Spiritual Health Association

Spiritual Care Australia

CERTIFICATION FOR SPIRITUAL CARE PRACTITIONERS IN HEALTH

Literature Review, Mapping & Provisional Recommendations

Contents

Introduction 3
PART ONE: Overview of literature 5
Defining the terms 5
Spiritual care 5
Credentialing 5
Certification 7
Registration 7
Voluntary or Statutory/Mandatory? 8
Registration boards 9
Capability/Competency 9
Scope of practice 9
Evidence 10
Benefits of credentialing 11
Challenges in credentialing 12
The process of developing certification/registration pathways 13
AHPRA registration for health professionals 14
Credentialing and scope of practice for allied health professionals 15
Spiritual Care Certification (USA) 16
Key components of certification 17
Assessment processes 17
Education and training 19
Continuing Professional Development 21
Supporting implementation 22
Summary of requirements 22
PART TWO: Mapping Processes 24
Allied Health Associations 24
Spiritual Care Associations 25
PART THREE: Proposed process for registration 27
Recommended infrastructure 27
Recommended registration process 28
Recommended requirements for registration 29
Further considerations 30
References 32

Introduction

'Eligibility for SCA membership' has been to date the industry benchmark for spiritual care practitioners, chaplains and pastoral care workers to practice in Australia. However there has been no process of certification that assesses an applicant against agreed standards to ensure that only competent professionals are employed to provide spiritual care. This has become a significant issue in the health sector that needs to be addressed in the context of the increased focus on quality and safety.

The Spiritual Care Association in the USA recently conducted a major project to create a process of certification, shifting from traditional practice to an evidence-based approach. Hall, Handzo, and Massey (2016, p. 6) state that "Board certification of chaplains based merely on a required number of hours, faith endorsement, and a subjective process does not ensure the delivery of effective care…. It is time to put professional chaplains to the test—to demonstrate clinical competences as defined by very specific evidence-based indicators and deliverables. An objective process that includes such a demonstration would conform with best practices in other health professions".

In Victoria, spiritual care has recently been recognised as an Allied Health Profession. In 2016, Spiritual Health Victoria published the *Capability Framework for Spiritual Care Practitioners in Health Services* (Spiritual Health Victoria, 2016). The Framework outlines five domains:
Domain 1 – Provision of care
Domain 2 – Collaborative practice
Domain 3 – Health values
Domain 4 – Professional, ethical and legal approach
Domain 5 – Life-long learning

The Capability Framework provides a clear delineation of the particular tasks of the spiritual care role, which can then inform educational pathways and assessment processes towards certification.

This project will develop a process for certification of spiritual care practitioners in areas related to health care only, recognising that this will produce a blueprint for other sectors.

Aims of this project

- To develop a certification process for spiritual care practitioners in health care.
- To help keep the public safe by ensuring that only practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered.

- To affirm the role of spiritual care practitioners as an Allied Health profession within health services.

Part One of this document provides an overview of literature concerning certification and credentialing processes.

Part Two provides a summary of health care professional associations' certification or registration processes.

PART ONE: Overview of literature

This section provides a summary of literature relating to certification processes for a range of professions including social work, nursing, mental health, osteopathy, speech pathology, medicine, counselling and health and wellness coaching. It draws upon peer reviewed research and grey literature from government and peak body sources.

It explores some of the benefits and challenges of implementing certification processes, course accreditation, assessment processes, continuing professional development, research and other considerations.

Defining the terms

Spiritual care

Spiritual care is the provision of assessment, counselling, support and ritual in matters of a person's beliefs, traditions, values and practices enabling the person to access their own spiritual resources (Spiritual Health Victoria, 2018).

Credentialing

Credentialing is described by the Australian Commission on Safety and Quality in Health Care (2015) as *"*the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality health services within specific organisational environments" (Australian Commission On Safety And Quality In Health Care, 2015). Credentialing may be considered an umbrella term that refers to registry, certification (voluntary and regulatory) and licensure (Foster, 2012).

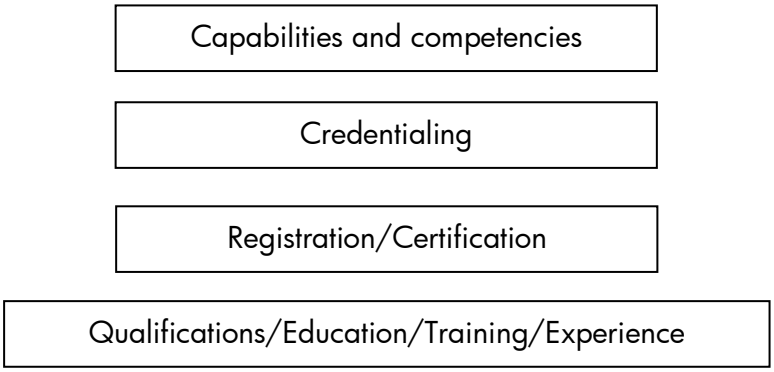
"A credential is an indication that an individual, group, or organization has been evaluated by a qualified and objective third-party credentialing body and was determined to have met standards that are defined, published, psychometrically sound, and legally defensible" (McHugh et al., 2014, pp. 1-2).

Definitions of types of credentials	
Licensure	The mandatory process by which a governmental agency grants time limited permission to an individual to engage in a given occupation after verifying that he/she has met predetermined and standardized criteria and offers title protection for those who meet the criteria

Certification	The voluntary process by which a non-governmental entity grants a time limited recognition and use of a credential to an individual after verifying that he or she has met predetermined and standardized criteria. It is the vehicle that a profession or occupation uses to differentiate among its members, using standards, sometimes developed through a consensus driven process, based on existing legal and psychometric requirements.
Registration	[First, registration is defined as] the process by which a governmental agency grants a time-limited status on a registry, determined by specified knowledge-based requirements (e.g., experience, education, examinations), thereby authorizing those individuals to practice, similar to licensure. Its purpose is to maintain a continuous record of past and current occupational status of that individual and to provide title protection. A second meaning of registration is a listing of practitioners maintained by a governmental entity, without educational, experiential, or competency-based requirements; for example, maintaining a list of practitioners on a state registry. A third use of the term registration is a professional designation defined by a governmental entity in professional regulations or rules. However, the governmental regulatory body does not itself maintain a listing or registry of those who purport to meet registration requirements. Verification and authentication of such individuals are left to the employer of the individual claiming to be registered.
Accreditation	A voluntary process by which a nongovernmental agency grants a time limited recognition to an institution, organization, business, or other entity after verifying that it has met predetermined and standardized criteria.
(NOCA 2005, in McHugh et al., 2014, p. 2)	

Credentialing traditionally takes place on recruitment into an healthcare organisation. "In many organisations credentialing is considered at the 'threshold' level. The threshold level refers to the minimum qualification necessary for a practitioner to work within the organisation and call themselves, for example, an occupational therapist. As credentialing frameworks become more sophisticated in organisations there is a growing need to consider 'credentialing' beyond the threshold and consider how credentialing, together with defining clinical practice, may drive change in clinical practice. Credentialing may occur at multiple levels (national, regional or organisational) and has been suggested to be an alternative to registrations (Productivity Commission 2005)" (State of Victoria Department of Health and Human Services, 2016, p. 12).

