



Information on Supervision

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1. Aims and scope of the document

This document aims to provide you with an accessible, comprehensive and well-evidenced online resource in the area of supervision ([managerial](#) and [professional](#)).

This resource is for the speech and language therapy profession at all levels (i.e. [students](#), [assistants](#), [newly-qualified practitioners](#) (NQPs) through to senior managers) across all [contexts](#).

2. Introduction

The Care Quality Commission (CQC) considers supervision to be “an essential part of good professional practice by a range of different professional bodies. It can contribute to meeting any continuing professional development (CPD) requirements set by a professional body or a regulator, and can therefore help ensure that staff remain registered and able to work” (CQC, 2013, p.6).

This document and supporting materials aim to assist you and your organisations to:

- Better understand the national structures, legislation and guidance that exist around supervision
- Appreciate and understand the range of definitions that co-exist in relation to supervision
- Value and prioritise supervision and self-care
- Develop supervision culture, structures and practice
- Access opportunities to develop your supervisory skills and practice
- Access and offer effective supervision

The content has been developed in collaboration with professionals working in a variety of employment contexts, client groups and geographical areas across the UK. This alliance draws on a vast range of knowledge, skills and experience, aiming to capture and encourage best supervision practice.

The Health and Care Professions Council (HCPC) is an independent, UK-wide regulatory body responsible for setting and maintaining standards of professional training, performance and conduct for the 16 healthcare professions that it regulates, including speech and language therapists (SLTs). Registration is a legal requirement for all practising SLTs, who must adhere to the following HCPC standards:

- [Standards of conduct, performance and ethics](#)
- [Standards of proficiency - speech and language therapists](#)
- [Standards of continuing professional development](#)

HCPC standards stipulate that you, as a registrant, “understand the importance of participation in training, supervision and mentoring” (HCPC, 2013, p.8) in order to work within your scope of practice. “Your scope of practice is the area or areas of your profession

in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself” (HCPC, 2013, p.4).

The importance of effective supervision has been raised in recent health service reviews following a series of major incidents in healthcare trusts. New guidance and standards have been produced which support both the wellbeing of staff across health and social care (e.g. ‘Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry’ (Francis, 2013); ‘Winterbourne View – Time for Change’ (Bubb, 2012)) and the need for safe, effective and patient-focussed care.

To help you understand and access good quality supervision and professional support, this document should be read in combination with:

- [CQ Live](#) which provides guidance and resources to support members in adhering to the standards of the HCPC
- Local guidance from your employing organisation and/or department
- Regional and national guidance

2.1 Key messages

- As an individual practitioner, you are legally responsible for meeting the HCPC standards and UK legislation related to supervision.
- There are variants in supervision practice and process, based on place of work and employer in accordance with local, national and regional guidelines.
- If you are an employee, you are responsible for meeting your supervision requirements with due consideration of your organisation and/or department as set out in your contract of employment.
- If you are self-employed you need to pay attention to and ensure that you maintain a robust supervision arrangement and system of professional support.
- This document will help you find out what your professional obligations are and offer you information regarding best supervision practice guidance.

3. Supervision in the context of speech and language therapy

This section aims to:

- Contextualise and define supervision in relation to national structures, legislation and guidance around [clinical governance](#)
- Contextualise and define supervision in relation to [CPD](#) and reflective practice
- Ensure a clear understanding of the differences between [supervision](#) (managerial and professional) and [professional support](#)

Professional support is the over-arching, umbrella term used to refer to a wide range of learning opportunities that provide access to advice and/or support. Supervision is a specific

type of professional support and refers to a mutually agreed, formal, regular and bounded 1:1 or group-learning relationship.

3.1 Clinical governance

Clinical governance is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will thrive (Sally and Donaldson, 1998).

Key areas include:

- Education, training and CPD
- Clinical audit
- Clinical effectiveness
- Research and development
- Risk management
- Information management and transparency
- Patient and carer experience and involvement
- Staffing and staff management

Supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks, and by increasing accountability (CQC, 2013, p.6).

It is the responsibility of an organisation and management structure to organise appropriate support for staff to enable them to deliver care and treatment safely and to an appropriate standard (CQC, 2013, p.6). A structured and effective system of supervision offers an organisation a rigorous way to support, develop and monitor best practice in their staff group. The appropriate level of resources and time need to be in place to effect this.

It is the responsibility of each individual practitioner to make sure that their knowledge, skills and performance are of a good quality, up-to-date, and relevant to their scope of practice (HCPC, 2013). Supervision provides an essential opportunity for individual practitioners to reflect on clinical governance in the context of their own professional practice. It also provides an opportunity for open dialogue around fitness to practise.

The process of supervision is underpinned by the principle that each staff member remains accountable for their own professional practice and that supervisors are accountable for the advice they give.

3.2 Continuing professional development

The HCPC defines CPD as “a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice” (HCPC, 2015, p.6).

Your pre-registration education and CPD:

- Form the foundation of your learning as an SLT

- Are essential for the development and maintenance of your skills as an individual practitioner and for the speech and language therapy profession
- Are an important part of your continuing registration with HCPC (HCPC, 2015, p.3)

Supervision is positioned “at the core of individual and group continuing professional development” as it provides a pivotal opportunity to address and structure many aspects of your learning (Skills for Care and Children’s Workforce Development Council, 2007, p.4).

Supervision creates a space for reflection on not only what you are doing, but also how and why you are doing it and the philosophical and theoretical foundations that underpin your practice. In this way, supervision is both a process of practice development and a mechanism through which you can reflect on your learning and practice. Throughout your working life, as you progress in your skills, knowledge and experience, your supervision and professional support needs will change in terms of [frequency](#), content and style.

4. Defining supervision

CPD is the over-arching, umbrella term used to refer to a wide range of learning opportunities that provide on-going access to knowledge, skills, advice and/or support. Supervision is a specific type of professional development and refers to a mutually agreed, formal, regular and bounded 1:1 or group-learning relationship. This contrasts with [professional support](#), which is typically more ad hoc and informal.

This section aims to provide you with a clear understanding of the differences between supervision (managerial and professional) and professional support.

4.1 RCSLT guidance

RCSLT recommends that each service supports the monitoring of clinical practice through:

- [Managerial supervision](#)
- [Professional supervision](#)
- Personal development and performance review (PDPR)
- Personal development plan (PDP)

Supervision is the formal arrangement that enables an SLT or assistant practitioner to discuss their work regularly with someone who is experienced and qualified. It is an essential component of a good quality speech and language therapy service that is able to respond to service users and identify and manage risk.

Supervision is critical to the delivery of a high-quality client service through accountable decision-making and clinical practice, the facilitation of learning and professional development and the promotion of staff wellbeing. Supervision has been associated with higher levels of job satisfaction, improved retention, reduced turnover and staff effectiveness. It is also one way for a provider to fulfill their duty of care to staff (CQC, 2013, p.6).

