



Public – To be published on the Trust external website

Allied Health Professionals Supervision Protocol

Ref: CLIN-0036-v4.3

Status: Approved

Document type: Protocol

Overarching Policy: [Clinical and Professional Supervision Policy](#)

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1 Introduction

Allied Health Professionals (AHP) Supervision Protocols support and operationalise the Trust's [Clinical and Professional Supervision Policy](#).

The Trust's Clinical and Professional Supervision Policy (CLIN-0035) applies to all staff (both regulated & non-regulated) including Allied Health Professionals (AHPs). AHP Supervision Protocol covers regulated AHP staff registered with the Health and Care Professions Council (HCPC) and AHP support staff.

AHP staff members directly employed by the Tees, Esk & Wear Valleys NHS Trust (TEWV) are subject to the requirements of both the Trust's Clinical and Professional Supervision Policy and the AHP Supervision Protocol.

Accurate in October 2024 there are 14 allied health professions, 12 of which are regulated by the Health and Care Professions Council (HCPC). The Trust currently employs the following groups of AHP's (either directly or via a service level agreement with other providers):

- Art Psychotherapists
- Dietitians
- Occupational Therapists
- Physiotherapists
- Speech & Language Therapists
- Dramatherapists
- Music Therapists
- Paramedics

Trust policy recognises the requirements placed on AHPs as part of HCPC regulation, and the professional bodies that AHPs may belong to. TEWV also recognises AHPs employed by the Trust in multiprofessional roles that can be completed by a range of other professional groups and non professional groups (e.g. somebody working as a 'mental health practitioner', 'Service Manager'). These staff members are offered opportunity to align to structures that support professional governance or supervision.

It is recommended however, that in line with the requirements of the HCPC or a professional body, these staff members individually assess their supervision needs with reference to the TEWV AHP Supervision Protocol and support from the relevant Clinical/Professional AHP Lead in their area.

If practitioners in these roles wish to deliver some of the AHP therapy for which they are registered, and have this job planned into their role in agreement with their line manager and

Lead AHP, they must seek clinical supervision for delivery of that therapy via the relevant Lead AHP.

Clinical supervision for therapeutic intervention that is not physiotherapy, dietetics, speech and language therapy, occupational therapy, dramatherapy, music therapy or art psychotherapy e.g. that completed by those in “any profession” roles does not have to be sourced from an AHP. It should be provided by an individual with significant experience in delivering the same interventions/service as the clinical supervisee where possible. This enables the supervisee to develop knowledge and competence in that role, ensuring best quality and safe practice in it, and ensures that the supervisee keeps up to date with current best practice in their daily domain of concern.

Professional supervision via the relevant AHP group will remain available to these individuals and will be co-ordinated via the relevant Clinical/Professional AHP Lead, and may be planned, on request, linked to professional learning and governance networks, or similar.

It is also expected that AHPs employed by other Trusts but working into TEWV Trust as part of a ‘service level agreement’, will implement the professional / clinical supervision policy and protocols of the host organisation / professional body that will remain responsible for their clinical governance, in collaboration with the relevant TEWV AHP professional lead.

AHPs working into TEWV Trust but employed by an external agency (e.g. locums), will implement the supervision protocols of their host organisation whilst adhering to Trust policy throughout. It is recommended that these staff have an individual assessment of their supervision needs with reference to TEWV Supervision Policy, and AHP Supervision Protocols.

This procedure supports [Our Journey To Change \(OJTC\)](#) as set out in [Clinical and Professional Supervision Policy](#) (CLIN-0035).

2 Purpose

Following this procedure will help the Trust to:

- The HCPC regulates AHPs and requires them to adhere to the HCPCs ‘Standards of Conduct, Performance and Ethics’ (HCPC 2024) and associated Standards of Proficiency [Standards of proficiency | \(hcpc-uk.org\)](#) They also provide guidance on effective supervision. [Providing effective supervision | \(hcpc-uk.org\)](#), [csp clinical supervision 2017.pdf](#) and [Supervision | \(hcpc-uk.org\)](#).

- The HCPC also recognises, refers to, and supports adherence to the various AHP standards and codes of conduct that are issued by each Professional 'Body, Institute or College' which detail requirements in relation to the need for supervised practice.
- Reflecting the diverse range of AHPs employed by the Trust and the various HCPC / Professional standards they are expected to adhere to, AHP Supervision Protocol outlines a set of principles and guidance relating to each professional group. Operationally, it is accepted that each professional group may have unique requirements in order to ensure that their supervision needs are met.
- Each AHP professional body has published guidance relating to supervision standards, routinely outlining supervision in terms of managerial, professional, and/or clinical. AHP Supervision Protocol summarises each profession's key 'supervision' statements with the recommendation that guidelines relating to a specific profession should be consulted for further detail.

3 Who this procedure applies to

Supervision Guidance by Profession

- The Health Professions Council 'Standards of Conduct, Performance and Ethics' (2024) applies to all registrants; [Standards of conduct, performance and ethics | \(hcpc-uk.org\)](https://www.hcpc-uk.org/standards-of-conduct-performance-and-ethics)

3.1 Art Psychotherapists

- Clinical supervision has a primary function related to providing time to enhance practice by looking at patterns of practice; expand clinical techniques and theory; examine transference / counter transference; compliance with code of practice; analyse clinical material; review the aims of therapy and intervention time scales; and help identify turning points in therapeutic relationships.
- Wherever possible, art therapists should be supervised by an experienced art psychotherapist who is an accredited supervisor with BAAT (listings of accredited supervisors are available through BAAT). If this is not possible /available, the art therapist should receive clinical supervision from an experienced and noted supervisor with training and experience compatible with the approach appropriate for the client group and have undergone supervision themselves as part of training e.g. a psychotherapist.

- BAAT recognises the value of peer supervision but emphasises that peer supervision alone is not sufficient (BAAT 2014).

