[Insert organisation name/logo]

CLINICAL SUPERVISION POLICY

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**Record of policy development:**

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| **Version number** | **Date of issue** | **Lead author/ reviewer** | **Consultative panel** | **Significant changes on previous version** |
| **[Yr/no]** | **[Date]** | **[Name/role]** | **[Name/role/ organisation]** | **[For example, incorporate changes to new legislation]** |
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***#Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy.* ***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

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*\*Please delete note before finalising this policy.*

***Note\****

*To update the contents list when all content has been finalised, right click on the contents list and select ‘update field’, an option box will appear, select ‘Update entire table’ and ‘Ok’.*

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# SECTION 1: CLINICAL SUPERVISION FRAMEWORK

## Policy statement

**[Organisation name]** regards regular clinical supervision as an essential process for providing quality services, fostering reflective practice and supporting staff wellbeing and professional development.

## 1.2 Definitions

|  |  |
| --- | --- |
| **Term** | **Definition** |
| **Clinical supervision** | Supervision is a relationship-based activity that enables clinicians to reflect upon the connection between task and process within their work. It provides a supportive, administrative and development context within which responsiveness to clients and accountable decision making can be sustained. (The Superguide, p6, 2012). |
| **Supervisor** | Any allied health professional who provides and holds qualifications in clinical supervision |
| **Supervisee** | Staff member who is receiving the clinical supervision |
| **Contract/Agreement** | A formal written agreement between supervisor and supervisee outlining the agreed terms of supervision |

## Purpose and scope

The purpose of this policy is to ensure staff have a clear understanding of their responsibility in relation to clinical supervision, and the organisation's responsibility in relation to professional development.

## 1.4 Principles

**What is clinical Supervision?**

Clinical supervision provides a formal process for support, reflection, learning and development for clinical staff.

Benefits of Clinical Supervision:

* Provides the opportunity for professional guidance to enhance skills and identify areas for further skill development
* Can contribute to increased job satisfaction, reduced stress and prevention of burnout
* Can validate staff clinical skills and contribute to increased confidence in working with clients
* Provides a mechanism for support and managing workplace stress

**What Clinical Supervision is not:**

* Management or line supervision
* Place to address workplace concerns
* Forum for addressing performance issues
* Peer supervision
* Group supervision

## 1.5 Roles and responsibilities

|  |  |
| --- | --- |
| **Board of Directors** | * Endorse Clinical Supervision Policy. |
| **Management (CEO/Manager and Supervisors)** | * Promote a supportive culture to ensure staff in their teams participate in appropriate clinical supervision * Approve budget allocations for clinical supervision. * Involvement in concerns raised in clinical supervision sessions as required. * Maintain contracts with external supervisors [**if applicable].** |
| **[organisation name] staff** | * Engage in regular clinical supervision. * Actively incorporate clinical supervision into clinical practice |

## 1.6 Policy implementation

This policy is developed in consultation with staff and approved by the Board of Directors. This policy is part of staff orientation processes for all staff involved in client service delivery and management. Service delivery staff are responsible for understanding and adhering to this policy.

This policy will be reviewed in line with **[organisation name]**’s policy development schedule and/or relevant legislative changes.

Documentation of clinical supervision sessions will be made and securely filed by the clinical supervisor. If a concern is raised relating to the safety of a staff member, client or other individual and records can be made available.

**Frequency**

* A minimum of one hour of clinical supervision per month is expected for full-time staff, pro-rata for part-time staff.
* A higher level of support may be required for new graduates or staff taking on new roles.
* This does not replace discipline specific needs for supervision such as those mandated by AHPRA.

**Reporting**

* Supervision sessions should be documented as per the supervision log and supervisor/ee records
* An annual evaluation of the clinical supervision and revision where necessary

**Documentation required**

* Clinical Supervision Contract – the contract outlines the agreement between the supervisor and the organisation including remuneration details and services agreed to.
* Clinical Supervision Agreement – the agreement is between the supervisor and the supervisee and outlines the structure of the sessions, agreed goals and strategies
* Supervision Log – records the sessions including type of supervision (group or individual); outcomes, frequency and duration
* Notes from sessions – for the supervisor and supervisee to record the agenda, any key issues identified, actions and future session content
* Optional – feedback form – this supports the organisation in planning and ensuring the supervision meets the needs of the staff.

