Guide for Clinical Supervisors of ARRS roles

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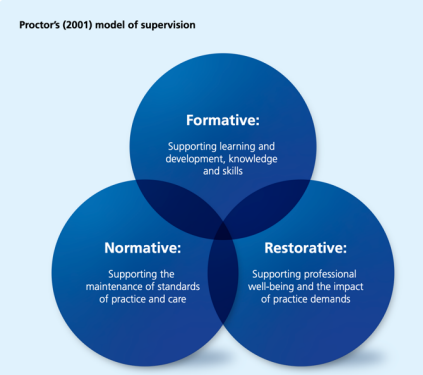
Guide for Clinical Supervisors of ARRS Roles – Summary Sheet

What is Clinical Supervision?
Clinical supervision is **regular, protected time** for structured reflection on clinical practice.

Who Can Be a Supervisor?
Any qualified healthcare professional can supervise, depending on the supervisee's role. e.g. a pharmacy technician could be supervised by a clinical pharmacist. It is up to the employer to decide who is suitable for the role. The clinical supervisor for a PA must be a GP.

How Often Should Supervision Occur?
The frequency depends on the complexity of caseload and experience of the supervisee. Meetings must be scheduled and protected. The minimum requirement is to have at least a monthly meeting. If supervision meetings take place weekly or less frequently, they should last at least 30 minutes. They should still have someone to turn to as workplace supervisor.



Understanding the supervisee's role
Clinical supervisors need to understand the supervisee's knowledge and skills they have as a scope of practice. A clear **job plan** should outline the scope of the role and define the types of patients they are expected to see.

Giving Effective Feedback
- Use facts and specific examples, not opinions.
- Use supervision as a space for learning and growth — **not blame**.
- Phrase constructively: "What can be improved?"
- Give feedback **regularly** (not just at appraisal)
- Praise positive performance and strengths alongside areas to improve.

Types of Supervisor

Type	Description
Workplace Supervisor	Day-to-day clinical support; someone supervisee can turn to for real-time issues.
Clinical Supervisor	Oversees clinical standards and professional development. Acts as the main point of contact for employer.
Educational Supervisor	Oversees structured training and formal qualifications. Requires appropriate educational training.

One individual may hold multiple roles, especially in smaller teams.

Supervision Meeting Format (30+ minutes)
This format provides a balance between clinical discussion and professional development. This proposed format is based on Proctor's (2001) model of supervision.
At the start of the supervisory relationship, discuss scheduling, shared purpose, ground rules, and confidentiality.

1. Welcome & introduction

2. Check-in
- Brief personal/professional update. Ask how they are doing and any key concerns.

3. Review of Previous Supervision Meeting
- Discuss actions or goals previously set and any follow-up.

4. Case Discussion
- Review selected patient cases: The supervisee may present one or more cases they found particularly challenging, uncertain, or interesting or cases may be selected at random from a clinic list (random case analysis).
- Focus on safety, decision-making/clinical reasoning, ethical or complex situations.
- Any decisions that alter patient management should be documented in the patient's medical record.

5. Information Updates & Support
- Highlight relevant changes to guidelines, alerts, referral pathways.
- Check that the supervisee has appropriate access to IT systems, equipment, and physical workspace.

6. Professionalism & Employment
- Review adherence to policies and protocols.
- Review attendance and conduct.

7. Training & Professional Development (5 mins)
- Discuss any complaints or learning from significant events.
- Identify learning needs. Ensure supervisees are receiving relevant training opportunities and attending peer forums.
- Encourage initiatives, audits, Quality Improvement involvement.

8. Goals & Actions
- Set SMART goals for next period: Specific, Measurable, Achievable, Relevant, Time-bound

9. Closing
- Summarise key actions. End with encouragement and support.

Using Coaching Techniques
Supervisors should **resist giving all the answers** — let supervisees find their own solutions when possible. Use the **GROW Model:**

Step	Purpose	Example Questions
G – Goal	Define the outcome	What do you want to achieve?
R – Reality	Explore current situation	What's happening now? What have you tried?
O – Options	Brainstorm solutions	What else could you do? What would you try if there were no limits?
W – Way Forward	Define action steps	What will you do next? What support do you need?

