



Supervision Policy

This document addresses the important subject of clinical supervision and applies to full members working in the NHS, third sector and Independent Practice. Clinical work is defined by the ACP as direct child and adolescent psychotherapy, and includes clinical teaching, consultation, and supervision itself.

A distinction is made between managerial supervision (e.g. case management and workplace issues) and supervision of clinical work. It is the latter that is addressed in this policy.

The document will address:

1. The nature of the supervisory relationship
2. CPD supervision requirements and guidance
3. Ethical considerations for supervisors
4. Becoming a supervisor
5. Post qualification and leadership

Details of supervision of trainees, both by tutors within training schools and for intensive cases (whether internal or external), and service supervision are not included in this document, as they come under the aegis of the ACP Training Council (see the [Quality Assurance Framework](#)). See 'supervision of trainee child and adolescent psychotherapists' later in the document.

I. THE NATURE OF THE SUPERVISION RELATIONSHIP

The purpose of supervision is to enhance and develop the clinician's psychoanalytic understanding and practice in the context of a supportive relationship with a sufficiently experienced and qualified child psychotherapist. The supervisor offers a reflective space in which the detail of clinical work is considered in the context of psychoanalytic theory and practice. The supervisor holds no clinical responsibility for the supervisee's cases, unless this is specifically written into their contract of employment.

The Competence Framework puts supervision at the heart of practice.

The nature of the supervisory relationship is one of respect, confidentiality, sensitivity and support. This includes attention to issues of equality and diversity in the supervisory relationship.

There is an expectation that detailed clinical material will form the core of a supervisory working relationship.

Independent Practice

The Independent Practice Guidelines emphasise the requirement of regular supervision:

You will need a clinical supervisor for your private practice work at no less than the frequency outlined in the ACP CPD guidelines if you are not receiving supervision in any employed work. The supervisor must be a full member of the ACP or a supervising associate. The ACP Competence Framework outlines that it is important that therapists receive supervision from supervisors who themselves have knowledge of relevant competence frameworks, and who can demonstrate their own competence in the requisite skills, knowledge and attitudes that ensure high quality supervision.

2. CPD SUPERVISION REQUIREMENTS AND GUIDANCE

Supervision is an essential part of a child psychotherapist's continuing professional development and requires to be in place in order for members to re-register as full members annually. Non-working members are not required to have supervision, as the expectation is that they are undertaking no clinical work in any capacity as a child psychotherapist.

There is a minimum required number of hours of clinical supervision that members must receive annually. Frequency of supervision is dependent on experience (see below).

For more experienced members, there is an option of peer supervision, meeting in a small group with ACP colleagues on a regular basis.

Minimum hours of supervision

- **For newly qualified members** the requirement is fortnightly supervision, for one hour per supervision, for the first two years post-qualification.
- **For more experienced (two years post qualification) members** the requirement is monthly supervision, for one hour per supervision, and at least ten supervisions in the year.
- Peer group supervision can replace individual supervision for members who have been qualified for 5 years or more. Peer group supervision should take place monthly and no less than 10 supervisions in the year.

The supervision requirement is not based on hours worked, e.g., if you are full time or part time. This is because the hours that members work can vary considerably, and it is important to have a clear standard. However, members may want to think about the number of clinical hours that they undertake when planning their supervision needs. If seeing a large number of cases, or looking for specialist supervision, it may feel necessary to organise additional supervision over and above the minimum of 1 hour per month.

As part of the annual re-registration with the ACP, members need their supervisors to approve and sign their online CPD form. The supervisor is required to confirm that they have heard detailed clinical work, or supervision from the supervisee, and ensure that they are working within the ACP competence framework, which provides a useful focus to ensure that child psychotherapists are delivering effective practice.

If the supervisee is in a peer supervision group, the supervisor is required to confirm that they have heard detailed clinical work / supervision from the supervisee. Peer group supervision can replace individual supervision for members who have been qualified for 5 years or more. There is an expectation that members of a peer supervision group will share detailed clinical case notes for discussion.