Related Links

HCPC:	Standards of proficiency - Arts therapists (2023) Arts therapists (hcpc-uk.org)
Professional Body:	British Association of Art Therapists (BAAT) http://www.baat.org/
Professional :	BAAT Supervision Guidelines 2019 STATE REGISTERED ART THERAPIST GUIDELINES FOR SUPERVISION
Professional :	Code of Ethics 2019 https://www.baat.org/Assets/Docs/BAAT%20CODE%20OF%20ETHICS%20019.pdf

3.2 Dietitians

- Practice supervision is a process of professional support and learning, undertaken through a range of activities, which enables Dietitians to develop knowledge and competence, assume responsibility for their own practice and enhance patient protection, quality, and safety of care.
- Practice supervision should be included within working practices and not considered as an “add on”. It is integral to delivering a quality service and should be embraced by the Dietitian to enhance professional practice. By exploring work-based scenarios and reflecting upon practice, Dietitians will have the opportunity to develop not only themselves, but also the employing organisation.
- Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance patient protection, quality and safety of care
- The BDA strongly recommends that the whole dietetic workforce partakes in regular, effective supervision to ensure safe practice, and support the wellbeing of practitioners.

Related Links

HPCPC: Standards of Proficiency for Dietitians ([2023](https://www.hcpc-uk.org/standards-of-proficiency-for-dietitians-2023)) [Dietitians | \(hcpc-uk.org\)](https://www.hcpc-uk.org)

Professional Body: The British Dietetic Association (BDA)

<http://www.bda.uk.com/>

Professional: <https://www.bda.uk.com/uploads/assets/ef8656c5-320e-4d8d-b5c7ff7c82519d47/Code-of-Conduct.pdf>

BDA Practice Supervision:

<https://www.bda.uk.com/uploads/assets/42fd0e92-7d14-4d59-856c8b83eb339007/practice-supervision-document.pdf>

Clinical Supervision Statement for Dietitians working in Mental Health, Eating Disorders and Learning Disabilities Settings:

<https://www.bda.uk.com/uploads/assets/80e85e78-9e2b-48ae-939eb9680a090aac/Clinical-Supervision.pdf>

3.3 Occupational Therapists

- Reflecting a diverse range of supervisory relationships, professionally led clinical supervision has a clear emphasis on issues that reflect professional values and principles. These include professional development; skills and knowledge development (linked to the delivery of occupational therapy); quality assurance; and ensuring adherence to professional standards.
- Clinical supervision defines a relationship that ensures good standards of clinical occupational therapy practice; encourages reflection, professional development; and in terms of clinical activity provides clarity and assurance with reference to accountability and responsibility.
- Professional supervision and clinical supervision have a recognised role to play in Continuing Professional Development (CPD) as regulated by the HPCPC, as well as supporting staff through schemes such as preceptorship or return to practice. Occupational therapy staff of all grades should be supported in all aspects of their occupational therapy clinical practice, with a demand for supervisors who are themselves occupational therapists of a higher grade or who have greater experience of the clinical area or a greater breadth of clinical areas and occupational therapy experience.
- For occupational therapists receiving clinical supervision for occupational therapy delivery, their professional supervision will be interwoven, with clinical and professional supervision combining as one supervision process.

- It is recommended that Occupational Therapy Practice Educators complete an Occupational Therapy Practice Educator course by their local HEIs and keep their skills as a practice educator up to date through regular liaison with HEI occupational Therapy staff.

	Related Links
HCPC:	Standards of proficiency - Occupational therapists (2023) Occupational therapists (hcpc-uk.org)
Professional Body:	The British Association of Occupational Therapists and Royal College of Occupational Therapists (BAOT / RCOT) Supervision Guidance for Occupational Therapists and their managers (2015) Supervision - RCOT
Professional:	Principles for Life Long Learning (RCOT, 2022) https://www.rcot.co.uk/file/12700/download?token=VeCINya9
	Professional standards for occupational therapy practice, conduct and ethics (2021) https://www.rcot.co.uk/publications/professional-standards-occupational-therapy-practice-conduct-and-ethics

3.4 Physiotherapists

- Physiotherapy clinical supervision is ‘an exchange between practicing professionals to enable the development of professional skills’ Butterworth & Faugier (1993). It aligns with an outcomes-based approach to CPD which is consistent with the HCPCs expectations of registrants and the CSPs expectations of its members as set out in the CSP code of members’ professional values and behaviours.
- Clinical supervision is a planned and appropriately resourced professional activity for all physiotherapy staff, including physiotherapy support staff as part of safe delegation, which supports and enhances physiotherapy practice for the benefit of patients. It develops skills in reflection to narrow the gap between theory and practice and is distinct from formal line management supervision and appraisal. However clinical supervision does take into account the organisational context in which it occurs in order to facilitate the enhancement of outcomes for practitioners and the organisation. As an outcome-based approach to CPD it also feeds into professional development plans through the appraisal process.

	Related Links
HCPC:	Standards of proficiency – Physiotherapists (2023) Physiotherapists (hcpc-uk.org)

Professional Body:	The Chartered Society of Physiotherapy (CSP) http://www.csp.org.uk/
Professional:	CSP `Code of Members` professional values and behaviours http://www.csp.org.uk/publications/code-members-professional-values-behaviour-2019 CSP `Clinical Supervision: A brief overview (2017)` csp_clinical_supervision_2017.pdf Supervision, Accountability & Delegation – PD126 March 2020 – CSP PD126 Supervision accountability delegation final (2020).pdf

3.5 Speech & Language Therapists

- The Royal College of Speech & Language Therapists (RCSLT) describe supervision as:
 - A specific type of Professional Development
 - A mutually agreed, formal, regular 1:1 or group learning relationship
 - The formal arrangement that enables an SLT or Associate Practitioner to discuss their work regularly with someone who is experienced and qualified.
 - A process of practice development
 - A mechanism by which you can reflect on your practice
- Speech and language therapists and therapy support staff are required to engage in both management and professional supervision. Professional supervision includes clinical supervision with an HCPC registered speech and language therapist.
- Where speech and language therapists are employed in a non-speech and language therapy role supervision should be from a suitably qualified professional e.g. in a counselling role from a Psychologist, Psychiatrist or Psychotherapist.

