



---

## Allied Health Clinical Supervision Policy

---

### 1. Purpose

The WA Country Health Service (WACHS) is committed to improving the quality of health care through clinical governance, enhanced clinical effectiveness and knowledge, and professional development and support. Clinical supervision is a critical component of a comprehensive quality and clinical governance framework, and a key safeguard to providing safe and high quality health care ([National Quality Health Service - Standard 1](#)).

This policy aims to enable clinical supervision for allied health professionals working in the designated roles of audiology, dietetics, medical imaging technology, occupational therapy, pharmacy, physiotherapy, podiatry, social work, sonography, and speech pathology in hospital and community settings. Allied health professionals working in Mental Health are to refer to WACHS [Mental Health Reflective Supervision Guideline](#). For allied health staff not included in the scope of the policy, local managers may choose to adopt elements of this policy, as appropriate. This guideline does not apply to the supervision of students.

### 2. Policy

Clinical supervision is to be accessible to all allied health professionals to develop and maintain skills and competencies relevant to their area of practice. It is recommended staff have access to clinical supervision aligned to their area of clinical practice.

Clinical supervision is a crucial aspect of professional accountability and a cornerstone of clinical practice. Supervision encourages the development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining standards in practice and technical proficiency. Clinical supervision is also a critical component of clinical credentialing.

The purpose of clinical supervision is to:

- support allied health professionals to reflect on their own clinical practice in a safe, confidential and supportive environment
- enable teaching and learning in clinical practice
- enhance professional support, development and wellbeing of allied health professionals
- promote evidence-based practice and consistent delivery of care.

This policy applies to clinical supervision relationships supported by WACHS (i.e. those that are wholly or partly engaged in during work time). Clinical supervision relationships may be engaged external to WACHS employment and remain the individual's responsibility.

### Principles

WACHS supports clinical supervision for allied health staff, that is:

- available to all allied health professionals
- prioritised relative to other professional duties

- driven by the supervisee and based on their needs
- a positive and constructive supervisory relationship
- flexible in approach to best meet supervision needs
- resourced appropriately (i.e. time).
- documented with agreed aims, methodology and outcomes
- confidential.

Clinical supervision includes professional development (formative), clinical support (restorative) and organisational and professional standards (normative) aspects.

Functions undertaken within clinical supervision may include:

- promoting the delivery of quality, safe and ethical practice
- maintaining and facilitating the supervisees' competence and capability
- helping supervisees to work effectively, developing professional accountability and autonomy
- developing supervisees' individual professional identity; enhancing self-awareness and resilience in their role
- building critical reflection and lifelong learning skills.

## 2.2 Clinical Supervision Requirements

The WACHS allied health workforce is varied and geographically dispersed. Clinical supervision may take many forms and should be customised to the supervisee's needs.

Specific factors to consider when determining how clinical supervision will be delivered include:

- skill level or clinical experience of the supervisee
- professional isolation
- geographical remoteness
- availability of discipline specific and team support
- professional registration requirements
- degree of exposure to clinical, professional, and personal risk
- changes to an individuals' scope of practice (e.g. working in a new clinical area)
- requirements for advancing scope of practice
- regulatory specified supervision requirements.

### Format of Clinical Supervision

Clinical supervision can be delivered via the following modalities in person or remotely and include (but not limited to):

- individual supervision
- group supervision
- inter-professional supervision
- peer supervision.

The frequency and time allocated to clinical supervision will vary, depending on the needs of the supervisee. Clinical supervision will be required more frequently by new graduates, staff who have commenced in a new role or have a scope of practice change, and isolated/sole practitioners.

It is recommended clinical supervision is provided outside of line management responsibilities. In instances where a line manager provides clinical supervision to a staff member, this process must be well defined and considered separate from line management responsibilities.

For any clinical supervision relationship, the supervisee and supervisor must obtain formal agreement from their respective line managers to engage in WACHS supported clinical supervision. The line manager should be advised of the frequency and format of the supervisory relationship.

