



Policy

Mental Health, Justice Health and Alcohol & Drug Services

Clinical Supervision

Policy Statement

This policy outlines how clinical supervision within Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) will be implemented. It aims to ensure that the people who provide clinical services to vulnerable populations are assisted in maintaining their ongoing professional learning and development. The policy supports workforce growth, efficiency and productivity by providing these staff with appropriate access to practical opportunities for professional development.

Purpose

Clinical supervision (CS) facilitates the professional and practice development of clinicians and clinically related staff [e.g., team leaders, educators, researchers, professional leaders, directorate peer workforce team] through a process that includes reflection, education and discussion. This policy provides a framework for clinical supervision that:

Formalises clinical supervision as a significant mode of professional support and learning for clinicians and clinically related staff;

- Enables clinicians and other clinically related staff to assume responsibility for the development of their knowledge, skills, competency, practice and professionalism and, as such is, is a process for workforce development; and
- Supports professional standards of practice and quality of care within a clinical governance framework.

The effective use of clinical supervision is critical for providing efficient, effective and timely support to people with mental disorder or mental illness and their carers. The principles of clinical supervision are outlined in Appendix A of this document.

Scope

This policy applies to all staff in (MHJHADS) who provide clinical services to people of those services or are engaged in clinically related activities to support the provision of clinical services. The Standard

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Operating Procedure in Appendix E outlines the processes to be followed to achieve the aims of this policy. Clinicians and other clinically related staff will engage in clinical supervision on a minimum of a monthly basis according to the availability of clinical supervisors. This requirement of monthly supervision is not intended to replace specific requirements for supervision attendance, such as for students and trainees on clinical placement, or those that are stipulated by registration boards and/or professional associations. This policy applies to clinical supervisors who are internal (employed by the Health Directorate) and external (not employed by the Health Directorate).

Clinical supervision may take the form of telephone or face-to-face sessions in individual and group formats using a range of models. The standards outlined in this policy apply to all approaches and models of clinical supervision. All clinicians and clinically related staff are required to operate within the parameters of their discipline’s professional association or regulatory body. All staff covered by this policy shall have the right to terminate a particular clinical supervision contract at any time following a discussion with the discipline principal/lead clinical supervisor of the reasons for the termination. In the event that a contract is terminated, alternative supervision options will be provided by the discipline principal or lead clinical supervisor.

Roles & Responsibilities

Supervisors, supervisees, discipline principals and MHJHADS have specific roles and responsibilities regarding clinical supervision. (In the case of clinical supervision for the directorate peer workforce team, the team leader of Workforce Development will abide by the role and responsibilities listed below for the discipline principal.) All stakeholders are to observe and support a professional culture, including, the integrity, quality, effectiveness and evidence base of clinical supervision, in the following way.

1 The clinical supervisee will:

- 1.1 Undertake training in clinical supervision, where necessary, to obtain an understanding of its principles, aims and processes;
- 1.2 Negotiate arrangements to obtain clinical supervision in consultation with their discipline principal, lead clinical supervisor or, in the case of the directorate peer workforce team, the team leader of Workforce Development as necessary;
- 1.3 Adhere to the Health Directorate Code of Conduct, relevant discipline standards and, in the case of the directorate peer workforce team, best practice peer work principles when participating in clinical supervision;
- 1.4 Work with the clinical supervisor to agree on a supervision contract that outlines the goals, tasks and processes, including frequency, of clinical supervision;
- 1.5 Ensure regular attendance at sessions with the clinical supervisor as agreed;
- 1.6 Undertake an appropriate level of preparation for clinical supervision sessions, including, where relevant, the preparation of case review material or any agreed upon homework (A template for recording sessions is contained at Appendix D.);
- 1.7 Take joint responsibility with the supervisor for the effectiveness of each session;
- 1.8 Work to resolve any difficulties or concerns about the process with the supervisor in the first instance and, if unable to reach a resolution, with the relevant discipline principal/lead clinical supervisor;
- 1.9 Contribute to evaluating the effectiveness of clinical supervision;
- 1.10 Provide the discipline principal or lead clinical supervisor with details of any arrangements made with an approved external supervisor.