There are a wide variety of terms applied to the activity of supervision in health and social care and the terms used may overlap or vary depending on your employer. For the purpose

of this document we will use the terms managerial supervision and professional supervision to distinguish between two different types of supervision:

- i. Managerial supervision: to refer to 'line management' supervision
- ii. Professional supervision: to refer to 'clinical', 'personal' and 'practice' supervision

RCSLT recommends these two types of supervision for all SLTs.

RCSLT also strongly recommends that these two types of supervision are offered by different people as the focus, relationship and expectations of each are separate and distinct. This separation ensures clear boundaries, delineation of roles and an understanding of the purpose, content and agenda of each supervision agreement.

- When working within an organisation, it is the managerial supervisor and supervisee's shared responsibility to ensure that the supervisee is receiving an appropriate level of both types of supervision. The professional supervision arrangement could be from within or outside of the organisation.
- When working as a sole practitioner, it is the supervisee's responsibility to ensure that they are receiving an appropriate level of both types of supervision. This is of particular importance for negotiating contracts and costing their professional services.

In the interest of clarity and transparency when working with more than one supervisor, it is recommended that supervisees inform supervisors of each other.

Confidentiality both within and across managerial and professional supervision is paramount except where required by law, statutory obligation or legitimate purpose (e.g. when there is an issue of safeguarding).

4.2 Managerial supervision (line management supervision)

The CQC defines managerial supervision as being carried out by a supervisor with authority and accountability for the supervisee (CQC, 2013, p.3). This person may or may not have a speech and language therapy background. If the managerial supervisor does not have a speech and language therapy background, then s/he will need to pay attention to their scope of practice and delegate accordingly (e.g. the NQP competency framework, ensuring adherence to HCPC standards that require a speech and language therapy background). The same applies for an SLT with a management role in relation to a non-SLT health professional.

According to the RCSLT, managerial supervision, both within and across professional boundaries, aims to:

- Ensure practitioners are aware of and support adherence to the HCPC professional standards and codes of conduct expected of them
- Monitor progress collaboratively and identify professional development needs in relation to service delivery
- Support practitioners to find appropriate ways of meeting their development needs

- Support practitioners to meet their formal appraisal objectives and performance targets
- Provide advice on managing caseloads and issues that may cause problems in the day-to-day functioning of the service
- Enable practitioners to fulfill their person specifications and job descriptions
- Ensure that an appropriate and transparent professional supervision arrangement is available and being regularly accessed
- Ensure communication systems and boundaries between managerial and professional supervisors have been fully negotiated and agreed by all parties

4.3 Professional supervision (clinical/personal/practice supervision)

Professional supervision can help “ensure that people who use services and their carers receive high quality care at all times from staff who are able to manage the personal and emotional impact of their practice” (CQC, 2013, p.5).

Professional supervision has been described as an “enabling process and involves not penalties but an opportunity for personal and professional growth” (Butterworth et al, 1998, p.8). As such it sits outside the line management structure.

RCSLT requires [speech and language therapy assistants](#) (SLTAs) and NQPs to receive professional supervision from an experienced, HCPC-registered SLT. As a therapist’s knowledge and experience increases, s/he may choose to access professional supervision from an SLT from a similar or different specialism or alternatively a non-SLT professional (e.g. psychiatrist, clinical neuropsychologist, Special Educational Needs Coordinator (SENCO), social worker, Ear, Nose and Throat (ENT) consultant).

Professional supervision offered across professional boundaries can readily address wider practice concerns, such as team dynamics, personal and professional development and broader service issues. However, if the professional supervisor does not have a speech and language therapy background, then s/he will need to pay attention to their scope of practice and delegate accordingly (e.g. for a specific clinical dilemma, a therapist would need to access a supervisor from their own profession). The same applies for an SLT with a professional supervisory role in relation to a non-SLT health professional.

According to RCSLT, professional supervision aims to:

- Create a non-judgmental, confidential learning environment that promotes critical reflective practice and the opportunity to learn from experience
- Reinforce and offer feedback on effective clinical skills and practice to enable practitioners to discuss areas of their work that they think are both effective and less effective
- Promote solutions to establishing therapeutic alliances and managing professional boundary issues
- Promote understanding of the dynamics in professional relationships for effective service delivery
- Increase confidence in managing complex interdisciplinary situations which may arise related to the point of service delivery

- Reflect on professional issues which may be causing concerns, with an aim to promote health and wellbeing of staff and improving service-user experience
- Promoting confidence across the areas of clinical practice
- Provide a supportive role to help prevent crises or disillusionment arising
- Assist practitioners in relating practice to theory and theory to practice
- Assist practitioners in ensuring their practice is evidence based
- Identify opportunities for relating to the development and dissemination of research
- Promote safety of the service user experience and address any areas of concern
- Ensure that an appropriate and transparent managerial supervision arrangement is available and being regularly accessed
- Ensure communication systems and boundaries between managerial and professional supervisors have been fully negotiated and agreed by all parties

4.4 Professional support

In adherence with HCPC requirements, SLTs, as autonomous professionals, need to make informed, reasoned decisions about their practice to ensure that they meet the standards that apply to them. This includes seeking advice and support from education providers, employers, colleagues, professional bodies, unions and others to ensure that the wellbeing of service users is safeguarded at all times (HCPC, 2013, p.5).

The purpose of professional support is to assist the practitioner in learning about everyday workplace practice and procedures and to allow access to pastoral support. This should be continuous and ongoing throughout a SLT's professional career.

RCSLT distinguishes supervision from professional support and acknowledges that SLTs require easy access to support networks both from within and outside the profession. Good clinical practice relies on therapists' recognition of the limits of their expertise and on their ability to secure clinical support in the provision of their services. Managers and practitioners at all levels of experience require support to exchange information, share expertise and confidentially discuss issues to raise the quality of services provided. It is noted that during transitional periods practitioners may require access to additional specialist support, training and supervision time (e.g. between pay grades, when changing role or work context, during organisational change transitions).

RCSLT stipulates that professional support should be available through:

- The management structure of the employing organisation
- Colleagues within and/or outside the service
- RCSLT Clinical Excellence Networks (CENs), managers and the Association of Speech and Language Therapists in Independent Practice (ASLTIP) groups
- Peer support groups
- Buddying by another SLT or formalised external supervision

Forms of support activities include:

- Opportunities to shadow SLT colleagues
- Joint working
- Attendance at clinical meetings, in-service training and training seminars

- Opportunities to access specialist advice to support clinical judgement and decision-making when needed either face-to-face, through ‘open door policies’ or via phone call or email
- Access to non-SLT health professionals (e.g. an educational psychologist, a psychiatrist, psychotherapist, ENT consultant) in situations where the practitioner’s scope of practice has been extended or is highly specialist
- Access to peer support networks, such as forums or support groups or peer ‘buddy’ systems
- Regular contact with peers and specialists in the profession

Adequate provision of support can lead to reduced stress levels and enhanced ability to manage distressing or complex situations. This is especially important for NQPs and those who may find themselves working in isolation. External personal support may be appropriate at times including access to the occupational health department, staff counsellors, employee assistance programmes or leadership training courses.

