

The Centre for Advancing Practice

Workplace Supervision for Advanced Clinical Practice:

An integrated multi-professional
approach for practitioner
development

Developing people health and healthcare
www.hee.nhs.uk



Executive Summary

The provision and delivery of high-quality workplace supervision for practitioners developing in advanced clinical practice¹ is crucial for both professional and patient safety. It requires an integrated approach in which the developing advanced clinical practitioner (sometimes referred to as a trainee), is supported by multi-professional supervisors.

The developing advanced clinical practitioner/trainee should have a nominated 'Coordinating Education Supervisor' who supports the practitioner during the period of development and access to a variety of 'Associate Workplace Supervisors' who are matched to specified aspects of practitioner development across all the pillars of advanced clinical practice, (Clinical, Research, Leadership and Management or Education).

This guidance for workplace supervision of advanced clinical practice development will be useful for supervisors, employers, those driving workforce development and educators. There are seven fundamental considerations, set out in the diagram opposite, which underpin workplace supervision and ensure that both patient and professional safety are maintained during the practitioner's advanced clinical practice development.



¹ The term advanced clinical practice is used throughout this document and is consistent with the term adopted in the 2017 HEE Framework for multi-professional advanced clinical practice. In some health settings the term 'advanced practice' is preferred. The guidance provided in this publication is relevant in both advanced clinical practice and in advanced practice development.



Multi-professional advanced clinical practitioners are a growing part of the modern healthcare workforce. Their valuable contribution to patient care and pathways is recognised in health and care policy ([NHS, 2020](#)). They are registered practitioners from a range of professional backgrounds who have advanced level capabilities across the four pillars of clinical, leadership and management, education and research, as set out in the [The Multiprofessional Framework for Advanced Clinical Practice in England, \(NHS, 2017\)](#). Development in advanced clinical practice usually combines practice-based (workplace) learning and training with academic learning at level 7, (masters), delivered in a traditional higher education institution (HEI) such as a university.

The provision of workplace supervision which is responsive to a developing practitioner's learning and development needs should be identified as part of advanced clinical practice workforce and business planning. It should be accompanied by investment in supervisor and practice educator development.

Aside from whether there is supervisor capacity in the existing workforce, it cannot be assumed that existing uni-professional workplace supervision practices will map neatly to the learning needs of developing multi-professional advanced clinical practitioners/trainees. Nor can it be assumed that uni-professional colleagues have shared understanding of the professional scope or typical clinical practice profile of developing advanced clinical practitioner/trainees from different qualifying professions.

This is a rapidly developing field of multi-professional practice across a growing range of settings and it is acknowledged that there will be justifiable variation in supervision arrangements associated with geography, pathways, practice context and roles. Although supervision practices are well-established in health and social care, this resource has been developed because:

There is variation in the extent to which advanced clinical practice and advanced clinical practitioners are established and recognised across the health and care system;

Current supervision practices tend to have a profession-specific focus; both the practices and the accompanying terminology vary greatly within and across professions;

Practitioners developing in advanced clinical practice come from an expanding range of registered professions; they are hybrid health and care professionals for whom there is no common, shared pre-registration foundation;

Workplace supervision of advanced clinical practice knowledge and skills' development is likely to include some supervision across traditional professional boundaries.



Contents

Ensuring that the fundamentals of advanced clinical practice supervision are adequately addressed can seem daunting and potentially raises concerns about resourcing. For this reason, the guidance in relation to each fundamental consideration is set out in sections with links to useful resources.

● [Practice Context →](#) [Page 5](#)

Identify and agree the expected scope of advanced clinical practice and practice demands², (clinical, education, research, leadership and management) for a specified practice setting and role.

● [Competence and Capability →](#) [Page 6](#)

Identify and agree the advanced clinical practice competences and capabilities which are required in the specified practice setting and role.

● [Multiple Professional Registrations →](#) [Page 7](#)

Understand the scope of practice for practitioners holding differing professional registrations and have an appreciation of the added value a range of registered professionals bring to the practice setting for patient benefit.

● [Individual Learning plan →](#) [Page 8](#)

Analyse individual learning needs and agree a learning plan for each developing advanced clinical practitioner/trainee which sets out how the practitioner will augment existing competences and capabilities to equip the practitioner to practice safely and effectively in the advanced clinical practice setting.

● [Professional Development and Transition →](#) [Page 9](#)

Understand the socio-professional factors which are encountered in the advanced clinical practice setting including the professional transition from experienced uni-professional through novice advanced clinical practitioner/trainee to hybrid multi-professional identity, and also the perceptions of and implications for individual professionals, healthcare teams and the public.

● [Integrated Approach →](#) [Page 10-14](#)

Adopt an integrated approach to workplace supervision for the professional developing in advanced clinical practice; appointing a Co-ordinating Education Supervisor and a range of Associate Workplace Supervisors, matched to support the clinical, research, leadership and management or education pillars of the practitioner's development.

● [Supervisor Development →](#) [Page 15-23](#)

Invest in and ensure workplace supervisors have access to development opportunities and mechanisms for ongoing support.

