



Department of
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An Roinn Sláinte

Mánnystrie O Poustie

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Reflective Supervision

A Framework to
Support Nursing and
Midwifery Practice in
Northern Ireland



NIPEC



Reflective
Supervision



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1. INTRODUCTION

Nurses and Midwives, as the largest health related workforce in Northern Ireland, have a vital part to play in achieving the transformation agenda set out in our local policy *Health and Wellbeing 2026: Delivering Together* (1). The Nursing and Midwifery Task Group report (2) provides a roadmap to help secure this agenda and enhance nursing and Midwifery roles across a wide spectrum of sectors, services, settings and areas of practice.

Effective implementation of Reflective Supervision for all Nursing and Midwifery Council (NMC) Registered Nurses and Registered Midwives is an essential enabler to support the workforce, improve practice and enhance the quality of care and lived experience of those receiving care. This Reflective Supervision Framework identifies the necessary organisational systems and processes required to support NMC registrants with access to supervision. Provision of Reflective Supervision sessions will enhance the capability and capacity of NMC registrants, in addition, to motivating them to develop themselves and others and to take up new opportunities and roles throughout their careers.

2. BACKGROUND

NMC Revalidation encourages a culture of sharing, reflection and improvement and highlights the benefits for Registered Nurses and Registered Midwives as well as those they care for.

Reflective Supervision can, in turn, provide the practitioner with support in: their practice; the acquisition of new knowledge, skills and abilities; and promoting staff wellbeing and positive relationships.

Preparation for Supervisors is essential for the successful implementation of Reflective Supervision. The Health and Social Care (HSC) Clinical Education Centre provides a regionally agreed preparation programme for Supervisors of Nurses and Supervisors of Midwives and a transition programme available for those who are existing Supervisors. These are both available to access at [Clinical Education Centre | Clinical Education Centre \(hscni.net\)](https://www.hscni.net/clinical-education-centre)



3. REFLECTIVE SUPERVISION

Reflective Supervision is defined as a participative process of supported reflection that enables individual Nurses and Midwives to develop personally and professionally to improve the quality, safety and person-centredness of their practice (Figure 1).

The process of Reflective Supervision should be adopted by all organisations employing Nurses and Midwives in Northern Ireland and an annual assurance should be provided to the Chief Nursing Officer by the Executive Director of Nursing or the organisation's Lead Nurse or Lead Midwife.

Figure 1. Process of Reflective Supervision



The model of Reflective Supervision piloted with Nurses and Midwives in Northern Ireland is based on the work of Dr Sonya Wallbank (3). The initial model was derived from working with Midwives, Doctors and Nurses. It was designed to support professionals working within roles where they have a significant emotional demand. The findings from the Northern Ireland pilot testing of the model demonstrated a broad consensus that Reflective Supervision was highly valued. It gave Supervisees the opportunity to reflect, talk things through, and consider strategies to deal with challenges. They also appreciated that they were being listened to and unanimously reported that they found the process supportive.



The Reflective Supervision Model promotes an approach which is Supervisee led and provides the individual with the opportunity to discuss a topic or their choosing; one which is significant to them. The Supervisor utilises a range of skills in order to facilitate the discussions with the Supervisee. Core skills include utilisation of communication skills including active listening and a range of questioning to support the individual to critically reflect on aspects of the discussion. The six key skills necessary for Supervisors to facilitate effective Reflective Supervision are drawn from those employed in Restorative Resilience Supervision:

- ▶ Emotional containment
- ▶ Reflective practice
- ▶ Stress inoculation
- ▶ Resilience training
- ▶ Action learning
- ▶ Foundation coaching

The use of the six skills is dependent on the identified needs of the Supervisee during the Reflective Supervision session.

It should be noted that the model of safeguarding supervision which is primarily about maintaining the safety of the child or adult at risk of harm, is different to the model of Reflective Supervision presented in this Framework. Therefore those NMC registrants that are employed in a safeguarding role should continue with their safeguarding supervision in addition to their Reflective Supervision sessions.



