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Developing and Implementing Supervisor Training for Clinical Psychologists in the United Kingdom

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Abstract

Engagement in supervision is a professional requirement for clinical psychologists in the UK (Division of Clinical Psychology 2014). There is, however, little guidance regarding how psychologists should be taught the skills required to be a supervisor, or how these skills should be evaluated. This article starts by reviewing the development of national guidance for the training of clinical psychologists as supervisors. Nationally agreed learning objectives for supervisor training are presented. The article then describes how this guidance was operationalised within a region of the UK, and how this has been developed over a number of years. The training and its evaluation processes are outlined and mapped against the learning objectives, with suggestions for future developments.

Keywords: clinical psychologists; supervision; supervisor training

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Introduction: The context

Clinical supervision is seen as a fundamental process for many health and social care professionals. A popular definition is that of Bernard and Goodyear "[a]n intervention provided by a more senior member of a profession to a more junior member… This relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client(s) she, he or they see(s), and serving as gatekeeper of those who are to enter the particular profession" (Bernard and Goodyear 1998, 2004: 8). This article focuses on supervisor training for clinical psychologists in one area of the UK. However, the aim is to provide information on the processes of delivering and evaluating supervisor training that will be relevant for many health and social care professionals in multiple contexts.

Clinical psychology programmes at 32 Universities in the UK train nearly 600 clinical psychologists each year. Entry to the profession is through completion of a three-year doctoral degree. All trainees require clinical supervision throughout their training (British Psychological Society 2014). Engagement in regular clinical supervision has also been a professional requirement of practicing clinical psychologists in the UK for many years (Division of Clinical Psychology 2006, 2014); however, it is a domain which has received little guidance with regards to how psychologists should be taught the skills required and how these should be monitored (Falender *et al*. 2004). This is also true of other professional groups; there is an absence of published work evaluating supervisor training (Watkins 2012). A number of different authors have developed best practice guidelines or guidelines for supervisor competency that have implications for training. Milne, Aylott, Fitzpatrick, and Ellis (2008) conducted a study to develop a model of evidence-based practice for supervision, and this was implemented in some clinical psychology programmes in the UK (Milne 2010). Falander is a major contributor to the development of a competency-based approach (e.g. Falander *et al*. 2004). Supervision best practice guidelines have also been recently published for counsellors (Borders *et al.* 2014).

National developments in clinical psychology supervisor training

In 2003, clinical psychology trainers representing eight programmes came together with the remit of developing guidance for supervisor training for clinical psychologists in the UK: the Development and Recognition of Supervisor Skills (the DROSS group). By 2006, over half of the UK training programmes were involved in the group (Fleming and Green 2007). An initial Delphi survey had been completed with a number of different stakeholders in clinical psychology to ascertain what they thought were the most (and least) essential components of introductory supervisor training (Green and Dye 2002). However, following this there was still a wide variation in the training being delivered across the country. The DROSS group therefore used a number of different steps, which led to consensus on a set of learning objectives for training. This initially used a nominal group technique, and a professional consensus development panel (Fleming and Green 2007). Then a number of different stakeholders were asked to comment on the resulting learning objectives, including trainee clinical psychologists, new and experienced clinical psychology supervisors, and service users. This gave rise to a set of learning objectives that were adopted nationally by clinical psychology training programmes to structure their training of clinical psychologists as supervisors. The learning objectives are detailed in Appendix 1.

The DROSS group worked with other applied psychology disciplines within the British Psychological Society (BPS) which resulted in these learning objectives being used by the BPS for a Register of Applied Psychology Practitioner Supervisors (RAPPS). Since 2010 all clinical psychology training programmes have had to evidence that they are training their local clinical psychologists to achieve these learning objectives. This is now part of the BPS accreditation process and is monitored through their visits to programmes (British Psychological Society 2014). It is recommended that the training is done one to two years post-qualification and that it is for a minimum of three days, ideally extended over time to allow transfer of the training into

practice. Programmes meeting the standards required can apply for approval from the BPS Learning Centre. The majority of clinical psychology programmes in the UK have this approval.