4.5 Managerial supervision, professional supervision and professional support: The interface

This section aims to provide you with a clear understanding as to how managerial supervision, professional supervision and professional support interface with each other:

4.5.1 Roles and relationships

RCSLT strongly recommends [managerial](#) and [professional supervision](#) are offered by different people. However, it recognises that there will be situations where this is difficult in practice (e.g. small departments, rural contexts, your manager is also a clinical lead in an area you want supervision in). In such circumstances, the supervisor needs to negotiate which role they are undertaking at any given time for the sake of clarity and transparency. As with all supervisory relationships, these dual roles will need to be reviewed regularly. This requires a high degree of professional and personal integrity on both sides.

By contrast, [professional support](#) can be accessed from a wide variety of people, groups and sources. The nature of this type of support can be both formal and informal, however tends to be more superficial, collegial and on a personal ‘as and when’ basis. Individual practitioners are responsible for creating an on-going, flexible network of colleagues and organisations within and outside of the profession from which to access support.

4.5.2 Content

The [topics and themes](#) that can be brought to and discussed in supervision or addressed through professional support is broad. Some of these fall clearly into managerial supervision and some into professional supervision. However, others can overlap and be taken to either form of supervision depending on the purpose, perspective and agenda from which they are explored. Typically all issues, questions and dilemmas can be considered through professional support.

- **Managerial supervision:** operational and strategic issues, such as mandatory requirements, organisational changes, service developments, record audits, PDPR

- **Professional supervision:** clinical decision making, assessment and interventions, specific ethical decisions, personal response to work context or practice
- **Managerial or professional:** clinical prioritisation and case load management, scope of practice, duty of care, safeguarding issues, user involvement, development of new service, team dynamics, values and interpersonal relationships
- **Professional support:** ranges from being more immediate, ad hoc and short-term, offering a space to 'off load', seek validation or advice to providing an opportunity to develop skills, knowledge and practice in a more general way

4.5.3 Worked example

To demonstrate how managerial supervision, professional supervision and professional support interface in practice, 'caseload management' may be addressed in the following ways:

- In managerial supervision: by the supervisor in relation to departmental standards or waiting lists
- In managerial supervision: by the supervisee with a view to discussing referral rates, equity of service delivery or the service to families
- In professional supervision: by the supervisee to reflect on feeling overwhelmed, the pressures of managing a large and complex caseload or managing the high expectations of clients, families and colleagues
- Through professional support from within or outside the organisation: by the supervisee to share concerns, creative ideas and practice experience

5. Supervision in practice

This section will explain and explore seven key dimensions of supervision in turn, in order to provide you with a greater understanding of its depth and breadth:

- 1) [Supervision culture](#)
- 2) [The functions of supervision](#)
- 3) [The forms of supervision](#)
- 4) [Relationship and roles of supervisee and supervisor](#)
- 5) [The supervisory contract \(including frequency\)](#)
- 6) [Development in supervision](#)
- 7) [The context of supervision](#)

5.1 Supervision culture

Organisational culture is a system of shared assumptions, values and beliefs, which governs how people behave in organisations. CQC (2013) believe that supervision should be valued within the context of the culture of every organisation. "It should sit alongside good practices in recruitment, induction and training to ensure that staff have the right skills, attitudes and support to provide high quality services" (CQC, 2013. p.5). The Skills for Care and Children's

Workforce Development Council (CWDC) recommend that supervision is seen as “a right and benefit, a win-win situation for the individual, the organisation, and indirectly for those who use services” (2007, p.11).

All organisations need to make a positive, unambiguous commitment to a strong supervision and reflective practice culture. This can be achieved through:

- All staff having an annual performance review supported by a systematic approach to training and development including a PDP and appropriate CPD opportunities
- A clear, up-to-date supervision policy, with practice that supports the policy (speech and language therapy/organisational)
- A clear system of supervision (managerial and professional) for all staff
- Effective training of supervisees and supervisors
- Strong lead and example by senior managers
- Performance objectives for supervision practice in place for all supervisors
- Evaluation and monitoring of actual supervision practice, frequency and quality

All individuals need to take personal responsibility for fostering a strong supervision culture by ensuring that they access regular supervision and training related to this. A commitment to consistently evaluating knowledge, skills and practice in the context of supervision is essential and requires honesty and professional integrity.

5.2 Functions of supervision

Supervision is a “relationship-based activity which enables practitioners to reflect upon the connection between task and process within their work. It provides a supportive, administrative and development context within which responsiveness to clients and accountable decision-making can be sustained” (Davies, 2000, p. 204).

Supervision (managerial and professional) comprises three different overlapping functions (Proctor, 1987):

Formative: relating to the educational development of each practitioner to enhance their full potential, including:

- Developing knowledge and skills
- Increasing self-awareness
- Reflecting on practice
- Integrating theory into practice
- Facilitating professional reasoning

Normative: relating to the promotion and maintenance of good standards of work, ethical practice, accountability and adherence to policies of administration, including:

- Clarification of roles and responsibilities
- Work load management
- Review and assessment of work
- Addressing organisation and practice issues

Restorative: relating to the maintenance of harmonious working relationships with a focus on morale and job satisfaction, including:

- Developing a sense of professional self-worth
- Sustaining practitioner morale
- Dealing with job-related stress

These dimensions demonstrate the breadth of possibility within supervision. They provide a structure for both the supervisee and supervisor to negotiate the balance of content and to review these within sessions and over time.

5.3 Forms of supervision

Managerial and professional supervision take the following forms:

Managerial supervision:

- One-to-one supervision between the line manager (supervisor) and supervisee. This can take place face-to-face, by telephone, videoconference or online. Face-to-face is the preferred option and a balance between this and any other form (i.e. telephone, videoconference, online) would need to be negotiated and reviewed regularly.
- An exception to this might be when two therapists job-share. In this situation alternate paired and 1:1 supervision sessions with the line-manager could be helpful.

Professional supervision:

- One-to-one supervision between supervisor and supervisee. This can take place face-to-face, by telephone, videoconference or online
- Group supervision in which two or more practitioners discuss their work with a supervisor
- Peer or co-supervision where practitioners discuss work with each other with the role of supervisor being shared or with no-one acting as a formal supervisor
- A combination of the above

CQC (2013, p.8) recognises that decisions regarding the exact configuration of these different forms will depend on a number of factors, including the experience of the supervisee, the weight of their workload, their professional background and their work context.

5.4 Relationship and roles of supervisee and supervisor

Whilst managerial and professional supervision can take many [forms](#), an underlying principle is that it is a fully-negotiated relationship that builds on mutual trust and respect. Supervisor-supervisee fit is important in both high-quality managerial and professional supervision. This is based on a clear and transparent discussion of a working agreement or [contract](#) from the outset. Inskipp and Proctor (1993) “stress that both the supervisor and supervisee play an equal, if different role, in arriving at the agreement. As the relationship needs to be flexible to meet a variety of needs, each contract is likely to be unique to the particular dyad or group involved”.

