



# Information paper

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## Supervision, Accountability & Delegation

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# Supervision, Accountability & Delegation

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## **INTRODUCTION**

A great deal of hands-on care is now being delivered by support workers. It is essential, therefore, to bear in mind that, while support workers are not registered staff, they must be trained and qualified to a national standard. The connection between staff development and quality of service is now at the centre of the government's view of the new NHS.

Importantly, patients/clients have the right to know who is treating them and expect that those who provide their care are knowledgeable and competent; support workers need to feel confident of their abilities in this new and changing environment; and registered practitioners need to feel confident in delegating activities to their support workers.

By creating new roles, expanding existing ones and being able to delegate more, the workforce will be more efficient and therefore able to give better care to the patient. Support workers are a necessary and valued workforce that should be trained appropriately and given opportunities to develop their skills and prospects for career development. Bearing this in mind, it is also vital that any physiotherapy services provided, meet the necessary professional, legal and ethical standards of the profession.

This paper has been developed to help clarify the delegation process for registered practitioners and support workers and the inter-related issues of accountability, supervision, in order to ensure that clients receive safe and effective care from the most appropriate person. Duty of Care, Scope of Practice and PLI issues are also considered in this paper.

For the purposes of this paper the term 'support worker' describes the staff member who has a role or task delegated to them by the registered practitioner. Support Workers who join the CSP, are known as 'Associate Members'.

Many terms can be used to describe the practitioner who is responsible for delegating a task. The Practitioner here, simply means a registered practitioner ie a professional who is on a register, for example the Health & Care Professions Council (HCPC).

## **WHAT IS DELEGATION?**

In this context, delegation is the process by which a registered practitioner can allocate work to a support worker, who is deemed competent to

undertake that task. The support worker then carries the responsibility for that task.

There is a distinction between delegation and assignment. With delegation, the support worker is responsible while the registered practitioner retains accountability. With assignment, both the responsibility and accountability for an activity passes from one individual to the other.

Choosing tasks or roles to be undertaken by support workers is actually a complex professional activity; it depends on the practitioner's professional opinion. For any particular task, there are no general rules. Additionally, it is important to consider the competence of the support worker in relation to the activity to be delegated.

## **PRINCIPLES OF DELEGATION**

The registered practitioner must ensure that delegation is appropriate. The following principles should apply:

- the primary motivation for delegation is to serve the interests of the patient/client
- the registered practitioner undertakes appropriate assessment, planning, implementation and evaluation of the delegated role
- the person to whom the task is delegated must have the appropriate role, level of experience and competence to carry it out
- registered practitioners must not delegate tasks and responsibilities to colleagues that are beyond their level of skill and experience
- the support worker should undertake training to ensure competency in carrying out any tasks required. This training should be provided by the employer
- the task to be delegated is discussed and if both the practitioner and support worker feel confident, the support worker can then carry out the delegated work/task
- the level of supervision and feedback provided is appropriate to the task being delegated. This will be based on the recorded knowledge and competence of the support worker, the needs of the patient/client, the service setting and the tasks assigned
- regular supervision time is agreed and adhered to
- in multi-professional settings, supervision arrangements will vary and depend on the number of disciplines in the team and the line management structures of the registered practitioners
- the organisational structure has well defined lines of accountability and support workers are clear about their own accountability

- the support worker shares responsibility for raising any issues in supervision and may initiate discussion or request additional information and/or support
- the support worker will be expected to make decisions within the context of a set of goals /care plan which have been negotiated with the patient/client and the health care team
- the support worker must be aware of the extent of his/her expertise at all times and seek support from available sources, when appropriate
- documentation is completed by the appropriate person and within employers' protocols and professional standards

## **ASSESSMENT OF PATIENTS/CLIENTS**

The initial assessment is likely to be diagnostic (relies on clinical reasoning) requiring the assessor (registered practitioner), to determine a programme of treatment or care. It is expected therefore; that it will be a registered practitioner who makes the clinical diagnosis, analyses and interprets assessment results and generates possible therapeutic options in discussion with the patient/client.

