CLINICAL SUPERVISION PROCEDURE

1. PURPOSE
The purpose of this procedure is to define the clinical supervision agreement as applicable to all clinical program staff at GVCHS.

2. PROCEDURE
2.1. THE CLINICAL SUPERVISION AGREEMENT
2.1.1. All GVCHS program staff are required to undertake clinical supervision.
2.1.2. Clinical Supervisors are internally recruited and trained in clinical supervision delivery. Each clinical supervisor will have an allocated 5-6 staff from across program areas to supervise for both the clinical and administrative functions of their role.
2.1.3. Clinical Supervisors will satisfy the current criteria:
   o Trained in accordance with GVCHS requirements for internal Clinical Supervisors
   o Demonstrate ongoing professional development and practice which is required to provide quality clinical supervision
   o Provide supervision in a manner that is efficient and effective
2.1.4. The duration and frequency of supervision will be one hour a fortnight for all GVCHS program staff.
2.1.5. GVCHS staff may seek to receive clinical supervision more frequently than required by this procedure. Additional supervision will be by mutual agreement with their Manager and Clinical Supervisor.
2.1.6. Time spent on clinical supervision is considered part of the employee’s paid work.
2.1.7. All supervisors and supervisees will enter into a negotiated supervision contract which will be signed by both parties and reviewed every six months.

2.2. RESPONSIBILITIES
2.2.1. Supervisees are responsible for:
   o Maintaining an ongoing commitment to clinical supervision and incorporating it into their work practice
   o Ensuring they understand their role as a supervisee and have completed an individual contract upon commencement of clinical supervision
   o Being prepared for sessions, discussing issues openly and being reflective of practice, being receptive to feedback and incorporating as relevant into work practices
o Notifying their manager of any changes to work practice or professional development needs
o Ensuring that their supervision arrangements are reviewed at least annually as part of their performance appraisal or more frequently as required

2.2.2. Supervisors are responsible for
o Clinical supervision of 5-6 GVCHS staff for both the clinical and administrative functions of their work roles
o Providing clinical supervision which assists the supervisee in exploring their clinical practice, giving clear and constructive feedback and challenging and supporting the supervisee
o Being prepared for each session and completing supervision notes
o Utilizing the principles of ethical practice with respect to confidentiality and accountability
o Maintaining a level of professional development and practice that is required to provide quality supervision
o Undertaking externally facilitated peer supervision on a monthly basis
o Identify and participate in discussion with other Supervisors to identify trends/themes and to prepare a report and recommendations for Management

2.2.3 GVCHS Managers are responsible for:
  o Ensuring that all staff are aware of the GVCHS Clinical Supervision Policy and have appropriate access to clinical supervision
  o Approving supervision arrangements within budgetary constraints
  o Reviewing and discussing clinical supervision arrangements with the supervisee during annual performance appraisal process
  o Maintaining accurate records regarding the number of staff receiving clinical supervision, with this information reported on a quarterly basis to the GVCHS Board of Management.

3. GUIDELINES
3.1 Clinical supervision is based on a negotiated written agreement between the supervisee and clinical supervisor which is agreed on and signed off by both parties. This is distinguished from line management and peer supervision.
3.2 Clinical supervision occurs on a fortnightly basis and is conducted in accordance with sound professional standards which promote competent and accountable work practice.
3.3 If a supervisee misses more than three scheduled sessions per annum a notification will be made to the appropriate manager.
3.4 Functions of clinical supervision will include review and assessment of clinical work, clinical feedback, problem solving, setting clinical goals, education, professional development and support.
3.5 A further function of clinical supervision will include review and assessment of clinical files and care co-ordination systems and legislative and ethical compliance of client files.
3.6 For the effective practice of clinical supervision supervisees are required to be open to learning and responsive to the work undertaken within the supervisory relationship.
3.7 Clinical supervision must be focused on clinical practice issues as opposed to any personal issues of the practitioner. If personal issues are a concern to the supervisee or supervisor access to the Employee Assistance Program (EAP) is provided by GVCHS as per the EAP Procedure and debriefing provided as per the Debriefing Procedure.

3.8 Support outside supervision sessions must be negotiated with the supervisor and availability of any extra support will depend on the urgency of the issue and workload demands of the supervisor. Supervisors must not be expected to provide line management support to their supervisees.

3.9 Where possible the supervisee and supervisor should be involved in the process of allocating supervisees to supervisors.

3.10 If the supervisory relationship is deemed by either the supervisor or supervisee to be inappropriate or ineffective it is their responsibility to advise the appropriate manager as soon as possible.

3.11 All parties involved in clinical supervision have a role in maintaining confidentiality for the session content. The exception to this is where there is a clear breach of professional conduct, unsafe practice or illegal practices that put the consumer, practitioner and/or GVCHS at risk. In this instance the clinical supervisor will provide the supervisee with support, but will report the concern to the supervisee’s Manager. In all cases the supervisee must be informed of the action taking place.

3.12 All notes regarding supervision will be kept in a locked filing cabinet. Upon request supervisees are able to access the notes kept on their clinical supervision sessions. Management will not access supervision notes unless in the instance of a Work Cover claim directly relevant to the supervision content.

3.13 All notes regarding supervision remain the property of GVCHS.

3.14 All notes regarding supervision will be archived for seven years after the staff member ceases to be an employee of GVCHS.

3.15 GVCHS is committed to maintaining and improving the quality and effectiveness of supervision. Feedback from all staff regarding clinical supervision will be sought at least annually.

4. CROSS-REFERENCES

Employee Assistant Program Procedure Performance Development Review Procedure Debriefing Procedure

5. REFERENCES

The ‘Pointy’ End of Clinical Supervision: Ethical, Legal and Performance Issues Elizabeth Shaw, Psychotherapy in Australia, February, 2004

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CEO’s Signature of Approval Date