● [Appendices →](#) [Page 25-41](#)

² The term 'practice demands' is used to capture all the practice expectations in relation to the four pillars of advanced clinical practice: clinical, education, leadership and management, research



1. The Practice Context: Identifying the advanced clinical practice demands

The drivers that prompt the development of advanced clinical practice roles vary from service to service. Often a practitioner in an advanced clinical practice role is meeting practice demands and patient needs traditionally associated with another profession.

When designing workplace supervision for the developing advanced clinical practitioner/trainee, it is important to focus on the advanced clinical practice demands that the practitioner is expected to be competent and capable to assess, treat and manage rather than thinking about the practitioner as a substitute for a more familiar professional.

The advanced clinical practice demands for some roles are already well-established and are linked to recognised national or locally developed specialty curricula such as those of the [Royal College of Emergency Medicine \(RCEM\)](#) or the [Faculty for Intensive Care, \(FICM\)](#). There are other area specific curricula and capability frameworks in development, (see section 2). Where advanced clinical practice is being established for the first time, identifying and agreeing the practice demands is a crucial first step because:

- By identifying and agreeing the advanced clinical practice demands in a specified practice setting, it is then possible to agree the competences and capabilities which the developing practitioner/trainee is working towards and in turn, how best to supervise the different aspects of learning and development.

- The advanced clinical practice role is not a substitute for an existing, traditional established, uni-professional role.
- There will be overlap with other roles, but multi-professional advanced clinical practitioners are registered professionals, working within their qualifying professional registration, to meet advanced clinical practice demands in a specified practice setting.
- The added benefits which can be gained by expanding the range of registered professionals working in advanced clinical practice can be identified.

1.1 Resources to support the identification of advanced clinical practice demands

Existing job descriptions for uni-professional roles in the specified setting may provide a helpful starting point but should be used with caution because of the differing professional profiles of the potential advanced clinical practice postholders.

It is useful to think about the practice demands in relation to the [multi-professional framework for advanced clinical practice](#), considering how the practice demands fit with the core advanced clinical practice clinical, educational, research, management and leadership pillars and with the curricula and capability frameworks that have been and are being developed (see section 2).

[Appendix 2](#) has example activities which a team might conduct to help them to set aside traditional assumptions based on uni-professional approaches and job descriptions, and to focus instead on the advanced clinical practice demands. This approach can ensure that the added value brought to the advanced clinical practice setting through the expertise of professions less traditionally associated with this practice setting is not overlooked. The activities described in Appendix 2 may also be useful in supporting supervision or in peer learning sessions.

2. Agreeing the advanced clinical practice competence and capability

Competence is used to refer to a consistent performance in accordance with defined standards and capability refers to being 'competent, and beyond this, to work effectively in situations which may be complex and require flexibility and creativity' ([Skills for Health, 2020 p9](#))

The competences and capabilities inform the curriculum for development in advanced clinical practice for a specified setting. Curricula will reflect the required knowledge, skills, experiences, personal qualities, behaviours and attributes in relation to the advanced clinical practice pillars of clinical, education, research and leadership/management.

An advanced clinical practice role may share competences and capabilities with more traditional, uni-professional team roles but the uni-professional competences and capabilities should not be adopted as a short-cut to the specification of advanced clinical practice competence and capability without due consideration. This is because, as highlighted in [section 1](#), multi-professional advanced clinical practitioners are registered professionals working within different qualifying professional registrations to meet advanced clinical practice demands in a specified practice setting. Each professional registration varies in terms of the registered professional's scope of practice, for example whether supplementary prescribing is within scope.

The national framework for multi-professional advanced clinical practice ([NHS 2017](#)) provides an overarching, high level structure for curriculum development mapped to the four pillars. Thinking about curricula in relation to discrete pillars helps to ensure the breadth of development is addressed but

it is recognised that in practice the pillars overlap and are interwoven. In some practice contexts there are nationally agreed clinical curricula and capability frameworks; [Royal College of Emergency Medicine \(RCEM\)](#), [Faculty of Intensive Care Medicine, \(FICM\)](#), and so on. It is nonetheless important to reach agreement about the area-specific competences/capabilities because there will be local and speciality variation both in day-to-day clinical practice and in relation to the academic underpinning for advanced clinical practice pillar development offered from local higher education institutions/universities.

Each locality and speciality will need to agree how the academic and practice components integrate to facilitate the learning required for specified components of the practitioner's advanced clinical practice development so that learning, academic and practice supervision, assessment and verification can be differentiated, co-ordinated and quality assured.

Where the development of advanced clinical practice is via the integrated degree apprenticeship route, the integration of academic and practice development will also need to map to the [Advanced Clinical Practitioner \(Degree\) apprenticeship standard \(ST0564\)](#).

Higher education providers/universities have the opportunity for accreditation by HEE of advanced clinical practice curricula. These curricula will be subject to periodic review and re-accreditation.

Recognising the potential for operational and/or population changes and for specialty advances, it is also important to have regular, scheduled review of local curricula, for example when a

cohort of learners complete their development, so as to ensure the competences, capabilities and related curricula remain fit for the development of advanced clinical practice in the specified setting.