In this document, we use the term *credentialing* to refer to the process an employer follows with its employees. We use the term *certification* or *registration* to refer to the process a professional association undertakes to certify its practitioner members. Our focus is on certification/registration; however, we draw upon the wider credentialing literature also as it helps to inform the development of our certification process.



Certification

Certification is "the process by which a non-government agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association" (Olson, Verrall, & Ludvall, 1997).

Certification is a key component in professionalisation, where a profession is distinguished from casual labour and other occupations by a number of characteristics (Klatt 1967 and Glosoff 2005 in Foster, 2012; Pelling & Sullivan, 2006):

- A specialised body of knowledge
- Theory driven research
- Emphasis on service to others
- Established professional society or association
- Control of training and education programs
- Code of ethics
- Standards for admitting and policing practitioners
- Creation of examination as condition for entry into profession

Registration

In Australia, there are nationally registered and non-registered or self-regulating allied health professions.

Registered professions (of which there are 14 in 2019) operate with clear registration standards. "For these professions, 'threshold' credentialing is completed at the point of registration or re-registration" (State of Victoria Department of Health and Human Services, 2016, p. 14). This means that practitioners have initially provided evidence of qualifications and experience that is verified by the Australian Health Practitioner Regulation Agency (AHPRA). "On re-registration, practitioners declare that they continue to meet the standards as set by the appropriate national board. After registration, verification of credentials is conducted as required or through routine auditing" (State of Victoria Department of Health and Human Services, 2016, p. 14). Professional titles and practice are protected by legislation.

Professions that are not registered under AHPRA engage in self-regulation or co-regulation, where a peak body or association defines the threshold qualifications and experience necessary for a practitioner. In self-regulating professions there is no legislative protection of titles (State of Victoria Department of Health and Human Services, 2016, p. 16).

There are a range of systems used in the regulation of health practitioners across a regulation continuum; self-regulation, quasi-regulation, co-regulation and explicit government legislation:

Self-regulation
- Voluntary agreement within an industry
- Characterised by voluntary codes of conduct or standards
- No government enforcement

Quasi-regulation
- Government influences business to comply
- Government assists with the development of codes of conduct, accreditation and/or rating schemes
- Ongoing dialogue between government and industry
- No government enforcement

Co-regulation
- Strong partnership between industry and government
- Industry develops own code of conduct or accreditation/ratings schemes with legislative backing from government

Explicit government regulation (legislation)
- Industry's role in formulating legislation is limited to consultation, where relevant
- Compliance is mandatory, with punitive sanctions for non-compliance
- Little flexibility in interpretation and compliance requirements

Adapted from Australian Health Practitioner Regulation Agency (2016, p. 2); (Australian Health Practitioner Regulation Agency, 2019d).

Voluntary or Statutory/Mandatory?

In some professions, licensure or registration is a legal requirement to practice under that professional title. For example, for social care workers in Ireland, legislation "provides legal protection of professional title, meaning that it will be an offence to use the title unless registered with the designated board" (Byrne, 2016, p. 12). In others, there are both mandatory processes (eg. licence to practice nursing) and voluntary elements (eg. certification in a particular specialisation) (Gilray, 2013; Needleman, Dittus, Pittman, Spetz, & Newhouse, 2014). For others, registration is voluntary (Gilray, 2013).

Registration boards

Whether self-regulation or statutory, commonalities exist with regard to regulation across professions. These include establishing minimum educational standards for entry to the profession and setting standards for practice, including engagement in CPD (Byrne, 2016, p. 10).

Each registration board is tasked with:

- establishing and maintaining a register of members of its profession;
- approving and monitoring education and training programmes for entry to the profession;
- recognising qualifications gained outside the state;
- setting a code of professional conduct and ethics for registrants (Byrne, 2016, p. 11).

Capability/Competency

"Capabilities are underpinning behavioural skills that characterise work being performed well. Capabilities specify the expected behaviours and attributes of clinicians as they progress through grading structures. They reflect the expanding sphere of influence and control expected of individuals of a higher grading. Put simply, capability is 'the ability to do something'. However, the broader definition of the word is more applicable to the workforce and the use of this framework: 'Capability incorporates the skills, knowledge and attitudes that a person brings to their work. It includes technical, business, personal and professional expertise which can be developed by formal and informal learning, observation, mentoring, guidance, feedback, lifelong experience and reflection' (Queensland Public Service, 2010 in State of Victoria Department of Health and Human Services, 2016, p. 106).

The Spiritual Health Victoria 'Capability Framework' follows the National Common Health Capability Resource: shared activities and behaviours in the Australian Health workforce document (Health Workforce Australia, 2012).

Scope of practice

Defining the scope of practice 'follows on from credentialing and involves delineating the extent of an individual (practitioner's) clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support the practitioner's scope of clinical practice' (ACSQHC, 2004 in State of Victoria Department of Health and Human Services, 2016, p. 13).

