



# Guidelines for Supervision

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| <b>Version:</b>  | 1  |                     |            |
| <b>Summary:</b>  | <b>This guideline sets out the Council's expectations and practical compliance information for practitioners subject to a supervision condition.</b> |                     |            |
| <b>Applies to:</b>   | Psychologists with a supervision condition whose principal place of practice is in NSW.  |                     |            |
| <b>Of interest to:</b>                                     | Supervisors and decision makers  |                     |            |
| <b>Author:</b>   | Psychology Council of NSW  |                     |            |
| <b>Owner:</b>  | Psychology Council of NSW  |                     |            |
| <b>Related legislation, Awards, Policy and Agreements:</b> | Psychology Council of NSW Supervisor Approval Position Statement; <i>Health Practitioner Regulation National Law</i> (NSW)                           |                     |            |

## 1. PURPOSE

When the Psychology Council of NSW (Council) has concerns about a registered psychologist ('practitioner') practising in NSW, the Council may take action to impose supervision conditions on the subject practitioner's registration.

These instructions provide essential information about regulatory supervision as the Council must be assured that the knowledge, skill or judgment possessed, or care exercised, by practitioners is at a reasonable standard, and one that the public is entitled to expect.

## 2. ROLE OF THE SUPERVISOR

Supervisors are asked to assist practitioners with supervision conditions on their registration to address the areas of need identified by the Council.

Though Council supervisors are required to be holding Board-approved supervisor status (as approved by the Psychology Board of Australia having completed the Board's approved supervisor training), regulatory supervision is different from regular peer supervision. Regulatory supervision requires supervisors to monitor the practitioner's progress to rectify or remediate the areas of need originally identified and report the progress to Council on a regular basis.

Supervisors must be nominated to and approved by Council to undertake this role (refer to the Council's Supervisors Approval Statement for more information).

## 3. SUPERVISION

### 2.1 Structure of supervision

The structure of supervision should follow from the goals outlined by the Council (and where relevant, the decision-making panel). These goals will guide the establishment of agreed objectives between the subject practitioner and the supervisor. Supervision sessions should focus on the achievement of these objectives and the monitoring of progress, and should address, but not be limited to, the following topics. In addressing these in the report, please use specific examples, or provide evidence of achievement:

- the practitioner's awareness of the reason for supervision;
- areas of practice identified in the decision by the Tribunal, Inquiry, Performance Review Panel, Impaired Registrants Panel, Performance Assessment or Section 150 panel;
- specific plans put in place by the subject practitioner to maintain competence in his/her professional practice in the future;
- the impact of impairment on his/her professional practice;
- how the subject practitioner linked his/her professional experience with relevant sections of the APS Code of Ethics (or relevant Ethical Guidelines) and to the primary goals of the supervision contract;
- the extent to which the planned objectives specified by the Council were achieved.

***Refer to Appendix A for an example of the STRUCTURE OF SUPERVISION reporting sheet.***

### 2.2 Methods of supervision

The Council suggests the following methods are appropriate in supervising a practitioner, but discretion is left to the supervisor to select those methods best suited to specific competencies and objectives:

- Direct observation and feedback on performance (live, recorded or others as

appropriate).

- Discussion/review of readings, theoretical concepts, methods, dilemmas, vignettes and issues that arise in performance of the specified competencies, or in practice in general.
- Discussion/review of what the practitioner learnt at a conference/training workshop where relevant to the objectives of supervision.
- Oral or written report (with consent of the practitioner) from another professional (such as practitioner's employer, work colleagues or workshop presenter) who has directly observed the practitioner's performance of the specified competencies, and discussion of this report.

## 2.3 Progress and learning outcomes

The Council expects the supervisor to develop learning outcomes with the subject practitioner and to report on the outcomes achieved within the reporting period.

# 4. REPORTING TO COUNCIL

The Council provides a supervision report template which must be completed for the specified supervision period. The supervisor should ensure that the following are addressed:

## 3.1 Background details

Name of the subject practitioner, the supervisor, reporting frequency, date of current report, date of last report, dates and length of supervision sessions in reporting period.