## **Clinical Supervision Process**

Clinical supervision is defined by a specific process, moving from initiation to termination. The process of clinical supervision is further outlined in [Appendix A](#).

## **Confidentiality**

Discussion between the supervisor and supervisee is confidential. Information is only to be shared outside the supervisory relationship in the following circumstances:

- if disclosure of information is required in response to an identified risk to consumers, other staff or the supervisee including unsafe, unethical, or illegal practice, or practice not aligned with organisational direction/scope. The supervisor will inform the supervisee of the reasons for disclosure and where required, undertake recording and reporting of the notifiable misconduct as per the MP 0125/19 [Notifiable and Reportable Conduct Policy](#).
- with consent of both parties (e.g. for the supervisor to share information with the line manager relating to the supervision process).

Within the clinical supervision relationship staff must always maintain client/patient anonymity and confidentiality.

## **Ethical Behaviour**

The supervisor and supervisee should always conduct themselves in a professional and respectful manner in line with organisational and professional codes of conduct. Each party should consider the other's ethnicity, gender, spiritual values, sexuality, disability, age, economic, social or health status or any other grounds. Each party should alert the other person of their limitations in any given situation.

## **Conflict**

At any point during the clinical supervision process, conflict may occur between the supervisor and supervisee. Prompt recognition and response to potential issues ensures a stronger supervisor/supervisee relationship. At the commencement of the clinical supervision process, both parties should agree as to how conflict will be resolved and how either party can openly raise an issue should they have a concern.

If the conflict cannot be resolved, it may be appropriate to invite a third party to mediate the dispute. Both supervisee and supervisor should agree upon the third-party involvement.

## Documentation

Supervision arrangements and outcomes, including the supervision agreement and supervision sessions, should be documented as agreed by the supervisor and supervisee. Records are to be stored securely in accordance with the WACHS [Corporate Recordkeeping Compliance Policy](#).

## Evaluation

Evaluation of the supervision relationship should occur at least annually and is the responsibility of the supervisee and supervisor.

## Training and Resources

It is strongly recommended all supervisors and supervisees undertake training to develop skills required for an effective clinical supervision relationship. The [WACHS Allied Health Education, Support & Supervision](#) intranet page provides access training options, as well as forms and templates to assist with the supervision process.

## 3. Roles and Responsibilities

The organisation is responsible for:

- Providing access to training in clinical supervisory skills to clinical staff
- Providing allied health staff to access to appropriate clinical supervision through a range of mediums.

**Line Managers** of allied health staff are responsible for:

- orientating allied health staff to the WACHS Allied Health Clinical Supervision Policy
- collaborating with allied health staff to identify the requirements of, clinical supervision
- assisting in the establishment of clinical supervision relationships
- supporting time release for supervisors and supervisees to participate in clinical supervision.
- supporting access to training in clinical supervision
- maintaining a record of evidence of staff participation in formal clinical supervision arrangements.

**Allied Health Staff** are responsible for:

- discussing clinical supervision requirements with their line manager
- utilising clinical supervision in an appropriate manner to improve levels of client care, skill and competency, and / or job satisfaction
- engaging in suitable training as a clinical supervisor or supervisee
- supporting other allied health staff in accessing clinical supervision
- provide evidence of their participation in clinical supervision to their line manager upon request.

**Clinical Supervisees** are responsible for:

- ensuring their line manager is aware of, and formally supports, their engagement in all supervision relationships as a supervisee
- ensuring venue and mode availability
- being personally available
- preparing issues to discuss

- committing to the process of effective clinical supervision
- maintaining appropriate records and confidentiality.

**Clinical Supervisors** are responsible for:

- ensuring their line managers are aware of, and formally support, their engagement in any and all clinical supervision relationships as a supervisor
- ensuring venue and mode availability
- being personally available
- being aware of limitations in knowledge and skills
- being accountable to the WACHS organisation by promoting safe clinical practice
- maintaining appropriate records and confidentiality
- accepting responsibility for their own professional development, including clinical supervision.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

## 4. Monitoring and Evaluation

Monitoring of compliance with this policy is to be undertaken by:

- Monitoring and review of clinical supervision processes, access and effectiveness
- Number of staff undertaking clinical supervision training
- Reporting on concerns with clinical supervision regional and organisational reporting processes.

