

7.4.2 Matching supervisor training with the workplace supervisor's role: Considerations for Coordinating Education Supervisors and for Associate Workplace Supervisors

The indicative training content provided in [Appendix 6](#) is comprehensive and many aspects will already be identifiable in existing supervisor training. The appendix can be used to identify where existing training may need to be adapted or augmented for advanced clinical practice.

Adopting the integrated approach to supervision described in [section 6](#), Coordinating education supervisors will require a more in-depth understanding of the factors which differentiate workplace supervision for multi-professional advanced clinical practitioners from supervision in more usual uni-professional contexts. **In most instances, even highly regarded and experienced supervisors will have developed supervisory knowledge and skill in a largely uni-professional context and therefore will benefit from some developmental opportunities to explore the differentiating factors and nuances of professional development in advanced clinical practice.** A coordinating education supervisor will benefit from training that has addressed all the indicative content. Where the coordinating education supervisor has already attended other forms of health and care professions' supervision development, the indicative content can be used to self-assess whether there are further areas of development which will enhance their advanced clinical practice supervision expertise.

A proportionate approach to training and development for the two different workplace supervisor roles is encouraged; associate workplace supervisors will require an awareness of the differentiating factors for the developing advanced clinical practitioner/trainee but arguably not in the same depth as a coordinating education supervisor.

In any given setting, those with overall responsibility for workplace supervision of advanced clinical practice development will need to agree the extent of augmented training which is relevant for associate workplace supervisors, commensurate with the scope of the associate's supervisory responsibilities and the professional registration of those whose development is being supervised





7.4.3 Ongoing support for co-ordinating education supervisors and for associate workplace supervisors

In common with all aspects of professional practice, all supervisors should engage in a periodic refresh of training. This is particularly important in a new and evolving area of health professions' supervision. Employers should maintain a log of supervisor education/training and subsequent updates. As a new and evolving area there will be a good deal to learn so employers or regions may wish to consider establishing:

- A formal community of advanced clinical practice workplace educators and supervisors
- Learning events with a focus on advanced clinical practice supervision
- Learning sets for advanced clinical practice supervisors

7.5 Resources Supervisor development and ongoing support

[Appendix 6](#) provides indicative content for advanced clinical practice supervisor training

The Royal College of Surgeons of England (RCS) provide [educator training](#) mapped to the General Medical Council standards for the recognition and approval of trainers. The training is open to Advanced Clinical Practitioners who have associate membership of the RCS.

Materials developed by the Centre for Pharmacy Postgraduate Education:
[General advice for supervisors](#)
Supervisor Training Resources:

[Clinical Supervisor Training Video](#)
[Learning and Assessments](#)

NHS Education Scotland have a suite of [clinical supervision training resources](#) (not specifically focused on advanced clinical practice)



Continued support for the advanced clinical practitioner

This guide has set out what should be in place for the workplace supervision of registered health professionals developing in advanced clinical practice. Once the practitioner's training is complete, as with any registered health and care professional, there is a requirement for ongoing professional supervision as part of continuing professional development. The considerations about multiple professional registrations and the hybrid nature of the advanced clinical practice role remain relevant for post-training advanced clinical practice supervision; a consideration that employers will need to be satisfied is sustained beyond the training phase. HEE are developing continuing professional development guidance for advanced clinical practice.

Over time, it would be expected that there will be increasing numbers of trained practitioners with competence and capability across the four pillars of advanced clinical practice: Clinical, Research, Education, Leadership and Management. Each cohort of trained practitioners will add to the numbers of multi-professional advanced clinical practice educators and supervisors who, in turn, are able to support the next generation of advanced clinical practitioners. In the meantime, there will be a need to adapt and augment existing uni-professional approaches to meet the workplace supervision requirements for advanced clinical practitioners.



Next Steps

The guidance presented here reflects the current developmental position for advanced clinical practice in the NHS in England. It recognises that across the health system multi-professional advanced clinical practice is at different stages of development and maturity. This guidance is a first step in identifying common ground in workplace supervision for advanced clinical practice development and an opportunity to highlight the ways in which multi-professional advanced clinical

practice differs from familiar, traditional uni-professional practice.

This guidance will be accompanied by a repository of case studies and exemplars in advanced clinical practice supervision which will be collated in the [Advanced Clinical Practice Toolkit](#)

In common with other supervision guidance for the development of professional clinical practice, such as [The Gold Guide \(COPMeD 2018\)](#), it is anticipated

that this document, 'Workplace supervision for advanced clinical practice: An integrated multi-professional approach for practitioner development' will be subject to regular review, revision and reissue as part of the suite of Health Education England's, Advanced Clinical Practice resources and publications, thus providing opportunities to update the accompanying links to useful resources, exemplars and case studies.





