

## Clinical Supervision Incorporating Reflective Practice

**Policy Number** 3.010

**Policy Function** Human Resources

**Issue Date** 15 June 2021

**Summary** Clinical supervision is an activity which supports staff personally and professionally and encourages professional development with the aim of improving the provision of safe, quality, efficient and person-centred care, to patients, their families and carers.

This policy provides guidance on the practice of clinical supervision within the Network and incorporates reflective practices.

**Responsible Officer** Executive Director Corporate Services

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice NSW)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 3.010 (Aug 2013; May 2009)

**Change Summary**

- Updated reference to Justice Health and Forensic Mental Health Network.
- Development of the NSW Clinical Supervision Framework (the Framework)- 2015
- Development of Clinical Supervision Superguides - (The Superguide: A handbook for supervising doctors (2013);The Superguide: A handbook for supervising allied health professional (2012); The Superguide: A supervision continuum for Nurses and Midwives, 2013; The Superguide: a guide for supervising oral health professionals (2013) <sup>7,8,9,10</sup>)
- Supervision guidelines for Nursing and Midwifery (2019)
- A broad policy statement has been added to capture the diverse application of Clinical supervision



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**HPRM Reference** POLJH/3010

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

# 1. Preface

The Network acknowledges that staff are its most important resource. The development of highly competent, patient-focused, experienced and resourceful staff is a key requirement of a high-quality service, and clinical supervision is essential in this process. Clinical supervision should be accessible and inclusive and therefore, within the context of this policy, applies to all healthcare staff in the Network. This applies irrespective of staff members' specific roles, areas of practice and years of experience, and includes staff who provide direct and/ or indirect patient care, are permanent or temporary, on secondment or work placement, as well as staff who do not hold a professional healthcare qualification.

Clinical supervision is "a formally structured professional arrangement between a supervisor and one or more supervisees. It is a purposefully constructed regular meeting that provides for critical reflection on work related subjects brought to the clinical supervision session by the supervisee(s). It is a confidential relationship within the ethical and legal parameters of practice. Clinical supervision facilitates development of reflective practice and the professional skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace<sup>1</sup>."

Clinical supervision supports staff personally and professionally and encourages professional development with the aim of improving the provision of safe, quality, efficient and person-centred care, to patients, their families and carers.

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work, personal and professional responses and/ or reflections on their professional practice. This builds/ develops confidential relationships within the ethical and legal parameters of practice, with opportunities to talk about realities, challenges and rewards of practice and to be attentively heard and understood by another professional<sup>3</sup>. Clinical supervision focuses on strengths and should be a positive nurturing experience.

Although this policy focuses on the provision of formal clinical supervision, it is acknowledged that some staff participate in informal clinical supervision with colleagues outside of the work environment. The Network encourages staff to engage in formal clinical supervision, as outlined by this policy.

Justice Health and Forensic Mental Health Network regards regular clinical supervision as a core professional competence<sup>2</sup> and essential process for providing quality services, fostering reflective practice and supporting staff wellbeing.

This policy incorporates the different models of clinical supervision and requirements stipulated by professional bodies and roles represented within the Network, as part of Continuing Professional Development (CPD).

## 2. Policy Content

### 2.1. Mandatory Requirements

This policy applies to all staff in the Network, working in roles providing direct and/ or indirect patient care, inclusive of all healthcare professional groups, (permanent and temporary,

secondment or work placement) and frontline staff who do not hold a professional healthcare qualification.

All Network staff are required to work within the Work Health and Safety Legislation (WHS Act 2011)

All staff must comply with the Network Policy [2.010](#) Code of Conduct and relevant ethical guidelines and codes that apply to them

Managers are required to actively promote clinical supervision within the Network

Managers should make provisions for the accessibility of clinical supervision

All active clinicians regardless of the level of skill and experience are strongly encouraged to participate in clinical supervision.