When RAPPS was originally set up (from 2010–13) there was a 'grand-parenting' clause where members who had been actively supervising and had already completed supervisor training could register on RAPPS through a process which relied on references. Since 2013, new supervisors can only register if they complete the approved training described above. More recently, the national group – now called the Clinical Supervision Advisory Group (CSAG) – has been working on two main issues (Fleming and Hughes 2015). The first is how to develop quality assurance processes for supervisors, e.g. continuing registration within RAPPS. The second has been the development of national guidance for more advanced clinical psychology supervisors (Beinart and Golding 2015).

Supervisor training in Yorkshire and the Humber

This section describes the training provided for clinical psychologists to become supervisors in the Yorkshire and the Humber regions of the UK. The focus of the training is to provide the knowledge and skills to be able to supervise psychologists in their clinical training, including an evaluative component. However, it is expected that this will be transferred into the supervision of other practitioners at all levels. The section will start with a description of the training, outlining the topics taught and the use of different teaching methods. The assessment portfolio will be described and mapped onto a method of evaluating training. Further development work will also be described.

Yorkshire and the Humber is an administrative area which covers a large part of the North East of England and hosts three clinical psychology training programmes at the Universities of Hull, Sheffield and Leeds. Within Yorkshire and the Humber, training for clinical psychology supervisors (at introductory and advanced levels) is commissioned for the region by Health Education Yorkshire and the Humber (HEY&H). An annual report is provided to commissioners as a quality assurance procedure.

The structure, curriculum and teaching methods

Every year the Universities of Leeds, Sheffield and Hull work together to deliver a four-day introductory supervisor training (IST) programme for qualified clinical psychologists. All of the workshops are conducted by clinical psychology trainers on the three programmes. The workshops are led by the clinical directors on the three programmes who have extensive experience both in the provision of supervision, and in the provision of training. The programme consists of a two-day residential event in spring (attended by all participants), followed by two further workshops provided in May and November by each University (participants attend their local workshops). The training covers the BPS learning objectives plus an additional objective, 'have knowledge and ability to conduct supervision in group formats'. This was added as it was felt to be an important objective for clinical psychologists in the region.

Table 1 maps out the training in terms of the content areas on each day, and the link to the relevant learning objective. It can be seen from this that all the learning objectives are covered within the training. Table 1 also shows the different training methods used on each day of the programme. A variety of different methods are utilised including didactic teaching, group exercises, live supervision (i.e. creating a scenario within the training room where participants can gain experience of the supervisory process with real clinical material), the use of videos, role play, creative methods (e.g. the use of metaphors), peer groups and problem-based learning. Participants are allocated to a peer supervision group which meets on all four days of the training, plus a minimum of four times between the workshops. The aims of these groups are to develop a group contract, to complete a problem-based learning exercise which is presented on the final day of training, and to directly experience supervision within a group. The use of peer supervision (defined as supervision in which a group of people of similar experience

and expertise come together to learn from each other) was deemed to be a useful element of the programme, in addition to the requirement that all participants have their own individual supervision with an experienced practitioner. The main disadvantage of this peer supervision arrangement is that all members of the group are relative novices with regards to supervision. Peer supervision does offer some advantages, however, in terms of allowing participants to be supervised, supervise others and observe supervision in a non-evaluative context.

Table 1: Mapping the curriculum against the learning objectives and teaching methods
(Note: There is an element of didactic teaching within all so this is only stated when it is the sole/major element)

