

# Developing a supervision framework: The national picture



**HEE South West Advanced Practice Networking Event**  
**Wednesday 14<sup>th</sup> May**

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# Cracked record: No apologies

- 18 months with Centre for Advancing Practice workplace supervision guidance for trainees - messages bear repeating
- Early days of navigation from policy aspiration to operational implementation and reality - continuing to learn together across the system
- History of supervision initiatives faltering because we lost sight of the fundamentals or assumed everyone 'got it'

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# Why does supervision matter?



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# Supervision: keeps us professionally safe

Being a professional is

*‘a movement back and forth between supporting and letting oneself be supported; between confronting and being confronted; between pushing and being pushed’*

(Bjorbækmo et al, 2018, p18)



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# Supervision: keeps us professionally safe

*‘one may be cognitively aware of a need to behave differently and yet remain determined not to do so in practice.’* (Revans, 2011 p5)

*guard against decay and professional tendencies to turn to ‘off-the-peg’ solutions*  
(Dall’Alba 2009)



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# Supervision: keeps us in touch

*‘Really relating to patients takes courage, humility and compassion, it requires constant renewal by practitioners and recognition, re-enforcement and support from colleagues and managers.’*

*(Maben, Cornwell and Sweeney, 2010 p11)*



# Supervision: as registered professionals

Registration requires sign-up to Standards of Proficiency which refer to the need for the practitioner to:

**hcpc** health & care professions council

**NMC** Nursing & Midwifery Council

**General Pharmaceutical Council**

*‘understand the importance of participation in training, supervision, and mentoring’*

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# Supervision:

## The foundation of professional and public safety



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# Supervision for advanced practice:

**Safety of a multi-professional workforce and the safety of people with complex health and care needs**



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# The workplace supervision guidance:

Find the guidance here:

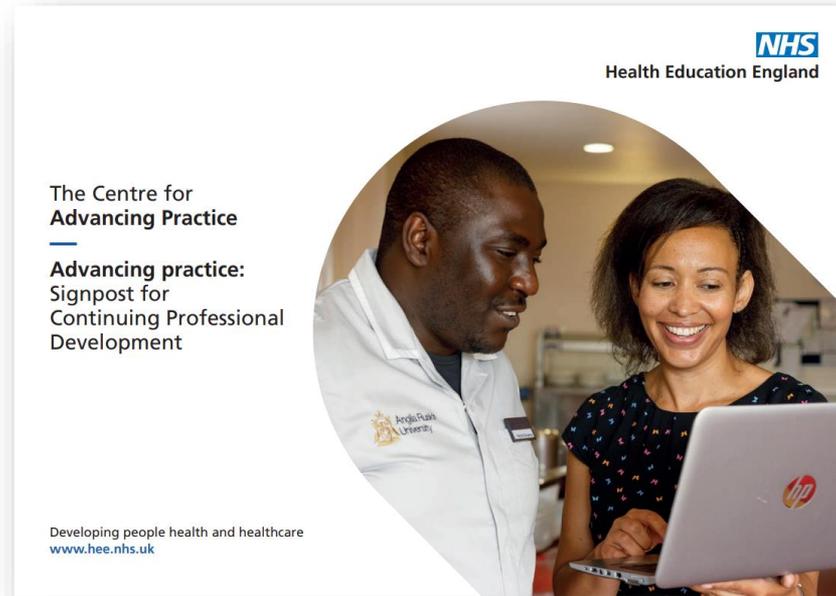
<https://advanced-practice.hee.nhs.uk/resources/reports-and-publications/>



And accompanying films here:

