

**A STRATEGY FOR  
CONTINUING PROFESSIONAL DEVELOPMENT  
IN HEALTHCARE CHAPLAINCY**

**Introduction**

1. This paper sets out a strategy for continuing professional development in healthcare chaplaincy (CPD). The development of this strategy has been led by South Yorkshire SHA (SYSHA) as part of its lead role in implementing *Caring for the Spirit: a strategy for the chaplaincy and spiritual healthcare workforce*<sup>1</sup>.
2. The strategy set out here has been developed by a working party of healthcare chaplains who expressed an interest in this work. The draft strategy was circulated for a listening exercise to chaplains working in healthcare and to other chaplaincy contacts for the period between November 2005 and January 2006. This final strategy reflects the comments made during the listening exercise.
3. SYSHA is grateful to those chaplains who have contributed to this strategy either through membership of the working party or by commenting on the issues raised during the listening exercise.

**Definitions**

4. In order to take this forward, SYSHA has relied on three documents for guidance: *Caring for the Spirit*; the consultation document issued by the Health Professions Council<sup>2</sup> and the Development Review Guidance<sup>3</sup> issued by the Department of Health. These are core documents for spiritual healthcare and it is right that reliance should be placed upon them.
5. The definition of CPD was drawn from that used for the Allied Health Professions as follows: *A range of learning activities through which healthcare chaplains develop throughout their career to ensure they retain the capacity to practise safely, effectively and legally within their evolving scope of practice.* The major impact of this definition is in the first half and its concern with learning and development. The second part ensures a focus on the longer-term aspiration to make healthcare chaplaincy more professional.

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<sup>1</sup> *Caring for the Spirit: A strategy for the chaplaincy and spiritual healthcare workforce*; South Yorkshire WDC; 2003

<sup>2</sup> "Continuing professional development – Consultation paper"; The Health Professions Council; 2004

<sup>3</sup> The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Guidance; Department of Health; 2003

6. In defining CPD, it is necessary to be clear who is meant by “healthcare chaplains”. This strategy supposes that these are “*chaplains employed by NHS or healthcare related Bodies through full or honorary contracts of employment to undertake work as healthcare chaplains in accordance with the chaplaincy occupational standards*”. This definition enables those working with partnership bodies to be included but excludes the remaining (non-chaplain) members of the spiritual healthcare workforce.
7. The content of the learning activities of healthcare chaplains undertaking CPD is expected to be wide and to include any or all of the following examples:
  - *Work-based learning*, for example, reflective practice, clinical audit, significant event analysis, user feedback, membership of a committee, journal club;
  - *Professional activity*, for example, member of specialist interest group, mentoring, teaching, expert adviser, presentation at conferences
  - *Formal/ educational*, for example, courses, undertaking research, distance learning, planning or running a course;
  - *Self-directed learning*, for example, reading journals/ articles, reviewing books/ articles, updating knowledge via www/ TV/ press;
  - *Other activities*, for example, public service
8. The way in which the individual chaplain takes part in CPD and the range of their CPD activities will be dependant on the experiences and opportunities in their work; their personal learning needs; their preferred learning style; the relevance of the CPD activities to their practice; and the context of their practice. These approaches need to be individual and tailored to ensure that each chaplain can take full advantage of the opportunities offered to achieve a satisfactory learning outcome. Many chaplains also serve as an authorised minister of their faith community in which the chaplain may be appraised for their faith-related work
9. During the listening exercise, the working party was asked to consider a differentiation of chaplains between part-time and full-time and between chaplains and their managers. SYSHA considers that the needs of chaplains for development will vary with the hours for which they are contracted within their Trust and that this should be taken into account in appraisals. SYSHA also acknowledged the work of team leaders who spend significant time supporting and developing their chaplaincy team colleagues and who need resourcing in this aspect of the team leadership role.

### **CPD process and standards**

10. The approach taken by SYSHA builds on that set out in the *Caring for the Spirit* workforce strategy. This suggests that chaplains should continue to pursue aspects of CPD using existing appraisal mechanisms and the existing statement of chaplaincy occupational standards. The emergence of the nationally agreed Development Review Guidance means that this should be the mainstay of the CPD process<sup>4</sup>. In due course, the CPD process may need to develop as part of any registration renewal process agreed for healthcare chaplains<sup>5</sup>.