2.1 Resources for agreeing advanced clinical practice competence and capability

Some speciality and area-specific curricula, competence and capability frameworks have been developed and include:

[Royal College of Emergency Medicine \(RCEM\) Emergency Care Advanced Clinical Practice Curriculum](#)

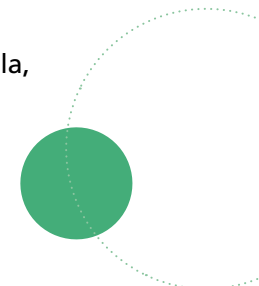
[Faculty of Intensive Care Medicine, \(FICM\) Advanced Critical Care Practitioner Programme](#)

[The Ophthalmic Common Clinical Competency Framework – Curriculum \(OCCCF\)](#)

[Musculoskeletal Core Competency Framework](#)

[Core Capabilities Framework for Advanced Clinical Practice \(Nurses\) Working in General Practice / Primary Care in England](#)

Work continues nationally to agree competence and capability frameworks for advanced clinical practice in different clinical settings and will become available as they are agreed via the [Health Education England Advanced Clinical Practice](#) web pages.



3. Understanding multi-professional registrations and scope of practice

The multi-professional nature of the advanced clinical practice workforce differentiates it from other health and care provision by registered professionals. This has implications for recruitment into advanced clinical practice development/trainee posts and the accompanying education and practice-based workplace supervision because:

- Developing practitioners/trainees will have **different professional starting points** reflecting different professional registrations, prior practice and supervision experience; nurses, pharmacists, allied health professionals (AHPs)³ and so on;
- There is **no single underpinning, pre-registration professional training** for practitioners developing to an advanced clinical practice level. This is in contrast to the way that practitioners such as nurses or doctors, though ultimately specialising, share common pre-registration foundations for their respective professions;
- The **scope of practice for different registered professions varies**; for example, not all professional registrations extend to independent or supplementary prescribing;⁴
- **Advanced clinical practice workplace supervisors and those they supervise may hold different registrations and it cannot be assumed that their experiences, beliefs and expectations about supervision are the same.**

The training and development of advanced clinical practice workplace supervisors should address familiarisation with professional registrations, professional scope of practice and the implications for advanced clinical practice. It follows that such training would also encourage supervisors to be familiar with the scope of the pre-registration curricula for any supervisee whose registration differs from that of the supervisor.

Familiarity with the developing practitioner's/trainee's qualifying registration and scope of practice underpins:

- Expectations about the developing advanced clinical practitioner's/trainee's pre-existing clinical knowledge and skills;
- The learning and development which will support the practitioner to augment existing knowledge, skills, experiences, behaviours and characteristics to an advanced clinical practice level;
- The design, provision and delivery of workplace supervisory practices which ensure practitioner and public safety during the practitioner's advanced clinical practice development and beyond into ongoing practice.

3.1 Resources to support understanding of multi-professional registrations and scope of practice

The main professional regulators/registration bodies for professions working in advanced clinical practice in the NHS in England are:

- [Nursing and Midwifery Council, \(NMC\)](#)
- [Health and Care Professions Council, \(HCPC\)](#)
- [General Pharmaceutical Council, \(GPhC\)](#)
- [Academy for Healthcare Science \(AHCS\)](#)

For further discussion of the development of supervisors for multi-professional advanced clinical practice see [section 7](#) and for an outline of the indicative content for advanced clinical practice supervisor training and development see [Appendix 6](#).

³ NHS England recognises 14 allied health professions (AHPs): art therapists, drama therapists, dietitians, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, podiatrists, therapeutic and diagnostic radiographers, speech and language therapists.

⁴ Professional registrations which include independent or supplementary prescribing are: Nurses, Midwives, Pharmacists, Physiotherapists, Therapeutic Radiographers, Optometrists, Podiatrists; Supplementary Prescribers: Diagnostic Radiographers, Dietitians; Community Practitioner Prescribers: District Nurses and Health Visitors

4. Developing and Agreeing an Individual Learning Plan

Developing an individual learning plan (sometimes called a personal development plan), begins with an appraisal of the professional's learning needs. This provides a mechanism to document:

- each practitioner's existing professional knowledge, skills, experiences, behaviours and characteristics;
- each practitioner's development plan; agreeing which aspects of the existing knowledge, skills, experiences, behaviours and characteristics will need to be augmented in practice and off-the-job, to ensure competent, capable, safe and effective advanced clinical practice;
- a baseline against which to track and record development in the specified capabilities and competences for the target advanced clinical practice role;
- the acknowledged added value different professional registrations bring the practice setting for patient benefit.

How far a practitioner is from the advanced clinical practice level will vary from professional to professional, reflecting the combination of professional registration, pre-registration curriculum and subsequent practice-acquired knowledge, skills and experiences. With a range of highly experienced registered professionals developing in advanced clinical practice, an appraisal of learning needs helps to identify where and in what ways the practitioner is at, or close to, the advanced clinical practice level and where the practitioner has more significant learning and development needs and/or priorities in relation to the four pillars of advanced clinical practice. The appraisal of individual learning needs informs the development of an individual learning plan which:

- states what development is off-the-job and which aspects of the practitioner's development are workplace or practice-based;
- states which aspects of the off-the-job development are met through academic learning at level 7 (masters) and which higher education provision has been identified and agreed;
- states how workplace/practice-based and off-the-job development will be coordinated to ensure new knowledge and skills are applied safely, competently and capably in the relevant practice context;
- includes agreement about the workplace supervision arrangements for the developing practitioner/trainee, ensuring supervision is matched to specific areas of advanced clinical practice development, ([see section 6](#));
- includes agreement about access to practice-based development which is not available in the developing practitioner's workplace (where this has been identified as a learning need);
- includes agreement about arrangements for assessment and verification of workplace/practice-based development and required competences/capabilities ([see section 2](#)), including the identification of suitable verification assessors.

