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Public Health
Wales

Reference Number: PHW-SCD17
Version Number: 1
Date of Next review: July 2026

Clinical Supervision Framework for Health and Care Professionals and Healthcare Support Workers

Introduction and Aim

Public Health Wales is committed to delivering high quality, safe services. Public Health Wales sees clinical supervision as an essential contribution to reflect our strategic intention and to strengthen the provision of effective high-quality care.

The main target audience for this framework are those who are in clinical or supporting roles. This includes practitioners who provide healthcare interventions directly, or to inform interventions which may be carried out by another health professional. For example: Health Protection, Screening and Microbiology. This framework can be utilised in a wide range of settings and adapted to that particular service or function.

Clinical Supervision is a term used to describe the formal process of professional support, reflection and learning that contributes to individual development through critical self-examination and self-regulation (Butterworth 2022 p20)¹ and provides a structured approach to deeper reflection on clinical and professional practice. Clinical supervision is an essential component of Public Health Wales Clinical Governance Framework and our organisational commitment to delivering excellent and safe services. The aim of this Framework is to ensure that there are core principles in place to underpin clinical supervision arrangements and to ensure a consistent approach in how it is applied with appropriate training and skills acquisition for those leading and providing Clinical Supervision.

Clinical Supervision creates a safe space for healthcare professionals (across all specialities) and other practitioners to reflect on their practice with the intention of learning, developing and improving knowledge, competence and confidence in their role.

Linked Policies, Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

AW16.CDO2 Interim guidance on retention of documents and other records

Procedure for Notifying and Reporting Possible Fitness to Practise Concerns for

¹ Butterworth T (2022) What is clinical supervision and how can it be delivered in practice? Nursing Times [online] 118

² Butterworth T (2022B) in Sigma Repository (2022) Cultivating psychological safety through clinical supervision. Cultivating psychological safety through clinical supervision (nursingrepository.org)

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|---|--|
| Health Professionals Regulated by the Health and Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC) 2022 | |
| Public Health Wales Clinical Governance Framework 2023 | |
| Public Health Wales Quality and Improvement Strategy 2021-2030 | |
| Scope This paper is to support and facilitate access to clinical supervision across Public Health Wales, which reflects our strategic intention to strengthen the provision of effective high-quality care. | |
| Equality and Health Impact Assessment | An Equality and Health Impact Assessment can be found on the policies and procedures internet page. |
| Approved by | Business Executive Team |
| Approval Date | 19 July 2023 |
| Review Date | 19 July 2026 |
| Date of Publication: | 17 October 2023 |
| Accountable Executive Director/Director | Executive Director Quality, Nursing and Allied Healthcare Professionals |
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| Summary of reviews/amendments | | | | |
|--------------------------------------|-----------------------|-------------------------|-----------------------|------------------------------|
| Version number | Date of Review | Date of Approval | Date published | Summary of Amendments |
| 1.0 | 2023 | 18/07/2023 | 17/10/2023 | New Framework |
| | | | | |

1. Introduction

1.1 Clinical Supervision is a term used to describe the formal process of professional support, reflection and learning that contributes to individual development through critical self-examination and self-regulation (Butterworth 2022 p20)³ ⁴and provides a structured approach to deeper reflection on clinical and professional practice.

1.2 This framework is intended for those who are in clinical or supporting roles which provide healthcare interventions directly or to inform interventions which may be carried out by another health professional for the benefit of service users or patients e.g., Health protection, Screening and Microbiology.

1.3 There are a number of models for delivery of effective clinical supervision prescribed, adopted or recommended by relevant professional and regulatory bodies. Public Health Wales will support our staff to access the most appropriate model to support their needs and professional role.

1.4 Clinical Supervision is recognised as an integral component of staff support and development and is therefore critical to development of the knowledge skills and experience of the workforce and a key element of good clinical governance arrangements.

2. Purpose

The purpose of this guidance is to ensure that Public Health Wales staff have a clear understanding of their own, and the organisations, responsibility in relation to clinical supervision and that the development needs of staff are identified and met.

