



Spiritual Health Association

Spiritual Care Providers (Community Appointed) Credentialling Framework

Compassionate, person-centred health care

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Spiritual Health Association acknowledges that our work takes place on the lands of the Wurundjeri people of the Kulin nation. We acknowledge the Traditional Owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

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1. Purpose Statement

This Framework seeks to support a consistent approach to the credentialling process used by external entities (faith and secular communities) in their appointment of spiritual care providers (paid positions and volunteers) to health services. In line with Spiritual Health Association's *Guidelines for Quality Spiritual Care in Health*, the Framework assumes an appropriate level of spiritual care management within the health service (i.e., a health service employed spiritual care coordinator/manager/director) to safeguard the process and ensure accountability for the quality of care delivered.

According to the Allied Health: Credentialling, competency and capability framework (2016) a robust process of credentialling and defining the scope of practice is essential to:

- » Provide services that are safe, effective and of high quality.
- » Present a consistent approach to drive dynamic and effective workforce practice.
- » Achieve optimal patient-centred care.¹

The Framework is in keeping with the Victorian clinical governance framework² that recognises that 'people's values, beliefs and specific contexts and situations guide the delivery of care and organisational planning' and contribute to high-quality care. It also contributes to the implementation of Standards 1, 2 and 5 of the National Safety and Quality Health Service Standards (2017)³ by ensuring:

- » High standards of training, credentialling, competencies, and continuous improvement for spiritual care providers.
- » Spiritual care is responsive to identified consumer needs.
- » Patients receive comprehensive health care inclusive of the spiritual domain.

The Framework does not apply to authorised faith leaders (e.g. clergy, rabbis, imams or secular leaders) who are making a specific visit to a member of their own congregation, parish, temple or community. Ultimately this Spiritual Care Providers (community appointed) Credentialling Framework seeks to ensure that the spiritual care provided by external communities is of a quality that contributes to good health outcomes for those people receiving care.

1 State of Victoria (2016) Allied health: credentialling, competency and capability framework <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce/allied-health-ccc-framework>

2 State of Victoria (2017) Victorian clinical governance framework <https://www.bettersafecare.vic.gov.au/support-and-training/clinical-governance> p.5

3 Australian Commission on Safety and Quality in Healthcare (2017) National Safety and Quality Health Service Standards

2. Background

The 2016 Australian Bureau of Statistics census showed that there was increasing diversity of faith, beliefs and cultures within the Australian population. It is incumbent upon health services to ensure patients have access to spiritual care that is responsive to their spiritual needs. It is also essential that this care meets the requirements for high-quality and safe practice. The first credentialling framework for community appointed spiritual care providers was produced in 2015 to provide a consistent approach and assist communities in their appointment of appropriately credentialled providers. This second edition integrates key changes from source documents since 2015, including an inclusive approach.

3. Target Audience

The primary audience for the Framework includes:

- » external entities who are involved in the appointment of spiritual care providers to health services through both paid and unpaid (volunteer) positions.
- » spiritual care coordinators/managers/directors.
- » anyone within a health service with responsibility for ensuring safe, high-quality spiritual care.

4. Role of communities in healthcare

Historically the Christian churches provided religious care to hospitals, aged care facilities and other health services through the work of their clergy, Chaplains (spiritual care providers) and parish/congregational visitors. This was care provided in addition to, rather than as an integral part of health care. There have been a number of factors which have led to changes in this historical model including:

- » Growth in spiritual and cultural diversity within the Australian population.
- » Decreasing numbers of people who claim affiliation with a particular faith tradition.
- » Increasing numbers of people who identify as "spiritual" but not "religious".
- » Movement towards the direct employment of spiritual care practitioners by health services.
- » Increasing interest and growing evidence base for the link between spirituality and health.
- » Increased complexity of the health system and requirements for professional and accountable delivery of care.
- » Growing evidence base for best practice spiritual care.

