

1.7.2 Clinical Supervision Policy

Regulation and Guidance

England

- [Regulation 10: The health and well-being standard](#)
- [Guide to the health and well-being standard](#)
- [Regulation 23: Medicines](#)
- [Regulation 45: Review of the quality of care](#)

Wales

- Regulation 15: Review of personal plan
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- Regulation 18: Providers assessment
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/18/made>
- Regulation 33: Access to health and other services
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/33/made>
- National outcomes framework for people who need care and support
<https://gov.wales/topics/health/socialcare/well-being/?lang=en>
- [Social Services and Well-being \(Wales\) Act 2014](#)

Additional Guidance

[Health Care Professions Council – HCPC framework](#)

[HCPC Standards of conduct, performance and ethics \(2008\)](#)

[HCPC, Standards of proficiency Practitioner Psychologists \(2015\)](#)

[HCPC, Standards of proficiency Art Therapist \(2013\)](#)

[British Association of Counselling and Psychotherapy- BABCP Ethical Framework](#)

[United Kingdom Council for Psychotherapy – UKCP Ethical Principles and code of conduct \(2009\)](#)

[British Association of Behavioural and Cognitive Psychotherapy framework](#)

[British Psychological Society - BPS, Code of ethics and conduct \(2009\), individual professional guidelines for supervision by division](#)

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1. Definition of Clinical Supervision

“Supervision is a joint endeavour in which a practitioner with the help of supervisor, attends to their clients, themselves as part of their client practitioner relationships and the wider systemic context, and by so doing improves the quality of their work, transfers their client relationships, continuously develops themselves, their practice and the wider profession”

(Reference: Hawkins, P & Shohet, R (2012), Supervision in the Helping professions, New York; Open Uni Press, p5).

2. Purpose of Clinical Supervision

Clinical supervision is widely accepted as an integral part of a clinician’s professional practice. It is used to facilitate new learning, support current practice, challenge perspective and thinking, and to facilitate the professional growth of an individual, in order to provide the best possible service to their clients. The process of clinical supervision should contribute to a culture of learning and reflection and be at the core of continuing professional development. The purpose of clinical supervision is to develop good practice and is central to the governance framework within the clinical service at Bryn Melyn Care.

3. Objectives of Clinical Supervision

- To safeguard the interests of the client/ young person;
- To ensure high quality and ethical clinical practice;
- To expand the clinician’s knowledge base;
- To encourage reflective practice and aid learning;
- To facilitate personal and professional development.

4. Forms of Clinical Supervision

- One to one;
- Facilitated group;
- Peer supervision group or individual (in this case responsibility is held by each member);
- Live supervision (while the work is in progress);
- A combination of the above.

(Reference; BPS Division of Counselling Psychology Guidelines for supervision, BPS 2007).

Other forms of supervision:

- Systemic/ reflecting team supervision may also be utilised for specific functions or specific pieces of work;
- Group informal supervision may take place but should not replace formal supervision.

5. Functions of Clinical Supervision

There are many theoretical models of supervision. A functional model identifies three key tasks or functions:

Formative - the educative process involved in developing the skills, understanding and ability of the supervisee through reflection and practice.

Restorative - to provide a supportive function and to encourage objectivity guarding against subjective responses.

Normative - the quality control element ensuring that protocols, policies and procedures are followed so that the highest professional standards are upheld according to the ethical standards stated by the professional bodies.

(Reference: Proctor, B. (1988). Supervision: A Cooperative Exercise in Accountability. In Fowler, J. (1999). The Handbook of Clinical Supervision: Your Questions Answered. Wiltshire: Mark Allen Publishing Limited).

6. Professional Bodies

Bryn Melyn Care requires that all clinicians and therapists adhere to the professional boundaries of their profession. This includes professional bodies guiding counsellors, psychotherapists, and psychologists; BPS, UKCP, BACP, BABCP and HCPC.

7. Supervisor Role

Clinical supervisors should be suitably qualified for the role they are undertaking. It is generally assumed that a line manager should not take on tasks of clinical supervision and management. This

will be avoided where possible. However, there may be circumstances whereby it is not possible to avoid this. In these cases, the supervisee and supervisor should both be comfortable with the arrangement and the roles clearly defined. The implications and possible limitations should be discussed, made explicit and monitored throughout.

Supervisee and supervisor should have a positive working relationship and as practicable as possible there should be choice within selection of supervisor.