Clinical supervision is not line management and this policy is not intended to replace performance management, professional regulations/obligations or specific educational requirements such as the clinical supervision of registrars as set by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) or the AHPRA intern requirements of pharmacists and/ or existing support mechanisms such as the Employee Assistance Program (EAP).

## 2.2. Implementation - Roles & Responsibilities

**Chief Executive and Executive Directors** are responsible for:

- The health, safety and wellbeing of all staff, service users, visitors and others within the Network;
- Ensuring there is an effective system of clinical supervision where staff are supported to carry out their duties and to deliver quality, efficient patient care and treatment.
- Ensuring that all staff have access to support and resources pertinent to their role

**Managers/ Line Managers** are responsible for:

- Developing a clear understanding of their role in clinical supervision and the distinction between clinical supervision and administrative/ management supervision
- Promoting a culture that is supportive of clinical supervision
- Ensuring that all staff have access to the clinical supervision policy
- Agreeing on the appropriate current, research based model/ s of clinical supervision for their team/s, that are appropriate for the context
- Encouraging staff irrespective of their specific roles to participate in clinical supervision, as agreed within their profession or discipline
- Ensuring that professional standards are met, maintained and monitored
- Ensuring there are systems in place to monitor their services' participation in clinical supervision
- Providing the necessary resources for clinical supervision to occur i.e. designated time to access clinical supervision during working hours

- Availability to respond in a timely and most appropriate manner to topics escalated to them through clinical supervision

**Clinical Supervision Coordinator** is responsible for:

- Coordination of clinical supervision training;
- Coordination of clinical supervision activities.

**Clinical Supervisors** are responsible for:

- Ensuring that their practice is current and meets their profession's standards
- Ensuring ethical guidelines and professional standards are maintained
- Continuing their professional development and access to regular clinical supervision, including maintaining currency of clinical supervision, as a clinical supervisor as required by their specific profession and/ or discipline
- Being aware of scope of competence and professional limitations
- Negotiating regular, private, protected and suitable times with their manager to provide clinical supervision
- Maintaining appropriate records of episodes of clinical supervision which are commensurate with their professional practice
- Providing a safe, uninterrupted space and time for the provision of clinical supervision
- Preparing adequately for clinical supervision
- Providing clear professional boundaries with regards to the provision of clinical supervision
- Ensuring confidentiality as part of the clinical supervision process unless if there are safety concerns identified as outlined in **point 3.2.2**
- Providing support and challenge to the clinical supervisee with the view of advancing the clinical supervisee's development
- Ensuring that steps are taken towards the goals set out as part of the clinical supervision agreement
- Keeping agreed clinical supervision appointments and communicating any inability to keep an appointment with the clinical supervisee and line manager in a timely manner
- Intervening and taking efficient and appropriate steps where there are performance, ethical and/ or reportable concerns raised
- Promoting awareness of the Network Policy 3.010 Clinical Supervision Incorporating Reflective Practice
- Promoting clinical supervision within the Network
- Actively participating in the review of clinical supervision within the Network including community of practice workshops
- Monitoring and evaluating their own work

**Clinical Supervisees** are responsible for:

- Managing and maintaining their health, wellbeing and professional development to the best of their ability
- Identifying a suitable clinical supervisor and arranging the facilitation of clinical supervision sessions
- Preparing for clinical supervision by identifying specific areas from their practice to discuss within clinical supervision
- Keeping appropriate clinical supervision records i.e. clinical supervision agreement
- Negotiating suitable times with their manager to participate in clinical supervision
- Understanding the framework and structure of clinical supervision and providing topics to explore at each session
- Communicating any inability to keep a clinical supervision appointment to the clinical supervisor and line manager in a timely manner
- Taking responsibility for the learning outcomes, actions and overviews which result from clinical supervision sessions in addition to monitoring and evaluating their own work
- The promotion and review of clinical supervision within the Network

