Clinical and operational supervision

Clinical supervision

An Aboriginal and Torres Strait Islander Health Practitioner is required to have an identified primary clinical supervisor as determined by the Hospital and Health Service.

The primary clinical supervisor is the person who has primary responsibility for the clinical supervision of the work performed by the Aboriginal and Torres Strait Islander Health practitioner in his or her employed position. The primary clinical supervisor is responsible for developing and agreeing to the Practice Plan in collaboration with the individual Aboriginal and Torres Strait Islander Health Practitioner.

The clinical supervisor should:

- be an experienced
  - medical practitioner;
  - registered nurse;
  - midwife;
  - allied health professional;
  - dentist;
  - Aboriginal and Torres Strait Islander Health Practitioner (at least 2 years continuous recent experience with the type of supervision); or
  - Aboriginal and Torres Strait Islander Health Worker IPA (at least 2 years continuous recent experience with the type of supervision)

- have the authority, experience and skills in supervising practitioners for the scope of practice defined in the practice plan

- only supervise an Aboriginal and Torres Strait Islander Health Practitioner’s practice that is within the supervisor’s own scope of practice, including the supervisor’s own scheduled medicines authorities. It may be that more than one clinical supervisor may be required e.g. one clinical supervisor for general clinical practice and one clinical supervisor for the use of scheduled medicines

- have an understanding of Aboriginal and Torres Strait Islander Health Practitioner roles and responsibilities

- have an understanding of the clinical unit components of the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice qualification

- have the clinical and leadership skills to assess and support the development of the Aboriginal and Torres Strait Islander Health Practitioner’s clinical practice

- have a strong understanding of how Aboriginal and Torres Strait Islander cultural issues impact on the clinical environment and can provide an effective and sensitive response in the management of these relationships
• have capacity to observe and provide feedback on the Aboriginal and Torres Strait Islander Health Practitioner’s clinical practice
• be competent to participate in clinical supervision discussions and to oversee the Practice Plan
• set learning goals and facilitate reflective practice
• evaluate the effectiveness of supervision
• provide a culturally safe and respectful work environment

Supervision may be either direct (where the clinical supervisor is directly observing practice e.g. in person or via telehealth) or indirect (where the clinical supervisor is available but not present).

It is important that an Aboriginal and Torres Strait Islander Health Practitioner has clarity about the availability and accessibility of clinical supervision and guidance. The clinical supervisor should clearly communicate:

• supervision mechanisms and schedules, including back-up and remote supervision arrangements
• their expectations in relation to the Aboriginal and Torres Strait Islander Health Practitioner’s clinical practice, including their level of autonomy
• expected delegation and referral arrangements
• requirements for direct supervision (observed practice) compared to indirect supervision (where the supervisor is accessible but not immediately present)

Mechanisms for the provision of supervision will vary and may include:

• periodic meetings
• practice observation
• clinical practice reflection and discussion
• case reviews
• teleconferencing or videoconferencing

The Aboriginal and Torres Strait Islander Health Practitioner and their clinical supervisor should establish and maintain agreed processes for clinical supervision and identify these in the Practice Plan.

It may be necessary for Aboriginal and Torres Strait Islander Health Practitioners who are new to the role to receive training on the objectives, principles and expectations of the clinical supervision process, to have clarity about the developmental nature of this type of supervision.
As a condition of registration, the ATSIHPBA may require supervised practice for a specified period for Aboriginal and Torres Strait Islander Health Practitioners who:

- are returning to practice after an absence of greater than three years, and/or
- have had a significant change to scope of practice and the practitioner’s currency in the new area of practice is unclear, and/or
- have a condition or undertaking requiring supervision from a health, performance or conduct matter, and/or
- have a condition related to adequacy of qualifications

In these instances, the ATSIHPBA’s Supervision and reporting guidelines for Aboriginal and Torres Strait Islander Health Practitioners are to be implemented. These guidelines are available at: http://www.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx

The guidelines apply to both the practitioner providing the supervision and the supervised Aboriginal and Torres Strait Islander Health Practitioner, and include a requirement for the development of a Supervised Practice Plan. This document is separate to, and does not replace, the Aboriginal and Torres Strait Islander Health Practitioner Practice Plan; however the latter may need to be reviewed and revised in the light of the supervised practice requirements set by the ATSIHPBA.

Operational Supervision

Operational supervision refers to the day-to-day management and supervision required to assist with performance of duties and meeting the policy and legislative requirements of employment. Operational supervision may include (but not limited to):

- Performance development i.e. Performance Appraisal and Development
- Performance in accordance with the Role Description
- Mandatory training
- Rostering/timesheets
- Orientation and inductions
- Support and guidance