For a given workplace/practice setting, a consistent approach should be adopted for both learning needs analysis and the individual learning plan; using consistent documentation and templates. For advanced clinical practice [degree apprentices](#), an initial learning needs analysis (INLA) is obligatory to ascertain which academic modules of learning are required.

It is anticipated that a learning development plan will include a range of workplace learning and development activities which might include Direct Observation of Practical Skills (DOPS), Case based Discussion (CbD), Observed Clinical Event (OCE), Supervised Learning Event (SLE), Clinical Exercise (CEX) and so on. These learning and development approaches are well-established in some professional groups and less so in others, so it cannot be assumed that the developing advanced clinical practitioner/trainee is already familiar with these formats. Discussing and agreeing the learning development plan provides an opportunity to introduce the developing advanced clinical practitioner/trainee to the range of possible learning activities, which are relevant for the identified development and to agree who is best placed to provide supervision for these.

4.1 Resources to support individual learning planning

In some settings a learning needs analysis approach may already be established or there may be a similar process which could be adopted such as a Personal Development Plan (PDP). Existing processes can be adopted but should be reviewed to ensure there is good fit with the multi-professional development considerations such as cross-profession supervision and verification.

HEE are developing a number of portfolio routes leading to recognition by the Centre for Advancing Practice. A portfolio portal will be available to support education programmes if required, and individuals Continuing Professional Development. A repository of learning plan and portfolio resources developed as part of the Core Capabilities Framework for Advanced Clinical Practice [here](#).

5. Professional Development and Transition

Healthcare professionals are familiar with multi-professional practice settings and the respective contributions each profession makes to patient care. However, multi-professional advanced clinical practice is not yet consistently established across the health and care workforce. There is variation both regionally and across specialties and/or practice settings. **Advanced Clinical Practice roles are more developed and defined in some settings and for some professions. As a result, advanced clinical practitioner roles are not consistently recognised by fellow health professionals or by the public in the same way that traditional uni-professional roles are recognised and understood.**

Socio-professional perceptions, expectations and experiences of professional identity and the transition to a new professional role or identity are not unique to advanced clinical practice development but are an important consideration given the hybrid⁵ professional status of advanced clinical practitioners. The impact for developing practitioners/trainees of the transition from a uni-professional to a dual socio-professional identity, combining qualifying professional registration with an advanced multi-professional role is recognised in the research literature, (Moran and Nairn, 2017).

Socio-professional factors may have greater impact in practice settings where there is an integrated multi-professional advanced clinical practice workforce (critical care, emergency care, surgical pathways) or where advanced clinical practice underpins an emergent

healthcare role such as First Contact Practitioners in primary care settings ([NHS 2019](#)).

Workplace supervision for the practitioner who is developing in advanced clinical practice should recognise:

- from the outset, the developing advanced clinical practitioner/trainee is already an established clinician often practising autonomously and at a high level, in a role traditionally aligned with their qualifying professional registration;
- during development and beyond, advanced clinical practitioners do not have a separate professional registration or become eligible for a different professional registration. They remain a registrant in their qualifying profession, practising within the scope of the qualifying registration at an advanced level;
- in a multi-professional practice context, the practitioner's knowledge, skills, experiences, behaviours and characteristics equip the advanced clinical practitioner to meet presenting clinical and wider practice demands which are not uniquely aligned with one single professional registration;
- as an emerging level of multi-professional practice, an advanced clinical practitioner who meets practice demands more usually associated with one or other registered profession may encounter some uncertainty about the role from fellow professionals and from the public.

Importantly, the advanced clinical practitioner is a registered professional meeting practice demands within the scope of their own professional registration and adding value to the clinical pathway; not as a substitute for another profession.

5.1 Resources to support factors and issues of professional transition

The key resource for the support of socio-professional factors and issues of professional transition is access to supervisors who are insightful about the different uni-professional starting points for the developing advanced clinical practitioners/trainees and alert to the impact of socio-professional considerations.

It is important that multi-professional and socio-professional considerations are explicitly discussed and explored in supervisor learning and development opportunities, as described in [section 7](#) and [Appendix 6](#).

⁵ Although to date there is little empirical research exploring professional hybridisation in advanced clinical practice the impact of hybridisation in health professions' leadership and management has been recognised (Croft, Currie and Lockett, 2015).



