

# ACCREDITATION THROUGH PARTNERSHIP



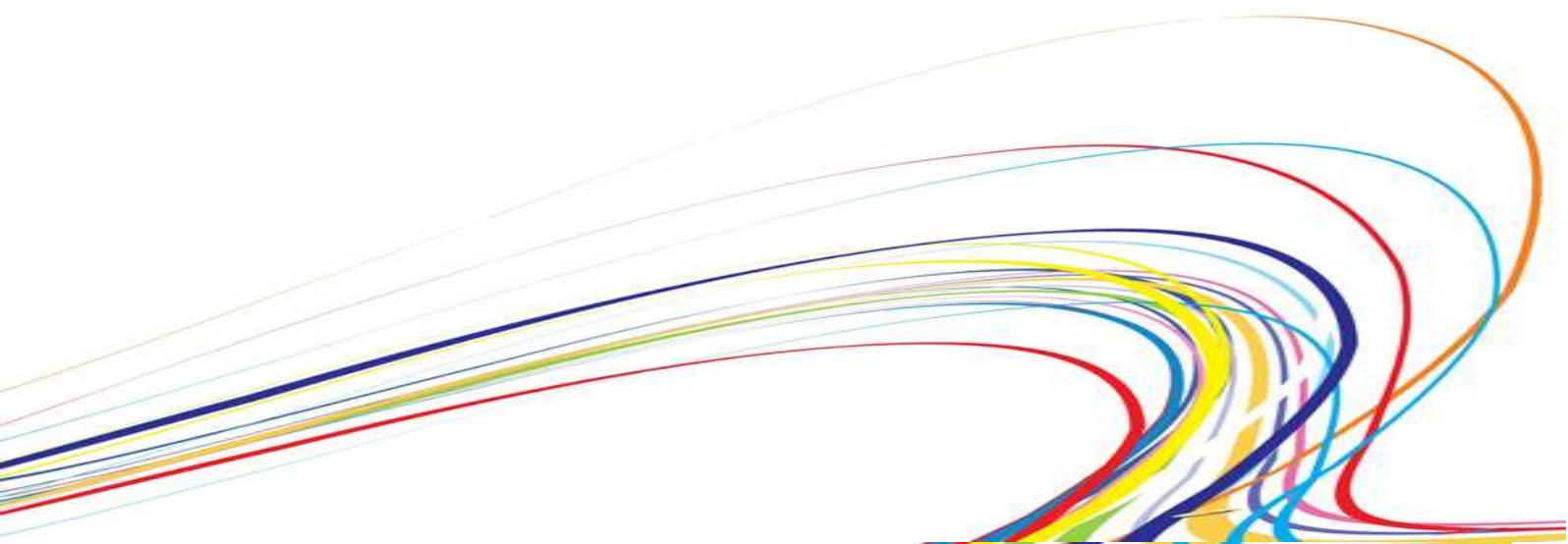
The  
British  
Psychological  
Society

## Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision

---

### Introduction

The following guidelines set out the minimum standards necessary to achieve good practice in the supervision of clinical trainees. In practice it is often helpful to adapt these guidelines and customise them to your specific programme. It is important that these guidelines are read in conjunction with the Society's standards for accredited programmes in clinical psychology, which are available at [www.bps.org.uk/accreditation/downloads](http://www.bps.org.uk/accreditation/downloads).



## **1. Qualifications of supervisors**

### **1.1 Trainees must be supervised either by:**

- (i) A clinical psychologist who is registered with the Health Professions Council, and/or who holds Chartered Membership of the Society and full membership of the Division of Clinical Psychology, who has at least two years' post-qualification experience, and who has clinical responsibilities in the unit in which the work is carried out; *or*
- (ii) Any other appropriately qualified and experienced psychologist who is registered with the Health Professions Council, and/or who holds Chartered Membership of the Society; *or*
- (iii) An appropriately qualified and experienced member of another profession who is registered with a professional or statutory body which has a code of ethics, and accreditation and disciplinary/complaints procedures.

In case of (ii) or (iii) above, the quality and quantity of supervision that is received by the trainee must be monitored carefully by the Programme Director or Clinical Tutor.