2.1 Scope of Application

This framework is to be applied to clinical services delivered by Public Health Wales. The definition of clinical services in this context is defined as:

[“A clinical, social or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals. It includes supporting individuals’ ability to function and improve their participation in life and society”⁵](#)

³ Butterworth T (2022) What is clinical supervision and how can it be delivered in practice? Nursing Times [online] 118

⁴ Butterworth T (2022B) in Sigma Repository (2022) Cultivating psychological safety through clinical supervision. Cultivating psychological safety through clinical supervision (nursingrepository.org)

⁵ NHS Digital <https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document/appendix-2-definitions>

3. Clinical Supervision

3.1 What is Clinical Supervision?

Clinical Supervision is a planned formal process of professional support and learning conducted in a safe and supportive environment. Supervisor and supervisee will formally agree the terms of supervision which will include managing confidentiality and escalating professional and case related concerns.

3.2 Benefits of Clinical Supervision

Assessing regular clinical supervision benefits both staff and the organisation. The frequency should be agreed with local managers depending on need identified in "My Contribution" appraisals. For some staff this maybe 6-8 weekly for others less frequent

Clinical supervision supports:

- Helping staff to manage the personal and professional demands created by their day-to-day work, consider new perspectives and identify solutions
- Providing an environment in which staff can explore their own personal and emotional reactions to their work, thus supporting improved emotional health and wellbeing
- Providing the opportunity for professional groups to feel supported, thereby minimising professional isolation, and to learn from events in order to replicate best practice
- Allowing staff to express feelings. Reflect on and challenge their own practice in a safe and confidential environment
- Becoming part of their professional development, and helping to identify their development needs
- Bringing together different components of practice and work to help make changes to improve the way we work or deliver care
- Contributing towards meeting the requirements of professional bodies and regulatory requirements for continuing professional development

3.3 What Clinical Supervision is not?

Clinical Supervision is not a:

- Forum for raising concerns in regard to management processes
- Discussion to informally express workplace concerns
- Tool to address training needs
- Forum for identifying problems without identifying solutions
- Forum for resolving personal or professional conflicts, poor performance or disciplinary issues
- Place to collude with poor practice or undermine individuals.

3.4 Components of Clinical Supervision

Supervision has four key components:

- **Functional (Normative)** – this refers to the promotion and maintenance of good standards of work, co-ordination of practice with our policies and standard operating practices and the guarantee (or 'assurance') of an efficient, safe quality service and practice
- **Reflective (Formative)** - the facilitation of thoughtful and considered review of personal action in meeting both our organisational and professional objectives
- **Educational (Formative)** - the knowledge and emotional development of our staff to enable them to reach their full potential
- **Supportive (Restorative)** - attention to the development and preservation of the emotional and intellectual capacity of the individual staff member for personal well-being and to support good working relationships.

4. Arrangements for Current delivery and future implementation

Established arrangements for clinical supervision are in place for a number of professional groups across Public Health Wales. The development and implementation of new service delivery models in line with Welsh Government strategy, together with possible future recommendations from some additional Healthcare Professions Regulatory Bodies, make it likely, that more formal clinical supervision arrangements will need to be considered for additional staff groups and new roles.

In order to ensure consistency and provide assurance across all clinical services provided by Public Health Wales, all relevant Divisions should ensure the following:

- Have identified and maintain a directory of all roles in which staff deliver clinical services and may require clinical supervision
- Ensure an appropriate form of clinical supervision is in place for all relevant staff, consistent with any recommendations of professional and/or regulatory bodies, and proportionate to clinical role
- Maintain a record of all staff requiring clinical supervision and have access to appropriate records for audit purposes to ensure effective clinical supervision is being fully undertaken (record keeping should be in line with integrated governance and regulatory mechanisms)
- Include audit of clinical supervision, as appropriate, within current quality and safety audit processes
- Undertake assessment of all new roles to determine any requirement for clinical supervision.

5. Modes of Delivery

There are several ways of delivering supervision which could include:

- **One to one**
This involves supervision between a supervisor and supervisee.
- **One to one: co-supervision**
This involves two participants providing supervision for each other by alternating the roles of supervisor and supervisee. Typically, the time available for a supervision session is equally divided between them. Sufficient time must be allocated to each practitioner to ensure adequate supervision of the issues brought.
- **Peer supervision**
Supervision where practitioners discuss work with each other, with the role of supervisor being shared or with no individual member of staff acting as a formal supervisor
- **Group supervision**
There are a range of ways of providing this form of supervision. At one end of the spectrum the supervisor, acting as the leader, will take responsibility for apportioning the time between supervisees, and then concentrating on the work of individuals in turn. At the other end of the range, the supervisees will allocate supervision time between themselves, using the supervisor as a technical resource. There are many different ways of working between these two alternatives apportioning time between supervisees is to be agreed by the group and can include supervisees bidding for time at the beginning of each supervision session. An ideal number of supervisee's in group supervision is usually no more than 8, as everyone needs to be given a fair share of 'air time' in a group setting.
- **A combination of the above**
The appropriate mode of delivery may vary depending on a number of factors, including the experience of the supervisee, their workload, the context in which they work and their professional background. Professional bodies most frequently refer to one-to-one supervision or group supervision.

