SA Health

Allied Health Professional Supervision Framework

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Allied and Scientific Health Office

Government of South Australia
SA Health

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Acknowledgements

We acknowledge and respect Aboriginal peoples as the state's first peoples and nations, and recognise Aboriginal peoples as Traditional Owners and occupants of land and waters in South Australia. We pay our respects to Elders past, present and emerging.

This Framework is adapted from a range of supervision resources and guidelines, including but not limited to:

- Allied Health Clinical Supervision Framework (2014), Allied and Scientific Health Office, SA Health
- Regional Local Health Networks Allied Health Professional Supervision Framework (2023), Rural Support Service, SA Health
- Victorian Allied Health Clinical Supervision Framework (2019), Victoria Health, Victoria
- The Superguide – A handbook for supervising allied health professionals (2012), Health Education and Training Institute [HETI], NSW.
- National Safety and Quality Health Service Standards (NSQHS), Second edition (Updated 2021)

The Allied and Scientific Health Office (ASHO) specifically acknowledges the significant work undertaken by Rural Support Services in developing the Regional Local Health Networks Allied Health Professional Supervision Framework (2023), and the contributions of regional allied health clinicians and managers to the extensive consultation process in the development of that framework.

Further, ASHO would like to acknowledge the generous contributions made by allied health staff within and across the regional Local Health Networks (LHNs), Southern Adelaide Local Health Network (SALHN) and Women's and Children's Health Network (WCHN) sites in the development of the original 2014 SA Health Clinical Supervision Framework. Foundational reference documents included:

- Country Health SA Allied and Scientific Health Clinical Support Framework (Oct 2012).
- Southern Adelaide Local Health Network Allied Health Clinical Supervision Framework (Sept 2013).
- Women's & Children's Health Network Clinical Supervision (draft, 2012)
- Southern Primary Health Clinical Supervision Guidelines and Procedures (May 2012).
- Adelaide Metro Mental Health Directorate Clinical Supervision Framework (May 2012).

Definitions

Applying a cultural lens: during supervision, applying a cultural lens is the process of actively considering Aboriginal cultural factors that may influence a clinician's practice, and relationships with Aboriginal consumers and colleagues.

Clinical supervision: the formal provision of professional support that promotes a clinician's development of knowledge, competence, and reflective practice skills within the clinical domain.

Clinical governance: the implementation of systems and structures within a health service organisation to maintain and improve the reliability, safety, and quality of health care (National Safety and Quality Health Service Standards, 2021).

Cultural safety: creating environments that are safe and welcoming for Aboriginal people, where cultural differences are acknowledged, respected and supported (Department for Health and Wellbeing, 2023). It requires all people to undertake an ongoing process of self-reflection and cultural self-awareness and an acknowledgement of how these impact on interactions with others and service delivery (Indigenous Allied Health Australia, 2019).

Delegated supervisor: an individual who has the skill set, knowledge and capacity to support a clinician to meet a specific supervision goal outside the primary supervisory relationship.

Elective supervision elements: optional supervision methods that include point of care supervision, group supervision, peer supervision, extending professional self and facilitated learning. These elements may be included in a Supervision Plan depending on the learning goals and needs of the supervisee.

Primary supervisor: an individual who provides the core reflective practice element of professional supervision.

Professional supervision: the formal provision of professional support that promotes a clinician's development of knowledge, competence, and reflective practice skills across the breadth of clinical and non-clinical domains.

Reflective practice supervision: the core element of professional supervision in which a primary supervisor supports a clinician to refine and develop the skills needed to be a reflective practitioner.

Supervision Agreement: a document outlining the parameters of the supervisory relationship between a clinician and their primary supervisor. The agreement identifies roles and responsibilities within supervision to ensure a shared understanding of expectations within reflective practice supervision.

Supervision Plan: a document co-designed by the supervisee and their primary supervisor that identifies the supervisee's supervision goals, and the methods/elements of supervision that will be used to meet those goals.

1. Introduction and purpose

SA Health is committed to supporting Allied Health Professionals (AHPs) across all services to access consistent, appropriate and effective clinical supervision and professional support.

To support this, SA Health has developed this SA Health Allied Health Professional Supervision Framework (the Framework).

Since the release of the first SA Health Clinical Supervision Framework (2014), supervision has become widely embedded within SA Health allied health. To reflect this progress, and to acknowledge a broader best-practice approach to supervision, the Framework terminology has been updated to 'professional supervision'.

Professional supervision is defined as:

> *'…a uniquely designed development activity, emphasising personalised learning, skill and practice development and personal support…. It is co-designed with the supervisee to ensure it is fit for purpose, in line with the supervisee's learning needs, styles and learning stages' (Bihary, 2022).*

Clinical supervision that focuses more specifically on clinical skill development and clinical competency remains an essential component of supervision. This is particularly the case for clinicians who have recently graduated, are entering new areas of practice or have specific clinical learning goals or profession-specific competency requirements. However, the updated terminology to professional supervision encourages clinicians to reflect and set goals for professional growth beyond the clinical domain.