Question:

- *What might a professional title for spiritual care practitioners look like? (eg. Board Certified Chaplain - BCC, Associate Certified Chaplain – ACC, Certified Spiritual Care Practitioner - CSCP, Registered Spiritual Care Practitioner – RSCP, Spiritual Care Practitioner Registered SCPR).*

Evidence

Hall et al. (2016, p. 6) state that training must be founded in research. A knowledge base tied to evidence-based quality indicators and evidence-based scope of practice can establish what chaplains need to be doing to provide evidence-based quality care and impact outcomes. Their certification process draws upon quality indicators, scope of practice, knowledge base and objective testing:

18 evidence-based **Quality Indicators** define the various key aspects of successful spiritual care, including structural, process and outcomes.	The evidence-based **Scope of Practice**—with the Quality Indicators as a reference point—establish what chaplains need to be doing to meet those indicators and provide evidence-based quality care.	The **Knowledge Base** identifies the training and experience—what chaplains need to know and to demonstrate—so that they meet the Scope of Practice to deliver quality spiritual care.	**Objective Testing** assesses both the chaplain's knowledge and demonstrated competency of practice through two tools: • An online, multiple choice, on-demand test of knowledge/ understanding the evidence-based Scope of Practice • Demonstration of competency by standardized patient exam (simulated patient encounter)

Table adapted from Hall et al. (2016, p. 10)

Evidence-based best-practice is built upon a foundation of rigorous research. However, it can be difficult to measure the outcomes of credentialing processes (Boulet & van Zanten, 2014; McHugh et al., 2014). "Whether credentialing within nursing actually improves or signals better quality depends a great deal on researchers' ability to produce convincing evidence that there is an effect on health care outcomes" (McHugh et al., 2014, p. 1).

Priorities for credentialing research may include the following:

- What are the links links betwen credentialing and patient, health practitioner and institutional outcomes? (Needleman et al., 2014)
- What is the value value of health practitioner credentialilng in terms of benefits to patients and health care providers? (Needleman et al., 2014)
- How effective are specific protocols in credentialing processes? (Boulet & van Zanten, 2014)

- Development and dissemination of rigorous research methodology (Needleman et al., 2014)

Benefits of credentialing

Credentialing, whether via licensure, certification or registration, primarily serves to protect the public by ensuring a high standard of services are offered by appropriately trained practitioners (Fleming-Castaldy & Gillen, 2013; McHugh et al., 2014; Pelling & Sullivan, 2006; Ryan, 2014). It ensures public safety by protecting against "harmful or socially unacceptable practices on the part of service providers" and responding to ensure that any unsafe practice is addressed (Kirwan & Melaugh, 2015, p. 1051). It ensures that practitioners have the "knowledge, skills and attitudes necessary for safe and effective practice", not only at initial registration but throughout their careers (Boulet & van Zanten, 2014, p. 81).

"Our work typically brings us into contact with some of the most disadvantaged, marginalised and vulnerable people in our community. Therefore we must be ready, willing and able to demonstrate our skills, knowledge and competence to practise are of the highest order and we must be accountable as a profession for any failure on our part to deliver that service" (Dodds in Gilray, 2013, p. 25).

Credentialing supports practitioners through providing pathways for career enhancement, formal recognition by peers of specialist knowledge and competence, potential increases in wages, sense of achievement, professional networking opportunities, personal satisfaction, sense of empowerment and collaboration (Boulet & van Zanten, 2014; Fleischman, Meyer, & Watson, 2011; Pelling & Sullivan, 2006; Ryan, 2014).

Further, credentialing helps to 'define the collective identity of the profession' (Foster, 2012) and protects the "reputation of the profession by establishing disciplinary procedures to address poor or dangerous practice" (Byrne, 2016, p. 12; Kirwan & Melaugh, 2015). Credentialing can also provide legal protection for the profession title in some cases (Byrne, 2016).

Some research has explored the link between credentialing and improved patient outcomes. For example, in an ICU, speciality certification and competence of registered nurses were related to patients' safety (Ryan, 2014). In surgical patient population, the "findings indicated that there was a statistically significant correlation between decreased mortality and failure to rescue rates amongst nurses who had a baccalaureate degree and specialist certification" (Ryan, 2014, p. 14) . In an Australian study, clients receiving care from credentialed mental health nurses had improved outcomes (Lakeman & Bradbury, 2014).

In nursing literature, the purposes of credentialing may include:

- Advancing the safety of health care delivery
- Improving the quality of health care delivery
- Improving the processes of health care delivery
- Clarifying and defining the roles of the nurse and other members of the delivery team
- Improving the delivery system organizational culture
- Providing professional support
- Shaping future health care delivery practice
- Improving job satisfaction
- Improving recruitment and retention of nurses and other members of the provider team (Needleman et al., 2014, p. 3).

Key learnings and recommendations for Spiritual Care

Credentialing processes ensure public safety, supports practitioners, helps to define the collective identity of the profession and may lead to improved outcomes for patients.

Challenges in credentialing

There are challenges in implementing credentialing processes. Practitioners may face significant costs involved in formal education and professional development and training, including time off work, materials, and additional costs of assessment processes and registration application fees (Boulet & van Zanten, 2014; Byrne, 2016; Ryan, 2014). This may be further impacted by a lack of support from employers (Ryan, 2014).

There are also costs involved in running a certification program, however these must be considered against the cost of not having regulation in place. "Although licensure, certification and revalidation costs can be prohibitive, the costs of oversight must be weighed against the potential cost of its lack to society (e.g. poor patient care). There are some data to show that regulatory (licensure) systems yield better performing doctors, and even more evidence linking specialty board certification or registration to better patient care, but there appear to be no comprehensive studies of their costs and benefits" (Boulet & van Zanten, 2014, p. 82).

Fleming-Castaldy and Gillen (2013) argue that registration must be founded in evidence-based practice (EBP). They cite an example of a registration process that depends upon examination of material that is 'traditional' but for which no current evidence exists. "We believe the continuance of traditional approaches without evidence is indefensible in any practice area. Educators, editors, authors, practitioners, and our profession's credentialing bodies must acknowledge the impact of continued inclusion of unsubstantiated and disproven approaches in their respective domains. It is time to walk the talk of EBP and not require the

demonstration of knowledge of obsolete techniques as a criterion for practice" (Fleming-Castaldy & Gillen, 2013, p. 368).

Credentialing processes must respond to emerging research and changing client needs, and so "licensure and certification criteria can, and should, be modified over time" (Boulet & van Zanten, 2014, p. 80).

Some authors note a concern that credentialing processes may become exclusionary. For instance, in a discussion of credentialing for Australian counsellors, Pelling and Sullivan (2006, p. 198) write, "once in place, credentialing standards tend to be incrementally raised over time. Professionals often raise standards and barriers to enter professions. This restricts the supply of practitioners, creates higher standards than are necessary, inflates the cost of services, makes it difficult for paraprofessionals or volunteer counsellors, and creates higher costs in education and training, possibly discriminating against disadvantaged groups and resulting in elitism and discrimination. This can create ''in-'' and ''out-'' groups that become exclusive or marginalized". Further, "Such standard raising can also result in a lack of innovative services due to a reimbursement bias, and thus uniformity and mediocrity can develop" (Pelling & Sullivan, 2006, p. 199).