This policy will be evaluated as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every three years by the WACHS Allied Health Leadership and Governance Team and the Director Allied Health.

## 5. References

Victorian Government, Department of Health (2022) Victorian Allied Health Clinical Supervision Framework. Accessed at [Victorian Allied Health Clinical Supervision Framework](#)

Snowdon, D.A., Sargent, M., Williams, C.M. et al. Effective clinical supervision of allied health professionals: a mixed methods study. BMC Health Serv Res 20, 2 (2020). Accessed at <https://doi.org/10.1186/s12913-019-4873-8>

Government of South Australia, SA Health (2024). SA Health Allied Health Professional Supervision Framework. Accessed at [SA Health Allied Health Professional Supervision Framework | SA Health](#)

National Safety and Quality Health Service Standards (NSQHS), Second edition (Updated 2021)

Gardner MJ, McKinstry C, Perrin BM (2023). Enhancing the quality of allied health clinical supervision in a regional setting: An action research study. Aust J Rural Health. 2023;31:308–321. Accessed at [Enhancing the quality of allied health clinical supervision in a regional setting: An action research study - Gardner - 2023 - Australian Journal of Rural Health - Wiley Online Library](#)

## 6. Definitions

| Term                          | Definition   |
|-------------------------------|--|
| <b>Clinical Supervision</b>   | Clinical supervision is a supportive relationship between two or more professionals, with the purpose of improving safety and quality of care to clients through professional development and support.   |
| <b>Clinical Supervisee</b>    | A clinical supervisee is any WACHS allied health professional engaged in WACHS supported clinical supervision. Engagement in clinical supervision does not reduce the responsibility of the allied health professional for their own practice, or their accountability to their line manager and the organisation.   |
| <b>Clinical Supervisor</b>    | A clinical supervisor is any professional who provides clinical supervision to a WACHS allied health professional. A clinical supervisor characteristically has more or the same level of clinical experience and is from the same profession as the clinical supervisee, or with a specific skill set relevant to the supervisee's needs. It is anticipated that the majority of clinical supervisors will be WACHS employees, who offer greater contextual knowledge of the organisation and rural and remote practice.  |
| <b>Line Manager</b>           | A line manager is the person who is responsible for the day-to-day work of the clinician, allocating and monitoring workload/caseload, managing human resource issues, and managing performance. Clinical supervision requirements may be identified by the employee and/or line manager within the line management processes.   |
| <b>Employee Development</b>   | Employee development is a process for encouraging and supporting the professional development and career growth of all employees. Employees who choose to participate in the process will be involved in regular development check-ins within a yearly cycle. This process can be completed independently, or as part of a joint discussion with the employee's line manager, where opportunities for growth, development, and support may be identified. Support outcomes may include stretch opportunities, mentoring, formal education, and clinical supervision. |
| <b>Performance Management</b> | Performance management is a formal process applied in circumstances where problems with performance exist, such as an employee performing at a substandard level. Clinical supervision, in the context of this policy, is not  |



|  |   |
|--|---|
|  | an appropriate method to monitor and directly address substandard performance, as the content of the relationship remains confidential between supervisors and supervisees. However, clinical supervision for staff at any performance level may have considerable benefit. |
|--|---|