Appendix 1: Glossary of Terms and Abbreviations

In developing this guidance, we have encountered variations in the terminology used in both supervision and advanced clinical practice. There are a variety of terms, interpretations and understandings of the language used. We have used terminology and abbreviations as follows:

Advanced Clinical Practice

Advanced Clinical Practice:

A defined level of practice within clinical professions such as nursing, pharmacy, paramedics and occupational therapy. This level of practice is designed to transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries.

[HEE Definition](#). It is acknowledged that in some healthcare settings, the terms 'advanced practice' and 'advanced practitioner' are preferred.

Advanced Clinical Practitioners:

Healthcare professionals, educated to Master's level or equivalent with the skills and knowledge to allow them to expand their scope of practice to better meet the needs of the people they care for. ACPs are deployed across all healthcare settings and work at a level of advanced clinical practice that pulls together the four Advanced Clinical Practice pillars of clinical practice, leadership and management, education and research. [HEE Definition](#)

Developing Advanced Clinical Practitioner/Trainee:

An experienced practitioner from a variety of registered professions such as nursing, pharmacy, and allied health professionals such as paramedic, physiotherapy and occupational therapy who is engaged in a period of Master's level academic

and workplace/practice development to expand and augment their scope of practice to an advanced clinical practice level. The term Trainee Advanced Clinical Practitioner is established in some settings and in others the term Developing Advanced Clinical Practitioner is preferred to distinguish the practitioner from post-graduate medical trainees. To acknowledge this variation, we have adopted the hybrid 'Developing Advanced Clinical Practitioner/Trainee' in this publication.

To avoid conflating the notions of advanced clinical practice (a level of practice) and that of advanced clinical practitioner (an individual working at the level of advanced clinical practice) the abbreviation ACP has not been used in this guidance.

Competence and Capability

Competence:

To consistently perform to defined standards required in the workplace, usually focused on the outputs of work and observable performance. Competence tends to describe practice in stable environments with familiar problems. [Skills for Health Definition](#)

Capability:

The ability to be competent, and beyond this, to work effectively in situations which may be complex and require flexibility and creativity. [Skills for Health Definition](#)

Supervision and Supervisors in Healthcare

A review of published literature and guidance reveals there are very many definitions of the terms Supervision and Supervisor.

Clinical Supervision:

Clinical supervision provides an opportunity for healthcare practitioners to reflect on and review their clinical practice, discuss individual cases in depth and identify changes or modifications to practice which are required to maintain professional and public safety. It provides an opportunity to identify training and continuing development needs. CQC (2013)

Professional Supervision:

Professional supervision is often interchangeable with clinical supervision or as an overarching term to include both clinical and managerial aspects of supervision. The CQC (2013) suggest the term is sometimes used where supervision is carried out by another member of the same profession or group, providing the practitioner with opportunities to review professional standards, keep up to date with profession-specific developments, training and continuing development, ensure compliance with professional codes of conduct and boundaries.

Managerial Supervision:

Managerial Supervision and line management maybe used interchangeably. The CQC (2013) suggest managerial supervision is provided by someone with authority and accountability for the supervisee. It provides the opportunity for performance review, setting priorities/objectives in line with the organisation's objectives and service needs and identifying training and continuing development needs.



Supervision and Supervisors for Advanced Clinical Practice Development/Training

Co-ordinating Education Supervisor:

A registered healthcare professional who provides a consistent supervisory relationship throughout the practitioner's advanced clinical practice development; guiding the practitioner's development from uni-professional to hybrid advanced clinical practice level. The supervisor will not necessarily hold the same professional registration as the developing advanced clinical practitioner/trainee but will be experienced in supervision and in the relevant field of advanced clinical practice. The role is similar to that of the Education Supervisor in medical training but in advanced clinical practice development, takes account of the potential for supervisor and supervisee to hold different professional registrations.

Associate Workplace Supervisor:

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/trainee can expect to work with a variety of Associate Workplace Supervisors, each matched to support the development of the specific, identified aspects of advanced clinical practice capability and/or competence against the pillars of advanced clinical practice. As such, an associate workplace supervisor may be identified because they are matched to supervise clinical, education, leadership/management or research aspects of the practitioner's advanced clinical practice development.

