G5

Practice Supervision in Allied Mental Health

Human Resources Policy

Effective Date: April 2008

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1 PURPOSE

To outline the principles and processes of practice supervision for Health Professionals in the Mental Health Services.

2 APPLICATION

This policy applies to all allied health employees in Mental Health Services.

This policy may be applied at the discretion of the District Manager or delegate to:

- medical employees
- non-acute and/or non-inpatient based nursing employee (i.e. community-based Mental Health Nurses).

3 GUIDELINES

Guidelines may be developed to facilitate implementation of this policy. The guidelines must be consistent with this policy.

4 DELEGATION

The "delegate" is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.

5 REFERENCES

- Grievance HR policy
- Performance Appraisal and Development HR policy
- Performance Improvement HR policy
- Professional Registration – Medical Practitioners, Nurses and Other Health Professionals HR policy

6 SUPERSEDES

- IRM 3.14-1 Practice Supervision for Health Professionals in the Mental Health Services

7 POLICY

Queensland Health supports the provision of clinical supervision through current policies and strategies including the *Ministerial Taskforce on Clinical Education and Training, 2007,* the *Queensland Mental Health Strategic Plan: 2003-2008* and the *Framework for the Development of the Future Mental Health Workforce in Queensland, 2000*. Further initiatives are currently progressing statewide policy on clinical supervision for the mental health workforce.

7.1 Objectives of Practice Supervision

The primary aims of practice supervision are to:

- Maintain the highest possible standards of mental health practice, mental health service and consumer outcomes through a formal process of practice supervision.

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- Maximise employee morale and retention.

These aims of practice supervision are to be achieved by:

- Engaging allied health managers and employees in a formal process of practice supervision.
- Recognising and promoting good practice.
- Fostering development of relevant skills and knowledge.
- Assisting employees to solve problems in fulfilling their duties.

7.2 Relationship to Other Processes

Practice supervision arrangements are part of:

- The employee development process (although not the sole focus of employee development).
- Performance appraisal and development plans.

8 APPLYING THE POLICY

Practice supervision is an important part of the development of an Allied Health Professional employee. The following features of the program provide a structure within which practice supervision is to be conducted in district health services. The features allow significant opportunity to negotiate details at the local level.

8.1 Formal Structure

Formal practice supervision relationships are to be formalised by a written agreement (refer Attachment One).

Practice supervision will typically occur in work time. The frequency, duration of practice supervision sessions and the general nature of supervision outcomes are to be reported to the supervisee's manager at least every 12 months.

8.1.1 Features of the Agreement

The agreement is to specify:

- the goals of practice supervision
- expected outcomes
- the mutual obligations
- structure of supervision
- evaluation processes
- limits of confidentiality
- ethical issues
- content of supervision.

Supervision agreements are not formal contracts between the parties. The supervision agreements are to be statements of mutual understanding about the nature of practice supervision that each party will attempt to provide or obtain. Agreements are subject to unforeseen circumstances (eg changes in workload, duties or workplace location) and regular review and renegotiation. The review and renegotiation is recommended to occur at least annually. The written agreement may be negotiated by the parties at any time.

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8.1.2 Agenda

It is recommended that there is a written agenda for each practice supervision session. A Sample Setting Agendas form is provided in Attachment Two.

8.1.3 Records

Participants in practice supervision relationships are encouraged to maintain records of practice supervision sessions for their own benefit. These types of records should not be onerous.

A Sample Record of Supervision Meetings is provided in Attachment Three.

8.1.4 Evaluation

Evaluation of practice supervision and goal attainment is to be undertaken by both parties at least every 12 months.

8.1.5 Multiple Supervisors

A supervisee may have more than one practice supervisor at any given time to maximise access to specific practice/clinical expertise and/or competencies across the full spectrum of mental health service provision. Employees should consider having a primary supervisor and negotiate the use of additional practice supervisors on an ‘as needs’ basis.

The goals of the sessions provided by any additional practice supervisors could be added to the existing written agreement between the supervisee and primary supervisor. One agreement minimises inefficiencies with administrative workloads associated with the use of multiple written agreements. Additionally, one agreement facilitates an integrated and coordinated approach to a supervisee’s practice needs.