Reflective practice supervision has been identified as the core element of the Professional Supervision Framework. Reflective practice supervision supports the supervisee to critically reflect on their clinical, personal and professional experiences in a safe and structured manner.

Professional supervision provides wide-ranging benefits to consumers, clinicians and organisations. Effective professional supervision develops clinician problem solving skills, supports supervisee wellbeing, contributes to professional identity development and provides clarity around work roles and responsibilities. It is essential to effective clinical governance, contributes to high quality consumer-centred care and fosters an overarching culture of professional and personal growth and development.

Strong clinical governance enhances clinical effectiveness and contributes to high quality, safe health care. SA Health recognises the provision of professional and clinical support to AHPs is an essential component of clinical governance in line with the National Safety and Quality Health Service Standards, 2021. The Clinical Governance Framework for Allied Health Professionals outlines the range of clinical governance structures that apply within SA Health allied health.

SA Health will ensure AHPs have access to clinical and professional support that is:

- Flexible, balancing the needs of the organisation and the individual in terms of access, process and delivery methods.
- Inclusive of various support mechanisms including formal professional supervision.
- Adequate in meeting the minimum standards set out by governing professional bodies and boards and existing professional competency standards.
- Linked to performance development and review processes and embedded in job and person specifications.
- Provided by appropriately trained and skilled supervisors in a culturally safe and respectful manner

2. Applicability and target audience

This Framework outlines the principles and minimum standards of professional supervision for allied health staff across SA Health, ensuring a consistent basis for professional supervision to be implemented at the local level. This overarching Framework is intended to inform LHN based frameworks. Local services may choose to implement more specific requirements, as long as the general principles outlined in this Framework have been met.

This Framework has been endorsed by the Allied Health Executive Council as a minimum requirement for all AHPs across SA Health. Allied Health Executive Council has further agreed that LHNs will actively support cross-LHN supervision arrangements on an in-kind basis, where suitable supervisors are not available within an individual LHN.

The intended audience of this Framework includes:

- SA Health Allied Health Professionals (AHPs) as defined in the *South Australian Public Sector Enterprise Agreement: Salaried 2021*
- Team Leaders, Managers and Directors of Allied Health Professionals
- Allied Health Executive Directors, or equivalent
- Allied Health Educators
- Health Service Managers
- LHN Executives and Boards

AHPs employed in Statewide Clinical Support Services (SCSS) have access to professional development, continuous learning, supervision and professional support within their structures. The Framework's overarching principles recognising the value of ongoing professional and clinical support apply to SCSS staff, with implementation of the Framework to be considered within the context of existing supervision structures.

Non-AHP classified staff, including Allied Health Assistants (AHA), Medical Scientists (MeS), Professional Officers (PO) and Technical Officers (TGO) are not in scope. However local service managers are encouraged to consider, and implement where relevant, elements of the Framework that will support the personal and professional development of non-AHP staff in their work areas.

3. Outcomes

- All AHP staff will access the professional supervision they require with endorsement and support from their health units and managers.
- There will be a consistent approach to minimum standards of professional supervision applied to all AHP staff across SA Health.
- Supervisors and supervisees will feel adequately supported, with clearly defined roles and responsibilities.
- Supervisors will have access to professional supervision training and support to fulfil their supervision roles.
- Professional supervision will promote inclusive practice including development of culturally sensitive behaviours and practices to support clinicians working with Aboriginal and Torres Strait Islander consumers and colleagues.
- Professional supervision will support AHP wellbeing and resilience.

4. Principles of supervision

The following principles are supported by SA Health to ensure professional supervision is effective:

- Professional supervision utilises a proactive approach to support clinicians to review their practice in an ongoing manner.
- Professional supervision promotes a reflective approach to practice.
- Professional supervision recognises the importance of a culturally safe and responsive health workforce.

5. Requirements of supervision

The Framework is structured to enable flexibility in meeting the goals and needs of AHPs with varied levels of experience and learning styles. The table below outlines the core requirements of the Framework.

Table 1: Requirements of supervision

Requirements of supervision	Details
Identify a suitable primary supervisor	Every AHP will have a nominated primary supervisor for professional supervision. Refer to Section 6 “Roles & Responsibilities’ for further details.
Develop a Supervision Agreement and Supervision Plan	Every AHP will have an individual Supervision Agreement and Supervision Plan co-designed by the supervisee and their primary supervisor. These documents may be combined or completed as separate documents dependent on LHN requirements. Refer to Section 8 ‘Key Supervision Documents’ for further details.
Maintain a Supervision Log	Every AHP will maintain a Supervision Log detailing frequency and methods of professional supervision. Refer to Section 8 ‘Key Supervision Documents’ for further details.
Participate in reflective practice supervision sessions (core element)	Every AHP will participate in reflective practice supervision. Refer to Section 7 ‘Frequency and Methods of Supervision’ for further details.
Participate in elective supervision elements, as agreed in the Supervision Plan	Elective supervision elements may be included in the Plan to meet the individual development needs of the supervisee. Refer to Section 7 ‘Frequency and Methods of Supervision’ for details of the Elective elements.
Evaluate supervision	The Supervision Plan and Supervision Agreement will be reviewed regularly as needs or circumstances change, and annually as a minimum. Refer to Section 11 ‘Evaluation & Monitoring’ for further details.