The number of external entities now involved in providing spiritual care is testament to the growth in spiritual diversity represented in the Australian population. Increasingly there have been representatives from a diverse range of communities undertaking education and training to develop competencies and skills for providing spiritual care within a complex health system. There has been an increasing move towards providing spiritual care that is non-sectarian and delivered by health service employed spiritual care practitioners. Therefore, the need for skilled and competent providers from external entities familiar with the internal workings of health services and the contribution they can make to person-centred care is essential. The faith and secular communities (thereafter “communities”) complement the spiritual care provided by professional spiritual care practitioners in health services. A formal Memorandum of Understanding should exist between the communities and the health service where an appointment is made.

5. Role of communities in the credentialling process

In making a contribution to the spiritual care workforce in health services, it is essential that the faith and secular communities are able to provide assurance for the quality of the personnel they are appointing. It is the responsibility of each community to ensure that a rigorous process for the credentialling of spiritual care providers (paid and volunteer) is in place. This enables communities to meet legal and ethical obligations and demonstrates that communities are committed to safety and quality of practice. Of equal importance, processes for credentialling and re-credentialling give spiritual care providers a clear framework of support.

6. Core components of credentialling and defining scope of practice

6.1 Credentialling

For the purposes of credentialling spiritual care providers (community appointed) each community will need to designate the person(s) responsible for developing and implementing the credentialling process.

The credentialling process includes the following core components:

1. Minimum levels of education and training required for the position.
2. Minimum level of experience required for the position.
3. Names and contacts of a minimum of two referees.
4. Police Check and current Working with Children card.
5. Adherence to the Code of Conduct of the COMMUNITY.
6. Adherence to the Professional Standards of the COMMUNITY if applicable.

7. Ongoing requirements for supervision.
8. Ongoing requirements for professional development.
9. Process for annual performance reviews.
10. Evidence of professional indemnity insurance cover.
11. Process for appointment to health services.
12. Process for re-credentialling.
13. Process for responding to concerns or complaints.

Core components for credentialling are in line with industry standards including:

- » Spiritual Health Association’s (SHA) Guidelines for Quality Spiritual Care in Health.
- » Spiritual Care Australia’s (SCA) membership criteria.

6.2 Defining scope of practice

The scope of practice for spiritual care providers is provided through clearly articulated position descriptions that detail key roles and responsibilities in line with identified levels of education and experience.

Core components for defining scope of practice are in line with industry standards including:

- » SCA Standards of Practice
- » SCA Code of Conduct
- » NSQHS Standards
- » SHA Capabilities Framework for Spiritual Care Practitioners in Health 2020
- » SHA Spiritual Care in Medical Records: A guide to reporting and documenting spiritual care in health services.

7. Conclusion

Through the implementation of this Framework communities are able to demonstrate their commitment to providing safe, high-quality spiritual care within the context of a complex and regulated health care system.

Appendix 1: Glossary

Capabilities: Capabilities are underpinning behavioural skills that characterise work being performed well (Health Workforce Australia 2013) (6). 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. They are non-clinical attributes (7).

Credentialling: Credentialling 'refers to the formal process used to verify qualifications, experience, professional standing and other professional attributes for the purpose of forming a view about ... competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments' (7, 8).

Qualified and Credentialed Spiritual Care Practitioners: Spiritual Care Australia sets the industry standards for spiritual care practitioners in health care: <https://www.spiritualcareaustralia.org.au/about-us/standards-and-policies>. Spiritual care practitioners are appointed and credentialed by the health service. They can be from a diverse range of beliefs, traditions, values and practices.

Scope of Practice: A profession's scope of practice is the full spectrum of roles, functions, responsibilities and decision-making capacities that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population' (Australian Nursing and Midwifery Council 2007, p. 1).

'The scope of practice of an individual is that which the individual is educated, authorised and competent to perform. The scope of practice of an individual clinician may be more specifically defined than the scope of practice of their profession. To practise within the full scope of practice of the profession may require individuals to update or increase their knowledge, skills or competence' (Australian Nursing and Midwifery Council 2007, p. 2) (7).

Spiritual Care (Clinical Definition): 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 (9, 10).

Spiritual Care (Non-clinical Definition): Spiritual care can help you feel more connected with yourself, other people or to something beyond. It is about the beliefs, traditions, values and practices that are important to you. Spiritual care supports what gives meaning and purpose to your life (10, 11). 32

Spiritual Care Management: Spiritual care is managed by different roles and at different levels depending on the complexity and size of the health service. Management can be at a director, manager or coordinator level.