6. Specific Supervision

6.1 Safeguarding Supervision

This offers a formal process of professional support and learning for practitioners and is about the 'how' of safeguarding practice. Safeguarding supervision provides a framework for examining and reflecting on a case from different perspectives and also facilitates the analysis of the risk (vulnerability and adversity) and protective (resilience) factors involved. Safeguarding supervision

and support is an essential component of clinical governance, ensuring continuous improvement in the delivery of high-quality care to service users in accordance with Welsh Government. 'Working Together to Safeguard Children' guidance (HM Government, 2018) promotes effective safeguarding supervision and the recognition of the emotional impact of the safeguarding role on practitioners. The Named Lead for Safeguarding supports the provision of Safeguarding Supervision across the organisation in line with Public Health Wales National Safeguarding Best Practice Supervision Guidance.

6.2 Midwifery Supervision

In 2017 the Nursing Midwifery Council removed statutory supervision from the Nursing and Midwifery Order 2001. As a result of this change, a new model of clinical supervision for midwives was launched in Wales, with a mandatory requirement for all midwives to access four hours of clinical supervision each year, two of which must be in a group session.

6.3 Post Incident Debriefs

Debriefing is a model of supervision and support normally used when staff have been exposed to a significant event in the workplace. This model allows those directly involved with the incident to process the event and reflect on its impact on themselves and their colleagues. It allows for review of processes, structures and procedures, promoting shared learning and improvement. It facilitates professional development.

6.4 Professional Appraisal and Revalidation

The GMC implemented a revalidation process for all Medical Practitioners, underpinned through annual appraisal and revalidation every five years. To support this process Health Education and Improvement Wales (HEIW) developed an All-Wales Medical Appraisal Revalidation System (MARS) to facilitate the appraisal and revalidation process, by assisting Medical Practitioners in organising and collating all the information required of them. Medical revalidation is co-ordinated and managed through the office of the Medical Director with a revalidation progress report submission to HEIW required annually. Annual appraisal is organised through the HEIW MARS system, medical practitioners choose an appraiser from the panel of trained PHW appraisers. A summary of the appraisal is available for the Medical Director (Responsible Officer) to see, which aids the Medical Director in their recommendations for revalidation on a 5 yearly cycle. An appraisal lead is also in post to ensure that appraisers are trained, and to co-ordinate the appraisal arrangements within PHW.

6.4.1 UKPHR registrants

All UKPHR registrants are required to undertake professional appraisal and revalidation processes equivalent to medical and dental practitioners in order to

maintain registration. Registrants are managed on the MARS system used by GMC registrants.

7. Responsibilities of Supervision

7.1 Executive Directors

Executive Directors are responsible for ensuring that arrangements are in place for:

- The clinical supervision framework to be applied in all areas of their Directorate where clinical services or functions are defined (section 2)
- Staff will be encouraged, supported and released in protected time to attend agreed supervision.

7.2 Line Managers

Line managers are responsible for ensuring that:

- They promote a supportive culture that embraces clinical supervision and encourages engagement of staff to access supervision
- Appropriate systems and processes for supervision are in place for all staff within the sphere of their responsibility
- A register of supervisors may be developed and maintained across the Divisions and/or services and a central register of trained supervisors will be held by the identified Professional Lead
- Promote Clinical Supervision through the annual personal development review process "My Contribution" and any mentorship / preceptorship programmes, agreeing the frequency through the processes based on individual need
- The guidance is effectively and fairly implemented and operated within their sphere of control
- They encourage, support and release their staff within working hours to attend the agreed supervision - clinical, managerial and professional
- Where training is made available supervisors will be trained appropriately.

7.3 Professional Lead

Where Health Care Professionals are not managed by a registrant of the same profession, line managers may choose to delegate or nominate professional leads to fulfil this role.

Professional Leads are responsible for ensuring:

- The implementation of Clinical Supervision within their respective professional groups or teams
- The inclusion of the Clinical Supervision guidance in the local induction process for all new staff

- That all clinical designated staff are aware of, and have access to, Clinical Supervision and that the activity is incorporated into their clinical practice and professional job plan and development plan.

