



Guide to supervision in prosthetics and orthotics

Contents

Introduction	3
Author	3
Acknowledgements	3
Funding	3
What is supervision?	4
Definition	4
Types or components of supervision	4
What supervision is and is not	5
Purpose and benefits of supervision	6
What is the difference between supervision, preceptorship and mentoring?	7
Supervision and education and training	7
Developing arrangements for practice/professional supervision in prosthetics and orthotics	8
The business case for practice/professional supervision	8
Characteristics of effective supervision	9
Considerations for practice/professional supervision	10
Who will supervise?	10
How will supervision be delivered?	11
How frequently should supervision take place?	11
What should the content and structure of supervision sessions look like?	12
What are the roles and responsibilities of supervisors and supervisees?	12
What training should be in place for supervisors and supervisees?	12
Resources	13

Introduction

Supporting the practice, learning, development and wellbeing of prosthetists and orthotists is a crucial component in ensuring patient safety and improving recruitment and retention of the workforce.

In some other allied health professions, the concept of supervision is already well embedded and considered to be an integral part of good professional practice. However, this term may not always be used nor well understood by all in prosthetics and orthotics.

This document provides a short, accessible guide to supervision for the profession, with links to available resources for further information.

We want to support a culture of supervision in the profession by encouraging employers and prosthetists and orthotists in both the NHS and private sector to be active in thinking about the arrangements they have or need to put in place to support the practice, learning, development and well-being of the workforce.

Author

Michael Guthrie is a freelance consultant. He was formerly Director of Policy and Standards at the Health and Care Professions Council (HCPC) and formerly Policy Lead for Advancing Practice at Health Education England.



Acknowledgements

We would like to thank the prosthetists and orthotists who discussed their understanding and experience of supervision with us to inform the content of this guide.

To put together this guide, we have particularly drawn on material published by the Department of Health, Northern Ireland (2022), Health and Care Professions Council (HCPC 2024) and NHS Education for Scotland (2018 and 2024).

Funding

This document was commissioned by BAPO, with funding from the Workforce, Training and Education Directorate, NHS England.

What is supervision?

Definition

When we think of supervision, we might immediately think about when we were a student and our work was directly observed and our competencies signed-off by a qualified prosthetist and orthotist, or we might think about the senior colleague we speak with from time-to-time to discuss complex cases, or our annual performance review with a line manager. These are all supervision activities in specific contexts but the concept of supervision itself is broader.

There is no single definition of supervision (although they are very similar) and it may look different in different professions, sectors and workplaces.

In this guide we have used the following definition from the Health and Care Professions Council (HCPC):

'... supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills, and competence, through agreed and regular support with another professional.' (HCPC 2024)

Types or components of supervision

Supervision is often broken down into 'types' or 'components' of supervision which are outlined below.

Practice supervision aims to support learning and development of competency related to specific professional tasks within a professional's scope of practice. This is sometimes called **clinical supervision**.

Practice supervision involves an opportunity for the health and care professional, working with their supervisor, to reflect, discuss and review all aspects of their practice. It might include aspects such as assessment, clinical reasoning, formulation of goals, interventions and decision making (Department of Health, Northern Ireland 2022).

Professional supervision is focused on identifying a professional's learning and development needs and meeting CPD and other regulatory and role requirements.

In professional supervision, the supervisor will work with the health and care professional to focus on aspects such as:

- Helping staff to develop their professional competence.
- Enabling staff to meet CPD requirements to maintain their HCPC registration.
- Helping staff to initiate fresh ways of working in response to changing needs.
- Assessing training and development needs.
- Developing skills and knowledge. (Department of Health, Northern Ireland 2022)

Practice and professional supervision are often grouped together and called practice supervision or clinical supervision (NES 2018).

Managerial supervision is focused on ensuring performance and compliance with organisational policies. Managerial supervision is sometimes called **line management supervision**.

Managerial supervision is likely to include aspects such as time and workload management, performance measurement and management and compliance with requirements for regular performance reviews or appraisals.

