

Supervision

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Purpose

This Informed View sets out the Royal College of Occupational Therapists' (RCOT) position on the role and importance of supervision within occupational therapy. It clarifies the shared responsibilities of individuals and organisations in ensuring supervision is effective.

Context

Supervision is defined broadly as 'a professional relationship and activity which ensures good standards of practice and encourages development' (RCOT 2026a). The Health and Care Professions Council (HCPC) standards of proficiency for occupational therapists (2023) recognise the important role supervision plays in professional development and learning, and a growing body of evidence demonstrates its benefits for practitioners, organisations and, indirectly, people accessing our services. Supervision is integral to professional practice across all roles, settings and career stages, including during pre-registration education, early career, return to practice and other transition periods.

This Informed View should be read alongside:

- Royal College of Occupational Therapists' *Early career principles and standards for occupational therapists* (RCOT 2026a)
- Royal College of Occupational Therapists' *Learning and development standards for pre-registration education* (2026b)
- Royal College of Occupational Therapists' *Professional standards of practice, conduct and ethics for occupational therapy* (RCOT 2026c)
- Health & Care Professions Council *Standards of conduct, performance and ethics* (HCPC 2024)
- Health & Care Professions Council *The standards of proficiency: occupational therapists* (HCPC 2023)
- Health & Care Professions Council *Key characteristics of effective supervision* (HCPC 2021).

This document does not prescribe models or structures for supervision. Instead, it articulates the principles, expectations and professional responsibilities in relation to supervision.

RCOT view

RCOT's position is informed by professional standards, practitioner experience, and a growing body of national and international evidence showing the role of effective supervision in supporting professional development, workforce wellbeing and retention. RCOT considers regular supervision a core professional requirement and a fundamental component of safe, effective, inclusive and ethical occupational therapy practice.

All members of the occupational therapy workforce are expected to actively engage in regular, appropriate supervision as part of maintaining HCPC's *Standards of conduct, performance and ethics* (HCPC 2024) and RCOT's *Professional standards of practice, conduct and ethics for occupational therapy* (RCOT 2026c).

Supervision: benefits

Professional development and practice quality

Evidence shows that supervision supports professional learning and capability development. Supervision provides structured opportunities for reflective practice, case discussion, feedback and the integration of evidence into practice (Yan et al 2025; Rothwell et al 2021; Snowden et al 2016; Dawson et al 2013).

Through effective supervision, practitioners are supported to:

- reflect on, understand and improve their practice
- strengthen professional reasoning, judgement and decision-making
- develop and maintain competence across their scope of practice
- identify learning and development needs and support CPD
- embed evidence-based practice, service improvement and innovation.

Supervision is also associated with the development of professional identity and confidence, particularly during early career and periods of transition (Dancza et al 2022).

Practitioner wellbeing, support and retention

Evidence links effective supervision with improved practitioner wellbeing, job satisfaction and workforce retention. Studies consistently report associations between supervision quality and reduced burnout, lower emotional exhaustion and reduced intention to leave roles (Yan et al 2025; Rothwell et al 2021; Saxby 2016).

Supervision supports wellbeing by:

- providing a structured space for emotional support and reflection
- supporting occupational balance and resilience
- increasing feelings of personal accomplishment
- enabling early identification of stress, wellbeing concerns, risk or additional support needs.

The restorative function of supervision, providing a supportive space to manage stress, reflect and cope with practice demands, is widely identified as a key benefit, particularly in complex and high-pressure roles (Rothwell et al 2021).

Workforce and organisational benefits

Evidence shows that supervision contributes to workforce sustainability, team functioning and organisational effectiveness (Rothwell et al 2021; Martin et al 2019).

Effective supervision can:

- improve staff retention and reduce attrition
- support recruitment by contributing to a positive learning culture
- strengthen professional accountability and safe delegation
- enhance team support and connection – particularly across dispersed or community services.

The effectiveness of supervision is influenced by organisational factors, including protected time, a shared understanding of purpose, clear supervision agreements, choice of supervisor and the capability of those providing supervision (Yan et al 2025; Rothwell et al 2021).

Outcomes for people accessing services

Supervision contributes indirectly to safety and quality by strengthening practitioner capability, supporting reflective practice, and underpinning professional accountability, risk management and decision-making (Rothwell et al 2021).