7.4 Supervisor

Supervisors will have the requisite knowledge and skills to facilitate potentially challenging discussions during supervision sessions. Training will be provided for staff to undertake this role.

- Supervisors will have discussed and agreed with their own line manager what availability and capacity they have for delivering supervision
- Supervision should be delivered by a practitioner appropriately trained in supervision. They should be receiving clinical supervision
- Set and agree a contract with the supervisees and maintain attendance documentation (**Appendix A**)
- Ensure the session is conducted within an environment that is conducive to maximise the reflective sessions
- Promote the use of reflection to facilitate the exploration of professional/clinical practice, in order to enhance the supervisee's personal awareness, confidence and effectiveness. This may be about reviewing individual cases and decision making
- If required, constructively challenge professional and personal areas of concern.

7.5 Supervisees

All staff involved in the provision of clinical services are to participate in clinical supervision. Training will be provided to ensure that staff are able to reflect and develop their practice to improve services, provide safe care and better outcomes, for the people of Wales.

- They should bring to supervision material across the full range of their activities and competencies, for discussion. This does not just need to focus on material of particular difficulty, challenge, risk, but could include routine ongoing work
- View clinical supervision as an integral part of their professional practice and as a tool to improve this. Be responsible for ensuring that the plans formulated during a supervision session are adhered to and that goals set are achievable and realistic
- Be prepared for constructive feedback/professional challenge to promote further reflection or critical thinking
- To be aware of any learning needs identified and take positive action to address these
- Evidence they have developed their own practice through reflection which will support registration/revalidation to their professional bodies
- If supervisees become concerned about the quality of supervision, discussions should be held first within the supervisory relationship. If this

is not satisfactory then discussions may need to take place with their line manager or Nominated Professional Lead to address this.

8. Quality Standards

8.1 Approved Training

Supervisors should either have completed agreed training in supervision or be able to demonstrate their knowledge and skills through the revalidation process, or portfolio of continuing professional development evidence. If further advice is required, this can be provided by the relevant Professional Lead in Quality Nursing and Allied Health Professional's Directorate.

8.2 Choice of Supervisor

The choice of supervisor will vary depending on the individual's need and will be the responsibility of the supervisee to identify who will meet their supervision need.

8.3 Minimum Standards

Supervision is a two-way process and all staff have a responsibility to ensure they participate in regular supervision. Each staff member will decide with their line manager the most appropriate model for them and frequency. The clinician or group will have a formal agreement with a named supervisor and this can be recorded (**Appendix A**).

Those conducting supervision need to ensure they respond to staff requests for supervision in line with this guidance. If the specialism, service or job role requires external support for supervision, the organisation will ensure appropriate provision is made for those practitioners. This should be negotiated and agreed between the manager and Professional Lead and a review process put into place.

Supervision may be conducted in person or remotely using digital mediums that comply with Information Governance. The model of supervision agreed and used should meet the, minimum standards which are to:

- Meet sufficient and necessary professional or registration requirements
- Meet the identified needs of the staff member
- Documentation completed recording the date and duration of the session
- Wherever possible be within working hours (may not include travel)
- Be accessible and uninterrupted
- Be with a suitably trained, or approved supervisor or mentor
- Be agreed annually with minimum attendance stipulated
- Have defined frequency, type/model, venue, timing, travel arrangements, and commitment specified within the supervision contract
- Reviewed and evaluated throughout the supervision period
- Any feedback or evaluation acted upon.

9. Confidentiality

It is vital that both supervisor and supervisee have a clear understanding of the arrangements relating to confidentiality. The issues discussed between supervisor and supervisee will be confidential, unless concerns are raised or become apparent regarding the content of the session. These may relate to illegal activity, poor professional practice, unprofessional conduct or anything that compromises the safety or security of the organisation. The supervisor is obliged to ensure any concerns arising from a supervision session are escalated through the appropriate routes and the supervisee informed.

10. Documentation and Reporting

Records should be kept relating to the core themes of any session, this should not include any patient or service user personal identifiable information. It is the responsibility of both supervisor and the practitioner to keep clear, accurate and up to date records. These records must be kept in accordance with policies on confidentiality and record keeping. As a minimum the supervisor must record the date, duration name and workplace of the supervisee on the supervision record (**Appendix B**).

Clinical supervisees should keep their own more comprehensive confidential records, should be of a reflective nature. An example template for recording reflections is included in (**Appendix C**) but other templates exist from Professional groups or bodies that can be used.