Other terms used in this guidance:

Pillars of advanced clinical practice:

[Health Education England](#) sets out capabilities for advanced clinical practice in relation to four core pillars: clinical practice, leadership and management, education and research. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

Practice Demands:

In this guidance the phrase 'practice demands' is used to refer collectively to all the advanced clinical practice expectations in relation to the four pillars: clinical, education, leadership and management, research.

Practitioner permeability:

Practitioner permeability is used in this guidance to refer to a collection of behaviours and characteristics which support both supervisor and supervisee to expect, anticipate and seek to resolve uncertainties and concerns which are encountered in the course of day-to-day practice. These behaviours and characteristics are: self-awareness, awareness of and for others, awareness-sharing, feedback-seeking, openness to alternatives, critical awareness and willingness to change/learning disposition. Permeability supports practitioners to recognise the relationships between uncertainty, learning and the maintenance of professional and public safety.

Verification Akin to 'sign-off' in some uni-professional contexts this refers to the process of verifying a practitioner's level of practice and capability

Abbreviations used in this guidance

AHP Allied Health Profession(al)

COPMeD Conference of the Postgraduate Medical Deans of the United Kingdom

CQC Care Quality Commission

FICM Faculty of Intensive Care Medicine

GPhC General Pharmaceutical Council

HCPC Health and Care Professions Council

HEE Health Education England

HEI Higher Education Institution

NHSE NHS England

NHSI NHS Improvement

NMC Nursing and Midwifery Council

RCEM Royal College of Emergency Medicine



Appendix 2: Working out the advanced clinical practice demands in a specified practice setting

Exercise 1

- 1** Make a list of about 15 patients you have seen as a team. You might just pick the last 15 but you should be satisfied there is a mix of complexity of clinical needs; ones who are more 'usual' and ones who are more complex.
- 2** Put the names of the patients on individual cards – turn them over so that you cannot see the names.
- 3** Pick three of the cards at random. Turn them over and in different combinations, discuss how two of them are similar but different from the third. The similarities and differences might be clinical, social, emotional, cultural, operational (discharge planning, ordering equipment) and so on. Think about all the ways in which the team support the individuals with their health condition(s) and the impact for those individuals.
- 4** Capture all your ideas in a list (a list of the practice demands in your setting). You can then use the list to think about the competences and capabilities that are required to meet those practice demands, which of those are required at an advanced level and who is best placed to supervise the advanced clinical practitioner for each aspect of practice.

