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with agency policies and practice, monitor compliance with agency policies and practice, and identify training and development needs.

**Clinical supervision** may or may not be carried out by a supervisor who is accountable for the work of a supervisee. This type of supervision is sometimes referred to as consultation, and provides an opportunity for reflection on the practice of the supervisee. Training and continuing development needs may also be included in clinical supervision. Clinical supervision is sometimes external to the supervisee’s organisation.

**Professional supervision** refers to supervision practice when it is carried out by a supervisor who is a member of the same profession. In this type of supervision there is an opportunity for professional standards to be reviewed and monitored. Professional developments would be explored and professional training and development needs would be identified. Professional supervision is sometimes external to the supervisee’s organisation.

2. Ethical Framework

The overarching ethical framework for the activity of supervision can be summarised in the following way.

Supervisors and supervisees should:

a) Conduct themselves in a way that is consistent with the dignity, status, values and principles of their profession.

b) Seek to establish the highest ethical standards and hold the interests of the clients to be paramount.

c) Be responsible for maintaining and developing their skills through appropriate continuing professional development.

d) Be responsible for monitoring and maintaining their physical, mental and emotional health in relation to their capacity to practise safely and effectively.

e) Recognise and work in ways that respect the value and dignity of each other, the clients and the context of the work.

f) Not reveal confidential material to any other person without the express consent (preferably in writing) of all parties concerned. This principle may be overridden by safeguarding and risk issues.

g) Be responsible for taking action if they become aware of practice that is not in accordance with relevant Codes of Ethics, Conduct and Practice.

Supervisors should:

h) Not exploit the dependence of the supervisee in the supervisory relationship sexually, financially or in any other manner.

i) Reflect with the supervisee upon the differences apparent in the supervisory relationship including issues of power and do their best to create a safe space in order to facilitate these discussions.

j) Hold in mind the wider system and consider aspects of risk and vulnerability present for clients by virtue of their age, physical or mental health, abilities, relationships or any other circumstance.

k) Try to help supervisees to recognise when, in their opinion, their professional functioning is impaired and explore with them appropriate courses of action regarding their personal and professional wellbeing.

l) Be responsible for raising any practice concerns at the earliest stage.

m) Be prepared to take appropriate action to inform relevant others if concerns remain unaddressed or are of a serious nature. Relevant others may include the supervisee’s employer and/or registration body.
Supervisees should:

n) Be aware of the role of supervision in the continuing development of safe, confident and effective practice.
o) Take an active part in the process being mindful of their responsibility for their own learning and professional development.
p) Ensure issues of risk pertaining to specific clients/situations are always brought to supervision.
q) Consider the need for early consultation if the situation demands it.

3. Supervisory Competence

Supervision is an activity that depends on a high level of competence.

Supervisors should:

a) Disclose their qualifications when requested and not claim, or imply, qualifications that they do not have.
b) Openly acknowledge any potential conflicts of interest.
c) Consider whether their approach to the work is appropriate for a particular supervisee and be prepared to make referrals at any stage if that appears to be in the interest of their supervisee or the client.
d) Always supervise within the bounds of their own training and experience and be explicit about their own levels of competence.
e) Make every effort to support supervisees to find an alternative source of expertise where this is deemed appropriate.
f) Help supervisees to identify their own further training and development needs.
g) Take account of developing levels of competence in the supervisee.
h) Be active in creating a supportive and facilitative supervisory relationship in which constructive feedback can be given and received.
i) Receive regular supervision of their supervisory practice where the supervision relationship, client issues and any professional development or training needs should be routinely discussed.
j) Be responsible for clarifying the legal liabilities from an informed position, seeking advice from AFT/UKCP when necessary and as appropriate.
k) Be mindful of the effect of personal issues on their supervisee’s practice.
l) Consider with supervisees the potential benefits of therapy in certain circumstances. Although there may be occasions when it would be appropriate for a supervisor to move into a position that resembles a therapy relationship it would be inappropriate for this to develop into an ongoing therapy relationship.

4. The Supervision Agreement

AFT recommends that supervisors and their supervisees set out a clear, written agreement which can be easily referred to and reviewed on a regular basis. A review date agreed by both supervisor and supervisee is recommended.