### **1.2 Supervision should normally be provided by a supervisor who has clinical responsibilities in the unit or service in which the work is carried out.**

## **2. Supervisors Workshops and Meetings**

### **2.1 Programmes must organise regular supervision workshops to train supervisors in methods of supervision; these should be designed with the needs of new as well as experienced supervisors in mind. Supervisors are expected to attend workshops on supervision. There should also be regular meetings at which supervisors have an opportunity to share information and discuss problems. Where programmes make use of team supervision, viz. where the ratio of trainee to supervisor is other than 1:1, the programme must ensure that appropriate guidance is given to supervisors and trainees on the procedures that are necessary for good team supervision. It will probably be necessary to establish supervisor workshops related specifically to team supervision.**

### **2.2 Suggested learning objectives for introductory supervisor training are provided at [www.bps.org.uk/accrreditation/downloads](http://www.bps.org.uk/accrreditation/downloads). Programmes that have developed supervisor training that reflects these objectives are able to seek approval for their training from the Society's Learning Centre ([www.bps.org.uk/learningcentre](http://www.bps.org.uk/learningcentre)), enabling supervisors who successfully complete the training to apply for entry to the Society's Register of Applied Psychology Practice Supervisors.**

### **2.3 It is important that supervisors keep abreast of theoretical, research and professional developments in their fields of work and participate in continuing professional development.**

## **3. Allocation to Clinical Placements**

### **3.1 There should be an explicit procedure for allocating trainees to clinical placements. All trainees and supervisors involved should understand the procedure and know how to influence decisions about clinical placements. The person responsible for arranging placements should give primacy**

to general training requirements and competency development needs but should also take account of the needs of individual trainees. Information should be provided about the experience obtainable in the various placements to help trainees and programme staff to make placement decisions.

- 3.2 The Programme should try to ensure effective co-working for trainees who are sharing the same placement. This is especially important where there is team supervision, with two trainees allocated to one supervisor, or when two or more trainees receive supervision from a team of supervisors, within the same placement.

#### **4. Setting up the Placement**

- 4.1 Both trainee(s) and supervisor(s) must have an opportunity to meet either before, or at the very beginning of the placement to discuss the range of experience, which is to be provided, and the expectations (hours, days of work, etc) of the trainee(s). The general aims of the placement should normally be agreed within the first two weeks of the placement and a clinical contract should be written. Attention must be paid in the clinical contract to the range of opportunities available in the placement, and to the needs, interests and previous experience of the trainee. Particular efforts should be made to fill major gaps in the trainee's experience, and records of the trainee's previous experience should be available for this purpose. The Programme Director or Clinical Tutor will have played a major role in the assessment of the trainee's strengths and needs and in the sequence of placements.
- 4.2 In cases where there is more than one supervisor involved in a trainee's placement (team supervision) a primary supervisor must be identified for each trainee who will take responsibility for the planning and co-ordination of that trainee's placement, supervision and assessment, and for liaison with Programme staff.
- 4.3 The supervisor must plan an induction for the trainee, arrange for cover in the event of annual or other leave and should plan casework well in advance.
- 4.4 Care should be taken to ensure that the trainee has access to (at least) shared office space, telephone and a desk. There must be adequate arrangements for secretarial and IT support for placement work and trainees must be given guidance on the facilities available.
- 4.5 Supervisors must remember that they have clinical and legal responsibilities for their trainees throughout the training period. It is good practice for supervisors to be insured, for trainees to be aware of relevant legal boundaries (e.g. re. the Data Protection Act, the Children Act). It is essential that trainees have appropriate (substantive or honorary) contracts that allow them to work in their placement.

#### **5. Placement Content**

- 5.1 Programmes must develop, in consultation with the Division of Clinical Psychology's Faculties and Special Interest Groups and local supervisors, guidelines on the required experience in clinical placements, recommending an appropriate amount of clinical work.