Spirituality: Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices (10).

Spirituality is subjective and can be expressed in different ways by individuals and communities. Some people choose to express their spirituality through religion or religious practice, while others may not. Spirituality can also be described as the search for answers to existential questions, such as: Why is this happening to me? To whom do I belong? Does my life have meaning? What happens after we die?

Spiritual Care Provider: SHA has identified six categories of Spiritual Care Providers currently in use across health services. A different title or description may be used in individual health services to describe these roles and responsibilities. Further work is required in the sector to ensure consistency of practice in the delivery of spiritual care. An evaluation of the role and scope of practice of volunteers is needed.

COMMUNITY APPOINTED	HEALTH SERVICE APPOINTED
Community Professional Practitioner: Employed spiritual care provider funded by a community	Health Service Professional Practitioner: Health Service funded and employed spiritual care practitioner
Visiting Faith/Religious/Secular Leader: Authorised leader representing a particular community	Student: Clinical Pastoral Education students and other students under Spiritual Care Department supervision and management
Community Volunteer: Accredited and authorised volunteer from a specific community visiting members of their own community	Spiritual Care Department Volunteer: Spiritual Care Volunteer supervised by the Spiritual Care Department

Appendix 2: Audit Tool

STEPS TO DEVELOPING AND IMPLEMENTING A CREDENTIALLING PROCESS	YES	NO	IN PROGRESS
Have you designated the person(s) responsible for developing and implementing the credentialling process?			
Do you have documented processes for the credentialling of an individual?			
Do you have an application form for individuals to apply to be credentialled?			
Have you developed a register/system to keep a record of credentialled individuals?			
Do you have position descriptions for all paid positions?			
Do you have position descriptions for volunteers?			
Do you have documented processes for re-credentialling individuals?			
Do you have a template for reference checks (verifying experience)?			
Do you have a template for an annual performance review?			
Do you have a process for appointment to health services?			
Do you have a template letter of introduction to a health service?			
Do you have a documented process for responding to concerns regarding the conduct, health or performance of an individual?			
Do you have evidence of indemnity insurance cover for individuals?			

Appendix 3: Sample Community Credentialling Process Template

Credentialling Process for the COMMUNITY

1. Introduction

The COMMUNITY is committed to providing high-quality and safe spiritual care services to hospitals in line with current industry standards and guidelines.

This credentialling process will enable the COMMUNITY to put in place a process for the credentialling of community appointed spiritual care providers (paid positions and volunteers) to demonstrate our commitment to safety and quality in our provision of care.

2. Purpose of Credentialling

The COMMUNITY has a process for credentialling of spiritual care providers to:

1. Provide competent and skilled people to provide care on our behalf.
2. Assure governments and health services that those providing spiritual care on our behalf are able to provide high-quality and safe spiritual care practice.
3. Provide a structure that offers support and safety to those providing care on our behalf.

3. Credentialling process

1. Candidate submits application to be credentialled by the Community.
2. Application is assessed by the credentialling committee to ensure that the candidate meets all of the requirements.
3. Interviews are held to assess candidate's ability to meet the requirements.
4. Role of the Credentialling Committee is to:
 - a. Verify credentials.
 - b. Verify references.
 - c. Determine scope of practice (able to meet the position requirements according to the position description).
 - d. Establish conditions/plan to address any gaps if needed.
 - e. Approve application.

4. Application form

Sample: Credentialling Application

Surname:

First Name:

Middle Name:

This is an application for:

New appointment

Renewal of appointment

1. Application

I wish to apply to be credentialled to practice as:

This needs to be in keeping with the terms used by the COMMUNITY (i.e., Chaplain, Spiritual Care Provider, Pastoral Volunteer) being clear about the level at which the position will function.

2. Applicant contact details

Surname
Given name/s
Previous name/s
Date of birth
Place of birth
Residency Status (if you are not a permanent resident please advise current visa type) <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident
Postal Address
Phone (BH)
Phone (AH)
Mobile
Contact email address

3. All qualifications/training

New applicants – please list all qualifications/relevant training undertaken

For re-credentialling – please list any new qualifications/training since last credentialled

QUALIFICATIONS/TRAINING	UNIVERSITY/ORGANISATION	YEAR OBTAINED

4. Relevant experience

Please provide details of all current and previous relevant work experience within the last 5 years (including names of organisations and dates of appointment).