8.1.6 Interested Parties

A supervision agreement is to outline the role of interested parties, and the limits of confidentiality and/or information sharing to occur. Where managers and clinical directors are involved in practice supervision, issues associated with duality in roles are to be identified and clearly articulated in supervision agreements (ie how management of the dual roles will occur). Refer to Attachment 4 for typical roles and responsibilities of practice supervisors and managers/clinical directors.

The sample supervision agreement includes an area where the management of role duality and associated issues can be agreed.

8.1.7 Confidentiality

Exchanges of information between supervisees and managers about their professional development and performance should be as free as possible to build an effective practice supervision relationship. Exchange of information is to be balanced against the need for confidentiality. Practice supervision agreements are to stipulate areas of confidentiality and the limits to confidentiality.

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The agreements may specify:

- What is to occur if impaired or inappropriate practice is alleged or identified.
- Discussion of the practice supervision with the supervisor's own supervisor and/or the manager of the supervisee.
- If and how information within a practice supervision relationship may impact on future recruitment and selection exercises.

Issues about confidentiality and documentation of supervision are to be included in supervision agreements.

Where practice supervision is delivered by the person who also undertakes the performance and development process and/or administrative supervision/line management, a clear agreement on confidentiality is especially important.

8.2 Minimum Level of Supervision Required

Minimum levels for formal practice supervision are to be provided and reviewed according to needs, resources and staffing profiles. The minimum level does not include peer consultation or other methods of informal supervision or consultation.

The minimum level should not be interpreted as a maximum or routine level. Greater amounts of practice supervision may be required to meet the objectives of professional development and the maintenance of high quality services eg where the supervisee is a sole rural practitioner. Supervision contact above the minimum levels is subject to the availability of resources.

Practice supervision frequency will vary according to the level of relevant competencies and experience. A minimum level of monthly access to practice supervision for full time employees is recommended as follows.

8.2.1 High Frequency Practice Supervision

High frequency practice supervision is to occur at least four (4) hours per month with participants meeting at least weekly. The supervisee will participate in at least two (2) hours per month each of supervision from the same profession and individual supervision.

High frequency practice supervision is applicable for the following employees:

- Recent graduates - employees in the first two (2) years (full-time equivalent) of mental health practice since graduation of entry level qualification.
- Employees with limited practice experience in mental health.
- Employee having significant change in role eg from CYMHS to Adult MHS or from acute to community based work.

8.2.2 Low Frequency Practice Supervision

Low frequency practice supervision is to be provided for employees with more than five (5) years' experience (full time equivalent) in mental health practice and who demonstrate advanced skills in all areas relevant to their current duties (including practice supervision). The supervisee will participate in at least one (1) hour per month of supervision with the equivalent of one (1) hour each three (3) months of supervision from the same profession. The supervision may be from a peer.

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8.2.3 Part Time Employees

The amount of practice supervision for part time employees should be at least proportionate to the full time equivalent and should occur at least monthly.

8.3 Selection of Supervisors

Whenever possible, practice supervision is to be obtained from within the local Mental Health Service. When this is not possible or practical, practice supervision should be sought from within another health service district. When there are insufficient supervisors to meet the demand for supervision, supervision may need to be obtained through engagement of an external supervision provider. Supervisors are to meet minimum levels of relevant experience (refer to section 8.4).

8.4 Criteria for Selection of Supervisors

8.4.1 Competence in Clinical Practice

Practice supervision contact will be obtained from a supervisor with:

- At least two (2) years of FTE mental health practice experience (with a preference of five (5) or more years of experience).
- Demonstrated advanced skills in core competencies in mental health or the development of expert/advanced competencies. The practice supervisor's competencies are to be relevant to the supervisee's current practice supervision needs.

The supervisor will have at least the same or higher level of practice skills than the supervisee, in the majority of specific competencies that are the primary focus of the supervision. Whenever possible, at least 50 per cent of the minimum contact levels will be obtained from a supervisor with at least five (5) years of experience in mental health practice and advanced relevant practice skills.