Day of training	Topic	Learning Objective	Teaching Method
Day 1	Introduction to the Training	17	Didactic
	The Context of Supervision	1, 2, 9	Didactic
	What is Supervision: Models of Theory and Learning	2, 3. 4, 9	Live supervision
	The Supervisory Relationship, including issues relating to difference and diversity	5, 6, 15	Group exercises
	Group Supervision	18	Live group exercises
Day 2 (also includes peer supervision group)	Contracting and Feedback	2. 5, 8, 11, 12, 17	Group exercise Role- play
	Ethics in Supervision	1, 14	Group exercise
	Structure of Placements	7	Group discussion
Day 3 (also includes peer supervision group)	Evaluation	5.10,17	Practical exercise
	Passing and Failing Placements	10,	Didactic
	New Developments in Training	Varies depending on need	Didactic Group exercise
Day 4 (also includes peer supervision group)	Problem-based Learning (PBL) Presentations	Varies, but to include 1, 2, 14	Presentations by participants
	Methods in Supervision	4, 12, 13	Video Use of metaphors
	Dilemmas in Supervision	10, 11, 14	Role-play
	Support for Supervisors	16	Group exercise
	Action Planning	Varies depending on need	Individual exercise

The assessment folio

The universities have been developing a portfolio of assessments over a number of years, designed to ensure that all the learning objectives are being evaluated. Each individual portfolio is the summative assessment for that participant. Elements of the portfolios can also be used to examine the effectiveness of training. The assessment of whether training is effective has long

been regarded as essential in order to ensure that the quality of the learning experience is measured, and that learning is transferred to the workplace. There are numerous theories and models available regarding the evaluation of training however, one of the most well-known and enduring (Bates 2004) is Kirkpatrick's *four levels of evaluation* (Kirkpatrick 1959). This has been the model of choice for the development of the assessment portfolio for this training. Kirkpatrick's model suggests that measurement of learning should take place at each of the four levels to ensure a meaningful and worthwhile evaluation is completed. Level 1 – Reactions; the reaction of the learner should be sought, i.e. what they thought about the training. Level 2 – Learning; measuring to what extent the learner has increased their knowledge or capability. Level 3 – Behaviour/Transfer; measuring to what extent what was learned is transferred to the workplace. Level 4 – Outcome/Results; measuring whether there is an effect on the business/environment resulting from the learner's performance. Kirkpatrick stated that as the levels increase in importance (from 1 to 4), they also increase in complexity, requiring more time-consuming analysis and increased costs (Kirkpatrick 1959).

The assessment portfolio comprises a number of evaluative exercises, which all course participants are expected to complete within one month of the end of the training. Table 2 shows a summary of the methods of assessment mapped against the learning objectives. The following section provides further information about each element of the portfolio and how this has been developed over time to its current form, utilising Kirkpatrick's framework.

Table 2: Linking the assessment methods to the learning objectives

Assessment Method	Learning Objectives Assessed
1: Learning Outcomes Questionnaire (LOQ)	All
2. Goal Attainment Scales (GAS)	Varies depending on individual goals set
3. Peer supervision contract	1, 2, 5, 6, 8, 14 and 18
4. Structured feedback from Supervisee	Varies depending on measure used
5. A reflective log	1, 3, 4, 7, 14 and 15 and potentially more, depending on the topics covered
6. Problem solving exercise	1, 2 and 18 and potentially many more, depending on the scenario chosen by the group
7. Feedback from supervisor of supervision	2, 3, 5, 6, 8, 11, 15, and 17

The portfolio consists of:

1: Learning outcomes questionnaire (LOQ)

The LOQ is a self-assessment questionnaire consisting of 18 questions that correspond to the set of 18 learning objectives described above. This was devised locally and has been used for many years to examine how participants rate themselves pre- and post-training. Participants are therefore required to complete the questionnaire on the morning of the first training day before the training begins, and at the end of the fourth training day. Each item is rated on a four point Likert Scale indicating the participant's agreement with the statement; 'not at all'; 'to a slight degree'; 'to a moderate degree'; and 'to a good degree'. The response then corresponds to a score of 0 to 3, respectively, with a maximum total possible score of 54. This questionnaire has been found to be a helpful indicator of perceived change in supervisee's perception of their supervisory skills. An example of this is that Baxter examined the portfolios of one cohort and found that the mean change scores on individual times on the LOQ from pre- to post-training was 1.1 and the median change score was 1.5 (Baxter 2012).