Key learnings and recommendations for Spiritual Care

Credentialing processes must be based in evidence. It is necessary to update the entry requirements and assessments to reflect the evidence, letting go of outdated or traditional practices. This is may be challenging for spiritual care as a profession that is slowly developing an evidence base. The professional association needs to ensure that the process (particularly any knowledge test or patient exam) is flexible and easily adapted to reflect changing understandings based in evidence.

The Spiritual Care Association (USA) has developed an evidence-based knowledge test in which "it is easy to add and subtract content, and we would fully expect to do that as the evidence demands… The testing process will be fully available for customization and use by other chaplaincy certification bodies that wish to convert to this outcomes-based objective credentialing and certification system" (Spiritual Care Association, 2019).

The process of developing certification/registration pathways

This section provides examples of pathways for certification/registration from government, nursing, and spiritual care. It then discusses assessment processes, course accreditation, continuing professional development and implementation.

AHPRA registration for health professionals

The Australian Health Practitioners Regulation Agency has a specific process for registration of health practitioners. Currently there are 14 nationally registered health professions. A National Registration Board is formed for the profession and the Board develops mandatory registration standards including:

- Criminal history – Specific factors are considered to determine whether the criminal history of health practitioners is relevant to the practice of their profession
- English language skills - All applicants must be able to demonstrate that their English language skills will enable them to safely practise as health practitioners.
- Professional indemnity insurance arrangements - All practitioners require appropriate professional indemnity insurance (PII) to the level as specified by their National Board.
- Continuing professional development - All practitioners must participate in activities that assist in maintaining and improving competence in their health profession, as determined by their National Board.
- Regency of practice - All practitioners must have carried out a certain number of hours of practice, as specified by their National Board, within preceding years of registration. (Australian Health Practitioner Regulation Agency, 2019c).

The National Board also publishes codes and guidelines to support practitioners to apply the standards. A consultation process occurs in the development of standards, codes and guidelines, with six steps:

1. Development
2. Preliminary consulting (testing) (2-4 weeks)
3. Review
4. Public consultation (8 weeks where possible)
5. Review and finalisation
6. Publication and implementation (Australian Health Practitioner Regulation Agency, 2019a)

Some professions have speciality fields or specialisations. Additional registration standards guide these. Profession-specific forms may be required including:

- Proof of identity requirements
- Standard format for curriculum vitae
- Application to exclude information from the public register
- Application for freedom of information
- Request for change of personal details
- Request for issue of certificate of registration status
- Statutory Declaration in relation to criminal history in Australia
- International criminal history check form
- Notice of certain events.

An individual will move through up to eight steps in their registration application process:

1. Application – Online or hardcopy
2. Assessment – Information is assessed against the registration standards
3. National Board Decision – Register, register with conditions, or refuse.
4. Registration – Letters and certificates are sent
5. Submission – In the case of registration with conditions or refusal, a submission may be made
6. Submission assessment – submission considered, and final decision made
7. Tribunal – Appeals process is available if you don't agree with final decision
8. Withdrawn incomplete – If a submission is not received (Australian Health Practitioner Regulation Agency, 2019b).

Credentialing and scope of practice for allied health professionals

State of Victoria Department of Health and Human Services (2016) outlines a process for credentialing and defining scope of practice for allied health professionals (see also Spiritual Care Australia, 2019; Spiritual Health Victoria, 2016).

Credentialing begins before the employee is appointed to a role, through defining the needs of the role and scope of practice. It continues through the appointment process and subsequent review and re-credentialing. See below a list of possible components of initial credentialing for a new employee (State of Victoria Department of Health and Human Services, 2016, p. 34):

Possible components of initial credentialing

- Proof of identity (100-point test)
- Primary allied health qualification
- National registration check (registered professions) including currency and any conditions on registration
- Professional standards
- Professional association membership or eligibility for membership
- National police record check
- Current Working with Children Check (if applicable)
- Review of curriculum vitae, in particular relevant clinical experience and training for the role
- Referee check (current referees capable of giving a considered opinion regarding the applicant's clinical skills, competence and suitability for the position)
- Other documentation specific to the role such as a postgraduate qualification to support proposed advanced scope of practice and/or a current driver's licence
- Copy of current medical indemnity certificate (if applicable)
- Work visa (if applicable)
- Profession re-entry requirements (if applicable)
- Satisfy specific requirements for the role

Spiritual Care Certification (USA)

The Spiritual Care Association (USA) outline their process and rationale for certification for spiritual care practitioners (Hall et al., 2016). They outline that their evidence-based model for high quality spiritual care:

- Brings to the profession of health care chaplaincy the same rigor in education, training and testing that is demanded by other health care professions, such as medicine, nursing, social work, to become certified and credentialed, and to practice
- Results from a foundation of well-established national guidelines, existing research, and tools that have already been developed and tested
- Establishes the framework for an ongoing process of implementation, research and quality improvement
- Ultimately calls for all chaplains to be tested for demonstrated clinical competency
- Provides the preparatory tools for testing
- Includes requirements for continuing education and training—i.e., 48 continuing education hours completed over two years
- Creates the first standardized curriculum and didactics for Clinical Pastoral Education
- Remains true to the essence of professional chaplaincy care as both an art and a science— to enable patients and their loved ones, and professional caregivers who are experiencing spiritual distress to identify and draw upon whatever is their source of spiritual strength to find comfort and meaning
- Recognizes that there are many chaplains who can demonstrate the competencies to perform normal chaplaincy tasks in non-complex settings or in complex settings under the supervision of a Board Certified Chaplain; these chaplains can merit the new title of Credentialed Chaplain that attests to their competency" (Hall et al., 2016, p. 10).

As part of their process, they have developed:

1. Quality Indicators document for spiritual care and chaplaincy articulating the goals of spiritual care.
2. Scope of Practice document defining the key competencies of the role.
3. Core Knowledge document specifies what knowledge and skills support the competencies.
4. Credentialing and certification requirements and process to measure whether a particular spiritual care practitioner has the competencies needed to offer spiritual care.