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<sup>4</sup> CPD standard 1 – CPD process - The overall process operates via the annual development review embodied in the NHS KSF. This annual review would be expected to include discussion of the CPDSH portfolio and any issues about CPD arising there-from. The outcome of these discussions will be the agreement on an annual personal development plan (PDP).

<sup>5</sup> Currently, statutory regulation and the need for registration have not been agreed by the DH and NHS.

11. A summary of the Development Review Process is included in an annex to this strategy paper for ease of reference. A full description is included in the NHS KSF. At the development review meeting, individuals and their reviewers should use the NHS KSF outline for the post (foundation subset or full) as the basis of their discussion.
12. The review process itself will involve consideration of information relevant to the individual's work to achieve the NHS KSF post outline. This 'evidence for the development review'<sup>6</sup> can take a number of different forms including verbal feedback from the individual, manager or others; written work produced by the individual staff member; electronic work produced by the individual staff member; records of work (such as minutes / notes of meetings showing the individual's contribution) and the individual's portfolio containing such items as reflections on learning / practice that they are prepared to share.
13. The joint formal review meeting must end in informed agreed decisions between the individual member of staff and their reviewer. The outputs of the joint review stage are a completed review of the individual's work against the NHS KSF post outline, and a record of issues on which either has agreed to take action. The review stage should flow into the development of a Personal Development Plan (PDP).
14. The PDP is part of a joint commitment to the individual's development within the organisation. Some reviewers might need support in developing their own knowledge and skills in development review and planning. Some individuals might need support to enable them to be realistic about what the organisation can offer them personally given the commitments to all other employees in the organisation. Chaplains also need to be supported by a mentor or coach<sup>7</sup> and to identify such support in the same way as they do for professional supervision or spiritual direction.
15. It is difficult to quantify the effort required by individuals in CPD. The working party considered that a system of points to determine how much CPD activity was to be undertaken was premature in the absence of an agreed curriculum for healthcare chaplaincy and of mechanisms to demonstrate learning. At the same time, there is a need to see this as a developing process and SYSHA will monitor progress across chaplaincies<sup>8</sup>.
16. Maintaining a watchful eye on NHS processes is often challenging and time-consuming. SYSHA will use the project infrastructure for the *Caring for the Spirit* NHS Project and will maintain capacity to do this during the lifetime of the project.

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<sup>6</sup> CPD standard 2 – Key minimum requirements of CPD - Healthcare chaplains are expected to undertake CPD in accordance with the following key minimum requirements: Recording their CPD activities; Linking these activities with their employers appraisal systems; Demonstrating the relevance of these activities to their quality and delivery of their practice; Demonstrating that these activities benefit the service user; and Presenting evidence of these activities (their CPD portfolio) upon request.

<sup>7</sup> CPD standard 3 – Mentor support - Chaplains are expected to be supported in their learning by an experienced healthcare professional who acts as mentor or coach.

<sup>8</sup> CPD standard 4 – Audit of CPD activity – SYSHA will undertake an audit of CPD activity from time to time as necessary (currently planned for 2008)

## **Taking forward a strategy for CPD in healthcare chaplaincy**

17. SYSHA proposes to pursue the following strategy in developing CPD for the chaplaincy and spiritual healthcare workforce.
  - The starting point for development builds on the *Caring for the Spirit* workforce strategy, HPC standards and NHS development review guidance.
  - Initially, proposals are focused on healthcare chaplains but will be extended to the wider healthcare workforce in due course
  - SYSHA will seek to clarify how the work of other contributors<sup>9</sup> to CPD relates to this strategy
  - The objective point is that all members of the spiritual healthcare workforce should take an active part in CPD in order to improve services to users.
  - The direction of travel is based on implementing the initial four Standards associated with process, minimum requirements, mentor support, and audit of CPD activity.
  - The objective point will have been reached once CPD activity can be related to improvement in the standards of patient care in the majority of chaplaincies.
  