2: Goal attainment scales (GAS)

Goal attainment scaling was originally developed as an ideographic outcome measure in community mental health teams (Kiresuk and Sherman 1968). The GAS consists of three goals

which the participants aim to achieve by the end of the supervisor training, designed individually by each participant during the first day of training. Common examples are 'I will gain feedback at the end of every supervision session' and 'I expect to be able to manage ruptures in the supervisory relationship'. For each goal, the participants write their expected outcome, along with outcomes which are rated by the participants as 'somewhat less than expected', 'much less than expected', 'as expected', 'somewhat more than expected', and 'much more than expected'. At the end of the training, the participants rate their perceived outcome for each goal on these five levels and provide commentary on the outcomes. The expectation is that each participant will meet each goal at the 'as expected' level or above. It may be that this does not happen for reasons beyond the participants' control, which could have been the case in the example above if no ruptures occurred within the relationship.

3: Peer supervision contract

As described above, the participants are placed into peer supervision groups based on their locality, and are required to meet at various times in, and in-between, the workshops. During their first meeting, they are asked to write a supervision contract following the training provided on devising contracts. Participants are asked to use criteria provided on five areas: practicalities; working alliance; boundaries; session format; and the organisational and professional context. Using content analysis, the peer supervision contracts can be assessed by qualitatively examining the inclusion of criteria within the contracts.

4: Structured feedback from supervisee

Each participant is required to obtain feedback from at least one of their supervisees using the Supervisory Relationship Questionnaire (SRQ) (Palomo, Beinart, and Cooper 2010) and/or the Short Supervisory Relationship Questionnaire (SSRQ) (Cliffe, Beinart, and Cooper 2016) or the Leeds Alliance in Supervision Scale (LASS) (Wainwright 2010). The SRQ consists of six subscales with a total of 67 items. The subscales include; 'safe base'; 'reflective education'; 'formative feedback'. Each item is rated on a seven point Likert scale ranging from Strongly Disagree to Strongly Agree, providing a total score (maximum 469). The SRQ has a high reliability and validity (Palomo, Beinart, and Cooper 2010). The authors do not provide an optimum score; however their sample obtained a mean SRQ score of 364 (SD 69.9). A shortened version (the SSRQ) has been developed more recently. This has three subscales with a total of 18 items and has been shown to have good validity and reliability (Cliffe, Beinart, and Cooper 2016).

The LASS consists of three items regarding how the supervisee feels about their supervision session. The items are related to the approach the supervisor is taking, the relationship between the supervisee and supervisor, and whether the supervisor is meeting the supervisee's needs. Each item is rated using a visual analogue scale where participants indicate their agreement with the statement by placing a mark on a 10cm line, representing a score out of 10, and a combined total score of 30. The LASS has been found to have acceptable psychometric properties in terms of internal consistency; test-retest reliability; and concurrent and convergent validity (Wainwriight 2010).

The authors of each of these measures acknowledged the likelihood of a positive response bias, particularly in the context of evaluative supervision. The participants are asked to provide a minimum of one SRQ (or six LASSs/SSRQs) within their portfolio, with a commentary on what they learned from the process of obtaining feedback.

5. A reflective log

Participants are asked to complete three written pieces, each 500 words long. These are personal accounts which consider aspects of supervisory practice: the application of a model of supervision, an ethical issue in supervision, and an issue of difference and diversity in supervision.

6. Problem-based learning (PBL)

Participants must include a summary of their presentation from a PBL exercise which is incorporated in the workshops and completed in peer supervision groups. Each peer supervision group chooses one of two scenarios that they are expected to investigate (e.g. using NICE guidelines, professional guidelines, legal frameworks, academic research, etc.) and present. The scenarios are linked to a learning objective and contain an element of ethical decision-making. The group can present the material in various ways on Day 4 of the training, as a slide presentation or in other more creative ways (for example, as a group discussion or role play). A written version of the presentation is submitted for the portfolio. The benefits of PBL are that it encourages self-motivated learning and working as a group to learn from each other. This was felt to be a useful way of facilitating engagement in the peer supervision groups by requiring them to work together on a particular task.