RCSLT strongly recommends that managerial and professional supervision are offered by different people. However, RCSLT recognises that this is not always possible and that one person may need to perform both roles in some work contexts. In such a situation, the supervisor needs to negotiate which role they are undertaking in relation to the supervisee at any given time. These dual roles will also need to be reviewed regularly.

For professional supervision, it can be helpful, where possible, to meet with more than one supervisor to determine your own individual preferences. It is also important to review your supervisory arrangement regularly as what you are looking for in your professional supervisor may change over time.

5.4.1 The supervisee

Whilst the supervisor has important responsibilities to engage, facilitate learning and provide support, equally the supervisee has an important role to play in ensuring their supervision meets their specific needs as these change over time.

The following list, detailed in the Australian 'Superguide: A Handbook for Supervising AHPs' (Health Education and Training Institute, 2012, p. 37) forms a basis of skills, qualities and responsibilities for each supervisee:

- Take responsibility for self-directed, lifelong learning including a commitment to ongoing professional development
- Be proactive in organising and participating in your own supervision
- Openly express needs and expectations related to supervision and ensure these form the basis of the supervision contract
- Make the best use of supervision by coming prepared. This includes having an agenda of points to be discussed so time can be used effectively
- Protect time for supervision, to keep scheduled supervision appointments, be on time and avoid interruption where possible
- Be prepared to openly identify and discuss practice issues which are challenging the skills that need developing
- Work at developing trust in the supervisory relationship so that you can discuss issues honestly and freely. This makes supervision more meaningful and relevant
- Contribute to reflective discussion about your practice experience and learnings
- Check your own tendencies to justify, explain or defend
- Be open to learning and incorporating this learning into your work practice. Be prepared to be challenged in a supportive way
- Be open to receiving support and feedback during supervision and take time to reflect and respond to this feedback
- Take responsibility for seeking help when required, even if outside the regular supervision time. This ensures client safety and wellbeing are always put first
- Commit to regularly reviewing the supervision process and give honest feedback if it needs to be adapted to meet your changing needs

5.4.2 The supervisor

CQC requires that each supervisor “should have the skills, qualifications, experience and knowledge of the area of practice required to undertake their role effectively. They should also be supported through having their own clinical supervision” (CQC, 2013, p.8).

RCSLT recommends that a supervisor must ensure that they are sufficiently experienced, competent and appropriately trained to provide individual or group supervision. Becoming a skilled supervisor also involves having personal experience of good quality supervision and accessing regular supervision of supervision.

What constitutes good quality supervision is personally defined as you will have your own particular supervision preferences - and what works well for you might not work as well for another. Multiple experiences of different supervision styles bring a greater depth of understanding and flexibility to the role of supervisor.

In order to provide high quality supervision, there are a number of skills and qualities which supervisors should ensure they actively focus on developing through on-going reflection and training:

- An understanding of supervision as a process that evolves over time
- Respect for others and promotion of positive working relationships regardless of individual differences and levels of experience
- A commitment to negotiating and regularly reviewing supervision contracts in order to be open to supervisees’ changing needs
- Respect and hold clear boundaries in order to ensure confidentiality and integrity which promotes open and honest self-reflection and discussion
- Ensuring a relaxed and safe enough space for the supervisee to bring and discuss practice issues in their own way
- Facilitating the supervisee to be actively involved and engaged in the supervision process
- Willingness to allow the supervisee to grow, experiment and become independent
- Developing trust in the supervisory relationship so that issues can be discussed honestly and freely resulting in supervision being more meaningful and relevant
- Enabling the supervisee to explore and clarify the thinking, feelings and anxieties which underlie their practice
- Encouraging the supervisee to conceptualise new and creative ways to construe their clients, colleagues and work in context
- Willingness to share experience, knowledge and skills in a relevant and timely way
- Willingness to challenge practice that is perceived to be unethical, lacking in clinical rigour or competence
- Proactive in supporting supervisees to maintain and manage their fitness to practice: <http://www.hpc-uk.org/assets/documents/10001344managingfitnesstopractise.pdf>
- Willingness to be open to and accepting of honest and constructive feedback from the supervisee

- Use of insight and empathic understanding to support the supervision process
- To initiate and organise their own supervision and CPD in relation to the above and on-going supervision of supervision

5.5 Supervisory contract

CQC states that “a number of professional bodies identify that it is good practice to put in place a written agreement or contract between supervisor and supervisee at the outset of supervision sessions. Clear records should also be kept of supervision sessions” (CQC, 2013, p.10).

Each supervisory contract will be unique to the dyad or group concerned. Each contract needs to pay attention to both administrative and relational factors as detailed below:

1) Administrative factors:

- [Frequency and duration](#)
- [Environment](#)
- [Confidentiality](#)
- [Performance and capability](#)
- [Safeguarding and protection of children and vulnerable adults](#)
- [Documentation](#)
- [Topics and themes](#)
- [Breach of supervision contract](#)

2) Relational factors:

- [Supervisee history, views and preferences](#)
- [Supervisor philosophy and approach](#)
- [Pre-existing relationships](#)
- [Process time](#)
- [Supervisory relationship](#)

It is good practice to discuss these factors in the first supervision session and to review them regularly in order to ensure that the contract and the supervisory relationship remain relevant and alive.

5.5.1 The administrative contract

a) Frequency and duration

There is currently no nationally-prescribed frequency or duration for supervision. However, CQC requires that supervision should take place regularly and that the frequency and duration should be adequate to ensure safe and competent care for people who use services (CQC, 2013, p.8).

RCSLT recognises that the intensity of supervision can change as a practitioner develops their expertise, goes through transitional periods or extends the demands of their work and roles. Whilst it is important to monitor the frequency and duration of supervision, quality of supervision is as important as quantity.

Frequency of supervision needs to reflect:

- The practitioner’s level of experience, competence and training within a particular field/specialist area (i.e. level of skills, the integration achieved between theory and practice, general ability in the work)
- The practitioner’s caseload at a particular point in time and the nature and range of the roles required (i.e. number of clients, complexity, skill mix required, emotional intensity)
- The practitioner’s work context (i.e. full time/part time, working in isolation/working as part of a team (speech and language therapy/multi-disciplinary team (MDT)), availability of informal support and advice, joint working opportunities (speech and language therapy/MDT))
- The practitioner’s personal context (i.e. specific difficulties encountered either in the work domain or home situation/personal life that could affect their availability for work; health related issues; emotional wellbeing)

The following tables represent RCSLT best practice guidance for the minimum frequency and duration of [managerial](#) and [professional supervision](#). Frequency and/or duration may be adjusted on a pro rata basis for part-time employees as negotiated with the manager depending on hours worked, clinical roles and responsibilities and individual needs of the practitioner.

All [supervisees](#) and [supervisors](#) are entitled to request or suggest more supervision and in different forms, although this may be at the discretion of the employer.