6. An integrated multi-professional approach to workplace supervision for the developing advanced clinical practitioner/trainee

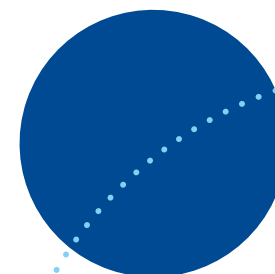
Some employers have established, designated 'Trainee Advanced Clinical Practitioner' roles with protected development time both in-practice (workplace) and off-the-job. However, this is not always the case. Either way, **registered professionals developing in advanced clinical practice will be balancing day-to-day practice demands and the maintenance of patient safety, with their own learning, development and professional registration requirements for ongoing clinical and managerial supervision, while seeking to maintain both professional and personal well-being.**

It is unrealistic to propose that a single supervisor, however skilful, will be equipped to support the breadth of development necessary across all four advanced clinical practice pillars of clinical, research, education, leadership and management, while also supporting the developing practitioner/trainee with the competing workplace demands. For this reason, in common with other areas of workplace health professions' training, such as in medicine, dentistry or healthcare science ([COPMeD, 2018](#); [COPDEND, 2018](#); [National School of Healthcare Science](#)), an integrated approach to workplace supervision is necessary.

In the workplace, a developing practitioner/trainee in advanced clinical practice can expect to have an identified 'Coordinating Education Supervisor' and a number of 'Associate Workplace Supervisors' who support specified aspects of the practitioner's specialty or area-specific knowledge and skills development in relation to the four pillars of advanced clinical practice.

An integrated approach with '**Coordinating Education Supervisor**' and '**Associate Workplace Supervisors**' is recommended because:

- currently there is no consistently adopted approach to workplace supervision in advanced clinical practice and a variety of advanced clinical practice supervision models and accompanying terminology are implemented across settings and regions;
- although there are examples where the medical trainee supervision model ([COPMeD, 2018](#)) and the terminology 'Education Supervisor' and 'Clinical Supervisor' have been adopted, there are also settings where there is limited overlap between the advanced clinical practice role and that of a medical trainee, and in these instances a medical trainee model fits less effectively;
- an 'Associate Workplace Supervisor' may be identified to support clinical development, as with the clinical supervisor in the medical training model but equally may be identified because of their expertise in another pillar of development: education, leadership/management or research.



It would be expected that to achieve the right match of supervisor knowledge and skills with a specified capability and/or competency for any given advanced clinical practice pillar, a workplace supervisor will not necessarily hold the same professional registration as the developing advanced clinical practitioner/trainee.

Identifying who already has the capabilities required in a specified practice setting can help identify who can support learning, development, supervision, assessment, verification and ongoing supervision, and whether those individuals will require additional developmental opportunities to ensure they are appraised of the aspects of advanced clinical practice which differentiate it from more traditional uni-professional practice, ([see also section 7](#)).



Figure 1: Competing supervision demands for the developing advanced clinical practitioner



6.1 The Co-ordinating Education Supervisor:

The Co-ordinating Education Supervisor provides a consistent supervisory relationship throughout the practitioner's advanced clinical practice development; guiding the practitioner's development from uni-professional to hybrid professional at an advanced clinical practice level.

The Co-ordinating Education Supervisor will:

- Have an in-depth understanding of the advanced clinical practitioner's role in the specialty, pathway or setting, including factors which may differentiate roles in advanced clinical practice from traditional uni-professional roles in the same setting;
- Have a high level of awareness of the range of potential professionals and respective scope of registration for each;
- Have an understanding of the practice-based and off-the-job components of advanced clinical practice development;
- Support the developing practitioner/trainee with socio-professional aspects of professional development;
- Support the developing practitioner/trainee to balance the competing workplace and development demands as an employed registered professional; signposting to more specialist professional or personal support when indicated;

- Have completed professional development which includes a focus on multi-professional supervision and practice-based education ([see section 7](#));
- Guide and signpost the developing practitioner/trainee to identify Associate Workplace Supervisors who can support specialty, pathway or setting-specific knowledge and skills;
- Ensure access to sufficient, structured, practice-based learning opportunities to ensure the practitioner can develop the agreed advanced clinical practice competences and capabilities;
- Ensure that competency and capability verification is conducted by a suitably authorised or approved registered professional;
- Act as a link with the designated higher education provider/university where required for both apprentice and non-apprentice development routes;
- Maintain an overview of the practitioner's progress against an agreed individual learning plan and local/area-specific curriculum;
- Maintain an overview of and address issues of professional and public safety.

Development in advanced clinical practice combines level 7 academic (Masters' level) learning with workplace/practice-based learning and skills' development. Supervision for the developing advanced clinical practitioner/trainee needs to consider the relationship between workplace

coordinating education supervision and other learning, development, clinical and operational governance activities. These include:

The relationship between advanced clinical practice trainee supervision, assessment and verification;

- The requirements for trainees who are developing as Advanced Clinical Practitioner Integrated Degree Apprentices ([Degree Apprenticeship Standard: ST0564](#));
- Any pathway specific standards, competences or capabilities required for the advanced clinical practitioner's role;
- The place and role of identified associate workplace supervision for advanced clinical practice specific skills development;
- The place for pastoral support;
- Supporting a transition from a traditional uni-professional to an advanced clinical practice professional identity.





