



# Employee Clinical Supervision Procedure

Effective: 20 August 2018

## 1. Background

This document is aimed to address the clinical supervision needs of nursing staff and allied health professions within the Goldfields Mental Health Service (GMHS).

Clinical supervision is a process by which two or more health professionals formally meet to reflect and review clinical situations with the aim of supporting and enhancing the clinician in their professional environment.

Effective clinical supervision can realise many benefits including support, education and improvement in service delivery within the mental health workforce. Clinical Supervision plays an important role in raising and maintaining standards of care and promoting lifelong learning. It is intended to give employees the tools of knowledge to offer the most modern, effective and high quality care to patients and to provide the opportunity to continuously update their skills and knowledge.

Clinical governance and lifelong learning are both founded on the principle that health professionals must be responsible and accountable for their own practice thus facilitating quality of care at a local level.

The [National Standards for Mental Health Services 2010](#) describe the requirement to recruit staff with skills and capabilities to perform their duties. However, there are also requirements for staff and the mental health service to ensure ongoing professional supervision; training and education (Standard 8 – Governance, Leadership and Management).

The Stokes review suggests: 'A supervisory system should be encouraged that supports staff to manage and monitor the delivery of high-quality services and effective outcomes for patients. Clinical supervision is a formal process of support and reflection and is separate from individual performance appraisals required by all mental health professionals. Such supervision needs to focus on the issues relating to and affecting clinical practice.'

Regular protected time and confidential supervision can ensure clinicians are trained and supported in their practice. Novices may require one hour a fortnight while more experienced (more than five years) clinicians may need one hour a month (Queensland Health 2009).

**There is a wide range of definitions, models and approaches that could be adapted to suit individuals as well as teams and different professions.**

A definition that has universal applicability:

“An exchange between practicing professionals to enable the development of professional skills” (Butterworth and Faugier 1993)

This definition defines supervision as being normative, formative and restorative and incorporates the concepts of facilitation, helping, guidance, support, growth and advice.

There are other approaches and it should be a matter for the supervisor and supervisee to determine which approach is relevant to the work they undertake at that time.

### **Aims of Clinical Supervision are to:**

- uphold safe, quality care for patients / clients
- promote evidence based practice
- develop practitioner’s practice
- provide ongoing learning and clinical skill development
- promote reflective practice and maintenance of professional and ethical standards
- provide an opportunity for practitioners to manage what can be highly challenging and stressful situations working in the mental health field.

### **This involves:**

- promoting and maintaining clinical competence
- maximising the therapeutic effect of the client/clinician relationship
- establishing, maintaining and promoting standards of clinical practice
- promoting effective client care/treatment.

### **Objectives**

- Every clinician is expected to take part in monthly clinical supervision.
- Sessions are 60 minutes in duration.
- The process is to be based on a mutually agreed written contract between supervisor and supervisee.

Clinical supervision sessions may consist of discussions of the supervisee’s clinical work and interactions with mental health consumers and may take into consideration:

- the nature of the therapy/care being provided
- the clinical skill utilised to provide the therapy/care
- transference and counter-transference issues
- therapeutic boundaries issues
- ethical and professional issues.

Individual practitioners may be expected to take part in supervision more frequently – for example, in the case of newly qualified practitioners, or practitioners where performance concerns have been highlighted.

This arrangement does not affect the rights of clinicians to arrange professional supervision external to WACHS at their own cost, nor does it supersede any relevant existing policy regarding clinical supervision.

### 2. Procedure

All supervision is to occur within work time and on work premises where practicable. The Clinical Nurse Manager/ Team Leader (CNM/TL) are to maintain a directory of clinical supervisors within their respective sites and of the supervision arrangements of each clinician and is responsible for ensuring the information therein is current. These tasks may be delegated to another senior clinician within GMHS at the discretion of the CNM/TL.

The CNM/TL is responsible for ensuring that the clinician's workload is such as to allow time for regular supervision, and that the clinician is able to attend scheduled supervision sessions.