4. CONTINUUM OF LIFELONG LEARNING AND PROFESSIONAL DEVELOPMENT

Reflective Supervision is a part of the learning and development experience for Nurses and Midwives, commencing with: **Practice Supervision** for Student Nurses and Student Midwives; moving onto **Preceptorship (4)** in the early stages of registered practice; and when employed as a Registered Nurse or Registered Midwife, they can access **Reflective Supervision** supporting lifelong learning in practice throughout their career (Figure 2).

Figure 2. Continuum of Lifelong Learning and Professional Development



All Nurses and Midwives should be supported to reflect on their skills and contribution to the environment where they work – wherever that may be. Conversations with their Supervisors should help them understand how much they are valued, where their future career might be heading and how they might identify learning needs to expand and improve their practice and fulfil their potential. This process will involve preparation by the Supervisee in advance of the supervision session and an intention to understand their personal strengths and areas for improvement.

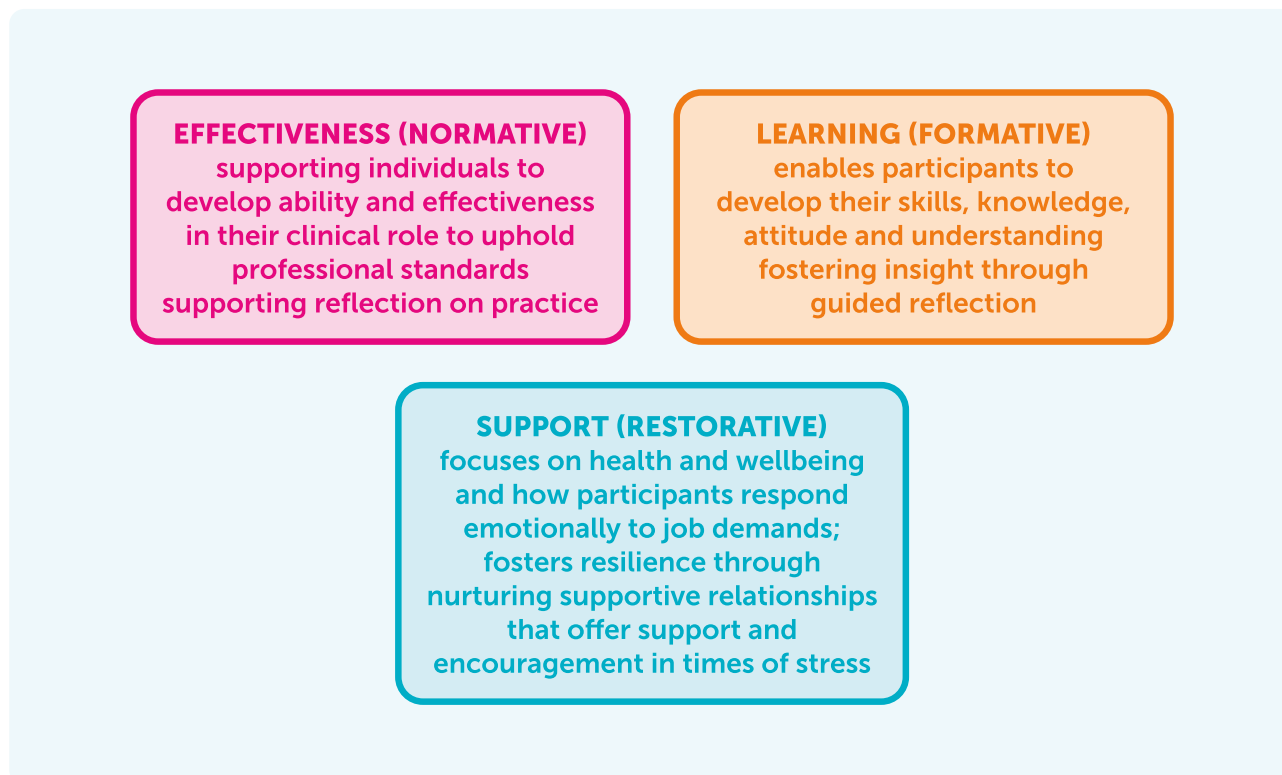


5. ELEMENTS OF REFLECTIVE SUPERVISION

Reflective Supervision encompasses three elements: Effectiveness (Normative); Learning (Formative); and Support (Restorative), which aligns with Proctor’s Model (5) see Figure 3.