Profession-specific supervision requirements

Some professions specify clinical or professional supervision requirements through their relevant AHPRA Board or professional association that exceed the expectations outlined in this Framework. This may include:

- A requirement for professional supervision to be provided by a supervisor of the same profession for all or a portion of supervision hours.

- A requirement to undertake a total number of supervision hours that exceed the minimums specified in Table 2.
- A requirement for the supervisor to hold accreditation or have undertaken specific training to provide supervision to a given profession.

In such cases (including but not limited to psychologists, art therapists, social workers and AHPs holding limited or provisional registration under AHPRA), the AHP should comply with the requirements specified by their regulatory or professional body.

Advanced and extended scope practitioners

AHPs undertaking an advanced and/or extended scope of practice requiring specific, additional supervision related to that scope or technical skill set should ensure these requirements are documented in the Supervision Plan. Appropriate methods and frequency of supervision should be utilised to ensure compliance with the defined scope of practice requirements. Advanced Clinical Practitioners are also encouraged to have a flexible approach to professional supervision, as per section 3 of the SA Health Allied Health Advanced Clinical Practice Statewide Framework. This may include access to more than one supervisor, and access to supervision from an 'expert in the field' from another discipline or health service.

Selecting a primary supervisor

Multiple factors should be considered when selecting a primary supervisor, acknowledging that line managers and/or professional leads will generally lead the process in collaboration with the supervisee where appropriate. The following principles should be applied when selecting a primary supervisor:

- The supervisor is ideally of a higher AHP classification; or has the appropriate skills and a higher level of experience to support the supervisee's learning and development.
- The supervisor is ideally from the same profession as the supervisee, however depending on the profession, clinical context, role and the supervisee's level of experience a supervisor from a different profession may be used. If the primary supervisor is from a different profession, it is strongly recommended to include a profession-specific delegated supervisor in the Supervision Plan.
- Where a local team is unable to match a supervisee to a suitable supervisor internally, for example due the supervisee's specialist role or specific clinical caseload, it is appropriate to seek a primary supervisor outside that local service or LHN.

Additional detail is provided in Section 7 'Frequency and Methods of Supervision'.

6. Roles and responsibilities

Primary supervisor

The primary supervisor co-designs an individualised Supervision Plan with the supervisee and engages in ongoing supervision as agreed in the Plan. The primary supervisor promotes reflective practice, evidence-based practice, point of care learning and identifies opportunities for broader skill development with application of the cultural lens as appropriate. The primary supervisor provides regular and specific feedback that reinforces learning and respectfully draws attention to aspects of work that need further development. They also ensure appropriate confidential records of supervision activities are maintained.

Delegated supervisor

A delegated supervisor may be selected to support specific learning goals, where they hold skills and knowledge relevant to that goal. The delegated supervisor is identified in the Supervision Plan and communicates regularly with the primary supervisor to support the primary supervision relationship.

A delegated supervisor may be of particular benefit in:

- Point of care supervision requiring expertise in a specific technical or clinical skill.
- Inter-disciplinary, trans-disciplinary or multi-classified roles where exposure to perspectives from more than one profession supports optimal learning.
- Advanced Clinical Practice roles, or roles that blend professional streams (clinical, education, research, management) where perspectives and knowledge across several domains are required.

Note: Alternative or additional professional support mechanisms, such as mentoring or clinical coaching, may be more beneficial in some contexts than appointing a delegated supervisor (see Appendix 7 for information).

Supervisors should be familiar with their supervisee's role, team structure, organisational governance structure and local factors or context that may influence their supervisee's practice. They should also demonstrate a commitment to updating their own knowledge and professional skills. When necessary, the supervisor and supervisee will advise the line manager/professional lead of any performance, ethical concerns and mandatory reportable issues.

All supervisors should develop relevant skills and knowledge to provide effective supervision and are required to access relevant training and resources to maintain this knowledge (see Section 10). This includes consideration of supervisor skills and knowledge required to support the specific needs and cultural safety of Aboriginal AHPs and AHPs from culturally and linguistically diverse backgrounds.

