

# **SECTION 8, APPENDIX 1: BPS GUIDELINES ON CLINICAL SUPERVISION**

The following is adapted from the BPS criteria for the Accreditation of courses.

## **1 Qualifications of supervisors**

The main supervisor of a trainee shall normally be a clinical psychologist who has at least two years' experience after gaining the qualification and eligibility for Registration as a Chartered Clinical Psychologist and who has clinical responsibilities in the unit in which the work is carried out. Alternatively it could be an experienced Clinical Psychologist with at least two years' practice who has recently gained a Statement of Equivalence and eligibility for Chartered Status. In certain circumstances, the main supervision may, at the discretion of the Programme Director or Clinical Tutor, be carried out by a Clinical Psychologist who has at least one year's experience after gaining the qualification and eligibility for Registration as a Chartered Clinical Psychologist. When this occurs, the quality and quantity of supervision that is received by the trainee must be monitored carefully by the Programme Director or Clinical Tutor.

At the discretion of the Programme Director or Clinical Tutor, the supervision of specific aspects of the trainee's work can be formally delegated to an appropriately qualified and experienced Psychologist who is eligible for Registration as a Chartered Psychologist or an appropriately qualified and experienced member of another profession, either in one-to-one supervision or as part of a supervisory team. When this occurs, the quality and quantity of supervision that is received by the trainee must be monitored carefully by the Programme Director or Clinical Tutor.

## **2 Types of supervisory arrangements**

A variety of supervisory arrangements is acceptable. These include trainee to supervisor ratios of 1:1 and 2:1 and various forms of team supervision for groups of trainees. The Programme must ensure that appropriate mechanisms are in place to safeguard the standards set out in the Committee on Training in Clinical Psychology's Guidelines on Clinical Supervision. These guidelines include:

that each trainee must have a named supervisor who is responsible for the co-ordination of their supervision and who formally assesses the trainee in consultation with the other supervisor(s) involved;

that individual supervision must provide opportunities to discuss personal issues, professional development, overall workload and organisational difficulties as well as on-going case work.

## **3 Supervisors' workshops and meetings**

Courses should 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.

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

#### **4 Allocation to clinical placements**

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 but should also take account of the needs and interests of individual trainees. Information should be provided about the experience obtainable in the various placements to help trainees and course staff make placement decisions; trainees' interests need to be taken into account in the allocation of specialist placements.

#### **5 Setting up the placement**

Both trainee and supervisor should have an opportunity to meet before the placement starts to discuss the range of experience which is to be provided and the expectations (hours, days of work, etc) of the trainee. The general aims of the placement should normally be agreed in advance, and a clinical contract should be written. Attention should 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 Course or Clinical Tutor will have played a major role in the assessment of the trainees strengths and needs and in the sequence of placements.

The supervisor should plan an induction for the trainee, arrange for cover in the event of annual or other leave and should plan casework well in advance.

Although physical resources within the health service and other public services are frequently inadequate, care should be taken to ensure that the trainee has access to (at least) shared office space and a desk. There should be adequate arrangements for secretarial support for placement work and trainees should be given guidance on the facilities available.

Supervisors should remember that they have clinical and legal responsibilities for their trainees throughout the training period. It is good practice for supervisors to be insured, and for trainees to be aware of relevant legal boundaries (e.g. regarding 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.

#### **6 Placement content**

Guidelines for the content of particular placements are provided in the Criteria for the Assessment of Courses. Course training committees should expand and operationalise these in consultation with supervisors.

The Society guidelines and local guidelines on placement content should be taken into account in the provision of placement experience for the trainee. The particular balance of work for each individual trainee will be determined by the level of his/her experience and expertise and the stage of training.

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.

A log should be kept of the work a trainee has done in a clinical placement. The Course should ensure that these records are appropriately used by the placement co-ordinator in planning future placements and by future clinical supervisors in discussing what experience they should provide.

## **7 Clinical supervision**

The supervisor and trainee should meet each week for a formal, scheduled supervision tutorial; this should be of at least an hour's duration. Longer supervision will usually be needed. 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 and supervisor should be at least three hours a week, and will need to be considerably longer than this at the beginning of training.

Adequate time for clinically relevant reading should 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 the Course. 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.

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 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 should be regarded as essential.

## **8 Quality of clinical supervision**

The quality of the supervision which 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.

Supervisors should be prepared to adapt their style of supervision to the stage of the course 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.

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 may 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. If trainees can present sound reasons for adopting a different approach, the supervisor should be prepared to support this unless he or she has serious doubts about its effectiveness or the possibility of harm to clients.

Supervisors should be prepared to discuss seriously and sympathetically any general issues of relationships with patients or staff that arise in the course 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.

## **9 Clinical reports and communication**

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.

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 which 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.

## **10 Assessment of clinical competence**

It is important that Supervisors are familiar with the examination and continuous assessment requirements for trainees and the guidelines and regulations for these. Supervisors should be familiar with the specific criteria for passing and failing placements set by the Course. In addition, supervisors should be familiar with 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 should be left in no doubt about the problem. The supervisors should discuss with the placement co-ordinator what action should be taken and it may be helpful to have a member of the Course staff present at the time of the end of placement review.