Professional supervision for Allied Health and Mental Health employees	
Type: Policy	**HDSS Certification Standard** [optional]
Issued by: ELT/Hutt, Wairarapa & Capital & Coast DHBs	**Version:** 1.1
Applicable to: Allied Health and Mental Health Staff	**Contact person:** Relevant Professional Leader/Advisor in the DHB
Lead DHB: Capital and Coast District Health Board	

Purpose:

This policy directs the process for professional supervision for allied health practitioners and mental health staff and identifies the functions of supervision. The purpose of this policy is to ensure that appropriate supervision is available for the employees in scope.

Scope:

Includes:

- All employees in MHAIDS
- Allied health professionals in the following disciplines: audiology, dietetics, genetic counsellors, occupational therapy, orthoptics, physiotherapy, podiatry, psychology, psychotherapy, social work, speech-language therapy, counsellors.
- Any other allied health discipline where professional supervision is deemed appropriate and beneficial by both professional leads and management.

Definitions:

Professional supervision: "Professional supervision is a formal process that provides professional support to enable practitioners to develop their knowledge and competence, be responsible for their own practice, and promote service user health, outcomes and safety" Ministry of Health (2006)

Supervisor: Refers to the person providing supervision.

Supervisee: Refers to the person receiving supervision.

Policy content:

Supervision is part of the clinical governance framework for allied health practitioners and mental health staff at Wairarapa District Health Board (WaiDHB), Hutt Valley District Health Board (HVDHB) and Capital & Coast District Health Board (CCDHB). It requires the participation and commitment of the supervisee, supervisor, team leaders and professional leaders. Supervision is provided as a means to support the professional and personal development of practitioners. Supervision should promote effective, ethical, anti-discriminatory and culturally safe practice.

Most commonly, supervision will be provided on an individual (one to one) basis by an experienced practitioner from the supervisee's own discipline who is trained in supervision and who is from within the DHB or 3DHBs. Though where appropriate, supervision may be provided by another profession. This should be discussed and approved by the team and professional leader.

The DHBs are committed to supporting tangata whenua and cultural supervision. The pathway for accessing these will be determined through discussion between the practitioner, team/professional leader and relevant cultural service.

Supervision Link to Performance Appraisal:

As supervision is part of clinical governance, there is an interface with the performance appraisal process. The supervisor will contribute to the supervisee's performance appraisal. This would usually be by giving written feedback (Appendix 3). In some instances, feedback may be given verbally.

Functions of Supervision:

There are three main functions of supervision.

1. **Professional Practice** (**normative**): facilitates the development of a strong professional identity and aligns this to understanding of professional and organisational practice standards, clinical governance frameworks and guidelines. This function is not line management.

2. **Practice Development** (**formative**): facilitates development of the clinician's professional practice by supporting development and learning through reflective practice. Supervisees are encouraged to bring challenges from clinical practice to supervision to base discussions on practice development. This function is not case consult.

3. **Support for practitioners** (**supportive**): Allows supervisees to identify and plan strategies to deal with the personal impacts of his/her work. This function is not personal counselling.

Resourcing:

All staff will receive an introduction to supervision as part of their orientation.

Supervision is resourced from the skill-base within the DHBs and requires a commitment to training and development of supervisors and supervisees by the organisation. All supervisors will have access to supervisor training. Career frameworks or job descriptions will give guidance as to which roles or at what level practitioners are expected to take on supervision roles.

External supervision: is only available to staff where it is agreed by practitioner, professional lead and team leader that there is no suitable supervisor within the DHBs. If external supervision is required, it should preferably be sourced from a provider with whom the DHB has reciprocal supervision arrangements. Appropriate operational authorisation is required where funding is needed.
Provision of external supervision to staff external to the DHBs is permissible where resources allow and in liaison with team and professional leaders.

Method:

Setting up supervision:

Practitioners should have an identified supervisor within four weeks of commencement of employment. The supervisory relationship is determined through a collaborative process between the supervisor, supervisee, professional leader and team leader. Professional leaders are responsible overall for ensuring that all practitioners have access to supervision.

Supervisor criteria:

- All supervisors must have at least three years post-graduate experience in their discipline and be appropriately trained in giving supervision.
- Supervisors should aim to have a minimum of two supervisees in order to develop their supervision practice. The maximum number of staff a supervisor will supervise is dependent on capacity, and this will be discussed and negotiated between the supervisor, professional and team leader.