Supervision contact will usually be face-to-face, although supervision via electronic means is encouraged when face-to-face contact is not possible.

8.4.2 Competence in the Core Supervision Related Skills

All practice supervisors are expected to be able to demonstrate that they have appropriate competence levels in skill areas required for effective practice supervision. The Queensland Health Mental Health Service recognises an obligation to provide access to appropriate training and evaluation of competence in supervision skills.

8.4.3 Intra-Professional Component

Appropriate targeted practice supervision is recommended to develop team members' skills to contribute to multidisciplinary case review.

Practice supervision by members of other professions is recommended when:

- Employees need to develop core competencies.
- The practice supervisor has expertise in a specific skill area that is needed in the specific work setting, consumer group or procedure.

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The primary criterion for selection of supervisors or consultants from outside the profession is the level of relevant knowledge and skills rather than their profession.

Some supervision from members of the same profession is advised for all health employees. It is recommended that at least 50 per cent of practice supervision contact is obtained from an appropriate supervisor from the same profession. The amount and proportion of practice supervision that is obtained depends on:

- service requirements
- the employee's role
- negotiations between the employee member, managers and supervisors
- routine discussions of practice supervision as part of the performance and development plan process.

When there are legislation or professional accreditation requirements related to regulating supervision within that profession, those requirements should be given priority and aligned to employment related practice duties wherever possible.

8.4.4 External Supervisors and Credentialing Process

Practice supervision is to be obtained from within the local mental health service. Where this is not possible or practical, practice supervision should be sought from within another heath service district.

In some limited circumstances (eg where there are insufficient supervisors to meet the demand for supervision) supervision may need to be obtained through engagement of an external supervision provider.

The delegated service management authority must undertake a credentialing process prior to the engagement of an external supervisor. Appropriate credentials should include:

- Evidence of relevant professional registration or equivalent.
- Evidence of recent practice relevant to the proposed supervision.
- Evidence of adequate professional indemnity insurance.

Names of appropriate referees should be obtained. It is the engaging district's responsibility to verify the accuracy of the information.

In addition to providing the above information, a proposed external supervisor is required to:

- Provide evidence of supervision competence that is recognised by Queensland Health, through participation in Queensland Health's practice supervision training program (or an equivalent training program) within an agreed period (eg six months).
- Sign a confidentiality agreement (refer to Attachment Five).
- Participate in the mental health service's quality management activities.

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It is recommended that credentialing information or evidence that is obtained from an external practice supervisor is retained in accordance with corporate and/or local record keeping policy requirements.

External supervisors are to maintain communications with the delegated service authority and other relevant interested parties (as identified in the supervision agreement).

Where possible it is recommended that districts allow some choice of supervisor or supervisee for practice supervision.

8.5 Supervision of Practice Supervisors

All supervisors will receive supervision of their own provision of practice supervision. This will be provided by an individual who has a high level of demonstrated competence in the provision of practice supervision. This supervision is to be incorporated in the time allocated for practice-related supervision and may be provided by the same person in the same sessions.

The frequency of this supervision should be negotiated according to level of relevant competencies and task difficulties. Minimum levels are described below. These levels will be reviewed as needs, resources and staffing profiles change.

8.5.1 High Frequency

High frequency supervision of at least one (1) hour per month is recommended for:

- Employees in the first two (2) years of supervision delivery.
- Employees requiring significant development of supervision-related competencies.

Supervision at a high level of frequency is to incorporate:

- regular reviews of the supervision process including the negotiation of supervision arrangements
- agreements
- strategies used in supervision sessions
- assessment and evaluation strategies
- procedures used to deal with supervision problems
- other relevant documentation.

8.5.2 Low Frequency

Low frequency supervision of at least one (1) hour each three (3) months is for employees who demonstrate advanced supervision skills.

8.6 Delivery of Practice Supervision

Subject to the criteria for selection of supervisors (refer to section 8.4), the following employees are normally expected to deliver practice supervision:

- Health Practitioner Stream Level 3.5 and above
- Nursing Officer Stream Level 2 and above
- Medical employees.

