

Queensland Health

Framework for Integration of Spiritual Care in Queensland Health Facilities



Queensland
Government

Framework for Integration of Spiritual Care in Queensland Health Facilities

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Document Management

Version	Date	Title	Key Changes
1.0	2009	A Framework for Integration of Pastoral Carers and Chaplains in Queensland Health Facilities	<p>The initial framework was developed following an extensive study that QH funded as part of a joint investigation with the QMHCC aimed at regularising the pastoral care services that the Christian Churches and other Faiths offer in public hospitals.</p> <p>The purpose of the document is to clarify the roles, responsibilities, and competencies expected of chaplains/pastoral carers, visiting clergy, and pastoral visitors in QH hospitals.</p>
2.0	2020	Framework for the Integration of Spiritual Care in Queensland Health Facilities	<p>Processes updated to reflect the introduction of Hospital and Health Services and changes to the QMHCC. Terminology updated to reflect contemporary best-practice.</p>
2.0 (a)	October 2024	Framework for the Integration of Spiritual Care in Queensland Health Facilities	<p>Administrative changes have been applied to this document. A comprehensive review and update will be conducted in 2025, informed by consultations with a wider range of faith and spiritual groups, as well as input from across Queensland Health. This update will include issuing a message from the current Director-General. The Framework remains applicable and relevant to current practices. The core principles and guidelines of the framework continue to be pertinent to the provision of spiritual care in healthcare settings.</p>

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Acknowledgement of Country

Queensland Health acknowledges the Traditional Custodians of the land on which we live and work, and of the many different nations across the state of Queensland.

We pay our respects to the Elders, past, present, and emerging, as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander people across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of the community.



Introduction

Context

Spirituality is an important part of many people's lives. It can be what gives us purpose to our lives, or be a source of meaning and hope. Spirituality can be intimately related to our connections to ourselves, to others and to the world. In contrast, spirituality can also be an uncomfortable concept for some.

Regardless, in the context of hospital and health settings, spiritual care can be an important contributor to assisting patient health and wellbeing and should be undertaken by Spiritual Carers in ways that are appropriate to their role.

For the purpose of this Framework, the term 'spiritual care' is considered interchangeable with 'Chaplaincy' and 'Pastoral Care'. The term 'team member' is referring to a member of the spiritual care team. See the Glossary for more detail.

Purpose

The purpose of this Framework is to describe how spiritual care can be provided to patients and integrated within relevant aspects of patient care in Queensland Health (QH) facilities. This includes the support of families, friends and staff.

The purpose of the document is to clarify the roles, responsibilities, and competencies expected of Spiritual Carers and other visitors when they are given permission by QH to enter public hospitals to offer spiritual care services. The document also seeks to integrate spiritual care services into the continuum of care offered by public hospitals.

Why has this Framework been developed?

The Framework has been developed in partnership with QH, Spiritual Carers and the Queensland Multifaith Health Care Council (QMhCC) to define and clarify spiritual care, roles and responsibilities, highlighting the values and practices delivered to patients in QH facilities.

Who is the Framework for?

The document has primarily been designed to inform QH and its employees regarding spiritual care to patients in QH facilities.

What the Framework *is* and *isn't*

The Framework isn't a prescriptive set of guidelines or instructions on how spiritual care will be delivered within individual Hospital and Health Service (HHS) facilities.

Rather, it is intended to support the provision of effective spiritual care to patients, inform spiritual care givers of the scope of their role, inform QH of their responsibilities and affirm the relationship between QH, Spiritual Carers and QMhCC.

