

JH&FMHN Clinical Supervision Policy incorporating reflective practice

Policy Number 3.010

Policy Function Human Resources

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Summary There are several different models of Clinical Supervision that are determined by professional bodies and professional roles. It is a requirement of registration for many professions and forms an integral part of Continuing Professional Development (CPD). It contributes to health professionals being accountable and competent in their practice by reflecting and improving self-awareness.

This policy provides guidance around the practice of clinical supervision across the Justice Health & Forensic Mental Health Network (JH&FMHN) **and incorporates the technique of reflective practice**. It provides guidance for staff to manage requests for this particular program and outlines the detail of the process for training as a supervisor in this program and the framework to ensure this clinical supervision program is practised effectively and competently. For profession specific definitions of Clinical Supervision please refer to **the Health Education and Training Institute (HETI) documents in Section 5:**

Responsible Officer Executive Director, Governance and Commercial 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 (Juvenile Justice Centres)
 - Long Bay Hospital
 - Forensic Hospital

Previous Issue(s) Policy 3.010 [May 2009]

- Change Summary**
- In 2009 the [Garling Report](#) recommended all clinical staff be engaged in reflective practice including access to leadership development.
 - In 2011 the [Health Education and Training Institute](#) (HETI) became responsible for clinical education for all professions and produced two separate guides for health professionals to be used as a resource for clinical supervision. A third guide is currently in production for nurses and midwives.
 - In 2011 [Health Workforce Australia](#) funded a project; [The Clinical Supervision Support Project](#) (CSSP) - that aims to expand clinical supervision capacity and competence across professional disciplines; including allied health, dental, medical, nursing and midwifery.
 - A broad policy statement has been added to capture the diverse application of Clinical Supervision.

TRIM Reference POLJH/3010

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

Clinical Supervision provides staff with a supportive, open and professional forum to reflect on their practice and professional development in the service of the patient/client and falls within the clinical governance framework contributing to the building of a sustainable healthy workforce. Clinical Supervision within a structured and assessable framework is critical in the provision of optimal health care and is a means of enabling employees to practise in a competent, accountable and ethical manner and promotes employee satisfaction and retention, using a constructive, collaborative experience for the staff. It provides individuals with the opportunity to reflect on and develop their professional skills.

This policy will focus on the reflective model of Clinical Supervision Program that was developed by JH&FMHN. This program is optional to all JH&FMHN clinical staff interested in reflective model of clinical supervision as a means of improving their practice. The clinical supervision program model is primarily focussed for Role Development in a safe structured space where supervisees can discuss a mixture of personal and professional work related challenges with another staff member who has received training to be an approved clinical supervisor. The model is a collegial nature of supervision in an environment of honesty and trust in a close relationship where the focus is on self-reflection of professional experiences. The emphasis on this model of supervision is placed on self-examination in order to improve self-awareness and develop new insights and thereby increase professional competency.

Clinical Supervision is not line management and the two processes should remain separate. It is inappropriate for line managers to act as clinical supervisors for their direct reports. There are specific requirements for clinical supervision with some professions and the JH&FMHN policy on clinical supervision 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](#).

2. Policy Content

2.1 Mandatory Requirements

JH&FMHN staff participating in Clinical Supervision must ensure they comply with the mandatory reporting requirements under the [Children and Young Persons Care and Protection Act](#), the Ministry of Health policy [PD2006_084 Domestic Violence – Identifying and Responding](#) and the JH&FMHN policy [2.010 Code of Conduct](#).

Additionally supervisors need to be familiar with specific professional and ethical codes that apply to individual professions such as the:

- Code of Professional Conduct for Nurses in Australia,

2.2 Implementation - Roles & Responsibilities

Clinical Supervisors are responsible for:

- Negotiating suitable times with their manager to provide clinical supervision.
- To maintain a record of activity data that will be forwarded to the JH&FMHN Clinical Supervision Program Coordinator when requested.
- Maintain a record of their clinical supervision commensurate with their particular professional practice.
- Actively participate in the Clinical Supervision Program annual educational updates and associated activities.
- Any inability to keep a clinical supervision appointment must be communicated to the supervisee and manager in a timely way.

Managers are responsible for:

- Promoting a culture that is supportive of Clinical Supervision through staff training and orientation.
- Negotiating suitable times during work hours for Clinical Supervision to occur.
- Maintaining records of staff leaving work areas for Clinical Supervision in accordance with [Workers Compensation Legislation Amendment Act 2012](#) and the Ministry of Health policy [PD2009_016 Travel – Official](#).

Supervisees are responsible for:

- Negotiating suitable times with their manager to participate in clinical supervision.
- Understanding the framework and structure of Clinical Supervision and to bring something to explore at each session
- Booking the next session with the Supervisor at the end of the current session.
- Any inability to keep a clinical supervisor appointment must be communicated to supervisor and manager in a timely way.

3. Procedure Content

3.1 How to become a Clinical Supervisor within the JH&FMHN Reflective Practice Clinical Supervision Program

Clinical Supervisors will be required to meet the following criteria:

- Must have at least three years' experience in their field.
- Must have completed 8 full days training in Clinical Supervision and committed to attend annual two day refresher training. Consideration will be given to experienced Clinical Supervisors and will be assessed on an individual basis to be linked to the program.
- Must be receiving clinical supervision on a regular basis, suggested monthly.

Persons wishing to become a Clinical Supervisor must be receiving Clinical Supervision (minimum 3 sessions) prior to applying for Clinical Supervision training. The quality of supervision and supervision arrangements will be reviewed by the supervisor and the supervisee every 3 sessions using the formal contract.

3.2 How to find a Clinical Supervisor

Staff can choose their own clinical supervisor from the [list of current supervisors](#) on the intranet. If clinical staff access clinical supervision with JH&FMHN there is no cost as the Supervisor is paid as a staff member.

4. Definitions

Must

Indicates a mandatory action required that must be complied with.

Should

Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Legislation	<i>Children and Young Persons Care and Protection Act 1998</i> <i>Workers Compensation Legislation Amendment Act 2012</i>
Health Education and Training Institute documents	<i>NSW Clinical Supervision Support Project Mapping Study</i> <i>Models of Clinical Oversight for Medical Trainees</i> <i>A handbook for supervising allied health professionals</i> <i>A Supervision Continuum for Nurses and Midwives</i>
JH&FMHN Policies	2.010 <i>Code of Conduct</i>
NSW MoH Policy Directives and Guidelines	PD2005_113 <i>Workforce Learning and Development Strategy for NSW Health</i> PD2006_084 <i>Domestic Violence – Identifying and Responding</i> PD2009_016 <i>Travel - Official</i> PD2009_074 <i>Oral Health - Eligibility of Persons for Public Oral Health Care in NSW</i> GL2005_062 <i>Clinician’s toolkit for improving patient care – issued 2001</i> GL2006_009 <i>Drug and Alcohol Clinical Supervision Guidelines</i>
External Resources	<i>Australian College of Mental Health Nurses Clinical Supervision</i> <i>Clinical Supervision for Allied Health Professionals in Rural NSW June 2008</i> <i>Garling Report</i> <i>Health Workforce Australia</i> <i>Health Workforce Australia Clinical Supervision Support Program Directions Paper April 2011</i> <i>Royal Australian and New Zealand College of Psychiatrists</i> <i>The Clinical Supervision Support Project</i> <i>Vocational trainees, for medicine, nursing and midwifery, dental and allied health professions</i>