ORGANISATION	NAME AND TYPE OF APPOINTMENT	WHEN DID YOU WORK IN THAT ROLE?
		FROM / / TO / /
		FROM / / TO / /
		FROM / / TO / /
		FROM / / TO / /

5. Other Matters

Are you registered with a professional association e.g. Spiritual Care Australia? Yes No

Have you ever been formally disciplined (by an employer or other organisation) in the course of your work/volunteering? Yes No

Have you ever had any formal complaints made about your practice in any former employment or position? Yes No

Have you ever been convicted or found guilty of any criminal offence, including a drug or alcohol related offence? Yes No

Are you the subject of pending criminal charges? Yes No

(If YES to any of the above, please provide full details. Or, if you prefer, indicate that these matters will be addressed at interview).

Do you have a current Police Check? (Original needs to be sighted) Yes No

Do you have a current Working with Children Card? (Required if position involves providing services to children & original needs to be sighted) Yes No

6. Indemnity Insurance confirmed

- Indemnity insurance is provided by the COMMUNITY. Yes No
- Indemnity insurance is provided by the hospital. Yes No
- Indemnity insurance needs to be clarified. Yes No

7. Continuing Professional Development/Ongoing training/Supervision

For re-credentiating please provide details of your involvement in continuing professional development/ongoing training/supervision over the last 5 years if relevant.

DESCRIPTION OF ACTIVITIES UNDERTAKEN	DATES

8. Health status

Do you have a disability/health issue that?

- » May impact on your ability to perform any of the activities that would fall within the scope of practice (as described in the Position Description)?
 - » May require special equipment, facilities or work practices to enable you to perform any aspect of the role you are seeking to undertake?
- Yes No

If yes please provide details of the disability/health issue and its likely, or possible, impact on your ability to carry out the role and details of any special equipment facilities or work practices required.

This information is sought to enable an assessment to be made as to whether you can safely perform the requirements of the role you are seeking to perform, or whether any reasonable adjustments might be required to ensure that you can work at the hospital in a way that ensures patient safety.

9. Referees

Please provide details of at least two referees who have been in a position to judge your experience, training and ability to perform the role you are applying to be credentialled for and who have no conflict of interest in providing a reference.

Referee 1

Name:
 Nature of relationship to candidate:
 Postal address:
 Phone (BH):
 Phone (mobile):
 Email address:

Referee 2

Name:
 Nature of relationship to candidate:
 Postal address:
 Phone (BH):
 Phone (mobile):
 Email address:

Referee 3

Name:
 Nature of relationship to candidate:
 Postal address:
 Phone (BH):
 Phone (mobile):
 Email address:

10. Agreement/undertakings

I understand that, in assessing my application to be credentialled the COMMUNITY may make additional enquiries as to my suitability for the role.

New applications only

I understand the COMMUNITY will require a routine police check in relation to my current and previous place/s of residence. Yes No

I authorise the COMMUNITY to seek information from my referees as to my past experience, performance and current fitness to practice. Yes No

I agree to familiarise myself with relevant hospital policies and procedures and to abide by them should my application be successful. Yes No

All applications

If credentialled, I agree to abide by the hospitals' and state and national confidentiality and privacy laws and policies and understand that breaches may result in the cessation of my appointment. Yes No

I agree to notify the designated authority within the COMMUNITY of any event/situation that may impact on my ability to exercise my role. This includes the kinds of information covered in this application (such as any criminal charges or convictions). Yes No

If credentialled I agree to meet all the COMMUNITY Professional Standards requirements. Yes No

If credentialled, I agree to meet all the COMMUNITY Code of Conduct requirements. Yes No

If credentialled I agree to comply with the SCA Standards of Practice and the SCA Code of Conduct. Yes No

If credentialed I agree to comply with relevant ongoing training requirements and to provide details to the COMMUNITY on an annual basis. Yes No

If credentialed I agree to comply with relevant supervision requirements and to provide details to the COMMUNITY on an annual basis. Yes No

If credentialed I agree to participate in an annual performance review. Yes No

If credentialed I agree to promptly notify the Spiritual Care Coordinator/ Manager/Director (or designated hospital authority) and the designated COMMUNITY authority of any adverse event I am involved in or become aware of. Yes No

If credentialed I agree to work within my specified position description and to make a further application should I seek to extend the scope of practice. Yes No

I agree to sign and abide by the agreements required by each hospital. Yes No

11. Declaration

I hereby declare that the information contained in this application is true and correct.