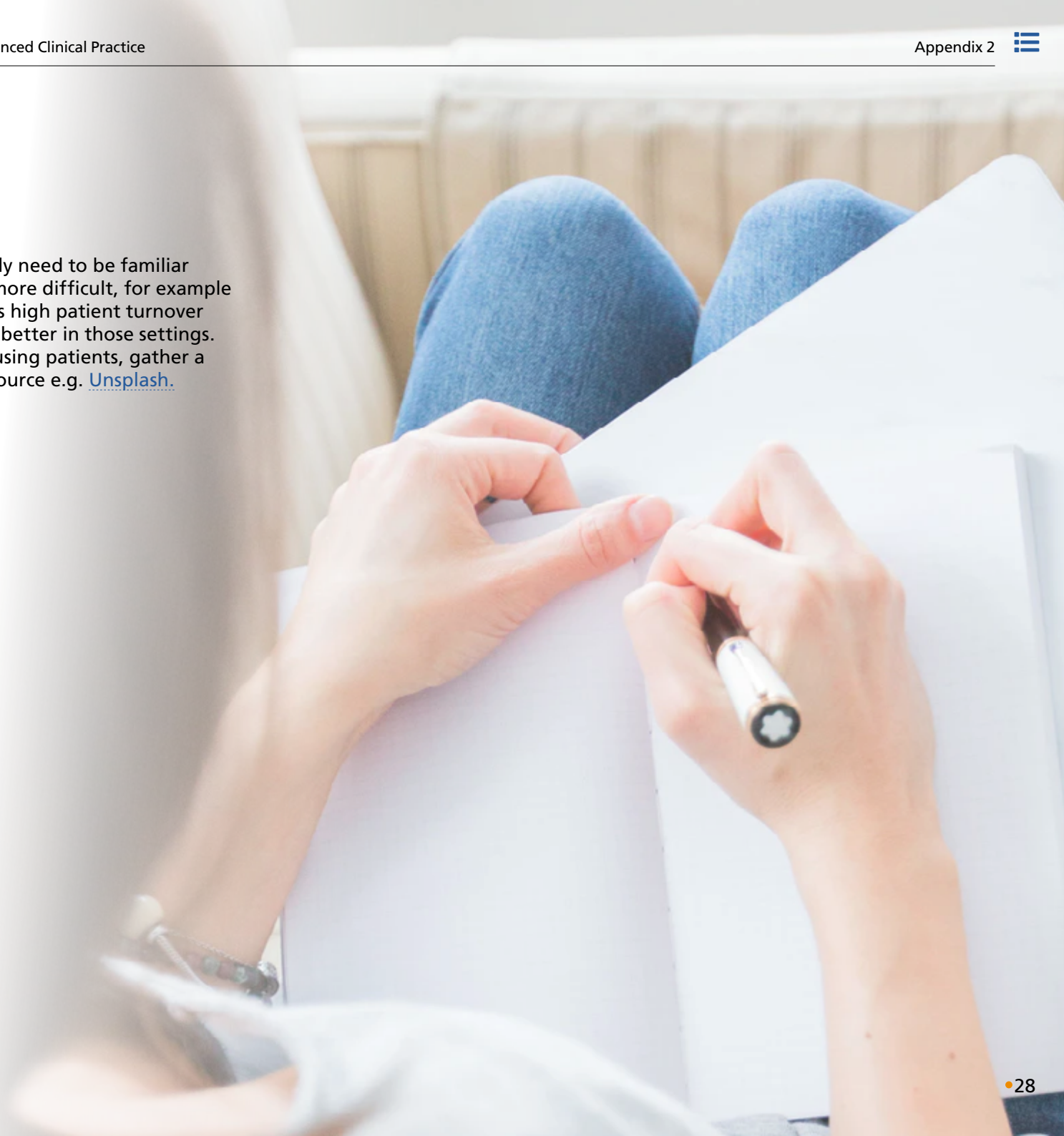




Exercise 2

In exercise 1 all those taking part in the activity ideally need to be familiar with all the patients. In some settings this might be more difficult, for example in primary care, community settings or where there is high patient turnover as in emergency care. This second exercise may work better in those settings. It is essentially the same as exercise 1 but instead of using patients, gather a large collection of postcards or use a free picture resource e.g. [Unsplash](https://unsplash.com/).

- 1 Spread out the cards and get colleagues to select a few cards that 'represent'/'remind them of' patients they have seen. You might encourage colleagues to pick a card that represents a straightforward clinical encounter and one that represents a more challenging encounter.
- 2 Get colleagues to write down all the practice demands associated with that encounter; clinical, social, emotional, cultural, operational (discharge planning, ordering equipment) and so on. Think about all the ways in which the team/practitioner supports the individuals with their health condition(s) and the impact for those individuals.
- 3 Capture all your ideas in a list (a list of the practice demands in your setting). You can then use the list to think about the competences and capabilities that are required to meet those practice demands, which of those are required at an advanced level and who is best placed to supervise the advanced clinical practitioner for each aspect of practice.

