

Clinical Supervision Policy

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Clinical Supervision Policy

1 Introduction

The core principle of clinical work is that the treatment depends on the nature and quality of interaction between patient and therapist. Supervision of such work is therefore integral to all clinical work undertaken by the Trust. The Trust uses supervision to ensure standards of care for patients are met and to support the development of the skills of our staff and students.

2 Purpose

The purpose of this procedure is to maintain standards for clinical and professional practice within the Tavistock & Portman Foundation NHS Trust, (the Trust).

3 Scope

This procedure applies to the clinical supervision of all clinical staff, whether in training or qualified, and whether in role of clinical supervisor or supervisee.

The relationship between the clinical supervisor and supervisee will vary depending on whether the supervisee is undertaking post-qualification training or peer supervision.

Other areas of activity including management, teaching and research may also require and benefit from supervision. Although many of the principles outlined in this document will apply equally well, they are not covered by this procedure.

The principles within this procedure are to be followed in all clinical supervisory situations.

4 Definitions

Clinical supervision is a formal collaborative process intended to help maintain ethical and professional standards of practice and to enhance creativity and competence. Clinical supervisors must be recognised as

qualified to supervise either through a formal qualification or through having sufficient experience as is recognised by custom and practice within their own profession

It is essential that supervisees and supervisors are able to work together constructively and that clinical supervision can include elements of safe challenge for all participants.

The frequency of supervision will vary according to the volume of clinical work, training requirements and the experience of supervisees and the work setting.

Clinical supervision is a mutually agreed arrangement for trainees and/or qualified staff to discuss their work regularly with someone who is an experienced and competent clinician and with the process of supervision.

Clinical supervision provides supervisees with the opportunity on a regular basis to discuss, reflect on, and monitor their work with patients. It should take account of the setting in which supervisees practice. Supervision is intended to ensure that the needs of the patients are being addressed, that clinical risks are appropriately assessed and managed and to monitor the effectiveness of the therapeutic intervention and the impact of the work on the supervisee.

Supervision may contain elements of training, personal development or line management, but clinical supervision is not primarily intended for these purposes and appropriate management of these issues should be observed.

Process Notes summarise the reflections of the therapist in exploring their response to their experience with a patient. They are not rough notes on a therapeutic session for later processing into formal clinical notes. They must never contain any information which could identify a patient.

5 Duties and responsibilities

5.1 Responsibilities of Heads of Clinical Disciplines

All Heads of Discipline have responsibility for ensuring that members of staff within their discipline are supported to fulfil the professional responsibilities of that discipline regarding supervision for the purposes of sustaining the safety and quality of clinical work and in

order to retain eligibility for registration with the appropriate organisations.

They will support clinical and associate clinical directors and provide professional advice on supervision within their own discipline.

They will ensure, by delegating to directorate heads of discipline where these exist, that all qualified clinical staff within the directorate have a named supervisor who is suitably senior and experienced to carry out the role of clinical supervisor. That supervisor will also contribute to the supervisee's annual appraisal.

The relevant Heads of Discipline are responsible for ensuring that all clinical staff are appraised annually and the results are forwarded to the HR department.

5.2 Responsibility for clinical trainees

For those clinical trainees who undertake clinical practice in the Trust, the Head of Discipline will be responsible for arranging and confirming that each trainee has a suitably competent service supervisor and that supervisory arrangements are maintained throughout the training period. "Service" refers to the service or team in which the trainee is based, and this can change during the course of longer, major professional trainings within the Trust.

For those trainees gaining clinical practice elsewhere the responsibility for ensuring effective supervision arrangements are in place is with the Organising Tutor.

5.3 Clinical staff and trainee responsibilities

Are responsible for ensuring that they maintain contact with their supervisor and follow advice received.

6 Addressing Difference and Diversity in Clinical Supervision

Equality and respect for all patients practice underpins the basic values of clinical work and supervision.

Supervisors have a responsibility to be aware of their own issues of prejudice and stereotyping, and particularly to consider ways in which

this may be affecting the supervision relationship. Discussion of this is part of the supervision process.

