

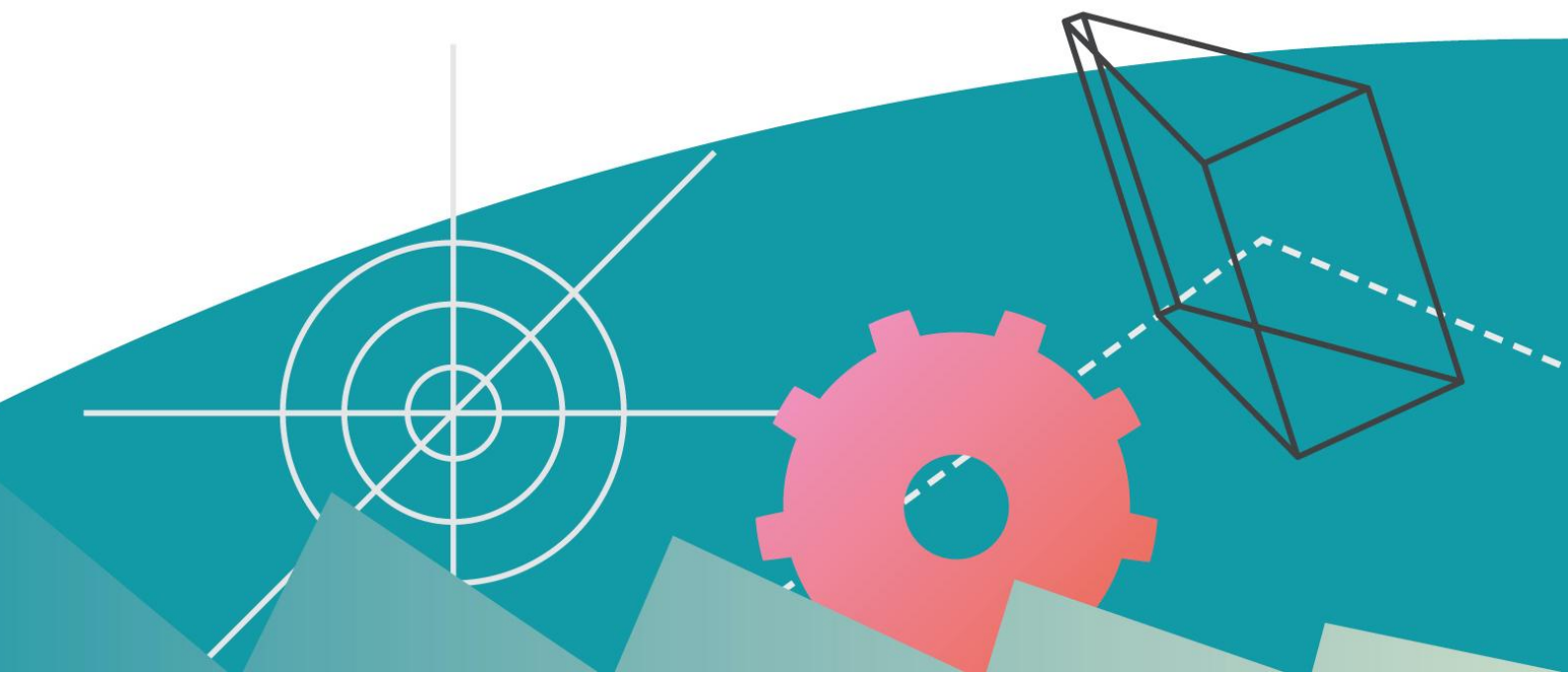


BIOS

British and Irish
Orthoptic Society

BIOS Guidance on Supervision

This guidance provides a clear and consistent framework for supervision within orthoptic practice. It outlines the responsibilities of supervisors and supervisees, expectations for effective supervision, and principles for ensuring appropriate support, development and oversight across different stages of professional practice.





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1. Introduction and Background

1.1. Introduction

This document outlines the British & Irish Orthoptic Society (BIOS) guidance on clinical supervision to support members working in the United Kingdom and Ireland. This guidance does not relate to the supervision of Orthoptic students.