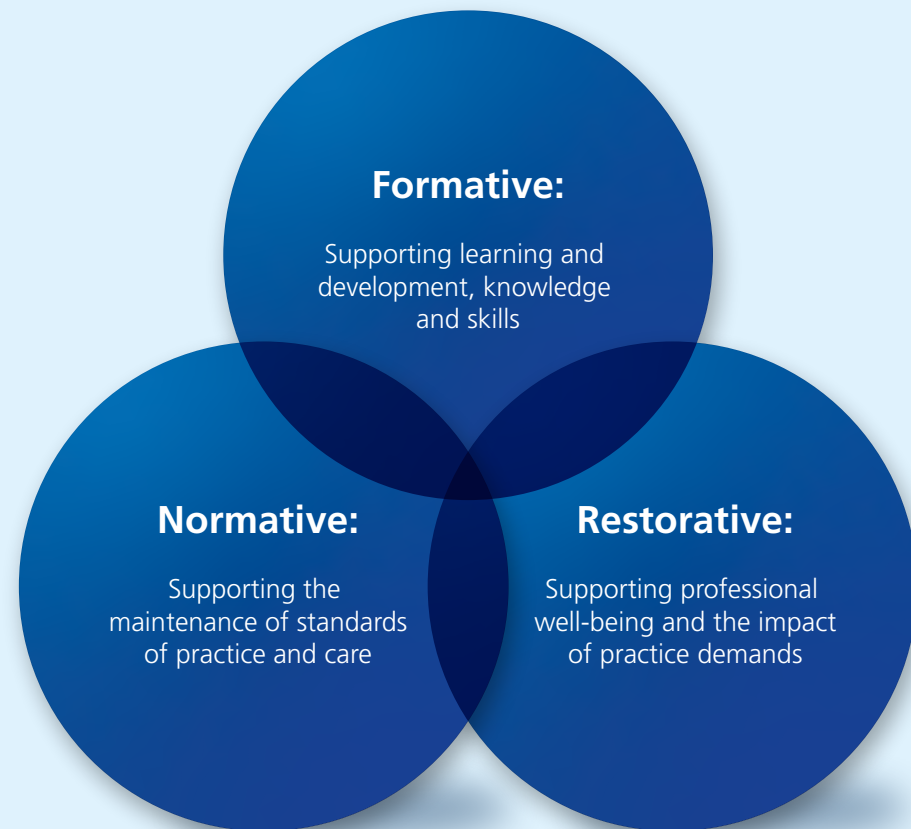


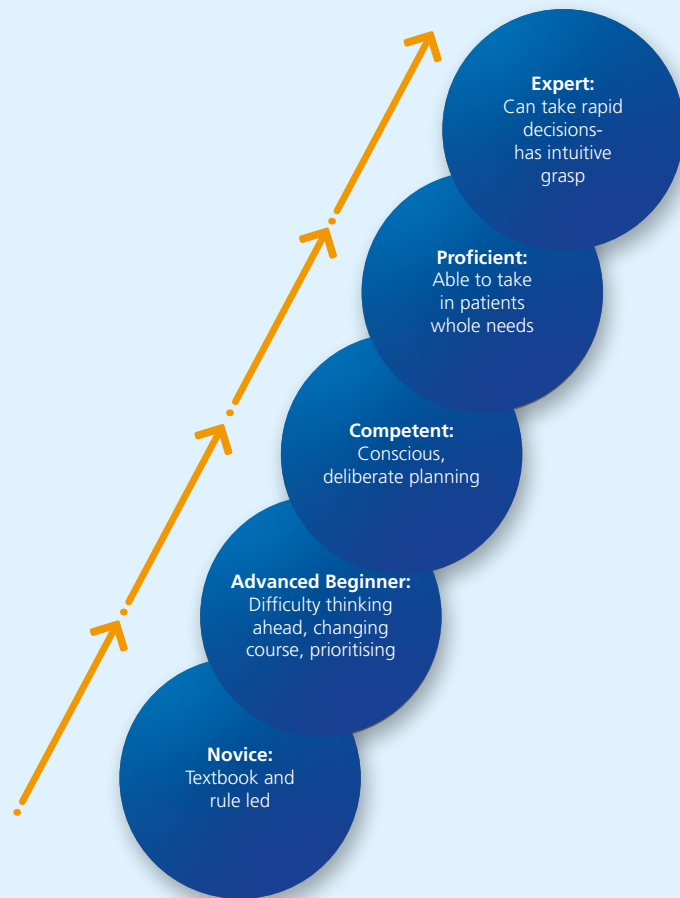
Appendix 3: Popular supervision, skills acquisition and professional learning models:

Models and frameworks can be helpful in providing frameworks for both supervision and for supervisor training and development. Proctor's model of supervision and the skills' acquisitions models of either Benner or Peyton, remain widely cited. As with all models and frameworks, it is important to apply some critical awareness, considering the strengths and limitations of each model in the context in which it is used.



Proctor's (2001) model of supervision



Benner's (1984) model of skills' acquisition**Peyton's (1998) model of skills' acquisition**



Appendix 4: Helpful supervision behaviours and characteristics self-assessment/ reflective questions (practitioner permeability)

Awareness of Self

How good am I at acknowledging gaps in my knowledge? Do I expect to have all the answers? How do I feel about not knowing? How comfortable am I with uncertainty?

Awareness of Others

In what ways do I compare myself with colleagues/fellow practitioners? How does this influence me/my practice?

Awareness for Others

In what ways do I look out for colleagues? How do I decide when to step in?

Awareness Sharing

How willing am I to share my uncertainties with others? Who do I choose to share uncertainties with? What supports me to share uncertainties? Do I encourage others to share uncertainties with me? Do I see uncertainties as an opportunity for learning? Do I tend to see uncertainty as an indicator of risk?