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- 1.11 Meet any costs associated with external supervision; and
- 1.12 In group supervision, comply with the terms of reference established by the group.

2 The **clinical supervisor** will:

- 2.1 Undertake relevant education, training and professional development opportunities in clinical supervision in accordance with the requirements of each discipline or the service and develop and maintain competence in the provision of clinical supervision within guidelines determined by the relevant discipline bodies;
- 2.2 Provide clinical supervision within the framework provided by relevant disciplinary codes of ethics and professional and practice standards and/or according to MHJHADS objectives, policies, standards and guidelines;
- 2.3 Receive regular clinical supervision to support professional and practice development as a clinical supervisor;
- 2.4 Support and develop a strong supervisory alliance in a safe environment which promotes the development of the professional skills and identity of the supervisee;
- 2.5 Maintain records of the clinical supervision contract agreed upon with the supervisee at the first supervision session and document changes to it as the goals, tasks and processes of clinical supervision develop;
- 2.6 Ensure all clinical supervision records remain confidential and appropriately secured in a locked cabinet or in password protected computer files;
- 2.7 Provide the supervisee with a copy of clinical supervision records, if requested.
- 2.8 If external to the Health Directorate, enter into any required formal contractual arrangements in relation to the provision of clinical supervision services, including the resolution of concerns about that contract;
- 2.9 Take joint responsibility with the supervisee for the effectiveness of each session;
- 2.10 Work to resolve with the supervisee any difficulties or concerns about the process in the first instance and, if unable to reach a resolution, with the relevant discipline principal/lead clinical supervisor;
- 2.11 Address any legal, ethical or safety issues, boundary violations or alleged misconduct in a timely and appropriate manner according to relevant policies, principles and procedures of clinical supervision outlined in this document;
- 2.12 Contribute to the evaluation of clinical supervision.
- 2.13 Engage and undertake external clinical supervision only when there is approval to do so
- 2.14 In the case of the directorate peer workforce team, preferably be experienced in peer work practice.

3 The **discipline principal/lead clinical supervisor** will:

- 3.1 Develop systems for ensuring clinical supervisors are competent in providing clinical supervision;
- 3.2 Keep a record of the names of clinical supervisors in their discipline;
- 3.3 Keep a record of the names of all staff receiving clinical supervision by whom and how often;

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- 3.4 Liaise with staff regarding clinical supervision arrangements and, where necessary, recommend the most appropriate supervisor-supervisee combinations;
- 3.5 Evaluate requests by staff wishing to undertake clinical supervision with supervisors not employed by the Health Directorate in accordance with the principles of clinical supervision;
- 3.6 Address any legal, ethical or safety issues, boundary violations or alleged misconduct in a timely and appropriate manner, in consultation with the supervisee and/or relevant team leaders or managers as required;
- 3.7 Notify the appropriate operations director of significant professional issues for their discipline in relation to clinical supervision; and
- 3.8 Report annually on clinical supervision in their discipline as part of their report to the MHJHADS Quality and Safety Committee.

4 Mental Health, Justice Health and Alcohol & Drug Services will:

- 4.1 Through the discipline principals work to ensure clinical supervision is provided in accordance with standards endorsed by each discipline;
- 4.2 Provide clinical supervisors and supervisees with training in clinical supervision to facilitate their understanding of the process in order to maximise its effectiveness and provide evidence of best practice supervision;
- 4.3 Support staff to access appropriate training and/or staff development opportunities to ensure that clinical supervisors have the necessary knowledge and skills to provide clinical supervision;
- 4.4 Provide information/advice regarding clinical supervision to all current and prospective employees of MHJHADS;
- 4.5 Facilitate access to clinical supervision for all clinicians and clinically related staff, including permitting time away from the workplace in order to attend clinical supervision.