Related Links	
HCPC:	Standards of proficiency - Speech and language therapists (2023) Speech and language therapists (hcpc-uk.org)
Professional Body:	Royal College of Speech & Language Therapists (RCSLT) http://www.rcslt.org/
Professional:	RCSLT (2016). CQ Live. Available at: https://www.rcslt.org/cq_live/introduction RCSLT Supervision guidance and quality

<https://www.rcslt.org/members/delivering-quality-services/supervision/supervision-guidance/#section-3>

3.6 Dramatherapists

- Dramatherapists are supported by the professional organisation, British Association of Dramatherapists (BADth) [BADth :: Home](#) . BADTh states that all Dramatherapists have an individual professional responsibility to assess their Clinical Supervision needs, in conjunction with managers / employers where appropriate, and to ensure their practice meets HCPC standards. HCPC standards of proficiency (SoP), and standards of conduct performance and ethics (SCPE), reflect the importance of Clinical Supervision and require the therapist to: recognise the role and value of Clinical Supervision in an Arts Therapy context, understand the value of reflection on practice and the need to record the outcome of such reflection, act in the best interests of your patients/clients/patients, make sure your knowledge, skills and performance are of a high quality, and carry out your duties in a professional and ethical way.
- A clinical supervisor would normally be another practitioner in your own, or a related, discipline. They should be familiar with the concept of clinical supervision as it is understood and practised within the Arts Therapies and other Psychological Therapies and be competent to provide supervision. A clinical supervisor should be familiar with the clinical field the therapist is working in, and aware of any statutory / legal issues pertaining to the client group and/or the setting of the clinical work. The first line choice of supervision for Dramatherapists is supervision from another Dramatherapist who is experienced in the same area of clinical work and experienced in providing supervision. This may be particularly important for newly qualified therapists. BADth recognises that it may not always be possible to receive supervision from a Dramatherapist. There may therefore be instances where supervision is provided by professionals who are not Dramatherapists. Other practitioners who sometimes provide supervision for Dramatherapists include other Arts Therapists, Psychotherapists, Psychologists and other professionals with skills, experience and training in therapeutic work and the supervision thereof. Where therapists receive clinical supervision from a practitioner who is not a Dramatherapist, they should be mindful of their professional requirements and seek to ensure their CPD reflects this.

Related Links

HCPC:	Standards of proficiency - Arts therapists (2023) Arts therapists (hcpc-uk.org)
Professional Body:	British Association of Drama Therapists BADth :: Home
Professional:	Supervision Guidelines:

<https://www.badth.org.uk/content/1524/Live/Complete%20Clinical%20Supervision%20Guidelines%20for%20the%20Profession.pdf>

3.7 Music Therapists

- Professional members of British Association of Music Therapy (BAMT) are encouraged to use BAMT’s Guide to Professional Practice. BAMT also provides guidance on aspects of music therapy practice. This guidance aims to help practitioners, employers and members of the public understand what constitutes ‘good practice’ in music therapy. Following the Guide and this guidance should help ensure that practitioners more than meet minimum standards of practice.
- Currently BAMT has the following guidance documents available:
 - Guide to Professional Practice (previously the APMT Code of Ethics)
 - Guidelines for Freelance Music Therapy work- Revised Sept 2012
 - Supervision/Consultation Register Guidelines
 - Guidance on CPD
 - Guidance on Health and Safety
 - Guidance on Returning to Practice
 - Guidance on Personal Fitness, Health and Hearing (in preparation)
 - Guidance on Clinical Supervision
 - Guidance on Professional Titles - Draft (2 Apr 2013)

Related Links

HCPC: *Standards of Conduct, Performance and Ethics* (available to view or download at: <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>) and the *Standards of Proficiency- Arts Therapists* (available to view or download at: <https://www.hcpc-uk.org/standards/standards-of-proficiency/arts-therapists/>).

Professional Body: [British Association of Music Therapy \(BAMT\) - British Association for Music Therapy :: Allied Health Professions](https://www.bamt.org.uk/)

3.8 Paramedics

- As of October 2024, we have HCPC registered Paramedics working within the trust in other roles such as ‘Physical Health practitioner’. As stated previously in the document, when an HCPC registered AHP is working in another role, not delivering the registered therapy, they must seek supervision from a clinical role deemed most appropriate to their day job. There are some resources for Paramedics detailed below to support continuing Professional development to support HCPC registration.

	Related Links
HCPC:	Standards of Proficiency https://www.hcpc-org/standards-of-proficiency/paramedics/
Professional Body:	College of Paramedics https://collegeofparamedics.co.uk College of Paramedics CPD Portfolio resources https://collegeofparamedics.co.uk

4 Related documents

This procedure also refers to:

- TEWV's [Clinical and Professional Supervision Policy](#) (CLIN-0035).
- Links to the relevant AHP professional Bodies – detailed in section 3 for each AHP Professional group.

5 Governance

Supervision is a part of clinical governance. As such the agreed model recognised by the Trust ensures that the governance element of the AHP Professional Structure focuses on the following areas:

- Professional regulation and standards (including professional audit of standards).
- Preceptorship
- Registration competency, including professional / clinical supervision, appraisal, and CPD standards.
- Capability and fitness for practice

AHPs employed by the Trust receive managerial, professional and clinical supervision. The interplay between these types of supervision is a vital part of AHP preceptorship and appraisal. This is especially pertinent for those line managed by personnel from a different professional background who may not be aware of specific AHP professional imperatives and demands.

The recognition that professionally-led clinical supervision is distinct from managerial supervision or appraisal is paramount.