The CNM/TL is also responsible for ensuring that the workload of clinicians offering supervision allows adequate time for their supervision commitments. Supervisors' clinical caseloads may need to be adjusted accordingly to reflect the demands of providing supervision.

Staff must ensure clear communication with their CNM/TL and supervisor regarding the suitability of supervision times. The appropriate process is to be followed for the booking of venues and video conferencing if relevant.

#### 2.1 Authorised Mental Health Practitioners (AMHP)

To act in the role of an AMHP, a mental health professional (MHP) must be a competent health professional with comprehensive skills in the assessment, management and treatment of mental health patients (CPG 7.1). This competency is obtained through experience, supervision, education and training and is demonstrated in the knowledge, skills and attitude of the AMHP (CPG 7.3).

Each mental health region, service or AMHP employer is required to support and facilitate supervision of practice for all AMHPs operating within the region or service.

AMHPs are required to undertake regular, ongoing supervision in their role as an AMHP which may include review of the issues that arise when making decisions in crisis situations and dealing with conflict.

In addition to the requirements for nomination, the practitioner will be required to (CPG 7.7) :

- complete a comprehensive initial AMHP training course approved by the Chief Psychiatrist
- undertake formal clinical supervision of their practice as an AMHP
- complete an AMHP refresher training course approved by the Chief Psychiatrist within the prescribed period

The above requirement is in keeping with statutory responsibilities of the role and function of an AMHP under the *Mental Health Act 2014*.

### 2.2 Arrangements for all Mental Health Clinicians

All mental health clinicians are covered by this procedure and are required to seek supervision from the list of supervisors provided. A clinician may be supervised by a supervisor from their own discipline or from a different professional discipline. If a clinician's supervisor is a member of a different professional discipline, the supervisee is encouraged to ensure that the supervisor has access to appropriate support

It is preferable where practicable for a clinician to receive supervision from someone other than their line manager. However, in cases where this is not possible, line managers may provide supervision, but this needs to be provided as a separate function from management or daily work functions, with separate, dedicated time allocated for the supervision function.

Clinicians may seek supervision outside GMHS from a suitably senior qualified practitioner within their own professional discipline. If that supervision is the practitioners main supervision (i.e. to meet the requirements of this procedure), the choice of supervisor is to be approved by the Team Leader. A copy of the signed supervision agreement is to be kept by the Team Leader. However, practitioners are free to seek additional supervision at their own expense, beyond their main supervision as outlined in this procedure.

### 2.3 Process for Joining the Agreement

Any mental health professional, covered by this agreement, may advertise their availability in the supervisor's directory with their line manager's permission.

[Appendix 1](#) - Supervisor Request Form must be completed and submitted to their line manager who is to ensure that the person's details are entered into the directory. Supervisees are to be able to contact the supervisor of their choice from the directory and arrange a primary supervision session.

The primary supervision session is to discuss contract terms and allows the supervisor and supervisee to engage with each other and see if they wish to enter into a supervision agreement.

The supervisee is responsible for ensuring that all relevant forms are completed and a record of these stored as per appendixes below.

### 2.4 Types of Supervision

In some cases, the requirement for clinicians to be supervised can be met through different supervision processes, i.e. where a supervisor meets regularly with a group of supervisees to provide supervision on particular cases or clinical issues. This arrangement should be approved by the CNM/TL and conducted separate from daily work functions.

### 2.5 Supervision

**Group supervision** is a situation of more than two or more clinicians in a clinical supervision process. Everyone in the group should agree to the model and processes used.

**Individual supervision** is the one-on-one clinical supervision meeting.

**Cross discipline supervision** is a one-on-one or group clinical supervision situation with more than one professional discipline involved.

**Peer group supervision** is a group without a chair. Participants confer with one another by discussing key topics of their professional everyday lives, in order to provide solutions for difficult situations with colleagues or customers. The participants learn better or alternative ways to manage professional problems and reduce stress. This results in the group members' increased professionalism within their work environments.

### 2.6 Identification and Action for Unsafe Practice

Where the supervisor identifies an issue relating to unsafe, illegal or unethical practice, it is their responsibility to bring this to the attention of the supervisee's line manager after informing the supervisee of their intention and the practice with which they will raise.