Frequency and duration

- The frequency of supervision will be determined by the needs of the individual and/or as directed by their professional governing body in conjunction with their professional leader. Where there are no professional body requirements, it is recommended supervision occurs at a minimum frequency of one hour four weekly (pro rata).
- Supervision can be provided more frequently for new staff, for discipline or service requirements, for practitioners new to a role and where the practitioner requires additional development support; or as part of the discipline's governing body's requirements.

Supervision agreement:

- A signed agreement is completed between supervisor and supervisee. The agreement (see Appendix 5), can be added to; no content should be removed. Any agreement used should, at minimum, cover all content of this example core agreement.
- The agreement will have a specified timeframe.
- The content of supervision should remain confidential.
- Exceptions (red flags) where supervisors may need to consider breaching confidentiality are;
  - Any unsafe, unethical or illegal behaviour
  - Risk of harm to anyone, including the supervisee, as a result of the worker's actions
  - Breaches of DHB code of conduct, policies and procedures and vision and values
  - Breaches of professional codes of ethics
  - Reports of bullying or harassment
  - Repeatedly failing to action strategies agreed in supervision
  - Observations of inappropriate behaviour
  - Prolonged unwillingness to engage in supervision

- When a supervisor has a serious concern about a supervisee's practice, the supervisor will advise the supervisee that this will be discussed with the team leader and professional leader. If necessary the professional leader will take responsibility for reporting these concerns to the relevant professional body in accordance with the Health Practitioners Competence Assurance Act 2003 or the Social Workers Registration Act 2003 with respect to registered Social Workers.
  In any of these circumstances the supervisee will be informed.

Supervision record keeping:

- Each supervision session will be documented for the benefit of both the supervisor and supervisee. (suggested documenting format in the appendices, regulatory boards templates may also be used).
- Discussions regarding client situations should be recorded in a non-identifiable form (for example, initials).
- All supervision documentation stays within the supervisory relationship, except where necessitated by law, this policy or where there are concerns about a supervisee's fitness to practice (in which the supervision documentation may be disclosed to the supervisee's employer or the relevant professional regulatory body) or where specific consent has been provided by both parties.
- Supervision documentation held by both the supervisor and supervisee should be kept in a secure cabinet or office and destroyed one year after the completion of a supervisory relationship or as required by your governing body.

Review of supervision arrangements:

Supervision arrangements should be reviewed annually, or earlier as required. The supervisor and supervisee should use some supervision time to discuss, develop and apply the supervisee's performance development goals. A change of supervisor is recommended every three years unless circumstances prevent this. Continuation beyond three years would need to be discussed with the professional and team leader.

Management of conflict

Should the relationship between supervisor and supervisee become conflicted, the following process will apply:

- The two parties will attempt to address the issue themselves in supervision
- If unresolved, the two parties will take the issues to the team leader/professional leader for facilitation of decision making
- If the conflict remains unresolved, a new supervisor will be identified.

References:

- Health Practitioners Competence Assurance Act 2003 No 48 (as at 24 January 2009), Public Act
- Social Workers Registration Act 2003
- Te Pou (2011), Professional Supervision Guide for Nursing Leaders and Managers.
- Te Pou (2011), National Guideline for the Professional Supervision of Mental Health & Addiction Nurses.
- Clinical Education & Training Institute (2011), The Superguide: a handbook for supervising allied health professionals. NSW Government

Appendix 1: Roles and responsibilities:

The Supervisor:

- Is trained as a supervisor before providing supervision
- Takes responsibility for identifying own learning needs in regards to supervision practice and upskills as necessary
- Ensures they are accessing supervision in relation to their own practice and the supervision they are providing
- Ensures all necessary supervision documentation is maintained, including the Supervision Review Form (Appendix 4) and contributes to the supervisee's appraisal using 'Supervisor Feedback on Supervisee' form which is completed jointly in a supervision session (Appendix 2)
- Shares responsibility for ensuring that regular supervision occurs
- Is aware of organisational procedures and standards of practice that the supervisee operates under
- Arranges a new time for supervision if supervisee postpones and will notify team leader/professional leader if three or more consecutive sessions are postponed
- Completes tasks/activities identified as being their responsibility
- Will pro-actively develop the practitioner's performance by contributing to the session agendas, by reviewing at least three to four sets of notes annually and optionally, observing a piece of practice (applicable to clinical practice supervision only)
- Ensures a feedback form is completed as part of their own appraisal (Appendix 3)
- Escalates issues if there is a serious concern regarding the practice of the supervisee (as per confidentiality clause in Supervision Agreement, Appendix 5)