The BIOS believes that all Orthoptists, irrespective of their level of experience, should have access to and be prepared to make constructive use of supervision processes.

The importance of effective governance and accountability to achieve and assure safe and effective care is paramount. Access to regular supervision is an essential component of a good quality orthoptic service.

1.2. BIOS Guidance and related documents

BIOS recommends using this guideline alongside the current HCPC guidance for clinical supervision, CORU guidelines and Code of Professional Conduct.

Furthermore, it is recommended that this document be used in conjunction with the following documents dependent on scope of practice and level of experience of individual Orthoptists:

- BIOS Preceptorship Document 2026
- Multi-professional Framework for Advanced Practice in England 2025
- Scotland's Position Statement on Supervision for Allied Health Professions

1.3. Background

The original definition of clinical supervision is by Hawkins & Shoet (1989):

“Clinical Supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient protection and safety of care in complex clinical situations. It is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self-assessment and analytical and reflective practice.”



HCPC have since emphasised and recognised that clinical supervision is an essential part of continuing professional development for everyone.

Supervision is an integral part of your development as a professional. It is an active exercise for you to reflect and direct the development of your knowledge and skills. Your objective should be to improve and develop your abilities within the overarching goal of optimising your effectiveness as a professional for the benefit of your service users.

There are various theoretical models of supervision. Proctor's three function model is widely used in nursing and other professional groups and describes:

- **Function 1 – Normative** which focuses on the managerial aspects of learning, which could include mandatory training and continuing professional development (CPD).
- **Function 2 – Formative** which focuses on the educative aspect of developing knowledge and skills in professional development and using self-reflection for self-awareness development. The aim is “to become increasingly reflective upon practice” within the supervision process, developing self-awareness through reflective practice. This builds the practitioner's self-reliance to develop their own knowledge and skills.
- **Function 3 – Restorative** focuses on the health and wellbeing of professionals who may be working constantly with stressful and distressing situations. It has a supportive function that can improve stress management, allow personal development and prevent burnout.

Clinical supervision is a process of professional learning and development that enables Orthoptists to reflect on and develop their knowledge, skills and competence through agreed and regular support with another appropriately experienced professional. Its purpose is to promote safe, effective, person-centred care, support professional development and wellbeing, enhance clinical reasoning and reflective practice, and strengthen clinical governance.

CQC further emphasises the importance of regular clinical supervision and focuses on the requirement that staff receive appropriate supervision as part of safe and effective care. **Regulation 18 (Staffing)**



The importance of effective supervision, or the lack of it, has been highlighted in several inquiries and reports including:

- Lewis Review (2003)
- Murtagh Review (2005)
- McCleery Report (2006)
- Winterbourne View Serious Case Review (2012)
- Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)

Clinical supervision may be delivered through one-to-one, peer, group, professional, multidisciplinary or remote models. A combination of approaches should be used to meet the clinical, professional and developmental needs of Orthoptists while supporting safe, effective and person-centred care.

2. Clinical Supervision: Purpose and Principles

2.1. Purpose of supervision for orthoptists

- Support the development of competence, knowledge and skills within a role or clinical area, through personal and professional growth with a focus on safe and effective practice.
- Provide support in non-clinical roles through discussion of issues related to safe and effective care.
- Provide support during difficult circumstances such as challenging caseloads or difficult interpersonal situations.
- Support reflective practice and clinical reasoning while considering professional standards and legislative requirements.

2.2. Characteristics of effective clinical supervision

In 2019 the HCPC commissioned research to identify the characteristics of effective clinical supervision.