The support worker will however, be expected to make decisions within the context of designated work with a patient/client, whilst working towards the aims set by the registered practitioner. This may mean that support staff working at more advanced levels (e.g. assistant practitioner), are able to plan and implement a therapy/ treatment programme or care plan within the scope of their skills and training – reporting to the registered practitioner for re-direction and advice, as necessary.

The assessment process should be a continuing element of the overall therapy programme/treatment plan. Support workers may therefore be able to judge the patient/client progress and make some treatment decisions based on that judgement, assess and re-assess the patient/client's progress. It is expected that a support worker who is delegated a task will be competent to continually monitor and evaluate changes in the patient/client's responses and to feedback relevant information to the registered practitioner(s).

In some instances, where a clear protocol has been produced or a specific client group in a particular environment, the support worker may have delegated discretion, alongside limited and defined autonomy for some elements of continual assessment. It is essential that the role and specific activities of the support worker are made explicit, in the design of such protocols.

## **REMEMBER**

Any support worker to whom a task has been delegated should be appropriately trained and supported to ensure that the activity can be undertaken competently.

## **DECIDING ON DELEGATION**

The question of who should carry out which activity depends on a number of factors. The three central elements involve:

- the individual's skills, competence, attitudes and experience of the health care provider(s)
- the requirements of the patient/client group; and
- the nature of the task in the specific circumstance/location i.e. hospital, community etc.

Delegation of activity is determined in the context of the relationship that exists between the person who delegates and the person to whom some aspect of practice is delegated.

There are two key competence questions to be answered when considering delegation of activities:

1. Does the registered practitioner view the support worker competent to carry out the tasks?
2. Does the support worker feel competent to perform the activity?

## **COMPETENCE**

Competence is an individual's ability to effectively apply knowledge, understanding, skills and values within a designated scope of practice. It is evidenced in practice by the effective performance of the specific role and its related responsibilities. Competence also involves individuals in critical reflection about, and modification of, their practice. Capability is a step further than competence and relates to the individual's full range of potential and may go beyond their current scope of practice.

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The following summary may help to clarify related terms and their meanings:

<b>Term</b>	<b>Basic meaning</b>
<b>Competence</b>	<b>General, overall capacity; holistic; rests on consensus view of what forms good practice</b>
<b>Competency</b>	<b>Specific ability that makes up competence</b>
<b>Competencies</b>	<b>Abilities to undertake specific tasks that relate to specific ability</b>
<b>Capability</b>	<b>Potential competence</b>
<b>Performance</b>	<b>Competence in action</b>

Continuing professional development underpins delegation and competence. Individuals and employing organisations need to consider both immediate needs (related to current responsibilities and competence) and longer-term needs (related to future responsibilities and capability) when considering staff development needs.

Remember, any learning/CPD activity needs to be specific if it is to be effective, which is why things like learning outcomes are so important in helping learners make informed choices about whether/how a particular training package will meet their needs.

## **ASSESSING COMPETENCE**

When assessing competence, the registered practitioner should have an awareness and knowledge of the education, training and qualifications the support has undertaken. It is important to know whether the support worker has competently performed particular tasks in the past. The practitioner also needs to be confident that the tasks will be performed competently in the future. If, however, the support worker has not carried out the specific activities before, this indicates that there is a training need prior to delegation taking place.

One of the many ways in which competence can be assessed is by using

National Occupational Standards.<sup>(1)</sup> These are stand-alone competencies that can be used for various purposes by anyone from a consultant physician to a support worker. Potential uses include:

- to define job roles and write job descriptions
- to design training programmes
- in annual staff appraisals to identify progress towards development goals
- to assess competence against a given standard.

The CSP have a Physiotherapy Framework<sup>(2)</sup> which defines and describes the behaviours (and underpinning values), knowledge and skills required for contemporary physiotherapy practice:

- at all levels - from a new support worker through to a senior level registered physiotherapist;
- across a variety of occupational roles – clinical, educational, leadership, managerial, research, and support;
- in a variety of settings – in health and social care, in industry and workplaces, in education and development, and in research environments;
- across all 4 nations of the UK.