## 3.2 Goals and structure of supervision

Please consider the following:

- what was agreed to achieve with the subject practitioner?
- what were the expected outcomes from supervision?
- how were topics for discussion determined?
- how consistently/directly did supervision cover the stated goals?

## 3.3 Reflective component

The subject practitioner must complete a self-reflection component on how personal issues may impact on professional behaviour and in particular, reflect on the Council's concerns that led to conditions being imposed.

The Council suggests the following methods may be appropriate in undertaking and monitoring this component, but the final decision is at the discretion of the supervisor:

- Reflective journal
- Case vignette
- Supervision log
- Role play

***Refer to Appendix B for an example of the REFLECTIVE COMPONENT***

## 3.4 Compliance with other conditions

The subject practitioner may have other conditions imposed on their registration, aside from supervision, such as:

- the requirement to complete educational courses;

- the requirement to sit the National Psychology Exam;
- restrictions on practice (such as number of hours, number of clients/patients, no solo practice);
- the requirement to submit to audits or inspections.

Please discuss the practitioner's progress or status in complying with other conditions and note in the supervision report.

### 3.5 Statements of supervision progress (quantitative and qualitative)

Supervisors are requested to rate each statement on a Likert-type scale:

| 1              | 2 | 3            | 4 | 5         |
|----------------|---|--------------|---|-----------|
| Unsatisfactory |   | Satisfactory |   | Excellent |

The supervisor must also include qualitative statements about the supervision in their report, including:

- the practitioner's competence in relation to the primary goal of supervision, including progress towards objective and objectives achieved;
- understanding of appropriate ethical and professional behaviour;
- the practitioner's response to supervision;
- the supervisor's satisfaction that the practitioner recognises his/her limits in regards to areas of competence in psychology practice;
- areas requiring special attention or further development;
- other comments if necessary.

This last component of the report is very important. Supervisors are not only assisting the practitioner under supervision, but also play a critical role in protecting the public. The Council relies greatly upon the quality of information provided to it in the Supervisor Reports.

## APPENDIX A

### EXAMPLE: STRUCTURE OF SUPERVISION

| COUNCIL GOAL/S  | AGREED OBJECTIVES   | METHODS OF ACHIEVING OBJECTIVES   | PROGRESS & LEARNING OUTCOMES   |
|---|---|---|--|
| Understand boundary issues in professional practice     | Review of ethical codes and guidelines<br><br>Case discussions where blurring of boundaries may be an issue   | Practitioner to demonstrate understanding through discussion<br><br>Practitioner to present cases with particular reference to boundary issues  | <b>IP</b> Practitioner demonstrated a good understanding of codes and guidelines. Still to complete case discussions.  |
| Develop competency in report writing                    | Review of written reports   | Supervisor to review draft reports, and provide feedback, until reports are satisfactory  | <b>IP</b> Reports still require significant edits and revisions. More discussion and review of reports is required. Practitioner to attend workshop on report writing. |
| Develop diagnostic assessment skills                    | Review of taped diagnostic interviews   | Supervisor to observe taped interview and provide feedback  | <b>A</b> Practitioner has demonstrated competent diagnostic interviewing skills.<br><br><b>LEGEND:</b><br>A = Achieved<br>IP = In Progress                             |
| Reflect on the complaint/concerns raised by the Council | Understand the factors and circumstances that led to the complaint and develop strategies to avoid repetition | Supervisor and practitioner to develop an explanatory formulation for the complaint.<br><br>Practitioner will review relevant sections of the National Law, APS Code of Ethics and Ethical Guidelines<br><br>Practitioner to develop and implement a formal plan to identified address areas of concern | <b>IP</b> Practitioner demonstrated a sound understanding of the formulation. Review of APS Code in progress. Plan in early stages of development.                     |

## APPENDIX B

### EXAMPLE: REFLECTIVE COMPONENT

My ongoing health problems have meant that I have cut back my psychology practice to 3 days a week to allow me to look after my health and keep stress levels low. Through discussion of specific cases in supervision, I have also realised that in the past my own need to be helpful to, and liked by, my clients has led me to overlook important boundaries in the therapeutic relationship. Through continued work I am learning to keep strict boundaries in place in my clinical practice.