



Allied Health Professional Supervision Policy

1. Background

The WA Country Health Service (WACHS) is committed to improving quality of health care through clinical governance, enhanced clinical effectiveness and knowledge, and professional development and support.

The WACHS utilises a range of professional development and support strategies, including continuing professional development (professional, formal and self- directed) and professional support relationships (line management, mentoring, coaching and professional supervision).

This policy aims to provide structure and clarity in regard to the implementation of professional supervision within WACHS.

2. Policy Statement

Professional supervision is to be accessible to all allied health professionals at WACHS in order to develop and maintain skills and competencies relevant to their area of practice. Professional supervision is a crucial aspect of professional accountability and a cornerstone of clinical practice. Supervision encourages the development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining standards in practice and technical proficiency. Professional supervision is also a critical component of clinical credentialing.

This policy applies to all WACHS allied health professionals, including audiology, dietetics, occupational therapy, physiotherapy, podiatry, social work and speech pathology.

This policy does not directly apply to allied health staff employed within Mental Health and Aged Care directorates due to the existence of program specific supervision policies and frameworks, although can be adopted where appropriate.

This policy is also limited to professional supervision relationships that are supported by WACHS, such as those that are wholly or partly engaged in within work time. Professional supervision and support relationships may be engaged in external to WACHS and remain the individual professional's responsibility.

3. Principles

WACHS supports appropriate professional supervision for allied health staff, that is:

- linked to the performance development process
- supervisee driven
- flexible to balance the needs of the organisation and the individual in terms of the format and mode of professional supervision

- resourced appropriately to enable the time, facilities and costs associated with professional supervision
- documented with agreed aims, methodology and outcomes
- respectful of client anonymity and confidentiality within the professional supervision relationship.

4. Implementation of Professional Supervision

The allied health workforce at WACHS is geographically dispersed and frequently works in sole practice, or in small multidisciplinary teams, therefore professional supervision may take many forms and should be customised to the supervisee's work context and level of experience. The allied health professional and their line manager is to determine the need for, and requirements of, professional supervision by considering the following points:

4.1 Factors Determining Professional Supervision Requirements

Specific factors to consider when determining how professional supervision will be delivered include:

- skill level or clinical experience
- professional isolation
- geographical remoteness
- level of organisational support (e.g. availability of other professional development and support structures)
- availability of profession specific line management and team support
- professional registration requirements and
- degree of exposure to clinical, professional and personal risk.

In many instances Professional Supervision can be provided by the line manager. Instances when non-line supervision options should be considered include:

- Line manager is unable to provide profession specific supervision
- Specific risk factors/needs identified (e.g. new to a senior role, new graduate, isolated role, professional registration requirement etc.)

4.2 Modes of Professional Supervision

The modes by which professional supervision can be delivered includes a variety of strategies including:

- individual supervision (line or non-line)
- group supervision
- inter-professional supervision
- peer supervision.

The applications of these modes of supervision may be formal (e.g. 1:1 professional supervision sessions each month) or informal (peer supervision during team meetings). Time allocated to professional supervision will vary – depending on the needs of the supervisee. Regardless of mode and format, all professional supervision is underpinned the key principles (section 3) and process (section 4.3) of professional supervision articulated in this policy.

4.3 Professional Supervision Process

Professional supervision is defined by a specific process, moving from initiation to termination. The process of professional supervision is further outlined in [Appendix 1](#).

4.4 Remote supervision

Professionals who work more remotely from others of the same profession may need to be proactive in accessing professional supervision opportunities. Innovation and resource planning are required to meet these challenges. The use of teleconferencing, desktop telehealth and videoconferencing can expand the viable options for remote supervision.

4.5 Documentation

Supervision arrangements, including the supervision agreement and supervision sessions, should be formalised in writing and outcomes documented as agreed by the supervisor and supervisee.

4.6 Training and Resources

The WACHS [Professional Supervision](#) intranet page provides access to a range of forms and templates to assist with the supervision process. This intranet page also provides a number of training options for supervisees and supervisors, to develop skills required for an effective professional supervision relationship.

5. Definitions

Professional Supervision

Within the context of this policy, professional supervision is defined as a support relationship between two or more professionals, with the purpose of improving safety and quality of care to clients through professional development and support. Professional supervision may occur within a line management relationship or outside of line management relationships.

Functions undertaken within professional supervision include

- quality (safe, ethical, quality practice).
- maintaining and facilitating the supervisees' competence and capability.
- helping supervisees to work effectively (including promoting safety and quality; developing professional accountability and autonomy; developing individual professional identity; enhancing self-awareness and resilience/effective personal coping with the job; critical reflection and lifelong learning skills).

The term supervision can be used in reference to a range of relationships, including supervision of students, supervision of health workers / assistants, line management (hierarchical) supervision and professional (clinical) supervision. This policy relates only to professional supervision

Professional Supervisee

A professional supervisee within this policy is any WACHS allied health professional engaged in WACHS supported professional supervision. Engagement in professional supervision does not reduce the responsibility of the allied health professional for their own practice, or their accountability to their line manager and the organisation.

Professional Supervisor

A professional supervisor is any professional who provides professional supervision to a WACHS allied health professional. The professional supervisor may be (1) the supervisee's line manager or (2) a supervisor outside of the line management structure agreed by the supervisee and approved by the supervisee's line manager. A professional supervisor characteristically has more or the same level of clinical experience, and is from the same profession as the clinical supervisee, or with a specific skill set relevant to the supervisee's needs. It is anticipated that the majority of professional supervisors will be WACHS employees, who offer greater contextual knowledge of the organisation and rural and remote practice.