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Delivery of practice supervision is subject to other duties and to the fulfilment of requirements to be a practice supervisor.

Practice supervisors who are not Queensland Health employees (eg private practitioners) must meet minimum credentialing requirements as detailed in the criteria for selection of supervisors.

Face-to-face practice supervision is the preferred method of delivery wherever possible and a component of supervision should remain face-to-face. The geographical dispersion of employees throughout Queensland means that supervision by e-mail, videoconferencing or teleconferencing is also necessary to ensure access to supervisors, especially in providing urgent access in crises. Effective use of both electronic technology and audiovisual aids is a factor in the evaluation of practice supervision in the service.

8.7 Content of Practice Supervision

Formal supervision should allow direct assessment of practice strengths and areas needing further development (rather than relying solely on self-assessments or self-selection of material for discussion). Assessments will normally involve:

- observation (live or by audio or video recording) of clinical work or other practice;
- review of files, reports or letters;
- use of role-plays in supervision sessions; and/or
- a detailed description of proposed actions.

Supervisees and supervisors are to develop procedures to ensure that identified problems with practice (including and not restricted to negative client feedback) are immediately addressed.

Supervisees and supervisors are to also ensure that a balance is maintained between issues that relate to the interests of each relevant party. Other aspects of specific content of practice supervision sessions are to conform to current standards for evidence-based supervision practice.

8.8 Resources for Practice Supervision

The following resources are a general (and not prescriptive) guide for items to be considered for provision of effective, confidential and flexible practice supervision:

- Private facilities in which to meet.
- Access to information technology (eg e-mail, teleconference, videoconference).
- Support for travel to participate in face-to-face practice supervision meetings.
- Inter-service access to external supervision where a need is identified and the person is unable to access within the service. Prior to engaging external supervision, cross-district arrangements should be explored and accessed where possible.

8.9 Registration Aspects of Supervision

Registration requirements are the joint responsibility of the employee and Queensland Health. Where a health profession is regulated by a Queensland registration Act, the mental health service is to facilitate the attainment of supervision requirements for

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initial or continued registration by the employee. Refer to the Professional Registration – Medical Practitioners, Nurses and Other Health Professionals policy.

The fulfilment of the supervision requirements for initial or continued registration (together with costs that are associated with additional supervision) remain the primary responsibility of the employee.

8.10 Resolution of Supervision Problems

Wherever possible practice supervision problems should be dealt with rapidly and through a progressive problem solving approach.

8.10.1 Supervisor/Supervisee Issues

In the first instance, problems that arise in the course of practice supervision should be addressed between the supervisee/s and supervisor/s. If there is a remaining problem, the issue should first be raised with the professional senior and/or line manager, then with human resource management. If, after this process has been applied and an employee is/or remains aggrieved, the grievance resolution processes in the Grievance policy are to be applied.

8.10.2 Competence and/or Other Performance Issues

Where a supervisor or supervisee has concerns regarding the other party's overall competence or behaviour, the issue should be raised with the Director/Manager of the relevant mental health service for appropriate action.

9 DEFINITIONS

Administrative or Line Management Supervision	Supervision that primarily focuses on administrative or line management issues such as attendance, work allocation and workplace issues.
Employee Development	A global term encompassing a wide range of activities including courses, conferences, colloquia or workshops, case or program reviews, and work placements. Practice supervision is one component of employee development.
	Further employee development needs may be identified within practice supervision. Where this occurs, the participants are encouraged to share the development needs with relevant line management to facilitate negotiation of inclusion with performance appraisal and development plans. Participants should negotiate and agree how information will be shared before contacting line management.
Formal Supervision	A supervision relationship that is formalised within an agreed document e.g. a Practice Supervision Agreement. Formal supervision includes practice supervision.
Individual Supervision	Involves a single supervisee meeting with one or more supervisors at the same or different times.