Each one of the three elements has a separate purpose and registrants can choose the one that best meets their needs for their Reflective Supervision session. Examples of how these may be used in practice are presented in Appendix 1.

Figure 3. Three Elements of Reflective Supervision



Time should be set aside to have the Reflective Supervision session and the discussion should be confidential to those involved unless a concern is raised that requires escalation (see Section 7.0). Reflective Supervision can be used as part of the revalidation process for Nurses and Midwives.



6. STANDARDS FOR REFLECTIVE SUPERVISION

Four standards have been developed to support the implementation of Reflective Supervision for all those employed as a Nurse or Midwife. The standards help clarify the responsibilities of employing organisations, Supervisees, Supervisors and Senior Nursing and Midwifery Leads. They have also been used for the development of education programmes to support Supervisors. Those who are receiving care and treatment can also contribute to the Reflective Supervision process.

Standard 1 - Supervisors

- ▶ Supervisors of Nurses and Midwives must be a NMC Registered Nurse or Registered Midwife.
- ▶ A Supervisor should have a minimum of three years' experience as a Registered Nurse or Registered Midwife. This requirement may be challenging for some organisations however, this is the preferred length of experience to enable the Supervisor to fulfil the role effectively.
- ▶ Supervisors must, as a minimum, have undertaken a Supervisor preparation programme¹ and have an understanding of Reflective Supervision. The Supervisor should be on the organisation's Register of Supervisors of Nurses and Supervisors of Midwives.
- ▶ A Supervisor should have knowledge and skill specific to the composition of the Supervisee's role, taking account of any particular specialised and expert requirements. For example, where the purpose of the Reflective Supervision session is related to a specialised area of clinical practice then the Supervisor would require a certain level of knowledge in relation to this area. However, if the Supervisee wished to use the supervision session to reflect on feedback from a person receiving care or a recent activity of learning, then the Supervisor could be chosen from a wider area of practice.
- ▶ Each Supervisor should only keep a record of the number of sessions they undertake annually for each Supervisee, with the exception of any records relating to an issue of concern for escalation, raised during a supervision session. Supervisors must seek their own Reflective Supervision sessions.
- ▶ A Supervisor must be available to provide at least two formal sessions of Reflective Supervision annually for each Supervisee. The sessions may be provided as a one-to-one or group format.
- ▶ A Supervisor should only provide a maximum of sixteen Reflective Supervision sessions annually.

¹ The Regional Reflective Supervision Preparation Programme and Transition Programme are accessible via the Clinical Education Centre website - <https://cec.hscni.net/>



Standard 2 - Supervisees

- ▶ Supervisees are NMC Registered Nurses or Registered Midwives. They should participate in two formal Reflective Supervision sessions a year, keeping personal reflective accounts including relevant actions.
- ▶ Supervisees should choose an appropriate Supervisor from the organisation's list and agree this with their line manager².
- ▶ Supervisees will need to prepare for each supervision session. As a guideline this preparation time should be between 30 and 60 minutes, prior to each Reflective Supervision session.
- ▶ Supervisees should actively identify a focus for the meeting and be open to constructive feedback.
- ▶ Supervisees should evaluate the perceived benefit of the session to their personal and professional life, reflecting on the opportunity to impact on safety, quality, experience of those they care for or staff experience. This can help registrants meet NMC requirements for revalidation.
- ▶ Supervisees can contribute to their appraisal and Personal Development Plan process through identification of learning and development needs in partnership with their Supervisor.
- ▶ Each Supervisee should consider a range of factors that might trigger the need for the review of frequency and type of Reflective Supervision: They might include:
 - Risks that could compromise the quality of services.
 - Risks that could compromise the experience of the person being cared for.
 - Risk of negative impact to the staff experience.
 - Reported personal stress.