Table mapping the shared or individual remit of professional/clinical supervision and managerial supervision of AHP's in AHP specific roles (including which has the lead role)

Key: Lead role =  Also has a remit = 

Element	Managerial Supervision	Professional / Clinical Supervision
Workload management overview	Lead role	Also has a remit
AHP Specific Workload management/capacity	Also has a remit	Lead role
Professional and clinical Competency/capability	Also has a remit	Lead role
Clinical/Professional Supervision	Also has a remit	Lead role
Professional Conduct	Also has a remit	Lead role
Assessing continuing professional development and training needs (including as part of appraisal process)	Also has a remit	Lead role
CPD/Study leave - Multi- disciplinary	Lead role	Also has a remit
CPD/Study leave – Professional	Also has a remit	Lead role
Annual leave	Lead role	Also has a remit
Work performance - general (time keeping etc)	Lead role	Also has a remit
Job planning/deployment	Also has a remit	Lead role
Return to work/sickness/well-being/reasonable adjustments	Lead role	Also has a remit

Element	Managerial Supervision	Professional / Clinical Supervision
Workload management overview	Lead role	Also has a remit
AHP Specific Workload management/capacity	Also has a remit	Lead role
Professional and clinical Competency/capability	Also has a remit	Lead role

Clinical/Professional Supervision	Also has a remit	Lead role
Professional Conduct	Also has a remit	Lead role
Assessing continuing professional development and training needs (including as part of appraisal process)	Also has a remit	Lead role
CPD/Study leave - Multi-disciplinary	Lead role	Also has a remit
CPD/Study leave – Professional	Also has a remit	Lead role
Annual leave	Lead role	Also has a remit
Work performance - general (time keeping etc)	Lead role	Also has a remit
Job planning/deployment	Also has a remit	Lead role
Return to work/sickness/well-being/reasonable adjustments	Lead role	Also has a remit

In ‘Standard of Conduct, performance and Ethics’ (2024) the HCPC states that AHPs must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively and AHPs must continue to provide appropriate supervision and support to those you delegate work to.

6 HCPC & Professional Requirements for AHPs

- To practice competently AHPs must possess the knowledge, skills and ability required for lawful, safe and effective practice coupled with adherence to HCPC standards and guidelines, and those of the relevant professional body. The Trust recognises this professional obligation and that all AHPs undertaking clinical work should be supported to engage in professional / clinical supervision as a professional imperative. The Trust also recognises that AHPs can be line managed by someone who sits outside of their professional group, but that they need to be supported by a professional structure. The Clinical/Professional supervisor is best placed to attend to issues relating to professional responsibility, accountability, and clinical governance.
- In line with the Trust’s Supervision Policy (CLIN/0035/v6.1), AHP Protocols identify minimum standards related to the components required for effective professionally led clinical supervision.

A commitment to clinical/professional supervision contributes significantly to:

- better and safer care for patients

- the development of reflective AHP practitioners
- the refinement and development of professional skills
- improved quality of service provision
- increased job satisfaction
- increased staff wellbeing and retention

7 Definitions

Formal clinical 1:1 supervision	For use by those in clinical roles (registered or non-registered) unless other guidance applies.
AHP clinical/professional supervision	For use by those with a specific professional background that explicitly links to the delivery of a governed therapy and those supporting the delivery of that therapy (this applies to all AHP's in roles practicing the therapy that their professional qualification allows them to).
Professional supervision	For use by social workers for supervision they do not identify as clinical due to the broader remit of social work. Also, for use by those who have a specific professional background but may be working in wider clinical/multi-disciplinary roles and not delivering the governed therapy they are qualified in. These individuals need to remain linked into their professional background and practice for continued registration.
Management Supervision	For use by all staff, to meet with Line Manager in line with Trust policy/requirements.
Supervision of student	For use when supervision is given by a practice placement educator or mentor to a student/trainee who is not an employee of the Trust.

8 How this protocol will be implemented

- This protocol will be published on the Trust's intranet and external website.
- The AHP professional heads will disseminate this procedure to all relevant Trust employees.
- All staff recruited into posts that deliver direct patient care will be made aware of the clinical supervision policy and related guidance and protocol at Trust and local induction.
- The trust will make commit to making clinical supervision available to all staff to whom this policy applies.

8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
AHPs	Supervision e-learning supervisee	1-2 hours	No expiry
AHPs	Supervision e-learning supervisor	1-2 hours	No expiry
AHPs	Profession specific educator course via local HEI if available	Variable dependant on HEI	No expiry – top ups may be available but not mandated
AHPs	Preceptor training: Multi-professional Preceptor e-compendium delivered by NHS England e-learning for health Catalogue	Up to 5 hours	No expiry.

8.2 Supervision recording and monitoring

Supervision compliance will be monitored via TEWV Vision and the IIC supervision dashboard. It is imperative that you accurately record all supervision date and time of sessions on TEWV Vision. Please see the table below for details of supervision types available to choose for AHP's and which will be reported on.

Supervision Type	AHP			
	Formal	Management	Other	Excluded
	Formal = Minimum Monthly or 8 hours out of 12 Management = Monthly Other = as and when needed/expected (no boundaries)			
Formal clinical 1:1 supervision	INCLUDE			
Management Supervision		INCLUDE		
Group/Team supervision			INCLUDE	
AHP Clinical / Professional Supervision	INCLUDE			
Other e.g. Formulation meeting, case discussion etc.			INCLUDE	
Peer supervision			INCLUDE	
Appraisal				EXCLUDE
Professional Supervision / Advice	INCLUDE			
Supervision of student/trainee				EXCLUDE (not reported)
IPS Supervision				EXCLUDE (not AHP – AHP linked)
Live supervision (with formalised reflection)				EXCLUDE
Safeguarding Supervision Adult/Children			INCLUDE	
Non-Medical Prescriber 1:1 Supervision			INCLUDE	
PBS supervision			INCLUDE	
Individual Placement and Support supervision				EXCLUDE
Non-Medical Prescriber Group Supervision			INCLUDE	
Reflective review of taped/video sessions			INCLUDE	

Further guidance on when to use these is given below, and appendix 3 gives more information on the expectations of supervision monitoring.

9 How the implementation of this procedure will be monitored

Supervision compliance will be monitored utilising data from TEWV Vision, IIC supervision dashboard and 6 monthly audits from Clinical/Professional AHP Leads. It is imperative that you accurately record all supervision date and time of sessions on TEWV Vision.