Feedback Seeking Orientation

Do I seek feedback? Do I regard feedback as part of learning? Do I avoid or disregard feedback? Do I seek feedback from a range of people? Do I tend to seek feedback from the same people? If so, why?

Openness to Alternatives

Do I tend to think the way I have always done things is best or right? If so, what makes me think this? How much flexibility am I willing to tolerate? Am I willing to try new approaches? Am I willing to listen to another's perspective?

Critical Awareness / Agency

What influences whether I am willing to make changes in my practice or practice behaviours? How do I decide whether to change aspects of my practice? Do I have preferences for certain sorts of evidence? Do I tend to think some evidence is more important than others?

Willing to Change / Learning Disposition

Am I willing to try a new approach or behaviour? Am I willing to persevere with alternatives, or do I tend to stick with things I am familiar with? Am I likely to think that changing my practice makes it look like I was wrong before?

Harding (2019)





Appendix 5: Overcoming barriers to supervision

Some of the barriers identified here apply to supervision across the health and care system while others are barriers which are more specific to the advanced clinical practice context. In most cases, supervision arrangements for advanced clinical practice will be a subset of a healthcare provider/employer's wider workforce supervision and governance and for this reason advanced clinical practice supervision barriers have been considered alongside wider system barriers.

This is not a definitive set of barriers or possible solutions and is intended to provide a starting point from which to begin to address barriers which are being encountered in a specified setting where advanced clinical practice development is being supported. Possible solutions are not limited to specific barriers.



Barriers	Possible solution
Resourcing pressures: <ul style="list-style-type: none"> • Patient-facing activity prioritised • Supervision regard as a challenge to patient-facing productivity • Limited resource allocation for training and development of supervisors 	Ensure leadership awareness of: <ul style="list-style-type: none"> • employer responsibilities for supervision as part of workforce governance • links between supervision and both professional and public safety • relationships between professional/public safety and headline national metrics such as recruitment and retention and the links between staff vacancy rates, sickness absence and clinical productivity Supervisor training and development: <ul style="list-style-type: none"> • ensuring the provision of high-quality supervision is factored into workforce development strategy and business planning • where workforce initiatives seek to develop advanced clinical practice using the integrated degree apprenticeship route, ensure the workforce planning has taken account of employer responsibilities set out in the degree apprenticeship standard • including the provision of training and development in supervision as part of workforce development strategy • having monitoring processes to ensure supervision training and development is undertaken and updated • agreeing a ratio of trained supervisors to clinical staff which will ensure professional and public safety while optimising clinical productivity Additional resourcing: <ul style="list-style-type: none"> • ring-fencing of additional resources which may be offered in-year and developing a plan around the use of these funds, e.g. where Health Education England regions may provide funding to support advanced clinical practice development/trainee supervision
Capacity Pressures: <ul style="list-style-type: none"> • Limited availability of skilled and trained supervisors • Limited experience in multi-professional supervision and/or supervision for clinical practice 	In addition to 'Supervisor training and development' and 'Additional resourcing' (as above) Supervisor training/ development and support with a focus on advanced clinical practice: <ul style="list-style-type: none"> • Developing or accessing supervisor development opportunities which specifically include content with a focus on multi-professional supervision and on advanced clinical practice (levels and roles) as detailed in appendix 6 • Reviewing existing supervisor development and training to adapt or augment to include multi-professional supervision and on advanced clinical practice (levels and roles) as detailed in appendix 6 • Establish networks, learning sets, peer support for supervisors providing supervision in the multi-professional advanced clinical practice context