Supervisee

All AHPs are expected to actively participate in professional supervision. Clinicians collaborate with their line manager to ensure an appropriate primary supervisor is identified. Supervisees co-design Supervision Agreements and Supervision Plans with their primary supervisor and assist in identifying appropriate supervision methods to meet their supervision and learning goals. Supervisees then confirm to their line manager that a Supervision Agreement and Plan are in place.

Clinicians are expected to participate fully in agreed supervision activities and commit to actions as agreed at the conclusion of each supervision session. The supervisee is encouraged to provide feedback to the supervisor and support the ongoing evaluation of the supervisory relationship.

To support full participation, and promote effective supervision relationships, all supervisees are expected to access relevant training and resources to develop knowledge relating to supervision processes and practice.

Line manager / professional lead

A diverse range of allied health governance structures exist within SA Health. Some AHPs have operational line management and professional reporting through a same profession manager; others receive operational line management through a multidisciplinary service manager from another profession. For AHPs reporting to a line manager of a different profession there should be a professional reporting line to their own profession for profession-specific support. Line managers and/or professional leads must ensure all allocated AHP staff have access to professional supervision. This needs to be distinct from line management where possible. Clarity around responsibility and delegation via a robust communication pathway between all parties should be outlined to reflect the individual AHP and their bespoke supervisory needs.

The line manager and/or professional lead must ensure an appropriate primary supervisor is nominated for every AHP, that a Supervision Agreement and Plan is in place, and that regular supervision occurs according to the agreed Plan. If matters relating to performance, ethical concerns or mandatory reportable issues are raised by the supervisor, the line manager and/or

professional lead is responsible for ensuring appropriate performance management processes are implemented or action taken according to relevant policies, directives, and legislative requirements.

The line manager and/or professional lead may request a copy of the Supervision Log and signature page of the Supervision Agreement and/or Supervision Plan to confirm compliance with the expectations set out by SA Health.

Senior management and allied health executive

Senior management and allied health executive are responsible for fostering a culture where professional supervision is prioritised as a protected component of clinical governance. They must provide support to ensure the Framework is implemented.

7. Frequency and methods of professional supervision

Professional supervision may include a range of different methods.

Different minimum standards for professional supervision exist within individual organisations and for specific allied health professions that are determined by AHPRA, national accrediting bodies and professional associations. This document outlines shared minimum requirements for professional supervision across the range of professions and does not detail profession-specific minimum standards. It is the responsibility of the supervisor and supervisee to ensure the methods, frequency and duration of supervision meet any relevant profession-specific standards, in conjunction with the requirements of this Framework.

Frequency of supervision

Evidence confirming the optimal method and frequency of professional supervision is limited. The amount of time required for effective professional supervision will vary between clinicians dependent on their level of competence, years of experience, type of clinical experiences, learning style, and other factors. It is acknowledged that some AHPs will need more support than others and this should be accommodated where possible to ensure clinicians feel confident and supported in their work.

Table 2 details the minimum frequency for professional supervision for AHP staff employed within SA Health based on level of experience and type of role. The minimum time requirement for supervision may be distributed across a range of methods, as negotiated during the development of the Supervision Plan, ensuring that reflective practice supervision is included.

Table 2: Frequency of Supervision

Clinician	Minimum amount of time required*	Comments for Manager
New Graduates / Base Grade Clinicians	4 hours/month initially (reducing over time to fortnightly then monthly as clinical skills develop)	The transition from student to professional is a critical time and implementation of clinical and professional support is essential (Smith & Pilling, 2008), particularly if not participating in a graduate program. Ideally, supervision time will focus on 1:1 reflective practice supervision. Consideration should also be given to previous relevant experience (e.g. student placements, participation in graduate program, number of years already in the workforce).

Experienced AHPs	1 hour/4-6 weeks	Hours may be increased in circumstances requiring acquisition of a new skill area (e.g., initiating clinical specialisation, commencing staff or student supervision, service improvement projects), when moving into a new work setting, or on return to work from extended leave.
Clinicians in clinical support roles i.e. management, health promotion, service development, project roles	1 hours/1-2 months	Supervision will vary according to the AHP's experience in their work role and the complexity of the role. Supervision may be provided by another profession where appropriate or according to the needs of the supervisee.
Agency locums	By negotiation	Services engaging locum AHPs should review the clinical competency of the locum in relation to the clinical services they will be required to provide. Comprehensive orientation and training should be provided on commencement, and a supervision plan developed that supports delivery of safe and effective services to the LHN. Supervision frequency should consider the locum's clinical experience, caseload complexity and availability of support.

**Hours may be adjusted on a pro-rata basis for part-time employees as negotiated with the manager depending on hours worked, clinical roles and responsibilities, and needs of the clinician.*

Professional supervision may be provided by senior clinicians, professional leads, service managers, team leaders, peers and external supervisors. Deciding who provides professional supervision depends on the context, the professional needs of the supervisee, availability of suitable supervisors, complexity of the business and consideration of power differentials. If no other suitable supervisor is available, the line manager can undertake the role of supervisor, however professional supervision sessions and content should be clearly delineated from operational line management functions (see Section 9).