The supervisee:

- Will read this supervision policy and undertake any available supervisee learning or training that is available in their DHB
- Will seek further clarification of the role and function of supervision if they are new to having supervision and unsure about how to best utilise it
- Shares responsibility for ensuring that regular supervision occurs
- Will ensure they prepare for supervision, contributes to the supervision agenda and is pro-active in the use of supervision to develop his/her practice
- Completes tasks/objectives identified as being his/her responsibility
- Maintains the supervision attendance record and presents this for performance appraisal (Appendix 7).
- Ensures a feedback form is completed by their Supervisor as part of their appraisal (Appendix 2).

The Team Leader/Line Manager:

- Together with professional leaders, ensures all staff are receiving supervision appropriate to their needs

- Ensures the attendance expectations of the policy are met through sighting relevant documentation i.e. supervision attendance record and supervisor/supervisee feedback form
- Follows up on any issues raised in feedback forms or through other avenues
- Ensures clinical safety issues raised by the supervisor are addressed
- May discuss with the supervisor/supervisee any areas for professional development to which supervision could usefully contribute.

The Professional Leader (or delegate):

- Oversees the provision of supervision for their discipline within the DHB
- Determines and encourages appropriate candidates to train as supervisors within their discipline
- Together with team leaders, ensures all staff are participating in regular and appropriate supervision as required
- Ensures all new staff are briefed and aware of the functions and necessity of supervision
- Assists team leaders and practitioners to locate a suitable supervisor
- Assists team leaders and supervisors to address concerns about clinical safety
- May discuss with the supervisor/supervisee any areas for professional development to which supervision could usefully contribute
- Ensures no conflict of interest exists if a supervisee is involved in performance management
- Informs the appropriate managers of any issues arising in relation to supervision.

It is preferable for the supervisor/supervisee not to have other roles/relationships which may conflict with their supervision relationship. If this occurs, these relationships must be clearly declared and negotiated as part of the supervision agreement. This particularly applies if a team leader or professional leader is supervising a practitioner. Supervision enhances professional development, clinical competence and safe practice. It minimises risk to the client and clinician. It should be supported by, but separate from, the line management function.

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Appendix 2: Feedback on Supervisee

This form should be completed in a supervision session, by the supervisor, and will contribute to the supervisee's performance review, so will need to be completed on an annual basis.

Please consider the following areas: -
Clinical reasoning
Reflective practice
Organisational skills – preparation for supervision
Participation in supervision process
Identification of issues

Strengths:

Opportunities for development:

Signed:
Supervisor…… **Supervisee**……

Date……

Appendix 3: Feedback on Supervisor

This form is to be completed by the supervisee and taken to a supervision session for discussion. It will contribute to the supervisor's performance review, so will need to be completed on an annual basis.

Please consider the following issues in giving your feedback:
Availability
Ability to identify the major issues
Promotion of safe practice
Modelling of good practice
Support of supervisee's professional development

Strengths:

Opportunities for Development:

Signed:
Supervisor…… **Supervisee**……

Date……

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Appendix 4: Review of Supervision

The purpose of this form is to provide a basis for a review of the supervision process. It should be completed in a supervision session following completion of 3 initial supervision sessions, at annual review and then as required. This form is confidential to the supervision process.

Name of Supervisor…….. **Name of Supervisee…….**

Date……

1. What is working well about our supervision?

2. Is our supervision covering the three key functions? (Normative, formative, supportive)

3. Is there anything that would help or enhance our supervision further?

4. How has a safe learning environment been created? How do we know?

5. Is critical reflection on practice issues occurring? How do we know?

6. Is the supervision meeting the supervisee's needs? How is it doing this?

7. What shall we keep doing, do more of, or do less of?

8. Any other reflections or possible issues?

Appendix 5: Supervision Agreement

This agreement should be discussed and signed by supervisor and supervisee in first supervision session and reviewed after 3 months and then annually.