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	All AHP staff are receiving Clinical/Professional Supervision Monthly	Frequency = 6 monthly Method = each professional lead to oversee supervision compliance for staffing group. This is reported to professional head and then chief AHP Officer Responsible = Professional AHP Heads	Chief AHP Officer AHP Plus Assurance and Governance Meeting
2	Audit quality of Clinical/Professional AHP supervision	Frequency = Annually Method = Microsoft Forms Survey Responsible = Chief AHP	Chief AHP AHP Plus Assurance and Governance Group

10 References

- British Association of Art Therapists (BAAT) BAAT State Registered Art Therapist Guidelines for Supervision 2014 <http://www.baat.org/>
- British Association of Art Therapists (BAAT) Code of Ethics 2019 <https://www.baat.org/Assets/Docs/BAAT%20CODE%20OF%20ETHICS%202019.pdf>
- BAAT Supervision Guidelines 2019 [STATE REGISTERED ART THERAPIST GUIDELINES FOR SUPERVISION](#)
- British Association of Art Therapists (BAAT) <http://www.baat.org/>
- Our Journey to Change [Our Journey To Change \(OJTC\)](#)
- HPCPC Standards of Proficiency [Standards of proficiency | \(hcpc-uk.org\)](#)
- HPCPC Guidance on effective supervision [Providing effective supervision | \(hcpc-uk.org\)](#), [csp clinical supervision 2017.pdf](#) and [Supervision | \(hcpc-uk.org\)](#)
- The Health Professions Council 'Standards of Conduct, Performance and Ethics' (2024) [Standards of conduct, performance and ethics | \(hcpc-uk.org\)](#)
- Standards of Proficiency for Dietitians [\(2023\) Dietitians | \(hcpc-uk.org\)](#)
- The British Dietetic Association (BDA) <http://www.bda.uk.com/>
- BDA Practice Supervision:

<https://www.bda.uk.com/uploads/assets/42fd0e92-7d14-4d59-856c8b83eb339007/practice-supervision-document.pdf>

Clinical Supervision Statement for Dietitians working in Mental Health, Eating Disorders and Learning Disabilities Settings: <https://www.bda.uk.com/uploads/assets/80e85e78-9e2b-48ae-939eb9680a090aac/Clinical-Supervision.pdf>

Standards of proficiency - Occupational therapists (2023) [Occupational therapists | \(hcpc-uk.org\)](https://www.hcpc-uk.org/standards-of-proficiency-occupational-therapists)

The British Association of Occupational Therapists and Royal College of Occupational Therapists (BAOT / RCOT) Supervision Guidance for Occupational Therapists and their managers (2015) [Supervision - RCOT](https://www.rcot.co.uk/publications/supervision-rcot)

Principles for Life Long Learning (RCOT, 2022)

<https://www.rcot.co.uk/file/12700/download?token=VeCINya9>

Professional standards for occupational therapy practice, conduct and ethics (2021)

<https://www.rcot.co.uk/publications/professional-standards-occupational-therapy-practice-conduct-and-ethics>

Standards of proficiency – Physiotherapists (2023) [Physiotherapists | \(hcpc-uk.org\)](https://www.hcpc-uk.org/standards-of-proficiency-physiotherapists)

The Chartered Society of Physiotherapy (CSP) <http://www.csp.org.uk/>

CSP `Code of Members` professional values and behaviours

<http://www.csp.org.uk/publications/code-members-professional-values-behaviour-2019>

CSP `Clinical Supervision: A brief overview (2017)

[csp clinical supervision 2017.pdf](https://www.csp.org.uk/publications/clinical-supervision-2017)

Supervision, Accountability & Delegation – PD126 March 2020 – CSP

[PD126 Supervision accountability delegation final \(2020\).pdf](https://www.csp.org.uk/publications/supervision-accountability-delegation-final-2020)

Standards of proficiency - Speech and language therapists (2023) [Speech and language therapists | \(hcpc-uk.org\)](https://www.hcpc-uk.org/standards-of-proficiency-speech-and-language-therapists)

Royal College of Speech & Language Therapists (RCSLT) <http://www.rcslt.org/>

RCSLT (2016). CQ Live. Available at: https://www.rcslt.org/cq_live/introduction

RCSLT Supervision guidance and quality

<https://www.rcslt.org/members/delivering-quality-services/supervision/supervision-guidance/#section-3>

Standards of proficiency - Arts therapists (2023) [Arts therapists | \(hcpc-uk.org\)](https://www.hcpc-uk.org/standards-of-proficiency-arts-therapists)

British Association of Drama Therapists [BADth :: Home](https://www.badth.org.uk/)

Supervision Guidelines:

<https://www.badth.org.uk/content/1524/Live/Complete%20Clinical%20Supervision%20Guidelines%20for%20the%20Profession.pdf>

British Association of Music Therapy (BAMT) - [British Association for Music Therapy :: Allied Health Professions](https://www.bamt.org.uk/)

Standards of Conduct, Performance and Ethics : <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>) and the Standards of Proficiency- Arts

Therapists <https://www.hcpc-uk.org/standards/standards-of-proficiency/arts-therapists/>

Standards of Proficiency <https://www.hcpc-uk.org/standards-of-proficiency/paramedics/>

College of Paramedics <https://collegeofparamedics.co.uk>

College of Paramedics CPD Portfolio resources

<https://collegeofparamedics.co.uk>

NHS England e-learning for health [Catalogue](#)

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	17 April 2025
Next review date	23 December 2027
This document replaces	CLIN-0036-v4.2 AHP Supervision Protocol
This document was approved by	AHP professional advisory group
This document was approved	17 April 2025
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	03 January 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
4	Jan 2018	Updated hyperlinks and references	Withdrawn
4	Sep 2020	Review date extended to 22 July 2021	Withdrawn
4	Aug 2021	Review date extended to August 2021	Withdrawn