7. Feedback from supervisor of supervision

Participants are required to have supervision of their supervision. The supervisor evaluates the participant after Day 2 and at the end of training, using a feedback form with ten elements including 'provision of timely constructive feedback for the supervisee'. This is completed on the basis of direct observation of the supervision of the new supervisor. This last element of the portfolio was introduced in 2013. In assessing the portfolio of assessments that were being used in 2012 against Kirkpatrick's model, it was found that all elements were evaluating at Level 2, providing information regarding the degree of participants' learning linked to the training (Baxter 2012). However, many of these methods were self-evaluative and therefore have some limitations. Two elements of the portfolio are evaluated at Level 3, namely the development of a group contract, and the feedback from the supervisee. Baxter recommended that another method should be utilised that assessed at Level 3. Specifically, there was a recommendation to include feedback from the supervisor of supervision for the novice supervisor. The trainers on the University of Leeds programme worked with the IST cohort in 2012 to develop a feedback form, for use with their supervisors. The question explored as part of the training was, 'What elements of supervision would you most like to get feedback on, in order to aid your learning?' Feedback from this exercise was then shared with the other trainers in the region, mapped against the national learning objectives, and put into practice for subsequent training.

Summary of assessment methods

It can be seen from Table 2 that all of the learning outcomes are assessed, some multiple times. As noted above, the majority of the assessments are self-assessment with limitations to their validity. Despite this, Sitzmann, Brown, Casper, Ely, and Zimmerman (2008) argue that self-assessment is a strong predictor of the transfer of training skills to work, and should be an integral part of developing and evaluating supervisor training competencies.

The current assessments were mapped against Kirkpatrick's model (see Table 3). Level 1 (Reactions) is assessed by the use of satisfaction questionnaires at the end of the different days of training. Level 2 (Learning) is assessed by multiple elements of the portfolio described above. Evaluating at Level 3 (Transfer) and 4 (Results) is more complicated than the previous two levels (Kirkpatrick 1959). Three elements of the portfolio now evaluate at Level 3: the development of a group contract, the feedback from the supervisee, and the feedback from the supervisor. It is acknowledged that it is very difficult to evaluate training at Level 4 (i.e. whether this training has made a difference to the organisation) because of the number of other potentially confounding variables.

Table 3: Assessment methods mapped to Kirkpatrick's level of evaluation

Kirkpatrick's level of evaluation	Assessment Method
Level 1	Training evaluation (satisfaction) questionnaires at the end of each day of training
Level 2	Before and after self-assessments of supervisory competence (learning objectives questionnaire) Goal attainment scales Reflective logs PBL exercise Commentaries on aspects of the portfolio (e.g. peer contract, feedback for supervisee) Peer supervision contract for supervision Structured feedback from supervisee (SRQ, LASS) Feedback from supervisor of supervision
Level 3	Peer supervision contract for supervision Structured feedback from Supervisee (SRQ, LASS) Feedback from supervisor of supervision
Level 4	None currently used

Further development of the training

A further piece of IST development work was completed, the main aims of which were to identify the novice supervisors' perceptions of the effectiveness of the training components of the IST and the assessment methods used to evaluate their supervisory competence (Corrigall 2014). An online survey was used with the 2013 regional cohort for IST to assess how they ranked the different elements of the training and the different elements of assessment. Participants were asked to rank order (from the most to least helpful), eight training components and nine assessment methods, both of which included a category called 'other'. Sixteen out of forty seven (34%) participants responded, and they had been qualified for a mean of 2.6 years. Thirteen of these participants had previously delivered supervision, with five out of the sixteen having previous supervisor training experience.

Rank ordering of the training components

Figure 1 shows that the three most helpful training components were (in descending order from most helpful to least helpful) 'experience of supervision' (*M* = 2.38), followed by the 'residential workshop' *(M* = 2.97), and then by 'peer supervision' (*M* = 3.73). In contrast, the least helpful training component was 'other' (7.69). This was closely followed by 'assessment as a component of the training process' (in particular the PBL) (*M* = 6.36), 'self-directed learning (e.g. reading and watching videos)' (*M* = 5.98), and finally by the 'University-based workshops' (*M* = 4.50).