6.2 Associate Workplace Supervisors:

Associate Workplace Supervisors are practice-based practitioners who are experienced in practice-based education and the supervision of experienced registered professionals. The developing advanced clinical practitioner can expect to work with a variety of associate workplace supervisors, each matched to support the development of specific, identified aspects of advanced clinical practice capability and/or competence. An associate workplace supervisor should be appraised of the multi-professional considerations associated with advanced clinical practice development and supervision.

Associate Workplace Supervisors will:

- work collaboratively with the coordinating education supervisor and the developing practitioner/trainee to support a specified aspect of advanced clinical practice development in a specialty, pathway or setting; guiding the practitioner's development in the specified aspect of advanced clinical practice from uni-professional to a multi-professional advanced clinical practice level;
- have an in depth understanding of the specified aspect (clinical, education, leadership/management or research) of advanced clinical practice in relation to the practitioner's specified advanced clinical practice role;
- have an awareness of the range of potential professionals and scope of registration for those developing in the advanced clinical practice setting;
- have completed professional development with a focus on supervision and practice-based education ([see section 7](#))



6.3 Employer Responsibility

Advanced clinical practice development takes place in a live and dynamic clinical context in which there are multiple stakeholders in terms of both clinical, operational and educational governance. Each stakeholder's immediate governance focus may differ. However, the overarching aim is to support practitioner development while simultaneously ensuring safe and effective care.

Recommendations following Kirkup (2015) have prompted a policy shift regarding supervision practices which separates regulatory aspects of supervision from professional development aspects, transferring the responsibility for workplace supervision from statute to employer.

An employer seeking to introduce advanced clinical practitioners into the workforce will need to factor the provision of workplace supervision for advanced clinical practice development into the local workforce strategy, recognising that this may entail investment in coordinating education supervisor and associate workplace supervisor capacity, capability and competence ([see section 7](#)).

Where advanced clinical practice workforce development is via the Advanced Clinical Practitioner Integrated Degree Apprenticeship, there are specified contractual requirements which employers must fulfil, ([Institute for Apprentices and Technical Education, 2018](#))

Health and care professionals engage in career-long learning and development. In advanced clinical practice development, employers will need to ensure that the balance between employee and learner demands are maintained. Job plans offer one way in which this may be agreed, documented and monitored.

6.4 Resources to support the development of an integrated approach to supervision for the developing advanced clinical practitioner

[Appendix 5](#) sets out possible barriers to workplace supervision and offers possible solutions.

As highlighted in [sections 3](#) and [5](#), adopting approaches developed for a uni-professional context cannot be assumed to be best-fit for multi-professional advanced clinical practice. A framework or approach designed for a specified profession should not be adopted for use in multi-professional advanced clinical practice without due critical considerations of the strengths and limitations of the approach in the multi-professional context. Models and approaches designed specifically for the multi-professional context are beginning to be developed.

In the meantime, while advanced clinical practitioners are not substitute doctors, there are contexts where there is overlap between medical trainee roles and those of advanced clinical practitioners. Where this is the case, the approach to advanced clinical practice development has drawn on the medical model set out in 'The Gold Guide', the reference guide for postgraduate medical specialty training ([COPMeD, 2018](#)).

Other supervision guidance documents from the United Kingdom include:

[The characteristics of effective clinical and peer supervision in the workplace: a rapid evidence review](#)

[A-Equip: a model of clinical midwifery supervision](#)

[Enhancing supervision for postgraduate doctors in training](#)

[Helen and Douglas House Supervision Toolkit](#)

Other useful guidance includes:

Innovative solutions to the challenges of supervision in a community setting include the [ECHO project in South Yorkshire and Bassetlaw](#)

A suite of resources to support job planning are available from [NHS Improvement](#)

[The Superguide: a handbook for supervising allied health professionals](#)

7. Developing and Supporting Multi-professional Advanced Clinical Practice Workplace Supervisors

Across the health and care system there are already resources, courses and programmes which aim to develop registered professionals as workplace, practice-based educators, supervisors and assessors. For medical professions there are structured learning opportunities for those supervising postgraduate medical trainees. Most of the other registered professionals are not regarded as trainees on graduation and the development of supervisors for such postgraduate, registered health professionals is more varied. For many health professionals, career development in clinical knowledge and skills is prioritised over development in practice-education or supervision knowledge and skills.

Supervision training has developed in and for single professional registrations; doctors, midwives, nurses, pharmacists, physiotherapists and so on. The content or curricula have some common features ([see section 7.4](#)).

To prepare workplace supervisors fully to recognise and support the differentiating factors of advanced clinical practice development such as the multi-professional nature of the role, differing professional registrations and issues of professional identity and socio-professional adjustment, existing supervisor training may need to be adapted and augmented.

Before considering how existing supervision training and development may need to be adapted for the advanced clinical practice context, a brief overview of common health and social care supervision themes, influences and practices is provided.