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Mentoring	Involves a relationship of role modelling, advocacy and support that may be incorporated in supervision relationships and may also occur outside such relationships.
Peer Consultation	Involves supportive and problem solving discussions between employees in which suggestions and information can be exchanged. While peers can be in a formal supervision relationship, peer consultation typically implies bilateral or multilateral relationships for mutual support without formal processes for evaluation of practice skills.
Performance Appraisal and Development Plan	This plan is used by Queensland Health to help an employee meet the expectations of the organisation in terms of their work. It includes discussion of strengths and weaknesses, as well as strategies to improve these. This includes the identification of any training and personal development needs the employee may have to help him or her carry out their work effectively. Participation in Performance Appraisal and Development is mandatory for all Queensland Health employees except temporary employees appointed for periods of less than three months, and casual employees. The Practice Supervision process is an integral part of this larger process in the case of clinicians. Refer to the Performance Appraisal and Development policy.
Performance Improvement	Refer to the Performance Improvement policy.
Practice Supervision	Supervision about practice as an employee of the Mental Health Service. It focuses primarily on practice issues, rather than broader supervision, employee development and/or line management issues. Practice supervision interfaces with issues related to career development and a employee's work life (particularly in relation to training and skill acquisition required to better address clinical duties). Practice Supervision can be: • *Intra-Professional*—primarily focuses on discipline or profession-specific practice skills and is conducted by members of the same profession; or • *Cross-Professional*—primarily focuses on practice skills by a member of another profession.

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Supervision	A working alliance between two employees where the primary intention of the interaction is to enhance the knowledge, skills and attitudes of at least one employee. Supervision is distinguished from therapy or assistance for personal problems or for emotional distress that is unrelated to the workplace.
Supervision of Supervisors	Supervision that focuses on the provision of supervision.

10 HISTORY

This policy dated April 2008 was developed as a result of the HR Policy Framework consolidation.

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Sample Agreement for Practice Supervision between

___________________ and ____________________.

From ___________ to ____________

1. Goals of Supervision

Please detail the knowledge and skills that the supervisee and supervisor would like the supervisee to develop in supervision sessions. This will require regular review and renegotiation as the needs and skills of the supervisee change over time.

a) Supervisor ____

____

____

b) Supervisee ____

____

____

2. Expected Outcomes (Specific Objectives)

a) Supervisor ____

____

____

b) Supervisee ____

____

____

c) Shared Objectives ____

____

____

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3. Mutual Obligations (Responsibilities)

a) Obligations of supervisor ______________________________

____

____

b) Obligations of supervisee ______________________________

____

____

c) How will dual roles (eg line manager and practice supervisor) will be managed (eg line management issues will not be discussed in practice supervision sessions without mutual consent by way of inclusion in a pre-agreed session agenda) ______________________________

____

____

4. Structure of Supervision

a) Frequency ______________________________

____

b) Duration______________________________

____

c) Location______________________________

____

d) What resources do we require for effective supervision (eg time, space, absence of interruptions) ______________________________

____

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e) What preparation will be required prior to each session? ______________

____

____

f) How will agendas for each session be set? __________________________

____

____

g) Availability between sessions: _____________________________________

h) Is supervisee currently receiving other supervision? __________________

____

i) If yes, how will different forms of supervision be integrated? ___________

____

____

____

5. Evaluating Supervision

a) What is the preferred process for evaluating supervision? _____________

____

____

____

b) When will the supervision agreement be reviewed? ___________________

6. Limits to Confidentiality

a) How will difficulties in supervision be dealt with? _____________________

____

____

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b) What if the supervision relationship completely breaks down? __________

____

____

7. Supervision Records

a) What form will supervision records take? (Eg agendas) ____________________

____

____

b) How will these supervision records be used? ________________________

____

____

c) Who will have access to them and in what circumstances (note: if a supervisor has concerns about, or identifies any performance issues regarding ongoing clinical competence it should be referred to the appropriate service manager who has responsibility for managing the unsatisfactory performance process)?