Below are the 10 characteristics of effective clinical supervision:



1. When supervision is based on mutual trust and respect.
2. When supervisees are offered a choice of supervisor regarding personal match, cultural needs and expertise.
3. When both supervisors and supervisees have a shared understanding of the purpose of the supervisory sessions, which are based on an agreed contract.
4. When supervision focuses on providing staff support, the sharing/enhancing of knowledge and skills to support professional development and improving service delivery.
5. When supervision is regular and based on the needs of the individual (ideally weekly, minimum fortnightly). Ad-hoc supervision should be provided in cases of need.
6. When supervisory models are based on the needs of the individual. This may include one-to-one, group (peer supervision), internal or external, distance (including the use of technology) or a mix.
7. When the employer creates protected time, supervisor training and private space to facilitate the supervisory session.
8. When training and feedback is provided for supervisors.
9. When supervision is delivered using a flexible timetable, to ensure all staff have access to the sessions, regardless of working patterns.
10. When it is delivered by several supervisors, or by those who are trained to manage the overlapping responsibility as both line manager and supervisor.

2.3. Principles of effective supervision

- Promote safe and effective evidence-based care.
- Support reflective practice.
- Support HCPC standards and professional accountability.
- Facilitate career progression and further development.
- Foster psychological safety.
- Promote staff wellbeing.



- Support equality, diversity and inclusion.
- Be accessible to all.
- Should be documented and reviewed regularly.

2.4. Benefits of Supervision to the Orthoptist

- Opportunity to reflect on practice in a safe environment.
- Improved quality of patient care and service improvement
- Professional growth and development.
- Better understanding of competence limits.
- Support for Standards for Better Health.
- Provides an opportunity to support staff wellbeing, promote resilience and contribute to psychologically safe teams.
- Provides assurance for good governance and accountability.
- Enhances clinical reasoning.
- Builds confidence and autonomy.
- Enhances workforce capability.
- Supports resilience.
- Helps to identify and address risks early.

3. Forms of Supervision

Supervision opportunities may include:

Type of supervision	What does it involve	Expected benefits/notes
Individual supervision (1:1)	A supervisee meeting individually with a supervisor. Discussion of	Personalised support. Confidential discussion of complex issues. Tailored development planning.



Type of supervision	What does it involve	Expected benefits/notes
	clinical cases, decision-making and professional development. Reflection on practice in a confidential setting. Review of objectives and learning needs.	Particularly useful for: Newly qualified Orthoptists; staff in new roles; advanced practitioners; managing complex clinical cases.
Peer supervision	Case discussion. Reflective practice. Shared learning. Professional challenge and support.	Encourages collaborative learning. Reduces professional isolation.
Group Supervision	A number of practitioners meet together with a facilitator or supervisor.	Efficient use of time. Learning from colleagues' experiences. Promotes consistency of practice.
Professional Supervision	Professional standards. Scope of practice. CPD. HCPC/CORU requirements. Professional identity and development.	This is often provided by an Orthoptist of greater experience or a professional lead.
Clinical Case Supervision	Focused specifically on patient management. Discussions may include assessment findings, clinical reasoning, treatment planning, risk management, and complex or unusual presentations.	Particularly relevant for specialist and advanced orthoptic practice.
Reflective Supervision	A structured discussion focused on reflection rather than problem-solving alone. Typical questions include:	Enhances clinical reasoning. Supports resilience and wellbeing. Encourages continuous improvement.



Type of supervision	What does it involve	Expected benefits/notes
	What happened? What influenced my decision-making? What could I do differently? What have I learned?	
Remote	Common in smaller professions and geographically dispersed services. May be delivered through Microsoft Teams, telephone or regional professional networks.	Supports access to supervision where geographical or service arrangements make face-to-face supervision difficult.
Multidisciplinary Supervision	Provided by a practitioner from another profession with appropriate expertise.	Examples include an Orthoptist supervised by a Consultant Ophthalmologist regarding complex neuro-ophthalmology pathways, or an Orthoptist participating in MDT supervision for stroke rehabilitation services. HCPC recognises that supervisors do not always need to be from the same profession.

4. Areas of supervision

4.1. Clinical Supervision

The fundamental aim of clinical supervision is to promote best clinical practice through reflection, discussion and review of:

- Case management.
- Assessment.



- Clinical reasoning.
- Therapeutic intervention.
- Decision making.
- Consultation.
- Legislative considerations.
- Case evaluation and review.
- Wider clinical activities.