7.1 Common features of supervision in health and social care

Supervision practices are well-established in health and social care, but individual practices and accompanying terminology vary greatly within and across professions resulting in ambiguity about process and purpose. There are many models of supervision, although Proctor's (2001) remains the most widely cited, ([see Appendix 3](#)). Developed in the context of nursing practice, it proposes multiple and overlapping formative, normative and restorative dimensions of supervision. Models of supervision are sometimes accompanied by models of professional development and skills' acquisition. Those of Benner (1984) and Peyton (1998) are again widely cited and are also illustrated in [Appendix 3](#). Some regard such models as too prescriptive and linear, implying an end point or a 'best place' for the professional to be positioned, (Dall'Alba and Barnacle, 2015).

The debate about supervision illustrates that important first steps in all supervision are to establish a common understanding between supervisors and supervisees about the purpose and to use terminology and definitions consistently. Establishing this common understanding is all the more important in a multi-professional practice context where supervisor and supervisee may hold differing views, understanding and experiences of supervision.





Models and frameworks can guide supervisors to attend to the multiple dimensions of and influences on the supervised practitioner's practice but will not guarantee the effectiveness or quality of the supervision experience.

Additional factors which influence the effectiveness of supervision have been identified, (Rothwell et al 2019; Martin, Copley and Tyack, 2014) and include:

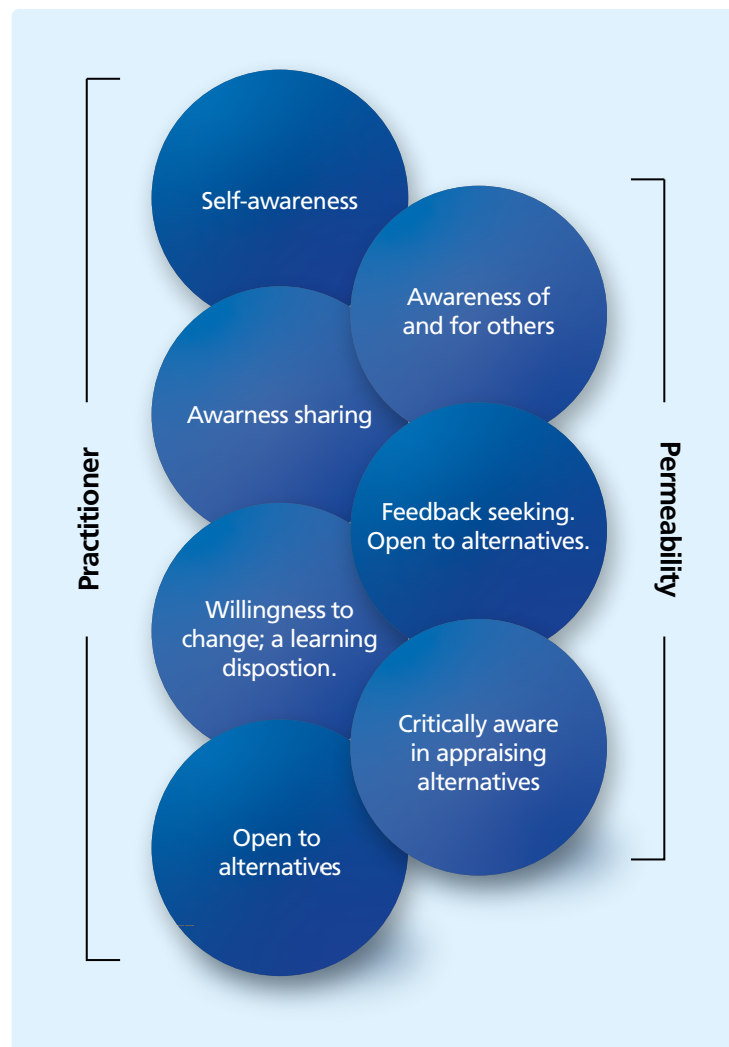
- Using effective communication and feedback
- Facilitating reflective practice
- Building a positive supervisory relationship with mutual trust and respect between supervisor and supervisee
- Separating clinical supervision from line management
- Choice of or access to multiple supervisors who are trained and have expertise matched to the supervisee's presenting needs
- Shared understanding of the purpose of the supervisory sessions (e.g. an agreed contract)
- Focus on providing staff support, the sharing/ enhancing of knowledge and skills to support professional development and to improve service delivery
- Regularly scheduled supervision according to individual needs and ad-hoc in cases of difficulty
- Use of supervisory models based on the needs of the individual: one to one, group, peer supervision, internal or external to workplace, distance (including the use of technology) or use of more than one mode.
- Training and feedback for supervisors
- Flexibility to ensure all staff have access, regardless of working patterns
- Employer support for protected time, supervisor training and private space to facilitate the supervisory session

While it is important to protect regular, scheduled time for supervision, it is the quality and not the quantity of supervision which determines how effective supervisees perceive supervision is in supporting them as practitioners. The frequency and duration of good quality supervision will be determined by the demands of the setting and the developing practitioner's/trainee's capability and competence. There should be sufficient, regular supervision to ensure both professional and public safety are maintained.