Governance

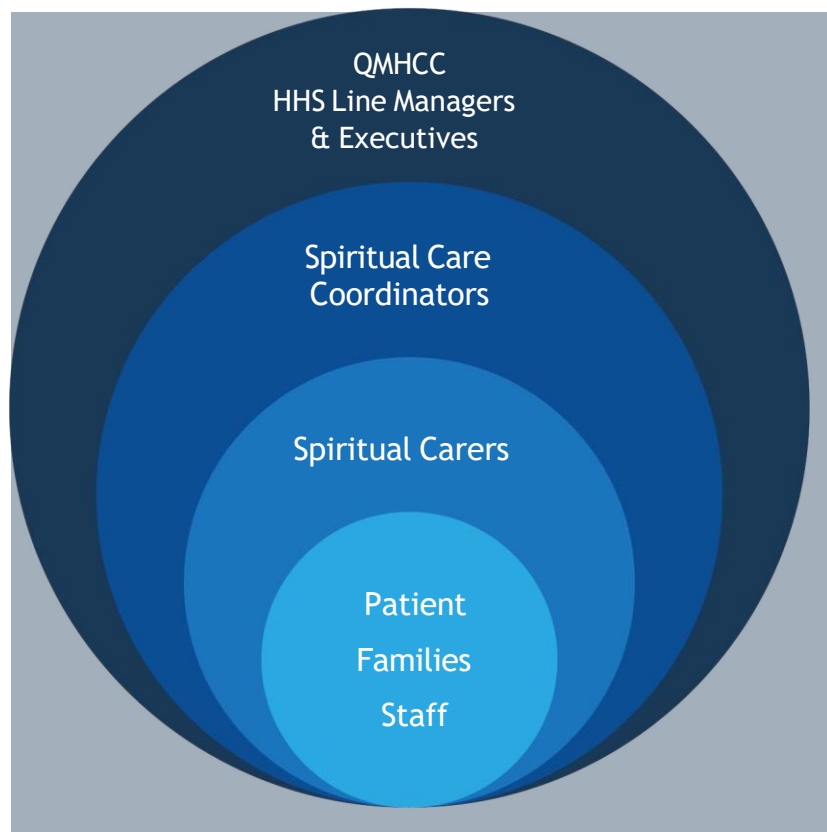
Sixteen HHSs are accountable for the delivery of public hospital and health services in Queensland. Each are individual statutory bodies, operating and managing a network of public hospital and health services within a defined geographic or specialist area.

Each HHS has a unique organisational and governance structure, with spiritual care teams positioned differently within each. Spiritual care teams are comprised of Spiritual Carers and Spiritual Care Coordinators. Not all sites will have the capacity to fulfil each role due to size, location and availability.

Local processes for on-call spiritual care services are recommended. On-call providers of spiritual care will mostly be faith group leaders recognised by their faith to attend after-hours or during work hours to meet specific spiritual needs of a patient, at the time of death, emergency, or when there is the need for specific ritual or rites.

QH and the QMHCC are the key agencies that guide and support the spiritual care provided within QH facilities. Please refer to your local spiritual care service for local details.

The following visual depiction offers a recommended structure for the integrated delivery of patient care, spiritual care, and administrative/operational responsibilities of HHS staff and QMHCC.