Signature of applicant:

Date:

Please note: The information collected on this form will be used by the COMMUNITY to assist in the assessment of your application to be credentialed to provide spiritual care on behalf of the COMMUNITY. Information provided on this form will not be used, or disclosed, for any other purpose.

5. Template for reference checks

The credentialing committee appoints a member(s) to follow up referees. The following areas should be explored:

PROFESSIONAL RELATIONSHIP	
How long have you known the applicant?	
In what capacity have you known the applicant?	
When was your last contact with the applicant?	
SKILLS AND KNOWLEDGE BASE	
Listening skills	
Assessment skills	
Decision making skills	

Writing/data collection skills	
Additional comments on skills and knowledge base	
Participation in professional development/ongoing training	
WORK ETHIC/RELIABILITY/PUNCTUALITY	
Punctuality and reliability	
Organisational skills	
Initiative	
Additional comments on work ethic, reliability and punctuality	
COMMUNICATION & INTERPERSONAL SKILLS	
Promptness and clarity of communications	
Communication and rapport with patients and families	
Relationships with other team members/health professionals	
Additional comments on interpersonal skills	
EMPLOYABILITY	
Are you aware of any medical condition, mental or physical which might adversely affect the applicant's ability to competently and safely provide spiritual care?	
Are you aware of any formal complaints, disciplinary or legal action against the applicant?	
Would you entrust the care of a family member to the applicant?	
CONFLICT OF INTEREST AND OTHER COMMENTS	
Do you have a personal relationship with the applicant or any conflict of interest in providing this reference?	
Other comments you may wish to make?	

6. Position descriptions

SAMPLE POSITION DESCRIPTION

RELIGIOUS/SECULAR COMMUNITY VOLUNTEER

About: COMMUNITY

Insert Mission, or Vision Statement

Title:	Community Volunteer
Classification:	Volunteer
Reporting to:	Supervisor in Community Spiritual Care Management (Hospital)
Responsible for:	Providing spiritual care to patients and families of your particular faith, denomination or secular organisation.
Location of position:	
Performance appraisal:	Review after three months, then annually with COMMUNITY supervisor and Spiritual Care Management (Hospital)
Start Date:	
End Date:	
Hours and days of duty:	To be negotiated with Spiritual Care Management and Community Supervisor (to a maximum of 16 hours per week)

Purpose of Position:

- » To provide high-quality and safe spiritual care to patients, families and significant others of your particular community at Organisation Name and contribute to a supportive atmosphere conducive to spiritual, emotional and physical healing.
- » To identify and refer complex or complicated spiritual needs to staff members of the Spiritual Care Department for follow-up.

A Spiritual Care Volunteer in a healthcare context is a trained volunteer who can support the professional spiritual care program in a hospital or other healthcare facility. They are not trained to assess spiritual needs or to provide high-level spiritual care, but rather to work under the direction of professional spiritual care staff to provide more follow-up, everyday care, where this has been identified as appropriate through an assessment by a professional spiritual care worker.

An example of this support role within a limited scope of practice, would be where a professional spiritual care practitioner has assessed that the patient would benefit from ongoing support from a member of their community. A volunteer from the appropriate community could provide supportive conversation through active listening and/or the provision of ritual (religious or not) as appropriate. This meets the patient's assessed needs. If the volunteer discerns through screening, that the patient would benefit from a higher level of support and further spiritual assessment, he/she/they would bring this to the attention of a professional staff member.

