

Code of Ethics & Practice for Supervisors

1 Background

This document promotes good supervisory practice by providing:-

- * a framework within which ethical practice in supervision can be discussed and evolved.
- * a framework for supervisors / supervisees faced with ethical dilemmas or concerns about acceptable courses of action.
- * a mechanism within which concerns can be addressed or, where appropriate, become the subject of the Society's Professional Conduct complaints procedures.

2 Introduction

The purpose of this Code is to establish and maintain standards for supervisors working with probationary, licensed or registered members of the Society of Homeopaths, and to inform and protect students, practitioners, and other members of the Society seeking supervision.

- 3 It may also be used to inform members' supervision work with independent practitioners, those from other Registering bodies, or disciplines other than homeopathy.
- 4 Supervisors agreeing to abide by this Code accept a common frame of reference within which to manage responsibilities to supervisees and their clients, colleagues, members of the Society, and the wider community.
- 5 In certain situations, supervisors and supervisees (practitioners, tutors or students) may need to judge which parts of this Code apply. They may then need to decide between conflicting responsibilities.
- 6 Superscript references ¹ direct the reader to a link between Code point and appropriate Core Criteria. The Core Criteria referred to within this Code of Practice (and which appear as an appendix to it) were first produced by members of the Society's Education Team, with advice from Professor Richard Winter, during 1998. They were discussed at an Educational Development Workshop and members were invited to comment on a draft printed in the Newsletter in September 1998.

They are intended to complement the National Occupational Standards (NOS) and to be used in conjunction with them within the Society's Education, CPD and Registration Departments.

The Core Criteria portray in holistic terms the responsibilities and values of the professional homeopath, whereas the NOS detail the tasks a homeopath is expected to be able to perform. The two sets of criteria can be used together, either by students or by practitioners, to evaluate their work, with the aid of feedback from trained assessors.

As an example of their current use, candidates applying to register through the Society's Registration Development Programme are required to produce a portfolio and then have a site visit and a reflective interview. The candidates are expected to show evidence of both sets of criteria to their assessors.

As the main Core Criteria and many of the specific numbered points are just as relevant to homeopathic supervision as to homeopathic practice, we suggest that they may offer an additional tool to supervisors when evaluating their performance in this role.

For further information about the Core Criteria, please see p.12 of the Newsletter, September 1998.

7 Supervision - A Forum for Discussion

Supervision is a formal and mutually agreed arrangement. Practitioners, tutors or students contract to reflect on their work regularly with a supervisor who is an experienced and competent practitioner and who is prepared, through a recognised training in supervision, for the roles employed within the

supervision process. The aim is to work together to ensure and develop the supervisee's therapeutic / supervisory / educational practice in order to promote patient welfare.

- 8 Supervisors / supervisees are aware of the distinction between education, training, accountability to Course Providers, supervision, and personal counselling and therapy.

CORE PRINCIPLES - Supervisors are responsible for:

- 9 Whilst the content of a supervision session may contain personal or inter-personal material, good supervisory practice recognises the distinction between clinical and pastoral supervision by acknowledging that there is no mandate in supervision to seek direct knowledge of personal issues. Where such issues arise, good supervisory practice focuses on the clinical impact of personal material.
- 10 **Respecting the Person**¹
Recognising and working in ways that respect the value and dignity of supervisees and their patients with due regard to issues such as origin, status, race, gender, age, beliefs, sexual orientation and disability. This includes raising awareness of any trans-cultural issues that may exist between supervisees and their patients, or between supervisor and supervisee.
- 11 Avoiding exploitation of supervisees financially, emotionally, sexually, or in any other way.
- 12 **Promoting Self-awareness**^{1,2,3,4}
"Unprejudiced observation" is a process we aspire to and attempt to engage with. It is important to identify when we are stepping outside of that process. Such identification involves observation, reflection and feedback (in other words, supervision) in order to promote deeper self-awareness in the service of supervisee and her patient.
- 13 Helping to identify attitudes, assumptions and prejudices through language used, and by paying attention to the selectivity of the material brought to supervision.
- 14 Being aware of their own issues of prejudice and stereotyping, and particularly considering ways in which this may affect the supervisory relationship.
- 15 Being alert to any prejudices and assumptions revealed in their own, or their supervisees' work with patients, and raising awareness of these so that the needs of patients may be met with more sensitivity.
- 16 Challenging the appropriateness of the work of a supervisee whose own belief system interferes with the acceptance of patients.
- 17 **Respecting Autonomy**¹
Working with supervisees in ways which promote good practice and show respect for the supervisee's ability to make decisions and change in the light of her / his experience.
- 18 Helping supervisees reflect critically upon their work, while acknowledging that clinical responsibility remains with the supervisee. Even where responsibility is shared, e.g. in pre-prescription (student) supervision, supervisors are expected to work with supervisees towards developing their own independent response to the patient. However this need not prevent the supervisor making suggestions with regard to homeopathic procedure and case management, based on their experience. Such advice needs to respect the approach of the supervisee and will therefore normally be facilitative rather than prescriptive.
- 19 Being aware of their supervisees differing stages of development in their supervisory work, and adjusting style and intervention appropriately.
- 20 **Avoiding Harm**¹
Taking all reasonable steps to ensure the physical and emotional safety of supervisors, supervisees and their patients during their work together.