4.2. Professional Supervision

Orthoptists should have access to a Professional Lead or Manager from the same profession regarding:

- Scope of practice.
- Continuing Professional Development (CPD).
- Professional role.
- Professional guidelines.
- Ethical obligations.
- Other professional issues.

Supervisors should ensure HCPC standards are met by helping Orthoptists:

- Maintain accurate CPD records.
- Undertake varied learning activities.
- Demonstrate improvement in practice and service delivery.
- Ensure CPD benefits service users.

4.3. Managerial Supervision

Managerial supervision should ensure:



- Policies and procedures are followed.
- Workloads are managed appropriately.
- Performance quality is monitored.
- Statutory responsibilities are addressed.
- Work is allocated according to skills and experience.
- Records and audits meet required standards.
- Risks are identified and managed.
- Appraisals and objective reviews occur regularly.

4.4. Operational Supervision

Operational supervision should involve:

- Communication about organisational changes.
- Resource management.
- Representation of staff needs.
- Policy clarification.
- Staff consultation and feedback.
- Resolution of differences between teams and services.

Where operational supervision is provided by a manager from another profession, professional and clinical supervision should be undertaken by an Orthoptic professional lead.

4.5. Multi-professional supervision

With new models of working, effective supervision may be provided by a suitably experienced practitioner from another profession, provided that profession-specific supervision is maintained.

Individuals can also receive supervision from peers at the same level and from multiple different people for different aspects of their work.



4.6. Reflective practice

Clinical supervision provides protected space for structured reflection, learning from practice, development of clinical reasoning, and consideration of patient safety, professional wellbeing and service improvement.

Reflection can be undertaken individually, with colleagues or within groups.

5. Responsibilities

Role	Responsibilities
Organisation	Promote a culture that values clinical supervision. Support supervisor development and monitor compliance with supervision standards.
Managers	Ensure supervision arrangements are appropriate. Ensure all Orthoptists have access to regular clinical supervision. Facilitate access to suitable supervisors and ensure protected time is available. Support development plans.
Supervisors	Establish trust and respect. Facilitate reflective practice. Provide constructive feedback. Support safe practice and professional development. Maintain confidentiality and record supervision appropriately.
Supervisees	Engage actively in supervision. Prepare for sessions. Participate in reflective practice. Implement agreed actions. Maintain responsibility for CPD and professional development.
Professional Body (BIOS)	Provide guidance and resources to support effective supervision. Promote supervision as a component of professional development and clinical governance.
Regulatory Bodies	Promote the importance of supervision in maintaining safe and effective practice. Provide guidance linking supervision to professional standards, CPD and fitness to practise requirements.



6. Receiving Supervision and Frequency

6.1. Frequency of clinical supervision

There is no fixed amount of clinical supervision that is recommended. The frequency will depend on the individual's needs, level and scope of practice and service requirements. However, BIOS recommends that both formal and informal clinical supervision should be regular to support safe practice and individual needs. How clinical supervision is approached will differ for each person.

7. Recording Supervision

A supervision recording template may be created locally and will depend on the level of practice the individual is currently working at or towards. Records should be written promptly and accurately.

Below is a guide to the information which may be recorded for each supervision session:

- Names of the supervisor and supervisee and grade.
- Date and time.
- Location and duration of the session.
- Type of supervision.
- Review of previous actions, if applicable.
- Clinical case discussion.
- Reflective practice.
- Any CPD, support or training needs identified.
- Clinical governance prompts.
- Wellbeing and resilience discussion.
- Service development.
- Advanced Practice (4 Pillars), if appropriate.



- Actions agreed.
- Objectives and action plan.
- Learning identified.
- Sign-off by both supervisor and supervisee.
- Plan for the next supervision session.

Written notes should remain confidential and clearly document agreed actions.

8. Important information and Review

8.1. Important information

The guidance does not supersede the supervision process prescribed by employers but acts as assistance to BIOS members.

This guidance is not an educational supervision document for academic pathways.

8.2. Review

This clinical supervision guidance will be reviewed periodically and amended in accordance with BIOS standards and relevant regulatory body guidelines. It is recommended to refer to up-to-date regulatory body guidance and local employer guidance.



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