## Good Practice Guide Appendices Appendix 19

## **Clinical Supervision and Mentorship**

## **Clinical Supervision**

Health care organisations have a responsibility to ensure that their practitioners are providing an appropriate standard of service. Clinical supervision is a formal process of professional support and learning that addresses practitioners' developmental needs in a non-judgemental way. It aims to increase both competence and confidence through exchanges with experienced professionals and the use of reflection. The benefits of clinical supervision include the improvement and standardisation of practice through facilitation of learning and professional development.

Clinical supervision has been well established in many disciplines, but the transformational primary care framework calls for a review of the supervisory arrangements for new professional roles within clusters. There is evidence of variation in the availability, management and quality of clinical supervision for staff working within clusters, especially in new and extended roles. There needs to be greater clarity on who will provide the professional oversight within the cluster, with frameworks developed for each professional discipline.

Cluster practitioners need a practice-based supervisor, access to a daily reference point, protected time for supervision and mechanisms for monitoring the process and outcomes of their clinical supervision. A review of the necessary skills and resources required for clinical supervision could inform Primary Care postgraduate training curricula.

## Mentorship

Mentoring has been defined as a learning relationship that 'helps people to help themselves'. It is a process whereby an experienced, highly regarded, empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning, personal and professional development. The mentor who often, but not necessarily, works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee.

The promotion of learning was the main driver for many mentoring schemes, but additional benefits have been noted in terms of reducing stress and supporting professionals at times of change. Mentoring has also been seen as a way of helping recruitment and retention and

underperformance. Through the improvement of work performance, personal development and needs based learning, it improves standards of care for patients.

Mentorship networks could be a vital source of support for cluster teams but need recognition and resource. Mentoring is a means of establishing a culture where sensitive issues and vulnerabilities can be openly raised to reflective constructive discussion. Practitioners with no obvious difficulties also benefit from the mentoring experience by reflecting on their practice and future planning. Cluster Leads would benefit from a mentorship scheme and a network to facilitate co-mentorship would be a potential way forward.

Mentors will have considerable personal and private knowledge about their mentees that may be shared in a confidential form during mentor support group meetings. Safeguards of confidentiality and the standards set by professional organisations, backed by a pragmatic need to maintain trust with mentees, should ensure that confidentiality is safeguarded.