 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>CLINICAL PRACTICE MANUAL</p>	<p>CLINICAL SUPERVISION MENTAL HEALTH & ADDICTION SERVICES</p>	<p>Protocol CPM.M5.11</p>
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STANDARD

It is Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy intent that:

- Participation in clinical supervision is a way clinicians can demonstrate responsibility for their clinical practice.
- MH&AS clinicians have access to appropriate clinical supervision.
- Clinical supervision aligns with BOPDHB CARE values / Manaakitanga.
- Clinical Supervision standards and processes for allied health, nursing and mental health support workers is consistent with [best practice guidelines](#) established and published by Te Pou.

OBJECTIVES

This protocol is intended to:

- Present a framework for the delivery of clinical supervision for all clinicians.
- Ensure that Health & Disability standards and BOPDHB's service delivery goals are met.
- Facilitate the safe, ethical, accountable, and client-centred practice and provide professional and personal support to clinicians through an ongoing process of review, reflection, and development of clinical practice skills.
- Enable clinical supervision to be delivered through a variety of supervision formats in order to enable the accessibility of supervision as appropriate to all MH&AS professional groups.

PRINCIPLES

Clinical supervision is an important part of clinical governance and in the interests of maintaining and improving standards of patient care clinical supervision:

- Safeguards and promotes the highest standards of care for tāngata whai ora / service users
- Assists in developing an awareness of professional accountability and expectations of practice
- Promotes a person-centred philosophy based on the principles of empowerment and partnership
- Supports the development of the health professionals with the emphasis on maintaining competence, personal responsibility and accountability
- Supports the development of education of health professionals
- Enables and supports a reflective space for safe and innovative practice
- Recognises that mental health professionals often work in stressful conditions and supervision is a process that can provide active support


STANDARDS TO BE MET

1. General Standards

1.1 It is a requirement that all clinical staff employed within the MH&AS at BOPDHB will participate in clinical supervision.

1.2 MH&AS Clinical Co-ordinators, Team Leaders and MH&AS Educators will provide assistance to all clinical staff in regard to accessing an appropriate supervisor.

<p>Issue Date: May 2022 Review Date: May 2025</p>	<p>Page 1 of 4 Version No: 7</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
<p>Protocol Steward: Nurse Leader, MH&AS</p>	<p>Authorised by: Chief Medical Officer</p>	

 BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI CLINICAL PRACTICE MANUAL	CLINICAL SUPERVISION MENTAL HEALTH & ADDICTION SERVICES	Protocol CPM.M5.11
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- 1.3 Either individual or group supervision contract arrangements are supported as legitimate.
- 1.4 Supervision should be undertaken within the organisation and only in exceptional circumstances will external supervision be supported. Cluster Leader approval is required in relation to any external clinical supervision arrangement.
- 1.5 Clinical Supervision standards and arrangements are included in every new staff member's orientation.
- 1.6 Arrangements are made between the supervisee and supervisor and are negotiated on an individual basis and frequency according to experience and professional needs.
- 1.7 Supervisees are expected to have considered and planned their supervision for the coming year and reflected on the supervision participated in over the 12 month period at the time of performance appraisal.

2. Supervisee Standards

- 2.1 It is the supervisee's responsibility to access the list of available supervisors from either their team leader or their professional advisor.
- 2.2 Cross-discipline supervision is acceptable unless contra-indicated by individual professional bodies.
- 2.3 New staff members have responsibility for ensuring they have a clinical supervision arrangement in place within two (2) months of employment commencing. Clinical Co-ordinators / Team Leaders will provide assistance with this process as required.
- 2.4 Supervisees are expected to keep a log of supervision sessions, with an outline of themes and topics covered in that session, to aid their reflective practice.


3. Supervisor Standards

- 3.1 Only staff who have:
 - a) Completed approved Clinical Supervision training supported by this DHB, or;
 - b) Can provide evidence of equivalent training to the MHAS Workforce team Completed equivalent training and obtained experience elsewhere and satisfied the Nurse Leader, MH&AS and / or Professional Advisor that previous training meets service / discipline standards, may provide clinical supervision.
- 3.2 All staff that undertake the approved training in clinical supervision will supervise at least one (1) person and no more than four (4).
- 3.3 Staff supervising colleagues at another campus should use the video conferencing link in respect of their supervisor commitments.
- 3.4 Clinical supervisors will not be in a line management relationship with the supervisee to avoid any potential role conflict that may arise.
- 3.5 Clinical supervisors will keep a record of the date, time, and attendance of supervisees supervision during the contract period. At the end of the supervision contract period, a copy of the record will be provided to the supervisee.