The structure of the Physiotherapy Framework is designed to help individuals recognise/describe the behaviours/knowledge/skills they use as part of their day-to-day physiotherapy practice. Although the behaviours/knowledge/skills presented in the framework are shared across the physiotherapy workforce, how they are used in practice will vary depending on what an individual's practice is at any given time.

## **ACCOUNTABILITY**

Like other public bodies, the health service providers are accountable to both the criminal and civil courts to ensure that their activities conform to legal requirements. In addition, employees are accountable to their employer to follow their contract of duty. Registered practitioners are also accountable to regulatory and professional bodies in terms of standards of practice and patient care. At present, support workers are not subject to professional registration.

When delegating work to others, registered practitioners have a legal responsibility to have determined the knowledge and skill level required to perform the delegated task. The registered practitioner is accountable for

delegating the task and the support worker is accountable for accepting the delegated task, as well as being responsible for his/her actions in carrying it out. This is true if the support worker has the skills, knowledge and judgement to perform the delegation and that the delegation of task falls within the guidelines and protocols of the workplace and the level of supervision and feedback is appropriate.

## **SUPERVISION**

The registered practitioner is responsible for designing an appropriate supervision system, which must protect the patient/client and maintain the highest possible standards of care.

On-going supervision is used to assess the support worker's ability to perform the delegated task and capability to take on additional roles and responsibilities. It is normally expected that a named supervisor is provided.

The following should apply:

- there should be a system in place for support workers to access supervision and clinical advice as required
- regular supervision time is agreed between the registered practitioner and the support worker and a record is made of each session
- the registered practitioner must have the necessary skills to support and assess the supervisee
- the support worker shares responsibility for raising issues in supervision and may initiate discussion or request additional information/support
- when the registered practitioner is absent from a setting where the support worker is working, there is an identified contact in case of a query or emergency.

Supervision can vary in terms of what it covers. It may incorporate elements of direction, guidance, observation, joint working, discussion, exchange of ideas and co-ordination of activities. It may be direct or indirect, according to the nature of the work being delegated. The decision concerning the amount and type of supervision required by a support worker is based on the registered practitioner's judgement and is determined by the recorded knowledge and competence of the support worker, the needs of the patient/client, the service setting, and the delegated tasks. Factors to be considered by the registered practitioner therefore include:

- the level of experience and understanding of the support worker relevant to the task being delegated

- assessment of the support worker's competence relevant to the delegated task
- the complexity of the delegated tasks (i.e. whether the delegated task is a routine activity with predictable outcomes)
- the stability and predictability of the patient/client's health status
- the environment or setting in which the delegated task is to be performed and the support infrastructure available (e.g. whether working in a community, acute or school setting)
- availability of and access to support from an appropriate registered professional
- an identified process for periodic review and evaluation of the support worker's performance and patient/client outcomes.
- an identified process for recording and reporting.

Supervision and appraisal have a key role to play in:

- supporting the development of individuals in line with personal need and service requirements
- ensuring consistency and quality in the delivery of services
- ensuring the ongoing development of the profession
- helping individuals to meet statutory obligations
- ensuring clarity about roles and expectations e.g. delegation of tasks.

Appraisal in the workplace, particularly where this process is linked to assessing personal development needs, provides a useful means by which both manager and individual members of staff can identify training needs, define learning outcomes, and decide on what sort of learning activity is the most appropriate.

## **DUTY OF CARE**

Duty of Care is defined as a legal duty to provide a reasonable standard of care to patients and to act in ways to protect their safety.<sup>(3)</sup>

A duty of care exists when it could reasonably be expected that a person's actions, or failure to act, might cause injury to another person.

A duty of care is owed by all healthcare professionals.

## **PROFESSIONAL LIABILITY INSURANCE**

It is vital that the physiotherapy service provided meets the necessary professional, legal and ethical standards of the profession.

It is highly likely that the employer provides this insurance through vicarious liability. All insurance related issues should be clarified before the support worker starts working.

Associate Members of the CSP get PLI included as a membership benefit providing they are undertaking physiotherapy activities and have their work solely delegated by a registered practitioner. If you are doing non-delegated tasks or seeing patients without referral from a registered practitioner, the work will not be covered by the CSP scheme and alternative insurance will need to be sought.