Delivery of Spiritual Care

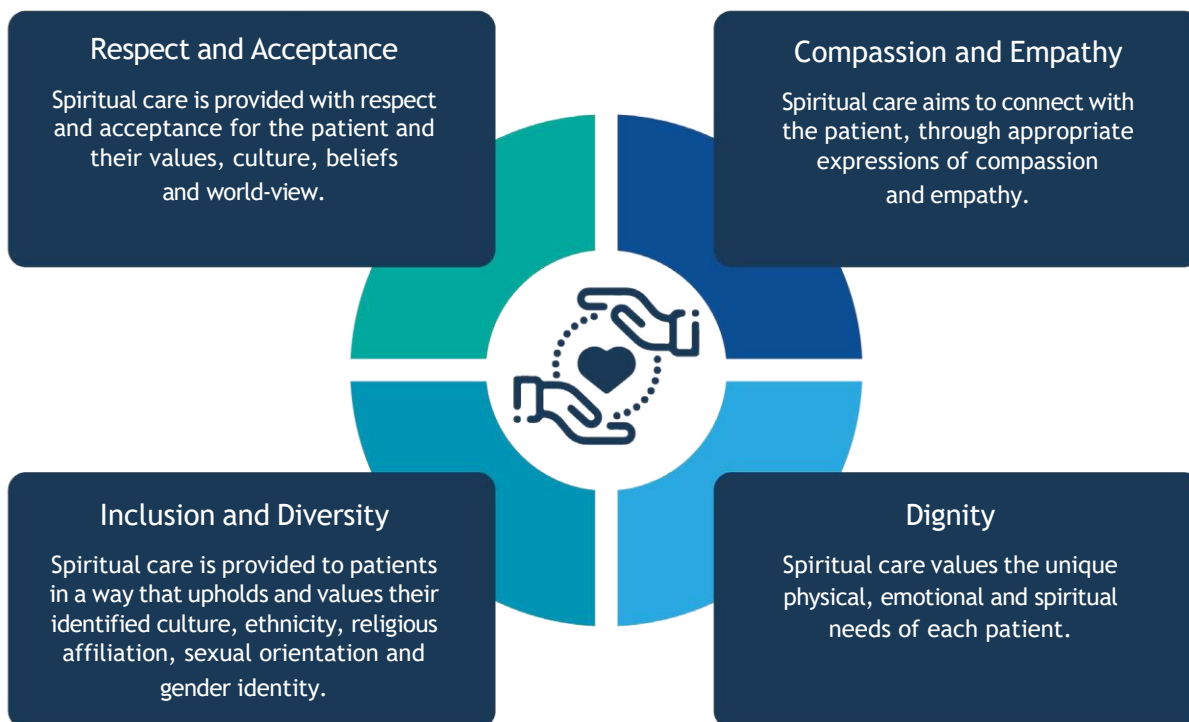
National Standards

The Australian Commission on Safety and Quality in Health Care (ACSQHC) developed the National Safety and Quality in Health Service (NSQHS) Standards in collaboration with the Australian Government, states and territories, private sector providers, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. The eight NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services.

All spiritual care services provided in QH facilities must be delivered in alignment with these Standards. Refer to Appendix D for further information regarding actions that will support this alignment.

Professional Values

The following four values, reflected in the National Guidelines for Spiritual Care in Aged Care, provide a foundation for the provision and integration of best practice spiritual care within QH facilities.



Scope of role

It is recognised that in providing spiritual care, a team member brings unique knowledge, skills and perspectives to assist patients whilst they are in hospital. Spiritual care to patients is integrated as part of multidisciplinary care.

Team members providing spiritual care to patients are not authorised to provide clinical treatment, information and/or advice to patients.

Cultural Safety

People from Aboriginal and Torres Strait Islander communities

In February 2010, the Queensland Government passed into law a preamble to the Queensland Constitution. This Preamble recognises, for the first time, Aboriginal and Torres Strait Islander peoples as the First Queenslanders:

“The people of Queensland, free and equal citizens of Australia...honour the Aboriginal people and Torres Strait Islander peoples, the First Australians, whose lands, winds and waters we all now share; and pay tribute to their unique values, and their ancient and enduring cultures, which deepen and enrich the life of our community...”

(QH Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033)

In recognition of Aboriginal and Torres Strait Islander people as Indigenous custodians, it is essential for Spiritual Carers to acknowledge the spirituality of Aboriginal and Torres Strait Islander people and ensure that spiritual care provided within QH facilities is provided within a context of cultural safety and competent care.

A selection of publications, resources and training programs has been developed by the First Nations Health Office to ensure services are delivered in a culturally respectful and appropriate manner. ⁵ The [First Nations First Strategy 2032](#) sets the direction for Queensland Health’s efforts to improve health outcomes for Aboriginal and Torres Strait Islander peoples.

People from Culturally and Linguistically Diverse (CALD) backgrounds

People from CALD backgrounds in Queensland are not a homogenous group. Spiritual Carers should be respectful of ethnic and religious preferences, cultural particularities and any language requirements of patients.

Spiritual Carers are encouraged to access cross-cultural capability resources available via HHS line managers.