Evaluation

▪ **Outcome Measures and Methods**

Clinical supervisors will supply to the discipline principal/lead supervisor and team leaders/managers a report of dates of clinician attendance at clinical supervision in line with the operational requirements of the service, which are outlined in the SOP. Staff who access external clinical supervision are to advise the discipline principal/lead clinical supervisor in their area of the dates they attended clinical supervision.

Clinical supervisors will provide evidence of current supervision contracts upon request to the discipline principal/lead clinical supervisor. (A standard clinical supervision contract is supplied at Appendix B. A contract for the engagement of clinical supervisors external to the Health Directorate is contained in Appendix C and is to be completed in addition to the clinical supervision contract.)

Related Legislation and Policies

Legislation

National Carer Legislation 2010

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Standards

- Code of Ethics, Australian Association of Social Workers
- Code of Ethics, Australian Psychological Society
- Code of Ethics, Occupational Therapy Australia
- Competency Standards for Occupational Therapists in Mental Health 1999
- Guidelines on Supervision, Australian Psychological Society
- National Practice Standards for the Mental Health Workforce 2002
- National Standards for Mental Health Services 2010
- ACMHN Standards of Practice for Australian Mental Health Nurses
- ANMC Code of Ethics for Nurses in Australia
- ANMC Code of Conduct for Nurses in Australia
- ANMC National Competency Standards for the Registered Nurse
- Professional Boundaries for Nurses
- NMBA Guidelines for Mandatory Notifications
- PSM ACT
- ACT Carers Charter

Policies

- Health Directorate Code of Conduct
- Health Directorate Privacy and Confidentiality Policy
- Mental Health Code of Conduct

Definition of Terms

Clinical supervision is a formal and ongoing arrangement of professional support, reflection, learning and development that occurs on a regular basis between a clinician or staff member in a clinically related role (e.g., team leader, educator, researcher, directorate peer workforce team) and a suitably qualified, experienced and trained practitioner on a regular basis.

Clinical supervisor is a suitably qualified and experienced practitioner who has received adequate training in clinical supervision and been identified by the relevant discipline principal/lead clinical supervisor as able to perform as a clinical supervisor.

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Clinical supervisee is a clinician or staff member in a clinically related role, such as a team leader, educator, researcher or member of the directorate peer workforce team who is receiving clinical supervision.

References

- Bishop, V. (1998). *Clinical supervision in practice: Some questions, answers and guidelines*. London: Macmillan.
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- Driscoll, J. (2007). *Practising clinical supervision: A reflective approach for healthcare professionals*. (2nd Ed.) London: Balliere Tindall.
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- Hawkins, P., & Shohet, R. (2007). *Supervision in the helping professions*. (3rd Ed.). London: Open University Press.
- Kohner, N. (1994). *Clinical supervision in practice*. London: King's Fund Centre.
- National Centre for Education and Training on Addiction (NCETA). (2005). *Clinical supervision resource kit for the alcohol and other drugs field*. Adelaide: NCETA.
- Skills for Care and Children's Workforce Development Council (SCCWDC). (2007). *Providing effective supervision: A workforce development tool including a unit of competence and supporting guidance*. Newcastle, UK: SCCWDC.
- Walker, R., & Clark, J. (1999). Heading off boundary problems: Clinical supervision and risk management. *Psychiatric Services*, 50, 1435-1439.
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Attachments

Appendix A

Principles of Clinical Supervision

- 1 Clinical supervision is not line management or performance management and is independent and separate from it. Clinical supervision focuses upon the professional and practice development of the clinician or clinically related staff member while line management focuses upon the