11. Audit of supervision

It is important to evaluate the impact of supervision and staff support, to demonstrate its quality on meeting the needs of service users and staff development. There will be different mechanisms depending on the type of supervision. Evaluation should lead to further development or improvements within the service or across the organisation as appropriate and should ensure that:

- All relevant staff are participating
- Standards of clinical supervision are consistent within each professional group
- Clinical supervision remains compliant with any guidance/mandated models recommended by each regulatory body.

Appendix A

Clinical Supervision Contract

This supervision contract should be used as a basis for individual discussion, agreement and negotiation

Name of Supervisee: [Click or tap here to enter text.](#)

Role and Work base: [Click or tap here to enter text.](#)

Name of Supervisor: [Click or tap here to enter text.](#)

Role and work base: [Click or tap here to enter text.](#)

Frequency and duration length of supervision sessions: [Click or tap here to enter text.](#)

Each supervision session will aim to:

- Review previous supervision record and actions
- Recent work related experiences or interactions with patients, or others in the organisation.
- Proposed changes in professional or functional practice.
- The influence of personal and professional issues upon practice.
- Any other business.

A written record of clinical supervision will be produced and will include:

- Name of supervisor and supervisee
- Overview of themes
- Date
- Outcome\Action taken

Confidentiality and Record Keeping:

Confidentiality between supervisor and supervisee cannot be absolute within clinical supervision and is an important part of the verbal contracting arrangements between supervisor and supervisee. Trust and respect are an important part of the supervisory relationship but it is important to recognise that this has boundaries and this needs to be made clear at the outset. Information may need to be shared for a variety of reasons such as:

- A public safety issue being recognised in the supervisees work
- A breach of codes of conduct, guidance or protocol
- Criminal activity being revealed by the supervisee
- Safeguarding concerns
- Audit or evaluation of clinical supervision

Additional Note:

Clinical supervision relationships should be grounded in an explicit working agreement or verbal contract that allows for joint understanding and responsibility. Establishing clinical supervision ground rules avoids ambiguity and provides a secure framework within which the relationship can progress in an open and honest way. Ground rules can also firmly establish in both parties' minds the fundamental elements of supervision. These include the fact that the relationship is set up for a specific purpose for which there is limited time that can be devoted. In addition, boundaries need to be set to eliminate confusion which may result in the supervisor's role being inappropriately extended beyond their area of expertise. For example, it would be wrong to assume that your supervisor will be able to provide counselling or other roles that they are not qualified to do in the context of clinical supervision.

All supervision will be structured around the contract which will specify the frequency of the supervision and stipulate a date for review, which will be no less than annually. Ideally, supervision should be sought a minimum of 4 times a year although this will vary according to the supervisor availability and the supervisor/supervisee relationship.

As a Supervisee I agree to:

- Be willing to honestly share my clinical experiences. Be willing to learn, develop and be open to receiving feedback
- Read and agree to fulfil the role and responsibilities of a supervisee as stated in the Public Health Wales Clinical Supervision Guidance
- Take responsibility for making effective use of the time made available for supervision and for acting upon decisions made within it.

Signed (Supervisee): [Click or tap here to enter text.](#)

As Supervisor I will:

- Offer you advice, support and challenge to enable us to meet our aims for clinical supervision
- Be committed to developing myself as a practicing professional, using my own clinical supervision to support and develop my abilities as a clinician and as a clinical supervisor

- Meet all of my responsibilities relating to clinical supervision as laid out in the Public Health Wales Clinical Supervision Guidance

Signed (Clinical Supervisor): [Click or tap here to enter text.](#)

Appendix B

Clinical Supervision Log

Name of Supervisor:

Supervisee:

Role and work base of Supervisee:

Note: Please also record dates and reasons for cancelled sessions if applicable

| Date /Time | Type of Clinical Supervision | Brief Summary of key Issues/Learning /Reflection | Duration of Supervision Session |
|------------|------------------------------|--|---------------------------------|
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Appendix C

Supervisee Supervision Session Record and Action Plan

To be completed after each Supervision Session

| | |
|-------------------|---------------------|
| Supervisor's Name | Supervisee Name (s) |
| Date of Session | Length of Session |

| What? (A description of the event or issue. Ensure confidentiality is maintained) | So what? (An analysis of the event or issue) | Now what? (An analysis of the event or issue) |
|--|--|---|
| | | |
| Planned date of next session | | |