As part of our commitment to upholding spiritual dimensions of health and wellbeing, QH has developed the [Multicultural Health Policy and Action Plan 2024-2029](#) which acknowledges the diverse needs of the communities we serve and aims to ensure that our patients, their families, and our staff are supported in safe, inclusive and respectful environments when they access Queensland Health services.

Spiritual care for children and young people

Consistent with the *Charter on the Rights of Children and Young People in Healthcare Settings in Australia*, every child has a right “to respect for themselves as a whole person, as well as respect for their family and the family’s individual characteristics, beliefs, culture and contexts”.

Patient privacy and confidentiality

QH is committed to protecting patient privacy and the confidentiality and security of any personal information. QH staff must follow the privacy principles contained in the *Information Privacy Act 2009* (Qld) (IP Act), which include the nine National Privacy Principles and provisions regarding the collection, use, disclosure, security, quality, access, amendment, storage and openness of personal information.

Staff are also bound by Part 7 of the *Hospital and Health Boards Act 2011* (Qld) (HHB Act) which sets out the duty of confidentiality and exceptions that permit the disclosure of confidential information by ‘designated persons’. Confidential information most often relates to patients of QH who may be living or deceased.

As per professional protocols required of QH staff, providers of spiritual care should respect the confidentiality of a patient’s life history and ensure all support is provided in a manner that aims to ensure patient privacy.

QH Human Resource Policy B12

HHSs have specific policies and procedures regarding the management of Volunteers providing a service within QH. *HRB12 Policy, Volunteers* outlines the requirements for the recruitment and management of volunteers, including mandatory requirements such as obtaining a Blue Card and undertaking a Police Check.

Quality improvement

In alignment with the NSQHS Standard ‘Partnering with Consumers’, spiritual care Coordinators are encouraged to work collaboratively with QH staff on quality initiatives to improve the patient journey.

Team members should seek to engage the views of patients regarding their satisfaction with spiritual care services.

Ongoing Professional Development

Spiritual care professional development is encouraged by QH and supported to further enhance skills, knowledge and practice of Spiritual Carers.

Minimum professional requirements for providing spiritual care in QH facilities

All Spiritual Carers must meet minimum requirements to ensure they have the knowledge and skills to undertake their spiritual care role.

The QHMCC will be responsible for review and credentialing of spiritual care qualifications.

All successful candidates must comply with *HRB12 Policy, Volunteers*. This policy specifies mandatory requirements such as Blue Card, Criminal History etc.

Selection and Credentialing Process

Coordinators are responsible for appointing spiritual care members



Candidates register their interest with the Spiritual Care Coordinator

Applications should include *relevant qualifications and a letter of endorsement* from a faith leader of their religion/denomination



Coordinator conducts interviews and completes credentials checks, referee checks (including liaison with QMHCC to review members eligibility and credentials)



Candidates receive written advice of the outcome



Coordinator (HHS Line Manager) undertakes mandatory screening checks for successful members, including Blue Card and criminal history checks



Ensure all vaccinations are up to date

As per the *Vaccine Preventable Disease Screening for Contractors, Students and Volunteers Health Directive*



Successful members complete relevant orientation and local induction training as directed by local QH facility

Coordinator ensures all successful members are aware of their obligation to complete mandatory training annually as per QH policy