Conversely, if a supervisee becomes concerned by their supervisors conduct, this should be reported to the supervisee's line manager immediately.

### 2.7 Clinician Appraisals

The supervisor may, with the supervisee's consent, provide feedback on the supervisee's performance, development, and development needs to the supervisee's line manager, as part of the regular appraisal and professional development process that is implemented by the GMHS

### 2.8 Practice, Contracts and Records

This agreement supports an empowerment model that enables clinicians to 'opt-in' to an approach that suits their individual needs. Since there is no right way of implementing clinical supervision, an empowerment model ensures that clinicians are able to take the best route for our clients and staff.

Clinical supervision is to take place within the requirements of the relevant Registering / Accreditation Bodies Code of Professional Conduct and matters of misconduct subject to normal mechanisms.

Given the small teams in rural and remote areas of WA, video conferencing equipment is available to those clinicians wishing to engage in clinical supervision with a supervisor from another site.

Clinical supervision should be set in the framework of [Appendix 1 Clinical Supervision Agreement](#) and [Appendix 4 Clinical Supervision Preparation – Development Goals](#), agreed by supervisor and supervisee.

Both supervisee and supervisor should keep notes of what is discussed in supervision sessions, and of any actions agreed. It is preferable that these notes be kept using the [Appendix 6](#) Clinical Supervision Record Notes. The supervisee would normally maintain supervision notes for their own use.

All supervision notes should be stored securely and confidentially. Supervisor and supervisee should be aware that such notes may be subject to examination by other parties in relation to formal processes (e.g. Critical Incident Review, disciplinary investigations, etc.)

The employing authority has ownership of all records and clients could have access to any record mentions them by name.

As a minimum standard, the record should include:

- attendants
- date, mode and items/actions discussed
- agreed Actions/Comments, by whom/when
- date of next session.

The supervisor and supervisee should determine what material might be recorded and by who and when. This should be formulated and set out in the contract.

### 2.9 Changing a Supervisor

For a variety of reasons, it may sometimes be necessary or appropriate to change a clinical supervisor. Proposed changes to the clinical supervision arrangement should be discussed with CNM/TL in advance. A new agreement would need to be signed by both parties.

### 2.10 Timeframe and Review

Clinical supervision is to be reviewed after three months by direct line manager, [Appendix 7](#) Clinical Supervision Outcome Review. The review is to include assessing whether goals have been achieved, any issues to do with arrangements or venue and any changes to the process. The review may provide opportunity to discuss concerns, but it is advisable to discuss concerns as they arise.

## 3. Definitions

<b>Clinical Supervision</b>	The process of two or more professionals formally meeting to reflect and review clinical situations with the aim of supporting the clinician in their professional environment.
<b>Supervisee</b>	The supervisee is any professional working within mental health in a clinical area

<b>Clinical Supervisor</b>	<p>The clinical supervisor:</p> <ul style="list-style-type: none"> <li>· is a person trained/experienced with clinical supervision and should have a minimum of two years' experience in the mental health field</li> <li>· is preferably from the same professional group,</li> <li>· is from the same or another worksite</li> <li>· can give feedback at the supervisee's level of experience</li> <li>· has at least the same or higher level of practice skills, in the areas being addressed but this is not absolutely necessary.</li> </ul>
<b>Agreement</b>	<p>The formal written arrangement to participate in clinical supervision with another person.</p> <p>A copy of the agreement should be forwarded to supervisees/supervisors line manager for inclusion in personnel file.</p>
<b>Meeting</b>	<p>The time spent between supervisor and supervisee in clinical supervision.</p>
<b>Line manager</b>	<p>The person/manager directly responsible for your performance</p>

#### 4. Roles and Responsibilities

The Clinical Director and Regional Manager, Mental Health are to:

- oversee and ensure clinical governance within the GMHIS
- assists clinicians' in the resolution of any issues or problems that arise in the use of this procedure.
- ensure that the principals and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

Team Leader/Clinical Nurse Manager is to:

- ensure that all GMHS staff receive sufficient training, instruction, and supervision in the use of this procedure
- monitor this document and ensure staff comply with its requirements.