Supervision: good practice

- Supervision is a core component of safe, effective and ethical occupational therapy practice. RCOT advocates that all members of the workforce actively engage in regular, appropriate supervision and provide supervision where this is part of their role. This expectation applies across all roles, settings and career stages.
- Effective supervision supports professional capability, CPD, reflective practice, safe delegation and accountability, risk management and career development, including periods of transition. For this reason, supervision should be tailored to the individual, taking account of their experience, role, development needs, scope of practice and the complexity of their work. Supervision needs may change over time, and practitioners may benefit from accessing supervision from more than one supervisor where appropriate.
- Because of the diversity of roles and individual circumstances, neither RCOT or HCPC prescribe specific supervision models or structures. However, RCOT advocates for HCPC's 10 key characteristics of effective supervision and emphasises that quality is as important as frequency. While there is no prescribed frequency, supervision should reflect individual need. As a guide, it is typically undertaken every four to six weeks, with more frequent support during periods of transition, increased responsibility or complexity.

- Both formal and informal supervision are important. Formal supervision should take place regularly and in line with this guidance. Informal supervision occurs on an ongoing basis through day-to-day interactions such as peer support, team discussions and reflective conversations.
- Good practice also includes establishing a clear supervision agreement or contract at the outset. This should define the purpose, frequency and structure of supervision, and outline roles, responsibilities, confidentiality and learning objectives, tailored to the individual and their context.
- Using a structured template to record supervision helps maintain focus, provides a transparent record for both supervisor and supervisee, and supports evidence of CPD. Practitioners may choose to use HCPC's templates or record supervision within their RCOT CPD portfolio.
- For early career occupational therapists, supervision plays a critical role in supporting the transition into autonomous, safe and confident practice. RCOT's *Early career principles and standards for occupational therapists* (2026a) set clear expectations for accessible, structured and developmentally focused supervision during the first three years of practice, recognising the importance of professional identity formation, wellbeing and consolidation of learning.

RCOT's expectations of individual practitioners

Supervision is a shared, active process. Practitioners are not passive recipients but are responsible for engaging in and shaping supervision to ensure it is meaningful and effective.

RCOT expects practitioners to:

- prepare for supervision, taking ownership of ensuring it addresses their professional needs. This includes thoughtfully preparing in advance, identifying key topics, challenges or clinical scenarios for discussion
- engage proactively in supervision as part of their professional responsibility, recognising its role in safe and effective practice and in supporting reflection, learning and development
- use supervision purposefully to support reflection, critical thinking, professional reasoning, CPD, wellbeing and the development of professional identity
- seek appropriate, inclusive supervision that reflects their role, scope of practice, level of responsibility and context, including accessing alternative or long-arm arrangements where needed
- raise concerns where supervision is absent, inaccessible or ineffective, particularly where this may impact the safety of people accessing services, professional integrity or personal wellbeing
- recognise the limits of their competence, using supervision to identify learning needs, seek support and inform escalation decisions
- contribute to safe delegation, ensuring tasks are only delegated where appropriate supervision and support are in place
- use supervision to support inclusive practice, including reflecting on bias, power, professional boundaries, discrimination and the impact of systemic factors on decision-making
- ensure supervision is recorded effectively using a structured approach that supports focus, transparency and evidence of CPD in line with HCPC requirements.

RCOT's expectations of the supervisor

Supervisors play a critical role in enabling effective supervision in line with RCOT's good practice principles.

RCOT expects supervisors to:

- provide supervision that is appropriate to the supervisee's role, scope of practice, level of experience and context, including periods of transition, complexity or increased risk
- create a psychologically safe, respectful and inclusive environment that enables reflection, constructive challenge and learning
- deliver supervision that addresses accountability, learning and development, support and wellbeing
- understand the difference between line management and the supervisory relationship
- recognise and actively address power dynamics, bias and discrimination within the supervisory relationship
- enable supervision that is regular, responsive to individual need, and underpinned by mutual trust and respect
- establish and maintain a shared understanding of the purpose of supervision, with clear expectations, roles and responsibilities documented in a supervision agreement or contract
- support safe delegation and oversight, providing appropriate guidance, monitoring and feedback where tasks are delegated
- encourage reflection on professional identity, scope of practice, risk, accountability and escalation where limits of competence or organisational constraints are identified
- seek supervision, training and support for themselves, recognising supervision as a specialist professional role.

RCOT's expectations of service providers, organisations and employers

Effective supervision is enabled by leadership, culture and infrastructure. Organisations responsible for delivering occupational therapy services, regardless of size or sector, are responsible for creating the conditions that support supervision in line with RCOT's expectations. Employers should recognise that although supervision can complement other professional activities such as line management, the role of supervision is distinctly different.