Experienced AHPs working in senior clinical speciality and management positions may find it difficult to access suitable professional supervisors within their LHN. For these AHPs, it may be appropriate to nominate an external supervisor (within or external to SA Health) or adopt a mentoring approach as the primary means of supporting continued growth and development. It is the joint responsibility of the line manager, professional lead and the individual AHP to ensure an appropriate supervision plan and method is negotiated and implemented.

Methods of supervision

Core element: Reflective practice

Reflective practice supervision is the basis of the enduring supervisory relationship between a supervisee and their primary supervisor and can be delivered one to one or within group based supervision models. The focus is to facilitate self-monitoring and self-accountability. This supports the development and refinement of skills needed by the supervisee to be a reflective practitioner. Reflective practice sessions provide space to develop clinical reasoning skills to ensure the delivery of safe and effective patient care, and may focus on other professional issues such as managing workplace relationships and integrating reflections and learnings from elective element supervision sessions. Content of the sessions will be guided by both the supervisee and supervisor, accounting for a range of learning styles, goals and skills in self-reflection. Activities will explore supervisee strengths, reflect on challenging or fulfilling experiences, analyse responses to a range of situations, and consider actions to further develop skills and knowledge.

Reflective practice supervision should be undertaken in a private space where open, confidential discussions can be held between the supervisee and their primary supervisor. This supports trust building and psychological safety within the supervisory relationship. Reflective practice

supervision will ideally occur in person, or via videoconferencing if required, at the frequency and duration agreed within the Supervision Plan.

Elective elements:

Elective supervision elements may be included in the Supervision Plan to meet a supervisee's individual development needs. When selecting which elective elements to incorporate, the following should be considered:

- clinician's level of experience and career stage
- skills required to deliver high quality care
- requirements of the organisation.

Although reflective practice supervision with the primary supervisor is the core element of professional supervision, individual self-reflection and/or facilitated reflective practice will naturally be part of many elective supervision sessions. Regular reflective practice supervision with the primary supervisor provides a safe space for the supervisee to reflect on and integrate their learning across multiple elective elements.

Participation in elective elements should be documented in the Supervision Log.

Point of care supervision

Point of care supervision is direct observational supervision that occurs in-person within a clinical setting. Point of care supervision supports a supervisee to develop a clinical skill, fill a specific knowledge gap and/or build confidence in the performance of clinical tasks. This form of supervision gives the supervisor a clear understanding of the supervisee's skills and approach at the consumer/clinician interface, allowing feedback to be very specific.

Point of care supervision may be provided by the primary supervisor, or a delegated supervisor who has the capacity, skill set, or knowledge base to support a specific learning goal. Themes and learnings from point of care supervision can also provide valuable insights that may contribute to the supervisee's reflective practice supervision agenda.

Group supervision

Group supervision provides a reflective forum for facilitated open discussion, sharing and learning between a multi-disciplinary or profession-specific group of staff. This may include case discussion in a common area of practice, topics of shared interest, inter-professional collaboration, knowledge sharing and team-work activities. Sessions are guided by an experienced delegated supervisor with a higher classification or more experience in the field of practice, and may occur face-to-face or via videoconference.

The focus of group supervision is on learning from others in the group, and appreciation of multiple perspectives and viewpoints. Group sessions can provide an opportunity for supervisees to experience mutual support, share common experiences, solve complex tasks, learn new behaviours, and increase communication, confidence and insight. Group supervision can also enable participants to discuss and learn about cases or approaches they would otherwise not have been exposed to, hear a range of perspectives, receive feedback from others and feel comfortable to ask questions and express concerns. Group supervision can also be a powerful means of reducing isolation, which is particularly relevant for staff working in more remote areas, working from home or as an isolated practitioner.

Norms, objectives and roles within the group should be established at the outset and outcomes and processes should be evaluated regularly. A Group Supervision Agreement should be developed detailing:

- the purpose, focus and tasks of the group, and role of the supervisor to guide sessions
- how group supervision will link to members' individual reflective practice supervision

- logistics including when, where and how the group will meet, how membership is managed and expectations for attendance,
- confidentiality of discussions and how sessions will be documented
- methods to be used within the group, for example discussion, role play and /or action learning. (Scottish Social Services Council, 2016)

The delegated supervisor should ensure the group participates within the agreed structure and everyone has the opportunity to contribute. The supervisor must be capable of adapting their facilitation style to meet the needs of the group; with an inexperienced group of supervisees, they may need to take on a teaching role, while more experienced supervisees may benefit from the supervisor taking a consultative role (Knight, 2017).

Peer supervision

Peer supervision is a reciprocal arrangement in which peers (two or more AHPs) participate in a learning relationship that fosters mutual benefit, supporting clinical and professional reflection, sharing of skills and knowledge, providing developmental feedback and encouraging self-directed learning (McNicoll, 2008). Peer supervision does not involve a nominated supervisor and participants may be from the same or different professions.