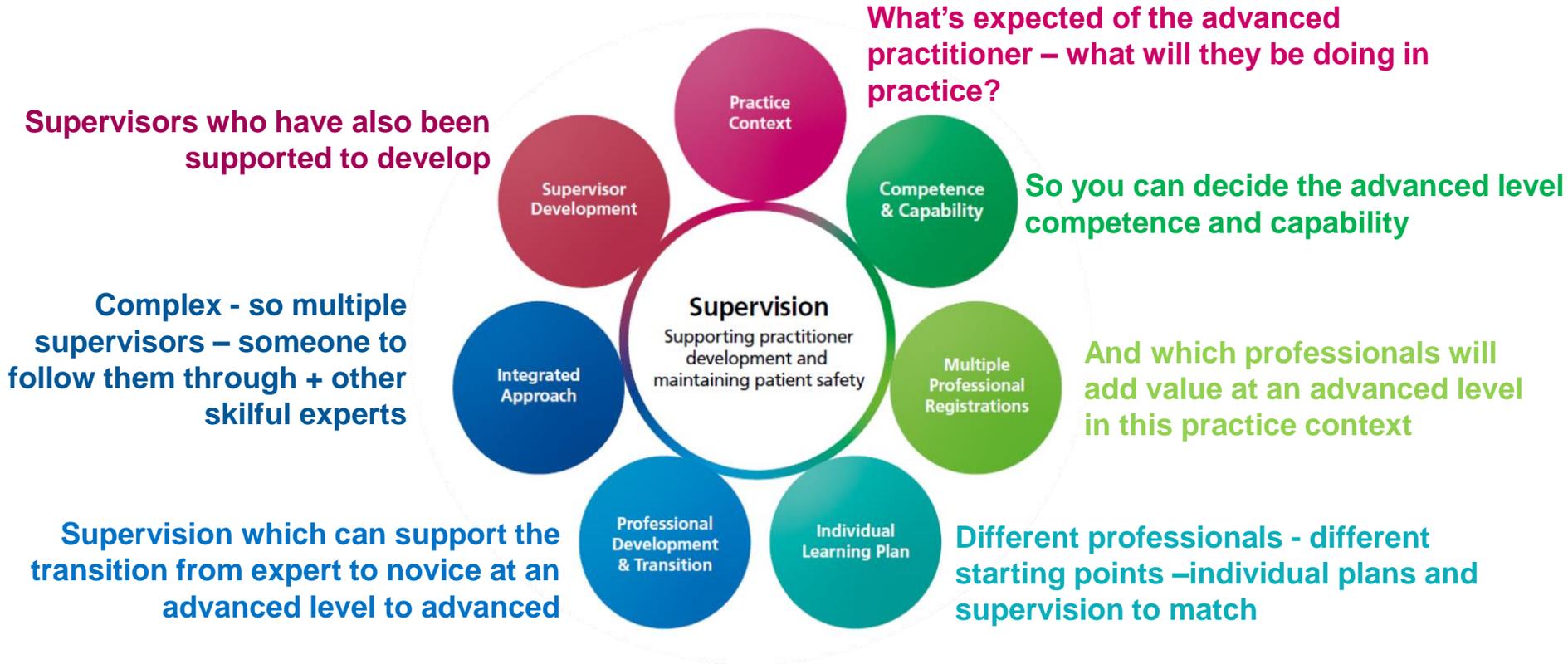
<https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-supporting-videos/>

# Beyond training, consider in conjunction with:



<https://www.hee.nhs.uk/sites/default/files/documents/Signposting%20for%20CPD.pdf>

# The fundamentals in a snapshot:



# FAQs

## Concerns and Burning Questions



# Why the focus on fundamentals? Could we have a 'how-to' guide?



# Why the focus on fundamentals?

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

<https://www.hee.nhs.uk/>

- Making the links between practice, practitioners, supervision and public safety
- Setting out important values and behaviours
- *And .....*

# Why the focus on fundamentals?

- History of supervision initiatives faltering because we lost sight of the fundamentals, assumed everyone 'got it' or were on the same page
- Different levels of advanced practice maturity – system, pathways, professions, regions – we don't want to disrupt good supervision practice where it has been established
- The fundamentals apply across all specialties and practice contexts
- Guiding and facilitating best practice without being overly prescriptive or stifling best practice
- Recognise advanced practice trainees as registered professionals and employees

