



Position statement on clinical supervision for nursing and health visiting

United Kingdom Central Council
for Nursing, Midwifery and Health Visiting

Protecting the public through professional standards

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Introduction

- 1 This statement presents the UKCC's position on clinical supervision, the context within which it works and the principles (key statements) which contribute to its effective establishment. To emphasise principles, the statement does not set out matters of detail. These must be addressed during development at a local level.
- 2 The incorporation of the UKCC's key statements into systems of clinical supervision will allow more effective professional development of nurses and health visitors. This will assist patients and clients to receive high quality safe care in a rapidly changing service environment.

Clinical supervision in context

- 3 Professional development and support similar to clinical supervision have been available to some practitioners for years on an ad hoc basis. No single model is preferred by the UKCC, although one to one, group and peer group models among others are thought to be effective¹. The establishment of a model of clinical supervision is best achieved by selecting and using elements of recognised models to suit local requirements.
- 4 The potential impact on care and professional development is sufficient to merit investment in clinical supervision. It also makes a significant contribution to clinical risk management² while maintaining staff morale and aiding recruitment.
- 5 Clinical supervision assists practitioners to develop skills, knowledge and professional values throughout their careers. This enables them to develop a deeper understanding of what it is to be an accountable practitioner and to link this to the reality of practice more easily than has previously been possible.
- 6 Clinical supervision is not to be a statutory requirement for nurses and health visitors. This position may be reviewed if the need arises.
- 7 Midwives will retain the statutory function of the supervisor of midwives as described in the UKCC's Midwives Rules and The Midwife's Code of Practice^{3,4}. Clinical supervision is an integral part of the role of the supervisor of midwives.
- 8 Potential benefits are not thought to be limited to patients, clients or practitioners. A more skilled, aware and articulate profession should contribute effectively to organisational objectives. This appears to concur with the NHS Executive priorities and planning guidance for the NHS for 1996/97, which includes among six medium term priorities the requirement to:

"... develop NHS organisations as good employers with particular reference to workforce planning, education and training, employment policy and practice, the development of team work, reward systems, staff utilisation and staff welfare"⁵.

- 9 Clinical supervision should, therefore, contribute significantly to an organisation's ability to meet such a priority.

Lifelong learning

- 10 The European Commission has designated 1996 as the European Year of Lifelong Learning. It is pertinent, therefore, to link clinical supervision with lifelong learning. The introduction of the UKCC's Post-Registration Education and Practice (PREP)⁶ requirements demonstrates the commitment of the nursing, midwifery and health visiting professions to this idea. Clinical supervision will assist lifelong learning by being accessible to all registered practitioners throughout their careers and includes preceptorship for newly registered practitioners.

What is clinical supervision?

- 11 Clinical supervision brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues.
- 12 Clinical supervision is not a managerial control system. It is not, therefore:
- 12.1 the exercise of overt managerial responsibility or managerial supervision;
 - 12.2 a system of formal individual performance review or
 - 12.3 hierarchical in nature.
- 13 Links between clinical supervision and management are important. These links are best described in the local policy and ground rules. Management will wish to evaluate the impact of clinical supervision and its service benefits. Development and establishment of clinical supervision should, therefore, involve managers and practitioners with the emphasis on a 'light touch' management influence.

The UKCC's key statements

- 14 The UKCC recognises that clinical supervision will involve significant investment, the benefits of which are set out below. The UKCC believes that the key statements below will assist the development and establishment of effective clinical supervision.

Key statement 1

- 15 **Clinical supervision supports practice, enabling practitioners to maintain and promote standards of care.**

Rationale

- 15.1 By encouraging reflection on practice issues, the practitioner's skills, knowledge and professional values will be enhanced and career development and lifelong learning will be promoted. Clinical supervision is aimed at clinical practitioners. The UKCC believes that supervision for colleagues in educational and managerial settings should also be developed.

Key statement 2

- 16 Clinical supervision is a practice-focused professional relationship involving a practitioner reflecting on practice guided by a skilled supervisor.**

Rationale

- 16.1 It is important to establish who is involved in clinical supervision. The practitioner needs to prepare for the supervision session by asking themselves 'what do I want to raise or discuss?'⁷. The supervisor's skills can assist reflection and where possible focus attention on pertinent matters. As a result, outcomes can be agreed, acted on or used in personal development plans. Outcomes may also be entered into a professional portfolio to assist practitioners to meet post-registration education requirements.