Supervisors need to be alert to any prejudices and assumptions that clinicians reveal in their work with patients and to raise awareness of these so that the needs of patients may be met with more sensitivity. One purpose of clinical supervision is to enable supervisees to recognise and value difference. Supervisors have a responsibility to challenge the appropriateness of the work of a supervisee whose own belief system interferes with the acceptance of patients.

Attitudes, assumptions and prejudices can be identified by the language used, and by paying attention to the selectivity of material brought to supervision.

7 Modes of Supervision

Equality and respect for all patients practice underpins the basic values of clinical work and supervision.

The Trust recognises a range of different modes of supervision, and it is for the supervisor of each situation to determine the most effective mode to be adopted in each clinical situation. It may be that a range of modes are most effective in some areas of practice. It needs to be negotiated between those with responsibility for the management of the supervision what form is most appropriate

7.1 One-to-One, Supervisor-Supervisee

This involves a supervisor providing clinical supervision on an individual basis for an individual clinician who is usually less experienced than the supervisor.

7.2 Group Clinical Supervision

The supervisor acts as the leader, takes responsibility for organising the time equally among all the supervisees, and attention is usually concentrated on the work of each individual in turn.

7.3 One-to-One Peer Clinical Supervision

This involves two participants providing clinical supervision for each other by alternating the roles of supervisor and supervisee. Typically,

the time available for clinical supervision is divided equally between them. This model would typically be suitable for qualified senior clinicians.

7.4 Peer Group Clinical Supervision

This takes place when three or more clinicians share responsibility for providing each other's clinical supervision within the group. Typically, they will consider themselves to be broadly of equal status, training and/or experience. This mode on its own is unsuitable for inexperienced clinicians.

7.5 Live Supervision in Teams

This takes place via video link and one way screen in teams of 2 or more clinical trainees with specially trained supervisors. The supervisor holds accountability for the work undertaken with families and is responsible for the different levels of interaction between therapist/family and team/therapist/family.

8 Clinical Trainees: Fostering Professional Development through supervision

8.1 Clinical trainees undertaking clinical work as part of their training within the Trust's clinical services will be provided with a form and frequency of supervision that ensures safe and effective practice. The type and level of supervision offered will vary according to the specific demands of the training.

8.2 Supervision of Clinical Work

Supervision of direct clinical work with patients is a central element of clinical training undertaken in the Trust. It may be undertaken by the trainees' tutor, or, it may be delegated to other staff, in different disciplines to that of the trainee depending on the kind of therapy being undertaken in the case in question, and the particular interests and skills of the supervisor. Interdisciplinary contacts of this and other kinds are an essential feature of the Trust's multi-disciplinary training. Different clinical models such as psychoanalytical or systemic psychotherapy deliver supervision through methods appropriate to their model, for example:

- Supervision of psychoanalytical work is usually *indirect*. Selected sessions are written up in detail as process notes and reported to the supervisor later. This can be in a group or individually, weekly or less often.
- *Direct* supervision via a video link or through a one way screen is often done in teams, with two or more colleagues (some trainees and some staff) viewing, while one or two therapists work in the room with a family group.

8.3 Record keeping

Both the supervisor and supervisee are responsible for ensuring that the patient's clinical records are up to date in line with the Health Care Records Procedure, and that patient data is handled in accordance with the respective information governance procedures.

Process notes are an aid to the clinical supervision process. They summarise the reflections of the therapist in exploring their response to their experience with a patient. They are not rough notes on a therapeutic session for later processing into formal clinical notes. They must never contain any information which could identify a patient. Process notes must be destroyed after a supervision session, or exceptionally after a case is closed, except for trainees where notes can be kept until the completion of the programme. If process notes are to be used for any purpose relating to treatment (eg audit or research) then the patient must give permission before the notes are made and would be treated as for clinical notes for the purposes of the Data Protection Act.