Figure 1: The mean rank ordering of training components from most helpful (1) to least helpful (8).

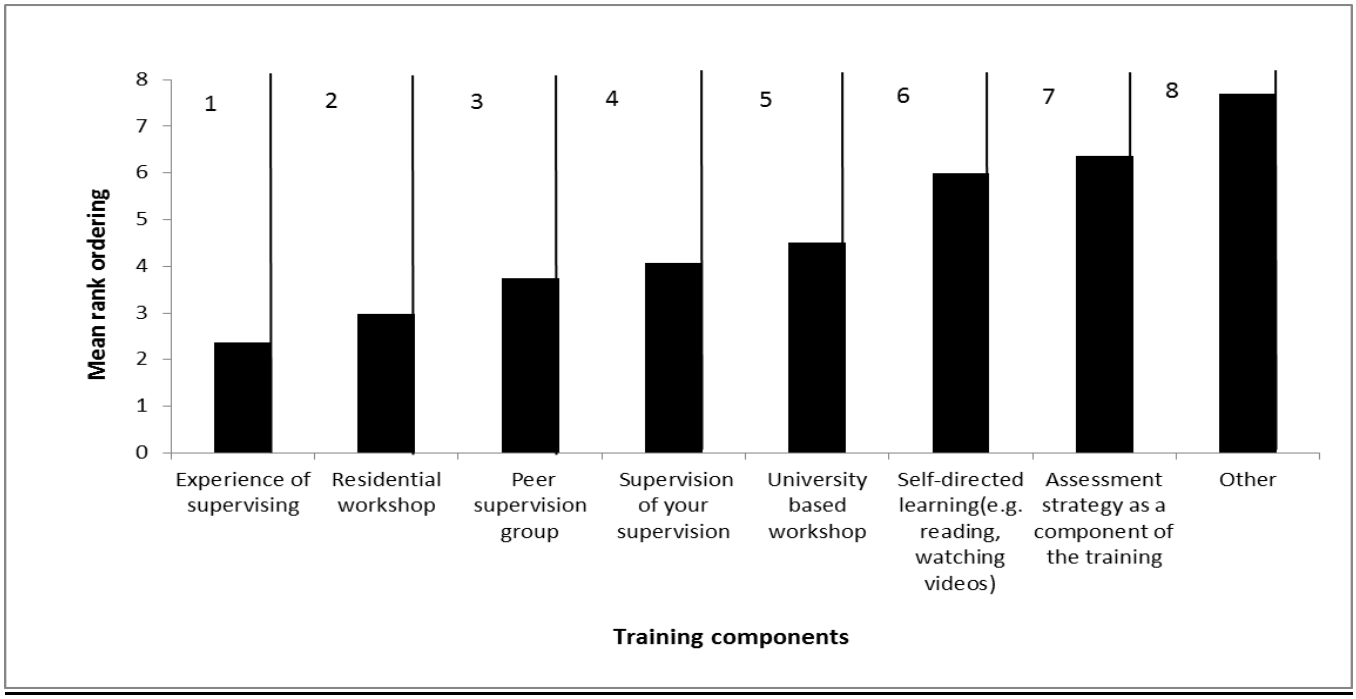
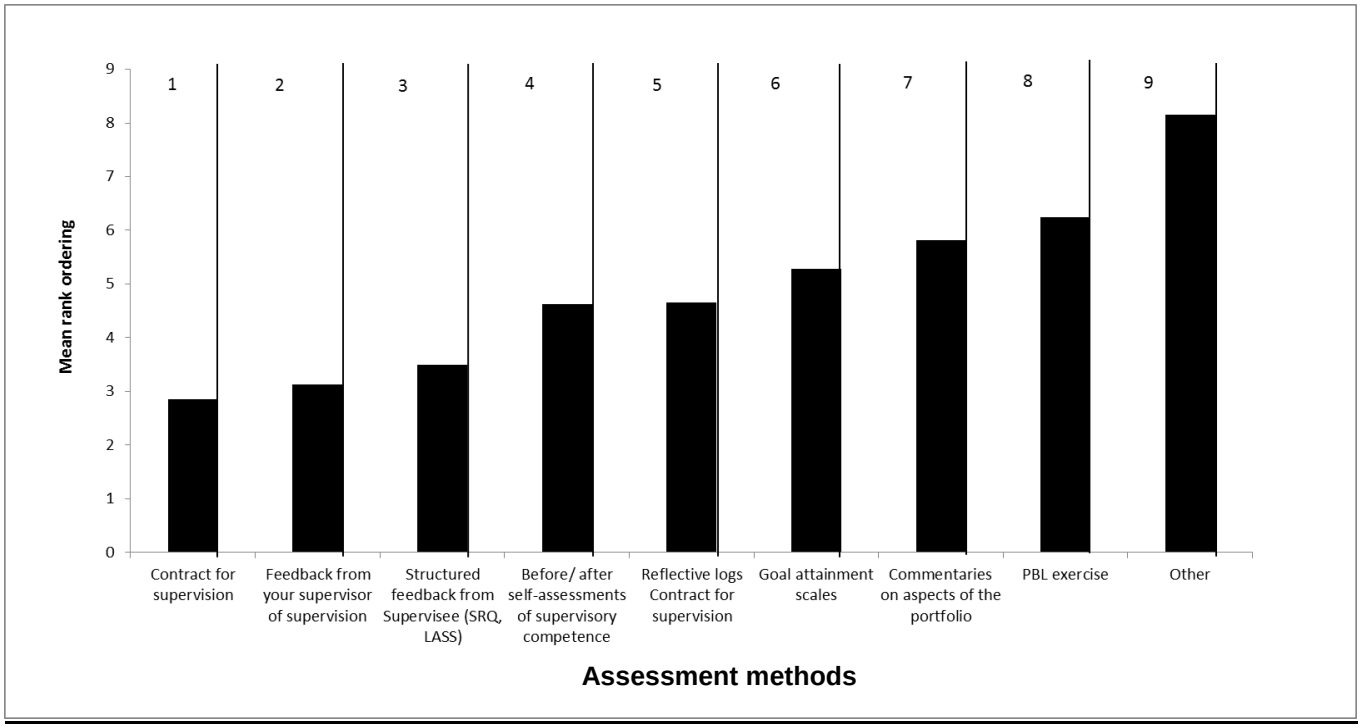