In their rationale document, they note that there has never been evidence that the traditional practice of asking that practitioners have CPE, graduate level theology degree and faith group endorsement actually indicates competence for spiritual care practice. Assessing against the core competencies is a more effective means to test. However, they choose to include CPE and

a graduate degree as "some clinical training and graduate level education is normal preparation" in health care (Spiritual Care Association, 2019).

Further, they note that "Faith group endorsement is a relationship between a chaplain and their religious/ spiritual/ existential community. It is largely a Christian structure that is not practiced by most non-Christian groups. This reality has often meant that otherwise qualified and competent persons who are not from a tradition that endorses chaplains have either been denied the opportunity for certification or have had to compromise their own tradition in order to obtain an endorsement from another group in order to qualify. This is an exclusive practice that has failed to truly embrace diversity. While we do not require this endorsement, a chaplain may include such documentation for his or her file if desired" (Hall et al., 2016, p. 9).

Please see the 'The Chaplaincy Taxonomy: Standardizing Spiritual Care Terminology' (Hughes, Massey, Bona, Nash, & Hall, 2019) and 'Capability Framework' (Spiritual Health Victoria, 2016) for more detailed explorations of the Spiritual Care role.

Discussion points for Spiritual Care

- Discuss the level of rigour required for spiritual care practitioner certification/registration. Does Spiritual Care Australia wish to follow the AHPRA process?
- Discuss the minimum entry requirements for certification
- Discuss the development of a knowledge assessment tool as part of registration to assess against the capability framework.

Key components of certification

Assessment processes

Credentialing processes generally engage a portfolio assessment that draws together the applicant's educational and work history, along with peer review and legal requirements such as criminal history (Ryan, 2014)[1].

Some processes additionally invite an examination assessment with written and/or practical components (Australian Health Practitioner Regulation Agency, 2016; Foster, 2012; Ryan, 2014; Stone, Boud, & Hager, 2011). Written examinations review knowledge of the practice area, however Foster (2012) cautions that they do not evaluate the applicant's efficacy. A

[1] Please see the Professional Certification Mapping document for an outline of the content for five professional certification processes.

work-based phase of assessment can support ongoing development of capability (Stone et al., 2011).

"Credentialing by sitting a written examination has not been commonly practised in Australia, with only two specialist nursing organisations, the Australian Association of Stomal Therapy Nurses and the Gastroenterological Nurses College of Australia currently requiring this as part of the credentialing process. Most other programs continue to use various combinations such as meeting pre-determined post graduate education requirements, length of time and/or recency of practice in the specialty area of practice together with provision of evidence by peers and demonstration of continuing professional development activities related to the area of specialist skills" (Ryan, 2014, p. 19).

It is important that the registration process actually measures what the practitioner knows or can do, and that this is what they will demonstrate in their clinical practice. For example, Osteopathy used a set of capabilities and designed assessment based on those (Stone et al., 2011).

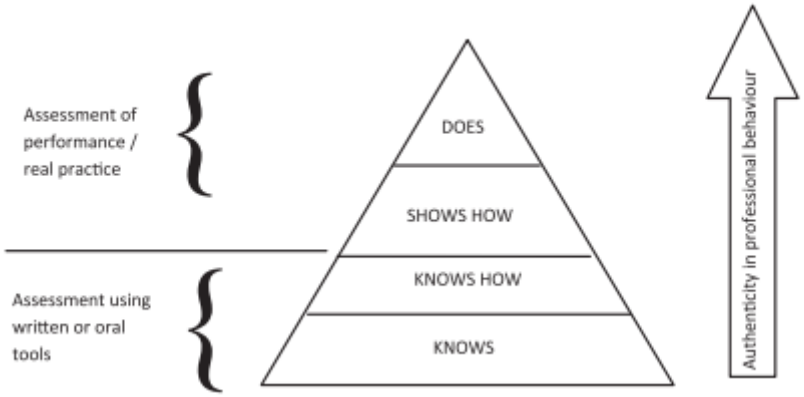


Image: Miller, 1990 in Stone et al. (2011, p. 135)

AHPRA reviewed the accreditation processes for registered health professions across six countries. The following allied health professions include tests as part of their registration process (Australian Health Practitioner Regulation Agency, 2016).

Profession	**Registration requirements**	**Countries**
Chiropractic	Accredited program + national exam	Canada & USA
Nursing	Accredited program + national exam	NZ, Canada & USA
Chinese Medicine (herb & acupuncture)	Accredited program + state specific examination	Canada & USA

Occupational Therapy	Accredited program + examination	Canada & USA
Osteopathy	Accredited program + examination	Canada & USA
Physiotherapy	Accredited program + national examination	Canada & USA

The Spiritual Care Association (USA) certification process includes a knowledge test and simulated patient exam to test clinical competence. This replaces written self-reports on spiritual care encounters. The scoring sheet for the simulated patient exam includes the following questions:

- Does the chaplain exhibit an evident sense of deep caring for the patient or caregiver's human predicament?
- Is this attitude clearly therapeutic in the sense of effecting a relationship where the person feels accepted and understood by the chaplain?
- Does the engagement contribute to the person(s) having a greater sense of comfort, acceptance – even for the unacceptable; connection to self and others, and even a sense of wellness, wisdom and peace?
- Does the chaplain use their clinical acuity in a caring way to move some or all these goals forward?

Key learnings and recommendations for Spiritual Care

For spiritual care, it is important to determine conceptual knowledge, but also to gauge the practical application of that knowledge via demonstration. As part of its process, the Spiritual Care Association (USA) applicants engage in a knowledge test (multiple choice) and an online patient exam.

Education and training

Certification is based upon a foundation of clear educational paths that convey the capabilities necessary to the professional practice.

Accredited education ensures both the safety of the public accessing services, and the effectiveness of practitioners (Bickman, 1999 in Crane et al., 2010). In mental health disciplines, accreditation standards "guarantee the public and academia that a particular educational program has a clear definition of what its goals are, and to establish conditions under which these goals can be reached" (Crane et al., 2010, p. 362). "Graduation from an accredited program is often a requirement for licensure" (APA, 2003 in Crane et al., 2010, p. 363), and guarantees that graduates have the skills necessary for supervised practice (Roe, 2002 in Crane et al., 2010).