4.1	August 2021	Updated hyperlinks and references, simplified throughout, interface table updated and new appendices e.g. supervision template forms replaced or added.	Withdrawn
4.2	23 Dec 2024	Updated hyperlinks and references, simplified throughout, added in Drama therapists and Music Therapists into section 3, updated supervision record template – removed coaching tools and added these as an appendix.	Withdrawn
4.3	17 Apr 2025	Changes made: Page: 38,39,40 – per Trust guidance removed references to ‘ThinkOn’ coaching Page 18: section ‘9 How the implementation of this procedure will be monitored’ table, row 1 clarification to the method detailing how to monitor compliance.	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	ALLIED HEALTH PROFESSIONALS (AHP)
Title	Allied Health Professional Supervision Protocol
Type	Protocol
Geographical area covered	Trust Wide
Aims and objectives	<p>The Trust's Clinical Supervision Policy applies to all staff (both regulated & non-regulated) including AHP's. As part of this policy, the AHP supervision protocols cover regulated AHP staff registered with the Health and Care Professionals Council (HCPC) and AHP support staff.</p> <p>It reflects the diverse range of AHPs employed by the Trust and the various HCPC/Professional standards they are expected to adhere to.</p> <p>The AHP supervision protocol outlines a set of principles and guidance relating to each professional group. Operationally, it is accepted that each professional group may have unique requirements in order to ensure that their supervision needs are met.</p>
Start date of Equality Analysis Screening	13 December 2024
End date of Equality Analysis Screening	03 January 2025

Section 2	Impacts
<p>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</p>	<p>AHPs and AHP support staff working in the trust, patients, carers, the public, the Trust, HCPC, AHP professional bodies.</p>
<p>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
<p>Describe any negative impacts / Human Rights Implications</p>	
<p>Describe any positive impacts / Human Rights Implications</p>	<p>The procedure</p> <ul style="list-style-type: none"> • Ensures that patients receive the care they require. • Ensures that all AHP staff will receive appropriate supervision to their roles. • Gives guidance to newly qualified staff and new employees. • Ensures that all AHP staff will receive an equal access to clinical and professional supervision.

	<p>Disability – reasonable adjustments will be made for staff with disabilities appropriate to their needs e.g. time of day of supervision, who writes up supervision, use of technology e.g. for people with dyslexia, following of accessible information standards where appropriate, use of hearing loops for those with hearing impaired where needed. Other reasonable adjustments will always be considered according to individual need.</p>
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Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See reference list
Have you engaged or consulted with patients, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Those the policy affects i.e. AHP staff members working within the trust were involved in the initial development of the policy and the policy review. It has been shared with relevant lead AHP`s for their contribution and led by the AHP professional heads through the network.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Not applicable

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	All staff members complete the basic supervision e-learning training. All AHP staff members have supervision guidance through their professional bodies or for non-registered staff, this document.
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	

Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	03/01/2025 ah
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	yes	

Appendix 3 – AHP Protocol / Components

Component 1: ‘Policy & Protocol’

- The policy and AHP protocols will be available on the intranet. AHP protocols will be reviewed every 3 years, sooner if changes in AHP Professional Bodies or HCPC guidance require it.

Benefits

- *This will ensure all staff have regular access to the policy and protocols for reference*

Component 2: ‘Audit & Audit Tools’

- Audits will be completed annually, and results reported to the AHP professional heads and relevant clinical governance groups in line with the main clinical supervision policy. Where professional bodies have an audit tool available this will be the audit tool of choice. Where these are not available the relevant professional head in conjunction with clinical leads responsible for supervision will develop an audit tool for that professional group. The responsibility for the audit lies with the relevant clinical leads.
- Quality audit - annual Microsoft forms survey to all AHP staff in receipt of clinical/professional AHP supervision.

Benefits

- *Evidence of regular clinical supervision and identification of any positive or negative aspects of same including barriers to effective utilisation*

Component 3: ‘Identification of Professional / Clinical Supervisors’

- It is the responsibility of each Clinical/Professional AHP Lead to identify and agree a competent professional clinical supervisor for each qualified member of AHP staff. Professional standards must therefore be taken into consideration in respect of:

Art Psychotherapists: Supervisors must be an accredited BAAT supervisor. If this is not possible /available, the art therapist should receive clinical supervision from an experienced and noted supervisor with training and experience compatible with the approach appropriate for the client group and have undergone supervision themselves as part of training. Peer supervision alone is not sufficient.

Dietitians: The professional clinical supervisor must be a more experienced dietitian and/or from a higher banding, who will incorporate all professional aspects of clinical supervision as outlined in BDA guidance. Additional practice supervision does not have to be given by a member of the same profession. It can be delivered across professions and across multi-disciplinary teams. Within some professions, supervision can encompass all dimensions of a postholders work including caseload, workload, professional management and personal day to day supervision

<https://www.bda.uk.com/uploads/assets/80e85e78-9e2b-48ae-939eb9680a090aac/Clinical-Supervision.pdf>

Occupational Therapists: The professional clinical supervisor must be a more experienced occupational therapist and/or from a higher grade. This may be breadth or depth of experience.

Physiotherapists: A supervisor may be from the same or a different professional group but if a supervisor is from a different professional group the clinical lead must be assured that the supervisor is competent and up to date in physiotherapy practice, standard, skills and knowledge and evidence base.

Speech & Language Therapists: The clinical supervisor must be an experienced and qualified SLT who will incorporate into professional clinical supervision all professional aspects outlined in RSCLT guidance. The exception is where clinical supervision is also sought from a psychiatrist or psychotherapist where the SLT has a predominantly counselling role.

Dramatherapists: Supervisors must be an accredited BAAT supervisor. If this is not possible /available, the Dramatherapist should receive clinical supervision from an experienced and noted supervisor with training and experience compatible with the approach appropriate for the client group and have undergone supervision themselves as part of training. Peer supervision alone is not sufficient.