The HCPC says that its registrants should have access to both practice/professional supervision and managerial supervision (HCPC 2024).

Supervision described above describes 'formal supervision' – structured, organised opportunities for learning, reflection and discussion. Supervision may also take place on other occasions on an informal basis, for example, a discussion after a particularly challenging case or discussion in a team meeting.

In most of this guide, we have focused on practice/professional supervision.

What supervision is and is not

Supervision, particularly practice/professional supervision, is normally led by the individual participating in supervision – the supervisee. Supervision has been described as providing a ‘safe place for guided reflection’ providing ‘the opportunity for staff to take responsibility for their own practice, exploring and finding solutions and executing any actions that arise’ (NES 2024).

Table 1 below helps to explain further what supervision aims to achieve.

Table 1: What supervision is and what it is not

What Supervision is.....	What Supervision is not....
Supports development of knowledge, skills, values and practice within a role or area	Psychotherapy, therapy or counselling
Benefits people who use our services, their families and carers	An opportunity to ‘police’ staff or check up on their actions
Promotes staff wellbeing by provision of support	Dictated by hierarchical relationships and positions
Provides a safe place for professional development, growth and accountability using appropriate questioning, challenge, affirmation and structured reflection	An opportunity for performance management - although effective and supportive conversations may identify that a practitioner is having difficulties and enable early intervention
Leads the individual to identify their own solutions	A place for judgement on practice
Supports challenging and complex situations	A place for blame, moaning or gossiping
Supports reflective practice and clinical reasoning taking account of professional standards and service delivery	Controlled by the supervisor

Source: Reproduced from NHS Education for Scotland (2024), adapted from Helen and Douglas House (2014) and NHS Lanarkshire (2010).



Purpose and benefits of supervision

Figure 1 below sets out the purpose of supervision and indicates some of the benefits.

The HCPC says that high quality, effective supervision has many benefits, including the following:

- **Supports professional practice and reflection** – by providing time and space for a professional to reflect on their practice to identify things that have gone well, or not so well, and areas that could be improved.
- **Supports Continuing Professional Development (CPD)** - by helping to identify and respond to a professional's learning needs and address them so that their knowledge and skills are up to date and to support their career progression. Supervision could legitimately form part of a professional's CPD activities to meet the HCPC's Standards for Continuing Professional Development.
- **Increases quality of care delivery** – patients and carers benefit because supervision provides an opportunity to identify and address issues that arise in practice in a timely manner, helping to maintain and raise practice standards.
- **Improves wellbeing** – by providing a safe and supportive environment to discuss challenges and concerns, as well as reflect on achievements, supervision can help support a professional's wellbeing and improve confidence and job satisfaction.
- **Improves work environment and culture** - by helping create a more supportive, caring and positive working environment that values each individual's contribution.

Figure 1: The benefits and outcomes of effective supervision



Source: Reproduced from HCPC (2024).

What is the difference between supervision, preceptorship and mentoring?

Supervision, preceptorship and mentorship share some common ground with a shared focus on learning and development. However, they each serve a distinct purpose:

Preceptorship is a period of structured support provided to health and care professionals during key moments of career transition, often for newly qualified or early career professionals. Supervision, including direct observation of practice, is likely to form a part of preceptorship programmes, to support health and care professionals to build confidence and capability in new roles against identified learning outcomes. During preceptorship, supervision linked to line management is kept separate from supportive, learning-focused supervision.

This document is not about supervision and support for newly qualified or early career prosthetists and orthotists – please see BAPO (2024) for more information about preceptorship.

Mentoring is a more informal and ongoing process of personal and professional development, often with a specific purpose such as supporting career development. Mentoring normally involves a professional with specific experience or skills nurturing and guiding a professional who is a relative novice in a particular area or aspect of practice.

Supervision and education and training

This document focuses on practice/professional supervision for prosthetists and orthotists after completion of their preceptorship period.

There are specific requirements for supervision in relation to those who are completing education and training programmes, which will draw on many of the underpinning principles described in this document.