Standard 3 - Supervision Sessions

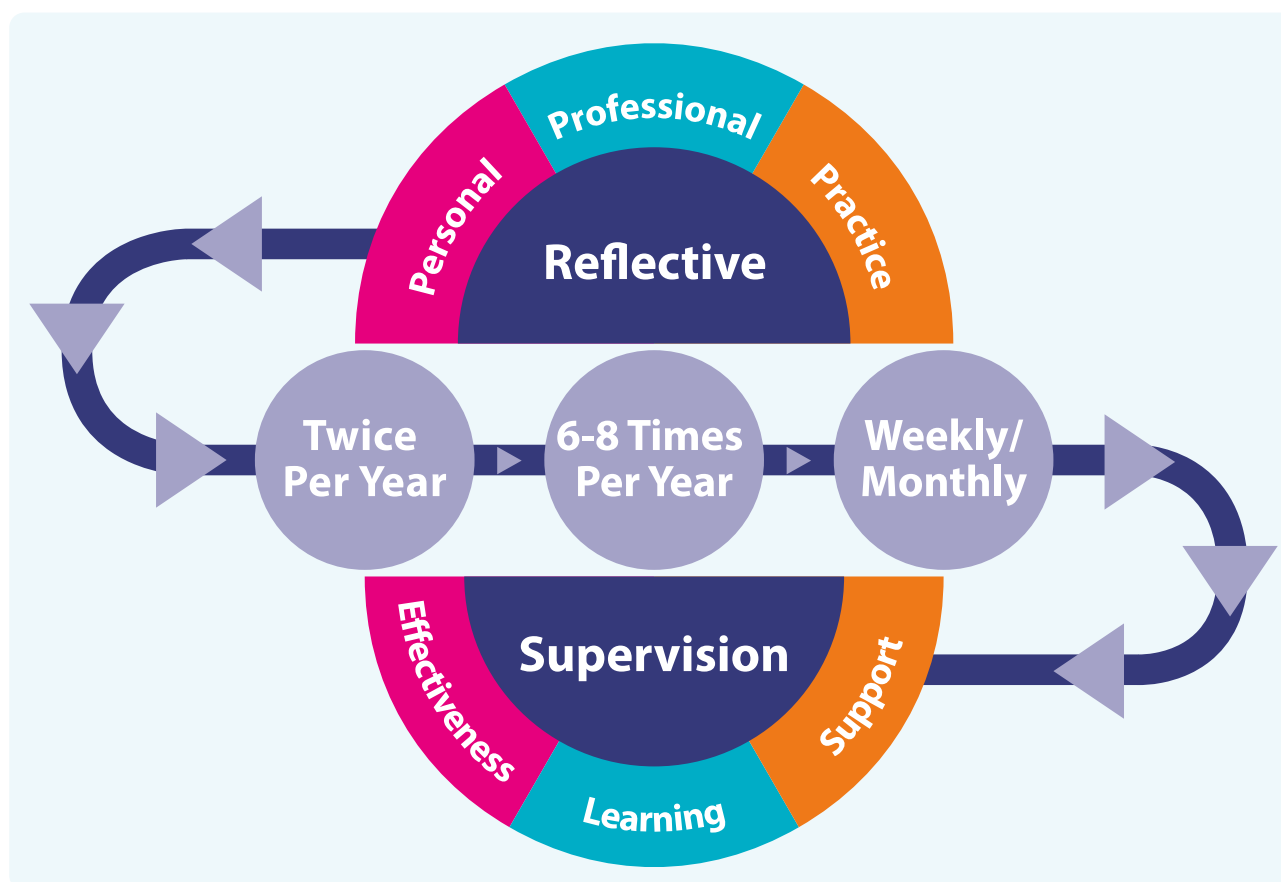
- ▶ Supervision sessions can be delivered via a range of formats, for example face-to-face sessions in person or using video-conferencing on a one-to-one basis. Alternatively a Supervisor may provide Reflective Supervision for a number of people.
- ▶ As a guide, a one-to-one session should typically last up to one hour. This time should be ring fenced and where possible Reflective Supervision should be carried out in an environment which is free from disturbance. Group sessions should typically last up to two hours. Sessions can be extended at the discretion of the Supervisor as required. The time for Reflective Supervision is generally calculated as 4 percent of the funded establishment for each post, which also includes study leave.