A Spiritual Care Volunteer would be recruited by their community and nominated to Spiritual Care Management. If accepted by Spiritual Care Management, he/she/they would be trained and credentialled by their community and accredited and oriented by Spiritual Care Management according to the health service policies and procedures.

Key Responsibilities:

Responsibility Area 1 – Provision of spiritual care

- » Provide spiritual presence, spiritual care and befriending to patients, families, significant others (and staff) of your particular community, in agreed areas of Organisation Name, as directed by the Coordinator/Manager/Director
- » Listen to the patient/family/staff member to identify their needs and frame of mind
- » Respond appropriately to religious needs if appropriate such as prayer, scriptural reading, and ritual as mutually agreed with the patient/family
- » Respond appropriately to spiritual needs including exploring meaning, support needs, transitions, grief and loss
- » Respect the religious/belief systems of the patient/family/staff and refrain from proselytising
- » Provide consistency with arranged times of visits, and provide suitable notice of any variation or absence
- » Recognise where the patient's needs are beyond your capacity to respond at the time and refer to Spiritual Care Management or other health care team members for assistance as soon as possible.

Responsibility Area 2 – Procedures, Activities and Duties

- » Ensure identification badge is worn at all times
- » Contact the Spiritual Care department at the beginning of your shift
- » Maintain clear records of spiritual visits (including sign in and out), and communicate effectively with spiritual care team members
- » Observe all rules of privacy and confidentiality, including matters relating to hospital confidentiality in general and patient/family confidentiality in particular
- » Participate in in-services, training and regular supervision sessions.

Responsibility Area 3 – Workplace Health and Safety

- » Participate in hospital induction, orientation and training processes
 - » Follow Organisation Name protocols on infection control and No Lift policy
 - » Be familiar with emergency codes and required responses.
- (Please note that these areas require 100% compliance.)

Education, training, knowledge and experience requirements:

Formal education:	A recognised training program, Clinical Pastoral Education, Certificate IV in Spiritual Care (when available) or equivalent is expected as a minimum requirement
Specific training:	Induction and Orientation Process at <i>Organisation Name</i> <i>Organisation Name</i> Volunteer Training Orientation to Spiritual Care Processes and Procedures Participation in programs of adult education in faith and beliefs/philosophies; in one's own beliefs or spiritual tradition which engage and develop reflective approaches to spirituality

SAMPLE POSITION DESCRIPTION

COMMUNITY PROFESSIONAL PRACTITIONER

Reporting to:

The COMMUNITY designated coordinator/supervisor
Spiritual Care Management, THE HOSPITAL

Terms of appointment: The employer is the COMMUNITY. Terms of Appointment are addressed in this Position Description and details of the appointment are in the Letter of Offer.

Purpose: Together with members of the spiritual care team at the Hospital, to meet the spiritual needs of the patients, their families and staff, with a particular focus on the spiritual needs of

Criteria for appointment:

Applicants should:

- a. Be in good standing with the COMMUNITY.
- b. Be able to demonstrate ability in, and a commitment to, spiritual care within a multi faith/secular setting.
- c. Have adequate general education and religious/faith studies/formation.
- d. Have completed at least two units of Clinical Pastoral Education with one at an Advanced Level (or equivalent).
- e. Have previous spiritual care experience.
- f. Have well-developed skills in the practise of self-care.

Principal responsibilities:

1. Spiritual Care Responsibilities

- 1.1 Provide for the spiritual needs of patients and their families belonging to the COMMUNITY, as negotiated with Spiritual Care Management.
- 1.2 Provide for the spiritual needs of other patients, their families and staff, as negotiated with Spiritual Care Management.
- 1.3 Participate in supervisory duties as negotiated with the Coordinator/Manager/Director.
- 1.4 Participate in the ritual and community life of the hospital.
- 1.5 Be an education resource within the hospital and the wider community and participate in the delivery of education programs as negotiated with the Coordinator.
- 1.6 Comply with all relevant government and hospital regulations and policies.

2. Communication Responsibilities

- 2.1 Foster communication and collegiality within the Spiritual Care Department.
- 2.2 Liaise with the multi-disciplinary teams for patient care.
- 2.3 Liaise with other referring sources and external communities where appropriate.
- 2.4 Maintain links with the COMMUNITY as negotiated.