RCOT expects organisations to:

- recognise supervision as a core governance and quality requirement, integral to safe, effective practice and CPD
- factor supervision into business and service planning, including allocating time, resources and, where relevant, financial investment to ensure access to effective supervision, particularly for those working independently or outside traditional organisational structures
- ensure all occupational therapy staff have access to appropriate, regular supervision and are supported to provide supervision where required
- create or seek out the culture, systems, tools and resources needed to support supervision aligned with HCPC's 10 key characteristics
- provide or access structured, developmentally focused supervision for early career occupational therapists, in line with RCOT's *Early career principles and standards for occupational therapists* (2026a)
- protect time for supervision, recognising it as essential professional activity rather than discretionary time
- support those providing supervision by ensuring they have the capability, authority, access to appropriate training and the ongoing support required
- enable flexible supervision models, including long-arm, peer and group approaches where appropriate
- monitor and review the effectiveness of supervision, using feedback and evaluation to ensure it meets its intended purpose
- ensure supervision aligns with equity, diversity and belonging commitments, including providing reasonable adjustments and psychologically safe spaces for reflection and challenge
- foster a culture and create opportunities for informal supervision, recognising the value of day-to-day reflective conversations, peer support and shared problem-solving as part of routine practice.

RCOT's expectations of practice-based learning providers

A learner's first practice-based learning experience encompasses not only knowledge of the profession and practice, but also significant personal development. This helps learners better understand themselves and their future role (Grant et al 2023).

RCOT expects organisations to:

- collaborate with education providers and practice-based learning sites to design experiences that are supportive, inclusive and appropriate to the learner's stage and level of study
- ensure that an occupational therapist leads supervision. In settings without an on-site occupational therapist, supervision may be delivered by a long-arm supervisor
- use supervision models that are flexible, inclusive and tailored to the specific practice setting (RCOT 2026b).

Supervision and equity, diversity and belonging

Supervision plays a critical role in translating the principles of equity, diversity and belonging into practice.

Effective supervision:

- is grounded in relationships that are respectful, inclusive and psychologically safe
- actively promotes an anti-racist and anti-discriminatory culture of inclusion
- recognises and seeks to address power imbalances within supervisory relationships
- supports reflection on bias, discrimination and systemic barriers
- embeds accessibility by design, proactively creating inclusive environments and approaches
- responds to individual needs through reasonable adjustments where requested, ensuring equitable support for disabled practitioners and those with additional needs
- supports allyship, constructive challenge and accountability where practice falls short of professional expectations.

Supervision in changing, digital and complex practice contexts

RCOT's *Professional standards of practice, conduct and ethics for occupational therapy* (RCOT 2026c) recognise the evolving nature of occupational therapy roles. Supervision must adapt to remain relevant, responsive and effective within these changing contexts.

Where applicable, supervision is expected to support:

- pre-registration education, tailored to the specific setting and stage of learning
- early career occupational therapists moving across sectors, roles or employment contexts
- advanced, extended or specialist practice
- leadership, education, research and consultancy roles
- career transitions and changes in role
- independent and portfolio careers
- digital and remote ways of working
- ethical and responsible use of technology, including artificial intelligence (AI).

Supervision remains a core professional requirement, regardless of the level of autonomy or innovation within a role.

Supervision, accountability, delegation and escalation

Supervision supports professional autonomy but does not remove individual accountability.

RCOT is clear that:

- practitioners remain responsible for their own decisions and actions
- supervisors retain accountability where delegation is involved
- supervision should support appropriate escalation when risks, concerns or limitations are identified
- well-defined and accessible pathways for raising concerns must be in place where supervision alone does not resolve identified risks
- supervision must never be used to obscure unsafe practice or organisational shortcomings.

When delegating interventions or procedures, practitioners must ensure that the individual to whom the task is delegated has the appropriate skills, knowledge and experience to carry it out safely and effectively.

In line with RCOT's *Professional standards of practice, conduct and ethics for occupational therapy* (RCOT 2026c), practitioners should:

- provide appropriate supervision and support to those undertaking delegated tasks
- retain overall accountability for actions that are delegated
- delegate in accordance with local governance and accountability policies, following agreed processes for decision-making, communication, monitoring and feedback.

Conclusion

RCOT recognises supervision as a cornerstone of professional practice in occupational therapy. It enables practitioners to work safely, ethically and effectively, supports wellbeing and inclusion, and underpins public trust in the profession.

For supervision to fulfil this role, it must be valued, prioritised and appropriately resourced. This requires a shared commitment from individual practitioners, organisations and the professional body.

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