Ultimately, supervision is perceived to be optimal when both supervisor and supervisee care about and care to resolve practice uncertainties or developmental needs, and when supervisor and supervisee adopt a cluster of facilitative behaviours and characteristics. Practitioners who display these characteristics can be described as 'permeable practitioners'; they expect and anticipate uncertainty in day-to-day practice and seek to resolve uncertainties in a variety of reflective and learning activities, one of which may be supervision (Harding, 2019):



Importantly, permeable practitioners recognise the links between uncertainty, learning and the management of risk in clinical practice. They also seek to harness the learning which is supported through supervision to celebrate supervisee success and to build on what works well in practice; further promoting both professional and public safety through the proliferation of effective practice. A practitioner permeability self-assessment resource is provided in [Appendix 4](#).

Current approaches to supervision also encourage reflective practice. Schön's (1983) distinction between reflecting after an event, ('on action') and circumstances in which an experienced practitioner adjusts practice while reflecting 'in action', remains influential. There are those who caution that experienced professionals should not become over-reliant on 'reflection in action' and that this should be accompanied by regular, scheduled opportunities such as workplace supervision to review the taken-for-granted, thus moderating tendencies to turn to off-the-peg solutions (Eraut, 1994). There are many readily available frameworks and models to support such scheduled reflection on action (Gibbs, 1988; Moon, 1999)



7.2 The relationship between supervision, patient safety and the prevention of harm

There is an established UK policy position which signals a governance role for supervision. This policy position, in which supervision is regarded as a means of preventing failures in care, is apparent in historic responses to high-profile untoward events, ranging from the actions of children's nurse Beverley Allitt (United Kingdom, 1991) to events in Mid-Staffordshire (CQC 2013).

Policy may separate regulatory and professional development aspects of supervision but for the practitioner these aspects are often and necessarily more interwoven. Research and opinion indicate that overlooking professional development and the space to deliberately reflect on practice misses opportunities to build on what is working well and to identify where practice might require attention; to interrogate and challenge taken-for-granted practices (Manley et al 2018, Dall'Alba and Barnacle 2015, Eraut, 1994).

Even so, the role of supervision in the governance of healthcare practitioners has remained one of voluntary best practice, with the exception of midwives in the UK for whom supervision was established as a statutory obligation from 1902 (United Kingdom, 1902). However, statutory status could not and did not eliminate professional failures and consequent harm, so following the investigation of NHS maternity services in Morecombe Bay during the period from January 2004 to June 2013 ([Kirkup, 2015](#)), the [UK Government \(2017\)](#) recommended the removal of statutory requirement for supervision for midwives, bringing midwifery, into line with other registered health and care professions in the UK. **This change signals a policy shift regarding supervision practices which separates regulatory aspects of supervision from professional development aspects and transfers the responsibility for supervision practice from statute to employer.**



7.3 Barriers and Facilitators of effective supervision

Although supervision practices are widely supported and endorsed throughout health and care policy and by the professional regulators, there are also acknowledged barriers, both organisational and personal (Bush, 2005). Organisational barriers include the resourcing of workplace supervision, productivity challenges associated with supervision as a non-patient-facing activity, and the availability and prioritisation of training for supervisors. Personal barriers include perceptions that supervision is not relevant and dissatisfaction with the supervision available. For some health professionals, the reporting of high profile professional conduct cases have prompted mistrust of the purpose of structured supervision and associated reflective practice, (Vaughan, 2018; Hodson, 2018); consistent with concerns that supervision and reflection may represent a form of surveillance, (Gilbert, 2001).

[Appendix 5](#) sets out commonly encountered supervision barriers and proposes some ways in which barriers may be overcome and/or supervision more satisfactorily facilitated.

7.4 Developing supervisors: features of existing supervisor training

Commonly, the content of healthcare supervisor training and curricula includes:



7.4.1 Augmenting supervisor development to support advanced clinical practice development

Training for workplace supervisors supporting advanced clinical practice development should seek to contextualise the common features as described in [section 7.4](#). Existing workplace supervisor training and development opportunities may therefore require augmenting and adapting. In [section 7.1](#) practitioners who display a cluster of behaviours and characteristics which facilitate supervision in all aspects of health and social care practice were described as 'permeable'. In the advanced clinical practice context, this cluster of behaviours and characteristics can be valuable in preparing the supervisor for clinical or professional governance and/or socio-professional ambiguities which may arise in relation to the supervision of a colleague who holds a different professional registration and scope of practice.

In addition to the commonly encountered features of supervisor training, as a minimum, training for supervisors of developing advanced clinical practitioners/trainees should include:



- exploring the behaviours and characteristics which support the identification and resolution of practice uncertainties through supervision: developing supervisors who are self-aware, aware of and for others, are awareness-sharing, feedback-seeking, open to alternatives, critically aware/appraising and are willing to change/have a learning disposition;
- developing an awareness of the variations in professional registrations and scopes of practice;
- recognising the developing advanced clinical practitioner/trainee as an experienced registered professional; identifying what that professional already knows and what value can be realised with the addition of this professional knowledge and know-how to the team;
- considering advanced clinical practice development as an augmentation of existing competences and capabilities;
- recognising the links between practice uncertainties, learning, the management of risk and the maintenance of professional and public safety;
- developing an awareness of the socio-professional adjustments which accompany becoming an advanced clinical practitioner; issues of professional and hybrid identity for the practitioner, colleagues and for the public;
- and managing competing practice, education, professional and personal dimensions of being a developing advanced clinical practitioner/trainee.