For example, in accredited counselling education there are eight core areas that are taught which include: (a) professional identity, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) helping relationships, (f) group work, (g) assessment, and (h) research and program evaluation. These eight common core areas have remained constant throughout the development and evolution of the accreditation process (Altekruse & Wittmer, 1991 in Foster, 2012, p. 52).

For many health professions, a master's degree and additional clinical supervised practice is a requirement for licensure. For example, Crane et al. (2010) lists the educational requirements for licensure in a range of professions (in the USA) including marriage and family therapy (master's degree and two years post degree clinical supervision), psychology (doctorate and two years clinical supervision), social work (master's or doctorate and two years post degree supervised clinical practice), professional counsellor (master's degree and two years clinical supervised experience).

The relatively new profession of health and wellness coaching undertook a job task analysis to determine the key tasks of the role, validated by a survey to practicing coaches. This then informed education accreditation and a certification examination (Wolever, Jordan, Lawson, & Moore, 2016). Authors conclude that "…this Job Task Analysis along with a high quality training program accreditation process, will lead to a clear and consistent definition of Health and Wellness Coaching, with uniform practice guidelines, that raises standards for Health and Wellness Coaching" (Wolever et al., 2016, p. 9).

"Although there is some evidence to support the value of medical school accreditation, the direct impact of this quality assurance initiative on patient care is not yet known" (Boulet & van Zanten, 2014, p. 75).

The Spiritual Care Association (USA) chose to include Clinical Pastoral Education (CPE) and a graduate degree with liberalized options, recognising that clinical training and graduate level education are usual prerequisites for health care practitioners. Researchers in the USA are currently reviewing the educational pathways for spiritual care professionals. Their data is not yet available. Spiritual Health Victoria has also conducted a survey of spiritual care professionals' qualifications. These may serve as a basis for a larger project to list accredited courses for the profession.

The UK BHC requires a qualification relevant to the applicant's faith community plus a postgraduate qualification in healthcare chaplaincy. They list five accredited postgraduate courses (UK Board of Healthcare Chaplaincy, 2019):

- Post Graduate Certificate / Diploma / MSc in Healthcare Chaplaincy - University of Glasgow

- Post Graduate Diploma / MA in Healthcare Chaplaincy - Cambridge Theological Federation
- Post Graduate Certificate / Diploma / MTh Chaplaincy Studies - Cardiff University
- Post Graduate Certificate Healthcare Chaplaincy - London South Bank University, provided by Guy's and St. Thomas' NHS Foundation Trust.
- Post Graduate Diploma / MA Existential and Humanist Pastoral Support - Middlesex University, London, provided by the New School of Psychotherapy and Counselling.

Key learnings and recommendations for Spiritual Care

Consider conducting a review of Australian higher education courses against the capabilities framework. Draw upon the spiritual care survey results for a shortlist of courses (Spiritual Health Victoria, 2019).

Continuing Professional Development

Many certification and registration systems require ongoing mandatory continuing practice development (CPD) to ensure that practitioners are developing and maintaining skills, knowledge and attitudes relevant to their practice. "Formal CPD activities are mandated for many health professions, and are often linked to regulation and continued competence to practise (Boud & Hager 2012, in Byrne, 2016, p. 19).

However, CPD can be difficult to manage for the individual practitioner and the registration board. There are a number of issues present. There is a need for ongoing support for practitioners to ensure that CPD is maintained and that supervision is available (Henderson & Fry, 2013). Byrne (2016) notes that many CPD programs are based on time spent in training, but don't measure that learning has taken place or that that learning is integrated into practice.

"In New Zealand, for instance, the Social Work Registration Board was required to revise CPD standards in 2010 when it became evident, after a random audit, that social workers were not planning CPD in a purposeful way, had demonstrated limited evidence of reflection and had struggled to meet CPD requirements (Beddoe & Duke, 2013). Similarly, O'Sullivan (2003) found that physiotherapists in the UK were not maintaining a CPD portfolio due to a lack of time and skills, habit and a lack of value attached to the benefits of engaging in the process. Further to this, difficulty articulating and demonstrating CPD through a written portfolio was identified as a significant challenge for many" (Byrne, 2016, p. 19).

Byrne provides an example of a CPD portfolio which includes:

- description of professional role and practice setting;
- personal learning plan;
- CPD log or record of learning activities;

- demonstration of engagement in learning (for example, record of supervision, certificate of training attendance or reflective practice journal);
- minimum of eight reflective practice worksheets (Byrne, 2016, p. 21).

The UK Board of Healthcare Chaplaincy has a process for documenting CPD with a range of CPD types including individual, workplace based and non-workplace based activities.

Key learnings and recommendations for Spiritual Care

It may be appropriate to incorporate not only a list of CPD attended, but also reflective notes from supervision and a number of examples of reflective practice, following Byrne (2016).

Supporting implementation

Introducing a credentialing system for a profession signifies a deeper commitment to evidence-based practice, accountability and rigour. Significant work must be done to support organisations, education providers and practitioners in the transition period to ensure the success of the program.

The literature highlights a number of strategies to support credentialing processes (Fleischman et al., 2011; Gilray, 2013; Henderson & Fry, 2013; Needleman et al., 2014; Ryan, 2014). In a review of best practice for nursing certification in the US, Fleischman et al. (2011) concluded that a culture of certification is supported by available fiscal resources to engage in study and meet other costs related to certification. The authors recommended that health care leaders consider investing in certification processes by funding some aspects of the process.

Key learnings and recommendations for Spiritual Care

Develop a strategy for implementation of the certification or registration process.

Summary of requirements

There are a number of requirements for a successful certification or registration program:

- Evidence based competency/capability standards and/or practice standards
- Consistent educational requirements (which courses are accredited or endorsed?)
- Consumer participation
- Clear code of conduct and ethical practice statements (Byrne, 2016; Foster, 2012)
- Complaints procedures
- Need for ongoing support for practitioners to ensure CPD is maintained, supervision available etc. (Byrne, 2016; Henderson & Fry, 2013)
- Ongoing research to build the evidence base.
- Process for re-registration after lapse

Of these, Spiritual Care Australia currently has the following in place:

	Currently in place?
Evidence based capability standards/practice standards	Yes[2]
Consistent educational requirements (which courses are accredited or endorsed?)	No
Consumer participation	Ensure consumers are included in process
Clear code of conduct and ethical practice statements	Yes[3]
Complaints procedures	Not clearly stated
Need for ongoing support for practitioners to ensure CPD is maintained, supervision available etc.	CPD is required; SCA provides some support through conference and local PD
Ongoing research to build the evidence base.	Ongoing work

[2] http://www.spiritualhealthvictoria.org.au/standards-and-frameworks

[3] https://www.spiritualcareaustralia.org.au/SCA/Documents/Code_of_Conduct_Final_V2_Approved_May_2017.pdf

PART TWO: Mapping Processes

This section outlines the outcomes of a mapping process. The application forms for five allied health professional associations were reviewed in order to learn about their process of certification: Occupational Therapy, Speech Pathology, Social Work, Counseling & Psychotherpay, Supervision.