Establishing peer to peer processes, norms and expectations, and following an agreed session structure helps ensure sessions remain effective and useful to all participants. Some peer supervision relationships utilise rotating supervisor/supervisee roles, whilst others may focus on mutual learning and reflection, with all participants contributing to open discussion, shared enquiry, and collaborative problem solving. Content of peer supervision may include presentation of case scenarios, debriefing from stressful or complex situations, or knowledge sharing in areas of common practice. Peer supervision may be conducted amongst internal colleagues or with external peers from different organisations.

It is important to create an atmosphere within peer supervision in which participants are open to discussing professional challenges. Key ingredients to promote the success of peer supervision include:

- Trust: participants who trust each other will speak more openly
- Confidence: information about cases and the peer discussions should remain confidential
- Support: participants are committed to supporting each other
- Appreciation: mutual esteem promotes openness.
  (Tietze, 2019)

With no recognised supervisor in peer supervision, self-moderation of behaviours and accepted group norms are important to ensure a positive and effective supervision relationship.

Extending professional self

Extending professional self is the development of the personal and professional qualities required to successfully contribute to a high performing healthcare environment.

Extending professional self activities focus on the development of professional identity. The formation of professional identity is an ongoing process in which knowledge, skills, values, and behaviours are integrated with an individual's unique identity and core values.

The domain of extending professional self may include exploring themes and activities relating to:

- effective teamwork
- interpersonal workplace relationships
- communication skills

- emotional intelligence
- dealing with conflict and change
- leadership
- burnout prevention and self-care.

Attendance at formal initiatives such as SA Health new graduate, transition to professional practice, or clinical leadership programs are examples of activities that build broader professional and personal qualities necessary for the development of a strong professional identity.

Similarly, participation in external short courses, workshops or seminars relating to leadership, team work, conflict management or communication may form part of supervision within this domain.

Facilitated learning

Facilitated learning refers to opportunities within the workplace for supervisees to extend their clinical or practical knowledge in a supportive environment. Facilitated learning may occur in person or via videoconference, and may be profession specific or multidisciplinary.

Facilitated learning activities may involve case reviews, training to implement a clinical tool or system, participation in communities of practice/special interest groups, group tutorials/in-services or journal clubs. Suitable facilitated learning activities may be identified through development of the supervision plan, within individual reflective practice supervision, or in response to an organisational need.

Individually directed learning or attendance at external professional development events do not constitute facilitated learning.

Integrating inclusive practice

Allied health is a diverse workforce that serves diverse communities. Adopting a cultural lens and integrating inclusive practice within professional supervision is crucial for effectively supporting Aboriginal and Torres Strait Islander peoples, individuals from culturally and linguistically diverse communities, individuals with disabilities and those who identify as LGBTQIA+. This approach values and builds upon the unique experiences, challenges and perspectives of others.

Applying a cultural lens

Professional supervision provides a meaningful opportunity for clinicians to reflect on the factors that influence their practice and relationships when working with consumers and colleagues from a diverse range of backgrounds. This includes Aboriginal and Torres Strait Islander peoples.

The concept of ‘applying a cultural lens’ during professional supervision encourages all AHPs to explicitly consider and work towards developing their cultural capability when working with diverse groups. This may involve reflecting on their workplace experiences, exploring how to integrate LHN-based cultural training into their daily clinical practice and identifying resources that will support future growth and capability. A cultural lens can be applied to all forms of professional supervision to facilitate cultural learning, advice and support and should be tailored to the clinician’s scope of practice and service setting.

SA Health acknowledges that improving health outcomes for Aboriginal and Torres Strait Islander people is everyone’s business. In line with SA Health’s commitment to Closing the Gap and policies relating to Aboriginal Health Care and Aboriginal Workforce, applying a cultural lens to professional supervision can support AHPs to build their cultural capability and provide culturally safe services to Aboriginal consumers. There is acknowledgement that AHP supervisees and supervisors across the breadth of SA Health services are at different stages of cultural knowledge

and capability. It is anticipated the concept and implementation of the cultural lens in professional supervision and integrating into practice will evolve over time as capability and allyship grows.

Applying a cultural lens does not replace the requirement for consultation with Aboriginal peers and people. Nor is it a substitute for cultural mentoring and education.

Relevant Frameworks and resources to support application of the cultural lens are included below (section 13 Additional resources). Supervisees and supervisors should also explore LHN specific resources and initiatives that are relevant to their local setting.

8. Key supervision documents

Supervision Plan

The Supervision Plan is co-designed by the supervisee and their primary supervisor. It identifies the supervisee's goals and activities for learning, and the intended supervision methods and frequency (core and elective elements) to meet those learning goals. See Appendix 1 for Supervision Plan template.