## 7. Document Summary

|   |  |
|---|--|
| <b>Coverage</b>   | WACHS wide   |
| <b>Audience</b>   | All Allied Health Staff  |
| <b>Records Management</b>   | Clinical: <a href="#">Health Record Management Policy</a>  |
| <b>Related Legislation</b>  | <a href="#">State Records Act 2000</a> (WA)<br><a href="#">Work Health and Safety Act 2020</a> (WA)  |
| <b>Related Mandatory Policies / Frameworks</b>                                      | <ul style="list-style-type: none"> <li>• MP 0084/18 <a href="#">Credentialling and Defining the Scope of Clinical Practice Policy</a></li> <li>• MP 0125/19 <a href="#">Notifiable and Reportable Conduct Policy</a></li> <li>• DoH <a href="#">Credentialling and Defining Scope of Clinical Practice for Allied Health and Health Science Professions Standard</a></li> </ul>      |
| <b>Related WACHS Policy Documents</b>   | <ul style="list-style-type: none"> <li>• <a href="#">Mandatory and Role Essential Training Policy</a></li> <li>• <a href="#">Mental Health Reflective Supervision Guideline</a></li> <li>• <a href="#">New Staff Induction Policy</a></li> </ul>   |
| <b>Other Related Documents</b>  | Nil  |
| <b>Related Forms</b>  | Nil  |
| <b>Related Training</b>   | <p>Available from SA Health – Launch Learning Online, refer <a href="#">WACHS Allied Health Education, Support &amp; Supervision</a> intranet page:</p> <ul style="list-style-type: none"> <li>• Fundamentals of Clinical Supervision</li> <li>• Clinical Supervision in Practice</li> <li>• Advanced Clinical Supervision</li> <li>• Professional Supervision Essentials</li> </ul> |
| <b>Aboriginal Health Impact Statement Declaration (ISD)</b>                         | ISD Record ID: 3902  |
| <b><a href="#">National Safety and Quality Health Service (NSQHS) Standards</a></b> | 1.10, 1.20,1.22,1.23,1.25, 1.26,1.27, 1.28   |
| <b><a href="#">Aged Care Quality Standards</a></b>                                  | Nil  |
| <b><a href="#">Chief Psychiatrist's Standards for Clinical Care</a></b>             | Nil  |
| <b>Other Standards</b>  | Nil  |

## 8. Document Control

| Version | Published date | Current from | Summary of changes  |
|---------|----------------|--------------|---|
| 4.00    | 4 March 2025   | 4 March 2025 | <ul style="list-style-type: none"> <li>change in terminology from Professional Supervision to Clinical Supervision.</li> <li>enhanced description of factors to determining clinical supervision requirements.</li> <li>minor changes to align with contemporary practice.</li> </ul> |

## 9. Approval

|  |  |
|--|--|
| <b>Policy Owner</b>  | Chief Operating Officer                |
| <b>Co-approver</b>   | Executive Director Clinical Excellence |
| <b>Contact</b>   | Director Allied Health                 |
| <b>Business Unit</b>   | Allied Health                          |
| <b>EDRMS #</b>   | ED-CO-13-84253                         |
| <p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p> |  |

**This document can be made available in alternative formats on request.**



## Appendix A: Process for Clinical Supervision

An allied health employee may engage in the clinical supervision process supported by WACHS that is consistent with the principles of the Allied Health Clinical Supervision Policy. The stages of the clinical supervision process consist of the following:

### Planning

Allied health professionals, in collaboration with their line manager, undertake planning to:

- identify clinical supervision requirements as part of the performance development process
- identify clinical supervisors
- source potential clinical supervisors

### Initiation

Initiating the clinical supervision relationship requires

- engaging a clinical supervisor (with line manager support and approval)
- negotiation of the clinical supervision agreement and plan, and boundaries of the relationship.

### Development

Ongoing activities to develop the clinical supervision relationship include:

- scheduling and committing to actively participating in supervision sessions
- preparation and planning for supervision sessions.

### Evaluation

Evaluation, including the use of continuous monitoring and assessment techniques to review the suitability of the relationship, is the responsibility of the supervisee and supervisor.

### Maintenance / Modification

Issues identified as part of the evaluation process are addressed through modification of the relationship.

### Termination

Clinical supervision is a medium-term professional relationship with a natural conclusion, or termination. Participants may terminate the relationship for several reasons, such as:

- changes of employment circumstances
- new needs identified
- attainment of goals / conclusion of benefits to the relationship
- relationship not achieving the desired results.

Allied health staff and managers may consider commencing another clinical supervision relationship process when one has terminated.