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- accountability of staff members. It is generally inadvisable for line managers to act as clinical supervisors for their own staff, particularly if the confidentiality of the process is to be preserved;
- 2 Clinical supervision is not therapy or counselling. Supervisees requiring these interventions should be appropriately referred by the supervisor;
 - 3 Clinical supervision is an appropriate professional development activity regardless of a supervisee’s level of experience or their professional background;
 - 4 Effective clinical supervision relies on the development of a strong alliance between supervisors and supervisees and ideally there should be a degree of choice for clinicians and clinically related staff in their selection of a supervisor;
 - 5 Clinical supervision needs to remain flexible to ensure that it meets the needs of supervisees at all stages of their development and career path;
 - 6 Clinical supervision is bound by professional standards of practice related to each discipline and the requirements of the respective registration board and/or professional association;
 - 7 Clinical supervision sessions, and any records associated with them, are private and confidential in accordance with the Health Directorate Code of Conduct and the Health Directorate Privacy and Confidentiality Policy [2007]. Confidentiality is limited in circumstances of serious concern related to the ethical or professional conduct of a supervisee or the safety of a client;
 - 8 Supervisees are expected to seek clinical supervision from supervisors employed by the Health Directorate. However, there may be circumstances where it is useful to seek clinical supervision from outside the service. Those seeking external clinical supervision are to discuss and seek approval from their discipline principal/lead clinical supervisor prior to making such arrangements to discuss the contract terms under which this will occur;
 - 9 It is important that the Standard Operating Procedure clearly express the appropriate mechanisms whereby clinical supervisees, supervisors, discipline principals/lead clinical supervisors and MHJHADS can address any concerns they have about clinical supervision;
 - 10 Team leaders/managers and discipline principals play an important role in engendering a culture of support and acceptance for clinical supervision within MHJHADS;
 - 11 MHJHADS will put in place appropriate infrastructure to support, coordinate and manage clinical supervision; and
 - 12 Clinical supervision is monitored and evaluated to ensure it is meeting its objectives. This includes identifying the benefits and effectiveness of clinical supervision, monitoring supervisee satisfaction and uptake, and monitoring adherence by all stakeholders to the clinical supervision policy. Any mechanisms put in place to monitor and evaluate the MHJHADS process of clinical supervision will ensure that the content of clinical supervision sessions remains appropriately confidential.
 - 13 Clinical supervisors are responsible to ensure that appropriate clinical supervision records are kept.

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Appendix B

CLINICAL SUPERVISION CONTRACT

This supervision agreement is made between:

_____ and _____
(Supervisee) (Supervisor)

We agree to the following:

The aim of supervision is to enable the supervisee to reflect in depth on issues affecting practice in order to develop professionally and personally towards achieving, sustaining and developing a high quality and safe service to people of *(insert program)* in Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS).

We have read, discussed and understand the terms of the MHJHADS policy and guidelines on clinical supervision.

The time and place for supervision meetings will be protected by ensuring privacy, time limits, punctuality and no interruptions. Sessions will only be cancelled with good cause and an alternative/next date confirmed.

We shall aim to meet regularly as follows:

Frequency: _____ Length of session (approx.): _____

Sessions will be guided by an agenda agreed to by both clinical supervisor and supervisee that contains time for ad hoc discussion and reflection. The content of supervision will not be discussed outside the session unless expressly agreed by both parties. Exceptions to this are where unsafe, unethical or illegal clinical practice/s have been revealed. In such a case, the supervisor will report the matter to the discipline principal/lead clinical supervisor, team leader/manager and, where applicable, health registration board for appropriate follow-up.

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Goals of clinical supervision for the agreed contract period:

This contract will be reviewed in 6 months.

Signed: _____ Date: _____
(Supervisee)

Signed: _____ Date: _____
(Supervisor)

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Appendix C

**CONTRACT FOR THE ENGAGEMENT OF A CLINICAL SUPERVISOR
EXTERNAL TO THE HEALTH DIRECTORATE**

I have read and understand the terms of the Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) clinical supervision policy.

This contract is for a period of _____ months.