What is Clinical Supervision?

"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)

"Clinical Supervision is regular, protected time for facilitated, in-depth reflection on clinical practice."
— Bond and Holland (1998), p. 12

What Are the Different Supervisors?

A Supervisor can take different forms. Several terms are used to describe these roles.

Workplace/Clinic/Practice Supervisor refers to someone who is available for the supervisee to turn to during day-to-day practice. They provide real-time support when the supervisee experiences issues or difficulties.

Clinical Supervisor is the person who takes overall responsibility for overseeing the clinical work of the supervisee. They provide regular support, promote high clinical standards, and help the supervisee develop professional expertise. They are the named point of contact for the employer.

Educational Supervisor is required if the supervisee is still in training or working toward further qualifications. This supervisor is responsible for their education and should usually have appropriate training and accreditation in supervision for education.

Clinical supervision is often confused with educational supervision. Even though a clinical supervisor may have a role in supporting training, the main focus is on clinical work and patient safety. Education is not the sole or primary focus, unlike with an educational supervisor. Regardless of the type of supervision, the supervisee should always have a named individual in each role. In some cases, one person may act as both the educational and clinical supervisor and also provide day-to-day supervision in the workplace.

What Requirements Are There for Physician Associates (PAs)?

The Physician Associate is a clinical role with specific supervision requirements. PAs should work under the direct supervision of a GP.

RCGP and BMA recommend that all patients seen by a PA should be discussed with a GP at the end of each clinic. However, this is not a mandatory regulatory requirement. NHS guidance allows for professional judgment to be applied. If the supervisee is more experienced, case

discussions may occur at the end of each day, or one to two times per week, depending on the level of risk and clinical complexity.

Who Can Be a Supervisor?

The supervisor can be from any appropriate profession. It is up to the employer to decide who is suitable for the role. For example, a Pharmacy Technician could be supervised by a Clinical Pharmacist. However, it is against regulations for any ARRS role to supervise a GP trainee or medical student.

Being a supervisor should be a voluntary role. Employers must not discriminate against doctors or other professionals who choose not to supervise.

To support sustainability, supervision roles can also be rotated across appropriate team members.

Supervisors can be reassured that both the practice and the supervisor are covered by NHS indemnity for clinical negligence claims (this cover does not extend to non-clinical or professional regulatory matters).

How Often Should Clinical Supervision Take Place?

The frequency of supervision depends on the individual and should be assessed by the clinical supervisor. Factors to consider include the supervisee's experience and the complexity of patients in their care.

As a minimum, there should be at least one supervision meeting per month.

Protected time must be allocated for supervision, and both the supervisor and supervisee should be given space in their schedules to ensure the meeting can take place consistently and effectively.

In addition to formal meetings, the supervisee should always have access to a named person for real-time, workplace supervision.

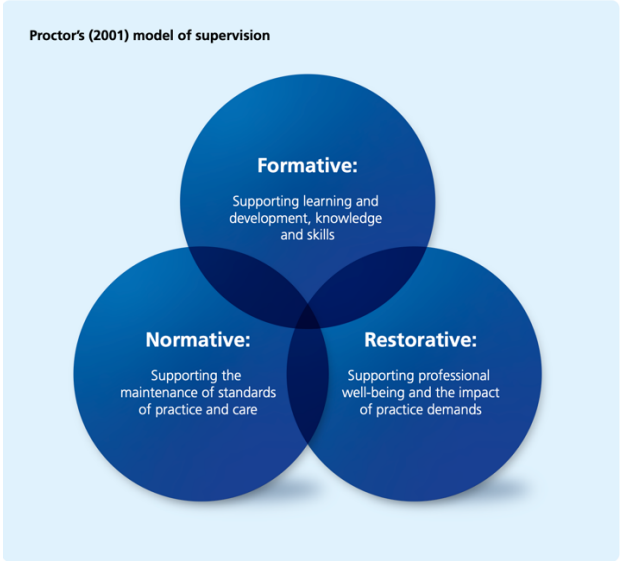
What Is a Clinical Supervision Meeting?