Both the supervisor and supervisee should also ensure that any relevant discussion within the supervision regarding the clinical care of the patient should also be recorded in the patient's clinical records.

Supervisors should keep records of all supervisory discussions which should be shared and agreed by the supervisee.

9 Clinical Supervision of Qualified Staff

The Trust aims to ensure that staff are appropriately qualified and trained for their clinical and other responsibilities. This is achieved in a number of ways.

- All clinical staff regularly participate in team meetings, case discussion groups and other forums where case work is

discussed and this is fundamental to the ongoing arrangements for peer support and supervision in the Trust's work.

- Trainers need to be trained, and this requirement will be confirmed at and before appointment to a supervisory role. For some disciplines, e.g. medicine, clinical and educational supervisors must be formally trained, accredited and registered by their regulatory body (in this case the General Medical Council). Continuing professional development (CPD) is a professional requirement for all disciplines. Staff are required to update their learning and skills at conferences, workshops, in research and in private study. The Trust supports this process. This will include supervisors participating in CPD that is directly relevant to their supervisory role.
- Senior clinical staff in the Trust are expected to take responsibility for the clinical progress of a certain number of patients, regardless of who provides supervision for these cases. The responsibilities of this 'consultant' role include knowing when to ask other senior colleagues for advice and help.

10 Supervision of Clinical Management roles

Those in clinical management roles in the Trust will have clear lines of accountability to their senior manager with whom they should meet on a regular basis. The frequency of these meetings should be clearly negotiated and understood by both parties and included where appropriate in job plans. The nature and content of these meetings will often include supervision to promote personal development and learning in the role.

As with clinical supervision, the effectiveness of these arrangements for supervision will be monitored via the processes of appraisal and personal development plans.

11 Ethical principles of Psychotherapeutic Work

- Supervisors are responsible for ensuring ethical practice. Clinicians must at all times be clear as to their entitlements to do what they do, which is primarily dependent upon the informed consent of patients who wish to be helped. Clinicians must be able to explain, when asked, what they are doing, in ways that can be simply understood (see Trust Consent Policies).

- Since treatment is essentially given by people to people, with few intervening medicines or equipment, supervisors need to be attentive to the experiences not only of the patients but also of the therapist doing the work. Effective therapy, or therapeutic consultation, depends on empathic contact between worker and patient.
- Effective therapy also depends on a supportive work context being available for the clinician. If the supervisor perceives the clinician to be insufficiently supported in his or her role, this should be taken up with the appropriate manager.

12 Process for monitoring compliance with this Procedure

Monitoring that clinical staff have a supervisor

The Trust will confirm on an annual basis that each clinical member of staff has a named supervisor; monitoring will be by way of sample audits across all directorates. This will be led by the Patient Safety Work stream lead who will report findings to CQSG via the work stream

Monitoring effectiveness

Numbers of completed appraisals and personal development plans will be monitored by the HR (training) and reported to the management committee. The outcome of this exercise will be reported to the Corporate Governance and Risk work stream of the CQSG.

The staff training committee will consider feedback from the appraisal system on an annual basis in the drawing up of the staff training prospectus.

13 References

See the Code of Conduct for each of the respective Trust disciplines.

14 Associated documents¹

Staff Training Procedure

¹ For the current version of Trust procedures, please refer to the intranet.

Consent Procedure
Equal opportunities policy
Information governance framework
Healthcare records procedure
Code of Confidentiality

Appendix A : Equality Impact Assessment

1. Does this Procedure, function or service development affect patients, staff and/or the public?

YES

2. Is there reason to believe that the Procedure, function or service development could have an adverse impact on a particular group or groups?

NO

3. If you answered **YES in section 2**, how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)

4. Based on the initial screening process, now rate the level of impact on equality groups of the Procedure, function or service development:

Negative / Adverse impact:

Low.....

(i.e. minimal risk of having, or does not have negative impact on equality)

Positive impact:

Low.....

(i.e. not likely to promote, or does not promote, equality of opportunity)

Date completed 4.2.14

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