Music Therapists: Supervisors must be an accredited BAAT supervisor. If this is not possible /available, the music therapist should receive clinical supervision from an experienced and noted supervisor with training and experience compatible with the approach appropriate for the client group and have undergone supervision themselves as part of training. Peer supervision alone is not sufficient.

Registered AHPs working in generic roles: Including those working as CBT therapists, Mental Health Practitioners etc should seek clinical supervision appropriate to their role. In situations where the clinical component of the individual's role is agreed by both the line manager and relevant AHP clinical lead as clearly profession specific, the relevant professional clinical AHP lead should identify a professional clinical supervisor in the same way as for other clinicians in their area of responsibility.

AHP support practitioners: AHP support staff (known as 'assistants', 'associate practitioners' 'technicians', and / or by profession specific support titles) typically have clinical work delegated to them by an associated AHP practitioner. The HCPC and all professional guidelines are clear that they must be supervised clinically by the person / professional delegating the task to them.

Other Support Practitioners: Other support practitioners such as nutritional assistants or nursing assistants or community support workers accepting delegated clinical tasks from an AHP must be clinically supervised by the relevant AHP for this aspect of their practice. In some

situations, other practitioners may seek regular specialist advice around the AHP area of speciality without the delegation of clinical tasks.

Benefits

Assurance that supervision is distributed appropriately among practitioners and professional guidelines, governance and standards are adhered to.

Component 4: ‘Additional Clinical Supervision’

- Qualified AHPs may seek in consultation with their Clinical/Professional AHP Lead additional clinical supervision from another supervisor of the same professional background or consult with others from different professional background where demanded by the dynamics of a particular case. This may be linked to extended scope practice or where it is agreed with the Clinical/Professional AHP Lead that the expertise is not readily available within the locality.

Benefits

Safe practice and assurance of clinical governance.

Component 5: ‘Training & Education’

- Training, education & support provided by the Trust to AHPs will reflect the variety of professional approaches, requirements and guidelines e.g. art psychotherapists providing clinical supervision will preferably be accredited by BAAT. All AHP’s who are able to take students should complete a profession specific practice educator course with one of the local universities prior to taking a student or providing clinical/ professional supervision for another occupational therapist. This is identified as providing practitioners with the requisite skills that can be utilised to facilitate professional / clinical supervision. It is the responsibility of the clinical lead to assure that any training accessed meets professional requirements. (See training section in main body of policy)

Benefits

- *Realistic and accessible training and awareness related to roles and responsibilities within clinical supervision based upon professional guidelines.*

Component 6: Appraisals

- Clinical/professional supervision will contribute to appraisals in order to identify areas for professional development. Professional clinical supervisors should be involved in appraisals as standard. This is to be achieved outside of allocated professional clinical supervision time.

Benefits

- Identification of localised skill requirements to contribute to a robust training needs analysis

Component 7: ‘Content of Professional / Clinical Supervision’

Art Psychotherapists: ‘... patterns of practice; expand clinical techniques and theory; examine transference/ counter transference; compliance with code of practice; analyse clinical material and review the aims of therapy, intervention time scales; & turning points in therapeutic relationships’.

Dietitians: ‘ ...a process of professional support and learning, undertaken through a range of activities (such as exploring work-based scenarios and reflecting on practice), which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance patient protection, quality and safety of care. ‘

Occupational Therapists ‘... profession specific matters (including professional development, skills and knowledge); ensuring the quality and good standards of practice; accountability and responsibility for clinical work carried out; maintaining an occupational focus; supporting all aspects of the OT process; & supporting occupational therapy staff to develop their practice.’

Physiotherapists ‘...an exchange between practicing professionals to enable the development of professional skills’ Butterworth & Faugier (1993). It aligns with an outcomes-based approach to CPD which is consistent with the HCPCs expectations of registrants and the CSPs expectations of its members as set out in the CSP code of members’ professional values and behaviours.”

Speech and Language Therapists: ‘... relating theory to practice thereby promoting CPD; knowledge of and facilitating adherence to professional standards; & discussing clinical interventions (including feelings that are engendered).

Dramatherapists: ‘... patterns of practice; expand clinical techniques and theory; examine transference/ counter transference; compliance with code of practice; analyse clinical material and review the aims of therapy, intervention time scales; & turning points in therapeutic relationships’.

Music Therapists: ‘... patterns of practice; expand clinical techniques and theory; examine transference/ counter transference; compliance with code of practice; analyse clinical material and review the aims of therapy, intervention time scales; & turning points in therapeutic relationships’.

Benefits

- Improved quality of care, development of professional skills, maintenance of professional standards, & governance.

Component 8 ‘Venue / Environment’

- To be agreed between supervisee and supervisor as a suitable environment to both parties ensuring comfort, minimum distractions or disturbance

Benefits

- Uninterrupted time to ensure optimum quality of supervision

Component 9: ‘Informal Supervision’

- Informal supervision takes place on an ongoing basis (e.g. within MDT forums, handovers, debriefs, etc)

Benefits

- Addition perspectives and information can be gained which where appropriate can be taken into formal supervision.

Component 10: ‘Formulating the contract’

- The supervisee and supervisor will use the contract proforma (see appendix 4) subject to annual review. Both the supervisor and supervisee will hold copies of the contract and a copy should be made available by the supervisee to the line manager.

Benefits

- Agreement between the two parties on the process to be reviewed annually & line managers alerted to any changes.

Component 11: ‘Models of Supervision’

- AHP models of supervision are based on professional guidance to life-long learning. This may include 1:1, peer and / or group supervision as identified by the appropriate Clinical/Professional AHP Lead, and according to their professional development needs. Additionally, parties will agree a recognised model of reflection for use in supervision such as Johns (2000); Rolfe, Freshwater & Jasper (2000), and / or reflective logs.

Benefits

- Appropriate professional models of supervision are identified and adhered to.

Component 12: ‘Time & Frequency’

- Agreement between supervisee and supervisor relating to the required frequency and dates as identified in the AHP contract. Adequate notice should be given wherever possible if any members of the agreement are unable to attend a session. If cancellations occur, reasons for the cancellation need to be documented in clinical supervision records with responsibility for reorganisation resting with the party who cancelled.