## **SUMMARY**

When delegating work to others, registered practitioners have a legal responsibility to have determined the knowledge and skill level required to perform the delegated task. The registered practitioner is accountable for delegating the task and the support worker is accountable for accepting the delegated task, as well as being responsible for his/her actions in carrying it out.

This is true if the support worker has the skills, knowledge and judgement to perform the delegated task and that the task falls within the guidelines and protocols of the workplace and the level of supervision and feedback is appropriate.

The assessment process should be a continuing element of the overall therapy programme/treatment plan. Support workers may therefore be able to judge the patient/client progress and make some treatment decisions based on that judgement, assess and re-assess the patient/client's progress. It is expected that a support worker who is delegated a task will be competent to continually monitor and evaluate changes in the patient/client's responses and to feedback relevant information to the registered practitioner, for re-direction and advice, if necessary.

In some instances, where a clear protocol has been produced or a specific client group in a particular environment, the support worker may have delegated discretion, alongside limited and defined autonomy for some elements of continual assessment. It is essential that the role and specific activities of the support worker are made explicit in the design of such protocols.

## REFERENCES

1. National Occupational Standards. Available from:  
<http://www.ukstandards.org.uk/Pages/index.aspx>
2. The Chartered Society of Physiotherapy. Physiotherapy framework. London: The Chartered Society of Physiotherapy 2013. Available from:  
<http://www.csp.org.uk/documents/physiotherapy-framework-condensed>
3. The Chartered Society of Physiotherapy. Duty of care. London: The Chartered Society of Physiotherapy; 2013. Available from:  
<http://www.csp.org.uk/publications/duty-care>

## SUPPORTING CSP MATERIALS

- CSP Code of Members Professional Values and Behaviour: October 2011  
<http://www.csp.org.uk/publications/code-members-professional-values-behaviour>
- Appraisal paper- A guide for Associate members: January 2015  
<http://www.csp.org.uk/publications/appraisals-guide-associate-members>
- CSP PLI Scheme  
<http://www.csp.org.uk/professional-union/practice/insurance/csp-pli-scheme>
- Understanding Scope of Practice  
<http://www.csp.org.uk/professional-union/professionalism/scope-of-practice/understanding-scope-practice>
- Associates: Making your case for Accessing CPD in the workplace  
<http://www.csp.org.uk/publications/ip-59-associates-making-your-case-accessing-cpd-workplace>
- Quality Assurance Standards for Physiotherapy Delivery  
<http://www.csp.org.uk/publications/quality-assurance-standards>

## CPD Tools & resources:

The CSP ePortfolio/Learning Hub, includes sections on 'what is competence' and 'assessing competence'.

<http://www.csp.org.uk/professional-union/careers-development/cpd/csp-eportfolio-learning-hub>

Within the **career tools** section of the **learning hub** you can find:

### Within the 'CSP Physiotherapy Framework' eBite

- the CSP's Physiotherapy Framework,
- a workbook based on the descriptors in the framework to help record & evaluate the development of physiotherapy values/behaviours/knowledge/skills over time.
- using the physiotherapy framework to prioritise CPD

### Within the 'CPD in Practice' eBite

CPD in practice 03: developing and using learning outcomes

This information/activity sheet explains how learning outcomes work in practice; offers guidance about developing/using learning outcomes as part of the CPD cycle; & links to other resources that will help you develop and use learning outcomes to plan, evaluate and evidence the impact and value of CPD activities.

This eBite also contains links to videos:

- Identifying your learning gaps and the CPD you need
- Evidencing your CPD and keeping a portfolio
- Making the case for CPD you need

### CPD in practice 05: your scope of practice and your CPD

This information/activity sheet explains how concepts of personal scope of practice, competence and continuing professional development (CPD) relate to each other; & offers reflective prompts to help define your personal scope of practice and critically evaluate how it meets the needs and expectations of current & future practice.

## **The CSP ePortfolio**

CPD Habit 07: Making the case for CPD

This resource sits in the 'links & resources' section of the ePortfolio.



CPD templates are useful to help record/evaluate/plan how scope of practice links. Templates include:

- Action planning,
- Peer reflection,
- Planning your learning,
- SWOT analysis, and
- Work-based learning