Supervisors are to:

- ensure venue, mode and personal availability
- keep legible records
- ensure confidentiality is maintained
- be aware of limitations in knowledge
- commit to the process of clinical supervision
- be accountable to the employing organisation by promoting safe clinical practice
- accept responsibility for own professional development by seeking out additional resources for professional development and training as necessary
- commit to the process of clinical supervision.

Supervisees are to:

- ensure venue, mode and personal availability
- prepare issues or concerns for discussion
- keep legible records
- ensure confidentiality is maintained
- commitment to the process of clinical supervision.

All Staff are to:

- ensure they comply with all requirements within this procedure.
- promote a safe recovery oriented, patient-centred culture within the GMHS.
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

### 5. Compliance

Failure to comply with this procedure 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.

### 6. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years. This process is to include a routine review of supervisors, supervision sessions, number of clinicians who received supervision, and number of clinicians who completed supervision during that three year period.

### 7. Standards

#### [National Safety and Quality Health Service Standards](#)

- Standard 1 - Rights and Responsibilities 1.3.2

#### [National Standards for Mental Health Services 2010](#)

- Standard 8 - Governance Leadership and Management 8.7

#### [EQulP National Standards](#)

- Standard 13 - Workforce Planning and Management 13.8.1

## 8. Legislation

[Mental Health Act 2014](#)

## 9. References

Butterworth T and Wood S (1998): Clinical Governance and Clinical supervision; Working together to ensure safe and accountable practice. (A position paper) University of Manchester Publication

Faugier J; Butterworth A 1994: Clinical supervision, a position paper. University of Manchester Publication

[Clinician’s Practice Guide to the Mental Health Act 2014](#)

## 10. Related Documents

[Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia Professor Bryant Stokes, AM July 2012 Government of Western Australia Mental Health Commission](#)

[Foundations to Supervision](#)

## 11. Appendices

Appendix 1 - [Clinical Supervision Request Form](#)

Appendix 2 - [Clinical Supervision Agreement](#)

Appendix 3 - [Clinical Supervision Checklist](#)

Appendix 4 - [Clinical Supervision Preparation and Goal Development](#)

Appendix 5 - [Clinical Supervision Logs](#)

Appendix 6 - [Clinical Supervision Record Notes](#)

Appendix 7 - [Clinical Supervision Outcome Review](#)

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

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**Appendix 1 - Professional Supervision Request Form**

<b>Personal Details</b>			
Name:			
Title:			
Site/Region:			
Email:			
Phone:			
<b>Professional Experience</b>			
Current Practice Area/Caseload			
Supervision Objectives What would you like to focus on as part of clinical supervision?	1.		
	2.		
	3.		
	4.		
Supervisor Preferences Do you have any preferences for your supervisor? What skills/expertise are you looking for in a supervisor?			
Supervision Requirements	<input type="checkbox"/> I have read, understand and work within the WACHS Foundations of Supervision. <input type="checkbox"/> I am willing to commit a minimum of 1 hour a month to participate in a Clinical Supervision relationship with an approved supervisor <input type="checkbox"/> My line manager endorses participation in a clinical supervision relationship.		
Name		HE number	
Signature		Date	

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**Appendix 2 - Clinical Supervision Agreement**

Supervisee		Supervisor	
Name:		Name:	
Designation:		Designation:	
Site:		Site:	
Organisation:		Organisation:	
Email:		Email:	
Phone:		Phone:	
Supervision Contract Period			
Commencement Date:	Review Date:	Proposed Conclusion Date:	
Supervision Format and Frequency			
Method:	<input type="checkbox"/> Face to Face <input type="checkbox"/> Videoconference <input type="checkbox"/> Telephone <input type="checkbox"/> Email		
Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other		
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		
Duration :			
Best Time to Contact:			
Cancellation Process:			
Out of Session Contact:			
Total Time Available per Month:			
Aims of Supervision			
Supervisee		Supervisor	
1			
2			
3			
4			
Signature:		Signature:	
Date:		Date:	

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**Appendix 3 – Clinical Supervision Checklist**

<b>Supervisee</b>		<b>Supervisor</b>	
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The following table provides a guide for supervisors and supervisees to assist in establishing the clinical supervision relationship.