Glossary

Chaplain	A person appointed to provide spiritual care on behalf of a faith group or organisation. The titles Chaplain, Spiritual Carer, and Pastoral Carer are interchangeable within QH. The term ‘team member’ refers to members of the spiritual care team.
Faith	Trust or confidence in someone or something. For those with religious beliefs, faith may be related to hope, assurance and eternal existence or afterlife.
Faith visitors	Visitors who provide support, which may include communion, to members of their religious/faith communities under the guidance of their leader. In some QH facilities, faith visitors are identifiable by a hospital-issued Identification Card, and in other facilities they may sign in as a visitor.
Faith representatives	A priest, pastor, minister, guru, rabbi, imam, monk, or other representative of a religious tradition who responds to particular requests from a patient and or family member. They may appear on hospital on-call lists.
Multifaith	An approach to spiritual care which maximises care for recipients and promotes inter-Faith respect and cooperation through multiple Faith Groups working collegially, each group maintaining its faith and practices.
Multidisciplinary Team	Multidisciplinary teams consist of staff from several different professional backgrounds and expertise who come together to offer a breadth of services. Generally, the different team members work independently but usually come together to provide a coordinated approach to care.
Prayer	Spiritual communion with God or other deity, that could take the form of thanksgiving, praise, petition, confession and intercession. Prayer could be conducted individually and/ or as a group. For many with a faith-tradition, prayer can mediate spiritual intimacy with the Divine in the context of a lifegiving relationship.
Religion	A religion is regarded as a set of beliefs and practices, usually involving acknowledgment of a divine or higher being or power, by which people order the conduct of their lives both practically and in a moral sense. Religion is a mixture of beliefs and practices, and gives form and meaning to existence.
Spiritual assessment	The process of identifying and documenting a person’s spiritual needs and how these needs may impact on health and well-being. Spiritual assessment includes basic spiritual screening upon commencement with the service. A spiritual care practitioner may also conduct a more in-depth spiritual assessment in the context of a trusting and supportive relationship, often over a period of time.
Spiritual care	Spiritual care involves caring for the whole person incorporating the needs of mind, body and spirit in order to enhance spiritual wellbeing and improve health and quality of life. Spiritual care recognises and responds to a person’s spiritual needs by supporting them to find meaning, purpose, connection and hope and to transcend loss, grief, disability, illness and pain.
Student	A Spiritual Carer in training.

Acronyms

COO	Chief Operating Officer
HHS	Hospital and Health Service
MDT	Multidisciplinary Team
NSQHS	National Safety and Quality Health Service
QH	Queensland Health
QMHCC	Queensland Multifaith Health Care Council

Reference Documents

Documents referenced throughout the Framework include:

Australian Charter of Health Care Rights

Human Rights Act 2019

Charter on the Rights of Children and Young People in Healthcare Services in Australia

National Safety and Quality Health Service Standards

National Standards for Volunteers

Queensland Multicultural Health Policy and Action Plan 2024-29

Queensland Health Volunteers Human Resources Policy B12 (recruitment of volunteers)

Queensland Health, Health Service Directive, Vaccine Preventable Disease Screening for Contractors, Students and Volunteers

Public Sector Act 2022

Attachment A: Role Description for Spiritual Care Coordinator

Purpose

To lead and coordinate the spiritual care service at which they are appointed. Provide leadership and line management to the spiritual care team.

Qualifications*

- Nationally accredited qualification in the field of Pastoral Care (or the ability to attain by recognised prior learning) OR Clinical Pastoral Education Course OR equivalent qualification or industry experience approved by QMHCC
- Theological and/or other qualification accepted by own faith tradition as suitable for this role
- Endorsement of QMHCC as a suitable candidate

**All candidates must provide evidence of qualification*

Role

- Support the recruitment process as outlined in the Selection and Credentialing process.
- Induct, mentor and support newly recruited team members (including supervision of students).
- Establish and maintain relationship with Faith Groups and external service providers
- Establish and ensure implementation of appropriate policies, practices and standards with Line Manager.
- Where necessary, coordinate purchasing of supplies, maintain and monitor allocated funds to support an efficient service.
- Coordinate local process for visiting services and on-call representatives.
- Coordinate team meetings and in-service and supervision sessions arranged for the team.
- Provide worship experience, religious rites and rituals (including prayer and sacraments) as appropriate.
- Coordinate special services and/or festivals e.g. Easter, Christmas, Hanukkah, Buddha's birthday, Remembrance day, Ramadan etc. More information on various festivals across the Faiths can be found on <https://qfcc.org.au/blog/festivals-across-the-faiths-2024/>.
- Develop and maintain roster.
- Provide and support education to staff to support spiritual care.
- Continuously improve spiritual care services in collaboration with the Line Manager.

