

SUPERVISION POLICY

DR PAM CONNOR (PAM CONNOR & ASSOCIATES)

In this practice, I am committed to my own professional supervision and also the provision of Clinical Supervision for any psychologists who provide services at the practice, including provisional psychologists on placement. This Guideline provides a clinical supervision framework for psychologists in order to achieve the following:

- Provide psychologists who provide services at the practice with the opportunity to access professionally-based clinical supervision ;
- Provide psychologists who provide services at the practice with the opportunity to engage in reflective practice in order to promote high standards of care and to manage clinical risks that may occur within the practice;
- Enhance the professional learning opportunities for psychologists who provide services at the practice.

1. Principles of Practice

To make available regular, consistent, high quality clinical supervision to psychologists who provide services at the practice in order to ensure the following:

- High quality patient care and delivery occurs through accountable decision making and clinical practice;
- Clinical skill development is optimised through the provision of feedback / support / coaching to clinicians; and
- Psychologists' wellbeing is optimised through the provision of support;
- There is an enrichment of knowledge and best practice;

2. Definitions

Clinical supervision is an activity of professional support and learning which empowers individual practitioners to develop knowledge and competence, maintain responsibility for their own practice and optimise safety and quality of care in complex clinical situations. The process of clinical supervision should have a clinical focus involving knowledge sharing, learning guidance and the provision of feedback and support.

Clinical supervision is not punitive, negative, performance management, performance appraisal, just about competence or attendance at organisational meetings or a counselling session.

Supervisor - Any psychologist required (and endorsed) to perform supervision.

Supervisee - Any psychologist who is receiving supervision.

Contract/agreement - A written formal agreement between each supervisor and supervisee, outlining the agreed conditions of supervision.

3. Responsibilities

- of The Director, Pam Connor & Associates (Dr Pam Connor).

- To offer and make available clinical supervision (for an agreed fee) to all psychologists who provide services at the practice;
- To be familiar with the supervision requirements of being a clinical supervisor (according to AHPRA/Psychology Board);
- For all supervisees,
 - To document a contract/agreement.
 - To observe minimum standards of documentation.
 - To comply with this policy.
 - To allocate adequate time for supervision.

- Of Supervisees

- To participate in individual clinical supervision activities for a minimum of one hour every calendar month;
- To pay an agreed fee for clinical supervision services;
- To engage in group/peer supervision a minimum of once per calendar month;
- To be actively engaged in the supervisory relationship and be working towards achieving agreed goals;

4. Documentation

- Documentation includes any record of the supervisory session as well as contract/agreements made between supervisor and supervisee, and supervisor reports.
- This documentation is confidential to the supervisor/supervisee relationship.
- Psychologists need to note that there are some circumstances where documentation may be released from the confidentiality of the supervisory relationship.
- Supervision documentation must be stored for a period of time in line with the APS Recommendations for record keeping.
- Documentation should be focus on learning, including obstacles to learning, facilitators of learning and goals for learning.

- Documentation should be agreed and written into a contract/agreement template.
- Documentation expectations should be clear in terms of locked or secure electronic storage of the documentation; with whom the responsibility lays for creating the document and what information is contained within the document.
- Storage time should be consistent with professional requirements (APS Guidelines).

5. Principles in the Provision of Clinical Supervision

Dr Connor is committed to **three principles in the provision of clinical supervision** for allied health staff encompassing the following:

- i) Education and Training
- ii) Commitment to regular supervision
- iii) A transparent and consistent approach to clinical supervision.

Provision Principle 1: Training and Education

- All psychologists providing services at the practice will encouraged to attend generic training to support their practice.
- Advice will be provided of upcoming training that is relevant to the practitioner.

Provision Principle 2: Defining frequency and type of supervision

A range of supervision options should be available to all staff.

- As a minimum recommended standard, an hour of clinical supervision per month would be expected for all psychologists providing services within the practice. This may be provided by Dr Connor, or by another clinician external to the practice and selected by the psychologist.
- A range of clinical supervision options will be available to all psychologists who provide services at this clinic. Individual clinical supervision will be made available to staff; however, other types of clinical supervision, such as group, peer, ad-hoc telephone calls will also be considered and may also be in addition to this time, not in place of it.

Provision Principle 3: Transparency and Consistency

The accessibility of supervision should be clear and consistently applied.

- Clinical supervision dates, times, sites should be set in advance and negotiated at the initiation of a contract/agreement.
- Session boundaries should be clear to both supervisor and supervisees, for example confidentiality, ensuring dedicated time for supervision.
- Missed sessions should be rebooked and should occur as soon as possible.
- A substitute supervisor should be arranged by the supervisee when the supervisor is on leave for an extended period of time (if required and as agreed to by both parties).

- There is an expectation of commitment from both supervisee and supervisor to dedicate adequate time for clinical supervision.
- Templates which ensure minimum standards are met should be used by all staff

Dr Connor is committed to **nine principles for participation in clinical supervision:**

- i) support,
- ii) accessibility;
- iii) input;
- iv) supervisee centred;
- v) good supervisory relationships;
- vi) feedback;
- vii) documentation; viii)
- ix) confidentiality and learning.

Dr Pam Connor

Updated 5 January 2017