Data was collated from each application form into an excel spreadsheet, with specific fields marked if present. Major field titles were included in a summary spreadsheet, and for some fields, the content was included (for example, qualifications, number of hours required).

Content for a number of spiritual care associations was also summarised: Spiritual Care Australia, Civil Chaplaincies Advisory Council NSW, Spiritual Care Association (USA), Board of Chaplaincy Certification Inc. (USA), UK Board of Healthcare Chaplaincy and the Canadian Association for Spiritual Care.

A summary of the major points of interest for the allied health professions and spiritual care associations are below.

Allied Health Associations

- Minimum qualifications
    - Masters (Social Work)
    - Undergraduate and/or postgraduate (Occupational Therapy - 400 hours of instruction, Speech Pathology, Counseling & Psychotherapy)
    - Shorter courses (Supervision)
- Speech Pathology, Social Work and Counseling application processes list additional specialisations, areas of practice or modalities.
- Minimum Continuing Professional Development (CPD) or Professional Self Regulation (PSR) hours range between 10-50 hours (50 for Social Work specialistions in family violence and mental health)
- All professions include some form of declaration of criminal history (except Supervision), and statement of obligations and consent to meet codes of conduct, ethical guidelines and conditions of membership.

	AASW	OT Board	SPA	PACFA	AAOS
Minimum Qualifications	Masters	Undergrad or Postgrad	Undergrad or Postgrad	Undergrad or Postgrad	Short course
Minimum CPD	30 hours (50 for MH or FV)	30 hours	20 points	20 hours	10 hours
List of practice areas/specialisations	Yes		Yes	Yes	

Exam or test					
Licence, Registration or Certification?	Accredited status available	Registered	Practicing membership	Voluntary registration	Associate membership

NB: AASW= Australian Association of Social Work; OT Board= Occupational Therapy Board of Australia; SPA= Speech Pathology Australia; PACFA= Psychotherapy and Counseling Federation of Australia; AAOS= Australasian Association of Supervisors

Spiritual Care Associations

- Bachelor degrees are required as entry level qualifications, and postgraduate degress are required for advanced certification in Australia and the USA. Faith group endorsed chaplains under the Civil Chaplaincies Advisory Council NSW require a Cert IV or Diploma level qualification.
- Spiritual Care Australia and Spiritual Care Association (USA) require a minimum of one unit of CPE at entry level and two at advanced. Civil Chaplaincies Advisory Council NSW require one unit. The BCCI requires two units at Certified level, and four units for Board Certified.
- Minimum practicing hours 1000-2000 for board certification in the USA
- SCA USA includes a standardised knowledge test and a patient exam. The tests and exams are specific to each level of certification, with minimum pass rates of 65% (credentialed) and 75% (advanced board certified).
- CPD hours vary considerably between different associations, with a range of 12 hours CPD every two years (credentialed status SCA USA), to 50 hours per year (Canadian Association). The UKBHC has a thorough framework for documenting CPD, for which 35 hours are required per year for full time staff.
- Recommendation letters (3) are necessary for both USA association applications.
- Faith group endorsement is required by the Civil Chaplaincies Advisory Council NSW, BCCI and the Canadian Association. SCA USA expressely states this is not necessary.
- BCCI invites clinical chaplain contact narratives and competency essays as evidence of practice. SCA USA instead uses an objective knowledge test and patient exam.

	SCA Certified	SCA Certified Advanced	CCAC NSW Endorsed	SCA (USA) Credentialed	SCA (USA) Board Certified	BCCI (USA) Associate Certified	BCCI (USA) Board Certified	Canada Certified	UKBHC Full
Minimum Qualifications	Bachelor	Postgraduate	Cert IV / Diploma	Bachelor	Masters	48 grad school credits (equiv. Grad Dip)	72 grad school credits (equiv. Masters)	Bachelor	Postgrad Cert
Minimum CPE Units	1 unit	2 units	1 unit	1 unit	2 units	2 units	4 units	4 units	
Minimum CPD	10-20 hours (TBC)	10-20 hours (TBC)		12 hours (2 years)	24 hours (2 years)	50 hours	50 hours	50 hours	35 hours
Minimum practicing hours		5 years		1000	2000		2000		6 months
List of practice areas/specialisations			Yes				Yes		
Recommendation letters			Application from faith org.	3	3	3	3		
Standardised knowledge test				Yes	Yes				
Standardised patient exam				Yes	Yes				
Faith group endorsement			Yes			Yes	Yes	Yes	Yes