Supervisors and supervisees should:

a) Create a context for supervision where the style and focus are mutually agreed and reviewed periodically.
b) Define a safe and consistent working environment which has clear boundaries and provides the context for an atmosphere of mutual professional and personal accountability, respect and trust.
c) Clarify the boundaries of the supervisor’s accountability to their supervisee’s employer and/or organisation.
d) Agree where the primary clinical responsibility lies for the work with the clients who are discussed.
e) Specify the bounds of confidentiality.
f) Be clear about the scope of supervision.

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g) Acknowledge the possibility of role conflict where the relationship is not solely a supervisory one and record the discussion about this.

h) Recognise that conflict or unresolved disagreement may arise within the context of supervision.

i) Agree to consult with a third party such as a mediator or other consultant where there are difficulties or dilemmas which need to be resolved.

j) Agree the arrangement for the payment of any fees.

k) Clarify any expectations in relation to cancellations and planned breaks.

l) Discuss the need to have arrangements in place to take care of the immediate needs of clients in the event of a sudden and unplanned pause or ending.

5. Supervisory Practice

A main function of supervision is the facilitation of a culture of self and relational reflexivity to enhance clinical and professional practice. In the context of the supervisory relationship this activity needs supervisors and supervisees to:

a) Be open to discussion, co-creation of ideas and constructive feedback.

b) Actively consider issues of power and difference, for example in relation to gender, race, culture, class, age, economic status, disability, sexual orientation, religion and spirituality.

c) Take responsibility for bringing their own knowledge and expertise into the awareness of the other for the benefit of the client(s).

Supervisors should:

d) Maintain and keep written records of supervision sessions for a minimum of seven years.

e) Safeguard records to the same standard as for clinical records.

f) Provide access to these records following the end of the supervisory arrangement, whether planned or unplanned, ensuring that any confidential information is protected.

g) Ensure they are registered with the Information Commissioner’s Office under the Data Protection Act should they keep any electronic records and advise supervisees to do the same. This includes basic contact details as well as records of supervision sessions.

h) Ensure that they have adequate insurance cover for their work as a supervisor. This must include appropriate indemnity arrangements against possible claims for damages for negligence, malpractice or accidental injury.

6. Complaints/ Concerns

1) AFT has a responsibility to its members, other professionals and the public to ensure that the standard of supervision practice of its members is maintained.

2) Where there are concerns about supervisory practice it is important that these are resolved as quickly as possible. To this end it is important for supervisees to bring any concerns they have to the attention of their supervisor at the earliest possible opportunity.

3) In the event of a failure to resolve the issue AFT advises that a mutually agreed third party should be approached for consultation/mediation.

4) AFT is available to offer support and advice but does not offer a formal complaints process for supervisory practice.

5) UKCP is the professional body responsible for complaints against psychotherapists holding registration through them. At present this relates only to direct clinical work.

6) Currently AFT is able to make a judgement as to whether one of its members has failed to uphold its Code of Ethics and Practice and take appropriate action.

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B) FOR AFT ACCREDITED COURSES

In addition to the guidance provided elsewhere in this document those who are supervisors on courses accredited by AFT should comply with the following:

1) The contract for training placements should be agreed by the student, the supervisor, the placement agency and the training institution.
2) The roles and responsibilities in relation to supervisees, training courses, agencies, professional bodies and, most importantly, the clients should be clear and consistent.
3) Judgements should be clear, honest and fair in relation to supervisees, training courses and other relevant persons or organisations.
4) Written assessments and reports should be clear, honest and transparent.

C) FOR REGISTERED MEMBERS

More detailed guidance for registered members can be found in the CPD Policy Document

7. Registration

AFT members who are registered psychotherapists with UKCP and who are members of the College of Family, Couple and Systemic Therapy must comply with the following requirements:

The first three years of qualified practice
a) Supervision should be for a minimum of 18 hours per year (1.5 hours per month) of which at least 12 hours should be retrospective and/or live individual supervision. The remaining 6 hours can include live team supervision and/or retrospective group supervision.
b) Supervision should be provided where possible by an AFT Approved Supervisor. Where this is not possible supervision should be with an experienced Family and Systemic Psychotherapist who has been registered for at least 3 years.
c) Where there are exceptional circumstances which mean that these requirements are difficult to fulfil AFT’s Registration Committee should be consulted for advice. An example of this would be where supervision is sought from a qualified and experienced Family and Systemic Psychotherapist who is not currently UKCP registered.
d) Peer supervision may be in addition to the requirements.