When students are completing pre-registration education and training in prosthetics and orthotics, there will be specific arrangements for supervision determined and agreed in partnership between the education provider, employer (practice placement provider) and student. This includes structured arrangements for how students are supervised and assessed in practice, by supervisors who are suitably qualified, experienced and trained for their roles.

Similarly, training in advanced practice is a partnership between the trainee advanced practitioner, employer and education provider. High quality arrangements for supervision by supervisors with relevant knowledge, skills and experience is essential to supporting and enabling a trainee advanced practitioner to meet all the published capabilities for advanced-level practice. NHS England's Centre for Advancing Practice has published resources for employers to support effective workplace supervision of trainee advanced practitioners (see page 13).

Developing arrangements for practice/professional supervision in prosthetics and orthotics

Prosthetic and orthotic services will already have arrangements in place, both formal and informal, to support the practice, learning, development and wellbeing of their workforces. They might have supervision or supervision-like arrangements in place, but use different language, or supervision might form part of wider programmes aimed at supporting and developing staff. They might focus on managerial supervision but not address the practice/professional supervision aspects in an explicit, structured or supervisee-led way.

This section focuses on the things employers and prosthetists and orthotists might think about when developing arrangements for practice/professional supervision in the profession. Arrangements for managerial supervision including annual performance reviews / appraisals are already likely to be in place in most if not all services.

We have already outlined the benefits of supervision for individuals, patients and carers. We encourage employers to think about what arrangements they already have in place and to consider how by investing time and effort into practice/professional supervision they can better support the practice, learning, development and wellbeing of their workforces with benefits for service delivery and patients.

The business case for practice/professional supervision

We know that:

- prosthetists and orthotists have the highest attrition rate of the allied health professions, but the demand for our services is increasing;
- employers struggle to attract and retain a limited pool of prosthetists and orthotists who have the skills and experience they need for specific roles; and
- career development opportunities for prosthetists and orthotists can be limited which can lead to them leaving the workforce prematurely. (BAPO 2023)

Practice/professional supervision is one way in which employers can demonstrate that they value their workforces, helping to address these issues. Investing in supervision can help:

- **Improve recruitment** – by demonstrating the employer's commitment to supporting the development and wellbeing of their workforce, making them more attractive to candidates in a competitive market place.
- **Improve retention** – by putting in place clear, structured arrangements for practice/professional supervision, employers can help create happy and satisfied staff who want to stay.
- **Improve productivity** – by supporting development of knowledge, skills and values, supporting their personal and professional development, and identifying challenges and concerns in a timely manner, staff will be better able to efficiently manage service demand and provide high quality, timely and inclusive care for patients and carers.

Characteristics of effective supervision

Research commissioned by the HCPC has identified the following characteristics of effective supervision:

SUPERVISION IS EFFECTIVE WHEN:

- 1** Supervision is based on mutual trust and respect.
- 2** Supervisees are offered a choice of supervisor to secure a good match on a personal level, an expertise match and to meet cultural needs.
- 3** Both supervisors and supervisees have a shared understanding of the purpose of the supervisory sessions.
- 4** Supervision focuses on sharing and enhancing knowledge and skills to support professional development and improving service delivery.
- 5** Supervision is regular and based on the needs of the individual, and ad hoc supervision is provided in cases of need.
- 6** Supervisory models are based on the needs of the individual, such as one-to-one, group, internal or external or distance.
- 7** The employer creates protected time, supervisor training and private space to facilitate the supervisory session.
- 8** Training and feedback is provided for supervisors.
- 9** Supervision is delivered using a flexible timetable, to ensure all staff have access to sessions, regardless of working patterns.
- 10** Different types of supervision, including practice, professional and managerial supervision is delivered by different supervisors, or by those who are trained to manage the overlapping responsibility as both line manager and supervisor.

Source: Adapted from HCPC (2024) based on Rothwell et al (2019).

We have elaborated on some of these aspects in the next section which addresses the things employers should consider in developing their approach to practice/professional supervision.