To fulfil your HCPC requirements, you need to keep clear, up-to-date records of the supervision you are receiving at all times.

Managerial supervision:

Practitioner	Minimum amount of time required	Comments
NQP	1 hr/weekly during the first 3 months; 1 hr/monthly thereafter	1:1
Experienced SLT	1 hr/every 4-6 weeks	1:1
Locum/temporary SLT	1 hr/every 4-6 weeks	1:1
SLTA	1 hr/every 4-6 weeks	1:1

We recognise that these targets may be challenging to deliver in some circumstances, but encourage all supervisees and employers of SLTs to explore creative solutions, including the use of technology, in order to meet these recommendations.

Professional supervision:

Practitioner	Minimum amount of time required	Comments
NQP	1 hr/weekly during the first 3 months; 1 hr/monthly thereafter	1:1

Practitioner	Minimum amount of time required	Comments
Experienced SLT	1-1.5 hrs/every 4-6 weeks	1:1; *group; peer; combination. The minimum time requirement for supervision can be distributed across different forms and is cumulative
Locum/temporary SLT	1-1.5 hrs/every 4-6 weeks	1:1; *group; peer; combination. The minimum time requirement for supervision can be distributed across different forms and is cumulative
SLTA	1-1.5 hrs/every 4-6 weeks	1:1; *group; peer; combination. The minimum time requirement for supervision can be distributed across different forms and is cumulative

*For group supervision, if there are four or fewer in the group, each practitioner can count up to 50% of the time together as supervision. If there are five or more members, the time is divided by the number of practitioners in the group. For example:

- In a two-hour group with four practitioners, each practitioner can claim one hour of supervision.
- In a three-hour group with six practitioners, each practitioner can claim one-half hour of supervision.

A balance between duration and frequency will need to be negotiated and reviewed regularly. The adequacy of all supervisory arrangements needs to be regularly re-assessed and changes negotiated as necessary.

b) Environment

A neutral, safe, confidential space is key to good quality supervision. Practitioners working across large geographical areas will need to negotiate a mutually-accessible location or consider the use of phone or video conference facilities. However, the ratio and balance of face-to-face and remote supervision needs to be considered in each supervisory relationship according to level of experience and personal preferences.

Time boundaries need to be respected by both the supervisee and supervisor. They both need to commit and pay attention to beginning and ending supervision sessions at the agreed times. They also need to agree who will take responsibility for managing the time within sessions.

The importance of a private and focussed space for both managerial and professional supervision sessions cannot be underestimated. It is crucial to remove and/or minimise unnecessary distractions (e.g. mobile phone, bleep, staff entering the space).

Review of the literature suggests that having supervision sessions away from the workplace results in:

- Higher rapport with the supervisor
- Increased reflective practice
- Increased exploration of sensitive and confidential issues by the supervisee (Martin et al., 2014)

c) Confidentiality

It is extremely important that both the supervisee and supervisor have a clear understanding of what 'confidentiality' means from the outset. The content of managerial and professional supervision should be treated as confidential to the parties involved except where required by law, statutory obligation or legitimate purpose, in line with HCPC standards of conduct, performance and ethics (HCPC, 2016b).

“Good clinical supervision relies on trust and therefore (within some limits) a supervisee has a right to expect the content of the session to remain confidential. The content of a supervision session will be agreed between the supervisor and supervisee. If concerns are identified in the course of supervision about a practitioner’s conduct, competence or physical or mental health, the supervisor may need to disclose information from a supervision session to an appropriate person, such as the practitioner’s line manager. This should be clearly set out in any policy on clinical supervision and in supervision contracts” (CQC, 2013, p.9).

Confidentiality needs to be agreed by the individuals and/or group as part of the supervision contract. The circumstances under which confidentiality might be broken and the process that will be followed according to the relevant codes of conduct and local guidance and policies also need to be transparent to all parties.

Mutual agreement also needs to be reached regarding record keeping for sessions from the outset (e.g. what is the purpose of the records, who will be documenting the sessions, where will the records be kept, who will have access to them). See [documentation](#) section for more information.

d) Performance and capability

RCSLT requires that any performance or capability issues are addressed as soon as they become apparent through opportunities for formal feedback, additional support and adherence to local human resources (HR) policies according to the individual’s needs and context.

It is essential that the practitioner’s manager is trained in supervision and performance review skills as well as being able to deal with difficult situations that could result in disciplinary action. This is to ensure appropriate use of all relevant procedures. The manager and practitioner should consider all possible avenues for resolving difficulties that may arise before resorting to disciplinary procedures, following organisational policy where this exists.

In instances where significant difficulties are encountered in achieving acceptable standards of conduct or performance, and where opportunities have been offered to help the practitioner overcome any difficulties, the manager needs to know his/her level of authority for implementing the disciplinary procedure and should seek HR advice where appropriate.

e) Safeguarding and protection of children and vulnerable adults

Supervision has an important role to play in safeguarding and child protection.

Statutory guidance for England states that “Effective professional supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family” (HM Government, 2015, p.25) and that “professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively” (ibid, p.53).

Safeguarding issues can be considered within both managerial and professional supervision. Any issues relating to safeguarding that arise in supervision may need to be taken to a designated safeguarding supervisor in keeping with local and/or organisational policies.

Depending on the role of the practitioner, specific child protection or safeguarding supervision may be required. Safeguarding/child protection supervision is different from, and in addition to, the forms of supervision and support recommended for all practitioners.

All practitioners should be aware of national and local policies and procedures relating to safeguarding and supervision.

For further guidance and resources relating to safeguarding the interests of service users, see CQ Live, section 1: www.rcslt.org/cq_live/service_user_interests/service_user_interests

f) Documentation

The supervisee and supervisor are jointly responsible for negotiating a clear working agreement. CQC states: “it is good practice to put in place a written agreement or contract between supervisor and supervisee at the outset of supervision sessions” (CQC, 2013, p.10).

Standard 1 of ‘CPD and your registration’ states that registrants must maintain a continuous, up-to-date and accurate record of their CPD activities (HCPC, 2015, p.6). In accordance with standard 5, registrants must be able to submit this written profile (which must be their own work and supported by evidence) upon request (ibid, p.8). In order to meet these standards, RCSLT recommends that each supervisee keep a log of their supervision sessions, covering dates, times, duration and a record of cancelled sessions. In addition, to fulfil standard 3, an overarching record of all supervision undertaken and key learning is required in order to be able to demonstrate that your CPD has contributed to the quality of your practice and service delivery (ibid, p.3).