Bryn Melyn Care encourages the use of external supervision in order to respect a separation of roles and offer appropriate supervision outside of immediate colleagues, peers, and organisational restraints. However, it may be appropriate to offer internal supervision in relation to some roles. In these cases the supervisee and supervisor should both be comfortable with the arrangement and the roles clearly defined. The implications and possible limitations should be discussed, explicit and monitored throughout.

8. Trainee Clinicians

Bryn Melyn Care may take on trainee psychologists, counsellors or psychotherapists. If this is the case there should be a suitably qualified clinician to provide internal supervision to trainees. All supervision of trainees should be in accordance with the training bodies' policies and procedures and adhere to minimum client contact to supervision ratios. Written reports and feedback should be provided in line with the training body and procedures for reporting concerns clearly documented.

9. Responsibilities

9.1 Responsibilities of Organisation

- To provide each member of the clinical team with suitable clinical supervision and a suitable supervisory relationship;
- To facilitate a minimum number of hours' supervision each month in line with professional guidelines and stage of training. In most cases, this will be 1.5 hours a month for full time qualified clinicians. Clinicians are responsible for being aware of their own professional standards;
- To accept that each staff member should receive clinical supervision within their working hours;
- To ensure that each staff member is consulted prior to the allocation of a supervisor so that an appropriate match is made and their choice in the supervisory relationship within available resources. In some cases the supervisee will be asked to source their own supervision, this will be supported by the Clinical Lead;
- To expect that the Clinical Lead/ Line Management will resolve any difficulties encountered during the process of supervision. Where the Clinical Lead/Line Manager cannot resolve this, more Senior Management (Director of Operations) should be consulted and if required the support of the appropriate professional body should be sought;
- To support internal supervisors to develop their skills through opportunities for learning and reflection where appropriate and where required for the benefit of the organisation.

9.2 Responsibilities of Supervisor

- To take an active role in contracting of supervision in conjunction with this policy;

- To provide a secure and confidential environment for supervision to take place;
- To ensure supervision commitments are honoured in contract (unless due to sickness, unplanned event or emergency);
- In conjunction with the Clinical Lead/ Line Manager, make alternative arrangements for the supervisee if it is anticipated that they will be unavailable for more than a one month period;
- Ensure they are familiar with the professional code of conduct that the supervisee adheres to;
- To alert the Clinical Lead/ Line Manager of any concerns that may result in harm to a client/ young person in line with Professional Code of Conduct or the organisation's policies and procedures;
- To deal with concerns of an ethical nature by the following procedure:
 - Discussing with the supervisee and if satisfactorily dealt with no further action required;
 - If concerns continue to discuss these with the Clinical Lead/Line Manager with the knowledge of the supervisee;
 - If the issues are not satisfactorily resolved a plan should be drawn up between supervisor and the Clinical Lead/Line Manager which could involve reporting higher in the organisation and/or informing the professional body.
- To provide constructive feedback on clinical practice;
- To discuss training needs with the supervisee;
- To keep updated with training in clinical supervision;
- To attempt to keep up to date in field of work and ensure that best practice is the standard;
- To maintain own supervision and reflect on own supervision of others within their own supervision process.

9.3 Responsibilities of Supervisee

- To take an active role in contracting of supervision in conjunction with this policy;
- To commit to the supervision process by honouring the agreement in the contract (unless due to sickness, unplanned event, or emergency);
- To use clinical supervision effectively to reflect on own practice;
- To be open to constructive feedback and to use this to improve professional practice;
- To inform young people of limits of confidentiality in relation to the supervision process;
- To keep records in accordance with this policy and share with the supervisor;
- To discuss all cases in clinical supervision. The regularity of this will vary according to individual need. A transparency in clinical work should be achieved.

9.4 Responsibilities in Peer Supervision

- Many of the roles of supervisor and supervisee will be shared in the case of peer supervision. These should be clarified at contracting stage.
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10. Record Keeping

- Supervisees are required to keep anonymised records (by initials) of their supervision, covering dates, times, duration, content and actions;
- Supervision notes should be shared with the supervisor by email or following supervision if hand written. The supervisor should challenge any discrepancies within a week of receiving them by email or at the time if hand written;
- Clinical discussions affecting the clinical care of a young person should also be documented directly in their clinical notes by the supervisee;
- Any notes taken during the supervision sessions by the supervisor should be fully anonymised and made available should there be an investigation.

Appendix 1: Clinical Supervision Contract

[Click here to view Appendix 1: Clinical Supervision Contract.](#)

Appendix 2: Agreement for the Provision of External Supervision

[Click here to view Appendix 2: Agreement for the Provision of External Supervision.](#)

Revision History

Date last updated: October 2020

Date of next review: October 2021

Date of release: December 2018

End