Highly Desirable

- Training in interpersonal skills and conflict resolution.
- Problem solving and effective negotiating skills
- Further relevant experience in hospital-based spiritual care
- Spiritual Care Coordinators will be appointed under a fair system.
- The Faith Group of the potential coordinator must support appointment to this role.
- HHS Line Manager liaises with QMHCC prior to any appointment to ensure all requirements are met.

Consultation with the spiritual care team will be undertaken prior to the coordinator being appointed. This can be in the form of a vote, direct consultation or written advice.

Appointment of the Coordinator is required to be endorsed by the Line Manager (e.g. Executive, senior leadership role).

In partnership with the Coordinator's faith group and QH Line Manager, the Spiritual Care Coordinator must fulfil the responsibilities of this role in accordance with Queensland Public Service Act 2008 and Framework for Integration of Spiritual Care in Queensland Health Facilities

values (e.g. code of conduct). Any breach of these will be managed by the Line Manager.

Attachment B: Role Description for Spiritual Carer

Purpose

- To work with and support the spiritual care service.
- To visit patients, their families to provide spiritual support and to listen attentively.
- Be an active member of the spiritual care team by visiting wards as rostered.
- Establish and maintain relationships between HHS staff and the spiritual care service.
- Engage in ongoing improvement of spiritual care services in collaboration with Line Manager/ Spiritual Care Coordinator.
- Support, and if appropriate mentor newly recruited Spiritual Carers (including supervision of students).
- Liaise between Hospital staff and network of Spiritual Carers (including other HHSs).
- Establish and maintain relationships with spiritual care peers and QH staff.
- Adhere to local process and protocols for visiting patients.
- Participate in team meetings, in-service sessions and supervision arranged for the team.
- Participate in special services and festivals e.g. Easter, Christmas, Hanukkah, Buddha's birthday, Remembrance day, Ramadan, Anzac Day, etc. as arranged by spiritual care services. More information on various festivals across the Faiths can be found on <https://qfcc.org.au/blog/festivals-across-the-faiths-2024/>.

Other Requirements

- Skills in problem solving and effective negotiating are desirable.
- Experience in a hospital setting (or equivalent) is desirable but not a requirement.

Qualifications*

- Nationally accredited qualification in the field of Pastoral Care (or the ability to attain by recognised prior learning) OR Clinical Pastoral Education Course OR equivalent qualification or industry experience approved by QMHCC
- Theological and/or other qualification accepted by own faith tradition as suitable for this role
- Endorsement of QMHCC as a suitable candidate

**All candidates must provide evidence of qualification*

Appendix C: Relationship with National Standards



Clinical Governance Standard

“Leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are patient centred, safe and effective”.

QMhcc seeks to engage at a governance level to offer continuous service review and to provide best practice in the role and duties of Spiritual Carers. The council seeks relationship with QH and its facilities to partner/influence the quality of service being offered by the spiritual care team, to patients, staff and families. As the peak body QMhcc commits to review regularly the training, governance, framework and other matters that arise in relation to the ongoing work of spiritual care in QH facilities.

Core Activities

- Spiritual Carers undergo orientation including Code of Conduct
- Spiritual Carers attend Professional Development along with debriefing/supervision
- Spiritual Carers participate in wider hospital activities
- Spiritual Carers contribute to procedures/policies
- Spiritual Carers offer training to new staff and offer in-service training about the role of Spiritual Carers
- All staff and patients are provided with spiritual care team contact details
- Details of patient religion/spirituality and visitation choices are appropriately recorded and updated according to patient wishes
- Professional lines of communication are created between Spiritual Carers and hospital staff.
- Spiritual Carers have access to enter relevant information to patient records
- Spiritual Carers are provided with ID's, and may be provided with parking, and appropriate office space and resources for the performance of their role



Partnering with Consumers Standard

“Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers”.

QMCC has developed the framework document creating a pathway forward, in the planning, design, measurement and evaluation of Spiritual Carers working across the HHS.