² Supervisees select their own Supervisor with the exception of safeguarding children supervision where the Supervisor is appointed



- ▶ Each Supervisor must agree ground rules, see Appendix 2, with the Supervisee and undertake the following responsibilities in each session:
 - Protect the allocated time and maintain an environment conducive to supervision.
 - Appropriate exploration of the Supervisee's expectations.
 - Follow the focus identified by the Supervisee(s) and allow the Supervisee(s) to express their individuality.
- ▶ Provide clear constructive feedback.
- ▶ Evaluate the perceived benefit of the Reflective Supervision session including identification of agreed action plans.
- ▶ Manage areas of conflict, including onward action.
- ▶ Nurses and Midwives work in challenging environments and in circumstances that might, on occasion, require an increased level of support for practitioners. This may mean that the mode and/or frequency of Reflective Supervision will change depending on circumstances (Figure 4).

Figure 4: Frequency of Reflective Supervision





Standard 4 - Governance Structure

- ▶ Each organisation should have a structure to support organisational accountability for the implementation of supervision for Nurses and Midwives they employ. The Responsible Officer will be the Executive Director of Nursing or the Senior Nurse or Senior Midwife in the organisation. The structure should align with existing governance and escalation processes to include raising and escalating concerns.
- ▶ An annual report of assurance regarding the provision of Reflective Supervision for Nurses and Midwives employed, should be provided to the Chief Nursing Officer by the Executive Director of Nursing or organisation's Lead Nurse or Lead Midwife.
- ▶ Each organisation should have a Supervision Policy and Procedure aligned to the Reflective Supervision Framework which will include ownership of supervision records, the opportunity for use of different types of supervision and where appropriate, the inclusion of people receiving care.
- ▶ The organisation should retain a register of appropriately prepared and updated Supervisors. There should be a support network for Supervisors within the organisation. Where the organisation is not large enough Supervisors should be facilitated to join a local network. A network chair should be appointed who will be responsible for hosting meetings, local learning events and disseminating relevant information and guidance to Supervisors.



7. PROCESSES SUPPORTING REFLECTIVE SUPERVISION

The following additional elements are important to support the effective implementation of Reflective Supervision.

Confidentiality

Confidentiality is pivotal to the success of supervision and should be maintained through a trustful relationship, an appropriate choice of environment, and dedicated time. Supervisors and Supervisees should adhere to the responsibilities articulated within the Standards for Reflective Supervision as an acknowledgement of trust and expectations.

In setting up Reflective Supervision, it is important that the boundaries of the supervisory relationship are established, including the agreement of ground rules between the parties to support and protect confidentiality at the start of Reflective Supervision sessions (Appendix 2 Ground Rules). This process of agreement enables identification of potentially conflicting roles and development of mutual understanding. The agreement may be reviewed at any stage at the request of either Supervisor or Supervisee; however, frequent review should not normally be necessary.

Record of Reflective Supervision

Good record keeping is fundamental to high quality nursing and Midwifery practice and is essential for the provision of safe, effective, person and family centred care. Registrants must keep clear and accurate records relevant to their practice. For the purpose of Reflective Supervision, Supervisors and Supervisees must ensure that they maintain adequate records of the supervision session adhering to the principles of confidentiality for storage. Supervisors will be required to keep only a record of the number of sessions provided by them annually for each Supervisee, with the exception of any records required relating to issues of concern for escalation. The NMC's guidance (6) on reflection for revalidation advised the following:

'In meeting the revalidation requirements and keeping your evidence, you must not record any information that might identify an individual, whether that individual is alive or deceased. This means that all information recorded must be recorded in a way that no patient, service user, colleague or other individual can be identified from the information'.