Supervisors and supervisees must ensure that written records comply fully with current information governance requirements, paying attention to confidentiality in the recording process. For more information about information governance, see:

https://www.rcslt.org/cq_live/resources_a_z/info_gov/overview

Records must be stored safely with a clear understanding of who can access these and under what circumstances.

g) Topics and themes

Both the [supervisee](#) and the [supervisor](#) need to be aware of the breadth of topics and themes that can be brought to [managerial](#) and [professional supervision](#) sessions. These can encompass three overarching strands:

Clinical:

- 'I don't know how to help this client'
- 'Should I discharge/when should I discharge?'
- 'How do I handle situation X?'
- 'Boundaries: is this part of my job?'
- 'I want to continue to work with this client, but I am not sure of my skills in this new area'

Professional:

- 'Balancing competing demands'
- 'Time management'
- 'Roles'
- 'Team dynamics'
- 'I don't get on with my manager/colleagues'

Personal:

- 'Too much stress'
- 'I don't like my job/I want to leave'
- 'I'm not a good enough therapist'
- 'There are lots of changes going on at work'
- 'X is happening to me at home and it is affecting my work'

The scope of the issues, questions and dilemmas within each of these strands that can be discussed in supervision or through professional support is broad and can span several domains of influence (Tudor and Worrall, 2002):

- Clinical
- Professional
- Ethical
- Personal
- Legal
- Social
- Cultural

Any of these dimensions can be discussed in any order with any degree of emphasis at any time depending on the current situation and priorities of the supervisee. Best practice guidance recommends regular review of the range and balance of topics brought to supervision by both [supervisee](#) and [supervisor](#). This will allow for the identification of

patterns and preferences regarding what is brought to supervision over time and bring this to the supervisee's attention in order to invite reflection and experimentation. It will also allow discussion of what may lie outside the scope of supervision (e.g. supervisor does not feel she can adequately supervise a given issue) and alternative sources of support.

h) Breach of supervision contract

Good practice requires that both the supervisor and supervisee invest adequate time in order to negotiate roles, responsibilities and processes from the start of their relationship. This contract clearly lays down the mutually-agreed rules of engagement for both parties. Regular review opportunities will offer a platform for on-going discussion and a mechanism for either party to raise any issues or concerns regarding this agreement as and when the need arises.

It is crucial from the outset that both parties understand the steps that each/both might need to take if/when the administrative and/or relational contract is not being adhered to by either person.

5.5.2 The relational contract

a) Supervisee history, views and preferences

At the outset of both managerial and professional supervision, it is good practice for time to be allocated to the supervisee for reflection on past helpful and unhelpful experiences of supervision. (See [Appendix 1, Personal reflections on the experience and importance of supervision](#)). This will help to determine their views, wants and preferences in relation to the roles and responsibilities they would like their supervisor to take.

b) Supervisor philosophy and approach

It is important at the outset of the supervisory relationship for time to be allocated to the supervisor to detail their philosophy of supervision and approach in order to negotiate the roles and responsibilities both supervisee and supervisor will take.

Different styles of [managerial supervision](#) and [professional supervision](#) offer different learning opportunities.

In professional supervision it can be helpful to experiment and trial different approaches for development as a practitioner and as a current or future supervisor. For example:

- Joint sessions
- Review of video and/or audio recordings
- Creative approaches e.g. drawing, image work or use of 3-D materials

c) Pre-existing relationships

Clear personal and professional boundaries are integral to effective supervision practice. Careful consideration needs to be given to relationship boundaries when setting up a supervision arrangement both within organisations and when sourcing supervision externally. A practitioner might find him/herself in a supervisory relationship with someone with whom they have a different role relationship either previously or currently (e.g. peer

working relationship or friendship). As a result, an initial and on-going discussion will need to take place about the following:

- The roles and responsibilities they already have in relation to each other
- How these roles might differ or conflict with the supervisory relationship
- Boundaries that need to be paid attention to

Openness, honesty and mutual respect are qualities that need to be demonstrated by both parties when negotiating supervisory roles and relationships. It is important that everyone involved feels comfortable with the supervisory arrangement at all times. Supervisory relationships that cross close friendship boundaries are not advised due to a conflict of interest.

d) Process time

Regular, dedicated process time enables both the supervisee and supervisor to keep track of how each supervision session is working and to determine how the supervisory relationship is developing over time. This relates to both [managerial supervision](#) and [professional supervision](#) and can lead to discussion about how best to address on-going learning needs. Dedicated process time might comprise 10 minutes at the end of every session for both parties to reflect on:

- The session as a whole
- Recurrent themes
- Changes in thinking/beliefs observed throughout the course of the session
- The supervisor's style – what was most/least helpful
- Key learning

e) Supervisory relationship

Supervisor-supervisee fit is important in both high-quality managerial and professional supervision. Opportunities to discuss and review the supervisory relationship on a regular basis are key to keeping the working alliance positive, productive and creative. A regular space needs to be created to allow both parties to openly share how they feel they are working together and to check out any issues, conflicts or concerns in relation to their roles, responsibilities and boundaries. The frequency with which this happens is flexible and can be determined by the dyad or group involved. Effective supervision practice is reviewed on a regular and on-going basis (e.g. every 4-6 sessions).

An open discussion about other options would be required if the relationship proved not to be satisfactory by either party. All practitioners, irrespective of level of experience, have a responsibility to explore alternative supervision options if any of their current supervision relationships are not working out or have broken down. Organisations have a responsibility to ensure that there is a process in place whereby the **supervisee** and the **supervisor** can address issues regarding supervision with a different senior member of staff if required.

6. Development in supervision

Both managerial supervision and professional supervision are important at all stages of your career without exception. HCPC “recognises that a registrant’s scope of practice will change over time and that the practice of experienced registrants often becomes more focussed and specialised than that of newly registered colleagues” (HCPC, 2013, p.4). In support, RCSLT acknowledges that the intensity of supervision required will change as an SLT develops their expertise or goes through transitional periods (e.g. moving from Band 7 to 8; returners to practice). See section on [frequency](#) for more information.

This section will consider the development of supervision at different career points:

- 1) [Student SLTs](#)
- 2) [NQPs](#)
- 3) [SLTs through their career](#)
- 4) [Returners to practice](#)
- 5) [SLTAs](#)

6.1 Student speech and language therapists

As a student studying to become a professional in a regulated profession, you have certain responsibilities. You must adhere to the HCPC guidance on conduct and ethics for students in any issues relating to supervision (HCPC, 2016a).

Experiences of supervision as students and [NQPs](#) will directly influence attitudes towards, beliefs about and commitment to regular supervision in the long term. Consequently, it is important for all student SLTs to receive good quality supervision from the outset of their professional careers.

To this end, it is essential that student SLTs are given information on the different [functions of supervision](#), the roles of supervisor and supervisee and the supervisory process during their pre-registration education. This needs to include clear guidance on how to make best use of supervision, how to ensure that NQPs access quality supervision regularly and the range of issues addressed in this document.

There are areas of overlap between how students are supervised while on placement, and how NQPs use supervision. There are also important differences, primarily around the fact that while on placement, the student is undergoing pre-registration assessment.

6.2 Newly-qualified practitioners

This section outlines the additional recommendations on supervision and support for NQPs and refers to the supervision requirements for the completion of the RCSLT NQP competency-based transitional framework (RCSLT, 2007).

