This information should be used together with more details to be found on RCSLT Supervision pages

**Responsibility**
The registered practitioner is responsible for ensuring that appropriate supervision and support is in place for anyone (new and experienced staff) to whom a task is to be delegated (HCPC 2016b p7). This is the case even when there is no line management responsibility.

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| **Effective supervision will support**: | * development of individuals in line with personal need and service requirements
* consistency and quality in the delivery of services
* ongoing development of the profession
* individuals to meet statutory obligations
* clarity about roles and expectations.
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| **Good practice requires there to be:**  | * A system for support workers to access supervision and clinical advice as required.
* Usually a named supervisor in place.
* The registered practitioner to have the necessary skills to support and assess the supervisee.
* A regular supervision time agreed between the registered practitioner and the SLT assistant and a record to be made of each session.
* The SLT Assistant to share responsibility for raising issues in supervision and may initiate discussion or request additional information/support.
* An identified contact in case of query or emergency when the registered practitioner is absent from a setting where the SLT assistant is working
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| **The amount of supervision required is based on:** | * registered practitioner’s judgement.
* recorded knowledge and assessment of competence of the SLT assistant in relation to the delegated task.
* needs and stability of the service user.
* setting(s) in which the task will be undertaken and the support

infrastructure available e.g. is there a registered practitioner on site? Is it a rural area requiring remote supervision?* complexity of the delegated tasks.
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| **Supervision will vary in terms of:** | * what it covers
* methods e.g. direction, guidance, observation, joint working, discussion, exchange of ideas and co- ordination of activities, peer discussion, multi-disciplinary. It may be direct or indirect, according to the nature of the work being delegated.
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| RCSLT recognises that competing prioritises can often endanger the regularity of supervision, in particular the demand for contact with service users. However an essential component of a good quality speech and language therapy service is that potential risk can be identified and managed. Effective supervision for all staff supports this process. This has been identified in a number of recent health service reviews, following a series of major incidents in healthcare trusts, for example: * The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry
* The Department of Health’s final report on Winterbourne View Hospital
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\*A variety of job titles are used depending upon the locality. The term SLT Assistant is used here to include these terms e.g. assistant practitioner, reablement worker, health care support worker, technical assistant.