**There are employer and registrant responsibilities**

# Could we have a how-to guide?

## HEE role to support and ensure but:

- Don't overlook the appendices in the guidance
- Regional supervision and assessment leads supporting implementation with:
  - Self-assessment and employer readiness checklists for supervision and supervisors
  - Minimum Standards for AP supervision – final stages of sign-off following pilot work

# What to expect in the minimum standards

- *who,*
- *how often,*
- *guided by learning needs and relevant curriculum/credentials,*
- *explicit in supervisor and supervisee job plan,*
- *agreed ahead of training,*
- *maintaining links with HEI;*
- *delegation of supervision for prolonged leave, etc*

***Quality not just Quantity***



# First steps ...

**The guidance as a first iteration  
(The Gold Guide now in its 8<sup>th</sup> Edition)**

*Talking of which .....*

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# Why 'Coordinating Education Supervisors' and 'Associate Supervisors' ?

## Why not adopt the medical model and terminology?



# An integrated approach to supervision of advance practice trainees

**Co-ordinating education supervisor** – to follow the developing advanced practitioner/trainee through the training process

*plus*

A range of **associate supervisors** matched to support specified aspects of the practitioner's advancing development  
**clinical, education, leadership/management, research**

# Integrated approach: pilot minimum standards

Throughout the period of training, there must be a minimum of an hour of scheduled supervision every week; of which one in four (once a month) is a scheduled hour with the coordinating workplace supervisor.

In certain practice contexts, where there is high risk, it will be necessary to debrief/provide daily supervision to ensure patient and practitioner safety.

***Quality not just Quantity***

# Why not adopt the medical supervision model and terminology?

## Advanced practitioners are

- not medics or substitute doctors
- registered professionals in their own right
- augmenting competence and capability within registration to an advanced level

**Associate supervisors** recognises development across **clinical, research, leadership and education pillars**

**Recognising the workforce transformation potential not recrafting one registration into a replica of a different profession**

# The case for the integrated approach

Draws on the medical approach but deliberately uses different terminology because:

- Multiple professions and starting points + transition to a less traditional/recognised role (**knowledge + know-how + knowing how to be**)
- Not every specialty area has a nationally agreed curriculum for advanced practice development
- Different advanced practice in different specialties/pathways have different developmental priorities and associated supervisory priorities
- Guiding and facilitating best practice without being overly prescriptive or stifling best practice
- Advanced practice trainees as registered professionals and employees – there are employer and registrant responsibilities

# Augmenting existing approaches for multiple professions

## Different registrations have different starting points:

- Nurse/Paramedic might be close or in some cases at advanced level in wound care compared to a physiotherapist/pharmacist/occupational therapist
- Physiotherapist /occupational therapist might be closer or at advanced level for musculoskeletal assessment
- Occupational therapist might be closer or at advanced level for cognitive assessment
- Pharmacist may be closer or at advanced level for polypharmacy considerations and assessment

## Implications for supervision, registrants, supervisors and employers

# Drawing employers' attention to the supervision needs of multiple professional registrations

Trainee/Developing Advanced practitioner as an employee

Policy shift post Kirkup (2015) - separating regulatory aspects of supervision from professional development aspects, transferring the responsibility for workplace supervision from statute to employer.

**Hence regulators like HCPC say this to employers:**

'As an employer or manager of our registrants, it is important that you understand the standards we expect of them and know how you can support them to meet these standards'

'You will want to support your employees to meet their professional requirements, which include meeting our standards'

<https://www.hcpc-uk.org/employers/using-our-standards/>

# Drawing supervisor and trainee's attention to registrant responsibilities

## Registrant implications

- Navigating advancing practice as an experienced registrant
- Looking after a hard-won registration

*'Every time you renew your registration, you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice.'*

*'... exercise personal judgement by undertaking any necessary training or gaining experience, before moving into a new area of practice.'*

<https://www.hcpc-uk.org/employers/using-our-standards/>

**Using the guidance to support conversations with employers and supervisors**

# The integrated approach builds on medical model while drawing our attention to what is different for advanced practitioners



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# What about supervisor training and development?