It is strongly encouraged that all NQPs consider the importance of [managerial supervision](#), [professional supervision](#) and [professional support](#) when applying for their first post. It is also vital that managers and employers recognise their role and responsibility in ensuring all NQPs access both forms of supervision and professional support. For safe and effective practice, the RCSLT requires NQPs to undertake a comprehensive programme of

supervision and support for the first 12-18 months of employment. This will establish good working practices and help develop self-confidence in the long term.

RCSLT recognises that it is the responsibility of the NQP and employer to ensure the supervisor that is signing off the competencies is an SLT who is a member of the RCSLT and registered with the HCPC. The RCSLT strongly recommends that this is confirmed before the NQP commences employment.

Managerial supervision:

RCSLT recommends that managerial supervision should be at least weekly for the first three months of work and monthly thereafter. The managerial supervisor could facilitate the NQP in collecting evidence for the NQP competency framework (RCSLT, 2017) and monitoring progress.

Professional supervision:

RCSLT recommends that the professional supervisor for an NQP must be an experienced SLT in the relevant clinical area. For NQPs, professional supervision should be at least weekly during the first three months and monthly thereafter. The professional supervisor could facilitate the NQP in collecting evidence for the NQP competency framework (ibid). Professional supervision for an NQP needs to be more intensive and hands-on initially so that both supervisor and supervisee can quickly identify the NQP's needs and already-established skills.

If the role of managerial supervisor and professional supervisor are carried out by different people who are both eligible to sign off the NQP framework, a decision needs to be made regarding how this will be monitored and signed off. The RCSLT will only verify a completed NQP framework with the signature of RCSLT certified and HCPC registered SLTs.

It is also important that both supervisor and supervisee recognise that the evidence collected for the NQP competency framework might differ in form, content and the extent of reflection expected, depending on each individual. The NQP competency framework is a general template, but the strengths, needs and development of individuals will differ and an appreciation of this can mature within the process of effective supervision.

As an NQP, it is strongly recommended that before and/or at interview they have a conversation regarding on-going supervision culture and practice in the organisation in which they are applying. They need to pay particular attention to costing and time allocation for both types of supervision for posts where there is no speech and language therapy management and supervision structure (e.g. the only SLT in school or private hospital setting).

The RCSLT does not recommend that recently-qualified practitioners work in independent practice, in independent organisations, as locums or undertake bank work during this transitional period without having confirmation from their employer that they will receive supervision from an HCPC registered SLT who also has certified membership of RCSLT.

6.3 Speech and language therapists through their career (including developing and specialist SLTs, SLT managers, SLTs working in public health and education)

Although supervision is strongly associated with training at a pre-qualification level, it is equally relevant to qualified SLTs at all stages in their career as it plays a central role in the maintenance and on-going development of their knowledge, skills and practice.

As all SLTs develop and diversify in terms of area of specialism and roles, their supervision needs to change. They will not only require different approaches to their own supervision, they will also take on the [role as a supervisor](#) in relation to other SLT and non-SLT staff.

Development in supervision has been written about extensively in the literature identifying four levels to the [supervisory relationship](#), each with its own unique features (Stoltenberg & Delworth, 1987):

- Level 1: Childhood - Novice
- Level 2: Adolescence - Journeyman
- Level 3: Early adulthood – Independent craftsman
- Level 4: Full maturity – Master craftsman

Over the course of their career, a supervisee typically moves from a position of high dependence on the supervisor to more autonomy, self-awareness, self-confidence and flexibility. At this later stage, supervision is not viewed so much in terms of acquiring more knowledge, but in terms of allowing knowledge to be deepened and integrated.

In terms of the role of the supervisor, s/he needs to transition from providing a clearly structured, supportive learning environment to offering a more collegial relationship with a focus on listening to deeper meanings and wider implications.

This progression is not always linear for every practitioner. They may find themselves at different levels at different times in relation to different aspects of their role. Equally, they can find themselves moving back a level or two at significant transition points (e.g. when they take on a new position or role).

6.4 Returners to practice

HCPC returning to practice requirements apply to anyone who has not practised for more than two years (HCPC, 2012). This is the case whether you are unregistered and want to apply for re-admission, or whether you are still on the register but not practising.

These returners are required by HCPC to undergo a period of updating knowledge and skills. This period of updating varies from 30-60 days depending on the length of time out of practice and can be made up of any combination of supervised practice, formal study or private study.

‘Supervised practice’ is practising under the supervision of a registered professional, either as an SLT or as an [SLTA](#). In order to complete a period of supervised practice, you need to identify a supervisor. According to HCPC your supervisor must (ibid, p.4):

- Be on the relevant part of the HCPC register;

- Have been in regulated practice for at least the previous three years; and
- Not be subject to any fitness to practise proceedings or orders (i.e. they must not be cautioned, or subject to 'conditions of practice').

HCPC requires that your supervisor should only supervise those activities which are within their own scope of practice (ibid). This is so that your supervisor can provide relevant input and guidance, and also to ensure that both you and your supervisor are practising safely and effectively.

The minimum requirement of [frequency and duration](#) of supervision needs to be met by all practitioners. However, RCSLT recognises that returning to practice is a time when practitioners are likely to require a greater intensity of supervision and support while they update their knowledge and skills. Should a higher level of supervision be required, this needs to be negotiated between supervisee and supervisor on the basis of individual learning needs.

6.5 Speech and language therapy assistants

The term speech and language therapy assistant (SLTA) is used throughout this document to include technical instructors and support workers.

RCSLT (2009) has a policy statement on the education and training for assistant practitioners. This stipulates that the qualified SLT holds the ethical and legal 'duty of care' for the client and consequently for the standard of duties delegated to an assistant practitioner. The HCPC states:

"You must continue to provide appropriate supervision and support to those you delegate work to" (HCPC, 2016b, p. 7).

All clinical decisions concerning the client are therefore the responsibility of the qualified SLT, including client selection for therapy, admission to the caseload and discharge from the service. A therapist must therefore always be responsible for the work undertaken by an SLTA.

It is fully acknowledged by the RCSLT that the SLT may not always have line management or responsibility for SLTAs and that this responsibility is likely to be determined by local protocols and staffing structures.

This guidance stipulates that there must be a system in place for support workers to access regular [managerial](#) and [professional supervision](#) and professional support. Both forms of supervision must comply with RCSLT best practice guidance for minimum [frequency](#).

Managerial supervision of SLTAs has a key role to play in:

- Supporting the development of individuals in line with personal need and service requirements
- Ensuring consistency and quality in the delivery of services
- Helping individuals to meet statutory obligations
- Ensuring clarity about roles and expectations

Professional supervision must be provided by the registered practitioner working with the SLTA and must include consideration of:

- The level of experience and understanding of the support worker relevant to the task being delegated
- Assessment of the support worker's competence relevant to the delegated task
- The complexity of the delegated task(s)
- The stability and predictability of the client's health status
- The environment or setting in which the delegated task is to be performed and the support infrastructure available
- Availability of and access to support from an appropriate registered professional

This may incorporate elements of direction, guidance, observation, joint working, discussion, exchange of ideas and co-ordination of activities, but the overarching three [functions of supervision](#) need to be maintained.