3. Administrative Responsibilities

- 3.1 Participate in the Spiritual Care Department's regular meetings.
- 3.2 Fulfil administrative duties as negotiated with Spiritual Care Management.
- 3.3 Maintain records in line with the spiritual care departmental system and COMMUNITY requirements.

<p>Spiritual Skills, Knowledge and Experience:</p>	<p>Evidence of good standing with a community Understanding of, or willingness to learn about, the spiritual and emotional needs of particular client groups (older person, specific illnesses, palliative care, etc.) Ability to respond to referrals from a staff member who has assessed the spiritual needs of a patient and/or carer as appropriate to be provided by this level of volunteer Ability to refer to other spiritual practitioners where more complex needs emerge for the care of the patient or family in the course of the spiritual relationship Ability to establish, conduct and end spiritual relationships with sensitivity, openness and respect Ability to provide effective spiritual support that contributes to the well-being of patients and carers Ability to provide religious/spiritual resources appropriate for the care of patients and families Ability to engage in prayer and/or ritual with patients, families or staff as appropriate for their care Ability to engage in reflective practice Training in listening and communication skills</p>
<p>Team and Accountability</p>	<p>Ability to communicate effectively with spiritual care team members and other staff Ability to raise issues of concern appropriately with manager or supervisor, and to seek assistance from senior team members Attends and participates in meetings as required Receives regular supervision of spiritual practice Participates in annual performance review processes to identify needs for development and acts to meet these needs. Ability to articulate and respect boundaries in spiritual care work, and the need for confidentiality</p>
<p>Personal Attributes:</p>	<p>Ability to relate well to frail, sick or disabled people of all ages Caring, understanding, patient and calm Open and interested approach to people of different cultural and spiritual backgrounds Ability to communicate verbally in an effective, coherent and appropriate manner with patients, carers and staff Self-awareness sufficient to identify and attend to the impact that providing care to others has on one's own emotional state Ability to articulate one's own spiritual identity and journey</p>

Accreditations

Eligible for membership of Spiritual Care Australia at "Member" level.

Spiritual Care Australia Membership criteria: <https://www.spiritualcareaustralia.org.au/membership/membership-criteria/>

4. Professional Development Responsibilities

- 4.1 Participate in continuing professional development opportunities.
- 4.2 Undertake regular professional supervision.
- 4.3 Maintain membership of professional associations as appropriate.

Accreditations

Eligible for membership of Spiritual Care Australia at "Certified" or "Certified Advanced" level.
 Spiritual Care Australia Membership criteria: <https://www.spiritualcareaustralia.org.au/membership/membership-criteria/>

7. Annual performance review

SAMPLE

REVIEW AND DEVELOPMENT PROCESS

(Questions may vary depending on whether the review is for a volunteer or professional position)

Name: _____ Date: _____

Position Title: _____

Contact Address: _____

Postcode: _____

Phone: _____ Email: _____

1. Please write (in point form) what you consider to be the major achievements in your work over the past twelve months with reference to your Position Description:
2. What do you bring to this work (strengths)?
3. Reflecting on your work, what do you see as significant concerns, disappointments or lost opportunities?
4. Self-Assessment (to be completed as applicable)

How do you rate yourself in terms of effectiveness in the following areas?

 - a. Uncertain
 - b. Improvement required
 - c. Satisfactory performance
 - d. Strong performance

4.1 Providing for the spiritual needs of: (please circle one)

4.1.1 Patients	1	2	3	4
4.1.2 Families	1	2	3	4
4.1.3 Staff	1	2	3	4
4.2 Providing an educational resource	1	2	3	4
4.3 Providing care in context of grief and loss	1	2	3	4
4.4 Administration and documentation	1	2	3	4
4.5 How effective are you as a communicator?	1	2	3	4
4.6 Working as part of the multi-disciplinary team?	1	2	3	4
4.7 Any other area you wish to mention?				