Core Activities

- Spiritual Carers are provided access and opportunity to record relevant patient information in patient records to assist in the holistic care of patients and participate as a team member of the MDT
- Health professionals have opportunities to communicate with Spiritual Carers any relevant information for the holistic care of the patient
- Spiritual Carers are informed about changes in the condition and location of patients who are in the care of the spiritual care team
- The effectiveness of spiritual care is evaluated according to local HHS requirements.



Comprehensive Care Standard

“Leaders of a health service organisation establish and maintain systems and processes to support clinicians to deliver comprehensive care, and establish and maintain systems to prevent and manage specific risks of harm to patients during the delivery of health care. The workforce uses the systems to deliver comprehensive care and manage risk.”

QMhCC recommends the integration of Spiritual Assessments/Plans in use across HHSs as part of the patient chart to provide an overview of the Spiritual beliefs, values and needs of a patient which may impact on health care decisions. A Spiritual Carer working with a patient can give a wider understanding to decisions and liaise with staff in professional and confidential ways according to best practice of MDT’s and the Code of Conduct.

Spiritual Carers can provide space for extended conversations with patients and families about their wishes at the end of life. In addition to a Spiritual Assessment a Spiritual Carer can actualise requests by facilitating resources such as memory letters/boxes, reconciliation between family members, creating a sacred space, theological discussions about assisted dying and meeting spiritual needs of those involved, including staff.

Spiritual Carers are not clinical staff, although they do have skills and training in communication and can spend time with patients who are at risk of harm. Spiritual Carers can provide a calming presence offering reflective listening and a safe place for patients. They attend to the patient’s agenda rather than their own: they do not offer advice or direct a conversation but rather listen to the patient, as they tell their story. Spiritual Carers can offer appropriate Spiritual support through prayer or sacrament.

Core Activities

- Formal channels of communication between Spiritual Carers and other health professionals are established and maintained
- Patient assessments include Spiritual Assessments incorporating emotional needs and spiritual resources
- Spiritual Carers participate in the discharge process and documentation where relevant



Communicating for Safety Standard

“Leaders of a health service set up and maintain systems and processes to support effective communication with patients, carers and families; between multidisciplinary teams and clinicians; and across health service organisations. The workforce uses these systems to effectively communicate to ensure safety.”

QMHC values the role of communication and understands that critical information is at times given during some of the most intimate conversations that Spiritual Carers share with patients, families and staff. The council promotes the sharing of information amongst teams and appropriate processes around the identification of patients’ religious and/or spiritual beliefs and how these impact health decisions and contribute to creating a better patient experience.

Core Activities

- Health professionals have opportunities to communicate with Spiritual Carers any relevant information for the holistic care of the patient.
- Establish a system that informs the Spiritual Carers about changes in the condition and location of patients who are in the care of the Chaplain.
- Firm integration of Spiritual Carers in MDT’s and the holistic care teams for patients.
- Spiritual Carers participate in the discharge process and documentation where relevant.



Recognising and Responding to Acute Deterioration Standard

“Leaders of a health service set up and maintain systems for recognising and responding to acute deterioration. The workforce uses the recognition and response system.”

QMCC encourages that Spiritual Carers participate in the acute care of patients who are deteriorating, in accordance to the patient’s wishes or direction of family/friends of patient, if appropriate.

Spiritual Carers offer Spiritual and Emotional support to patients, staff and family in these situations. Spiritual distress is often identified along with questions about afterlife, legacy, and identifying life goals. Discussion around meaning and purpose, theological questions and creating sacred space are all part of the Spiritual Carer’s role in end of life care.

Core Activities

- Patient assessments to include Spiritual Assessments that address emotional needs and access to other Spiritual resources
- Firm integration of Spiritual Carers in MDT’s and the holistic care teams of patients
- Where indicated by the patient, carer or part of advance care planning a process is in place to inform Spiritual Carers that a patient is receiving palliative care
- Spiritual Carers participate in Bereavement care networks and follow up of registered patients

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