An identified process for recording all supervision and professional support needs to be agreed by all parties. An identified process for regular review and evaluation of the SLTA's performance is essential.

If for any reason an SLTA's designated supervisor is not able to provide the agreed level of supervision (e.g. maternity leave, long-term sickness), another state-registered SLT must be assigned to supervise as soon as possible. When the supervising therapist is absent from a setting where the SLTA is working, there must be an identified contact in case of query or emergency.

7. Context of supervision

Some practitioners will not have easy access to the robust departmental structures and systems in place in larger practices and organisations, in relation to [managerial supervision](#), [professional supervision](#) and [professional support](#).

Unique challenges can include:

- The managerial and professional supervisor is the same person
- The managerial supervisor is not an SLT
- Less choice of supervisor as the department/team is small
- Practitioner is the only SLT
- Practitioner is working within the department for a short, defined period of time
- Demands of working across large geographical areas in isolation and often being the sole therapist
- The demands of working across specialisms

Working with these challenges requires the practitioner to be self-reliant and proactive in accessing regular managerial and professional supervision and professional support in order to adhere to HCPC requirements. They may also need to be creative and consider different [forms of supervision](#).

This section aims to consider some of the alternative options available for SLTs:

- Working independently
- Outside of a departmental structure
- On a temporary basis (short-term contracts, bank staff and locums)
- In rural, remote or isolated settings (lone working)

The annual system of RCSLT registration and the HCPC personal declaration that each practitioner makes to confirm that all HCPC standards are being adhered to offers all SLTs a regular opportunity to reflect on their individual performance needs and CPD. SLTs working independently, outside of a departmental structure or on a temporary basis need to consider the full breadth of supervision and professional support available to them:

Managerial supervision

Alternative options include negotiating and agreeing managerial supervision:

- From a local NHS service
- Through an employing independent organisation, if one exists
- With a line manager who is another allied health professional or health professional
- By accessing regular, paid, external, independent supervision
- Through local ASLTIP groups, which aim to foster supervisory links as well as peer or group opportunities to assist in objective setting and reviewing of personal development goals

Professional supervision

Alternative options include negotiating and agreeing 1:1, peer or group professional supervision with:

- A local NHS service
- An employing independent organisation, if one exists
- An external independent supervisor
- Through local ASLTIP groups, which aim to foster supervisory links as well as peer or group opportunities
- A therapist identified through a CEN
- A therapist working in another similar context with more experience
- A specialist therapist working in a similar field
- A specialist therapist working in a different area of specialism with experience of offering supervision
- A local independent organisation

Professional support

Alternative options include:

- Access to colleagues and MDT members working in the same organisation or locally
- Access to colleagues working in a similar field either face-to-face or via telephone and video conferencing
- Access to peers through RCSLT hubs, local ASLTIP groups or CENs

- Buddying
- Shadowing
- Joint working
- Access to RCSLT advisers

The aim is for all practitioners to reflect the systems in place in the NHS, as far as possible.

As stated in the [section on NQPs](#), RCSLT does not recommend that NQPs work in independent practice, in independent organisations, as locums or undertake bank work during their transitional period without having confirmation from their employer that a line management structure is in place and that they will receive professional supervision from an HCPC-registered SLT who also has certified membership of RCSLT in accordance with best practice guidance. NQPs working in an environment where there is not a speech and language therapy team require supervision to be bought in from the NHS or an independent supervisory service.

In the event that external supervision is accessed, a three-way contract involving the therapist, supervisor and the organisation is required. This includes the need to clarify the roles, responsibilities, expectations and authority of all parties from the outset.

Key issues when supervising within, for, or when paid for by an organisation include:

- Responsibility and accountability for the work and lines of communication between all parties
- The role of the external supervisor in a consultative capacity (e.g. if the supervisor hears things in supervision that are cause for concern)

Every supervisor is responsible for learning about and taking account of the different protocols, systems and processes that pertain to the different working contexts and cultures of their supervisees, not least because of implications for employment law. In addition, it is important that a supervisor demonstrates knowledge of individual differences with respect to gender, race, ethnicity, culture and age and understands the importance of these characteristics in supervisory relationships.

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Appendix 1: Personal reflections on the experience and importance of supervision

Regular commitment: “It is important to make this regular commitment to myself as it challenges me to reflect on practice, to affirm what has gone well, to see things from a different angle, to learn from things that have been challenging, and gain new ideas. This helps develop my skills as a clinician and so is a commitment I make to my clients as well as to myself. Having regular supervision has taught me new ways of approaching particular clinical cases, helped me resolve dilemmas I have been worrying about and restored my confidence and motivation to continue working as an SLT.”

Self-nourishment and transformation: “Supervision has provided me with many things. At times it has given me the preparation I needed for an upcoming piece of work e.g. arranging a team away day, preparing for difficult meetings with head teachers or skills for interviews. At other times it has allowed me to provide better care for clients and their families. There have also been times, when, if I am honest, it has kept me from burn out or perhaps even losing the plot completely. Life is complex and at times very challenging and difficult, and then there is being a therapist also. Supervision keeps me fed and watered and still in the game. Without it I think I would possibly start to wilt and eventually cease to function. It has transformed me from a hard-working and dedicated therapist who felt very confused, misunderstood and angry inside about decisions I felt were made for me; into a confident, focused and assertive practitioner.”

A safe place: “I feel that all therapists I have known who leave their jobs or the profession completely, have lacked the supervision and support they needed to work through their issues and difficulties. Aside from the mindfulness about maintaining the quality of your work that naturally comes from regular supervision, you have a ‘safe’ place to articulate all your concerns/difficult situations and grow stronger from this rather than giving up.”

Empowerment: “As a NQT my first experiences of supervision were positive with a ‘mentoring’ feel and served to reassure me and boost my confidence. However, over the years carving out time for supervision became harder as my seniority/responsibilities increased. This had the potential to lead to feelings of isolation and create a barrier to learning. In the months prior to joining the independent sector I sought out external supervision, which supported my decision-making process. It allowed me to explore my clinical/personal strengths and areas for development, but also empowered me to stand back and look at the bigger picture. For me, accessing regular supervision is not just a choice, but a necessity – it is taking charge of your future direction and giving yourself the support you need.”

Self-scrutiny: “I believe supervision is an essential part of governance in our profession and essential in professional and personal development. I have found and continue to find supervision vital in giving me explicit permission, time, space and the discipline to examine my practice, reflect on it, be challenged, understand problems and devise plans to learn and deal with things differently and adapt my behavior. I am finding supervision invaluable in managing my changing/changed role in healthcare. Without it, I believe I would have gone under. When I was younger, I had to lobby for access to supervision – it was regarded as proof of weakness and lack of capability to ask for it. I hope very much that those days are gone.”