4. Group Supervision Standards

- 4.1 Each clinical supervision group session will be for at least one and half hours and will be organised on a monthly basis.
- 4.2 Each clinical supervision group will consist of four (4) to eight (8) supervisees with one (1) clinical supervisor facilitating the process.
- 4.3 Ground rules will be developed by the supervisees and clinical supervisor, to support the agreed ways of working within the group.

Issue Date: May 2022 Review Date: May 2025	Page 2 of 4 Version No: 7	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
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 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>CLINICAL PRACTICE MANUAL</p>	<p>CLINICAL SUPERVISION MENTAL HEALTH & ADDICTION SERVICES</p>	<p>Protocol CPM.M5.11</p>
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5. Supervision Contracts

- 5.1 The clinical supervision contract establishes the objectives, scope, frequency, duration, and location of the clinical supervision sessions and can be offered via video, telephone, or similar mediums.
- 5.2 All Clinical supervision contractual agreements will be signed by both parties and logged on the MH&AS Clinical Supervision register held by the MHAS workforce team.
- 5.3 Clinical supervision contracts for allied health staff will be available on request to the Allied Health Leader or Professional Advisor, Psychology.
- 5.4 Contracts will be reviewed annually. Contracts between the same supervisor and supervisee that extend beyond three (3) years contiguously require approval from the supervisee's professional advisor.
- 5.5 Termination of contracts must be notified directly to the workforce team.


6. Confidentiality and Records

- 6.1 Records of supervision sessions should be agreed and maintained between the supervisor and the supervisee and must be kept securely. They cannot be used in any disciplinary action.
- 6.2 All issues discussed will be in confidence. The supervisor and supervisee will discuss ways of resolving or managing the issue safely. If this cannot be achieved then the supervisee will be encouraged in the first instance to raise this with their line manager.
- 6.3 Where an individual has revealed that they have breached their respective professional code of conduct by engaging in unsafe, unethical or illegal practice. The supervisee will be encouraged to raise the issue with the relevant line manager as soon as possible. If this does not occur it will be the Clinical Supervisor's responsibility to document relevant information and inform the supervisee that their line manager may be informed.
- 6.4 Any record made by the supervisor will be open to the supervisee including group supervisees.
- 6.5 Supervision sessions need to be held in contexts where privacy and confidentiality can be maintained, this includes media platforms that may be used to offer supervision.
- 6.6 Contracts will be held in a central service register and available for audit and quality improvement purposes.

7. Reporting

- 7.1 A supervision report may be requested for professional development purposes by a line manager and should contain:
 - a) Attendance as per the contract
 - b) Any summary statement on themes of supervision and strengths of the supervisee.

Issue Date: May 2022 Review Date: May 2025	Page 3 of 4 Version No: 7	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
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REFERENCES

- NZS 8134:2021 Nga paerewa Health and Disability Service Standards
- [Dapaanz \(2014\) Aronui. Supervision guide for addiction practitioners, supervisors and managers – Developed by Dapaanz \(Addiction Practitioners' Association\), Matua Rakiand Te Pou o Te Whakaaro Nui. Auckland: Te Pou o Te Whakaaro Nui.](#)
- [Supervision | Professional Development | Te Pou](#)
- [Te Pou o Te Whakaaro Nui. \(2015\). Supervision guide for mental health and addiction kaiwhakahaere/managers. Auckland, New Zealand: Te Pou o Te Whakaaro Nui.](#)
- [Te Pou o te Whakaaro Nui. \(2017\). Te Tirohanga a te Manu “A bird’s perspective”- Professional supervision guide- for nursing leaders and managers. Auckland: Te Pou o te Whakaaro Nui](#)
- [Te Pou o te Whakaaro Nui. \(2017\). Te Tirohanga a te Manu “A bird’s perspective”- Professional supervision guide- for nursing supervisees. Auckland: Te Pou o te Whakaaro Nui](#)
- [Te Pou o te Whakaaro Nui. \(2017\). Te Tirohanga a te Manu “A bird’s perspective”- Professional supervision guide- supervisors. Auckland: Te Pou o te Whakaaro Nui](#)

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 7.103.1 protocol 1 Continuing Competence \(Certification\) - Nurses & Midwives - Standards](#)
- [Bay of Plenty District Health Board policy 7.2001 protocol 1 Clinical Supervision Standards](#)
- [Bay of Plenty District Health Board policy 3.50.02 protocol 7 Supporting Staff](#)
- [MHAS Clinical Supervision Contract](#)

<p>Issue Date: May 2022 Review Date: May 2025</p>	<p>Page 4 of 4 Version No: 7</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
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