5. Please identify any difficulties or constraints imposed on your work at the present time:
6. Discuss the effectiveness of your relationships with key stakeholders.
7. What resources do you use for your spiritual nurture/development?
8. Do you belong to a support group or have a mentor or spiritual director? Do you have regular supervision? Please comment on whether you find the COMMUNITY provides appropriate support for your ministry/work.
9. Discuss how you provide self-care.
10. (i) List any books you have read in the past 12 months that have been significant for you:
 (ii) List any professional magazines or journals that you subscribe to:
11. List any courses, in-service events, further education, conferences or retreats that you have undertaken and name the organisations that have provided them, over the past year:
12. What training or in-service events (or other) would you find helpful:

8. Re-credentialling process

1. Candidate submits application to be re-credentialled by the Community.
2. Application is assessed by the credentialling committee to ensure that the candidate meets all of the requirements.
3. Annual performance reviews are held to ensure the candidate meets all requirements for re-credentialling (the performance review may be undertaken by the designated person within the COMMUNITY, together with spiritual care management at the health service. This is not necessarily the role of the credentialling committee).
4. Role of the Credentialling Committee is to:
 - a. Receive the report from the annual performance review that the candidate has met all requirements.
 - b. Determine scope of practice (able to meet the position requirements according to the position description).
 - c. Establish conditions/plan to address any gaps if needed.
 - d. Approve application.

9. Process for appointment to a health service

1. The position of Spiritual Care Provider is declared vacant, by notification or communication between the COMMUNITY and Spiritual Care Management at the hospital, or the COMMUNITY contacts Spiritual Care Management to negotiate the establishment of a position.
2. The Position Description is developed or reviewed, updated and agreed by Spiritual Care Management at the hospital and the COMMUNITY. This must be consistent with standards for the role of Spiritual Care Provider. The Position Description will also clarify lines of accountability, the identity of the employer, rates of remuneration and arrangements for review processes.
3. The COMMUNITY conducts its recruitment and selection processes with reference to the Position Description, particularly the agreed standards, and makes a written nomination of its selected candidate to Spiritual Care Management of the hospital.
4. Spiritual Care Management interviews the candidate, to ensure the standards are met, and to assess suitability for Spiritual Care in the particular hospital context.
5. Spiritual Care Management initiates the hospital's accreditation process, according to local protocols.
6. Spiritual Care Management advises the candidate and the COMMUNITY of the outcome in writing. Initial appointment is advised as subject to a 3-month probationary period.
7. Spiritual Care Management makes arrangements for the new Spiritual Care Provider to complete any required paperwork, receive hospital ID, and receive briefing on hospital and departmental operational procedures.

8. The new Spiritual Care Provider attends the next session of orientation to the hospital and network.
9. After a 3-month probationary period, the appointment is confirmed or ended. Where serious issues are noted during this period which make termination possible, they should be discussed with the Spiritual Care Provider and the COMMUNITY before a final review.

10. Sample letter of introduction to a health service

Dear Spiritual Care Management,

I write to introduce *[Name]* who we wish to nominate as a *[Volunteer/professional position]* to provide spiritual care on behalf of the *[COMMUNITY]* in the *[Hospital]*.

[Name] has been credentialled by *[COMMUNITY]* in line with the Spiritual Health Association's *Spiritual Care Providers (Community Appointed) Credentialling Framework 2021* and is suitably *[qualified/trained/experienced]* to take up this appointment.

I commend *[Name]* to you and look forward to your acceptance of this appointment once you have had an opportunity to interview *[Name]* who will be in contact with you.

Yours sincerely,

11. Process for responding to concerns regarding the conduct, health or performance of an individual.

The COMMUNITY will respond to concerns regarding conduct, health or performance of an individual by:

1. Appointing designated person(s) who will receive concerns/complaints.
2. Providing opportunity for the individual to respond to the concern/complaint raised.
3. Initiating communication with the hospital through Spiritual Care Management at the earliest opportunity to verify/clarify/resolve the issue.
4. If the concern/complaint cannot be resolved at the level between the COMMUNITY and the individual or the COMMUNITY and Spiritual Care Management, then a formal process of mediation/conflict resolution is required that aligns with the COMMUNITY's procedures and/or the hospital's policies and procedures depending on the nature of the concern raised.

“ We believe that when spiritual needs are recognised and responded to as an integral part of person-centred care, an essential contribution is made to people’s health and wellbeing.”



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