It is essential that supervision goals consider the role of the supervisee, their current skills, experience and competency level to undertake key aspects of their role. Specific requirements of supervision as dictated by professional registration, accrediting bodies or associations should also be considered. Methods of supervision should meet the specific supervision requirements and goals of the individual and may be provided via a combination of methods within the constraints of the organisational structure and resources.

When developing the Supervision Plan, supervisors of Aboriginal and Torres Strait Islander AHPs should be familiar with and connect their supervisees to additional culturally supportive resources within and beyond SA Health. Suggested resources include the SA Health Aboriginal Workforce Network (SHAWN) and Indigenous Allied Health Australia.

Supervision Agreement

The Supervision Agreement is co-designed by the supervisee and their primary supervisor, and clearly outlines:

- The roles and responsibilities of the supervisor and supervisee
- Expectations of the supervisory relationship, process and frequency of supervision sessions
- Confidentiality within supervision, including limits to confidentiality, negotiable and non-negotiable matters and the process for escalation and/or including third parties.

When establishing the Agreement, it is beneficial to discuss the perspectives and values of the supervisee, including consideration of past supervision experiences, cultural background, learning style and personality factors that may impact the supervision relationship. Additionally, an agreed process can be negotiated and documented should the issue of conflict become apparent. In the first instance, it is suggested that both participants make every effort to resolve issues themselves. Where issues cannot be resolved, it is appropriate for an agreed mediator to facilitate discussions (usually a senior colleague). A supervisor may confidentially discuss difficulties that arise in supervision with their own supervisor.

Appendix 2 contains examples of a Supervision Agreement; however other formats are acceptable, such as those provided by professional associations. Appendix 3 contains an example of a combined Supervision Agreement and Supervision Plan.

Review of documents

When developing the Supervision Plan and Agreement, a review time should be set to give both parties the opportunity to discuss how the supervision relationship is progressing, the need for any changes, and a review of goals to support future planning. The review should be scheduled at minimum annually, or as needs or circumstances change. This is to ensure supervision is meeting both the supervisee's and supervisor's needs.

Supervision Log and documentation of supervision sessions

A record of each supervision session including core and elective elements should be maintained in the form of a Supervision Log; Supervision Notes should be maintained for reflective practice supervision sessions by both parties (see Appendices 3 and 4 for example templates). Documentation is an important component of professional supervision that promotes accountability of actions, decisions and plans and enables consistency from one session to the next. The proposed content of notes should be established at the outset including: the level of detail recorded, acronyms, or codes to be used, etc. Patient related information must be de-identified.

Many professional associations and registration boards require a supervision log be kept to record participation in clinical and/or professional supervision and professional development. Templates or electronic systems provided by relevant professional associations and boards may be used by the supervisee. To confirm active participation in professional supervision, line managers may also intermittently request to review the Supervision Log or summary of learning outcomes.

Notes and documentation relating to professional supervision are corporate records and must be stored, retained and disposed of in accordance with the State Records Act 1997, SA Health's Corporate Records Management Policy and any relevant local records management procedures. In line with the South Australian Information Classification System, supervision records should be classified as OFFICIAL:Sensitive and accessible only to the supervisor and supervisee unless legally required by another party.

Confidentiality

Confidentiality is vital to building trust and safety within the supervisory relationship and protects clients' personal information. Confidentiality is governed by organisational policy and clinicians' codes of conduct and is limited by legal and mandatory reporting requirements. The content of professional supervision must remain confidential except where information is required to be disclosed under law; or in response to an identified risk (e.g. risk to consumers, other staff or the supervisee). If disclosure is considered necessary by the supervisor due to an identified risk, they must inform the supervisee of the reasons for disclosure and the process that will be followed.

To maintain confidentiality, the following is required:

- Discussion and documentation in the Supervision Agreement of how confidentiality will be managed within supervision. Organisational and professional body's confidentiality policies and professional codes of conduct may be consulted for specific information and rules. It is mandatory that the supervisor discusses with the supervisee any potential breach of policy or code of conduct and documents any actions to be taken.
- Ensuring the details of professional supervision discussions remain confidential with the following exceptions:
    - Professional supervision reveals an identified risk to consumers, other staff or the supervisee;
    - The line manager has duty of care concerns and is required to consult with the professional supervisor;
    - Organisational policy and/or professional code of conduct has been breached and there is a requirement to report;

- Information for processes such as Professional Review and Development Plan, credentialing and scope of practice are provided with permission from all parties;
- Information sharing between primary and delegated supervisor, with permission from all parties;
- The supervisor's own supervision, where the supervisee remains anonymous.

> Ensuring that discussion and documentation of client related issues remains non-identified in the professional supervision record, for example client initials only.

> Concealment of the client, family and associated parties' personal details when a clinician undertakes professional training or supervision with those not employed by SA Health.