Clinical supervision sessions contracted will be _____ hours per month.

Payment for clinical supervision services provided will be \$ _____ per hour and met by the supervisee.

As part of my role as an external clinical supervisor, I agree to:

- Abide by the terms of the MHJHADS clinical supervision policy.
- Provide clinical supervision in a manner that is consistent with the aims and objectives, policies, standards and guidelines of MHJHADS.
- Consult with the supervisee in order to prepare a clinical supervision contract. The supervision contract will include negotiated goals for a specified supervision period.
- Maintain an accurate log of clinical supervision sessions in accordance with the terms of the MHJHADS clinical supervision policy, which includes the date and duration of each session.
- Upon request, provide documentation on past professional experience and professional qualifications to the discipline principal and/or operational director in MHJHADS.
- Continue my own professional development, including the maintenance of competence in the provision of clinical supervision, and undertake clinical supervision.
- Upon request, provide the MHJHADS discipline principal/lead clinical supervisor with access to the dates the supervisee attended clinical supervision.
- Ensure appropriate client and supervisee confidentiality.
- This contract can be terminated upon the expiry of the period for which it was made or on an earlier date agreed to between the clinical supervisor and the supervisee following a discussion of the reasons for the termination with the MHJHADS discipline principal/lead clinical supervisor. At the termination of the contract, any amount due and payable to the clinical supervisor pursuant to the contract shall be paid at the time of such termination or as arranged with the clinical supervisor.

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I have read and understand the terms of this contract.

Signed: _____ Date: _____
(Supervisor)

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Appendix D

SAMPLE TEMPLATE FOR RECORDING CLINICAL SUPERVISION SESSIONS

Clinical supervision session with *[insert name of clinical supervisor]*

Date:

Goals for session	
Issues identified	
Action to be taken	
Plan for next session	

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Appendix E



Mental Health, Justice Health and Alcohol & Drug Services

Standard Operating Procedure

Clinical Supervision

Purpose

This Standard Operating Procedure [SOP] outlines the procedures to be followed for Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) staff undertaking clinical supervision. It is to be read in conjunction with the MHJHADS clinical supervision policy.

Scope

This SOP pertains to all clinicians and clinically related staff of MHJHADS who either provide or receive clinical supervision.

Procedures

1. The clinical supervisee makes contact with their discipline principal/lead clinical supervisor to discuss arrangements for clinical supervision. The discipline principal/lead clinical supervisor provides advice on appropriate supervisory arrangements and potential clinical supervisors.
2. The clinical supervisee approaches the potential clinical supervisor, to discuss the establishment of a supervision arrangement. If the clinical supervisor is unable to provide supervision, the discipline principal/ lead clinical supervisor should make a recommendation for an alternative supervisor,
3. If the clinical supervisor is available, the supervisor and supervisee will arrange a mutually acceptable time to meet.
4. In the first meeting, the clinical supervisor and supervisee will identify the goals, tasks and processes, including frequency of the clinical supervision sessions. These will be agreed upon by both parties and reflected in a signed supervision contract (Appendix B) and supervision plan. The clinical supervisor will store the contract for reference and review and a copy of the original will be provided to the supervisee.

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5. If a satisfactory clinical supervision agreement cannot be reached, the clinical supervisee will consult the discipline principal/lead clinical supervisor to discuss alternative options.
6. The clinical supervision agreement may be terminated by either the supervisor or supervisee at any time in consultation with the discipline principal/lead supervisor. One week's notice in writing [email or letter] is to be provided to the discipline principal/lead supervisor outlining the reason for the termination and what steps need to be taken to establish an alternative supervision arrangement for the supervisee.
7. The clinical supervision agreement is to be reviewed regularly, which may be as frequently as every few sessions (real-time review) but no less than once every six months.
8. The details of clinical supervision sessions will be documented by the clinical supervisor and are to be kept confidential and securely filed in a locked cabinet or password protected computer files. These will be made available to the supervisee upon request.