A clinical supervision meeting is a structured but informal discussion that focuses on clinical work and the development of clinical skills. It will often be based on case discussions.

It is separate from the annual appraisal, which is a formal review of a clinician's overall performance, professional development, and career trajectory. Appraisals may contribute to regulatory processes like revalidation or relicensure, and the clinical supervisor may be asked to provide input for this.

Clinical supervision meetings, in contrast, are more focused on real-time learning and are not formal assessments. The proposed meeting format in this guide is based on NHS guidance, CQC requirements, and Proctor's (2001) supervision model, which includes:

- **Normative**: managerial and governance-related responsibilities
- **Formative**: learning and skill development
- **Restorative**: emotional support and wellbeing



At the start of the supervisory relationship, the supervisor and supervisee should agree on the shared purpose, understanding, and boundaries of the supervision process. Ground rules, confidentiality, and regular protected time should be agreed upon.

Confidentiality should be maintained, except where serious concerns arise about patient safety, professionalism, or integrity. In such cases, issues may need to be escalated in line with local policy.

What Is the Clinical Supervision Meeting Format?

If supervision meetings take place weekly or less frequently, they should last at least 30 minutes. It is important to be mindful of time management during these sessions. Sticking to a clear structure ensures that the meeting is focused, productive, and covers key areas without running over time.

Suggested Meeting Format:

1. Welcome and Introduction
2. Check-in
3. Review of Previous Supervision Meeting
4. Case Discussion
5. Information Updates and Support
6. Professionalism and Employment Issues
7. Training and Professional Development

8. Setting Goals and Actions for the Next Period
9. Closing

1. Welcome and Introduction

Begin the session with a brief welcome. Set the tone for the meeting and outline the structure, especially if it is the first supervision session. This helps to build trust and sets expectations for both parties.

2. Check-in

Allow the supervisee to provide a brief personal or professional update. This can help identify any concerns or pressures that may affect their practice or learning. The supervisor may ask open questions to explore wellbeing:

- How are things going since we last met?
- Are there any particular challenges or experiences that have affected you?

3. Review of Previous Supervision Meeting

Revisit action points or goals that were agreed upon at the last meeting. Encourage the supervisee to reflect on any changes made and how effective these have been. This review helps to maintain continuity and ensures that identified areas for improvement are followed up.

4. Case Discussion

This section forms the main part of the supervision meeting. The supervisee may present one or more cases they found particularly challenging, uncertain, or interesting. Alternatively, cases may be selected at random from a clinic list (random case analysis).

During case discussion, the supervisor should encourage reflection, question clinical reasoning, and provide input or alternative approaches. Supervisors should pay special attention to patient safety, missed diagnoses, red flags, and prescribing decisions. Common areas to explore include:

- Clinical decision-making
- Communication with patients or staff
- Time management
- Safeguarding and risk management
- Ethical or complex situations

Any decisions that alter patient management should be documented in the patient's medical record, including the name of the supervisor and a brief description of the advice given or action taken. A computer template may help ensure this is done consistently.

5. Information Updates and Support

This part of the meeting allows the supervisor to provide updates on relevant policies, procedures, and operational issues. For example:

- Changes to local or national guidelines
- Safety alerts or clinical notices
- Mandatory training requirements
- Changes to computer templates and coding
- Referral pathways

The supervisor should also check that the supervisee has appropriate access to IT systems, equipment, and physical workspace, and feels confident in using the tools provided.

6. Professionalism and Employment Issues

Supervision is an opportunity to review whether the supervisee is meeting the expectations of their role in terms of conduct, reliability, communication, and adherence to organisational standards.

The supervisor should confirm that the supervisee is following local policies, clinical protocols, and guidelines. If there are concerns, these should be discussed constructively.

Professionalism also includes being transparent with patients about one's role and limitations. Supervisors can support supervisees in finding appropriate language to explain their role to patients and ensure professional boundaries are respected.

