registrant's statement. The evidence sent in will back up the statements the registrant makes in their CPD profile. It should show that the registrant has undertaken the CPD activities referred to, and should also show how they have improved the quality of the registrant's work and benefited service users. The evidence should also be able to show that the CPD activities were a mixture of learning activities and were relevant to the registrant's work.

The personal development plan

Most personal development plans involve identifying learning needs; learning activities; types of evidence; what you have learnt. Registrants could write a statement on how they have updated their knowledge and skills over the last two years, and what learning needs they have met. It may be helpful to identify three to six points that have contributed to the quality of the registrant's work. These areas will have been identified through the personal development plan or a review of the registrant's role or performance.

The HCRB is aware that not all health professionals have a personal development plan – individuals may be self-employed, or their employer may not work in this way. But if registrants do have a personal development plan (and these were commended as part of the previous CPD strategy), they may find it useful to use this as a starting point for writing their statement. Registrants without a personal development plan may find it useful to develop one and to use this approach.

ANNEX – SOURCE DOCUMENTS USED IN PREPARATION OF THIS STATEMENT

- 1 Documents published by the Council for Healthcare Regulatory Excellence
- 2 Documents published by the Voluntary Registration Council
- 3 Documents published by the Health Professions Council
- 4 The common code of ethics for spiritual care professionals published by the Association of Professional Chaplains (USA)
- 5 The code of conduct published by the College of Health Care Chaplains
- 6 MFGHC Specification for a programme of study in healthcare chaplaincy – November 2009
- 7 Modernising Allied Health Professions (AHP) Careers; Department of Health; 2008
- 8 Capabilities and competencies documents published by the South East Coast SHA Chaplaincy Collaborative 2007-2010