21 Taking the same degree of care to work ethically whether they are paid or work voluntarily, and irrespective of the mode of supervision used.

22 Maintaining Confidentiality ¹

Taking all reasonable steps to clearly establish and communicate the extent of confidentiality offered, clarifying limits and exceptions, and thus working with the supervisee within a negotiated understanding of the extent and limits of confidentiality. This is particularly relevant when providing supervision to a student.

CORE PRINCIPLES - Supervisors are responsible for:

23 Encouraging supervisees to present their work in ways which protect the personal identity of patients, or to get client's informed consent to present information which could lead to personal identification.

24 Establishing, where material for supervision is communicated by postal or electronic means (i.e. Internet or Intranet, e.g. FCM) how best to protect confidentiality.

25 Reviewing and changing any confidentiality agreement by joint negotiation.

26 Being clear about those people on whom the supervisors personally rely for support, supervision or consultancy and to whom they may speak about their supervisees work.

27 Ensuring discussion is purposeful and not trivializing on the occasions when it is necessary to consult with professional colleagues.

28 Appropriately breaching confidentiality by disclosing information relating to supervisee or client relevant to the following situations:

1) recommendations concerning supervisees for professional purposes, e.g. assessments or references.

2) where clearly stated in the supervision contract or in accordance with all SoH Codes of Practice.

3) where the supervisor considers it necessary to prevent serious emotional or physical damage to the client, the supervisee or a 3rd party.

4) pursuit of disciplinary action involving supervisees in matters pertaining to standards of training ethics or practice.

29 In points 2-4, the supervisee's consent to a change in the agreement about confidentiality should be sought, unless there are good grounds for believing that the supervisee is no longer able to take responsibility for their own actions.

30 Consulting with another experienced supervisor where a decision to break confidentiality under any circumstances is being considered.

31 Minimizing breaching of confidentiality by conveying only information pertinent to the immediate situation, on a need-to-know basis, taking into account:

i. the best interests of the supervisee.

ii. enabling the supervisee to take responsibility for their actions.

iii. the supervisor's responsibility to the client and to the wider community

32 Information about work with a supervisee may be used for publication or in meetings only with the supervisee's permission, and with anonymity preserved.

33 Agreements about confidentiality continue to operate after the ending of a supervisory relationship whether by agreement or by the death of any of the parties, unless there are overriding legal or ethical considerations.

34 Working to Clear Contracts⁴

Ensuring that an individual contract (the terms and conditions under which supervision is offered) is worked out with their supervisee, allowing them to present and explore their work as honestly as possible.

- 35 Spending an initial session with each new supervisee, agreeing frequency and nature of contact, individual session duration, number of sessions contracted, review and ending arrangements, policy and practice regarding record keeping (including access), availability (formal as well as emergency), venue, venue access and privacy, unavoidable illness and locum arrangements, fee levels, payment procedures and increases.
- 36 Clarifying with supervisees their own supervisory and homeopathic training, underlying model(s) used, philosophy and theoretical position, qualifications, variety of supervisory styles offered, confidentiality and boundaries positions.

