

London Multi-professional Supervision Principles

NHS England London, in collaboration with provider organisational stakeholders, developed these principles of supervision. It is recommended that London healthcare and social care providers are encouraged to adopt these as representation of best practice.


The requirement for healthcare and social care providers to give staff access to supervision is codified in law. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 states “*Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.*”


These principles use the CQC definition of supervision, citing clinical, managerial and professional supervision. The following principles apply to all of these forms of supervision.

The principles herein apply to Nursing, Nursing Associates, Midwifery, Allied Health Professionals, Health Care Scientists and Pharmacy professionals.

The principles are applicable registered staff, unregistered staff, and healthcare learners.

The principles are applicable to all London working environments, including hospitals, community, primary and social care settings.

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1. The London commitment to supervision involves a shared responsibility between the staff/ learners, supervisors, and the organisation, ensuring that it is a valuable and integral part of professional practice within the NHS and social care sector.
 2. Supervisors and supervisees are committed to cultural competence and inclusivity, recognising and respecting the diverse backgrounds and experiences of staff, patients and those who draw on NHS / Social care and support.
 3. London recognises that a variety of supervision models are available to our staff and learners. It is committed to providing a personalised approach that meets the needs of our supervisees.
 4. Supervision is recognised by London, as being essential for both staff wellbeing and person/patient centred care. Those who draw on NHS / social care and support deserve to be treated by staff that are provided space to reflect on their practice.
 5. London organisations commit to working collaboratively, to enable the resources to support effective supervision. This includes training, resources for learning, and administrative support. Alongside the time and appropriate space for supervision to occur.
 6. All London staff and learners should have access to supervision during work hours.
 7. Staff are entitled to access to supervisory relationships that are psychologically safe, and environments where they feel comfortable discussing sensitive issues, challenges, and mistakes without fear of judgement or reprisal.

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8. London encourages maintaining the continuity of the supervisory relationship, supporting consistency even when staff transition into new clinical areas.
 9. London providers commit to delivering regular and consistent supervision with staff (the distribution of clinical, managerial and professional will be dependent on job role).
 10. Prior to supervision, there should be clarification of roles, responsibilities, and expectations. This may be documented in a supervision contract in some circumstances.
 11. Supervision should be appropriately documented, and these records should be held confidentially.
 12. Staff that provide supervision should be appropriately trained to do so and maintain this through relevant CPD, (adhering to professional body recommendation or accreditations where they exist).
 13. Supervisors need to have the appropriate skills, experience and/or clinical background, to meet the individual needs of the supervisee and supervision modality.
 14. Supervisors in London are given protected time to access supervision and support for their own wellbeing (e.g. embedded in job plans and local timetables).