____

____

____

____

d) Where will be records be stored: ___________________________________

____

e) Duration of storage: ____

f) What records will be used/provided for performance purposes (eg. that practice supervision has occurred)? _______________________________

____

____

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8. Ethical Issues

a) What do your professional code and organisational policies outline as ethical conduct for supervision? ______________________________

____

____

____

b) In general, which issues raised in supervision will be kept confidential to this relationship? ______________________________

____

____

____

c) Which aspects may be discussed and with whom? ______________________________

____

____

____

9. Content of Supervision

To be negotiated in confidence between supervisee and supervisor and should include a list of the knowledge and skills that the supervisee would like to develop in supervision sessions and should be regularly reviewed and renegotiated between the supervisor and supervisee. Also refer to supervision policy and accompanying guidelines for guidance when developing supervision objectives.

Supervisee name: __________________ Supervisor Name: __________________

Signature: __________________ Signature: __________________

Date: __________________ Date: __________________

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Line Manager Agreement:

Line Manager Name: _________________

Signature: __________________________

Date: _____________________________

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SETTING AGENDAS SAMPLE

NOTES ON SUPERVISION SESSION

Between: ______________________ **and:** ______________________

Date: ______________________

Topic	Discussion	Agreed action

Agenda items for next session	Preparation required

Signed ________________________ **Signed** _____________________

Date ___________ **Date** ___________

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Sample Record of Supervision Meetings

Supervisee's Name:…………………………………………………………..
Supervisor's Name…………………………………………………………..

1. Review of clinical notes/reports.

2. Reflection about practice by supervisee.

3. Problem solving about practice issues.

4. Discussion of additional skills or strategies.

5. Demonstration of skills or strategies by supervisor.

6. Demonstration/rehearsal by supervisee.

7. Discussion of secondary practice issues (e.g. team relationships, responses to work demands).

8. Personal or career development.

Date of meeting	**Time spent**	**Material covered** (Please write numbers from above list)	**Comments**	***Initials***	
				Sup/ee	**Sup/or**
2/7/09	*1 hour*	*1, 3, 4, 6*	*(Supervisor observed clinical practice)*		
8/8/09	*1.5 hours*	*2, 4, 6, 8*			

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Roles and Responsibilities

(Where Practice Supervisor and Line Manager are the Same Person)

Wherever possible, practice supervision should be received from a separate person to the line manager, to avoid conflicts of role and engender openness. This may not always be possible. The following examples of typical line management versus practice supervisor roles and responsibilities are provided as a guide to assist with developing supervision arrangements to minimise unnecessary conflict when a line manager may also be a practice supervisor.

TYPICAL ROLES AND RESPONSIBILITIES	
Line Management	Practice Supervisor
Human Resource Management (eg Time/attendance, leave, disputes, performance)	Facilitate skills acquisition associated with clinical practice with a focus on enhancing client outcomes
Budget/Resource issues	Educating (teaching, facilitating, conceptualising about issues related to clinical practice, evidence-based interventions/best practice)
Change management	Mentoring (eg. monitoring, evaluating, promoting enhanced organisational skill)
Work allocation	Supporting (listening, understanding, reflecting)
Approving Practice Supervision Agreements	Ethical issues
Code of Conduct Issues	Code of Conduct Issues
Caseload management	Negotiate content of supervision agreement with supervisee

In some instances an employee's line manager may also be their practice supervisor, although this is not preferred.

In these cases, it is recommended that line manager –vs- practice supervisor roles be clearly separated and documented in the practice supervision agreement.

The intent of this type of approach is to minimise undesirable conflict and develop a relationship of mutual trust and respect.

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Sample Confidentiality Agreement for Engagement of External Supervisors

(To be completed on official letterhead)

Unless required by law I, *[insert name of external practice supervisor]*, agree that I will treat all information (about clients and staff) shared with me as a part of my practice supervision of Queensland Health staff confidentially and in accordance with:

1. Information Privacy Principles (IS 42A)
2. Health Services Act 1991 (section 62)
3. Queensland Health's Code of Conduct
4. The local Health Service District's and/or Mental Health Service policies and procedures related to information privacy and confidentiality.

This confidentiality agreement will remain in place for the period (insert period, eg 1 September 200X to 31 August 200X).

Signed by: *[insert name]* ……………………………………..