CORE PRINCIPLES - Supervisors are responsible for:

- 37 Being clear, where supervision forms part of a recognized educational or training route, of the scope, nature and accessibility of all records and reports.
- 38 Monitoring the frequency of supervision which will vary according to the nature and volume of client work, the experience of supervisee and their work setting.
- 39 Where the supervisor-supervisee relationship involves a Course Provider, and especially where the supervisor is directly employed to monitor the supervisees' casework; or where the supervisee has been asked, as a result of an adjudication hearing, to work under supervision, then the implications of those requirements on supervision work should be explored and made explicit, preferably in writing.
- 40 Discussing their policy regarding giving references and any fees that may be charged for this or for any other work done outside supervision time.
- 41 Establishing guidelines which address the completion or breakdown of the supervisory relationship and where a potential break emerges from disagreement about either supervisor- or supervisee-competence, in the case of the supervision of students taking the issue(s) to their own supervision and/or the clinical director of the organization concerned; in the case of graduate supervision, to supervisors own supervision, or to the Professional Conduct Department of the Society.
- 42 **Working to Manageable Work Loads**
Matching their supervision workload to their availability and experience in order to meet the requirements of their supervisees.
- 43 **Monitoring Competence**²
Monitoring and working within the limits of their competence.
- 44 Withdrawing from supervision work either temporarily or permanently when their functioning is impaired due to personal or emotional difficulties, illness, the influence of alcohol or drugs, or for any other reason.
- 45 Maintaining optimum levels of practice in themselves and their supervisees by being aware of current levels, establishing potential future levels, and planning for their achievement via continuing professional development.
- 46 Being trained, practised and experienced in the modes of supervision they employ.
- 47 Making arrangements for their own supervision in order to support their supervisory work, and to help them evaluate their bounds of competence. It is a breach of the Code for supervisors to practice without themselves having regular supervisory support of their own supervision work as well as individual clinical issues.
- 48 **Maintaining Appropriate Boundaries**^{1,3}

Consulting with their own supervisor before former patients or students are taken on as supervisees, or former supervisees are taken on as patients or students.

- 49 Conducting themselves in their supervision-related activities in ways which do not undermine public confidence either in their role as supervisor or in the work of other supervisors.
- 50 Setting and maintaining boundaries between the supervision relationship and other relationships, e.g. education, training, administration, management, and personal.
- 51 Ensuring, together with the supervisee, they consider their respective legal and ethical responsibilities to each other, and to patients.
- 52 When working with students, exploring and resolving conflicts of interest between themselves and their institutions, especially where this has implications for the supervisee.

CORE PRINCIPLES - Supervisors are responsible for:

- 53 Becoming aware of a conflict between an obligation to a supervisee and an obligation to a Course Provider, and, in such a case, making explicit to the supervisee the nature of the loyalties and responsibilities involved.
- 54 Avoiding (as far as is possible) a supervisory and homeopathic contract with the same supervisee over the same period of time.
- 55 Enquiring about relationships which appear to exist between supervisees and their patients which might impair the objectivity and professional judgment of supervisees.
- 56 Supervisors, together with their supervisees, should take all reasonable steps to ensure that any personal or social contact between them does not adversely influence the effectiveness of the supervisory relationship.
- 57 Ensuring their own emotional needs are met outside supervision work and are not dependent on their relationship with supervisees. It is good practice for supervisors to periodically review both their level of need and sources of emotional satisfaction. It is unethical for supervisors to engage in sexual activity with their supervisee.
- 58 **Monitoring Standards, Invoking SoH Procedures** ^{1,2,5,7}
Breaches of the Society's Codes of Practice are reviewed through Professional Conduct Procedures. Where any complaint is upheld, and an investigation carried out, the outcome can lead to a range of penalties which may include expulsion from its Register and/or removal from the approved supervisor's list
- 59 Supervisors who have concerns about a supervisee's work with patients should be clear how they will pursue this if discussion in supervision does not bring about a resolution of the situation.
- 60 This potential scenario is an essential part of the initial contract; for students, Course Provider Guidelines help to inform future action. For peers, the profession's Codes of Practice may assist, as may the supervisor taking the issue to her own supervision.
- 61 Helping supervisees recognise when their functioning as supervisors, practitioners or tutors is impaired due to personal or emotional difficulties, any condition that affects judgment, illness, the influence of alcohol or drugs, or for any other reason, and for ensuring that appropriate action is taken to safeguard both the healthy functioning of the supervisee and her patients.
- 62 Consulting with a fellow professional where such recognition cannot be resolved by discussions between supervisor and supervisee, and, where appropriate, seeking the assistance of another supervisor or the Welfare Officer or Professional Conduct Department of the Society.
- 63 Discussing with supervisees the need to have arrangements in place to take care of the immediate needs of patients in the event of sudden and unplanned absence, illness or death.