Considerations for practice/professional supervision

To be effective, any supervision arrangements will need to reflect the needs, circumstances and challenges of each service. For some, including NHS services in Scotland and Northern Ireland, expectations for supervision have been clearly set out in national policy.

All prosthetists and orthotists should have access to regular, good quality practice/professional supervision, with protected time allocated.

Table 2 below outlines some of the challenges to implementing practice/professional supervision, which may not affect all services equally, and how they might be addressed or overcome. Employer commitment is vital.

Table 2: Challenges and possible solutions

Challenge	Possible solutions
Lack of time and resources for practice/professional supervision because of service demand.	Prioritising the time and resources needed for practice/professional supervision can harness the benefits of supervision previously described, improving productivity to more efficiently meet service demand in the longer term.
Lone working and working across multiple locations creating challenges for organising/delivering supervision.	Arrangements for supervision can be tailored to the needs and circumstances of the service – for example, by using virtual supervision.
Small teams creating challenges for identifying suitably experienced supervisors.	Links with other prosthetic and orthotic services or with relevant members of the multi-disciplinary team can help address issues with supervisor capacity.

Employers who do not already have structured arrangements for practice/professional supervision in place, might consider developing their approaches with the early involvement and input of their teams to ensure buy-in and understanding of the aims of supervision.

The following outlines some of the key considerations for putting in place effective practice/professional supervision. They are not intended to be exhaustive – see page 13 for further resources.

1 Who will supervise?

It is considered good professional practice to keep practice/professional supervision separate from managerial supervision because it will provide a 'safe space' in which a professional can openly reflect on and improve their professional skills and practice.

One way of doing this is by having different supervisors for practice/professional supervision and for managerial supervision (HCPC 2024). However, this might not be possible or practical in every workplace. If it is not, then supervisors should try to structure supervision sessions in way which keeps practice/professional supervision and managerial supervision as separate as possible.

Research suggests that supervision is more effective when a supervisee is able to choose their own supervisor. Again this might not always be possible, particularly in small services.

Supervisors should always have the knowledge, skills and personal qualities needed to supervise effectively. In many cases, supervisors will be prosthetists and orthotists but, dependent on the needs of the individual, their scope of practice, supervisor capacity and capability and the type of supervision being offered, they might be from other professions with suitable knowledge, skills and experience.

2 How will supervision be delivered?

Supervision can be delivered in a variety of different ways including one-to-one meetings, peer supervision, group supervision and virtual supervision (or a combination of methods).

Most supervision tends to be delivered one-to-one, whether in person or virtual. Virtual supervision may be an effective way of overcoming challenges where supervisors and supervisees work in multiple locations.

The HCPC suggest that whatever the delivery method, it is important that supervision is regular and structured, based on an open discussion between supervisor and supervisee about what will work best for the supervisee (HCPC 2024).

3 How frequently should supervision take place?

Supervision should take place regularly but there is no clear evidence about how many sessions are required.

The amount of supervision required will vary based on factors including the experience of the supervisee and their length of their service, the nature and complexity of the supervisee's work and the supervisee's learning needs. For example, more supervision might be required for an individual who was new in role or who was learning a new task.

In the NHS in Scotland it is suggested that formal supervision sessions should take place at least four to six times per year and in the NHS in Northern Ireland at least four times a year (NES 2018, 2024; Department of Health, Northern Ireland 2022).

Employers should make practice/professional supervision a priority by allocating regular protected time for this activity as part of service planning.



4 What should the content and structure of supervision sessions look like?

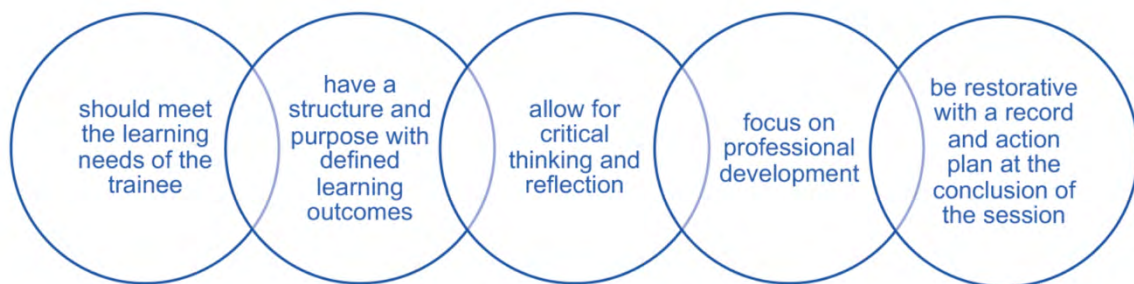
The HCPC suggests that supervision sessions might include the following activities:

- Structured discussions of your work including your clinical case load
- Assistance with particular tasks or challenges
- Wellbeing checks
- Workload planning
- Debriefing discussions (HCPC 2024)

However, these are only examples. The content and structure of supervision sessions should be led by the supervisee and agreed with the supervisor and will vary for each prosthetist/orthotist based on factors such as their specific role, experience and learning needs.

Figure 2 below is taken from NHS England's guidance on workplace supervision for advanced practice trainees. It outlines the five key elements of an effective supervision session. These elements apply equally to practice/professional supervision outside of workplace training - supervision sessions need to be designed to meet the needs of the supervisee, with a clear structure and purpose and a focus on professional development.

Figure 2: The five key elements of a supervision session



Source: Reproduced from NHS England (2020).

5 What are the roles and responsibilities of supervisors and supervisees?

Good supervision is based on a relationship of trust, respect and mutual understanding of roles and responsibilities between supervisor and supervisee.

Having a supervision agreement in place from the outset is considered good practice. This sets out the roles and responsibilities of the supervisor and supervisee and addresses issues such as confidentiality, scheduling and frequency of sessions.

Keeping notes of supervision sessions can help provide structure to supervision sessions, support action planning and provide evidence to meet CPD requirements.

The HCPC have published templates for supervision agreements and for structuring and recording supervision sessions which are available from their website (see page 13).

6 What training should be in place for supervisors and supervisees?

Research suggests that the skill and competence of supervisors is crucial for effective supervision.

Employers should make sure that supervisors are well prepared for and supported in their roles and that both supervisors and supervisees have access to appropriate training and CPD to support their roles in the supervision process.

Resources

References

- British Association of Prosthetists and Orthotists (2023). [Profile of the UK prosthetic and orthotic workforce and mapping of the workforce for the 21st century.](#)
- British Association of Prosthetists and Orthotists (2024). [Early career guidance framework for prosthetics and orthotics. A guide to preceptorships in prosthetics and orthotics.](#)
- Department of Health, Northern Ireland (2022). [Regional supervision policy for Allied Health Professionals.](#)
- Health and Care Professions Council (2024). [Supervision.](#)
- Helen and Douglas House (2014). [Clinical supervision toolkit.](#)
- NHS Education for Scotland (2018). [Scotland's position statement on supervision for allied health professions.](#)
- NHS Education for Scotland (2024). Scotland's position statement on supervision for allied health professions. [Draft update of 2018 statement circulated for consultation]
- NHS England (2020). [Advanced practice workplace supervision – Minimum standards for supervision.](#)
- NHS Lanarkshire (2010). High Challenge High Support, Professional/Clinical Supervision Handbook for Allied Health Professionals.
- Rothwell, C., Kehoe, A., Farook, J. and Illing, J. (2019). [The characteristics of effective clinical and peer supervision in the workplace: a rapid evidence review.](#)

Further resources

The following are links to further resources which can help in understanding and implementing supervision in practice.

- [HCPC's webpages on supervision](#) include information for supervisors and supervisees, templates and case studies.
- [NHS England's Centre for Advancing Practice](#) has published resources to support effective workplace supervision for advanced practice training.
- [TURAS learn](#) includes links to presentations, templates, videos and other resources to help support effective supervision.



Registered address:

Clyde Offices, 2/3 48 West George Street, Glasgow G2 1BP

Tel: 0141 561 7217 E-mail: enquiries@bapo.com

www.bapo.com