**All Healthcare Staff** are responsible for:

- Effectively managing and maintaining their health and wellbeing to the best of their ability
- Ensuring they have read and understand the Network Policy 3.010 Clinical Supervision Incorporating Reflective Practice
- Upholding professional standards and ethical guidelines
- Maintaining a commitment to ongoing personal and professional development and being open to receiving support and constructive feedback
- Being responsible and accountable for their own practice
- Contributing to the ongoing review of clinical supervision within the Network

## 3. Procedure Content

### 3.1. Clinical Supervision Training

Clinical supervision requires specific skills and training. It should be delivered in a supportive manner which incorporates adult learning theory, evidence base and a mix of didactic delivery, experiential learning, simulated experience and clinical supervision training<sup>4</sup>. Training in clinical supervision for both the clinical supervisor and clinical supervisee is likely to optimise the experience of the clinical supervision process<sup>4</sup>. It will also assist participants in keeping up to date with evidence relating to effective clinical supervision practices<sup>5</sup>.

The Network offers formal training and support in clinical supervision. The Network also recognises that there are staff members who have been trained in clinical supervision in other organisations.

Anyone who has trained in a different organisation may forward evidence of previous formal training and experience to [JHFMHN-MyWellbeing@health.nsw.gov.au](mailto:JHFMHN-MyWellbeing@health.nsw.gov.au)

RANZCP Fellows have specific supervision training that is provided during their own Fellowship training. RANZCP Fellows do not need to do this clinical supervision training, unless they want to be a Network clinical supervisor of non-psychiatry (non- medical) clinicians.

### 3.1.1 Becoming a Network Clinical Supervisor

On satisfactory completion of the formal training the participants are considered as Network clinical supervisors.

Staff members who are interested in becoming Network clinical supervisors and have had clinical supervision training in other organisations should express their interest and provide evidence of formal clinical supervision training and experience via email to [JHFMHN-MyWellbeing@health.nsw.gov.au](mailto:JHFMHN-MyWellbeing@health.nsw.gov.au)

Clinical supervisors must meet the following criteria prior to practicing as a clinical supervisor:

- Must have at least 3 years' experience in their field/ discipline.
- Completion of an approved clinical supervision training program such as the one provided through the Network;
- Completion of a clinical supervision program (discipline specific) and/or specific educational preparation for the role of clinical supervisor, which gives them currency to practice as a clinical supervisor;
- Membership of the clinical supervisors' community of practice (COP), to enable understanding of the local context and provide opportunity to keep up to date with new evidence and practice;
- Must maintain currency to facilitate clinical supervision.

### 3.1.2 Maintaining Currency

Clinical supervisors should actively pursue continuing education and should stay up to date with evidence-based practice, education and training within the area of clinical supervision. Additionally it is recommended that clinical supervisors access regular consultation with a network of peers with the view of remaining competent in the provision of clinical supervision (COP).

## 3.2. Clinical Supervision provision

The provision of clinical supervision should include:

- Formal agreement and/ or arrangement (*Clinical Supervision Agreement*) developed in collaboration with the named clinical supervisor, peers and / or group
- Confidential provision of clinical supervision unless the clinical supervisor has concerns regarding patient and/ or staff safety- **Point 3.2.2**
- Discussion of subjects relevant to clinical/ professional practice and/ or structured reflection
- Allocation of protected time for both the clinical supervisor and the clinical supervisee/s;
- Facilitation of learning and continuous quality improvement

- Risk management and case review (including safeguarding concerns)
- Documentation of clinical supervision intervals

### 3.2.1 Formal Agreement

- The facilitation of reflective clinical supervision should be supported by a formal [Clinical Supervision Agreement](#) which is reviewed regularly with inclusion of the extent and limits of confidentiality as outlined in **Point 3.2.2**
- To access the *Clinical Supervision Agreement* template, contact [JHFMHN-MyWellbeing@health.nsw.gov.au](mailto:JHFMHN-MyWellbeing@health.nsw.gov.au).