After 3 years of qualified practice
e) Supervision should be at no greater than 2-monthly intervals.
f) Supervision should be for a minimum of 12 hours a year.
g) Most supervision (at least 60%) should be with a Family and Systemic Psychotherapist(s).
h) Supervision can be in individual and/or group settings which may include peer group settings.

8. Group Supervision
a) Group supervision may be appropriate in certain circumstances. Group supervision describes a small group of 3 to 6 individuals including the facilitating supervisor.

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b) The group supervision process should allow sufficient time for each supervisee to present and receive supervision for their work if the supervision is to contribute towards AFT requirements. A detailed formula for this is to be found in the CPD Policy Document.

c) The group process as well as individual professional development needs should be taken account of within the group supervision process.

9. Peer Supervision

  a) Peer group supervision describes a small group of therapists (up to 6) who would usually have similar levels of clinical experience/training.
  b) One-to-one Peer supervision can consist of 2 therapists each providing supervision to each other alternately.
  c) Peer supervision can take the place of individual supervision for Family and Systemic Psychotherapists who have been registered for more than 3 years.
  d) Peer supervision can be in addition to individual/group supervision for all Family and Systemic Psychotherapists as long as the registration criteria are met.
  e) The peer group supervision process should allow sufficient time for all those involved to present and receive supervision for their work. The time should be calculated according to the formula found in the CPD Policy Document if the supervision is to contribute towards meeting AFT requirements.
  f) The group process as well as individual professional development needs should be taken account of within the peer group supervision process.
  g) **There should be an annual consultation** from an AFT Approved Supervisor or an experienced, registered Family and Systemic Psychotherapist if the peer supervision is to be used to fulfil the registration requirement.

9. Governance

All AFT Registered Members, AFT Approved Supervisors and AFT Systemic Practitioner Members Intermediate Level are required to provide evidence of their supervision at the time of their first application and when applying for re-registration/re-application. Detailed guidance for this evidence is contained in the relevant CPD Policy Document/Guidance Notes.

D) FOR APPROVED SUPERVISORS

AFT has a process of approving supervisors. Once approved, supervisors are then eligible to be on a list held by AFT and are entitled to be on the UKCP Supervisor Directory. Re-approval takes place every 5 years.

The CPD requirements for AFT Approved Supervisors are:

1) To receive specific supervision of supervision at least 4 times a year for a minimum of an hour each time. Where this supervision is a peer group activity the usual arrangement for peer supervision of an annual consultation should be adhered to.
2) To attend a CPD event specifically focused on supervision twice during the 5 year period leading to re-registration.

These CPD events and the supervision can be included as part of the CPD requirements for re-registration as a psychotherapist. Other evidence of CPD activity can include reading, teaching and research on supervision.
E) FOR SYSTEMIC PRACTITIONER MEMBERS INTERMEDIATE LEVEL

1) Those AFT members with a relevant professional qualification who have completed an accredited intermediate level training course or CYP-IAPT (SFP) course are eligible to apply to be on an AFT list of practitioners working systemically to intermediate standard.

2) Those on this list will be known as AFT Systemic Practitioners Intermediate Level. To remain on this list members need to re-apply every 3 years.

3) The supervision requirement for this category of AFT membership is to receive 18 hours of supervision a year from an AFT Approved Supervisor or a UKCP registered Family and Systemic Psychotherapist.

F) FOR NON-CLINICAL MEMBERS OF UKCP

Those members who have practised and maintained their registration as a Family and Systemic Psychotherapist for at least 10 years may, by agreement with the Registration Committee, continue to supervise other registrants as a non-clinical member of UKCP as long as they fulfil the criteria for accreditation as an Approved Supervisor.

G) FOR ORGANISATIONS

1) Those organisations which employ registered Family and Systemic Psychotherapists, AFT Approved Supervisors and/or AFT Systemic Practitioners Intermediate Level are actively encouraged to offer support to their employees for continuing professional development.

2) Organisations are advised that clinical supervision should be provided by Family and Systemic Psychotherapists who have been qualified for at least 3 years and have preferably also undertaken a systemic supervision training course at an advanced level. CYP IAPT systemic supervision training is a basic level training and is not, on its own, enough to equip a supervisor with the necessary skills to supervise those who practise as Family and Systemic Psychotherapists or as AFT Systemic Practitioners Intermediate Level.

3) AFT Approved Supervisors are required to receive supervision of their supervision practice and to develop their practice through CPD activities. Wherever possible organisations should aim to support this ongoing professional development.

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