Figure 2: The mean rank ordering of assessment methods from most helpful (1) to least helpful (9)



Rank ordering of the assessment methods

Figure 2 identifies the most helpful assessment method as the 'contract for supervision' (*M* = 2.86), followed by 'feedback from the supervisor' (*M* = 3.13), and then by 'structured feedback from the supervisee' (*M* = 3.50). In contrast, the least helpful assessment methods (in descending order) were identified as 'other' (*M* = 8.16), followed by 'PBL' (*M* = 6.25), 'commentaries on portfolio' *(M* = 5.81) and the 'goal attainment scale' (5.28).

Implications: Many of the helpful elements are related to do the 'doing' element of learning which fits with the finding that 70% of learning takes place in the workplace (Kirkpatrick and Kirkpatrick 2015). There were two main recommendations from the developmental work conducted on IST that were implemented in 2015. The first was to include direct observation in the feedback from the supervisor of supervision (as described above). This could be live observation but is more likely to be listening to a recording of supervision. The second involved responding to the feedback from the survey that PBL was the least helpful aspect of the training and assessment methods. This was consistent with verbal feedback gained from a number of cohorts that the PBL exercise had been prioritised in peer group supervision to the detriment of time for supervision of supervision. The training was therefore adapted to alter the focus of peer group supervision away from completion of the PBL task, to live supervision of supervisory work.

Limitations of the development of IST

There are two main limitations of the developmental work that has been done on IST in Yorkshire and the Humber over the past years. Firstly, only one model (Kirkpatrick) has been used to evaluate the training. However, this is the model of choice for the commissioners (HEY&H). Secondly, although it is important to gather the opinions of the new supervisors themselves, there are limits to how they perceive their own learning and efficacy as supervisors. As part of the project work towards developing the training overall, other opinions (e.g. the supervisors or managers of the new supervisors) could also have been sought.