7. Training and Professional Development

This part focuses on identifying learning needs and supporting ongoing development. The supervisor should ask the supervisee what areas they feel less confident in or would like to develop.

Opportunities for development could include:

- Attending internal or external training sessions
- Participating in peer support groups or forums
- Addressing any complaints or learning from significant events

The supervisee should be encouraged to contribute ideas and take initiative within the practice. Participation in quality improvement projects, audits, or service development should be acknowledged and supported. Encouraging innovation helps embed the supervisee within the wider organisational culture.

The supervisee should be encouraged to maintain a portfolio or log of development activities, which may support revalidation or appraisal processes.

8. Setting Goals and Actions for the Next Period

The supervisor and supervisee should agree on a small number of clear and achievable goals to work on before the next meeting. Goals may relate to clinical skills, time management, communication, or confidence in a particular area of practice.

Using the SMART framework can be helpful:

- **Specific**: The goal should clearly state what is to be achieved.
- **Measurable**: There should be a way to assess whether it has been achieved.
- **Achievable**: The goal should be realistic within the timeframe.
- **Relevant**: It should relate to the supervisee's role and current development.
- **Time-bound**: A deadline or review date should be agreed.

These goals should be recorded and reviewed at the next meeting.

9. Closing

The supervisor should summarise the meeting and ensure that the supervisee is clear about what was discussed and agreed. The meeting should end on a positive and supportive note, reaffirming the supervisor's availability and commitment to ongoing development.

What Skills Are Needed as a Clinical Supervisor?

Clinical supervisors need strong interpersonal skills, patience, and the ability to balance support with accountability. The supervisor must understand the supervisee's profession and role. Two important supervision techniques are giving feedback and using coaching methods.

Understanding the supervisee's role

Supervisees should not work beyond their capability and skills. This is referred to as their **scope of practice**. Scope of practice varies between individuals based on training, qualifications, and clinical experience.

At the start of employment, a clear **job plan** should outline the scope of the role and define the types of patients they are expected to see. Clinical supervisors need to understand what skills and knowledge the supervisee already has and where additional support may be needed.

Some supervisees may have extended scope with further training, such as supplementary prescribing. Supervisors should be aware of what additional competencies are held and ensure appropriate supervision is provided.

How to Give Feedback

Feedback may arise from observations, incidents, case reviews, or performance discussions. It is important to provide feedback in a constructive and supportive manner. The goal of feedback is to help the supervisee improve and grow, not to criticise or blame.

Effective feedback should:

- Be timely and linked to specific examples
- Focus on behaviour, not personality
- Be based on facts, not assumptions
- Be framed around improvement, not failure

Using phrasing like “What could be improved?” is more helpful than “What went wrong?” The supervisor should also remind the supervisee of the standards or goals that are being worked toward.

Supervisors must also consider timing. Choosing the right moment helps ensure that feedback is received constructively. It is better to provide feedback in small amounts, regularly, and during normal supervisory conversations, rather than delivering unexpected or overwhelming criticism during an appraisal.

Good supervision also includes praising positive performance and recognising growth.

Supervisees should be encouraged to give feedback in return. Supervision should be a two-way process that builds mutual trust.

How to Use Coaching in Supervision

Coaching is a method of helping supervisees develop their own problem-solving skills and set achievable goals. Rather than giving direct instructions, the supervisor supports the supervisee in exploring their own ideas and solutions. The supervisor’s role in coaching is not to take over or direct the solution, but to provide space for reflection and help the supervisee take ownership of their development.

One of the most useful tools in coaching is the **GROW model**, which helps structure a development conversation.

- **Goal** – What do you want to achieve?
  Example: “What outcome would you like from this situation?”
- **Reality** – What is happening now?
  Examples: “What have you already tried?” “What’s working well?” “What’s getting in the way?”
- **Options** – What are the different ways you could move forward?
  Examples: “What else could you try?” “If nothing was stopping you, what would you do?”
- **Way Forward** – What action will you take next?
  Examples: “What will you do first?” “What support do you need?” “How will you keep on track?”