Raising and escalating concerns

A positive working environment is vital in supporting the professional practice and behaviours of Nurses and Midwives. This includes being able to raise concerns if issues arise that could for example compromise the safety, quality and experience of people receiving care.

During a supervision session, a Supervisee may divulge an issue of concern in relation to practice. If so, the issue identified should be dealt with supportively via appropriate organisational and/or regulatory procedures.

Although generally rare, where practice is raised that is below the expected standard, the Supervisor will advise the registrant and an agreement should be made to put in place an appropriate improvement plan with regular review, including any appropriate supervised practice. The Supervisor must inform the line manager of the Nurse or Midwife, identifying how far short the practice falls from the expected standard and the level of support required in line with the NMC Code (7). The Supervisee should be kept fully informed at each stage of the process and the organisation's processes should be followed in relation to support, capability and if necessary fitness to practice procedures. See Appendix 3 for examples of issues that may be presented within a supervision session that might require escalation.



A registered Nurse or Midwife must 'act without delay if you believe there is a risk to patient safety or public protection' (7).

8. MONITORING AND EVALUATION

Reflective Supervision is promoted and valued as an activity underpinning safe and effective practice. In this context monitoring and evaluation of activity is required to provide assurances of accountability for the organisation and to justify the use of the resources required to promote and sustain delivery of the Framework. The Department of Health will review the benefits and challenges of the implementation of Reflective Supervision and identify areas for further improvement. The review will also include evaluation of Supervisee wellbeing, training quality and effectiveness. Structured monitoring and evaluation has the potential to enhance not only Reflective Supervision for practitioners but also the people they care for.



9. REFERENCES

- 1 Department of Health (2016) *Health and Wellbeing 2026: Delivering Together*. Belfast: DoH.
- 2 Department of Health (2020) *Nursing and Midwifery Task Group Report*. Belfast: DoH.
- 3 Wallbank, S. (2016) *The Restorative Resilience Model of Supervision A reader exploring resilience to workplace stress in health and social care professionals*. London: Pavilion Publishing and Media.
- 4 Department of Health (2022) *Northern Ireland Preceptorship Framework for Nursing and Midwifery*. Belfast: DoH.
- 5 Proctor, B. (2010) Training for the supervision alliance: Attitude, skills and intention. In *Routledge handbook of clinical supervision* (pp. 51-62). Routledge.
- 6 Nursing and Midwifery Council (2019) *Revalidation*. London: NMC.
- 7 Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.