Date: / /200X

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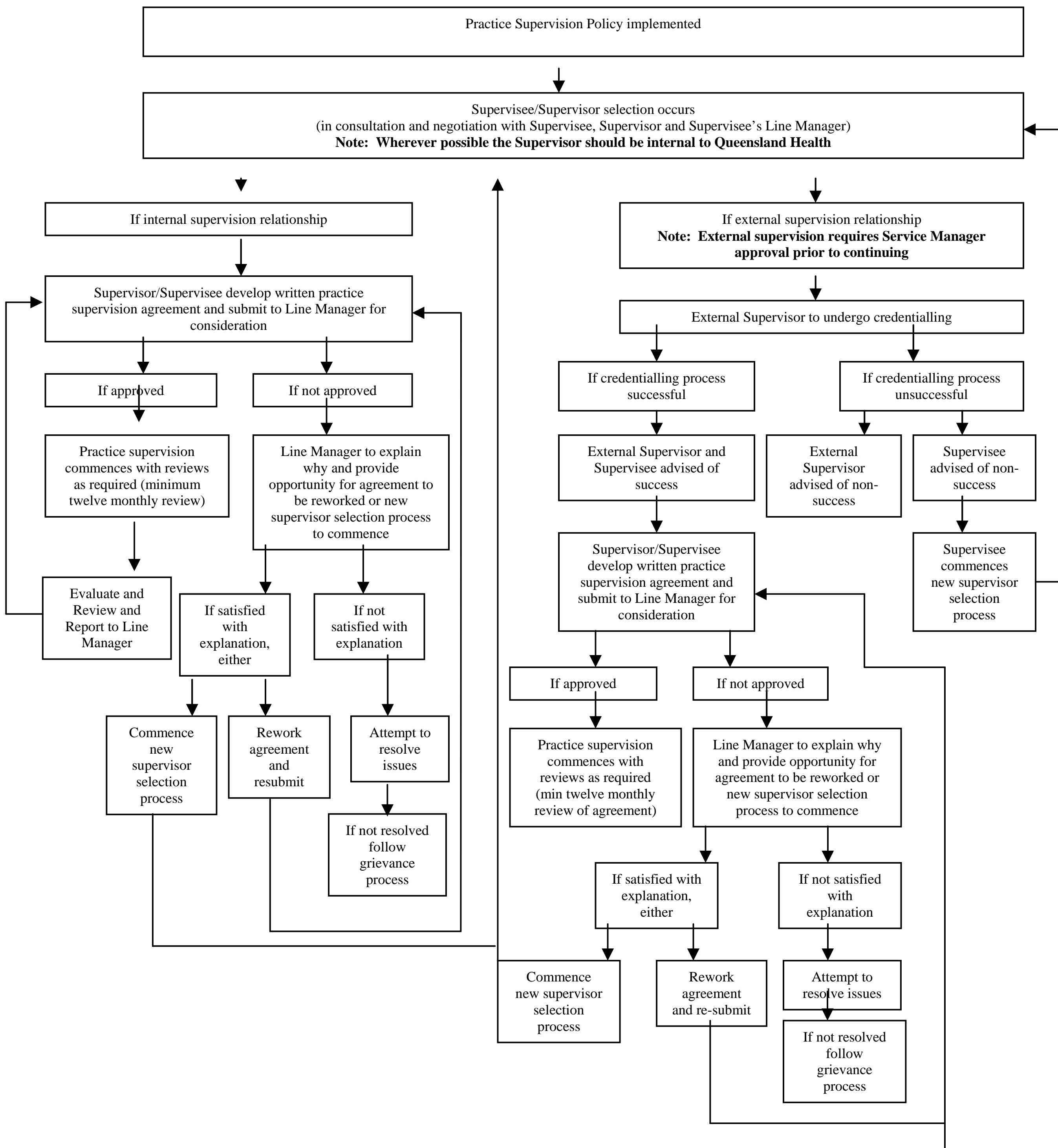
FLOW CHART FOR IMPLEMENTATING PRACTICE SUPERVISION IN MENTAL HEALTH SERVICES



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