Continues ▼

Barriers	Possible solution
<p>Understanding of advanced clinical practice level and roles:</p> <ul style="list-style-type: none"> Advanced clinical practice not yet an established part of the workforce Varied enthusiasm across team, professionals, practice settings for advanced clinical practice Dominance of specified, uni-professional or traditional models of practice Assumptions that established/ traditional uni-professional supervision will be fit-for-purpose 	<p>In addition to the above:</p> <ul style="list-style-type: none"> Establish/ nominate an 'Advanced clinical practice lead' within the organisation; agree the scope of this lead role in terms of strategy including workforce development and governance Provide wider awareness-raising opportunities for the organisation and within teams regarding the potential value of advanced clinical practice Ensure a focus on practice demands and patient needs rather than uni-professional starting points in training, development and awareness raising activities Share advanced clinical practice exemplars within and beyond the immediate practice setting/provider, including examples of impact examples of impact on headline metrics such as length of stay, patient satisfaction, reduced waiting times Encourage small scale quality improvement projects and/or audits to evaluate impact or potential impact of advanced clinical practice on headline metrics; recruitment and retention, length of stay, waiting times, pressure care and so on Direct key clinical and operational leaders to access national and regional Health Education England advanced clinical practice resources via the Advanced clinical practice toolkit Encourage key clinical and operational leaders to engage in and attend national and local events which focus on/showcase advanced clinical initiatives Develop local advanced clinical practice 'special interest group' / forums/ journal clubs (actual or virtual)
<p>Governance concerns:</p> <ul style="list-style-type: none"> Concerns about blurring of professional boundaries and responsibilities in practice Associated concerns about accountability in multi-professional supervision Uncertainty about different 'types' of supervision (educational, clinical, managerial and so on) Confusing line management with clinical supervision or in roles combining clinical and team leadership, a dominance of operational and line management supervision Tendency to regard supervision as a way to manage risk arising from uncertainty 	<p>In addition to the above:</p> <ul style="list-style-type: none"> Provide comprehensive training/development opportunities and updates for those delivering supervision across professions in the context of advanced clinical practice. Ensure training and development includes attention to scope of practice for different professional registrations Have local policy for the development of advanced clinical practice which clearly sets out lines of clinical and managerial responsibilities and accountability. Ensure local policy provides guidance for resolving clinical or wider professional/ practice concerns where the boundary may blur between line management, clinical practice, academic progress and so on

Continues ▼



Barriers	Possible solution
Locality challenges: <ul style="list-style-type: none"> • Small provider organisation • Remote and lone working in community settings • Finding physical space for supervision 	Collaborative approaches: <ul style="list-style-type: none"> • Using mechanisms such as training hubs and STP/ICS networks to pool supervision resources and ensure spread of supervision expertise/experience • Consider innovative and digital solutions including video-conferencing supervision, e.g. South Yorkshire and Bassetlaw ECHO • Include the identification of space for supervision at a planning stage • Identifying and booking space where feasible in advance of a scheduled supervision session • Supervisor and supervisee agreeing within the supervision agreement what constitutes a suitable physical space for supervision to take place.
Supervisee suspicion about purpose of supervision: <ul style="list-style-type: none"> • Concerns about surveillance • Perceptions based on previous unsatisfactory supervision experiences 	Education, role modelling and evaluation: <ul style="list-style-type: none"> • Collaboration between practice setting and HEI/University provider to understand how the academic and practice curriculum can introduce developing advanced clinical practitioners to wider models of supervision • Developing supervision which is fit-for-purpose and will provide a positive model and experience for the developing the advanced clinical practitioner/ trainee • Ensuring there are mechanisms in place for supervisee feedback and supervision evaluation
Supervisee regards supervision as irrelevant: <ul style="list-style-type: none"> • Potentially an experienced practitioner with established approaches to practice • May have limited perspective about scope of supervision based on previous experiences of supervision • May consider available supervisors are unsuitable • May consider reflection in action is sufficient for safe practice 	Professional registration responsibilities: <ul style="list-style-type: none"> • Awareness refreshers for health profession registrants about their professional responsibilities to engage in supervision • Awareness refresher regarding the relationship between supervision and both professional and public safety Additional professional development possibilities <ul style="list-style-type: none"> • Opportunities which include the development of 'permeable' behaviours and characteristics (see appendix 4) • Ensuring matching of supervisors to supervisees maintains a practice demands and specified capability/ competency focus rather than a professions' focus
Issues of prioritisation <ul style="list-style-type: none"> • Practitioners (supervisee and/or supervisor) see clinical work as the priority 	See earlier possible solutions which encourage the development of: <ul style="list-style-type: none"> • Awareness of the links between supervision and professional/public safety. • Learning and development opportunities which highlight the inter-professional duty of care between one professional and another



Barriers	Possible solution
<p>Uncertainty about supervision from another registered profession:</p> <ul style="list-style-type: none"> • Supervisee concerns that a supervisor with a different professional registration will not have sufficient understanding or insight about the supervisee's profession and scope of practice • Supervisor concerns about unfamiliarity/ limited understanding of a supervisee's professional registration and scope of practice where this differs from the supervisor's profession and registration • Assumptions about professions, registrations and scope of practice 	<p>See earlier possible solutions which include:</p> <ul style="list-style-type: none"> • Training which includes awareness of variations in scope of practice for different registered professions • Supervisor development which has a practice demand, capability and competency focus rather than a professional focus
<p>Interpersonal factors:</p> <ul style="list-style-type: none"> • Conflicts of interest (declared or undeclared) • Personality clashes • Communication styles 	<p>Additional professional development possibilities which include:</p> <ul style="list-style-type: none"> • Supervisor development which includes exploration of communication skills, approaches to feedback provision, negotiation and conflict resolution • Agreeing at the outset of supervision how conflicts will be resolved • Regular evaluation of supervision effectiveness and satisfaction



