

Supervision for career-grade psychiatrists in managed settings

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Introduction

Supervision in the clinical practice of psychiatrists is well established for doctors within the training grade. The Royal College of Psychiatrists has a policy on the role of the educational supervisor in relation to people working as postgraduate medical trainees, but no other official policy on supervision.

There is an assumption that supervision occurs for non-trainees, including consultant medical staff, within the expectations for revalidation, the expectations of the National Health Service Litigation Authority and the reports from National Inquiries.

Establishing parameters for clinical and managerial supervision defined by the College will provide a framework within which psychiatrists can work and which will support their appraisal and revalidation process.

High-quality supervision and performance reviews underpin the delivery of high-quality patient services and act as assurance for patients, carers and the employing organisation.

Supervision can be broadly divided into two types. First, clinical supervision which provides an opportunity for staff to reflect on their clinical practice with an experienced colleague. Second, managerial supervision which provides the opportunity for line managers to ensure that staff are working to a satisfactory standard within the employing organisation's agreed policies and guidelines.

Principles

CLINICAL SUPERVISION

The principles underpinning the process of clinical supervision should be, as a minimum, the following.

- Career-grade doctors should have appropriate training to participate fully as a supervisor or supervisee.
- Arrangements for supervision within the identified supervisory process should be agreed during the annual appraisal.
- Regular supervisory meetings in a peer group or one-to-one setting should occur not fewer than four times a year.
- A record of the supervisory process should include the outcomes and monitoring of agreed actions. This should be retained by the appraisee and discussed in the annual appraisal.
- The supervisor should be a peer or senior colleague in the same subspecialty of psychiatry.
- If patient identifiable information is discussed, both parties are responsible for ensuring this information is kept confidential.
- If the supervision process results in advice regarding patient management, the supervisee is responsible for ensuring that this is recorded in the patient notes.
- Examples of activities which could be incorporated into clinical supervision:
 - case-based discussions
 - direct observation of practice
 - critical appraisal of clinical evidence.
- The content of the supervision will be led by the supervisee.

MANAGERIAL SUPERVISION

The details of the managerial supervision process will be defined by employing organisations. Career grade psychiatrists will be supported in delivering high-quality patient care by a process which:

- is provided within the line management structure
- includes case-load review and resource allocation

- includes review of agreed objectives and performance
- ensures outcomes of managerial supervision are recorded and discussed as appropriate within the appraisal process and job plan review.

The content of the supervision will be led by the supervisor.

CONFIDENTIALITY

Supervision is a confidential process between the supervisor and supervisee. There are, however, limits to the confidentiality.

- If there is concern about patient safety, the supervisor will need to alert the necessary local and statutory bodies.
- The supervisee has the responsibility to ensure that identified needs for practice development are fed into the appraisal process.
- Urgent training or development needs should be highlighted by both the supervisor and supervisee to ensure prompt action.

DISCLAIMER

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