### 3.2.2 Confidentiality of clinical supervision sessions

The details of clinical supervision discussions should remain confidential in accordance with the agreed parameters of clinical supervision. Exceptions to this include, and are not limited to, the following exceptions:

- Breach of the Network's [Policy 2.010 Code of Conduct](#)/ core values and/ or professional codes of conduct/ codes of ethics
- Revelation of issues/ breaches and/or omissions relating to duty of care to patient(s) and/ or staff member(s). In this case the clinical supervisor is required to report the situation to the line manager as required by Network
- Clinical supervisor mandatory reporting responsibilities under legislation
- Clinical supervisor discussing as part of their own clinical supervision and ensuring that the clinical supervisee remains anonymous

Where situations arise that require the confidentiality of clinical supervision to be breached, the clinical supervisor must inform the clinical supervisee, clearly explaining their concerns and the need to breach the confidentiality of the clinical supervision session. These discussions are recommended to occur during the clinical supervision session. Ideally the clinical supervisee should be encouraged to report the incident themselves.

The clinical supervisor is expected to comply with all relevant NSW legislation relating to privacy, health records and regulations, including and not limited to, the [Privacy and Personal Information Protection Act 1998 \(NSW\)](#) and the [Health Records and Information Privacy Act 2002 \(NSW\)](#).

## 3.3. Managing Clinical Supervision

Clinical supervisors and clinical supervisees have a joint responsibility to plan, attend and record episodes of clinical supervision. A *Clinical Supervision Agreement* should provide evidence of joint responsibility.

Where the clinical supervisee has an arrangement for clinical supervision with a clinical supervisor from a different discipline or profession, they must consider whether this arrangement maintains currency within their profession or make the appropriate adjustments.

All parties are required to observe and be aware of ethical and professional considerations in relation to clinical supervision, including considerations regarding cultural, religious, racial, age, gender and sexual orientation differences between themselves and others.

Managers should acknowledge that individuals providing and receiving clinical supervision should do it as part of their working day. Managers have an obligation to be aware of everyone accessing clinical supervision for safety reasons.

### 3.3.1 Model of Clinical Supervision

The Network acknowledges that although models of practice vary within and between professional groups and practice settings, each professional group/ discipline needs to determine the most appropriate model for their professional practice with agreement from the director of the discipline or service. The models of clinical supervision used should be evidence-based and current for use or relevant to the context. There is no preference of one model over another.

### 3.3.2 Modes of Clinical Supervision

The needs for clinical supervision vary from one individual to another; different forms of clinical supervision will be utilised based on the requirements of the individuals, groups, disciplines, roles and experience. This will include the following:

- One to one- private forum for the clinical supervisee to discuss their practice with their clinical supervisor.
- Peer to peer- two or more health professionals take turns to elect a group member to supervise another's work, with the role of clinical supervisor being shared with no formal clinical supervisor.
- Group- discussion of common issues which are shared within a group setting under the direction of a clinical supervisor. This may involve supervisees from different disciplines or professionals with a commonality (same group of patients, case situations etc).

Clinical supervision can be conducted with technological support i.e. via telephone, video-conferencing.

### 3.3.3 Clinical supervision agreements, process and structure

Clinical supervision agreements take on two forms:

1. Between the clinical supervisor and the Network
2. Between clinical supervisor and clinical supervisee.

The facilitation of clinical supervision should be supported by a *Clinical Supervision Agreement* which is reviewed regularly with inclusion of the extent and limits of confidentiality (**Point 3.2.2**).

This requires both the clinical supervisor and the clinical supervisee to be actively involved in the development of their clinical supervision agreement.

In the event that the contract pertains to provision of group supervision, a *Clinical Supervision Agreement* should be negotiated with all group members who may have separate objectives and outcomes of the provision of clinical supervision.