Summary and future developments

This article describes introductory supervisor training for clinical psychologists in Yorkshire and the Humber in the UK; the learning objectives, course content, training methods and assessment framework. The assessment portfolio has been mapped against Kirkpatrick's model of evaluation of training. It is anticipated that this will provide material and ideas to support the development and evaluation of supervisor training within multiple contexts, settings and professional groups.

Looking forward, there are now two main challenges to be addressed. The first is to examine the effectiveness of the training across cohorts. A preliminary analysis of IST portfolios was carried out in 2012. This showed the learning that had occurred during the training for this cohort. However, there is a need for the training to be evaluated with regard to its effectiveness using more robust methods. Linked to this, it is important to examine the reliability and validity of the methods that are used to assess the impact of the training (Watkins 2012). The second issue to explore is what it means to evaluate IST at Kirkpatrick's Level 4 (Outcomes/Results) and how this could be done. Kirkpatrick and Kirkpatrick are clear that this should be the starting point for any training – namely to define the key indicators against which an organisation should deliver on the basis of training (Kirkpatrick and Kirkpatrick 2015). This article has reported how training can be evaluated at the first three levels of Kirkpatrick's framework. Should the focus be on outcomes for supervisees or for service users? It is interesting to consider what the required 'outcomes' should be for supervisor training within any setting. One could assume from Kirkpatrick's framework that supervision and supervisor training should be evaluated in terms of outcomes in therapy; however Reiser and Milne (2014) rejected the proposal that service user outcome data should be the 'acid test' of the effectiveness of supervision. There are so many

variables to consider in the journey from a supervisee receiving effective supervision to service user recovery, it is potentially naïve to think that causal relationships can be evidenced. It is also the case that clinical psychologists engage in a wide range of indirect and other working, which further complicates the process of establishing valid outcomes. It has been suggested that a conceptual approach is more beneficial to examine the effectiveness of supervision (Reiser and Milne 2014) and supervisor training (Culloty, Milne, and Sheikh 2010) utilising the five areas of the 'fidelity model' namely; design, training, delivery, receipt, enactment. These ideas will be taken forward and explored further in the future development of IST.

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Appendix 1: Learning Objectives

'Understanding and Application'

(1) Have knowledge of the context (including professional and legal) within which supervision is provided and an understanding of the inherent responsibility.

(2) Have an understanding of the importance of modelling the professional role, e.g. managing boundaries, confidentiality, and accountability.

(3) Have knowledge of developmental models of learning which may have an impact on supervision.

(4) Have knowledge of a number of supervision frameworks that could be used for understanding and managing the supervisory process.

(5) Have understanding of the importance of a safe environment in facilitating learning and of the factors that affect the development of a supervisory relationship.

(6) Have skills and experience in developing and maintaining a supervisory alliance.

(7) Have knowledge of the structure of placements including assessment procedures for disciplines at different levels of qualification up to doctorate level, and the expectations regarding the role of a supervisor.

(8) Have skills and experience in contracting and negotiating with supervisees.

(9) Have an understanding of the transferability of clinical skills into supervision and the similarities and differences.

(10) Have an understanding of the process of assessment and failure, and skills and experience in evaluating trainees.

(11) Have skills and experience in the art of constructive criticism, on-going positive feedback and negative feedback where necessary.

(12) Have knowledge of the various methods to gain information and give feedback (e.g. self-report, audio and video tapes, colleague and client reports).

(13) Have skills and experience of using a range of supervisory approaches and methods.

(14) Have knowledge of ethical issues in supervision and an understanding of how this may affect the supervisory process, including power differentials.

(15) Have an understanding of the issues around difference and diversity in supervision.

(16) Have an awareness of the on-going development of supervisory skills and the need for further reflection/supervision training.

(17) Have knowledge of techniques and processes to evaluate supervision, including eliciting feedback.

(18) Have knowledge and ability to conduct supervision in group formats