In order to sign the CPD form, supervisors need to have experienced, over a period of time, the quality of clinical work and the psychoanalytic thinking of their supervisee, which is brought in the form of detailed clinical notes, and presented to the supervisor for discussion. The supervisor, however, is not accountable for the supervisee's cases.

The supervisee and supervisor should keep a record of supervision sessions attended, as this may be required by the CPD audit, and can be more difficult to do retrospectively.

If there is a discrepancy between what the member and the supervisor have accounted for the member's work, the CPD lead or registrar may need to contact the supervisor but would keep the member informed of this.

The supervisor is not responsible for checking whether the member is meeting the ACP CPD requirements, or sufficient number of clinical hours. This responsibility rests with the member certifying that they have completed the requirements. However, as good practice, within the supervisory relationship, these areas could helpfully be explored, especially if there are changes in the supervisee's circumstances.

Members who are returning to practice

If you are returning to being a full member of the ACP, after either having left the ACP or had a period (over two years) as being non-working, you may be advised by the Registrar to undertake a supervised case. The length of time would depend on member's individual circumstances, and further guidance can be found in the [return-to-work policy](#). This supervision would be in addition to the usual required supervision, and as such might incur additional costs for the returning member.

3. ETHICAL CONSIDERATIONS FOR SUPERVISORS

The ACP Code of Professional Standards and Ethics states:

- *Members must ensure that there are adequate supervisory and/or consultative support arrangements for their practice. Members supervising trainee members should also ensure that contact with their patients takes place subject to adequate supervision.*

As an experienced clinician, the supervisor is expected to be aware of the [Code of Professional Conduct and Ethics](#), The Rules, Safeguarding procedures and GDPR (for independent clinicians).

In discussing confidentiality with a family/patient, members are required to inform them that their clinical data will be shared with a supervisor to enhance their clinical work with the patient. (The Code 3.2.3.)

Members should inform their supervisors if a complaint is made against them and supervisors may be invited to an interview, depending on the nature of the complaint. Sanctions following a disciplinary process may include specific and additional supervision. In these cases, the supervisor may be asked to provide a report or a series of reports on the development of the member in response to the breaches.

Notes made by the supervisor are also subject to GDPR.

4. BECOMING A SUPERVISOR

A supervisor must be a full ACP member and have been qualified for at least two years, or be registered as a Supervising Associate in order to supervise ACP child psychotherapists. There is a list of Supervising Associates on the ACP website. Previous members of the ACP are not accepted as supervisors for this purpose, unless they decide to return to full membership.

Supervision of trainee child psychotherapists

Trainees are well supported in terms of supervision in all UK training schools, both in the training school-via tutorials where clinical material is regularly presented, in groups and individually to a tutor – and in their trainee NHS posts.

NHS Service supervision: the service supervisor carries clinical responsibility for the trainee's cases, and meets the trainee weekly. Reflection and comment on detailed clinical case material forms part of the supervision. Training schools are responsible for putting in place training and supervision for service supervisors. Training schools hold their own lists of approved intensive case supervisors.

5. POST QUALIFICATION AND LEADERSHIP

Members who are new to supervision are encouraged to attend a regular group for supervisors. This might be a virtual online group, or a group that meets face to face. This would be particularly relevant to members supervising those in independent practice, where there is not the same protective framework provided by an NHS setting. The aim of such a group would be to discuss any issues particular to supervision, either through detailed clinical presentations or discussion of themes common in supervision. Participating in a supervision group would count towards CPD.

Leadership and supervision of other professionals

In addition to providing specialist treatment to patients, Child and Adolescent Psychotherapists play a crucial role in providing training, case consultation, support, supervision and specialist clinical leadership for colleagues across the wider children's workforce so that they are better able to carry out their work. Their skills offer colleagues a way of understanding, managing, and treating patients in complex and sometimes frightening clinical situations.

Preparation for the supervision of other professionals is embedded in the training of child psychotherapists ([see the Competence Framework](#)). With the planned expansion of the CAMHS workforce, including through new roles of Child Wellbeing Practitioner (CWP) and Education Mental Health Practitioner (EMHP), there will be an increasing need for NHS Staff, including child psychotherapists, to provide clinical supervision, consultation and training across disciplines and to take a lead on team and organisational development.

*Professional Standards
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