### 3.3.4 Adjustments to the Clinical Supervision agreement

It is necessary and appropriate that clinical supervisors provide regular reviews of their clinical supervision practice with the clinical supervisee. The frequency of clinical supervision, as agreed within the clinical supervision agreement, can be adjusted based on the needs of the clinical supervisee and availability of the clinical supervisor to meet those needs. Such needs include, and are not limited to, critical incidents or urgent matters arising in the purveyance of their role. In such

circumstances, considerations should be made for accessing another clinical supervisor if the primary supervisor is not available, as well as consideration regarding access to counselling services provided through the Employee Assistance Program (EAP) and/or other providers external to the Network's provision.

The structure of the clinical supervision sessions can vary and be flexible but should be coordinated.

### 3.3.5 Selection of Network Clinical Supervisor

Clinical supervisees can choose their own clinical supervisor from the [list of current clinical supervisors](#) that can be found on the [Staff Health and Wellbeing intranet portal](#). In addition, line managers can support clinical supervisees in accessing clinical supervisors as required by their discipline and/or profession.

When clinical supervisees access clinical supervision within the Network there is no cost to the clinical supervisee as the clinical supervisor is paid as a staff member working for the Network.

In selecting a clinical supervisor, it is the responsibility of the clinical supervisee to contact the clinical supervisor (on the contact details provided as part of the list of clinical supervisors and/or contact details provided by their line manager) and to make arrangements for clinical supervision as outlined in **Point 2.2 Clinical Supervisee Responsibilities**

It is preferable that clinical supervisors and clinical supervisees do not work in the same service area and do not have line management responsibilities to each other.

### 3.3.6 Selection of Discipline- or Profession-specific Clinical Supervisor

If an appropriate clinical supervisor is unable to be found on the Network clinical supervisor list, the process of selecting a clinical supervisor is not limited to the arrangement of a clinical supervisor through the line manager(s) of the specific discipline.

### 3.3.7 Recording Clinical Supervision

It is the responsibility of both the clinical supervisor and clinical supervisee to keep a record of clinical supervision sessions/intervals. A record of the session will be documented during the course of the clinical supervision session. The recording of the clinical supervision session should be maintained as confidential and should be signed by both the clinical supervisor and supervisee as outlined under **Point 3.2**

The storage of clinical supervision records should be in accordance with the information records, with considerations for profession specific requirements. For examples of supporting document, refer to **Point 3.4**

### 3.3.8 Managing concerns, conflicts and/or disputes arising from Clinical Supervision

If wellbeing concerns of a staff member or other person/s arise during clinical supervision, the clinical supervisor is required to determine the level of support to offer the individual. In doing so they need to make considerations as determined under **Point 3.2.2**

Differences, inadequacies, conflicts and/or disputes may arise relating to and within the clinical supervision process. In the event that this occurs, clinical supervisors and clinical supervisees are encouraged to address differences, inadequacies, conflicts and/or disputes as they arise in a collaborative, effective and efficient manner through progressive problem solving. If the matter

remains unresolved, considerations under **point 3.3.9** should be made, using, where necessary, guidance in accordance with [Policy 3.090 Grievance Management](#).

### 3.3.9 Monitoring and Evaluation

The Network is committed to maintaining and improving the quality and effectiveness of clinical supervision. An evaluation of the participants' satisfaction, experience and impact of clinical supervision will be conducted periodically.

The clinical supervisor and supervisee can review their clinical supervision relationship based on their *Clinical Supervision Agreement* (**Point 3.2.1**)

### 3.3.10 Terminating clinical supervision

Termination of a *Clinical Supervision Agreement* may occur under the following circumstances and not limited to:

- Mutual agreement between the clinical supervisor and the clinical supervisee not to continue with the clinical supervision;
- Expiry of the *Clinical Supervision Agreement* as outlined in the dates of review or renewal of the clinical supervision agreement;
- A clinical supervisor leaving the employment of the Network and continuation of clinical supervision with the same clinical supervisor not being feasible;
- Change and/ or completion of goals set out in the clinical supervision agreement;
- Engagement of a new clinical supervisor
- A dispute or conflict which cannot be resolved between the two parties;
- A breach of confidentiality or conduct outside of the conditions stipulated under **Point 3.2.2**.
- A clinical supervisor going on extended leave, such as long service leave or maternity leave.