10. APPENDICES

Appendix 1

EXAMPLES OF EACH ELEMENT OF REFLECTIVE SUPERVISION IN PRACTICE

EFFECTIVENESS (NORMATIVE)	LEARNING (FORMATIVE)	SUPPORT (RESTORATIVE)
<p>A newly Registered Nurse or Registered Midwife has received positive feedback from one of their patients in relation to the care they have received during a hospital stay. They wish to reflect on the experience with their Supervisor endeavouring to continue to uphold high values and personal accountability in their practice.</p>	<p>A Nurse has attended a leadership programme and they wish to use the Reflective Supervision session to reflect on the skills and knowledge that they have gained and how they may utilise this in practice to work collaboratively with teams and support improvements in practice.</p>	<p>A Midwife attends a delivery where the baby is born with an undiagnosed cardiac defect. They wish to attend Reflective Supervision to reflect on their emotional response to the event and consider ways where they could offer support to parents if a similar situation arises in future.</p>
<p>A Midwife Team Leader has received a complaint that there were communication failings during and following delivery of her baby which affected her experience. The team wish to use the Reflective Supervision session to reflect on the care delivered and to identify personal and professional objectives that could change or improve communication processes within their team.</p>	<p>A newly registered staff member has completed a preceptorship programme and they wish to use the Reflective Supervision session to reflect on the skills and knowledge that they have acquired during the process and how these skills can provide the foundation to continue their journey of personal and professional development.</p>	<p>A registered staff member is experiencing a situation where they perceive a colleague is treating them unfavourably in comparison to other staff. They wish to discuss these concerns with their Supervisor as it is now affecting their job performance and causing a level of personal stress.</p>
<p>A medication error has resulted in a patient not receiving a critical medication as part of the plan of care. The patient has not come to any harm but this has been reported through the appropriate governance processes and ensuring confidentiality the ward manager has given feedback to the team. A group of staff wish to discuss this event during a group Reflective Supervision session and reflect on ways that they could improve practice and minimise medication error risks in the future.</p>	<p>A Team Leader has successfully completed a Quality Improvement initiative and has been nominated for an award for their work. They wish to reflect on the learning gained through this process and identify how they could provide support to colleagues and peers in their Quality Improvement journey.</p>	<p>A Nurse has been asked by their manager to prepare a presentation for a regional conference. They are content to prepare the work but do not feel confident to deliver the presentation as this would be the first time they have presented to groups outside of the organisation. This is causing them concern and they are experiencing a moderate level of stress. They wish to discuss this in confidence with their Supervisor and identify strategies that could help build their confidence and self-esteem prior to the event.</p>
	<p>A Midwife has completed a piece of research in their field of practice which is due for publication in a peer reviewed journal. They wish to reflect on the learning acquired with their Supervisor and how they could use this to develop their career pathway.</p>	<p>A Staff Nurse working in a regional Emergency Department is struggling with the emotional demands of the clinical role. They wish to discuss this at their Reflective Supervision session and identify coping strategies to minimise stress and foster resilience in this role.</p>



Appendix 2

GROUND RULES FOR SUPERVISION SESSIONS

Where a one-to-one meeting is taking place between a Supervisor and Supervisee both parties should:

- ▶ Have an attitude of open learning.
 - Deal appropriately with areas of disagreement positively approaching conflict in an attitude of mutual respect.
 - Ensure that practice that could compromise patient safety, quality and experience if identified, is dealt with supportively via appropriate procedures.
 - Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
 - Ensure that all relevant records are kept securely in an appropriate place.

Where a group meeting is taking place between a Supervisor and multiple Supervisees all parties should:

- ▶ Agree to share within a group setting.
- ▶ Be sensitive to the needs of individuals and the overall dynamics within the group.
- ▶ Maintain confidentiality by not disclosing or discussing information provided by any other members of a group - they should not be discussed with anyone outside the group e.g. other team members, family or friends.
- ▶ Be supportive of other members of the group.
- ▶ Listen to other members of the group when they are speaking and allow them to finish before beginning to speak themselves..
- ▶ Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures.
- ▶ Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
- ▶ Ensure that all relevant records are kept securely in an appropriate place.

It is important to recognise that the professional Supervisor is not usually the line manager of the registrant; on occasion however, it may be appropriate for this to be the case. Supervisors must be prepared to take on the role, and have a practical understanding of the principles of confidentiality and parameters for escalation should a relevant issue arise.

Section 5 of the NMC Code (7) states clearly that registrants must respect people's right to privacy and confidentiality. This includes sharing necessary *'information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality'*.



Appendix 3

EXAMPLES OF ISSUES FOR ESCALATION

Prioritise people	Inappropriate behaviour or language when discussing an issue with diversity implications e.g. racism, homophobia, ageism.	Evidence of treatment being forced on a person without their consent.	Evidence that confidentiality has been breached.
Practise Effectively	Refusal to apply current evidence in practice.	Evidence of threatening behaviours towards colleagues and/or service users.	Refusal to keep accurate records.
Preserve Safety	Evidence that an adverse incident was not escalated appropriately at the time of occurrence.	Evidence that there are significant competence issues within a specific area of practice.	Evidence that the Nurse or Midwife has actively discouraged colleagues/ service users to raise concerns.
Promote Professionalism and Trust	Evidence of inappropriate or unprofessional behaviour via social media.	Evidence of bullying other members of staff.	Evidence of professional boundaries being breached, including inappropriate expression of political, religious or moral beliefs.



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