In Alcohol & Drug Services:

HPO staff in Alcohol & Drug Services will attend the monthly Counsellors Clinical Group in addition to obtaining individual or group clinical supervision;

ASO staff in Alcohol & Drug Services will attend the monthly ASO Clinical Group in addition to obtaining individual or group clinical supervision.

9. A record of attendance is to be kept by the clinical supervisor and made available to the discipline principal/lead clinical supervisor for annual reporting to the MHJHADS Quality and Safety Committee.

In Alcohol & Drug Services:

For HPO and ASO6 staff in Alcohol & Drug Services, the ADP Clinical Supervisor will provide a record of clinicians' dates of attendance at both internal and external clinical supervision and at the Counsellors Clinical Group to each manager in the service on a monthly basis.

10. The supervisor and supervisee must notify the other of their intention to cancel a clinical supervision appointment as soon as possible. Failure to attend or give reasonable notice of cancellation on two consecutive occasions will result in a review of the clinical supervision agreement.
11. A contract with an external clinical supervisor will outline the role, responsibilities, reporting requirements and circumstances under which the services will be provided and terminated. Clinical supervisors need to be fully apprised of the goals, priorities and agreed treatment modalities of MHJHADS; organisational structure; the role and responsibilities of supervisees; and intake and assessment procedures.
12. In the event of misconduct or underperformance involving legal, ethical or safety issues that could negatively affect client outcomes, or when there are concerns about the work being performed by the supervisee, the clinical supervisor will:
 - Notify the supervisee at the earliest opportunity;
 - Notify the discipline principal/lead clinical supervisor;
 - Recommend to the supervisee that they notify their team leader/manager;
 - Where the supervisee does not notify the team leader/manager as agreed, the clinical supervisor, in conjunction with the discipline principal/lead clinical supervisor

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will advise the supervisee that they will make the report to the team leader/manager as part of their professional duty of care.

13. In the case of serious professional misconduct, the clinical supervisor shall immediately notify the relevant team leader/manager and discipline principal/lead clinical supervisor, who may then obtain advice from the Health Directorate Human Resources Management Branch. Where the clinical supervisor is uncertain about the degree of seriousness of the supervisee's conduct or performance, the supervisor shall consult with the relevant discipline principal/lead clinical supervisor maintaining confidentiality of the supervisee as appropriate. In the event of alleged misconduct by the clinical supervisor, the clinical supervisee will discuss the matter with the discipline principal/lead clinical supervisor for appropriate action.
14. A contract with an external clinical supervisor will outline the role, responsibilities, reporting requirements and circumstances under which the services will be provided and terminated. Clinical supervisors should be fully apprised of the goals, priorities and agreed treatment modalities of MHJHADS; organisational structure; the role and responsibilities of supervisees; and intake and assessment procedures.
15. Discipline principals/lead clinical supervisors will advise staff of relevant professional and peer supervision meetings that are available or are a requirement to attend.

Evaluation

Outcome Measures and Method

The effectiveness of clinical supervision will be reflected in compliance with point 9 above, where the clinical supervisor's report to their area reflects the extent of uptake of clinical supervision and which staff are attending clinical supervision and how often. Indirect evidence will be provided by reduced levels of negative client feedback to the Directorate regarding clinician interventions. Incidents of serious professional misconduct will be reported in Riskman.

Related Legislation and Policies

Mental Health, Justice Health and Alcohol & Drug Services Clinical supervision policy 2011

Definition of Terms

Serious professional misconduct includes alleged clinician engagement in criminal offences (e.g., fraud, drug trafficking; sex offences, including any form of sexual conduct with current people; violence; or offences against minors); significant illness that affects a clinician's physical or mental capacity; working with suspended or cancelled registration or unreported conditions on the registration; and a lack of engagement in professional development activities in accordance with the requirements of the relevant registration board.

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