Key statement 3

- 17 The process of clinical supervision should be developed by practitioners and managers according to local circumstances. Ground rules should be agreed so that practitioners and supervisors approach clinical supervision openly, confidently and are aware of what is involved.**

Rationale

- 17.1 By enabling practitioners to influence the development of clinical supervision, the resultant system can be trusted by all, avoiding the perception or actuality of management imposition.
- 17.2 Ground rules need to be comprehensive and written down so that practitioners and supervisors are fully aware of the purpose and benefits of supervision. This includes stating how issues are raised, discussed or recorded and how confidentiality is dealt with. Written records of supervisory sessions are confidential and should only be disclosed with the consent of the supervisee. If clinical supervision is included in employment contracts, records may be requested by employers.

Key statement 4

- 18 Every practitioner should have access to clinical supervision. Each supervisor should supervise a realistic number of practitioners.**

Rationale

- 18.1 Clinical supervision systems should be set out in local policies. Statements about how supervisors are chosen or changed and details of what model of supervision is used should be included.
- 18.2 The ratio of supervisees to supervisor should be determined locally and can be adjusted by experience.
- 18.3 In some instances, supervision may be offered by someone other than a nurse or health visitor. Whilst this is exceptional, it would normally be in addition to supervision from a fellow practitioner. This does not preclude a nurse or health visitor supervising another registered professional.

Key statement 5

- 19 **Preparation** for supervisors can be effected using 'in house' or external education programmes. The principles and relevance of clinical supervision should be included in pre- and post-registration education programmes.

Rationale

- 19.1 Preparation of supervisors is crucial to the success of clinical supervision. Relevant practice experience is important, as well as the development of the necessary skills, qualities and characteristics. These include listening, facilitating constructive reflection and guiding practitioners to appropriate outcomes.
- 19.2 Incorporating the principles of clinical supervision into pre-registration programmes should ensure that the concept and mechanisms of clinical supervision become part of professional culture early in a practitioner's career. Post-registration programmes can build on this by developing skills and an understanding of the value of clinical supervision.

Key statement 6

- 20 **Evaluation** of clinical supervision is needed to assess how it influences care, practice standards and the service. Evaluation systems should be determined locally.

Rationale

- 20.1 Some areas have established clinical supervision whilst others have not. There is currently a lack of information on the benefits and outcomes of clinical supervision. It is important, therefore, that evaluation addresses this deficit. Information from clinical audit can form a baseline against which the impact of clinical supervision is measured.
- 20.2 Indicators of benefit could include safer practice; reduced untoward incidents and complaints; better targeting of educational and professional development; better assessment of patient/client opinion; increased compliance with post-registration education requirements; increased innovation/practice development; reduced stress among staff; improved levels of sickness or absenteeism; improved confidence and professional development; greater awareness of accountability; better input into management appraisal systems; better managed risk and better awareness of effective evidence-based practice.

Conclusion

- 21 The UKCC endorses the establishment of clinical supervision in the interests of maintaining and improving standards of care in an often uncertain and rapidly changing health and social care environment. The UKCC commends this initiative to all practitioners, managers and those involved in negotiating contracts⁷ as an important part of strategies to promote high standards of nursing and health visiting care into the next century.

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References

- 1 NHS Executive, Clinical Supervision – A Resource Pack, Department of Health, London, 1995.
- 2 Darley M A, Clinical Supervision : The View From The Top, Nursing Management, Vol. 2, 3 pp 14–15, Scutari, London, 1995.
- 3 UKCC, Midwives Rules, London, 1993.
- 4 UKCC, The Midwife's Code of Practice, London, 1994.
- 5 NHS Executive, Priorities and Planning Guidance for the NHS : 1996/97, Department of Health, London, 1995.
- 6 UKCC, Standards for Post-Registration Education and Practice (PREP), London, 1995.
- 7 UKCC, The Council's Proposed Standards for Incorporation into Contracts for Hospital and Community Health Care Services, London, 1995.

For further information, please contact the Standards Promotion Directorate at the UKCC.



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