Line Manager

A line manager is the person directly responsible for an employee's performance within the organisation hierarchy. For many line managers, they will also carry out professional supervision for the staff they manage. In these instances it is recommended that professional supervision is well defined and considered a separate process from line manager roles.

Performance Development

Performance development is a tool for rewarding, encouraging, supporting and developing all employees. The performance development process comprises regular reviews within a yearly cycle. Characteristically an employee engages in the performance development process with their line manager, where opportunities for growth, development and support may be identified. Professional supervision may be one useful tool identified by the employee and/or line manager within this performance development process.

Performance Management

Performance management is a formal process applied in circumstances where problems with performance exist, such as an employee performing at a substandard level. This process is different from performance development. Professional supervision, in the context of this policy, is not an appropriate method to monitor and directly address substandard performance, as the content of the relationship remains confidential between supervisors and supervisees. However, professional supervision for staff at any performance level may have considerable benefit.

6. Roles and Responsibilities

Line Managers

Line managers of allied health staff are to:

- arrange orientation of allied health staff to the WACHS Professional Supervision Policy
- include professional supervision as a potential strategy within the performance development process
- in collaboration with allied health staff, identify the need for and requirements of professional supervision
- support access to training in professional supervision.

Allied Health Staff

Allied health staff are to:

- discuss with the line manager professional supervision requirements
- utilise professional supervision in an appropriate manner to improve levels of client care, skill and competency, and / or job satisfaction
- engage in suitable training as a professional supervisor or supervisee
- support other allied health staff in accessing professional supervision.

When professional supervision is provided outside of line management, allied health staff must obtain formal agreement from their line manager to engage in WACHS supported professional supervision as either a supervisor or supervisee. This agreement is to include the use of organisational resources such as time, facilities and costs associated with professional supervision (e.g. use of information and communication technology).

Professional Supervisees

Professional supervisees are to:

- ensure venue and mode availability
- be personally available
- prepare issues to discuss
- commit to the process of professional supervision
- maintain appropriate records and confidentiality.

Professional supervisees must ensure that their line managers are aware of, and formally support, their engagement in any and all supervision relationships as a supervisee.

Professional Supervisors

Professional supervisors are to:

- ensure venue and mode availability
- be personally available
- be aware of limitations in knowledge and skills
- be accountable to the WACHS organisation by promoting safe clinical practice
- maintain appropriate records and confidentiality

- accept responsibility for their own professional development, including professional supervision.

Professional supervisors who are WACHS employees must ensure that their line managers are aware of, and formally support, their engagement in any and all professional supervision relationships as a supervisor.

7. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

8. Evaluation

This policy is to be reviewed within two (2) years.

9. Standards

[EQulP National Standards](#) 13.1, 13.2, 13.8, 13.12, 13.13

[National Safety and Quality Healthcare Service \(NSQHS\) Standards \(2012\)](#)

10. Legislation

[Occupational Safety and Health Act \(1984\)](#)

[State Records Act 2000](#)

11. References

Edwards D, Burnard P, Hannigan B, Copper L, Adams J, Juggessur (2006) Clinical supervision and burnout: the influence of clinical supervision for community mental health nurses. *J Clin Nurs*. Aug;15(8): 1007-15.

Milne D (2007) An empirical definition of clinical supervision. *British Journal of Clinical Psychology*, 46: 437-447.

Northern Territory Government, Department of Health (2016) Professional Practice Supervision: Implementation Guide and Resource.

[Department of Health Clinical Supervision Framework for WA Mental Health services and clinicians](#)

[Public Sector Standards in Human Resource Management \(WA\)](#)

12. Resources

All resources, tools, templates associated with this guideline are located on the [WACHS Allied Health Professional Supervision intranet page](#)

13. Related Policy Documents

[WACHS Workforce Learning and Development Policy](#)

[WACHS Induction and Orientation Policy](#)

14. WA Health Policy Framework

[Employment Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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Appendix 1: Process for Professional Supervision

An allied health employee may engage in the professional supervision process supported by WACHS that is consistent with the principles of the Professional Supervision Policy. The stages of the professional supervision process consist of the following:

Planning

Planning is to be undertaken as part of, and following, the performance development process. Allied health professionals, in collaboration with their line manager, undertake planning to:

- identify professional supervision requirements as part of the performance development process
- identify professional supervisors (line or non-line)
- source potential professional supervisors (if non-line).

Initiation

Initiating the professional supervision relationship in work time requires

- engaging a professional supervisor with line manager support and approval (if non-line)
- negotiation of the professional supervision contract, and boundaries of the relationship.

Development

Ongoing activities to develop the professional supervision relationship include

- scheduling and commitment to attending sessions
- preparation and planning such as completion of tasks determined in previous sessions.

Evaluation

Evaluation, including the use of continuous monitoring and assessment techniques to review the suitability of the relationship, is the responsibility of the supervisee and supervisor.

Maintenance / Modification

Issues identified as part of the evaluation process are addressed through modification of the relationship.

Termination

Professional supervision is a medium term professional relationship with a natural conclusion, or termination. Participants may terminate the relationship for a number of reasons, such as:

- change of employment circumstances
- new needs identified
- attainment of goals / conclusion of benefits to the relationship
- relationship not achieving the desired results.

Allied health staff and managers may consider commencing another professional supervision relationship process when one has terminated.