# Supervisor training and development

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

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**Encouraging supervisor training and ongoing professional development**

**Recognising the workforce transformation potential not recrafting one registration into a replica of a different profession**

# Supervisor training and development

- Different levels of advanced practice supervisor training maturity – we don't want to disrupt this

- Check existing training against Appendix 6
- Use Appendix 6 to support design of training
- Beyond training – supervisors will need ongoing supervisor development included in job plans, appraisals and personal/continuing development plans



# Supervisor training and development

## S&A leads beginning to map training against Appendix 6

- Developing a virtual prospectus for supervisor training
- Identifying key gaps in supervisor training for advanced practice
- HEE employer readiness and supervisor readiness checklists encourage employers to evidence this commitment to and the engagement of their supervisors in training and development which addresses the advanced practice context



# Supervisor training and development

- Thinking about the behaviours and characteristics which support effective supervision.

The Centre for Advancing Practice - Workplace Supervision for Advanced Clinical Practice Appendix 4

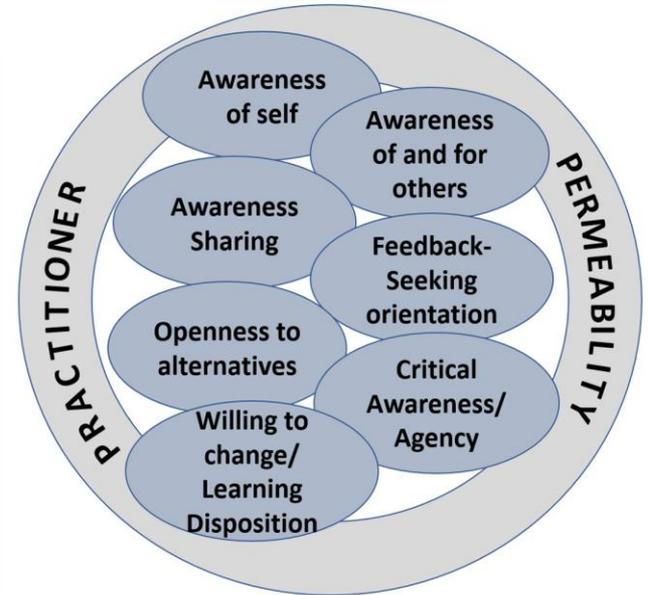
### Appendix 4: Helpful supervision behaviours and characteristics self-assessment/reflective questions (practitioner permeability)

|   |   |
|---|---|
| <p><b>Awareness of Self</b></p> <p>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?</p>  | <p><b>Feedback Seeking Orientation</b></p> <p>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?</p>   |
| <p><b>Awareness of Others</b></p> <p>In what ways do I compare myself with colleagues/fellow practitioners? How does this influence my practice?</p>  | <p><b>Openness to Alternatives</b></p> <p>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?</p>                                   |
| <p><b>Awareness for Others</b></p> <p>In what ways do I look out for colleagues? How do I decide when to step in?</p>   | <p><b>Critical Awareness / Agency</b></p> <p>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?</p> |
| <p><b>Awareness Sharing</b></p> <p>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?</p> | <p><b>Willing to Change / Learning Disposition</b></p> <p>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?</p>                     |

Harding (2019)



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# Permeability in the advanced practice context

## Self-Aware

Awareness of professional identity and possible power dynamics across professional registration boundaries

## Aware of and for others

Recognising the added value this different professional may bring  
Maintaining a focus on professional and public safety

## Awareness-sharing

Owning up to what you might not know about that professional  
Encouraging the trainee to be open about practice uncertainties

## Feedback seeking

Encouraging feedback from the supervisee about how supervision is going – what's working well and less well.

## Critically Aware

What's working – what needs to improve?  
What's safe?

## Open to alternatives

Different professions may have different approaches  
Trying different ways to support the practitioner with uncertainties

## Willing to change

Continuing to learn as a supervisor and as a trainee  
Recognising knowledge and skills decay over time if neglected

## Avoiding Reactivity Mechanisms

(McGivern and Fischer, 2012)



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# Setting the bar high

## In the interests of professional and public safety



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# Further burning questions?