9. Differentiation of professional supervision, line management and mentoring

Supervision includes formative (educational), restorative (supportive) and normative (administrative) functions and should incorporate a reflective practice approach (HETI, 2012). While all three functions are important to support the growth and development of the AHP, these functions may be delivered via a combination of professional supervision and line management functions.

It is preferable to separate professional supervision and mentoring from line management due to the inherent power imbalances that exist within a line management relationship (Smith, 2005). However, it is acknowledged this is not always achievable within existing department and team structures.

Supervision and management functions are both important and complementary. The following table distinguishes line management, supervision and mentoring roles and responsibilities.

Table 3: Differentiation of professional supervision, line management and mentoring

Professional supervision	Operational line management	Mentoring
Driven by the clinical development needs of the clinician	Driven by service delivery, team and individual development needs and requirements	Agreed matching of two staff, one with more experience than the other
Targeted to promote enhanced client outcomes and safety	Manages performance	Focusses on the growth and career development of the mentee through supporting, guiding and advising by the mentor
Teaches and facilitates best practice knowledge and skill acquisition in clinical practice and guides professional development activities	Manages human resource issues such as staff development, mandatory training and annual leave	Supports skill and knowledge acquisition through reflection and assistance to develop plans and achieve goals
Provides a forum for discussion of ethical practice issues	Allocates and monitors workload or caseload proactively in collaboration with the clinician and supervisor	Regular dialogue on a range of issues selected by the mentee
Promotes reflective practice	May promote reflective practice in the context of service delivery needs	Promotes reflective practice and personal appraisal

Supervisor typically involved in day-to-day work of clinician	Manager involved in day-to-day work of the clinician	Mentor not involved in day-to-day work of the clinician
Formal process	Formal process	Voluntary process

10. Professional supervision training and resources

Providing and receiving clinical and professional support is not an inherent skill; it cannot be assumed that good clinicians automatically make good supervisors or that clinicians know how to make the most of of their professional supervision sessions. It is crucial that supervisors have the necessary skills and attributes to facilitate a constructive supervisory relationship (Snowdon et al, 2020; HETI, 2022).

Training in professional supervision methods and processes has many benefits including:

- improving satisfaction for all those involved
- improving outcomes from professional supervision
- improving consistency of support available across SA Health
- improving quality and safety outcomes for clients
- increasing the priority of clinical support.

SA Health-specific online training modules are available for all supervisees and supervisors and provide SA Health AHPs with targeted, relevant information relating to supervision skills. The modules also include case studies that demonstrate application of the cultural lens from the perspective of supervisees and supervisors.

As a minimum, it is expected that all AHPs will complete *Module 1: Professional Supervision Fundamentals* upon commencing employment with SA Health, and *Module 2: Professional Supervision for Supervisors* training prior to providing professional supervision as a supervisor. The online training modules do not replace profession-specific supervision training requirements outlined by relevant boards or professional associations.

The online training modules can be accessed via the relevant Learning Management System within each LHN.

Additional resources and training relevant to AHP supervision may also be sourced through LHN-specific and inter-jurisdictional resources including:

- SA Health Rural Support Service
- Victoria Health
- NSW Health

11. Evaluation and monitoring

Individual supervision arrangements

The quality of individual professional supervision arrangements should be regularly evaluated. This includes annual evaluation of the Supervision Agreement and Plan, as well as regular reflective evaluation of individual supervision sessions and methods to ensure the supervisee is gaining optimum benefit from their supervision. Appendix 5 Professional Supervision Evaluation checklist provides a proforma for supervisors and supervisees to evaluate the individual arrangements in place and consider their specific supervisory relationship.

SA Health Allied Health Professional Supervision Framework

Allied Health Executive Directors (or equivalent) have overall responsibility for the implementation, monitoring and evaluation of professional supervision practices within their respective LHNs.

Each LHN is responsible for establishing their own monitoring processes and KPIs. KPI targets may include, but are not limited to:

- percentage of AHP staff with an allocated primary supervisor in place within 3 months of commencing their employment
- percentage of staff with a Supervision Agreement and Plan in place within 6 months of commencing their employment
- percentage of staff with an up-to-date Supervision Log
- percentage of AHP staff having completed SA Health Supervision training eModules

Evaluation of the Framework should also include seeking feedback from both supervisors and supervisees.

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A complete list of references and resources that informed the Clinical Supervision Framework 2014 is available on request from HealthAlliedandScientificHealth@sa.gov.au

Change history

Any printed version of this document may have been superseded. The current version of this document can be accessed via Allied and scientific health | SA Health.

Version	Effective From	Effective To	Change Summary
1.0	Oct 2013	Nov 2013	Original draft version
2.0	Nov 2013	March 2014	Chief Allied & Scientific Health Advisor Edits
2.1	March 2014	August 2024	Formal Release
3.0	August 2024		Updated version, including new terminology and framework elements, updated literature references and inclusion of cultural lens.

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