- 5.2 The local guidelines on placement content should be taken into account in the provision of placement experience for the trainee. The level of his/her experience and expertise and the stage of training will determine the particular balance of work for each individual trainee.
- 5.3 Supervisors should ensure that trainees undertake an appropriate quantity of clinical work. There are dangers in both extremes: too little work reduces the opportunity for learning and too much may reduce trainees' capacity for planning or reflecting upon the work. Supervisors should monitor the balance of time spent by the trainee on work at different levels (direct client work, indirect and organisational work). This balance will vary according to the stage of training and the type of placement. Supervisors should be alert to the dangers of time being lost at the start of the placement through suitable work not being available and should take this into account in preparing for the arrival of the trainee.
- 5.4 A log must be kept of the work a trainee has done in a clinical placement. The programme must ensure that the Clinical Tutor appropriately uses these records in planning future placements and by future clinical supervisors in discussing what experience they should provide.
- 5.5 With team supervision, the programme should give clear guidelines about the experience to be acquired so that the placement may be planned to make optimal use of others involved in providing supervision.

## **6. Clinical Supervision**

- 6.1 There must be a formal, scheduled supervision meeting each week that must be of at least an hour's duration. Longer supervision will sometimes be needed, especially where team or group supervision is used. In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions. The total contact between the trainee(s) and supervisor(s) must be at least three hours a week, and will need to be considerably longer than this time at the beginning of training.
- 6.2 In cases of team or group supervision, trainees must always receive, in addition, an appropriate amount of individual supervision. Individual supervision must provide opportunities to discuss personal issues, professional development, overall workload and organisational difficulties as well as on-going casework.
- 6.3 Adequate time for clinically relevant reading must be made available to the trainee on placement. In addition, supervisors have a crucial role in contributing to the integration of the academic and practical aspects of the Programme. They should discuss literature relevant to the clinical work in hand and suggest suitable reading to the trainee. In general they should help trainees to develop a scholarly and critical approach to their clinical work.
- 6.4 In addition to discussing clinical work, it is essential that the trainees and supervisors have opportunities to observe each other at work: the trainee can learn much more from this and it is essential in order for the supervisor to give the trainee accurate and constructive feedback. Placements differ in the most appropriate opportunities for such direct contact: some may use joint clinical work of some kind; others may prefer audiotape, videotape or a one-way screen. Some form of mutual observation of clinical work is regarded as essential.

## **7. Quality of Clinical Supervision**

- 7.1 The quality of the supervision that is provided for the trainee will depend upon many factors. The care taken in the early stages to build up a good relationship will enhance the quality of the clinical supervision.
- 7.2 Supervisors should be prepared to adapt their style of supervision to the stage of the programme a trainee has reached. It is necessary to be prepared to describe basic clinical procedures in detail and to ensure that trainees have an adequate grasp of techniques they are asked to use. Detailed training in techniques should also be available to more experienced trainees if required.
- 7.3 Trainees and supervisors may find that they have a different orientation and interests. Where this happens tolerance should be shown on both sides. Trainees should be helped to see that they might learn much that is valuable from a supervisor whose approach they may not ultimately wish to adopt. On the other hand, supervisors should see it as one of their functions to help trainees develop their own interests in an appropriate way. Where supervisors decide they must overrule the way the trainee wishes to work, they should explain their reasons with care, rather than simply asserting that this is how things should be done.
- 7.4 Supervisors should be prepared to discuss seriously and sympathetically any general issues of relationships with patients or staff that arise in the programme of clinical work. They should be sensitive to any personal issues that arise for the trainees in relation to clients and be prepared to discuss these in a supportive way when they are considered to affect the trainee's work. The range of personal issues that can be raised by clinical work is wide and includes, for example, over-involvement, dealing with anger and despair, workload and time management problems.

## **8. Clinical Reports and Communication**

- 8.1 Communication with other members of clinical teams and networks involves both written and verbal reports. Verbal reporting and discussion are often more important than formal written reports in terms of their effects on clinical decisions and action. Since the relative importance of written and oral communication is likely to vary between settings, supervisors will need to identify the most important channels of communication in their placement and teach the trainee to use these channels effectively and efficiently. Training in effective communication will involve both observation of the supervisor's behaviour, and practice by the trainee with ample opportunity for feedback.
- 8.2 There is a wide variation within the profession in how clinical reports are written and presented, particularly with respect to the amount of detailed information provided. Trainees need to be acquainted with a variety of report and letter writing styles. If there is agreement about minimal requirements of clarity and relevance in reports, exposure to individual differences between supervisors is more likely to be constructive than confusing. Trainees should be encouraged to write reports that are appropriate to the recipient (whether this is a professional colleague or a client), avoid jargon, distinguish clearly between fact and opinion, and provide consistent clarity of expression. Both supervisor and trainee should be aware of the potential conflict between communicating fully to professional colleagues and maintaining confidentiality.