18. This strategy will be reviewed in March 2008 in order to consider what developments are necessary in light of progress made by then.

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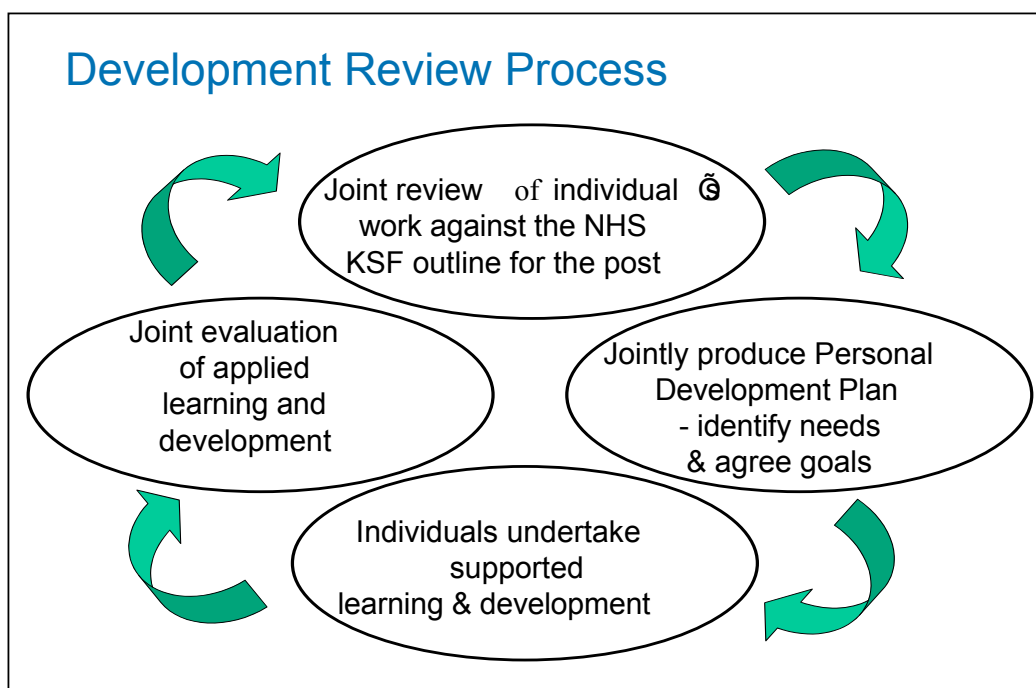
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<sup>9</sup> The Chaplaincy Academic and Accreditation Board established by AHPCC, SACH and CHCC in 2004 has undertaken work on aspects of CPD.

## Summary of the NHS Development Review Guidance

The Development Review Process is an ongoing cycle of review, planning, development and evaluation for all staff in the NHS which links organisational and individual development needs. This is shown in the diagram which follows.



The development review is a partnership process undertaken between an individual member of staff and “a reviewer” who will usually be the individual’s line manager. The reviewer and the individual both take responsibility for agreed parts of the development review process. Resources are made available to enable the member of staff to develop and apply their knowledge and skills to meet the demands of their current post and to progress in their careers should they wish to do so.

The development review process is based on an ongoing cycle of learning. It consists of:

- reviewing how individuals are applying their knowledge and skills to meet the demands of their current post and identifying whether they have any development needs – the demands of the post are described in a NHS KSF outline for that post
- developing a Personal Development Plan for that individual detailing the learning and development to take place in the coming months and the date of the next review
- learning and development for the individual supported by their reviewer
- evaluating the learning and development and reflecting on how it has been applied to work.

The basis of the development review process is the NHS KSF as it provides a clear and explicit framework as to how knowledge and skills need to be applied within the NHS.

The development is personal - informed by looking at an individual's own learning and development needs against the requirements of the post as described in the NHS KSF post outline. This means that although a number of individuals may have the same NHS KSF outline for their post, each will have their own, individual Personal Development Plan. This is because each individual will have their own strengths and also their own learning and development needs.

The development review process is based on good appraisal practice. It has been designed so that organisations can combine the development review with their appraisal process so that the two work seamlessly together to support individual's development.