<b>Prior to First Session</b>	<input type="checkbox"/> Supervisee to send introductory email to Supervisor <input type="checkbox"/> Supervisee and supervisor agree on first session date.
<b>Establish Rapport</b>	<input type="checkbox"/> Take time to establish a relationship. <input type="checkbox"/> Understand each other’s learning style (try <a href="http://www.vark-learn.com">www.vark-learn.com</a> )
<b>Session Structure and Process</b>	Confirm/agree on <input type="checkbox"/> Schedule and format of meetings <input type="checkbox"/> Pre-session preparation <input type="checkbox"/> Agenda setting process <input type="checkbox"/> Cancellations and rescheduling <input type="checkbox"/> Urgent issues <input type="checkbox"/> Communicating outside of planned meeting times
<b>Documentation</b>	Agree on <input type="checkbox"/> Who is responsible for taking session notes ( <a href="#">Appendix 6</a> - Clinical Supervision Record Notes) <input type="checkbox"/> Who maintains the <a href="#">Appendix 5</a> - Clinical Supervision Log
<b>Goals of Clinical Supervision</b>	Supervisee to identify goals for clinical supervision. Can use tools/systems such as <input type="checkbox"/> Performance development outcomes <input type="checkbox"/> Individual learning plans
<b>Agreement</b>	<input type="checkbox"/> Complete the <a href="#">Appendix 2</a> - Clinical Supervisor Agreement
<b>Communication with Manager</b>	<input type="checkbox"/> <a href="#">Appendix 2</a> - Clinical Supervisor Agreement sent to manager by supervisee <input type="checkbox"/> Supervision log provided at periodic intervals (agree on interval period)
<b>Monitor and Review</b>	<input type="checkbox"/> Schedule ‘mini-checks’ for the supervision relationships <input type="checkbox"/> Mid relationship review using the <a href="#">Appendix 7</a> - Clinical Supervision Outcome Review. <input type="checkbox"/> End of relationship review using the <a href="#">Appendix 7</a> - Clinical Supervision Outcome Review
<b>Termination</b>	<input type="checkbox"/> Agree on a termination date <input type="checkbox"/> Agree on process if wish to terminate early <input type="checkbox"/> Agree on process for extension
<b>Other considerations</b>	

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**Appendix 4 - Clinical Supervision Preparation and Goal Development**

What are your current professional development goals?

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....

What are your current performance development goals, as articulated with your line manager?

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.....  
.....

Current professional challenges and areas for growth and development

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.....  
.....

Professional and personal strengths relevant to the professional role

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.....

Professional development priorities given clinical and organisational demands

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.....  
.....

Opportunities and interests e.g. research, clinical skills, leadership, policy, quality, supervision

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.....

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**Appendix 6 - Clinical Supervision Record Notes**

<b>Supervisor:</b>		<b>Supervisee:</b>	
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Date	Venue/Mode	Items/Actions Discussed	Agreed Actions/Comments	By Whom/When	Date of Next Session

**\*\* This document is confidential to the supervisor and supervisee.**

**Appendix 7 - Clinical Supervision Outcome Review**

<b>Supervisor:</b>	
<b>Supervisee:</b>	
<b>Date:</b>	
<b>Purpose:</b>	<input type="checkbox"/> Review <input type="checkbox"/> Relationship Conclusion

**Supervision History**

Commencement Date		Review Date or Conclusion Date	
Number of Supervision Sessions Conducted		Number of Sessions Cancelled	
Total Number of Hours Supervision Completed			
Modes of Supervision			

**Supervision Outcomes**

Key areas of practice addressed during supervision	
Key action, developments and/or achievements as a result of supervision	
Learning and development needs identified as a result of supervision	
Overall contribution of supervision to your practice/development	

**\*\* Please forward this document to your line manager for inclusion in your records and discussion during performance development sessions.**