Appendix 6: Indicative Advanced Clinical Practice supervisor training content:

An overview of Advanced Clinical Practice

- The national framework, pillars, levels of practice, roles.
- Training routes and mechanisms; relationships with HEIs, apprentice routes and standards.
- Identifying the advanced clinical practice demands in a specified setting.
- Identifying the level of advanced clinical practice required to meet the advanced clinical practice demands in a specified setting: knowledge, skills, experiences, behaviours and characteristics, agreeing or agreed competences relevant to the setting including national frameworks where relevant (FICM, RCEM etc).

Multi-professional considerations in advanced clinical practice

- Developing an awareness of the variations in professional registrations and scope of practice.
- Recognising the developing advanced clinical practitioner as an experienced, registered professional; identifying what that professional already knows and what value can be realised with the addition of this professional to the team.
- Considering advanced clinical practice development as an augmentation of existing capabilities and competences.

Defining supervision

- Outline of supervision for health professions acknowledging the debate and possible differing uses of the same terms.
- Differentiating distinct types of supervision where these apply for a given profession e.g. education supervision and clinical supervision in medical training.
- Exploring how supervision applies in the development of advanced clinical practice; coordinating education supervisors and associate workplace supervisors.

Models of supervision

- Encouraging critical awareness of different models of supervision; their strengths and limitations and how different models may serve the supervisee and supervisor.
- Matching the model of supervision to the presenting practice concern or aspect of development; mapping to the pillars of advanced clinical practice.

Models of skills acquisition

- Developing critical awareness of different models of skills acquisition; their strengths and limitations and how different models may serve the supervisee and supervisor.
- Appraising models of skills acquisition in relation to different aspects of development aligned to the pillars of advanced clinical practice.





Learning theories and philosophies

- Learning theories; levels of learning independence e.g. pedagogy, andragogy, heutagogy.
- Learning styles and preferences; critical awareness of individual preferences and how to encourage experimentation in learning.
- Developing critical awareness for the ways in which different styles and approaches to learning suit different aspects of development in advanced clinical practice and considering alignment with different aspects of the four pillars.
- Developing a critical awareness of the balance between practice uncertainties as prompts for learning and uncertainty as a marker for risk.
- Behaviours and Characteristics to facilitate supervision
- Exploring the behaviours and characteristics which support the identification and resolution of practice uncertainties through supervision: self-awareness, awareness of and for others, awareness-sharing, feedback-seeking, openness to alternatives, critical awareness and appraisal, willingness to change/a learning disposition.
- Considering how these behaviours and characteristics serve supervisees to identify and resolve practice uncertainties

- Exploring how these behaviours support the supervisor to create conditions conducive for effective supervision; trust, dialogue, collaboration, partnership, equity, supervisee focus.

Communication skills

- Including facilitation, coaching, negotiation, resolving conflict and strategies for difficult conversations, creating the conditions for effective supervision; providing feedback.

Critical reflection

- Including developing critical awareness of different theories, models and frameworks of reflection in and on practice; their strengths and limitations and how different models may serve the supervisee and supervisor

Clinical and professional governance

- Including patient safety, professional safety, the management of risk, confidentiality, statutory duties, duty of candour; uncertainty in professional practice; professionalism;
- Recognising the links between practice uncertainties, learning and the management of risk/maintenance of professional and public safety (see also Learning Theories)
- Exploration of multi-professional dimensions of clinical and professional governance in the advanced clinical practice context; multiple professional registrations, different scopes of

practice, different pre-registration curricula, issues of professional hybridisation.

- Supporting the prioritisation and management of competing practice, education, professional and personal dimensions of being a developing advanced clinical practitioner

Professional well-being

- 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;
- When to sign-post to/refer to another form of personal or professional support; including managing the practitioner in difficulty

Practical/operational supervision

- Documentation, local policy, establishing a supervision agreement or contract.
- Understanding the relationship between supervision of advanced clinical practice development and assessment or verification of capabilities and competences.
- Resourcing supervision; business planning, training, job plans



Appendix 7: Further reading and references

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