Supervisee name: _____ Supervisor name:_____

Date: _____ Review Date: _____

DHB expectations:

1. Frequency: The frequency of supervision will be determined by the needs of the individual and/or as directed by their professional governing body in conjunction with their professional leader. Where there are no professional body requirements, it is recommended supervision occurs at a minimum frequency of one hour four weekly (pro rata).
2. Supervision can be provided more frequently for new staff, for discipline or service requirements, for practitioners new to a role and where the practitioner requires additional development support; or as part of the discipline's governing body's requirements.

3. Venue: Supervision will occur in a non-public environment where privacy can be maintained.

4. Content: The agenda will be developed by both the supervisee and supervisor (as appropriate) and will reflect the functions of supervision specified within the policy i.e. professional practice, practice development and support for practitioners.

5. Objectives: Supervisees will set objectives for supervision at least annually and these should be appended to this agreement. The objectives will specify how the supervisee wishes to use supervision to develop particular areas of knowledge, skill and self-management.

Arrangements agreed for supervision:

Frequency Supervision will occur for ____ hour(s) _____ weekly.

Environment: The supervisor and supervisee will work to ensure a safe, non-judgemental environment.

Records: A record of material brought to supervision and an action or review plan is to be kept. Records should be reviewed at the beginning of each session.

Reviews: There will be ongoing review of predetermined supervisory objectives. After three months, there will be an evaluation of the supervision relationship by both parties involved and thereafter an annual review.

Responsibilities we have agreed:

Emergency Contact: The supervisee or supervisor can request an "urgent" supervision session where necessary. Each will, where possible, be accessible and available. If

the supervisor is unavailable, the supervisee will contact an alternative experienced practitioner for a consultation which will be documented as per the policy.

Accountability: The supervisor is responsible for the advice and information they give in supervision but not for the response taken by the supervisee to the advice/information. The supervisee is responsible for their own clinical practice.

Conflict resolution: If conflict should arise between supervisor and supervisee, an honest intent to work through the conflict will be maintained. Conflict resolution steps will be followed as outlined by the supervision policy. See Review of supervision arrangements.

Confidentiality: Supervision (and supervision documentation) is a confidential process with the following exceptions:

- when both parties agree that an issue can be shared outside of supervision
- feedback is required for the supervisee's appraisal, though specific content of supervision is not disclosed in this circumstance.
- When there is a serious concern regarding the supervisee's practice e.g.
  - Any unsafe, unethical or illegal behaviour
  - Risk of harm to anyone, including the supervisee, as a result of the worker's actions
  - Breaches of DHB code of conduct, policies and procedures and vision and values
  - Breaches of professional codes of ethics
  - Reports of bullying or harassment
  - Repeatedly failing to action strategies agreed in supervision
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When a supervisor has a serious concern about a supervisee's practice, the supervisor will advise the supervisee that this will be discussed with the team leader and professional leader. If necessary the professional leader will take responsibility for reporting these concerns to the relevant professional body in accordance with the Health Practitioners Competence Assurance Act 2003 or the Social Workers Registration Act 2003 with respect to registered Social Workers. The supervisee will be informed if this is required.

Making supervision work:
What I would like from you as my Supervisor:

What I will contribute as a Supervisee to make our supervision work:

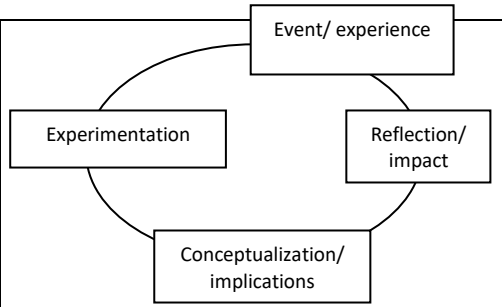
What I would like from you as my Supervisee:

What I will contribute as a Supervisor to make our supervision work:

Supervisee: _____Supervisor: _____

Date:_____

Appendix 6: Supervision record and action plan

Supervisee: **Supervisor:**	**Session Agenda:**	**Formative** The learning & development of supervisee **Normative** Professional & ethical conduct Effective practice Evaluation of trainees (gate keeping) **Restorative** Emotional effects of the work Support, stress management, well-being Not counselling or therapy.	 Learning cycle – adapted from Kolb (1984)
Date:	**Venue:**		
Date of next session:	**Venue:**		

Item	Discussion	Action	Review

Item	Discussion	Action	Review

Appendix 7: Supervision Attendance Record

Date	Supervisee Signature	Supervisor Signature

Name of Supervisor………………………………..…

Name of Supervisee……………………………..……

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