Benefits

- Regular meetings between supervisor and supervisee that can be evidenced
- Identified responsible person to ensure regular meetings are organised

- Evidence of cancellations and reasons for same

Component 13: ‘Record Keeping’

- There should be records made of all professional clinical supervision discussions, using standard documentation (see appendix 3). The record is held by the supervisee and supervisor.
- The supervisee will record the date supervision has taken place and who the supervisor was on TEWV Vision.

Benefits

- Evidence of on-going clinical supervision accessible

Component 14: ‘Confidentiality’

- Confidentiality must be maintained at all times between the supervisee and supervisor, in line with Trust responsibility under the Data Protection Act, unless prior permission has been given by the supervisee. However, if professional conduct or issues relating to competency or professional standards arise, these must be dealt with in accordance with professional guidelines and local trust policies with the knowledge of all parties involved. Additionally, confidentiality may be breached, without permission, under demand from a court of law.

Benefits

- ‘Confidentiality, professional standards. & governance’ is maintained. AHPs have a safe place to be open and honest about concerns relating to professional practice.

Component 15: ‘Archiving’

- Clinical leads will hold a copy of each practitioner’s clinical supervision contract (see appendix 4), identifying model used, time frames, etc.

Benefits

- Central record of current practices of clinical/professional supervision within each service to assist audit

Appendix 4 – Allied Health Professions professional clinical supervision contract

JOINT AGREEMENT (Supervisee and Professional Clinical Supervisor)

As Supervisee and Professional Clinical Supervisor, we both agree	
That the aims of our session together are to enable us to reflect in depth on issues affecting practice in order to develop personally and professionally towards achieving, sustaining and creatively developing a high quality of practice	
To meet a minimum of one session per month for a minimum of one hour	
To protect the time and space for the supervisee to reflect in depth by keeping to agreed appointments and time boundaries, being punctual, ensuring privacy and no interruptions, agreeing responsibility for booking appropriate room and dates.	
To maintain a record for showing the dates and times of the professional clinical supervision sessions. Any other notes made during or after the sessions will be kept by the Clinical Supervisor and Supervisee.	
To work to a mutually agreed agenda based on the content section of the Trusts AHP protocols, using professional guidance on lifelong learning and established models of reflection.	
Being open to discussion about the quality and content of the supervision process, being willing to accept and give constructive criticism.	
To challenge any breach of this agreement, which the other does not already acknowledge or does not take seriously	
To share responsibility for making effective use of the time set aside for clinical supervision	
Frequency of meetings e.g. monthly	Venue
Circle as appropriate: 1:1 Group Peer	Model of Reflection
Signature of Supervisee(s):	Signature of Supervisor:
Print name	Print name
Date signed	Review Date.

Appendix 5 - AHP Supervision recording template

AHP coaching informed supervision template			
Supervisor: Supervisee: Other attendees:		Signatures of Attendees:	
Model: 1:1 Peer Management Clinical		Date of Supervision Date of Next Supervision	
Personal well-being (<i>Well-being, reasonable adjustments</i>):			
Caseload summary <i>For example you may;</i> <ul style="list-style-type: none"> • Detail any waiters here • Identify how many the supervisee has as lead professional or CPA coordinator here • For OT - Identify how many cases the supervisee is not delivering OT with here • You might insert your caseload overview form in here 		Active = Active - Monitoring (not OT) = Monitoring (Not OT) =	Monitoring – Discharge (not OT) = Discharged since last supervision= Caseload Total =
Patient	Discussion summary	Solution/ SMART goal	Level of intervention <i>(Identify what level this refers to here – may vary by profession)</i>

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Topic for discussion	SMART goals/actions/owner
Good news/achievements/Celebrations	
Clinical/Professional Practice: <ul style="list-style-type: none"> • In phase related to clinical/professional practice • Overall Workload/capacity/job planning/diary management/any impacts on therapy delivery 	
Leadership: <ul style="list-style-type: none"> • Supervision of others 	

<ul style="list-style-type: none"> • Issues relating to practice/standards • Appraisals of others • Leadership roles within profession/team 	
<p>Facilitating Learning:</p> <ul style="list-style-type: none"> • Stat/mand • Therapy/Profession specific (training needs analysis) • Students 	
<p>Evidence Research & Development</p> <ul style="list-style-type: none"> • Service development / QI work • Audit • Personal interests – linking to clinical/professional practice 	
<p>Reflections</p>	
<p>Other</p>	

Appendix 7 - Allied Health Professions – 4 Pillars of Practice.

[Four pillars of practice | Career Framework](#)

Four pillars of practice

The Nursing Midwifery and Allied Health Professions (NMAHP) Development Framework builds on existing NMAHP initiatives that use four Pillars of Practice.

- **Clinical Practice:** the knowledge, skills and behaviours needed to provide high quality healthcare that is safe, effective and person centred
- **Facilitating Learning:** the knowledge, skills and behaviours needed to enable effective learning in the workplace
- **Leadership:** the knowledge, skills and behaviours needed to lead and to fulfil management responsibilities
- **Evidence, Research and Development:** the knowledge, skills and behaviours needed to use evidence to inform practice and improve services



The knowledge, skills and behaviours described in the Facilitating Learning, Leadership and Evidence, Research and Development pillars are common to all NMAHP professions and specialities. The Clinical pillar also contains core content that can be expanded and contextualised for different roles.

The emphasis on each pillar may vary according to the level of practice and the specific role. For example, the emphasis may be on the 'Clinical Practice' pillar for a practitioner at Level 5 whereas at level 8, the 'Leadership' pillar may predominate. A practitioner in a specific role, such as a Practice Educator, will give more emphasis to developing the knowledge, skills and behaviours associated with the 'Facilitation of Learning' pillar than a practitioner at the same level working in a clinical role. Depending on the individual's role, they may not demonstrate all knowledge, skills and behaviours all of the time, but they should have the capability to do so at their level of practice and all those in the preceding level of practice.