## 1.7 Risk management

This policy is informed by and complies with the legislation listed in section 2.3. The organisation’s governance policies broadly are informed by and comply with the Associations Incorporation Act 2009 (NSW) [or insert other relevant legislation].    
   
The Board demonstrates that mechanisms are in place for fair and transparent governance through accessible meeting minutes, Board self-assessments and development plans.  Annual performance reporting to members and stakeholders demonstrates transparency in governance and operations.

Risk is also managed through compliance with the Risk Management Policy, noting risks in the Risk Register where needed, and ensuring compliance with legislation through the Compliance Register.

# SECTION 2: REFERENCES

## 2.1 Supporting documents

* [Clinical supervision agreement](file:///\\UXENSVR\%7bFD34A37F%7d\EXT\17\Clin%20Sup_Supporting%20documents\1.%20Clinical%20Supervision%20-%20Agreement.docx) (supervisor and supervisee)
* [Clinical supervision contract](file:///\\UXENSVR\%7bFD34A37F%7d\EXT\17\Clin%20Sup_Supporting%20documents\2.%20Clinical%20Supervision%20-%20Contract.docx) (organisation and supervisor)
* [Clinical supervision log](file:///\\UXENSVR\%7bFD34A37F%7d\EXT\17\Clin%20Sup_Supporting%20documents\3.%20Clinical%20Supervision%20-%20Supervision%20Log.docx)
* [Supervisee](file:///\\UXENSVR\%7bFD34A37F%7d\EXT\17\Clin%20Sup_Supporting%20documents\4.%20Clinical%20Supervision%20-%20Staff%20Member%20Record.docx) session record
* [Supervisor](file:///\\UXENSVR\%7bFD34A37F%7d\EXT\17\Clin%20Sup_Supporting%20documents\4.%20Clinical%20Supervision%20-%20Staff%20Member%20Record.docx) session record
* Annual supervisee evaluation form
* [Annual supervisor report](file:///\\UXENSVR\%7bFD34A37F%7d\EXT\17\Clin%20Sup_Supporting%20documents\7.%20Clinical%20Supervision%20-%20Annual%20Supervisor%20Report.docx) to manager

## 2.2 Related policies

* [Client Clinical Management Policy](file:///\\UXENSVR\%7bFD34A37F%7d\3.Service%20Delivery\3.2%20Client%20Clinical%20Management\3.2%20Client%20Clinical%20Management%20Policy.docx)
* Safer Spaces Policy
* [Communications Policy](file:///\\UXENSVR\%7bFD34A37F%7d\EXT\2.1%20Communications\2.1Communications%20Policy.docx)
* Human Resources Policy
* Grievance Management Policy
* Work Health & Safety Policy

## 2.3 Legislation and references

* *Privacy and Personal Information Protection Act 1998* (NSW)
* *Health Records and Information Privacy Act 2002* (NSW).
* [National Centre for Education and Training on Addiction (NCETA), ‘Feeling Deadly, Working Deadly: Indigenous worker wellbeing’ resource kit.](https://aodknowledgecentre.ecu.edu.au/healthinfonet/getContent.php?linkid=631115&title=Aboriginal+and+Torres+Strait+Islander+Worker+wellbeing+resources+and+strategies+for+responding+to+methamphetamine+%5Bwebinar+slides%5D&contentid=38246_1)
* ‘[Handbook: Staying Deadly - strategies for preventing stress and burnout among Aboriginal and Torres Strait Islander alcohol and other drugs worker](https://iportal.usask.ca/record/106140)s’
* [Network of Alcohol and Other Drugs Agencies (NADA), ‘Fact sheets: effective clinical supervision](https://nada.org.au/resources/factsheets-effective-clinical-supervision/),
* [NSW Health, ‘The Superguide: a handbook for supervising allied health professionals’ (2012)](https://www.heti.nsw.gov.au/__data/assets/pdf_file/0005/424859/HETI_Superguide_Txt_WARAHETI_OCT_19.pdf)