## **9. Review Meetings and Feedback**

- 9.1 There must be a formal process during each placement whereby the Programme team monitors the clinical experience of trainees and the supervision provided, and helps to resolve any problems that may have arisen. The aims of this are:
- a) to review the progress of the clinical Contract
  - b) to give feedback to the trainee on his/her clinical performance
  - c) to allow the trainee to comment on the adequacy of the placement
  - d) to set targets based upon the above for the remainder of the placement
  - e) to give feedback to the supervisor on his/her performance.
- 9.2 When a trainee is involved with some form of team supervision, the programme must ensure that each trainee's experience is monitored on an individual basis. Other review or feedback of meetings that may be held at the beginning and end of a placement should also allow for individual time allocation for each trainee. If possible, all team supervisors involved with any single trainee should be involved in the monitoring process (and beginning and end of placement meetings). Where it is not possible for all a trainee's supervisors to be present at a key review meeting, one designated supervisor should seek views from other team supervisors prior to the meeting, and provide feedback after the meeting.
- 9.3 Matters such as the physical resources available to the trainee (room space, secretarial backup, etc) and theory-practice links may also be usefully discussed at this time. Supervisors and trainees may find it helpful in the review to go through the rating forms that will be used at the end of the placement.
- 9.4 In general, it is expected that the programme staff member conducting the monitoring will hold discussions with the trainee and supervisor separately and then hold a joint discussion. In this way more accurate feedback about the trainee's performance and about the quality of the supervision provided may be obtained. The timing of the monitoring is important if sufficient time is to be left for improvements to be made. A plan and timetable for the review should be agreed at the start of the placement.
- 9.5 Mid placement qualitative feedback is essential both for the supervisor and the trainee. Supervisors should try to set aside positive or negative personal feelings about trainees when making evaluations. Feedback should be detailed and constructive and designed to help trainees develop a range of effective and appropriate skills; thus, feedback should be critical but not wholly negative.
- 9.6 If seriously dissatisfied about aspects of a trainee's performance, supervisors should regard themselves as under an obligation to the profession to indicate this to the programme staff.
- 9.7 The trainee also has a responsibility to the programme and to the profession to give feedback to the programme staff about the quality of the placement and the supervision.
- 9.8 At the end of the placement the supervisor must give the trainee full feedback on his/her clinical performance. The trainee must see the supervisor's written assessment. Any major points that

the supervisor is concerned about should normally have been raised well beforehand, at least during the formal monitoring process, to allow the trainee time to improve. The trainee must also have ample opportunity to comment on the placement, for example, on the experience and the supervision received. The trainee's views should be recorded formally as part of the general evaluation of the placement. Feedback forms and forms for rating clinical competence should always be completed at the time of the end of placement review and returned promptly.

- 9.9 The points made in section 9.5 concerning the provision of balanced, constructive and detailed feedback to the trainee also apply to the end of placement review. The supervisor should, in addition, help the trainee to identify gaps in his/her experience to facilitate planning for subsequent placements. It is important for the supervisor and trainee to forward this information to the person responsible for co-ordinating placements.

## **10. Assessment of Clinical Competence**

- 10.1 It is important that supervisors are familiar with the examination and continuous assessment requirements for trainees and the guidelines and regulations for these.
- 10.2 In cases of team supervision, all supervisors who have been involved with the trainee(s) must be familiar with the programme's assessment procedure and must give feedback on the trainee(s) clinical competence.
- 10.3 Supervisors must be familiar with the specific criteria for passing and failing in the assessment of clinical competence set by the programme. In addition, supervisors should be aware of appeals procedures. In cases where trainees have displayed unsatisfactory behaviour, such as regular and serious lateness for clinical appointments, professional misconduct, or failure to acquire an adequate level of clinical competence, trainees must be left in no doubt about the problem. The supervisors should discuss with the Clinical Tutor what action should be taken and it may be helpful to have a member of the programme staff present at the time of the end of placement review.

*Revised September 2010*