- 64 Taking appropriate action where they become aware that their supervisee's practice is not in accordance with the Code of Practice of their registering body.
- 65 Involving the Professional Conduct Department when they become aware of possible, alleged or actual professional misconduct (on the part of themselves, other supervisors or homeopathic practitioners, or therapists) which cannot be resolved after discussion with the individual concerned, doing so within the boundaries of confidentiality required.

Acknowledgement

The Society of Homeopaths is grateful to the British Association for Counselling for permission to use their 1996 Code of Ethics and Practice for Supervisors of Counsellors as a starting point from which this Code has loosely and creatively evolved, and to all practitioners, supervisors and students who have given feedback on its various drafts during 1999-2000.

CORE CRITERIA

No. 1: 'Commitment to Professional Values'

Demonstrates self-awareness and commitment in implementing professional values in practice. This involves demonstrating:

- 1) awareness that health and disease are dynamic and meaningful;
- 2) clear relationship between the approach chosen and a coherent set of homeopathic and ethical principles;
- 3) reflective awareness of the individual, the human condition and its complexities, and that the balancing interaction of health and disease is a continuing process;
- 4) respect for patients' dignity, privacy, autonomy and rights as service users;
- 5) regard for the safety of the patient at all times, both physically and psychologically.
- 6) employment of competent and safe administration and prescribing practices for both homeopath and patient, when managing the practice as a sole practitioner or as part of a team.

No. 2: 'Continuous Professional Development'

Demonstrates a commitment to and a capacity for reflection on practice, leading to progressive deepening of professional understanding. This involves demonstrating willingness and capacity to:

- 1) learn from others, including patients and colleagues, both through organised programmes and in everyday practice;
- 2) recognise that professional judgments are always open to question;
- 3) engage in self-evaluation as an ongoing and a cumulative process, participating in cycles of reflection and action.

No. 3: 'Affective Awareness'

Demonstrates understanding and effective management of emotional responses in relation to others. This involves:

- 1) understanding the patient and their experience of illness by using attentive listening and other therapeutic skills, through a background of self development and critical self awareness;
- 2) developing effective collaborative relationships with others
- 3) recognising the need for professional supervision and arranging this.

No. 4: 'Effective Communication'

Demonstrates ability to communicate effectively. This involves communicating in a form and manner which is clear, concise, sensitive, and/or appropriately varied in style and medium according to different audiences and purposes. This includes patients, students and other professionals.

No. 5: 'Practical Effectiveness'

Demonstrates decisiveness in making difficult judgments in response to complex situations involving responsibility for colleagues and/ or patients. This involves demonstrating, overall: confidence, independence, initiative, sensitivity & tenacity; and the ability to:

- 1) interpret evidence in terms of a clearly established purpose, integrating new information as cases and other situations develop
- 2) employ competent and safe administration and prescribing practices for both homeopath and patient, when managing the practice as a sole practitioner or as part of a team.
- 3) limit difficulties in case management and in practice management, to follow progress of cases with perception;
- 4) develop and nurture optimum effort in oneself, knowing how to conserve energy.

No. 6: 'Effective Synthesis of a Wide Range of Knowledge'

Demonstrates an understanding of the relationship between a wide range of knowledge, professional methods, practice settings, and conceptual frameworks, and an ability to apply this understanding effectively through practice. This involves demonstrating:

- 1) analysis of cases in different appropriate ways according to context
- 2) systematic, critical evaluation of professional knowledge, legislation, policy, and research;
- 3) ability to relate specific situational details to a wider context and to general theory;
- 4) respecting and using research, including provings, audit, and case studies, to plan, implement and critically evaluate concepts and strategies leading to improvements in care.

NO. 7: 'Intellectual Flexibility'

Demonstrates general perceptiveness and insight and an open-minded awareness of alternatives which may require changes in practice management or treatment. This involves demonstrating:

- 1) capacity for careful, sensitive observation;
- 2) acceptance of the inherent complexity of issues and situation;
- 3) ability to understand situations in terms of their dilemmas and change processes.
- 4) relationship of the approach chosen to a coherent set of principles