### 3.3.11 Additional support

In addition to the provision of clinical supervision, there are support resources available on the Staff Health and Wellbeing Intranet portal. Other avenues of support include debriefing, mentoring, coaching and critical incident debriefing and/ or in staff meetings.

## 3.4. Supporting Documentation

The following supporting documents are available to be read and/ or use alongside this policy document and support the process of clinical supervision (see **Point 3.3.7**)

- [Clinical Supervision Agreement](#)
- [Clinical Supervision Record](#) (*Clinical Supervisor and Clinical Supervisee*)
- [Clinical Supervision Log](#)
- [Clinical Supervision Evaluation](#) (*Clinical Supervisor and Clinical Supervisee*)

Staff should email [JHFMHN-MyWellbeing@health.nsw.gov.au](mailto:JHFMHN-MyWellbeing@health.nsw.gov.au) to access these documents.

### 3.5. Review of Clinical Supervision program

Regular review of clinical supervision should be done to assess the efficacy and efficiency of the clinical supervision program. This review of the clinical supervision program covers and is not limited to:

- Availability of clinical supervisors and number of clinical supervisors
- Models and modes utilised by the various disciplines and/ or professions
- Uptake of clinical supervision (i.e. staff attendance and intervals of attendance)
- Staff satisfaction with clinical supervision sessions
- The process of clinical supervision: readiness to access clinical supervision and evaluation of the clinical supervisor and clinical supervisee
- Any areas of concern or strategies for improvement of the clinical supervision program
- Financial and human resources utilised to provide clinical supervision for staff in the Network's employ.

#### 3.5.1 Data Collected

This information will be collected at different intervals, through an evaluation process from staff and/ or clinical supervisees, clinical supervisors, facilitators and coordinator. This can be provided through and is not limited to:

- Clinical supervision records
- Surveys
- Direct feedback (including anonymous feedback)
- Focus groups
- Community of Practice (COP)

## 4. Definitions

### Must

Indicates a mandatory action to be complied with.

### Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

### Clinical supervision

A formally structured professional arrangement between a supervisor and one or more supervisees. It is a purposefully constructed regular meeting that provides for critical reflection on the work issues brought to that space by the supervisee(s). It is a confidential relationship within the ethical and legal parameters of practice. Clinical supervision facilitates development of reflective practice and the professional skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace<sup>1</sup>.

## 5. Legislation and Related Documents

### Legislations

[Privacy and Personal Information Protection Act 1998](#)

[Health Records and Information Privacy Act 2002](#)

[Work Health and Safety Act 2011](#)

### Network Policies and Procedures

[2.010 Code of Conduct](#)

[3.045 Employee Assistance Program](#)

[3.090 Grievance Management](#)

[3.131 Staff Health and Wellbeing](#)

### Network Forms

*Clinical Supervision Agreement*

*Clinical Supervision Record (Clinical Supervisor and Clinical  
Supervisee)*

*Clinical Supervision Log*

*Clinical Supervision Evaluation (Clinical Supervisor and Clinical  
Supervisee)*

Staff should email [JHFMHN-MyWellbeing@health.nsw.gov.au](mailto:JHFMHN-MyWellbeing@health.nsw.gov.au) to  
access these documents

## 6. References

1. Health Education and Training Institute (2013) *The Superguide: A supervision continuum for nurses and midwives*, HETI, Sydney
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7. Health Education and Training Institute (2010) *The Superguide: A handbook for supervising doctors 2<sup>nd</sup> Edition*
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10. Health Education and Training Institute (2013) *The Superguide: A guide to supervising oral health professionals*, HETI, Sydney
11. Work Health and Safety Legislation (2011)
12. Privacy and Personal Information Protection Act 1998 (NSW)
13. Health Records and Information Privacy Act 2002 (NSW).

## Process of Requesting Clinical Supervision