PART THREE: Proposed process for certification

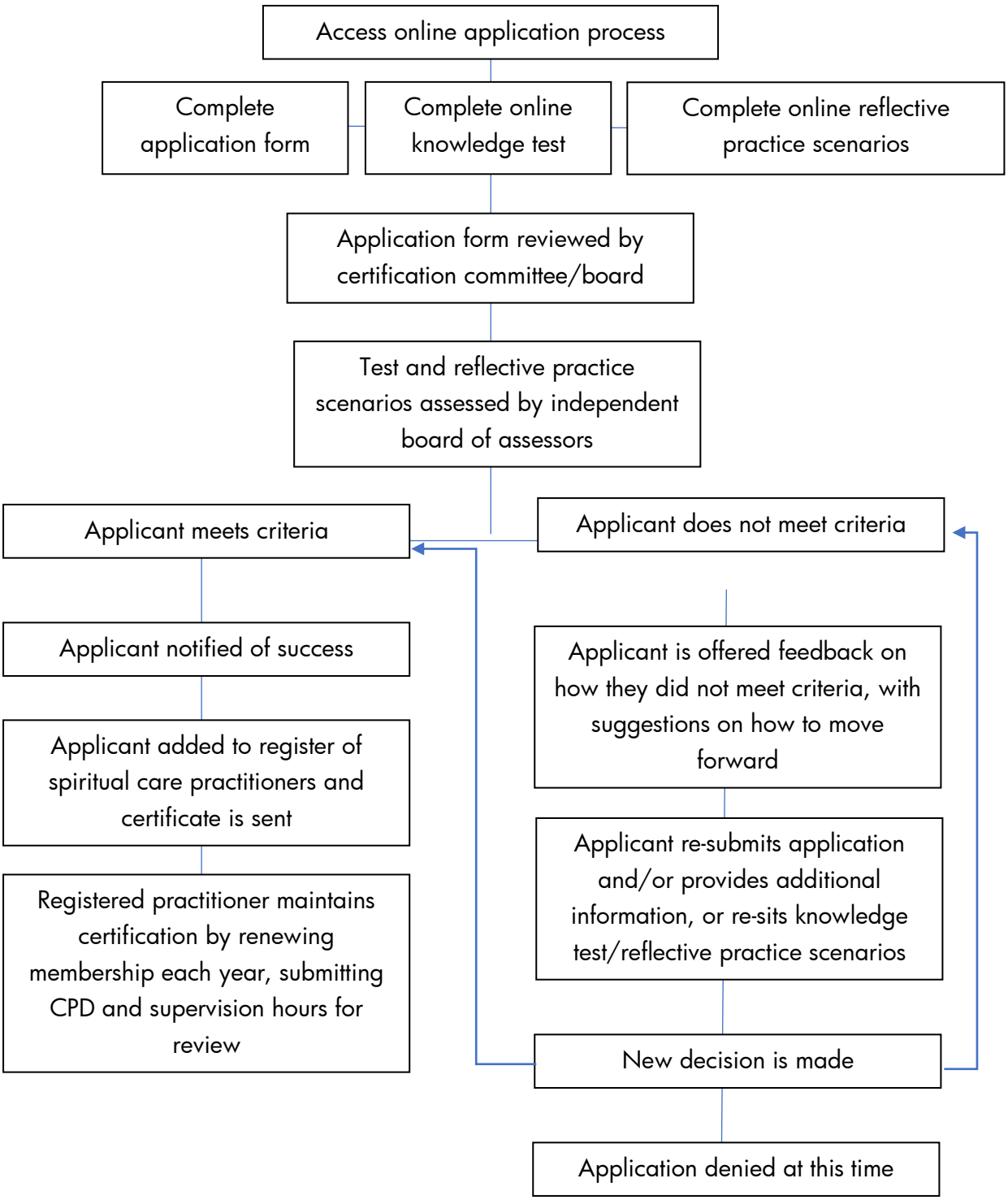
Based on the research literature and mapping document, it is recommended that Spiritual Care Australia implements a process for certification as follows:

Recommended infrastructure

- Create a certification committee/board (ratified by SCA Board – may require interim committee for trial)
- The certification committee/board will:
    - Draft documents (eg. policies, complaints procedures, code of ethics, pronomials, process for overseas applicants, etc.)
    - Oversee certification and appeals processes
    - Set administrative fees for test processes and decide on honorarium for assessors
    - Create an electronic application form that links to database (there will be a transitional period)
    - Develop implementation strategy
    - Apply for funding for implementation
    - Trial the process

- Create committee/board of assessors. The board of assessors will:
    - Engage an expert group to develop the content for a knowledge test (multiple choice and short answer) and reflective practice scenarios (eg. case study of interventions, series of videos, written reflective critique) components
    - Oversee implementation and administration relating to knowledge test and reflective practice processes

Recommended Certification Process



Recommended requirements for registration

The application process will invite applicants to submit evidence for the following:

Spiritual Care Pracitioner Certified (SCPC)

Entry level spiritual care practitioner

- Bachelor degree in spiritual care or related discipline
- 2 units of CPE or equivalent
- Knowledge test pass rate of 65%
- Reflective practice scenario with medical record note

Spiritual Care Pracitioner Certified Advanced (SCPCAdv)

Advanced level spiritual care practitioner

- Post graduate qualification relevent to spiritual care provision and leadership
- 2 units of CPE or equivalent (one advanced unit preferable)
- Knowledge test pass rate of 75%
- Reflective practice scenario with medical record note

To maintain certification, the pracitioner must provide evidence for:

- 20 hours CPD per year (pro rata, including self-directed learning, formal education, work-based learning, research, conference presentations)
- 10 hours of professional supervision per year (pro rata)

Further considerations

Complaints procedures
In NZ, the Social Work Registration Board can only receive formal complaints where there is a specific breach of the Code of Conduct (Gilray, 2013). For a discussion of misconduct in Social Work in the Republic of Ireland, please see Kirwan and Melaugh (2015). Authors categorised misconduct scenarios as either criminal, abusive or inappropriate behaviour, or displaying poor professional judgement or poor work performance.

Spiritual Care Australia has a Code of Conduct (revised most recently in 2017) which includes a section on misconduct and disciplining those who contravene the code. The code of conduct refers to a complaints procedure, however this is not currently available on the Spiritual Care Australia website.

Future developments
Board of Chaplaincy Certification Inc. (BCCI) offers specialty certification "which recognizes the advanced knowledge essential to practice in a specialized field of chaplaincy care." (Board of Chaplaincy Certification Inc, 2019). They currently offer hospice and palliative care specialty certification, and military specialty certification.

"BCCI and the National Association of Catholic Chaplains (NACC) are delighted to recognize the expertise, specialized skills, advanced education, and unique experience of professional palliative care/hospice chaplains with an advanced certification beyond the Board Certified Chaplain (BCC) designation. Board Certified Chaplains who successfully complete the advanced certification process are designated as BCC-PCHAC (Board Certified Chaplain – Palliative Care & Hospice Advanced Certification), signifying that they have mastered the spiritual care competencies necessary for palliative care/hospice, including end-of-life care and care of those with life-limiting conditions" (Board of Chaplaincy Certification Inc, 2019).

It is recommended that SCA engage in discussion around developing specialisation streams in the future for the following areas of practice:

- Acute care
- Palliative Care
- Mental Health
- Paediatrics
- Aged Care
- Defence

Key learnings and recommendations for Spiritual Care

Following the Spiritual Care Association (USA), a knowledge test and patient exam could be re-taken every five years to ensure continued capability in reflection of changing evidence.

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